These studies assessed diverse types of data, including patient records and behavioral patterns, employing various AI techniques, such as machine learning and deep learning. The findings indicate that AI can accurately and swiftly identify addiction-related issues, boasting high sensitivity and specificity rates. Additionally, AI demonstrates potential in identifying specific addiction subtypes and forecasting patient outcomes. Nevertheless, these studies also underscore certain limitations of AI, such as the requirement for extensive data and susceptibility to overfitting.

Conclusions: Artificial intelligence holds the potential to revolutionize addiction medicine by enabling faster and more precise diagnostics, pinpointing specific addiction subtypes, and predicting patient outcomes. However, further research is imperative to validate AI's efficacy across diverse patient populations and address challenges related to data accessibility, communication, and integration into clinical practice.

Disclosure of Interest: None Declared

EPV0066

Cannabinoids Hyperemesis Syndrome – An Urgent Call for Timely Diagnosis, Management, and Future Directions– A Case Report and Review of the Updated Literature

S. Poudel[1]*, J. Choudhari[1], N. Panta[2], H. Kumar[3], S. Ahmed[1] and D. Leszkowitz[4]

[1]Department of Research & Academic Affairs, Larkin Community Hospital, South Miami, United States; [2]Kathmandu Medical College, Kathmandu, Nepal; [3]Dow University of Health Sciences, Karachi, Pakistan and [4]Department of Addiction Medicine, Larkin Community Hospital, South Miami, United States
*Corresponding author.
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Introduction: Cannabinoid Hyperemesis Syndrome (CHS) is distinguished by a pathognomonic cyclic pattern of hyperemesis characterized by recurring episodes of severe vomiting every few weeks to months, as well as obsessive thoughts and compulsive behavior, such as a proclivity to take frequent hot baths or showers. It is largely accepted as the most commonly used illicit drug in the United States, with estimates ranging from 42% to 46% lifetime consumption. Despite greater awareness of CHS, practitioners continue to lack comprehension, resulting in an unfortunate delay in patient identification and treatment.

Objectives: The aim of this article is to bring attention to CHS in order to enable clinicians, and more specifically, addiction medicine specialists and psychiatrists, to diagnose it as quickly as possible and thus avoid unnecessary additional invasive examinations and investigations. This will save the patient's time, prevent financial burdens and mental health stresses, and increase their overall quality of life.

Methods: A thorough screening and data extraction of the relevant articles was conducted using PubMed, Cochrane, and Embase. Databases were used to search for articles on CHS published between January 2021 and September 2023, yielding relevant articles. Keywords used were "hyperemesis", "cyclical vomiting," "cannabis" and "cannabinoid".

Results: We present a case of 20-year-old teens who came to emergency with severe dehydration and vomiting of more than 40 episodes at home. He had multiple admissions for abdominal pain, nausea, and vomiting in the past and was evaluated and diagnosed with gastritis, PUD, and H. pylori infection. A more detailed medical history revealed a frequent use of cannabis over the past few years and symptoms manifestation and worsening is associated with the use of cannabis. After the complete cessation of cannabis, there have been no new symptomatic episodes reported in the patient and the patient is stable clinically.

Conclusions: Cannabinoid Hyperemesis Syndrome (CHS) is a serious health hazard that requires immediate discovery and treatment. Despite the widespread use of cannabis, CHS is often misdiagnosed, resulting in unnecessary medical treatments and complications for patients. Given their special knowledge of linking chronic cannabis use to this syndrome, this case report and literature review highlight the critical role of addiction medicine experts and psychiatrists in quickly detecting and treating CHS. Early detection and treatment, particularly complete cannabis abstinence, are critical in alleviating symptoms, minimizing recurrent hospitalizations, and ultimately improving patients' overall quality of life.

Disclosure of Interest: None Declared

EPV0067

What Do Case Studies Tell Us About Addictions and Psychiatric Comorbidities? A Survival Story: The necessity for a transdiagnostic and holistic approach

B. D. Ulug[1]* and H. C. Ozden[1]

[1]Psychiatry, Hacettepe University, Ankara, Türkiye
*Corresponding author.
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Introduction: Comorbidities in addiction: It is a rule rather than an exception. The story starts in childhood; even before, in infancy, may be in utero. The dimensional traits have been already there, existing obviously far before any DSM-5 diagnosis. Developmental qualities of stress sensitivity, impulsivity and emotion dysregulation are the leading ones. Besides, comorbidity research (NESARC being one of the prominents) (Hasin and Grant. Soc Psychiatry Psychiatr Epidem, 2015;50 (11): 1609-1640) addressed childhood abuse, neglect or other childhood adverse experiences as a definite risk factor for adolescence and adult mental disorders, particularly substance use disorders. Developmental and environmental adversities in a mutually amplifying pattern make a vicious cycle in which the individual finally finds an illusionary exit, a pathway to addiction.

Objectives: This presentation aims to discuss the complexities and challenges for the diagnosis and treatment of a patient with a twenty five year follow-up, a survival period for the patient herself as well as for the therapeutic alliance (Ulug, Arch Neuropsychiatr, 2015;52: 213-215).

Methods: Case study: The history and the life chart of her, diagnosed as having at least seven DSM diagnoses, indicate the depth of pyschopathology and the intensity of interventions, most of which failed due to the lack of a transdiagnostic and holistic perspective. A specific focus of the case study will be on the problematic use of Borderline Personality Disorder formulation/diagnosis and its

negative, somehow short-coming, impact on the treatment, course and recovery.

Results: The challenges brought by comorbid transdiagnostic cases, similar to the subject of this presentation, have become a common practice for addiction professionals. While big data or empirical large datasets can have their own limitations to help the practitioner for overcoming such challenges, as stated in Stein's article "it is important to recognize the value of a wide range of complementary research designs including the age-old single-case study, which may sometimes provide clinical insights that outweigh those from big data analyses." (Stein et al. World Pychiatry, 2022; 21(3): 393-414).

Conclusions: The case study indicates the necessity for transdiagnostic and holistic approach in the management and long term treatment of such difficult-to-diagnose and difficult-to-treat patients.

Disclosure of Interest: None Declared

EPV0068

Cortisol Levels Chorelated with Exposure to Alcohol Related Visual Stimuli in Patients with Alcohol Use Disorder

A. Mihai[1]* and M. Valeriu[2]

[1]Psychiatry, University of Medicine, Pharmacy, Technology and Science and [2]Mureș County Hospital, Targu-Mures, Romania
*Corresponding author.
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Introduction: The mechanism of craving is not yet fully understood. It implies numerous factors contributing to the decisions an individual has to ponder when faced with a stimulus that has resemblance with the previous experiences related to it. Neural pathways implying the reward mechanism play a significant role in the interpretation of visual, auditory, olfactive stimuli, polarizing the perception towards positive or negative experiences with that substance of abuse.

Objectives: In this study we focus on the cravings related to alcohol use, in a sample of patients admitted in hospital due to alcohol use disorder pathologies, providing the fact that Romania has the 2nd highest prevalence of heavy episodic drinking at least once a month (35% of adults, in a statistic published by Eurostat in 2019).

Methods: We included 30 patients with alcohol use disorder. The PACS (Penn Alcohol Craving Scale) was used to assess the severity of craving in the week prior to the hospital admission. Before visualising any alcohol related cues using VRET, patients will have a half hour of group therapy to lower levels of anxiety. Cortisol and blood sugar will be measured after this half hour to set a baseline . Afterwards, using VRET, subjects will be asked to watch a number of visual stimuli that will include cues to alcohol consumption and different types of beverages. Half hour after visualising cues of alcohol, the craving will be assessed by measuring blood sugar and salivary cortisol levels once again. Completing these measurement, patients will be asked to complete the PACS scale one more time to corelate the patients craving with the biological findings. Blood sugar levels will be measured with a blood glucose meter with test strips. Cortisol levels will be measured using salivary levels of cortisol. We choose measuring the salivary

levels of cortisol, due to the fact that using this method, the biological active, free cortisol. Measurements of the serum cortisol indicate the total quantity, but not the biologically effective cortisol.

Results: Visual stimuli of alcohol, with the help of VRET modifies the autonomous glucocorticoid secretion, and provide objective information complimentary to the each individual's craving assessment

Conclusions: There are a great number of strong ties between alcoholic craving in patients and endogenous shifts in cortisol secretion. We aimed towards a better understanding on craving in patients hospitalised for AUD. Other directions for future research are to find out if it possible to consider craving a form of stress or if we could limit craving, by limiting stress.

Disclosure of Interest: None Declared

EPV0069

Motives for MDMA Use: A Comparative Study with Alcohol and Cannabis

D. Zullino[1]*, L. Penzenstadler[2], S. Rothen[1], F. Seragnnoli[1], A. S. Girardet[1], G. Calzada[1] and G. Thorens[1]

[1]Service d'addictologie and [2]Hôpitaux Universitaires de Genève, Genève, Switzerland
*Corresponding author.
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Introduction: While research on drug use motives has primarily focused on widely used substances like alcohol, tobacco, and cannabis, understanding the motivations behind MDMA use is crucial for developing targeted therapeutic, preventive, and harm reduction strategies.

Objectives: The objective of this study is to present the findings of an online survey that evaluates the motives behind the use of 3,4-methylenedioxymethamphetamine (MDMA) and draws comparisons between these motives and those for alcohol and cannabis consumption.

Methods: Data were collected through an online survey, available in both English and French, with 99 participants. The survey included five sections, including a substance abuse screening test (ASSIST) and the Pahnke-Richards Mystical Experience Questionnaire. The primary focus was on motives for MDMA use, assessed using an adapted version of the Marijuana Motives Measure (MMM), comparing them with alcohol and cannabis motives.

Results: The most reported motive for MDMA use was enhancement, followed by expansion motives. Social motives were the third most common, while coping motives ranked fourth, and conformity was the least common motive. Comparisons with alcohol and cannabis use motives revealed differences in motives for each substance. MDMA showed a unique pattern of motives.

Conclusions: Enhancement emerged as the most prevalent motive for MDMA use, consistent with previous research on MDMA motive use. Expansion motives, which involve altering perceptions and increasing self-awareness, ranked second, reflecting the growing interest in MDMA-assisted therapy for conditions like PTSD. Surprisingly, social motives were less common for MDMA