

Results A total of 498 MMT patients were studied. Depression proportion was 22.5%, and 23.2% among 263 who were studied on admission; the depressed vs. non-depressed on admission did not differ in female proportion (19.7% vs. 25.6%), age of admission (43.2 ± 10.4), opiate use onset (21.8 ± 6.3) and education years (9.5 ± 2.8), but had higher proportion of cocaine (55.7% vs. 35.1%, $P=0.005$), and benzodiazepine abuse (73.8% vs. 58.4%, $P=0.04$). Retention was high and similar (80.3 vs. 82.9% $P=0.7$) and of those who stayed one year, cocaine and benzodiazepine were still higher among the depressed patients (cocaine: 43.8% vs. 23.2%, $P=0.03$; BDZ: 61.2% vs. 40%, $P=0.01$). Compared to the non-depressed, among all study group ($n=498$) the depressed patients presented higher proportion of rape history (25% vs. 9.5%, $P=0.001$), of suicide attempts (43.8% vs. 25%, $P=0.001$) with only a trend of shorter cumulative retention in MMT of mean 9.4y (95% CI 7.8–10.7) vs. 11.5 (95% CI 10.5–12.5, $P=0.07$).

Conclusion Despite cocaine and benzodiazepine abuse on admission, depressed succeeded similarly to the non-depressed in the first year retention in treatment. Intervention is recommended since admission, as their long-term retention seems to be shorter, later on, and their ability to discontinue cocaine and benzodiazepine abuse is clearly hampered.

Disclosure of interest The authors have not supplied their declaration of competing interest.

<http://dx.doi.org/10.1016/j.eurpsy.2016.01.1065>

EV81

What triggers help-seeking behaviour in “early stage” alcohol-dependent drinkers

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Abstract In early stages of alcohol addiction negative effects of alcohol often remain invisible to the patient or underestimated and considered “normal” by him. However, there is a cohort of alcohol drinkers who seek outpatient treatment in early stages of addiction. The study was conducted in order to investigate the triggers for seeking therapy in early stages of alcohol dependence when compulsive drinking, impaired control and increased alcohol tolerance are developed, but withdrawal symptoms followed by relief drinking are not yet observed. Forty-six out-patients (31 men and 15 women, mean age 38 ± 7 years) were studied by means of audit and clinical interview.

The average duration of alcohol abuse was 8.7 ± 5 years, the mean daily dose of alcohol was 10 ± 4 standard drinks. Most of the patients were drinking alcohol from several times a week to several times a month.

The decision to seek treatment in most cases was pushed by patients' family members because of the recurrent interpersonal problems caused or exacerbated by the effects of alcohol – 70% ($n=32$). Other triggers included: job instability – 35% ($n=16$); alcohol blackouts – 26% ($n=12$); exacerbations of symptoms of existing physical conditions – 24% ($n=11$); legal problems – 7% ($n=3$). Alcohol consumption in early stages of alcohol addiction can affect nearly every aspect of a patient's life. The triggers which promote treatment-seeking behaviour should be addressed in the course of the treatment in order to encourage recovery and prevent transition to more severe stages of the disease.

Disclosure of interest The authors have not supplied their declaration of competing interest.

<http://dx.doi.org/10.1016/j.eurpsy.2016.01.1066>

EV82

Misuse of pregabalin: Case series and literature review

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Introduction Pregabalin is widely used in neurology, psychiatry and primary healthcare, and recently in literature different studies explain the possible misuse [1,2]. Pregabalin has shown greater potency in preclinical models of epilepsy, pain and anxiety, and may have potential in the treatment of cocaine addiction [3]. The purpose of this report is to review the clinical evidence for the potential of abuse and misuse of pregabalin. We propose ten different cases and literature review.

Method Ten inpatients with misuse of pregabalin were assessed with: the SCID-P, Anamnestic Folio, HAM-A and DAST. We conducted a systematic review of the literature (PubMed, Embase, PsychInfo), using the terms “pregabalin”, “misuse”.

Results All our patients present: cocaine, alcohol and/heroin positive in drugs urine screening at admission; a significant high level of total anxiety at the HAM-A Tot ($P<.001$), and especially at the item 7 ($P<.001$); the misuse of pregabalin is made for sniffing; the predominant symptoms assessed were euphoria, psychomotor activation and sedation.

Discussion and conclusion Schifano F et al., [1,2] suggest that pregabalin should carefully prescribe in patients with a possible previous history of drug abuse. Our result identifies a particular population the misuse pregabalin that are abuser of cocaine, alcohol and/or heroin. Further research is warranted to replicate our clinical and qualitative observations and, in general, quantitative studies in large samples followed up over time are needed. Methodological limitations, clinical implications and suggestions for future research directions are considered.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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<http://dx.doi.org/10.1016/j.eurpsy.2016.01.1067>

EV83

Quetiapine XR reduce impulsivity and dissociation in a sample of alcoholic patients

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Introduction Alcohol dependence (AD) is a major public health problem. Currently, three drugs for the treatment of AD have been approved: acamprostate, disulfiram and oral naltrexone. Quetiapine XR is an atypical antipsychotic has been shown to be a promising medication for the treatment of alcoholism [1,2]. The aim of our study is evaluate quetiapine efficacy on impulsivity in a sample of alcoholic patients.

Method A sample of alcoholic patients ($n=40$) was assessed at the entrance and 2 months with: SCID-P, Brief-Temps, BIS-11, GSR, BPRS, SCI-DER, and CGI. The medium dosage of quetiapine is 300 mg.

Results Using the last observation carried forward, the mean total BIS score decreased from 60.8 at baseline to 40.2 at the final visit ($P=.03$). More pronounced improvement was observed in motor

impulsiveness ($P < .03$) and attentional impulsiveness ($P < .05$) compared with non-planning impulsiveness ($P = .09$). We observed an improvement in SCI-DER total score ($P = .02$), in particular in derealization ($P = .03$) and autopsychic depersonalization ($P = .04$). A mean weight gain of 4.8 kg was observed. There is not significant different related to the different affective temperament.

Discussion and conclusion Analyses revealed a significant effect of Quetiapine XR in improving impulsivity and dissociation, in particular motor and attentional impulsiveness, derealization and autopsychic depersonalization. Moreover, an improvement of dissociative symptoms is probably connected with the blockade of postsynaptic 5-HT_{1A} receptors [3]. Methodological limitations, clinical implications and suggestions for future research directions are considered.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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<http://dx.doi.org/10.1016/j.eurpsy.2016.01.1068>

EV84

Is methylphenidate a prescription drug being sold in the illegal market? Analysis of samples submitted to a drug checking facility

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Introduction Methylphenidate is a CNS stimulant approved for treatment of ADHD. It is generally considered well tolerated and exhibiting low dependence potential, although diversion for recreational use has been described. Provided that its effects are comparable to those of more popular drugs of abuse, such as cocaine and amphetamines, we hypothesized that it could be sold as such.

Objective The aim of this study was:

- to describe the presence of methylphenidate from the samples handled to, and analyzed by, Spanish harm-reduction service energy control between August 2009 and August 2015;
- to determine whether it is being sold as other drugs.

Materials and methods All samples presented to energy control (EC) were analyzed. EC is a Spanish harm-reduction non-governmental organization that offers to users the possibility of analyzing the substances they intend to consume.

Samples in which methylphenidate was detected using Gas Chromatography–Mass Spectrometry were selected for this study. **Results** From a total of 20062 samples, 17 contained methylphenidate (0,09%), with no clear variations among the years studied. The samples were mostly sold as amphetamine (29%), methylphenidate (23%) and ethylphenidate (18%).

Conclusion Presence of Methylphenidate in the Spanish illegal drug market seems anecdotic and stable over the studied time-frame. Moreover, it was sold as substances with similar dosages, lowering potential for life-threatening intoxications. Therefore, our results suggest that diversion of methylphenidate into the drug market as adulterant is not a concerning phenomenon.

Disclosure of interest The authors have not supplied their declaration of competing interest.

<http://dx.doi.org/10.1016/j.eurpsy.2016.01.1069>

EV85

The role of buprenorphine maintenance therapy in opioid relapse prevention: Experiences from Croatia

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Introduction Buprenorphine, a partial agonist of mu opioid receptors and an antagonist at kappa opioid receptors, is widely used in the treatment of the opioid addiction, as it reduces cravings and effects of opioid withdrawal, decreases opioid consumption and diminishes rewarding effects of it. In University Psychiatric Hospital Vrapče, the oldest psychiatric hospital in Croatia, buprenorphine maintenance therapy is a standard and important part of integrative psychiatric treatment offered to opioid drug users.

Aims To show potential benefits of buprenorphine maintenance therapy as a pharmacological agent in psychiatric care for opioid drug users.

Objectives To describe series of clinical cases in which the introduction of buprenorphine in therapy of opioid drug users lead to reduced number of their hospitalizations.

Methods Clinical cases from University Psychiatric Hospital Vrapče Addictions Treatment Department were identified and the course of patients' treatment was analyzed. Summaries of cases, with the emphasis on protective factors for stable maintenance, are presented.

Results After switching patients from various opiates to buprenorphine in a controlled in-patient environment, our patients became more functional and their integrative psychiatric treatment could then start. After discharge, an improvement was visible in different dimensions of their lives, and the re-admittance was the exception, since recidives were rare. They continued their treatment actively, in outpatient programmes of our clinic.

Conclusions Drug-seeking behaviour of presented opioid users was avoided by buprenorphine maintenance therapy provided with intermittent psychotherapeutic interventions or usual psychiatric support in aftercare. In our experience, such integrative psychiatric care prevents re-admittances and recidives.

Disclosure of interest The authors have not supplied their declaration of competing interest.

<http://dx.doi.org/10.1016/j.eurpsy.2016.01.1070>

EV86

New drugs: Use of everyday substances as substances of abuse

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Introduction Emerging drugs are a growing problem, of which we have little information and clinical experience and pose a challenge