

Introduction: In recent years, cannabis use among PTSD patients has become more common than ever. However, data available today regarding the effectiveness and safety of medical cannabis in PTSD treatment is limited, based on cross sectional studies, self-report surveys and a few clinical studies with small sample size.

Objectives: To characterize patterns of use and adverse effects over time in patients with PTSD using medical cannabis in real life setting.

Methods: Data were acquired from the Israeli national database of all patients licensed to use medical cannabis from January 2014 to December 2021. A license for medical cannabis is given to patients with PTSD of at least moderate intensity after treatment failure of at least two drugs and two psychological interventions. Comparative statistics were used to evaluate patterns of use and adverse effects.

Results: 12,977 patients were licensed to use medical cannabis in the study period for PTSD (8.2% of all users; 70% men) during the above-mentioned time period. PTSD was the 3rd most common indication after chronic pain and symptoms related to oncological disease and chemotherapy treatment. Over time, the relative increase in use of medical cannabis among PTSD patients was higher than that found in non-PTSD patients. In 2021 36.2% of all PTSD patients using medical cannabis had their license issued that year compared to 28.1% of all non-PTSD patients. PTSD patients were significantly younger compared to non-PTSD patients (40.9 years vs. 52.9 years). PTSD patients consume slightly higher monthly amount at the beginning of treatment compared to non-PTSD patients (32.1gr vs. 30.6gr) with higher Tetrahydrocannabinol (THC) concentration (15.2% vs. 12.9%) and lower Cannabidiol (CBD) concentration (4.7% vs. 6.0%). Over two years of use, amount, and composition of cannabis among the two groups were comparable and showed an increase in total amount and THC concentration, reaching the maximal available THC concentration of 20%. Data regarding adverse effects were available for 6,242 PTSD patients (48.1%) and 39,497 non-PTSD patients (26.6%). PTSD patients reported more physical adverse effects (RR 1.45 [95%CI 1.34-1.56]), anxiety (RR 1.47 [95%CI 1.13-1.92]), and derealization (RR 3.44 [95%CI 2.42-4.89]).

Conclusions: PTSD is one of the leading indications for medical cannabis use in Israel, despite scarcity in good quality data supporting its effectiveness and safety. The increased risk of mental adverse effects among PTSD patients emphasizes the need for cautious use in cannabis in this population. Expanding the knowledge regarding patterns of use and risks in medical cannabis use among PTSD patients is important for understanding the role of cannabis in PTSD treatment and to ensure an effective and safe treatment.

Disclosure of Interest: None Declared

O0103

Pain flashbacks: The role of intrusive pain symptoms in posttraumatic chronic pain

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Introduction: Findings demonstrate the high comorbidity of post-traumatic stress disorder (PTSD) and chronic pain following

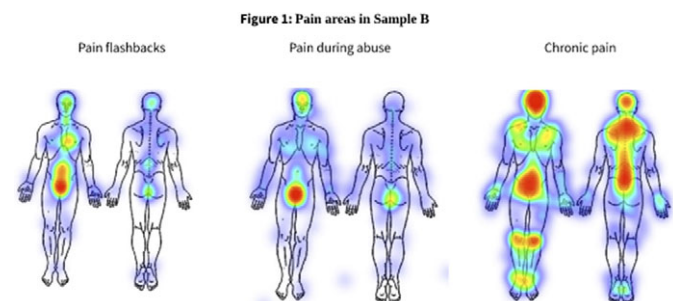
exposure to trauma. In exposure to child abuse (CA) in particular, findings imply that CA survivors are at a higher risk of suffering from chronic pain. However, the underlying mechanisms of these processes are yet to be uncovered.

Objectives: This study examined a new mechanism pertaining to the potential role of intrusive pain flashbacks for explaining the link between CA, C/PTSD, and chronic pain following interpersonal trauma.

Methods: A community sample of 430 women (Sample A), and a sample of 164 women who were exposed to CA (Sample B) completed questionnaires assessing pain flashbacks, CA, C/PTSD symptoms, the experience of pain during the trauma, and chronic pain.

Results: The findings showed that 8.9% of Sample A (N = 36), and 23.1% of Sample B (N = 37) reported experiencing pain flashbacks. In both samples, participants who experienced pain flashbacks reported more severe C/PTSD ($p < 0.001$), compared to participants who experienced flashbacks without pain and those who did not experience pain flashbacks. Participants who experienced pain flashbacks reported more pain during CA ($p = 0.001$), which corresponded with the pain flashbacks areas (Figure 1). Finally, pain flashbacks were correlated with a higher risk of suffering from chronic pain in Sample B ($p = 0.002$).

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Conclusions: The findings of this study reveal that pain flashbacks are associated with more rampant CA and are linked to greater psychopathology. The findings call for further investigation of the role of pain flashbacks in explaining the link between exposure to trauma, C/PTSD and later chronic pain.

Disclosure of Interest: None Declared

O0104

Temporal relationships between latent symptoms in psychosis: a longitudinal experience sampling methodology study

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Introduction: A variety of dimensions of psychopathology are observed in psychosis. However, the validation of clinical assessment scales, and their latent variable structure, is often derived from cross-sectional rather than longitudinal data, limiting our understanding of how variables interact and reinforce one another.

Objectives: Using experience sampling methodology (ESM) and analytic approaches optimised for longitudinal data, we assess potential latent variables of commonly-reported symptoms in psychosis, and explore the temporal relationship between them.

Methods: N=36 participants with a diagnosis of schizophrenia or schizoaffective disorder provided data for up to one year, as part of the Sleepsight study. Using a smartphone app, participants self-reported clinical symptoms once daily for a mean duration of 323 days (SD: 88), with a response rate of 69%. Symptoms were rated using seven-point Likert scale items. Items included symptoms traditionally implicated in psychosis (feeling “cheerful”, “anxious”, “relaxed”, “irritable”, “sad”, “in control”, “stressed”, “suspicious”, “trouble concentrating”, “preoccupied by thoughts”, “others dislike me”, “confused”, “others influence my thoughts” and “unusual sights and sounds”). We used a sparse PCA (SPCA) model to identify latent variables in the longitudinal data. SPCA has previously been applied to longitudinal ESM data, and was developed to achieve a compromise between the explained variance and the interpretability of the principal components. We then used a multistage exploratory and confirmatory differential time-varying effect model (DTVEM) to explore the temporal relationship between the latent variables. DTVEM generates a standardised β coefficient reflecting the strength of relationship between variables across multiple time lags. Only significant lags ($p < 0.05$) are reported here.

Results: The SPCA analysis identified five latent variables, explaining 61.4% of the total variance. Tentative interpretation of the SPCA loadings suggested these latent variables corresponded to i) cognitive symptoms, ii) feeling in-control, iii) thought interference and perceptual disturbance, iv) irritability and stress and v) paranoia. Time lag analysis revealed an effect of feeling in-control on subsequent cognitive symptoms ($\beta = -0.19$), and of cognitive symptoms on subsequent thought interference and perceptual disturbance ($\beta = 0.14$). Irritability and stress was also associated with subsequent cognitive symptoms ($\beta = 0.09$).

Conclusions: Using longitudinal data, we employ novel methodology to identify potential latent symptoms among commonly reported symptoms in psychosis. We identify five latent symptoms, and elucidate important temporal relationships between them. These findings may inform our understanding of the psychopathology of psychosis, potentially offering data-driven simplification of clinical assessment and novel insights for future research.

Disclosure of Interest: None Declared

Non-Pharmacological Interventions

O0105

Mentation processes such as excessive mind wandering, rumination, and mindfulness mediate the relationship between ADHD symptoms and anxiety and depression in adults with ADHD

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Introduction: Excessive mind wandering is a common feature of ADHD in adulthood also referred to as mental restlessness and ceaseless mental overactivity. ADHD is a predisposing factor for many psychiatric symptoms, especially negative emotions such as depression and anxiety. Rumination is thought to be a mediator for depression in individuals with ADHD. The above-mentioned mental processes may reduce the ability of individuals with ADHD to be mindful.

Objectives: This study investigates whether the mentation processes (excessive mind wandering, rumination, mindfulness) mediate the relationship between ADHD symptoms and anxiety, and depression in adults with ADHD.

Methods: Medication-free 175 individuals with ADHD who were referred to the Adult Neurodevelopmental Disorders Clinic, Department of Psychiatry, Selçuk University were invited to the study. After initial diagnostic examination including The Structured Clinical Interview for DSM-5 (SCID 5), all participants completed a test battery that included a sociodemographic form, the Adult ADHD Severity Rating Scale, the Hospital Anxiety Depression Scale, the Mind Excessively Wandering Scale, the Ruminative Response Scale, and the Freiburg Mindfulness Inventory. The data of 159 patients whose ADHD diagnosis was confirmed, who did not have any mood episodes and psychotic symptoms at the time of inclusion of the study, and who filled out the forms completely, were included in the analysis. The study was approved by the Selçuk University Local Ethics Committee.

Results: Participants ages ranged from 18 to 39 (mean of 22.93 ± 4.36), and 57.2% ($n = 91$) were women. Also, their 48.6% ($n = 77$) reported that they alcohol use, and 21.1% ($n = 34$) had substance use history. According to SCID 5 interview, participants 64.2% had comorbid psychiatric conditions. Pearson correlation analysis revealed that ADHD symptoms, rumination, excessive mind wandering, anxiety, and depression scores were significantly positively correlated with each other, but all were negatively correlated with mindfulness. Linear regression analysis showed mindfulness association with rumination, excessive mind wandering, anxiety, and depression scores, but not with ADHD symptoms. Thereupon, a conducted mediation regression analysis showed that ADHD symptoms indirectly worsened depression and anxiety through increased rumination and excessive mind wandering, and decreased mindfulness ability (Figure 1).