



Available online at
ScienceDirect
www.sciencedirect.com

Elsevier Masson France
EM|consulte
www.em-consulte.com/en



24th European Congress of Psychiatry

Free communications

Addictive behaviours

FC01

“Dual disorder with drugs”: Comparison of two French databases

A. Batisse^{1,*}, N. Taright², C. Chevallier¹, M. Marillier¹,
S. Djezzar¹

¹ Groupe hospitalier Lariboisière/Fernand-Widal/Saint-Louis,
CEIP-Addictovigilance, Paris, France

² AP-HP, Département d'information médicale, Paris, France

* Corresponding author.

Context Dual diagnosis (substance used disorders (SUD) and mental illness) represents 3% of general population. Among United States population, 42.3% of SUD patients have psychiatric troubles (without tobacco). Moreover, SUD can concern all psychoactive substances (PAS) or illicit PAS only named “dual disorder with drugs” (DDD).

Methods A quantitative analysis of DDD data from January 2013 to July 2014 of two epidemiological tools has been performed: PMSI database (Programme Médicalisé des Systeme d'Information) hospital discharge data is made up of data providing medical information for all patients discharged in Paris public hospital system (AP-HP) and NOT'S is a vigilance database of spontaneous NOTifications of drug abuse and dependence. We propose a descriptive analysis of DDD in Paris metropolitan area.

Results With PMSI, 9.2% of SUD inpatients ($n = 617$) have DDD, with mean age of 46 years (62% of men). In comparison, NOT'S reports 36% of SUD with DDD ($n = 302$) with mean age of 39.5 years (68% of men). Suicide attempt is also listed and reach 23% of cases.

Conclusion These two databases (Table 1) show the difficulty of DDD diagnosis with the discordance in results. DDD miss in PMSI database since addictovigilance database shows a first prevalence of DDD. Despite the high rates of DDD, the problem is often under diagnosed by clinicians practising. It is also important to promote the collaboration among health care workers (addictologist and psychiatrist) because these patients require intensive mental and substance abuse care.

<http://dx.doi.org/10.1016/j.eurpsy.2016.01.005>

Table 1

| | PMSI | NOTS |
|---------------------------|------|------|
| Psychosis / schizophrenia | 68% | 13% |
| Depression / anxiety | 21% | 54% |
| eating disorders | 6% | 2% |
| bipolar disorder | 5% | 6% |
| ADHD | 0% | 1% |

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

<http://dx.doi.org/10.1016/j.eurpsy.2016.01.005>

FC02

25I-NBOMe: The legal LSD

I. Ezquiaga^{1,*}, M. Grifell², L. Galindo², L. Martínez¹,
Á. Palma², P. Quintana³, M. Ventura⁴, E. Ribera¹, L. Pujol¹,
I. Fornís⁴, M. Torrens², M. Farré⁵

¹ Institut de Neuropsiquiatria i Addiccions, Parc de Salut Mar, Psychiatry, Barcelona, Spain

² Institut de Neuropsiquiatria i Addiccions, Parc de Salut Mar, IMIM, Universitat Autònoma de Barcelona, Psychiatry, Barcelona, Spain

³ Energy Control, Asociación Bienestar y Desarrollo, Energy Control, Primary Care, Barcelona, Spain

⁴ Energy Control, Asociación Bienestar y Desarrollo, Energy Control, Barcelona, Spain

⁵ Hospital Universitari Germans Trias i Pujol, IGTP, Universitat Autònoma de Barcelona, Psychiatry, Barcelona, Spain

* Corresponding author.

Introduction Novel psychoactive substances (NPS) use is progressively increasing year on year. A new group of phenethylamines sold as legal stimulants and hallucinogens is being reported increasingly since 2012. Within this group, 25I-NBOMe is an outstanding substance with powerful effects and high affinity with the serotonin 2a (5HT2a) receptor. Several toxicity cases have been reported so far.

Objectives To describe the presence of 25I-NBOMe and its characteristics in samples delivered to Energy Control from 2009 to 2015 in Spain.