Objectives: To study the relationship between gaming addiction and perceived health status
Methods: We conducted a cross-sectional, descriptive and analytical study.Data were collected using a self-administered questionnaire on social networks targeting adults between 18 and 40 years. We used the gaming addiction scale (GAS) in its validated Arabic short version. we also used the 36-Item Short Form Health Survey questionnaire (SF-36) in its validated Arabic version
Results: One hundred and nine participants were included. The mean age was 29.6 ±10.3. Males accounted for 60.6% of the study population. A history of anxiety or depression was found in 4.6 % of participants and 3.6% had an organic affection .The mean GAS score was 13.11± 6.08. According to this scale, 25.7% were addicted gamers. We found a significant difference between the group of participants considered addicts and those who were not in the following items: vitality (p=0.002), mental health (p=0.004) and role limitation due to emotional health (p=0.05). We found a correlation between the GAS score and role limitation due to physical problems (p= 0.41), role limitations due to emotional problems (p=0.004), vitality(p=0.005) and mental health (p= 0.001).
Conclusions: Our data showed significantly lower health related quality of life related to higher exposure to games especially in the psychological health.In future researches, the effect of gaming addiction on other domains of quality of life can be investigated
Disclosure: No significant relationships.
Keywords: Quality of Life; gaming; adults; Addiction

EPV1525

Perception of addictions and religiosity in medical students

A.S. Ellouze*, M. Maalej, R. Feki, I. Gassara, N. Smaoui, S. Omri, L. Zouari, M. Maalej, N. Charfi and J. Ben Thabet

Hedi Chaker University Hospital, Psychiatry C, Sfax, Tunisia
*Corresponding author.
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Introduction: Religiosity is among the factors that determine the doctor's relationship with his addict patient and the empathy he should have.
Objectives: To verify whether future doctors are aware of the addictogenic power of certain substances and certain behaviors and to study their perception of different addictions according to religiosity.
Methods: This was a cross-sectional study with interns and externs of the Sfax medical faculty, in November 2016, via an anonymous questionnaire.
Results: 141 students were included and 98,6% declared to be believers. The average age was 23 years. The sex ratio was 0.38. Alcoholism was the addiction most considered as a sin (87.9%), smoking 51.8%, hookah 45.4%, cannabis 78%, gambling 77.3%, internet addiction 16.3%, video game addiction 15.6%, work addiction 8.5%, and exercise addiction 5.7%. Female gender was more often correlated with perceived alcoholism, cannabis addiction, and gambling as sins ($p = 0.002$; $p < 0.001$ and $p = 0.043$, respectively). Gambling was significantly more condemned by the participants who fasted ($p < 0.001$). Prayer was significantly correlated with religious disapproval of addictions to tobacco, hookah, alcohol, cannabis and gambling (respectively $p < 0.001$, $p = 0.001$, $p < 0.001$, $p < 0.001$, $p < 0.001$). Smoking, hookah and alcohol were significantly more perceived as sins by veiled women (respectively $p = 0.011$, $p = 0.002$, $p = 0.040$).
Conclusions: According to our study, most medical students have a religiously hostile attitude to many addictions. Improving medical training in addictology would allow them to adopt the necessary empathic attitude, without being judgmental.

Disclosure: No significant relationships.
Keywords: Perception; religiosity; medical students; addictions

EPV1526

Smoking in patients hospitalized for schizophrenia: Prevalence and management challenges

Z. Bencharfa*, Y. Amara, S. Belbachir and A. Ouanass

University Hospital Center Ibn Sina, Ar-razi Psychiatric Hospital, Salé, Morocco
*Corresponding author.
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Introduction: Smoking is the leading cause of preventable death in the world. Studies have shown that the frequency of its use in schizophrenic patients is significantly higher than in the general population,which hinders both treatment strategies and the efficacy of antipsychotics.
Objectives: The objectives of our study are to highlight the prevalence of smoking in this population,to assess their nicotine dependence as well as to support the difficulties of their management.
Methods: We conducted a cross-sectional study of 92 male patients, hospitalized at Ar-razi Hospital in Salé, using the Fagerström scale, associated with a questionnaire that included age, marital status, educational level, somatic comorbidities, current treatment, other substances used, withdrawal attempts, age of first cigarette, family history of smoking, and finally,number of cigarettes per day before and after psychiatric diagnosis.
Results: All our patients were male,the average age was 31 years, 84.8% of our patients were single, 73.9% were without a profession, only 23.9% were under classic neuroleptics while 4.3% were under Clozapine, the most of our patients were also using Cannabis,52.2% attempted a withdrawal, with an average duration of 6 months.69.6% of our patients had a family history of smoking and only 21.7% had somatic comorbidities.The average daily consumption was 12 cigarettes per day before the onset of psychiatric symptoms, rising to 18 cigarettes per day after the psychiatric diagnosis.
Conclusions: The frequency of smoking in schizophrenic patients is high. Unfortunately, these patients remain poorly aware of the harms of smoking, hence the need to integrate a smoking control strategy into the management of schizophrenia.

Disclosure: No significant relationships.
Keywords: schizophrénia; smoking

EPV1527

Behavior of addicted patients during the COVID-19 pandemic

Z. Bencharfa*, Y. Amara, L. Tbatou and F. El Omari

University Hospital Center Ibn Sina, Ar-razi Psychiatric Hospital, Salé, Morocco
*Corresponding author.
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Introduction: The COVID-19 pandemic led governments to take a number of restrictive measures, which had an impact on the consumption of psychoactive substances among the world population.
Objectives: The present study, carried out by the Addictology Center of Ar-razi Hospital in Salé, aimed to evaluate the behavior of addicted patients followed in ambulatory care, during the Covid-19 pandemic.
Methods: We conducted a cross-sectional study with 128 patients, through a questionnaire assessing sociodemographic factors, psychiatric history, type and quantity of substances used during the pandemic, and withdrawal attempts.
Results: The primary substance used was tobacco, followed by Cannabis, alcohol, hypnotics, and then Cocaine.
63% of patients reported an increase in their consumption during the pandemic, 64% started new substances, mainly Cannabis, followed by organic solvents.
The monthly amount spent by our patients varied from 300 to 40,000 dhs/month, the source of this amount was legal in 92.2% of the cases, 43.8% had already been incarcerated or taken into custody as a result of this consumption.
78% of our patients had already tried to wean themselves off the drug, but only 39% were able to succeed.
Conclusions: The pandemic had a profound effect on the incidence of substance use.
Confining the population has indeed reduced the transmission of the virus, but it is far from harmless for the mind.

Disclosure: No significant relationships.
Keywords: Covid-19; Addiction; pandemic

EPV1528

Some factors affecting on the severity of Acute Psychoses in Alcohol Withdrawal

V. Kuzminov

SI "Institute of neurology, psychiaatry and narcology NAMS of Ukraine", Emergency Psychiatry And Narcology, Kharkiv, Ukraine
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Introduction: Alcohol withdrawal delirium is severe complication of alcohol withdrawal leading to high mortality. Early identification of severe course of psychosis and complications threatening the patient's life is the most important problem in the treatment of these patients.
Objectives: Under supervision were 690 men, dependent on alcohol, in the state of withdrawal with acute psychotic disorder (primary hospitalization in the framework of this study); the average age - (39,9 ± 3,4 years), the average age of alcohol abuse - (9,7 ± 1, 1 years). The patients were examined in a dynamics after a re-hospitalization after 5-7 years. This allowed us to verify the differential diagnostic approach to acute psychotic disorders in a state of abandonment, to investigate the impact of chronic acute psychotic disorders on the course of alcohol dependence, including the formation of deficits.
Methods: clinical, clinical and psychopathological, methods of quantified scales and mathematical statistics.
Results: There were estimated factors influencing the severity of alcohol withdrawal with delirium: total amount of alcohol consumed per week, drunken alcoholics, persistent alcohol abuse, social disadaptation, cognitive impairment, psychological disorders, reducing the quality of alcohol consumed, food pattern characterized total calorie mostly due to alcohol, life trajectory, severe or chronic somatic diseases, rate of progression of alcohol dependence.
Conclusions: The severity of acute psychotic disorder in the state of alcohol withdrawal mostly depended situational factors such as the number of days of severe drinking before a psychotic disorder, the pattern of nutrition, the quality and quantity of alcohol consumed, the presence of acute somatic diseases.

Disclosure: No significant relationships.
Keywords: factors of severity; Alcohol dependence; alcohol withdrawal state with delirium

EPV1530

A Young man with Delirium Tremens, Pellagra and Alcoholic neuropathy. Case report and review of pharmacological treatment

B. Díez Valle[1]* and P. Coucheiro Limeres[2]

[1]Hospital Universitario Severo Ochoa, Psychiatry, Leganés, Spain and [2]Hospital Universitario José Germain, Psychiatry Department, Leganés, Spain
*Corresponding author.
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Introduction: We present the case of a 36-year-old male with chronic alcoholism who suffered Delirium Tremens and other complications during hospital admission and who recovered thanks to treatment with benzodiazepines and antiepileptics using a cross tapering strategy.
Objectives: Presentation of a case and review of the available literature on the pharmacological treatment of alcohol withdrawal.
Methods: A 36-year-old man was hospitalised for extensive dermatological lesions suggestive of Pellagra. He acknowledged a daily consumption of six litres of beer, was homeless and had a poor and unvaried diet. After 48 hours, the patient began to present hyperreflexia, disorientation and delusions of harm and was diagnosed with Delirium Tremens.
Results: The case was managed jointly by Internal Medicine and Psychiatry. High doses of Chlorazepate (up to 400 mg daily), Tiapride (up to 600 mg daily) and Thiamine (300 mg daily) were prescribed. After 5 days of treatment, the patient started to improve but severe pain appeared in the lower limbs suggestive of alcoholic neuropathy. Gradually the treatment was replaced by Pregabalin (up to a dose of 1200 mg daily) which was effective in calming the late withdrawal and partially controlling the lower limb pain.
Conclusions: Benzodiazepines remain the first-line agent for severe withdrawal, while some antiepileptic drugs have proven useful in mild-moderate withdrawal and relapse prevention. Switching to antiepileptic drugs during follow-up should be considered because of the lower risk of dependence and respiratory depression, as well as the positive effects on the "kindling" phenomenon.

Disclosure: No significant relationships.
Keywords: alcohol withdrawal; antiepileptics; alcoholism; pharmacological treatment