

admission. Personality and behavior changes had been observed after TBI. In the first examination he had depressed mood and loss of interest. Sertraline (gradually titrated up to 150 mg/d) and risperidone (1 mg/d) were started. Also *N*-acetylcysteine (1,200 mg/d) was added to reduce craving and drug-seeking behaviours for four weeks.

Conclusions: Frontal lobe syndrome and TBI may differ in terms of clinical presentations. Substance use may be a way to cope with mental, cognitive or behavioural changes, psychosocial stressors, anxiety, sleep problems or pain after TBI.

Disclosure: No significant relationships.

Keywords: substance abuse; frontal lobe syndrome; traumatic brain injury

EPV1542

Seizures and alcohol withdrawal: A literature review

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Introduction: Seizures occur in about 3% cases of alcohol withdrawal. They usually appear within 48 hours after abrupt cessation, and are characterized by a reduction in seizure threshold secondary to adaptation to alcohol. More than 50% of individuals will experience a new seizure and in 5% of these cases, progression to a sustained epilepticus status can occur.

Objectives: The aim is to do a review of the literature on alcohol withdrawal and the onset of seizures in individuals with alcohol addiction.

Methods: A literature review was conducted using the PubMed search database.

Results: Alcohol is a central nervous system (CNS) depressant and chronic consumption causes neuroadaptation in order to maintain homeostasis. This adaptation involves the upregulation of excitatory neurotransmitters systems and the downregulation of inhibitory ones. When consumption is abruptly discontinued, the depressive contribution of alcohol to a previously established balance is disrupted, resulting in withdrawal symptoms associated to a generalized CNS' hyperexcitability state. Critical episodes increase the risk of *delirium tremens*, a fatal condition in 20% of untreated cases. Thus, the treatment and prevention of seizure recurrences is essential: the clinical guidelines of the American Society of Addiction Medicine 2020, offer an action proposal. Pharmacological therapy after seizures is the preferential treatment: intravenous administration of fast-acting benzodiazepines (lorazepam and diazepam) is the first line treatment.

Conclusions: It is essential to monitor signs and symptoms that alert us to the appearance of seizures associated to alcohol withdrawal, effectively treat these cases, prevent recurrences, and provide a quality follow-up for these patients.

Disclosure: No significant relationships.

Keywords: Seizures; alcohol withdrawal; delirium tremens

EPV1543

Opioid withdrawal delirium without convulsions: A Rare Case report

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Introduction: Opioid withdrawal symptoms classically include severe muscle cramps, bone aches, autonomic symptoms, anxiety. Patients seldom have other complications like delirium and convulsions unless they have comorbid medical illnesses.

Objectives: We hereby report a case of opioid withdrawal delirium.

Methods: A 20-year-old man with dependence for opioids and nicotine was admitted after compete history and mental status and physical examination, last intake for both substances 2 days back. There was no history of fever, head injury, siezures and other substance use. All investigations done were normal and urine drug screen was negative for other substances. Treatment was started with clonidine and quetiapine for sleep and Nsaids on prn basis. After 2 days there was hallucinatory behaviour, agitation, fleeting episodes of recognising family members, hearing voices and decreased sleep observed. Patient required sedation with 10 mg of lorazepam and haloperidol before he went to sleep. Later on lorazepam 8 mg in divided doses and clonidine was tapered off gradually and patient as discharged on naltrexone 50mg.

Results: In our case we could not find any other reason for delirium. These complications are rare feature of delirium, parker et al reported 5 such cases. One of limitations was we didnt do blood alcohol levels which could have ruled out alcohol use.

Conclusions: This case is unique in terms of presenting with delirium without convulsions after 4 days of abstinence. No associated comorbidities, organic causes, and other substance use in dependence pattern or recently used. Use of a street variety (mixed with impurities) could be a risk factor for delirium in our patient. Psychiatrist need to be aware of complication.

Disclosure: No significant relationships.

Keywords: siezures; rare case report; opioid; addiction; delerium; convulsions; opioid add addiction add delerium add mconvulsions

EPV1544

“Might relapse today” - The categorization of discussions in the r/benzorecovery subreddit

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Introduction: The social media platform Reddit is a contemporary context where we have an opportunity to identify problems experienced by people regarding different aspects of life. The platform is virtually anonymous which might make users discuss their problems more freely. Reddit is divided in subreddits where different subjects are discussed and the discussions are controlled by creators

and moderators. I have identified a quite active subreddit targeted towards recovering addicts of benzodiazepines; r/benzorecovery.

Objectives: * To analyze strategies of recovery in user narrative * To identify techniques commonly used and the how they are described * To construct metadata in order to assess how frequent the discussion of a different techniques are

Methods: Technically, what is done in this study, is adding mark-up metadata to different discussion. A rudimentary form of analysis suitable with a larger digital corpus where content metadata is added (Gilliland Swetland 2000). The metadata is constructed through a hermeneutical method in which the researcher analyses the subreddit.

Results: Answering question like: Example: DIY-tapering; different ways to limit drug use by using less. 1) how common are discussion of taperings in relation to other subjects? 2) Is tapering commonly discussed together with other subjects and techniques?

Conclusions: Using a method of categorization and metadata mark-up we could gain a good understanding of the problems among recovering benzodiazepine addicts. We will also have the possibility to identify concepts that addicts themselves discuss and relate these to professional concepts thus creating better possibilities of communication between professionals and clients.

Disclosure: No significant relationships.

Keywords: Recovery; Self-help; Reddit; Benzodiazepines

EPV1545

Different dimensions of wellness in drug addiction treatment

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Introduction: According to the World Health Organisation goals of treatment of drug addiction are: reducing of drug use and craving, improving of health, well-being and social functioning of the affected individual, prevention of future harms by decreasing the risk of complications and relapse. Wellness means a sense of overall well-being incorporating numerous aspects of an individual's life. These include physical, mental, emotional, intellectual, occupational, and spiritual aspects. For those who suffer from mental and substance use disorders, wellness means feeling a sense of purpose in life, being actively involved in work or play that is satisfying, finding happiness, having joyful relationships, and having a healthy body and living environment. .

Objectives: We will present different dimensions of wellness and describe how to incorporate these dimensions into drug addiction treatment.

Methods: Presentation of theoretical frame and description of treatment programme at the Center for Treatment of Drug Addiction Ljubljana.

Results: When each of wellness dimensions is balanced, it is easier to maintain recovery process and avoid the triggers of relapse.

Conclusions: In the context of wellness, treatment goal is to maximize the capacity of person to feel, think and act in ways that enhance his/her ability to enjoy life and deal with the challenges he/she face. Wellness lifestyle includes a balance of health habits

such as adequate sleep and rest, productivity, exercise, participation in meaningful activity, nutrition, productivity, social contact, and supportive relationships.

Disclosure: No significant relationships.

Keywords: wellness; well-being; Treatment; drug addiction

EPV1546

Anxiety and Depression Disorder Among Young Cannabis Users in Tunisia

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Introduction: The use of cannabis is likely to increase as regulations on its consumption are diminishing throughout the world.

Objectives: to identify the prevalence of anxiety and depression symptoms in a group of cannabis users in Tunisia.

Methods: this a transversal descriptive study about 137 participants in the University Hospital Of Mahdia during 2 months.

Results: In our study population , the consumers were young adults aged between 18 and 35 years old ,of whom 40.8% were professionally active, 23.2% had psychiatric history. Moreover, the use of other substances was regular among users as follows: tobacco among 74.6% of users, alcohol among 72.5% of users, ecstasy among 41.3% of users, cocaine among 25.4% of users. The use of cannabis was considered as a means of exultation for 66.7%, as an anxiolytic for 26.8% and as a sedative for 23.9%. Overall, the effect of cannabis use on anxiety and depression on the HAD scale showed the following results: probable anxiety in 53% of cases, probable state of depression in 72% of time.

Conclusions: The correlation between cannabis use, anxiety and depression remains unclear. Equally concluded, the assumption of self-medication by cannabis stills a topic of discussion.

Disclosure: No significant relationships.

Keywords: Anxiety; Cannabis; Depression

EPV1547

“Walking with myself by my side” - non-medical use of Ketamine

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Introduction: Ketamine, synthesized in 1962 as phencyclidine derivate, is denominated a “dissociative anesthetic” because of its side-effects, such as dissociative episodes and psychotic-like symptoms, which have limited its applicability on clinical practice.