

was recommended. He was referred to Mental Health outpatient service. He maintained cannabis abstinence for 1 month and some symptoms disappeared. However, 2 months later, he relapsed in cannabis use and all symptoms reappeared. Later he achieved cannabis abstinence again and he got full recovery, then he was diagnosed from cannabinoid hyperemesis syndrome.

Conclusion Cannabinoid hyperemesis syndrome is characterized by recurrent nausea, vomiting and colicky abdominal pain in patients with long-term cannabis use. These symptoms have been reported to be alleviated temporarily by taking a hot shower or more permanently by abstaining from the use of cannabis. The phenomenon of cannabinoid hyperemesis and clinical diagnosis remained obscure until recently. For this reason, it is necessary to take it into account in order to recognize it and help provide these patients early and better approach.

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EV64

The role of personality traits in initiating and maintaining addictive behavior

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Introduction It is well known that certain personality traits are more linked to drug abuse than others. Psychiatrists are more likely to emphasize the importance of impulsivity in the connection with substance disorders but in the following study we found an important percentage of patients that have a substance abuse were linked to anxiety through impulsiveness as a personality trait.

Objectives Most youths admitted for a substance abuse are highly impulsive. Our quest was to differentiate what component of impulsivity was more frequently linked to a substance use disorder.

Methods In the study were included 50 patients admitted in the 3rd Psychiatric Clinic, Substance Dependences Department, Cluj-Napoca. For the identification of the drug abused we used the multitest screening kit in correlation with the results from the Forensic Medicine Institute of Cluj-Napoca. Each patient completed the Barratt Impulsivity Scale and the Swedish Universities Scales of Personality.

Results High scores on BIS-11 strongly correlated with attentional impulsiveness (Pearson's r correlation = .838) which means high inattention and cognitive instability this being linked with anxiety disorders. Cognitive Instability was correlated with Psychic Trait Anxiety ($r = 0.29$) and Motor Impulsiveness with Somatic Trait Anxiety ($r = 0.3$). Normal 0 false false EN-US X-NONE X-NONE.

Conclusions The underrecognized anxiety disorders in young adults whom are admitted for an addictive disorder prefrontal cortex is known to be the source of both impulsivity and could be linked to anxiety as well (valence asymmetry hypothesis). Normal 0 false false EN-US X-NONE X-NONE.

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EV65

Behavioral disorders and new psychoactive substances abuse, a French case series

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Introduction Range of drugs has largely increased the past few years, especially with the emergence of the New Psychoactive Substances (NPS) sold online. In front of serious risks they cause on human health, they are more and more regulated by the law.

Objectives To describe cases of extreme behavioral disorders and highlight risks of potential forensic complications linked to these consumptions.

Methods We present a case series of serious auto or hetero-aggressive behavioral disorders related to NPS abuse and notified to the Parisian addictovigilance center.

Results Twenty cases were identified between 2010 and 2015. Users were exclusively men, with mean age of 35.5 years (min: 20, max: 51). Synthetic cathinones are the predominant class of reported NPS (65%). An association between NPS and sexuality is found in 60% of cases (12); among them cathinones are used by 11 men. We observed 6 deaths among which, 5 were associated to sexual practice. Two cases of consumptions of cathinones induced torture and barbarian acts. Concerning aggressive behavioral disorders, we quote 3 cases of hetero-aggressivity (one by stab wound and 2 others developed an hypersexuality ± exhibitionism) and 9 cases of auto-aggressivity characterized by genital mutilations (1), defenestration (3), suicidal attempt (3), and acute psychiatric disorder with endangering life (2). Only four cases have been confirmed by toxicological analysis.

Conclusion Behavioral disorders inducing forensics complications exist with NPS and particularly with cathinones. The problematic is certainly undervalued. A collaboration between addictovigilance and forensic services has to be improved.

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EV66

Early alcohol use as prognostic factor for severity in dually diagnosed patients

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Objectives Describe the distinguishing characteristics between patients with early onset of alcohol use (EARLY, age < 15) and late onset of alcohol use (LATE, age > 16), both affected of acute non-substance use psychiatric disorders (non-SUD) and any substance use disorder admitted in a dual diagnosis unit.

Material and methods Data on demographic, family, and clinical factors were gathered among subjects admitted to our dual diagnosis unit along three years, all of them meeting DSM-IV criteria of any non-substance related Axis I or II disorder and comorbid substance use disorder (SUD). Statistical analysis was performed by using SPSS program.

Results We show results of 748 patients (437 of EARLY group and 311 of LATE group). Predominantly male (73,53%) with a mean age of $39,60 \pm 9,7$ years. Most prevalent non-SUD psychiatric disorders were psychotic disorder (39,97%) and personality disorder (39,30%). In our sample, most common substances of abuse were Alcohol (45,05%) and Cocaine (30,35%). EARLY patients had an

earlier first contact all substances as well as an earlier age of problematic consumption of cocaine, alcohol, opioids and nicotine; they also had major prevalence of opioid SUD, sedatives SUD and amphetamines SUD (see Tables 1, 2 and 3).

Conclusions Patients who began earlier their consumptions of alcohol had major prevalence of opioid, sedatives and amphetamine use. They also had earlier consumptions of other substances and earlier problematic consumptions of cocaine, alcohol, opioids and nicotine, what probably means greater severity of drug addiction in the long run.

Table 1 Demographic characteristics of both groups.

		EARLY (N=427, 58.8%)	LATE (N=291, 41.2%)	P value
Sex, %	Male	71.7%	68.1%	0.001*
	Female	28.3%	31.9%	
Age, years	Mean (SD)	39.8 (9.9)	39.8 (9.4)	0.90
Marital status, %	Single	54.2%	51.1%	1.25
	Married/Divorced	18.1%	21.2%	
	Divorced/Separated/Widow	27.8%	28.7%	
Level of education, %	No high school diploma	1.8%	3.8%	0.16
	High school diploma	49.2%	44.7%	
	Some college	49.2%	51.7%	
Employment, %	Employed	15.2%	17.2%	0.18
	Unemployed	84.8%	82.8%	
Legal background, %	Yes	24.3%	18.8%	0.26
	No	75.7%	81.2%	
Parental substance abuse background	Yes	48.2%	48.2%	0.88
	No	51.8%	51.8%	
Parental mental illness background	Yes	47.7%	46.7%	0.88
	No	52.3%	53.3%	

Table 2 Clinical and functional variable at admission in both groups.

		EARLY (N=427, 58.8%)	LATE (N=291, 41.2%)	P value
Length of admission	Mean (SD)	12.7 (22.8)	17.6 (13.1)	0.14
Clinical presentation	Hallucinations/delusions	44.4%	54.0%	0.026*
	Suicide attempt/suicide	21.1%	25.0%	
	Others	35.5%	21.0%	
Personality disorder	Yes	25.9%	30.2%	0.10
	No	74.1%	69.8%	
Main drug of abuse	Opioids	25.0%	37.3%	0.001*
	Sedatives	75.0%	62.7%	
Cocaine SUD	Yes	49.0%	50.5%	0.68
	No	51.0%	49.5%	
Cannabis SUD	Yes	31.6%	35.1%	0.04
	No	68.4%	64.9%	
Alcohol SUD	Yes	63.6%	60.8%	0.43
	No	36.4%	39.2%	
Opioid SUD	Yes	26.0%	12.2%	<0.001*
	No	73.9%	87.8%	
Sedatives SUD	Yes	22.0%	13.8%	0.001*
	No	78.0%	86.2%	
Amphetamines SUD	Yes	8.5%	4.6%	0.034*
	No	91.5%	95.4%	
Hallucinogens SUD	Yes	2.5%	1.7%	0.24
	No	97.5%	98.3%	
VUSR SUD	Yes	0.5%	1.0%	0.40
	No	99.5%	99.0%	
Polydrug abuse	Yes	16.0%	13.8%	0.16
	No	84.0%	86.2%	

*. The chi square statistic is significant at level 0.05.

Table 3 Historical data about age of drug use in both groups.

		EARLY (N=427, 58.8%)	LATE (N=291, 41.2%)	P value
Age of first use of cocaine, years	Mean (SD)	19.11 (5.9)	23.63 (7.7)	<0.001*
Age of first use of cannabis, years	Mean (SD)	15.16 (4.3)	17.82 (5.4)	<0.001*
Age of first use of alcohol, years	Mean (SD)	12.65 (2.5)	18.31 (4.3)	<0.001*
Age of first use of opioid, years	Mean (SD)	19.76 (6.4)	23.88 (7.8)	<0.001*
Age of first use of sedatives, years	Mean (SD)	23.52 (9.9)	26.66 (8.6)	<0.001*
Age of first use of amphetamines, years	Mean (SD)	18.21 (5.0)	21.38 (5.4)	<0.001*
Age of first use of nicotine, years	Mean (SD)	13.23 (3.0)	16.53 (4.1)	<0.001*
Age of regular use of cocaine, years	Mean (SD)	22.66 (7.7)	26.46 (8.6)	<0.001*
Age of regular use of cannabis, years	Mean (SD)	17.27 (5.7)	18.04 (6.3)	0.215
Age of regular use of alcohol, years	Mean (SD)	19.56 (7.1)	24.78 (8.6)	<0.001*
Age of regular use of opioid, years	Mean (SD)	19.36 (5.4)	23.66 (8.2)	<0.001*
Age of regular use of sedatives, years	Mean (SD)	24.88 (9.6)	27.22 (9.9)	0.003
Age of regular use of amphetamines, years	Mean (SD)	20.24 (7.3)	20.87 (3.9)	0.043
Age of regular use of nicotine, years	Mean (SD)	14.26 (3.5)	17.26 (4.2)	<0.001*

*. The chi square statistic is significant at level 0.05.

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EV70

Epidemiological profile of drug users in Tunisia

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Introduction Changing cultural values and increasing economic stress are leading to initiation into substance use. Despite religious and legal constraints on Muslims against the consumption of drugs, drug addiction is a widespread problem and is destroying the lives of many individuals and families, in Tunisia.

Objectives To examine the socio-demographic characteristics of Tunisian addicts and to identify the drugs commonly used.

Methods This was a cross-sectional study, which included 200 patients at the addiction treatment center "Aide et Ecoute" in Sfax (Tunisia). The survey was conducted during the month of January to September 2014.

Results Only males were found to get treatment in the addiction center for various addictions. The mean age was 33.32 years and the mean age for starting substance use was 17.30 years. More than half (65.9%) were not married and 59.5% had involvement with criminal justice. Substance dependence was commonly seen in poor and middle socioeconomic class. The most common substance used was buprenorphine (34.8%). There was a significant relation between buprenorphine consumption and immigration ($P=0.013$). Peer pressure was one of the most important factors for trial of substance in our study.

Conclusion As the mean age of initiation of substance abuse was early twenties, in liaison with schools and colleges, some recreational activities can be generated to prevent diversion of youth towards the devil of drug abuse.

Keywords Immigration; Injecting drug; Socio-demographic characteristics

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