

strategies to resist social pressure to drink; and build positive strategies for coping with stress.

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#### EV1449

### A comparative research of therapy regimens related to patients with alcohol addiction syndrome for the period 2000–2009 in narcological clinical hospital No. 17 of Moscow

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The incidence rate of alcohol addiction syndrome continues to increase worldwide. In the Russian Federation, there is a priority of the patient's rights for an effective and safe treatment of narcological disease. This is achieved using standardised, reproducible, statutory narcological patients diagnosis and management standards.

**Research purpose** Identify efficient algorithms for alcohol addiction syndrome treatment in a Narcological Clinical Hospital No. 17 of Moscow (NCH№17), allowed Narcological patients Diagnosis and Management Standards for the period 2000–2009.

**Research objectives** (1) Identify the key therapeutic treatment algorithms that were used in NCH№17 of Moscow in the period 2000–2009. (2) Compare the effectiveness of therapeutic regimens identified.

Data for study – hospital sheets of patients treated from 2000 to 2009 in NCH№17 of Moscow. Analyzed 520, included in the research: 401 hospital sheets of 118 patients.

**Methods** (1) Continuous sampling. (2) Statistical, Fisher's exact test, Microsoft Excel software (version 13.1.) and Statistica 5.1.

**Results** From 2000 to 2009 (1998, 2003 and 2005) have changed three times: legislative framework, focus, narcological patients' treatment regulation (Fig. 1).

Therapeutic algorithm was considered successful if the stage-by-stage approach was complied with. Algorithm inefficiency is designated as "failure of treatment stage-by-stage approach". Disadvantages of therapeutic regimens lead to complications. Polypragmasy influenced the development of complications. From the analyzed 118 hospital sheets (pursuant to Fisher's exact test), 72 patients had polypragmasy, 40% cases – proven cause was delirium, 20% – refusal of treatment (Fig. 2).

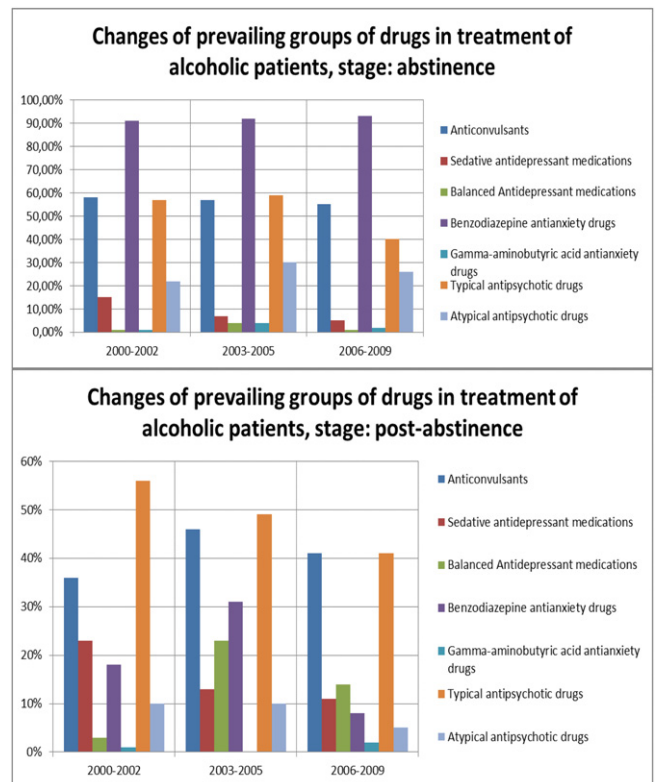


Fig. 1 Periods of application of different regimens are outlined: 2000–2002, 2003–2005, 2006–2009.

### Failures of stage-by-stage approach in treatment of alcoholic patients

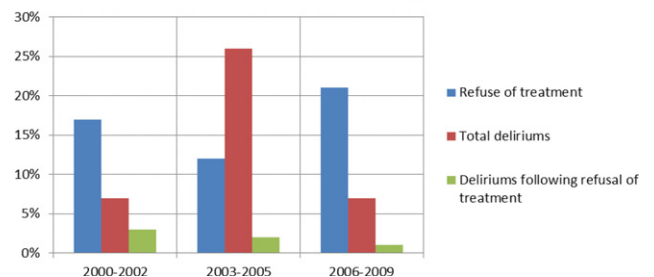


Fig. 2 Surrogate variable of complications is refused treatment.

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#### EV1450

### Methamphetamine-induced choreoathetosis: A case report

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We describe the case of a 23-year-old male with a past psychiatric history of Obsessive Compulsive disorder, Generalized Anxiety Disorder, Cannabis Use Disorder, and a reported history of Bipolar II Disorder and ADHD, and no past medical history, who presented to the hospital for a psychiatric evaluation of erratic behavior. Per his family's report, the patient has not been attending to his activities of daily living and has had poor sleep and significant

weight loss for the past month. In the days preceding his presentation, he has experienced worsening irritability and rapid speech, and has been responding to internal stimuli and displaying odd repetitive movements of his extremities. On interview, the patient reported non-compliance to his prescribed Lithium and Paroxetine for the past three months. He also noted recently smoking methamphetamine on a daily basis for the past month and intermittently abusing cannabis, benzodiazepines and cocaine. His urine drug screen was positive for cannabinoids and amphetamines and the rest of his medical workup was within normal limits. On physical exam, he exhibited involuntary writhing and twisting movements of his extremities. An atypical antipsychotic was prescribed, after which his choreoathetotic movements resolved within 24 hours. The purpose of this poster is to highlight the possibility of developing chorea as a result of methamphetamine use, given the rarity of such cases, and to discuss whether the resolution of his neurological symptoms were a result of antipsychotic administration or were simply due to the natural course of methamphetamine discontinuation during hospitalization.

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#### EV1451

### Psychological distress and alcohol use among adolescents

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**Introduction** Anxiety and depression, as well as alcohol use are widespread among teenagers, and constitute a huge public health burden worldwide.

**Objective** To study the link between alcohol consumption and emotional distress (anxiety and depression) among adolescents.

**Methods** We conducted a cross-sectional study in May and June 2016. The sample consisted of 314 pupils from 4 colleges and schools in Sfax (Tunisia). Alcohol Use Disorders Test (AUDIT) was used to evaluate alcohol dependence. Anxiety and depression levels were evaluated using the "Hospital Anxiety and Depression Scale" (HADS).

**Results** The mean age was 16 years with a sex ratio of 1.08. Among the participants, 18.9% reported having drunk alcohol at least once and 42.37% of them still consume. The main reasons for alcohol initiation were the search of new experiences (78%) or pleasure and well-being (39%) and the curiosity (49.15%). According to AUDIT, 1.7% of alcohol users presented an alcohol misuse and 20% presented dependence.

The prevalence of anxiety and depression were respectively 56.1% and 23.7%. Anxiety was correlated to alcohol experimentation ( $P=0.03$ ) and non-supportive environment ( $P=0.003$ ). Depression was correlated to alcohol experimentation ( $P=0.001$ ), AUDIT score ( $P=0.009$ ), somatic histories ( $P=0.02$ ), physical abuse ( $P=0.02$ ), non-supportive environment ( $P=0.016$ ) and graduating class level ( $P=0.005$ ).

**Conclusion** Our study highlights the close association between alcohol consumption and emotional distress in adolescence, which seems to be bi-directional. When attempting to reduce the risk of alcohol consumption, we should focus a particular attention on adolescents studying in graduating class, reinforce adolescents' family support and prevent physical abuse.

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

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#### EV1452

### Stability of problematic gaming and associations with problematic gambling: A three-year follow-up study of adolescents in the SALVe-cohort

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**Aim** The aims of the present study was to investigate the long-term stability of problematic gaming among adolescents, and whether problematic gaming at wave 1 (W1) were associated with problematic gambling at wave 2 (W2), three years later.

**Methods** Data from the SALVe-Cohort, including adolescents in Västmanland born in 1997 and 1999, at two waves were analyzed (W1,  $n=1868$ ; 1035 girls, W2,  $n=1576$ ; 914 girls). Adolescents self-rated the Gaming Addiction Identification Test (GAIT), Problematic Gambling Severity Index (PGSI), and gambling frequencies. Stability of gaming using Gamma correlation, and Spearman's rho was performed. General linear model analysis (GLM), and logistic regression analysis were performed, adjusted for sex, age, and ethnicity using PGSI as dependent variable, and GAIT as independent variable, for investigating associations between problematic gaming and problematic gambling.

**Results** Problematic gaming was stable over time,  $\gamma=0.810$ ,  $P\leq 0.001$ , and  $\rho=0.555$ ,  $P\leq 0.001$ . Furthermore, problematic gaming at wave 1 increased the probability of having problematic gambling three years later, GLM  $F=3.357$ ,  $\eta^2=0.255$ ,  $P\leq 0.001$ , and logistic regression OR=5.078 (95% CI: 1.388–18.575),  $P=0.014$ . Male sex was associated with higher probability of problematic gambling.

**Conclusions** The present study highlights the importance of screening for problematic gambling among problematic gamers in order not to overlook possible coexisting gambling problems. The stability of problematic gaming indicates a need for development and evaluation of treatment for problematic gaming and also for coexisting gambling problems.

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#### EV1453

### ASD, SUD and gender

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**Introduction** Autism and substance use disorder (SUD) is not the co-morbidity that is commonly considered. Yet these conditions have more commonalities than one would suspect.

**Objective** We will consider the evidence for co-morbidity between ASD and Addiction (Substance Use Disorders (SUD) and explore the influence of gender.

**Method** A pilot study of 80 admissions to an adult ASD unit will be presented.

**Results** The co-morbidity ASD and SUD in this study was very high (65% of the inpatients). There were no gender differences in prevalence in total but addiction to medication (32% in woman vs. none in man) and eating disorders (24% in women vs. 9% in man) was far more common in women whereas addiction to drugs (13% in man vs. none in women) was far more common in man.

**Conclusions** There are clear indications that a possible co-morbidity of substance abuse disorder should be considered in cases of individuals with autism spectrum disorders. There are no gender differences in prevalence of co-morbidity ASD and SUD in