

demonstrates, can be a debilitating comorbidity that raises the risk for suicidality or hospitalization. However, little research has been done on the treatment of OUDs in patients with BDD or on the treatment of BDD in patients with an SUD, and this is an area of research that could benefit the modern population greatly.

**Disclosure:** No significant relationships.

**Keywords:** opioid; Opioid Use Disorder; Body Dysmorphic Disorder

## EPV0293

### Sleep Disorders and Dual Disorders

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**Introduction:** While it is well known that there is an interaction between sleep disorders and substance abuse, it is certainly more complex than was previously thought. The effects on sleep depend on the substance used, but it has been shown that both during use and in withdrawal periods consumers have various sleep problems, and basically more fragmented sleep. We know that sleep problems must be taken into account to prevent addiction relapses.

**Objectives:** To explain the different sleep disorders caused by substances such as alcohol and cannabis

**Methods:** As an example of this, two cases are introduced: the first one, a 17-year-old boy, who is diagnosed with ADHD with daily cannabis use since the age of 14. As a result of reducing consumption, he presents an episode of sleep paralysis that he had not previously had. The second one is a 50-year-old man diagnosed with a personality disorder and with dependence on cannabis and alcohol for years. He currently has abstinence from alcohol for months and maintains daily cannabis use. However, he has long-standing sleep pattern disturbances and frequent depersonalization phenomena at night.

**Results:** Alcohol at low doses has no clear effects on sleep architecture. At higher doses it decreases sleep latency, as well as awakenings. In chronic alcoholic patients, a decrease in deep slow sleep, and more fragmented sleep have been found. Cannabis withdrawal reduces sleep quality, increases latency, and produces strange dreams.

**Conclusions:** There is a positive relationship both between having a substance use disorder and suffering from a sleep disorder.

**Disclosure:** No significant relationships.

**Keywords:** Cannabis; dual disorder; alcohol; sleeping disorders

## EPV0294

### Comorbidity symptoms in ADHD adult patients

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**Introduction:** Adults may continue suffering ADHD symptoms after this condition is recognized and typified in children. Different works provide evidence that adults have an even more complicated variety of psychiatric disorders than children, as an increased risk of problems stemming from substance abuse, depression, anxiety, increased risk of traffic accidents, and also sexual transmission diseases.

**Objectives:** There was known that adults could continue suffering symptoms derived from his infantile ADHD. We wonder if the majority of the young males derived to our consultation present compatible symptoms with adult ADHD. This condition promotes the onset of substance use and may lead to latent psychosis onset.

**Methods:** We analyzed 39 patients derived by suspicion of psychiatric pathology, aged between 17 and 35. They stem to clinical psychology for study of features of personality (Million Questionnaire). Another questionnaire was used also autoapplied for sifted of the ADHD in adults (ASRS\_V1:1). According to the criteria DSM-IV TR, the patient had moderate symptoms of ADHD if it was fulfilling 6 or more diagnostic criteria according to their answers in the screening questionnaire.

**Results:** The results supported the existence of impulsivity, aggression, irritability, problems with compliance and substance abuse.

**Conclusions:** ADHD is not only a problem of distractibility or worry, but a deeper and extensive alteration caused by the deterioration of a set of cerebral activities. An early treatment in the childhood could prevent devastating consequences for their development, since they include the majority of the functional areas of the patient and it impedes their later social and labor adjustment.

**Disclosure:** No significant relationships.

**Keywords:** ADULT PATIENTS; COMORBILITY; adhd; Psychosis

## EPV0295

### Adult attention-deficit/hyperactivity disorder and bipolar disorder: diagnostic and management challenges

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**Introduction:** Attention-deficit/hyperactivity disorder (ADHD) and bipolar disorder (BD) are neurodevelopmental disorders that commonly persist into adulthood. ADHD in adults can resemble, and often co-occurs with, bipolar disorder (BD), which might lead to diagnostic errors, ineffective treatment and potentially serious adverse consequences.

**Objectives:** To review on the overlaps and differences in the psychopathology of the two entities and particularities of the management when they occur comorbidly.

**Methods:** The Medline database through the Pubmed search engine was used with the following keywords: "adhd" and "bipolar disorder".

**Results:** ADHD has an estimated prevalence of 10-30% in adults with BD. Despite the symptomatic similarities, there are some important differences. In the ADHD/BD comorbidity, symptoms like attention-deficit, distractibility, irritability, impulsiveness and