

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.

Otherwise, in the last decades the non-medical use of ketamine has been growing and today is one of the most popular illicit substances consumed between adolescents and young adults.

Objectives: Increasing the knowledge and understanding of the factors related to crescent use of ketamine and the experiences and consequences associated to its consumption.

Methods: Clinical interview with patients diagnosed with ketamine use disorder and bibliographic research in Pubmed database using the terms “Ketamine use” and “Ketamine addiction”.

Results: Pat et al. (2002) describes a clinical case of a young male, diagnosed with substance use disorders, specifically alcohol and cocaine use disorders, that started a treatment with ketamine. After the treatment, pleasant depersonalization experiences contributed to the development of patient’s ketamine dependence. Other patient’s reports confirm the association of ketamine use with psychedelic effects and dissociative episodes and pointed these effects as main reason for its consumption.

Conclusions: The adverse effects that limited the medical use of ketamine are the same that promote its utilization with recreational purposes by adolescents and young adults in parties and nightclubs. About the ketamine dependence, the literature is scarce and doesn’t clearly identify a physical withdrawal syndrome, pointing only to a serious psychological dependence. Thus, with the crescent non-medical use of ketamine, it’s urgent to develop an intervention plan directed to this problem.

Disclosure: No significant relationships.

Keywords: Ketamine; Ketamine addiction; Ketamine use

EPV1549

Gambling disorder and suicidal behavior : A case report :

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Introduction: Gambling disorder involves repeated problematic gambling behavior that causes significant problems or distress. It is also called gambling addiction or compulsive gambling.

In Tunisia, a muslim country, gambling is prohibited and casinos are non-existent or only for tourists with foreign currency. Lately, with the spread of casinos online and sites of sports betting, gambling’s become problematic in Tunisia. People accumulated huge debts with feelings of shame and guilt leading to suicidal attempts.

Objectives: Studying the link between gambling disorder and suicidal attempts and comparing the different preventive measures proposed for online gambling.

Methods: a case of a patient with gambling disorder that was hospitalized in a psychiatric hospital for a suicidal attempt by stabbing himself and a review of a literature.

Results: Mr R.A was a 42-year-old man with no family nor personal psychiatric history. He has no history of a particular substance use disorder. He was married and a father of two children and has a regular job.

A year ago, he stated gambling on internet sites using his phone cell and, in several months, he lost a lot of money and accumulated debts.

Lately he committed two attempts of suicide. The first one was by swallowing rat poison. The second one was a month later, by stabbing himself with a knife that caused evisceration and required surgery then an hospitalization in a psychiatric unit.

Conclusions: There’s evidence that GD and SB are associated, although there’s disagreement about the nature of this association. Adequate preventive measures should be considered by governments

Disclosure: No significant relationships.

Keywords: gambling; Addiction; behaviour; Suicide

EPV1550

Schizoaffective disorder induced by substance abuse: a case report

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Introduction: We present the case of a 33-year old man that suffer chronic cocaine and cannabis use since adolescence and at age of 25 develops depressive symptoms and later psychotic symptoms not congruent with mood state. He met criteria for schizoaffective disorder at that moment and was treated with antidepressants and antipsychotic drugs, improving symptomatology even without stopping completely substance use.

Objectives: To study the relationship between schizoaffective disorder and cannabis and cocaine use, including the neurobiological disturbance secondary to these drugs that can lead to the development of this disorder and the relevance of diagnosing it in context of active substance use.

Methods: We carried out a literature review of scientific papers in Medline data base. We used the following terms: “Schizoaffective disorder” “cocaine use” and “cannabis use”. We considered English and Spanish papers for the last 5 years.

Results: After 4 months of cocaine withdrawal and 1 month of cannabis withdrawal, the patient progressively improved depressive and positive psychotic symptoms. However, we reported the persistence of negative symptoms as psychomotor slowdown and cognitive and affective flattening.

Conclusions: The use of cocaine and cannabis is related to depressive and psychotic symptoms in intoxication and can also precipitate chronic psychotic and affective disorders. Induced schizoaffective disorder has not been widely described in literature. Our patient could be a case of schizoaffective induced disorder, but we should consider other pathogenic factors, differential diagnosis and clinical evolution in permanent withdrawal to confirm this diagnosis.

Disclosure: No significant relationships.

Keywords: Cannabis use; cocaine use; Schizoaffective disorder