

Conclusions As the management of compulsive behaviours is complex, physician should better assess and recognize psychological personality aspect, collecting patients' complete history, also testing them psychometrically, and paying more attention to an eventual treatment (both psychological and pharmacological).

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EV15

The impact of addictive disorders on the HIV and syphilis coinfection



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Introduction One of the main risk factors for both HIV-infection and syphilis is addictive behavior.

The objective of the study was to determine the impact of addictions on the HIV and syphilis coinfection.

Method Sixty-five HIV-infected patients with syphilis were examined by a clinical method.

Results The sample included 45 men (average age 32.09 ± 9.83) and 20 women (average age 31.7 ± 5.97). All patients were characterized by risky behavior. Seventy-one percent of men belonged to the category of men who have sex with men (MSM). Eighty-five percent of women had drug dependence (as compared to 61% for men who have sex with women (MSW) and 19% for MSM; $P < 0.05$). Women were more likely to have opiate dependence ($P < 0.001$; as compared to men). We revealed a high incidence of drug addiction and alcoholism with the prevalence of dependence on opioids (F11; 55.0%; 7.7%), polysubstance use (F19; 25.0%; 23.1%) and alcoholism (F10; 50.0%; 61.25%) among women and MSW respectively ($P < 0.05$ as compared to MSM). Only 50% of women and 23% of MSW were in remission. MSM regularly consumed stimulants and cannabinoids without developing dependence.

Conclusions Injecting drug use is typical of women and MSW and plays a leading role in the risk factors for HIV infection and syphilis. Addictive behavior among MSM increases risky sexual behavior and thus influences infection with HIV and syphilis.

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EV16

The structure of mental disorders in HIV-infected patients with syphilis



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Introduction There are no data in literature on mental disorders in HIV-infected patients with syphilis.

The objective of the study was to determine the structure of mental disorders in HIV-infected patients with syphilis.

Method Sixty-five HIV-infected patients with syphilis were examined by a clinical method.

Results The sample included 45 men (average age 32.09 ± 9.83) and 20 women (average age 31.7 ± 5.97). We divided the sample into three comparison groups (according to the importance of risk factors): women, men who have sex with men (MSM), and men who have sex with women (MSW).

Mental disorders were identified in most patients (83%). Opiate dependence (F11, ICD-10) was established in 55% of women (7.7% for MSW, 0% in MSM; $P < 0.001$). The dependence on multiple drug use (F19) was revealed with nearly the same frequency in women (25.0%) and in MSW (23.1%); but far less frequently in MSM (3.2%; $P = 0.047$). The dependence on stimulants (F15) was found in women (5.0%) and MSM (6.3%). The dependence on alcohol (F10) was more common among MSW (61.5%) and women (50.0%) (9.4% in MSM; $P < 0.001$). 20% of women had Depressive episode (F32). Adjustment disorders (F43) were found much more often in men (43.8% for MSM; 38.5% for MSW; 10% for women; $P = 0.035$). Personality disorders (F60) were found in all the groups.

Conclusions We revealed a high incidence of addictions among women and MSW. Affective disorders were represented by depressive episode in women and adjustment disorders in men.

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EV17

A comprehensive overview on Kratom



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Kratom (*Mitragyna speciosa* Korth) is a tropical tree, indigenous to South East Asia. Historically, the plant is locally used as a stimulant, a remedy in traditional medicine and in social context. Imported to Western countries, Kratom is classified as a novel psychoactive substance (NPS).

A systematic review of the literature on *Mitragyna speciosa* and its main constituents was carried by our international multidisciplinary group. Results were qualitatively analysed in three main areas of interest: in-vitro and preclinical data on pharmacology and behavioral effects, laboratoristic techniques for identification/characterization, epidemiological/toxicological reports on humans.

At present, there is no systematic data on the prevalence of Kratom use in all the native countries, but it seems to be considerable. In South-East Asia, Kratom, even if banned, might be still considered a better option than other illicit drugs, an alternative opioid treatment, a "natural" remedy with no real social stigma attached to its consumption. In parallel, this ethno-drug seems to be popular in Western countries, largely unregulated, easily available on the Internet. Kratom pharmacology appears to be

complex, with many alkaloids involved. The subjective effects in humans are very peculiar and seem to be dose-dependent, ranging from psycho-stimulant to sedative-narcotic. Available data on Kratom suggest caution: this psychoactive plant could exhibit a serious harmful potential. Kratom use seems to be associated with drug dependency, development of withdrawal symptoms, craving, serious adverse effects and life-threatening effects in a multidrug-intoxicating scenario. On the other hand, its anxiolytic, antidepressant and analgesic properties deserve to be further studied.

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EV18

Assessing Comorbidities and service use among patients with benzodiazepine abuse



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Prior studies have identified that individuals with comorbid substance use disorder and mental health disorder are at a greater risk of benzodiazepine abuse compared to individuals that present with mental health disorder without an accompanying substance use disorder. These studies were conducted in predominantly white populations, and little is known if the same associations are seen in safety net health care networks. Also, the literature is mixed as to whether or not psychiatrists' prescription of benzodiazepines places individuals at undue risk of benzodiazepine abuse.

We use 2013–2015 electronic health record data from a Boston healthcare system. Patients with benzodiazepine abuse were identified if they had received treatment under the ICD-9 code 304.1. Benzodiazepine abuse was compared between patients with only mental illness and patients with existing comorbid substance and mental health disorder, in unadjusted comparisons and adjusted regression models. Covariates in regression models were used to identify subgroups at higher risk of benzodiazepine abuse.

Individuals with benzodiazepine abuse had higher rates of emergency room and inpatient use than patients with other mental health and/or substance use disorders. Those with comorbid substance and mental disorder were significantly more likely than individuals with mental or substance use disorder alone to abuse benzodiazepines ($P < .01$). Among those with benzodiazepine abuse, 93.3% were diagnosed with a mental illness, 75.6% were diagnosed with a substance use disorder (other than benzodiazepine), and 64.4% had comorbid anxiety disorder and substance use disorder. These analyses suggest that patients with benzodiazepine abuse have complex presentations and intensive service use.

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

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EV19

Methadone withdrawal psychosis – case report



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Introduction Opiates's substitution therapy with methadone is one of the main approaches used for drug-addicted patients, in Portugal. The symptoms of withdrawal of methadone are the same as the classical abstinence syndrome of opiates. In a minority of cases, withdrawal of methadone has been related to the sudden appearance of affective disorders and to a minor degree with psychotic disorders.

Objectives The authors propose to do a brief literature review about methadone and its neuromodulation in central opiate-dopamine system.

Aims The authors intend to report a clinical case illustrative of a psychosis possible related to methadone rapid withdrawal, in a 39-year-old woman without previous personal or familiar psychiatric illness, except for the use of toxic substances.

Methods Literature review in scientific databases – Pubmed; ScienceDirect. Case report of a patient admitted in Psychiatry Department of Vila Nova de Gaia Hospital Center.

Results During admission, the patient's condition consisted of disorganized behavior, paranoid delusions and the presence of auditory hallucinations. Was excluded other possible causes of psychotic conditions and was admitted rapid methadone detoxification as the probable etiology. Neuroleptic treatment was prescribed and psychotic symptoms improved progressively.

Conclusions In test animals, the behavioral effects of methadone withdrawal have been related to its effects on cerebral amines, especially on dopamine. A change in the neuromodulation of the central opiate-dopamine systems, due to opiates's substitution therapy with methadone, could be related to psychotic pathogenesis. This work supports other authors that suggest that methadone withdrawal can cause psychosis in individuals without previous psychiatric conditions.

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EV20

The incidence of hepatitis C virus infection among opiate drug users in Mamoura hospital patient in Alexandria, Egypt



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0 0 1 276 1575 recovery 13 3 1848 14.0 96 800x600 Normal 0 false false EN-US JA X-NONE.

Introduction Egypt is one of the most famous endemic areas for hepatitis C virus. Drug use in Egypt is rising exponentially. Drug use is always considered one of the main risk factors for HCV.

Objectives To assess the effect the route of drug use on the incidence of HCV in the Egyptian population.

Aim To study the effects of opiates (tramadol and heroin) use and the route of intake on the incidence of HCV infection among addicts treated in Mamoura mental state hospital, Alexandria, Egypt.

Methods This is a cross-sectional study on drug dependence patients visiting the out patient clinic for addiction in Elmamora Hospital.

Subjects were divided into two groups.

Group I: Control group.

Twenty non-addict volunteers.

Group II: Cases groups (comprising 60 subjects)

This group will be divided into three sub-groups each contains 20 cases.