population attributable risk fraction, gender differences, and other novel areas will be covered in the presentation.

Disclosure of Interest: None Declared

CRS005

Incidence, mortality, and the importance of drug therapy in cannabis-induced psychosis

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Abstract: Introduction
Cannabis-induced psychosis (CIP) is often assumed to resolve with sustained abstinence, although recent studies report adverse long-term outcomes, such as a high risk of diagnostic transition to schizophrenia. Cannabis is also known to increase relapse rate in individuals with psychotic disorders in general, and there is a lack of knowledge on optimal treatment of this patient group.
Objectives: In this presentation, data on incidence and mortality associated with CIP, and real-world effectiveness of antipsychotics in relapse prevention in persons with CIP will be presented.
Methods: Nationwide Scandinavian registers were utilized to identify persons with first-time CIP (ICD-10 F12.5) during the years 2000-2021. Incidence and mortality of CIP were investigated with Danish, Norwegian and Swedish register-based data, and antipsychotic use with Swedish data. Annual incidence rates of CIP per 100 000 persons were calculated. For mortality study, incident cases of CIP were matched by age- and gender with comparison persons without substance-induced psychosis and hazard ratios (HRs) were calculated for all-cause and cause-specific mortality. Association between use of specific antipsychotics (oral vs. long-acting injectable, LAI, forms) and risk of hospitalization due to any psychosis relapse was investigated in within-individual design where each person acted as his/her own control to minimize selection bias, analyzed with stratified Cox models.
Results: The incidence rate of CIP increased in time in all Scandinavian countries and was the highest in Denmark throughout the study years (rate in 2016 5.6, vs. 3.0 in Norway and 2.7 in Sweden). CIP was associated with an increased risk of mortality, risk estimates (HRs) ranging from 6.6 in Denmark, to 7.6 in Sweden, and 9.0 in Norway, compared with general population controls. In within-individual models, antipsychotic use was associated with a decreased risk of hospitalization due to psychosis relapse, with an adjusted HR of 0.75 (95% Confidence Interval 0.67-0.84), compared with time periods when the same individuals did not use antipsychotics.
Conclusions: Incidence of cannabis-induced psychosis is increasing in Scandinavian countries, and it is associated with significant mortality risk. Antipsychotics are effective treatments in preventing psychosis relapses also in individuals with CIP.

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CRS006

First-episode psychosis with comorbid cannabis use disorder: relapse prevention, prognosis, and mortality

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Abstract: Introduction: Problematic cannabis use is prevalent among individuals with first-episode psychosis (FEP), with 35.6% meeting criteria for comorbid cannabis use disorder (CUD) (1). Cannabis use is associated with poorer FEP outcomes, including higher psychosis relapse risk (2). However, evidence on effective pharmacological treatments and long-term outcomes for FEP +CUD remains limited.
Objectives: To evaluate outcomes of FEP with comorbid CUD and assess the real-world effectiveness of antipsychotic treatments in this population.
Methods: This study analyzed a Swedish nationwide cohort using longitudinal register data (2006–2021). The sample included 1,820 patients with FEP+CUD (84.7% male, mean age 26.8 years). Outcomes included hospitalizations for psychotic relapse, any psychiatric disorder, or substance use disorder (SUD). Associations between antipsychotic use and outcomes were assessed using within-individual Cox regression models. Mortality rates were compared across FEP+CUD (n=2,154, mean age 25.0 years), cannabis-induced psychosis (CIP, n=1,263, mean age 25.0), and FEP without SUD (n=17,589, mean age 27.4), adjusting for age, sex, education, other SUDs, and disability pension status.
Results: Over a mean follow-up of 6.13 years, 76% of participants were hospitalized for psychiatric diagnoses, 63% for SUD, and 61% for psychotic relapse. Antipsychotic use was associated with a 33% reduction in psychotic relapse risk. Clozapine and long-acting injectable (LAI) formulations of risperidone, aripiprazole, and paliperidone showed the greatest efficacy in relapse prevention. Clozapine reduced SUD-related hospitalizations by 86%. Within 10 years, 7.8% of FEP+CUD and 5.2% of CIP patients died, compared to 3.4% of FEP without SUD (adjusted odds ratio [aOR] 2.61, 95% CI 2.19–3.13, and aOR 1.67, 95% CI 1.28–2.17). Suicide was the leading cause of death in all groups, with higher rates in FEP +CUD (aOR 1.94, 95% CI 1.49–2.52) and CIP (aOR 1.70, 95% CI 1.21–2.37) compared to FEP without SUD.
Conclusions: Clozapine and LAI formulations of second-generation antipsychotics (excluding olanzapine) or oral aripiprazole effectively prevent hospitalizations in FEP+CUD. Targeted efforts are needed to reduce premature mortality, particularly from suicide, in FEP patients with comorbid cannabis use disorder or cannabis-induced psychosis.
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