

Introduction: The COVID-19 pandemic led governments to take a number of restrictive measures, which had an impact on the consumption of psychoactive substances among the world population.

Objectives: The present study, carried out by the Addictology Center of Ar-razi Hospital in Salé, aimed to evaluate the behavior of addicted patients followed in ambulatory care, during the Covid-19 pandemic.

Methods: We conducted a cross-sectional study with 128 patients, through a questionnaire assessing sociodemographic factors, psychiatric history, type and quantity of substances used during the pandemic, and withdrawal attempts.

Results: The primary substance used was tobacco, followed by Cannabis, alcohol, hypnotics, and then Cocaine.

63% of patients reported an increase in their consumption during the pandemic, 64% started new substances, mainly Cannabis, followed by organic solvents.

The monthly amount spent by our patients varied from 300 to 40,000 dhs/month, the source of this amount was legal in 92.2% of the cases, 43.8% had already been incarcerated or taken into custody as a result of this consumption.

78% of our patients had already tried to wean themselves off the drug, but only 39% were able to succeed.

Conclusions: The pandemic had a profound effect on the incidence of substance use.

Confining the population has indeed reduced the transmission of the virus, but it is far from harmless for the mind.

Disclosure: No significant relationships.

Keywords: Covid-19; Addiction; pandemic

EPV1528

Some factors affecting on the severity of Acute Psychoses in Alcohol Withdrawal

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Introduction: Alcohol withdrawal delirium is severe complication of alcohol withdrawal leading to high mortality. Early identification of severe course of psychosis and complications threatening the patient's life is the most important problem in the treatment of these patients.

Objectives: Under supervision were 690 men, dependent on alcohol, in the state of withdrawal with acute psychotic disorder (primary hospitalization in the framework of this study); the average age - ($39,9 \pm 3,4$ years), the average age of alcohol abuse - ($9,7 \pm 1,1$ years). The patients were examined in a dynamics after a re-hospitalization after 5-7 years. This allowed us to verify the differential diagnostic approach to acute psychotic disorders in a state of abandonment, to investigate the impact of chronic acute psychotic disorders on the course of alcohol dependence, including the formation of deficits.

Methods: clinical, clinical and psychopathological, methods of quantified scales and mathematical statistics.

Results: There were estimated factors influencing the severity of alcohol withdrawal with delirium: total amount of alcohol con-

sumed per week, drunken alcoholics, persistent alcohol abuse, social disadaptation, cognitive impairment, psychological disorders, reducing the quality of alcohol consumed, food pattern characterized total calorie mostly due to alcohol, life trajectory, severe or chronic somatic diseases, rate of progression of alcohol dependence.

Conclusions: The severity of acute psychotic disorder in the state of alcohol withdrawal mostly depended situational factors such as the number of days of severe drinking before a psychotic disorder, the pattern of nutrition, the quality and quantity of alcohol consumed, the presence of acute somatic diseases.

Disclosure: No significant relationships.

Keywords: factors of severity; Alcohol dependence; alcohol withdrawal state with delirium

EPV1530

A Young man with Delirium Tremens, Pellagra and Alcoholic neuropathy. Case report and review of pharmacological treatment

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Introduction: We present the case of a 36-year-old male with chronic alcoholism who suffered Delirium Tremens and other complications during hospital admission and who recovered thanks to treatment with benzodiazepines and antiepileptics using a cross tapering strategy.

Objectives: Presentation of a case and review of the available literature on the pharmacological treatment of alcohol withdrawal.

Methods: A 36-year-old man was hospitalised for extensive dermatological lesions suggestive of Pellagra. He acknowledged a daily consumption of six litres of beer, was homeless and had a poor and unvaried diet. After 48 hours, the patient began to present hyperreflexia, disorientation and delusions of harm and was diagnosed with Delirium Tremens.

Results: The case was managed jointly by Internal Medicine and Psychiatry. High doses of Chlorazepate (up to 400 mg daily), Tiapride (up to 600 mg daily) and Thiamine (300 mg daily) were prescribed. After 5 days of treatment, the patient started to improve but severe pain appeared in the lower limbs suggestive of alcoholic neuropathy. Gradually the treatment was replaced by Pregabalin (up to a dose of 1200 mg daily) which was effective in calming the late withdrawal and partially controlling the lower limb pain.

Conclusions: Benzodiazepines remain the first-line agent for severe withdrawal, while some antiepileptic drugs have proven useful in mild-moderate withdrawal and relapse prevention. Switching to antiepileptic drugs during follow-up should be considered because of the lower risk of dependence and respiratory depression, as well as the positive effects on the "kindling" phenomenon.

Disclosure: No significant relationships.

Keywords: alcohol withdrawal; antiepileptics; alcoholism; pharmacological treatment