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**Introduction:** Protracted abstinence syndrome represent group of attenuated psych that lead to a persistant sense of discomfort among misuse patients after detoxification and may last for some months. Poor sleep in terms of duration and quality is one of the major symptoms of protracted abstinence syndrome

**Objectives:** To assess polysomnography parameters as potential risk for relapse over six months

**Methods:** 60 male patients with heroin misuse according to DSM V have been recruited immediately after detoxification phase, they were not receiving other psychactive substances or medications, polysomnography was done in the second week after detoxification to allow washout of medications used during detoxification and then a monthly sleep assessment through sleep diary and daytime sleepiness using visual analogue scale. Relapse was prooved through urine test.

**Results:** Sample contained 60 male patients with heroin misuse disorder, detoxified successfully with a mean age  $35.47 \pm 7.32$  and addiction severity index total score  $3.21 \pm 0.22$ , polysomnography was done to all sample patients one week after detoxification, 20% relapsed by the third month, rising to 30% by the six month. NREM stages I and II, both limb movement and arousal indices showed significant differnce between relapsed and non-relapsed patients.

**Conclusions:** Sleep disturbance is common among detoxified heroin misuse patients. Polysomnographic parameters such as percentage of NREM I and I, arousal index and limb mouvement index can potentially predict future relapse over six month follow up period.

**Keywords:** protracted abstinence; polysomnography; opiate; Relapse

### EPP1335

#### A comparison of the existential and medical models of addiction

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**Introduction:** After developing an existential model of addiction, it became evident that there are major differences between the existential and medical models of addiction.

**Objectives:** This research aims to investigate the boundary and overlap between the existential and medical models of addiction.

**Methods:** The existential model was compared and contrasted with a narrative literature review of the medical model of addiction.

**Results:** Through the existential definition being-with-drug, addiction is conceptualised in terms of a relationship with the drug and the impact on one's sense of self. The medical model focuses on diagnostic criteria, genetic and environmental risk and protective factors, and an underlying neurobiological explanation. In contrast to the prevalent disease model, the existential view maintains that drug addiction is a coping mechanism used to mitigate existential and neurotic anxiety which results from facing or avoiding the existential givens. Phenomenological research supporting existen-

tial psychotherapy in addiction is contrasted with the quantitative medical research which forms the basis for current addiction guidelines. A comparison of both models is presented focusing on the issues of coping, choice, responsibility, mandatory treatment, medication, psychotherapy and the therapeutic relationship. The biopsychosocial model is compared to van Deurzen's modes of existence, which provides the basis for existential psychotherapeutic interventions. Furthermore, existential literature was examined to determine whether an individual can authentically choose to live addicted.

**Conclusions:** Both models fall short of giving a holistic view of addiction. A combination of models is necessary to address the diversity of issues patients present with.

**Keywords:** medical model; choice and responsibility; existential model; Addiction

### EPP1336

#### Substance use amongst adult patients admitted to an irish acute mental health unit.

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**Introduction:** Comorbid substance misuse in mental illness presents a significant challenge to mental health services. It may lead to higher rates of relapse, hospital admissions and poorer treatment outcomes. Up to 47% of inpatients in Irish mental health units may experience substance misuse. Despite the Irish government's 'Vision for Change' policy (2006), access to specialised services remains variable.

**Objectives:** Evaluate: -prevalence of substance misuse at an Irish mental health unit. -quality and detail of the recorded substance misuse history. -access to specialised services for patients experiencing substance misuse.

**Methods:** A retrospective chart review of inpatients in a mental health unit over 12 months, was completed. Information recorded included: demographic details, diagnosis, substance use history; access to substance misuse services. Microsoft Excel was utilised for data input and analysis.

**Results:** 267 patients were admitted over twelve months. Substance misuse was the primary diagnosis of 6% and the secondary diagnosis of 67%. 46% of patients reported current substance misuse, 52% reported historical substance misuse. Frequency and quantity of use was documented in 65% and 48% of cases respectively. 4% of patients with a substance misuse history were in current contact with addiction services.

**Conclusions:** Although 46% of patients reported substance misuse, only 4% were in contact with specialised addiction services. This highlights a significant unmet need. There was variability in the quality of the recorded substance misuse history. In order to fully understand comorbid substance misuse, this be addressed. The addition of a more formatted substance misuse section, to admission proformas, may help to alleviate this issue.

**Keywords:** Mental illness; Addiction; Substance use; acute mental health unit

## EPP1338

**Patient's perspective on early treatment retention in take home buprenorphine maintenance treatment- an explorative study from India**P. M<sup>1\*</sup>, P. Chand<sup>2</sup> and P. Murthy<sup>2</sup><sup>1</sup>Psychiatry, AARUPADAI VEEDU MEDICAL COLLEGE AND HOSPITAL, PUDUCHERRY, India and <sup>2</sup>Psychiatry, NATIONAL INSTITUTE OF MENTAL HEALTH AND NEURO SCIENCES, BANGALORE, India

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**Introduction:** Currently, Buprenorphine maintenance therapy (BMT) is an evidence-based treatment in retaining patients who are dependent on opioids. However, factors influencing retention are often measured objectively. Studies on patient's perspectives on take home BMT in developing countries are limited.

**Objectives:** This study examines the potential factors influencing treatment compliance in the early phase of Buprenorphine maintenance treatment from the patient's perspective

**Methods:** Participants (n=89) who were initiated on BMT were recruited and followed after six weeks. A semi-structured interview was conducted with 62 patients who remained in treatment and 24 patients who dropped out of the study

**Results:** Based on the semi qualitative analysis some of the factors which facilitated the patient's retention in treatment were: (1) Effectiveness in blocking withdrawal symptoms (2) effectiveness in reducing their cravings and controlling their opioid use (3) decreased fear of withdrawal and/or missing doses (4) improvement in the quality of life (5) patient-related factors like family support (6) effectiveness of the treatment program. Around nine percent of patients reported family support as the reason for retention, which is not noticed in other studies. Barriers reported by the patients while on medication were: (1) negative effect experienced with medication (2) program related difficulties like distance, unavailability (3) major life event interrupting the treatment (4) patient-related factors like low mood, financial constraints.

**Conclusions:** Understanding factors associated with barriers to treatment provide insights into preventable factors that contribute to premature drop out from BMT and to improve clinical practice, policy decisions, or future research.

**Keywords:** opioid; qualitative; addiction; buprenorphine

## EPP1339

**The influence of the COVID-19 epidemic on hospitalizations due to alcohol consumption**I.D. Rădulescu<sup>1\*</sup>, M. Terpan<sup>2</sup> and A. Ciubară<sup>3</sup><sup>1</sup>Psychiatrist, "Elisabeta Doamna" Psychiatric Hospital, Galati, Romania; <sup>2</sup>Corresponding Author, Ph.d Student, "Dunarea de Jos" University, Galati, Romania and <sup>3</sup>Md, Ph.d., Hab. Professor, Faculty of Medicine and Pharmacy, University "Dunarea de Jos" Head of Psychiatry Department, Senior Psychiatrist at "Elisabeta Doamna" Hospital, Galati, Romania

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**Introduction:** Excessive alcohol consumption is an ever-topical issue regardless of social or medical problems (pandemic). In these

conditions (global medical crisis), to the problem of alcohol consumption has been added a new dimension.

**Objectives:** The main purpose of this study is to analyze the impact of the COVID-19 pandemic on hospitalizations diagnosed with acute intoxication in the hospital. In Romania, the measures due to the pandemic were instituted starting with March 15 2020.

**Methods:** The study was performed retrospectively between 01.01.2020 - 30.09.2020 in the Psychiatric Hospital 'Elisabeta Doamna' Galati. ICD-10 criteria were used to establish the diagnosis of the disorder.

**Results:** In total, 458 cases were admitted during the period mentioned, of which 401 were male (87.56%), female 57 cases (12.44%). The average age of patients was 45.67 years  $\pm$  0.695, with minimum age of 19 years and maximum age of 93 years. The month with the most admissions was January with 80 (17.46%) March by 79 (17.25%). The months with the fewest hospitalizations were April with 27 cases (5.89%) and July with 35 cases (7.64%).

**Conclusions:** The analysis of the data shows that as measures specific to the epidemic crisis were instituted, the number of hospitalizations decreased significantly by about 3 times.

**Keywords:** Acute Intoxication; Alcohol; pandemic; Addictive disorders

## EPP1341

**Smoking among patients followed at the department of psychiatry.**

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**Introduction:** Smoking and nicotine dependence are particularly common in patients with a psychiatric disorder compared to the general population.

**Objectives:** To study the prevalence of smoking in patients followed at the department of psychiatry and to assess their dependence on nicotine.

**Methods:** This was a cross-sectional, descriptive and analytical study. The study focused on patients followed at the department of psychiatry of the regional hospital of Gabes. Sociodemographic and clinical data were assessed. Fagerstrom questionnaire in its validated French version was used to assess the nicotine dependence. Data were analyzed using the software SPSS (20th edition).

**Results:** 100 patients were included. They were male (60%) and single (50%) and with a mean age of 45.3 years [18-71]. The three most common pathologies were anxiety disorders (31%), schizophrenia (30%) and depression (29%). Among the patients surveyed 48% were smokers. Of which, 93.7% smoked cigarettes, 20.8% snorted chewing tobacco and 12.5% smoked hookah. The average number of pack-years was 11.6, with an average of 22.8 cigarettes per day. The mean duration of regular smoking was 19.1 years. Regarding nicotine dependence, 42% of patients were dependent. Regarding the degree of dependency, 43.7% were heavily dependent, 25% were weakly dependent and 18.8% were moderately dependent. Smoking was significantly associated with the male gender ( $p \leq 10^{-3}$ ), alcoholism ( $p = 0.002$ ) and schizophrenia ( $p = 0.006$ ).

**Conclusions:** Results of our study show that smoking is frequent in patients followed at the psychiatry department. This aspect should