Identify if there is existing support
Hinghligthing the training need for the staff
Methods: Crossectionnal enquiry was sent in 42 Home of the Fribourg area, with 3 relances
Results: The premliminary result will be completed at the end of 2023:

- Every home identify at leat 4-5 residents with a problematic alcohol consumption
- Most of them, the staff have no specific addictive trainig and no needs for it
- The staff authorise alcohol consumption in the home, to avoid alcohol withdrawal
- The psychiatric consultant in the home can help the staff to manage the counter-attitudes

Home residents are not eligible for specialized addictive care, whil the generally respond well to motivationnal interviewing or to controlled consumption. The lack of staff training could be an hypothesis. The lack of interest in the neagtives conséquences oh alcool on th health of people at the enf of their lives is anothers hypothesis
Conclusions: Nursing home residents are not eligible for specialized addictive care. The enquiry results are astonishing: no need of specialized training, authorization of continous drinking in the different homes, while the literature points the effectivnesse of motivationnal interviewing or controlled approaches by old people with addictive disorders.
Further studies are needed, ethical consideration on the management of alcohol addiction in the elderly should be proposed.

Disclosure of Interest: None Declared

EPV0004

Cannabinoid syndrome in cannabis dependence: a case report

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Introduction: A 36-year-old man with a history of cannabis use disorder since age 16, consuming 8-10 units/day, experienced irritability and tremors upon reducing consumption. His psychiatric issues emerged in 2020, marked by anxiety, abdominal pain, and severe vomiting, leading to a dyspepsia diagnosis. Subsequently, he received psychiatric care at CAS Hospitalet, diagnosed with severe cannabis use disorder. No prior inpatient admissions occurred.
Objectives: Our project aims to show a case report and summarize the available evidence on cannabinoid hyperemesis syndrome (CHS).
Methods: In May 2023, he voluntarily sought admission to Barcelona's "Hospital Sant Pau," aiming for cannabis detox and treatment of cannabinoid hyperemesis. He'd endured years of intense abdominal pain, nausea, and vomiting, worsening over the last two years, with uncontrollable vomiting hindering daily life. Admission saw reduced cannabis use to 3-4 units/day. Inpatient care revealed anticipatory anxiety, rumination, and somatic anxiety, accompanied by distal tremors and internal restlessness due to abdominal discomfort, partially alleviated by 5-10 mg of diazepam.
Results: Treatment included domperidone 10mg/8h, haloperidol drops (5-10 drops/8h), capsaicin ointment, hot showers, and cryotherapy, resulting in gradual relief from abdominal pain. Moderate cravings for tobacco and cannabis led to acetylcysteine 600mg/12h and gabapentin up to 1200mg/8h. Gastric discomfort with SSRIs led to vortioxetine 10 mg/day, well-tolerated with a positive response. Consultation with the GI department confirmed the treatment's efficacy, emphasizing cannabis abstinence. Upon discharge, cannabinoid hyperemesis symptoms markedly improved, and the patient was referred to "Hospital de Dia."
Conclusions: CHS is a cyclic vomiting syndrome, preceded by daily to weekly chronic longstanding use of cannabis that can be difficult to diagnose and treat(1,3,4). It is unique in presentation, because of the cannabis's biphasic effect as anti-emetic at low doses and pro-emetic at higher doses, and the association with pathological hot water bathing (2). The major characteristics are as follows: history of regular cannabis for any duration of time (100%), cyclic nausea and vomiting (100%), resolution of symptoms after stopping cannabis (96.8%), compulsive hot baths with symptom relief (92.3%), male predominance (72.9%), abdominal pain (85.1%), and at least weekly cannabis use (97.4%)(1). Treatments such as topical capsaicin, haloperidol, benzodiazepines, and propranolol have shown symptom relief (3) whereas opioids should be avoided (4). Cannabis cessation appears to be the best treatment (1,3).
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EPV0005

The role of the occupational therapist in treatment of patients with prescription medicine dependence

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Introduction: The abuse of prescription drugs (especially sedatives, hypnotics and opioid analgesics) is a serious and increasingly common phenomenon occurring across addiction clinics. Medications are prescribed for the treatment of chronic pain, sleep difficulties or as mood stabilisers in response to the rush of time and demands of performance. The onset of addiction is often protracted and subtle, but has a major impact on the quality of life and the health, economic or social status of the user. Patients may experience, among other things, cognitive impairment, fatigue, sleep disturbances, irritability, loss of motivation, headaches or impaired coordination of movements. This study is focused on cognitive impairment due to prescription drug dependence and how this impairment affects patients in everyday life.

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