

Introduction: Sleep disorders are a substantial public health issue with serious consequences on patients' quality of life. Cannabis has been recently suggested as a potential treatment for patients with sleep disorders; however, research on the relationship between cannabis and sleep is still in its infancy.

Objectives: The aim of this investigation was to assess whether cannabis use was associated with improved sleep quality.

Methods: Our study comprised 173 participants, 42 cannabis users and 131 non-cannabis users, who completed the Pittsburgh Sleep Quality Index (PSQI), the most common self-reported measure of sleep quality. The scale provides a global PSQI score and seven component domain scores, including subjective sleep quality, sleep latency, sleep duration, habitual sleep efficiency, sleep disturbances, use of sleep medication, and daytime functions.

Results: Cannabis users self-reported statistically significantly healthier scores than non-cannabis users in the global PSQI as well as the specific domains of subjective sleep quality, sleep latency, as well as sleep disturbances.

Conclusions: This preliminary evidence points to the possibility that cannabis could provide effective treatment for patients with sleep disorders. Research into the constituents of cannabis that may have a differential impact on sleep and sleep disorders is warranted.

Keywords: Marijuana; Cannabis; sleep quality; PSQI

EPP1330

The socio-professional impact of workaholism on engineers

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Introduction: Workaholism is an "irrational commitment to excessive work" as described by Cherrington. It's considered as an emerging phenomenon that has been the topic of much debate. Indeed, over the last four decades, many contradictions have arisen among researchers investigating its negative consequences.

Objectives: -Determine the prevalence of workaholism among a population of engineers. -Evaluate the socio-professional impact of workaholism on this population.

Methods: This study is a descriptive-cross sectional analysis conducted on active engineers for one month. Data were collected through an online questionnaire, including socio-professional data and the WART (Work Addiction Risk Test) questionnaire.

Results: Our population consisted of 75 engineers with an average age of 29 ± 4.6 years and sex-ratio of 1.2. Among this group, 26.7% of engineers were at risk of work addiction, while a certain addiction was noted among the third of the population. Workaholism was positively correlated with the lack of entertainment, especially sports activity ($p = 0.012$). Moreover, workaholic subjects were more likely to work more than 8 hours a day ($p = 0.004$) and without a weekly break ($p = 0.043$). Workaholism was not associated with the level of job satisfaction.

Conclusions: Workaholism is an emerging phenomenon among engineers that can lead, in some cases, to depression and burnout. Therefore, the role of the occupational physician consists in the detection of early signs of workaholism and in raising awareness of this hidden problem.

Conflict of interest: No significant relationships.

EPP1332

Impact of cannabis consumption on the course of bipolar disorder

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Introduction: Although one third of patients with Bipolar Disorder have an addiction to Cannabis or an abused consumption, the interaction between cannabis use and bipolar disorder remains controversial.

Objectives: To evaluate the use of cannabis among patients with Bipolar Disorder and to compare the socio-demographic and clinical characteristics between patients who are consumers and non-consumers.

Methods: This is a retrospective, descriptive study including all patients treated for type I bipolar disorder in the psychiatric department of Tahar Sfar Hospital of Mahdia (Tunisia). In addition to socio-demographic and clinical characteristics, we collected data on cannabis use (age at first consumption and frequency of consumption).

Results: Our study population consisted of 84 male patients followed for bipolar I disorder. The mean age was 36.8 ± 11.3 years. Among these patients, 23 (27.8%) had regular cannabis use. The average age at first consumption was 21.6 ± 7.2 years. Bipolar patients with regular cannabis consumption had an earlier age of onset of the disorder ($p = 0.02$). They had higher numbers of manic episodes ($p = 0.05$), higher number of manic episodes with severe intensity ($p = 0.04$), higher number of manic episodes with mixed characteristics ($p = 0.04$), a higher number of hospitalizations ($p = 0.01$) with longer hospital stays ($p = 0.02$).

Conclusions: Cannabis use among patients with type 1 bipolar disorder is associated with an unfavorable course of the disorder. Early diagnosis and appropriate management of this comorbidity seem to be essential for improving the prognosis of bipolar disorder.

Keywords: Cannabis; Addiction; bipolar disorder; abuse

EPP1334

Polysomnographic parameters as early as one week after detoxification could predict risk of relapse among detoxified opiates misuse patients over six months follow up period

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Introduction: Protracted abstinence syndrome represent group of attenuated psych that lead to a persistent 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 ± 7.32 and addiction severity index total score 3.21 ± 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 difference 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 movement 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