

**Abstract:** Since 1996, 39 of the 50 US states have enacted medical cannabis laws (MCL) and since 2012, 21 states and Washington D.C. (DC) enacted recreational cannabis laws (RCL). Many individuals can use cannabis without harm, and legalization helps achieve social justice and financial aims. However, 20%-33% of cannabis users develop cannabis use disorder (CUD), which is associated with impaired functioning, psychosocial, physical and psychiatric problems. Despite these risks, Americans increasingly see cannabis use as harmless or even beneficial in treating or preventing health problems. The prevalence of frequent cannabis use and CUD has increased in US adults in recent years. Studying the role of MCL and RCL in these nationally increasing prevalences is challenging due to staggered-adoption dates of state legalizations, few years of data available to study RCL, and other potential influences on cannabis use and CUD. Using self-report data from US national surveys, MCL have been shown to have little influence on adolescent cannabis use, but increase adult illicit cannabis use and CUD. Fewer studies have examined RCL; in these, RCL increases adult use and CUD. However, studies are needed in national patient populations with multiple risk factors for CUD, including painful medical conditions and a high prevalence of psychiatric disorders. We used data from the electronic health records (EHR) database of the US Veterans Health Administration (VHA), the largest integrated healthcare system in the US, to examine trends in provider-diagnosed ICD-9-CM and ICD-10-CM CUD over time, differences in these trends by patient characteristics, and the role of MCL and RCL in the trends. CUD diagnoses more than doubled overall in the VHA, from 0.85% in 2005 to 1.92% in 2019. Increases were found across age, sex, and racial/ethnic subgroups of patients, with greater rates and increases among patients with chronic pain and with psychiatric disorders. Among patients living in MCL and RCL states, increases in CUD were larger than among patients in other states, although the size of legalization effects suggested that other factors are important in driving up prevalence, e.g., online commercialized information and other forms of advertising. The tensions between public health aims, social justice and financial gain will be discussed.

**Disclosure of Interest:** None Declared

## S0047

### Patterns of Cannabis Use Among US Middle-Aged and Older Adult Cannabis Users

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**Abstract:** Cannabis use is sharply increasing among middle-aged and older US adults, two populations that are particularly vulnerable to the detrimental effects of cannabis use. In recent decades patterns of cannabis use (e.g., method of consumption, product type, and potency) have become increasingly heterogeneous. However, little is known about the differences in such patterns between younger adult, middle-aged, and older adult users. In this presentation, we will provide clinicians and researchers with important information on a wide array of patterns of cannabis use among adults ages  $\geq 50$  years, and highlight potential risks and harm reduction strategies. Findings from a recent study will be

presented. Respondents were 4,151 US adult past 7-day cannabis users who participated in an online survey administered via social media platforms. Using logistic and linear regression models, we examined whether middle-aged (50-64 years;  $n=1,080$ ), and older adult ( $\geq 65$  years;  $n=295$ ) respondents differed from younger (18-49 years;  $n=2,776$ ) respondents, and from each other across several patterns of cannabis use. Results show that in comparison with younger adults, middle-aged and older adults were more likely to consume cannabis products earlier during the day, by fewer methods of consumption, exclusively by smoking, and in smaller amounts, but were less likely to consume cannabis products that are highly potent, and by methods of consumption other than smoking. Significant differences were also observed in several patterns of cannabis use between older and middle-aged adults, including time of day of use, methods of consumption, potency and amounts of use. In a changing cannabis use landscape, our findings indicate that middle-aged and older adults may be less affected by the recently increasing heterogeneity in patterns of cannabis use, but also inform on the need for targeted harm reduction approaches. Findings also highlight existing gaps in the literature and future research directions.

**Disclosure of Interest:** None Declared

## S0048

### Measurement of Cannabis Consumption to Determine Risk and Promote Public Health

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**Abstract:** With the escalation of cannabis legalization and commercialization, the need to differentiate low- vs. high-risk patterns of cannabis use, especially among frequent consumers, becomes essential for development of prevention and intervention strategies and public health messaging. The diversity of cannabis products and methods of intake make this task complex. In particular, the lack of valid methods for quantifying use of the intoxicating component of cannabis, i.e., THC, poses a difficult challenge. This presentation will describe a series of internet-based, personalized survey studies of adults who consume cannabis frequently. The aims of the studies are to develop methods for quantifying THC from self-reports of use, identify patterns of use, and determine associations between use and risk. In the first study of adult daily cannabis consumers ( $n>4000$ ), rates of CUD were 35% no disorder, 39% mild, 18% moderate, 8% severe disorder. Higher severity was significantly related to younger age, unemployment, and specific reasons for use. Latent class analyses identified four distinct subgroups and preliminary analyses showed that those more likely to report oral use were less likely to meet CUD criteria, and those more likely to report use of high potency products were more likely to meet moderate/severe criteria. Two studies ( $n's >2000$ ) compared different quantitative formulas for estimating daily THC consumption from vaping or smoking cannabis products. Findings demonstrated how quantity (mgTHC) relates to socio-demographics, use patterns, and CUD severity. However, substantial variability in the estimates obtained across quantitation methods indicates the need for additional studies to determine optimal approaches. Overall, findings show that specific characteristics of use can discriminate

low- from high-risk consumption among those who use frequently, which is critical for developing cannabis policy and public health messaging.

**Disclosure of Interest:** None Declared

## S0049

### Shared decision making in patients with severe mental disorders

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**Abstract:** Shared decision making (SDM) has found its way into mental health care to a limited extent only, and especially “challenging” patients do not benefit from this approach. In this lecture we will describe barriers to shared decision making among mental health professionals and among patients. Integrative approaches will be presented that meet the needs of patients and mental health staff when aiming at implementing SDM in acute mental health settings. Finally, best practice examples will illustrate that SDM actually can be implemented in the very acute settings/treatment phases and yields positive results.

**Disclosure of Interest:** None Declared

## S0050

### Eating Disorders across the life span: the role of biology and psychosocial factors

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**Abstract:** Eating Disorders are common. They onset in adolescence and affect individuals of all ages. Women are more affected than men. I will present evidence on the epidemiology of eating disorders across the lifespan. I will also review risk factors focusing in particular on biological risk factors that might explain onset of these disorders in critical periods of a woman’s life. I will also cover psychosocial risk factors across life stages. I will present results from a series of cohort studies. I will then summarise the evidence from our own and other existing studies.

**Disclosure of Interest:** None Declared

## S0051

### Working with migrants and refugees - Ethical principles and dilemmas in psychiatry

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**Abstract:** More than 100 million people are forcibly displaced including refugees, internally displaced persons and asylum seekers

who have fled their homes to escape violence, conflict, and persecution. The vulnerable group of refugees and forcibly displaced people have a high burden of mental disorders, including post-traumatic stress disorder (PTSD), depression, idioms of distress, and prolonged-grief disorder, which are highly related to the load of traumatic circumstances surrounding refugees associated with human rights abuses, lack of human needs, and separation from others and many refugees are severely traumatized and suffer a variety of symptoms, and not all seek help. Their mental health problems are of emergency nature place a huge burden upon services which are difficult to deliver. This implies that mental health professionals and patients are more likely than ever to come from different cultural backgrounds. To have access to mental health care is often a challenge for them and most of them do not seek help. Unfortunately, these vulnerable groups are not treated equally according to ethical principles of mental health professionals. This presentation will focus on these dilemmas and discuss them.

**Disclosure of Interest:** None Declared

## S0052

### Subgroups of patients with ECT related cognitive dysfunction

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**Abstract:** Cognitive (dys)function after ECT is often considered as a homogeneous phenomenon across patients. However, there are important inter-individual differences, with some patients experiencing residual invalidating cognitive deficits. We present the results of a study combining both group-level and individual-level analyses of cognitive function using an extensive cognitive test battery that was assessed in 73 patients at 5 time points during their ECT care pathway. Furthermore, we explored the presence of distinct subgroups of patients with a similar cognitive trajectory over time after treatment with ECT using Latent Class Growth Analysis.

**Disclosure of Interest:** None Declared

## S0053

### Diagnostic Issues in Other Mental Disorders Co-Morbid With Intellectual Disability

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**Abstract:** The assumption by ICD-11 of Intellectual Disability (ID) as part of the Neurodevelopmental Disorders, named Intellectual Developmental Disorders (IDD), bring more attention of the psychiatric community to this population and the problems they face.

In the field of neurodevelopmental disorders, different diagnosis intersect, since they share symptoms, and some of those symptoms are difficult to define.