

EPV0013

A validation study of the Hungarian version of the Prediction of Alcohol Withdrawal Severity Scale: the role of kindling mechanism

O. Bagi^{1*}, B. K. Kádár¹, F. F. Farkas¹, J. Gajdics¹, I. K. Pribék¹ and B. A. Lázár¹

¹Addiction Research Group, Department of Psychiatry, University of Szeged, Szeged, Hungary

*Corresponding author.

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Introduction: The critical importance of preventing, recognizing early, and effective treatment of complicated form of alcohol withdrawal syndrome (cAWS) lies in its high mortality rate. cAWS include alcohol-related seizures (ARS), and delirium tremens (DT). The Prediction of Alcohol Withdrawal Severity Scale (PAWSS) was developed to identify patients at risk of developing cAWS. Recently, history of ARS and/or DT ("kindling mechanism"-related predictors) have been suggested as the strongest risk factor for developing cAWS.

Objectives: The present study aimed to validate the Hungarian version of the PAWSS as suitable for evaluating the risk of developing cAWS and determining the significance of past ARS and/or DT occurrences.

Methods: A total of 70 inpatients were enrolled from at the Department of Psychiatry, University of Szeged, Hungary in 2023 with a principal diagnosis of AWS. PAWSS, Severity of Alcohol Dependence Questionnaire (SADQ) and Alcohol Use Disorders Identification Test (AUDIT) were used. Demographic variables (age, sex) and clinical outcomes (development of cAWS) were collected. Statistical analyses were performed using Receiver Operating Characteristic (ROC) analysis, binary logistic regression analyses and chi-square test.

Results: The ROC analysis showed that ≥ 6 is the optimal cutoff point in our sample. The sensitivity (73.91%), specificity (82.98) and positive- (68.00%) and negative- (86.67%) predictive values were highest for the threshold value of 6. In the first binary logistic regression model our results indicate that the PAWSS score of 6 or more was identified as a significant predictive factor for the current cAWS (OR = 12.332; 95% CI = 3.468–43.85; $p < 0.001$). The results of the second binary logistic regression showed that the history of the cAWS (OR = 6.811; 95% CI = 2.084–22.25; $p = 0.001$) and the SADQ total score (OR = 1.048; 95% CI = 1.001–1.10; $p = 0.043$) were significant predictive factors for the current cAWS. The chi-square test results showed significant difference between the rate of the history of cAWS and the current cAWS ($\chi^2(1) = 13.0$; $p < 0.001$) and 21.4% ($n = 15$) of the patients had both current and previous cAWS. The Phi-coefficient was 0.431, which indicates that the history of complicated AWS has a relatively strong effect on the current cAWS.

Conclusions: Our results revealed that the Hungarian version of PAWSS is a valid tool for predicting cAWS with a different cutoff score compared to the original version. Furthermore, our findings suggest that the risk of developing cAWS is independent of the severity of alcohol use disorder. Our results also demonstrated that a history of cAWS is a significant predictor in the development of future episodes of cAWS.

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EPV0017

Exploring the Nexus of Nicotine Dependence and Schizophrenia in a Clinical Case Study

S. Ben Aissa^{1*}, N. Chaima¹, R. Khouloud¹, L. Amine¹ and M. Wahid¹

¹Psychiatry D, Razi Hospital, Mannouba, Tunisia

*Corresponding author.

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Introduction: Studies in the general population and those based on clinical assessments of individuals with schizophrenia have shown a high degree of overlap between schizophrenia and substance-related disorders.

The prevalence of substance abuse throughout life is so common that the likelihood of a specific link inevitably arises. Various hypotheses have been proposed to explain the high comorbidity between schizophrenia and substance abuse, making these patients challenging to manage due to potential pharmacological interactions between the substances they consume and neuroleptic medications.

Objectives: To explore the nexus between nicotine dependence and schizophrenia through a case report and a review of the literature.

Methods: We discuss a 40-year-old divorced man, father of one daughter, unemployed, with a history of psychiatric follow-up in private care for seven months before admission for untreated schizophrenia, and polyaddiction to substances including tobacco, cannabis, and cocaine.

He was transferred to our facility for management of behavioral disorders and aggression with a refusal of oral treatment. The patient had been incarcerated in France for four years for assault with a bladed weapon. He was admitted to our emergency psychiatric service with his brother due to arson within his residence where he lives alone. Upon admission, the patient was well-oriented in time and space, with neglected hygiene, easy contact, neutral facial expressions, sad mood, blunted affect, motor instability, and a dissociative syndrome: irrelevant responses, tangential speech, and persecution delusions without a specific persecutor, confirming his behavioral disorder and trivializing it with impaired judgment and no suicidal ideations.

Results: The patient was hospitalized and underwent a complete blood test and ECG, both of which returned normal results, and was treated with olanzapine 10 mg/day and chlorpromazine 200 mg/day. During his hospitalization, he made several attempts to start fires within the ward, explaining his actions as a constant desire to inhale smoke to relieve discomfort, and he experienced a craving for smoke. After a month in our facility, and following the resolution of the dissociative and delusional syndromes, we scheduled a leave for the patient to assess clinical improvement. Upon returning from leave, the patient expressed multiple persecutory delusions towards family members who prevented him from starting a fire in his garden, which he considered necessary for his well-being.

Conclusions: Comorbidity between addiction and schizophrenia is very common in our social context, and management should be simultaneous, without neglecting the importance of family support.

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