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Impact of cannabis decriminalization on selected psychotic disorders: a retrospective analysis at “Center for Mental Health and Prevention of Addiction” (2013-2023) in Tbilisi

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Introduction: Correlation between cannabis decriminalization and some psychotic disorders, specifically Acute and transient psychotic disorders (ATPD), Schizophrenia, and Psychotic disorder with delusions due to known physiological condition. It will cover overview of these disorders, challenges in differential diagnoses and the effects of drug abuse on mental health.

Objectives: Impact of cannabis decriminalization on selected psychotic disorders: Acute and transient psychotic disorders (ATPD), Schizophrenia, and Psychotic disorder with delusions due to known physiological condition.

Methods:

- **Quantitative, Retrospective Analysis:** Analysis of archived medical records from 2013 to 2023 at “Center for Mental Health and Prevention of Addiction” in Tbilisi.
- **Examination of Prevalence Changes:** Focus on ATPD, Schizophrenia, and Psychotic Disorder with Delusions due to Known Physiological Condition.
- **Statistical Comparisons:** Comparison between pre-decriminalization (2013-2018) and post-decriminalization (2019-2023) periods.
- **Analysis of Drug User Patient Cases:** Assessment of the increase in drug user cases within the mentioned diagnoses.

Results:

- **ATPD Cases:** Increased significantly by threefold (from 195 to 594).
- **Schizophrenia Cases:** Decreased slightly by 21% (from 2068 to 1627).
- **Psychotic Disorder with Delusions due to Known Physiological Condition:** Remained relatively stable with a 14% decrease (from 473 to 408).
- **Drug User Patients:** Increased dramatically by about 3.5 times following cannabis decriminalization.

Conclusions:

- The findings suggest a potential link between increased substance use, including cannabis, and the rise in ATPD cases.
- Decriminalization may have indirectly influenced accessibility and use of various narcotics.
- The lack of public education about the potential mental health risks of narcotic use could be a contributing factor.
- The observed decrease in Schizophrenia and Psychotic Disorder with Delusions due to Known Physiological Condition cases might be due to other factors requiring further investigation.

- These findings highlight the need for comprehensive research on the long-term consequences of cannabis decriminalization on mental health.
- Targeted public health interventions and mental health support services are crucial to address the challenges of rising narcotic use in Georgia.

Disclosure of Interest: None Declared

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Anti NMDA receptor encephalitis manifested as acute psychosis- case report

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Introduction: The rapid change a variety of the clinical picture in case of autoimmune encephalitis remain a diagnostic challenge.

Objectives: Diagnostics and therapeutic process as of the atypical psychosis.

Methods: A 40-year-old woman, since 2 weeks she expressed catastrophic delusions and dysphoria. Next she revealed tinnitus, psychosensory disturbances, disorganization of thinking and behavior and the first grand mal seizure occurred. In the neurology ward were described psychogenic disorders and she was referred to the psychiatric ward, where catatonic schizophrenia was diagnosed. She was disoriented, with periodic episodes of arousal and freezing, negativism and command automatism. She was hallucinating visually, auditorily, olfactorily, and cenesthetically, expressed delusions of catastrophe, influence, and persecution. Despite modifications of treatment (aripiprazole, haloperidol, olanzapine, quetiapine, clozapine, valproate) she didn't improve. In the 4th week of hospitalization, an episode of fever of unknown etiology occurred and she was transferred to a higher referral psychiatric ward. Next fluctuating disturbances of consciousness, myoclonus, bilateral palmomental and Babinski's sign and swallowing disorders were observed. Due to the lack of therapeutic effect tiapride was administer with slight improvement.

Results: Laboratory tests: CRP, VDRL, anti-HIV antibodies - absent, ceruloplasmin, ANA, anti-TPO, anti-TSHR antibodies, tumor markers – normal range.

No changes in contrast-enhanced MRI head. In EEG moderate-grade, extensive changes in the fronto-central and frontotemporal leads bilateral.

CSF examination – normal range, negative result for 14-3-3 protein. In a panel for antibodies typical of autoimmune encephalitis - presence of anti-NMDA antibodies. Then autoimmune encephalitis was diagnosed. She was initially treated with immunoglobulins, with slight effects. Subsequently, effective immunosuppressive treatment with mycophenolate mofetil and methylprednisolone was administered. Further, the psychosis resolved, with the normalization of the neurological signs. The patient's in stable mental and somatic condition was discharged without further psychopharmacology.