Conclusion: These findings highlight that clinicians should maintain a high index of suspicion for psychiatric side effects of dopamine agonists, even in patients without prior mental illness, and emphasise the importance of close monitoring following treatment initiation or dose increase. It also suggest the value of collaborative work within different specialities, to ensure monitoring, early recognition and management of adverse effects. Reporting such reactions to relevant drug safety monitoring authorities is also essential to strengthen the evidence base and improve patient safety.

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Pheniramine Maleate Dependence : A Case Study

Dr Iqra Ain Ali[2], Prof Dr Imtiaz Ahmad Dogar[1], Dr Maheen Ijaz[2], Dr Abdul Rehman Asgher[1] and Dr Fatima Tuz Zahra[1]

[1]Faisalabad Medical University, Faisalabad, Pakistan and [2]Allama Iqbal Medical College, Lahore, Pakistan

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Aims: Addiction to over-the-counter (OTC) drugs is a poorly acknowledged clinical issue, especially in developed and developing nations when the regulatory supervision is less strict. Pheniramine hydrogen maleate (PHM) is an antihistamine of the first generation that is broadly used in allergic problems and can be freely bought without a prescription as Avil. Because of its sedative, anxiolytic, and euphoric effects, there is the possibility of misuse of pheniramine. Despite the description of psychological tolerance as well as withdrawal symptoms, there are very few reported cases of pheniramine dependence in the psychiatric literature. The case under consideration is a longitudinal dependence on pheniramine, which accentuates its clinical progression and withdrawal symptoms and explains the necessity of clinicians being aware of the abuse of the widely popular antihistamines.

Methods: A 35-year-old married businessman presented with symptoms of substance withdrawal such as restlessness, irritability, vomiting, diarrhea, headache, and insomnia following cessation of chronic pheniramine use. His past history of intravenous pheniramine (Avil) use dates back to 12 years, when he was taking 4–6 vials per day and at times 10 vials. He began using it when he was prescribed injectable pheniramine and dexamethasone to treat a chronic cough and body aches. He continued to self-administer even though he underwent routine investigations because he believed that he had recovered. He had several unsuccessful attempts at discontinuation. He had two years of abstinence after inpatient detoxification and asthma treatment but relapsed due to accidental exposure to pheniramine during his hospitalization. The mental status examination presented guilt, health preoccupation, and decreased attention. The ICD-10 criteria were used to diagnose Psychoactive Substance Dependence Syndrome (pheniramine) and comorbid bronchial asthma. He was in an action stage of the change model.

Results: Pheniramine is also associated with the abuse potential due to its sedation and anticholinergic effects, specifically because of its use as an intravenous method of administration that enhances the bioavailability and the reinforcing effects. The likelihood of dependence emerged due to repeated self-medication of PHM for respiratory symptoms. The unexpected reexposure emphasized the importance of paying attention to medication history and pharmacovigilance.

Conclusion: Although rare, dependency on pheniramine is a severe and underestimated clinical issue related to OTC medications. This example highlights that combined multidisciplinary management, more stringent control over the sale of antihistamine products, and increased awareness of clinicians are required. Early psychiatric intervention, structured detoxification, and psychosocial support are essential in order to recover in the long term and prevent relapse.

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Poppy Seed Muffins Causing Unexpected Opioid Positives in Patients Receiving Opioid Substitution Therapy: A Case Series

Dr Mohammad Ali

Addictions Recovery Community (ARC-MK), Milton Keynes, United Kingdom

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Aims: Opioid substitution therapy (OST) with methadone or buprenorphine is a cornerstone of treatment for opioid use disorder, with urine toxicology screening routinely used to monitor adherence and detect illicit opioid use. Unexpected positive opioid results can lead to clinical confusion, unnecessary dose adjustments, and potential strain on the therapeutic alliance. Dietary sources, particularly poppy seed–containing foods such as muffins, bagels, or pastries, have been reported to cause transient, false-positive opioid urine screens due to the morphine and codeine content of the seeds.

Despite being well-documented in pharmacology literature, awareness of this phenomenon in clinical addiction psychiatry remains limited, and it may lead to unnecessary interventions or patient distress. This case series aims to describe instances of poppy seed–induced false-positive opioid screens in patients receiving OST, highlight the clinical impact, and provide practical guidance for recognizing and managing this rare but important interaction.

Methods: Three adult OST patients (aged 28–45)–two on methadone, one on buprenorphine–were identified after routine urine toxicology unexpectedly tested positive for opiates (negative for 6-MAM). All had stable adherence, no illicit opioid use, and no recent dose changes.

History revealed recent consumption of poppy seed–containing baked goods: two muffins and one bagel. No other medications, supplements, or substances were reported. Patients were counseled, and repeat testing 48–72 hours later was negative for opioids, confirming dietary exposure. No withdrawal, overdose, or adverse events occurred, and OST adherence remained unchanged.

Results: These cases illustrate a clinically important but underrecognized phenomenon: dietary intake of poppy seed–containing foods can produce transient false-positive opioid results in patients receiving OST. All three patients demonstrated positive urine screens despite stable adherence, no illicit opioid use, and absence of clinical signs of relapse. The temporal association with poppy seed consumption, together with resolution on repeat testing, supports the conclusion that dietary exposure was responsible.

False-positive opioid screens can have significant clinical implications, including unnecessary treatment adjustments, increased monitoring, or erosion of trust between patients and clinicians. Detailed dietary histories, patient counseling, and repeat testing when unexpected results occur can help distinguish between true non-adherence and food-related effects.

Conclusion: Poppy seed consumption can cause transient false-positive opioid urine screens in patients receiving opioid substitution