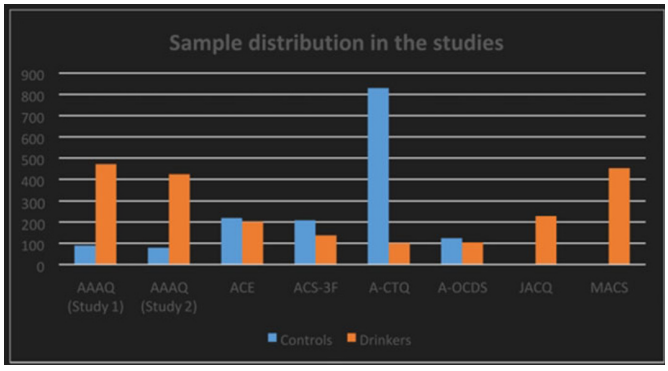
Image 3:



Conclusions: The choice of instrument in craving assessment depends on the goal (screening, monitoring, classification), the context (clinical vs. research, patient age), the target population, and the available time for assessment. All the tools reviewed represent valid aids for clinical work in the field of alcohol use disorder.

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EPV042

High-dose methadone detoxification in a hospital setting: A case report

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Introduction: Present the case of a 37-year-old patient with a diagnosis of antisocial personality disorder who has a long-standing heroin addiction and an occasional use of cannabis and alcohol. The patient required admission to the Gastroenterology department for a stomach issue, during which he was administered 100 mg of Methadone daily. Upon discharge, he was no longer using heroin and requested, few weeks later, a scheduled admission to a detoxification unit from his outpatient clinic for a complete Methadone withdrawal. He did not accept buprenorphine substitution treatment.
Objectives: The objective is to review the literature regarding methadone dose tapering and how to manage it during hospitalization. Patient rejected current guidelines initially recommendation (partial agonist like Buprenorphine).
Methods: Narrative presentation of the proposed case and a comparison of its management with the current scientific literature.
Results: The usual protocol for Methadone detoxification has been a very slow, gradual reduction of the agonist dose on an outpatient basis, as has been traditionally recommended, with a weekly decrease of 3%. In general, a gradual reduction of a maximum of 10% of the dose per day is recommended, although it is advisable to do so more slowly (1-5 mg/week).
We opted to discontinue methadone from the first day and use alpha-2 agonists, which had demonstrated their usefulness in treating withdrawal syndrome in both inpatient and outpatient settings.
The use of Clonidine plays a key role in reducing the noradrenergic hyperactivity that occurs during opioid withdrawal syndrome (OWS) and in blocking the symptoms precipitated by Naltrexone. We did not achieve optimal blood pressure levels, although there were no severe episodes of hypotension. The patient complained of a certain general malaise and restlessness during the first few days, which we managed with medium doses of Gabapentin. Naltrexone is administered starting on the seventh day of admission and Methadone abstinence, after verifying abstinence with a Naloxone challenge test. Discharge occurs between the eighth and tenth day of admission detoxification.
The literature recommends Clonidine doses of 0.15 to 0.45 mg per day during hospitalization, with a gradual increase and close monitoring of blood pressure to prevent significant fluctuations in these values and typical withdrawal symptoms like dizziness, nausea, or vomiting. Additionally, a reasonable use of Clonazepam (1 to 6 mg) is recommended to assist with this management.
Conclusions: We emphasize the importance of systematically monitoring the patient's vital signs and providing adequate rehydration for better management of withdrawal symptoms. There is no need for excessive use of benzodiazepines; instead, the patient should be psychoeducated about opioid withdrawal syndrome before admission.

Disclosure of Interest: None Declared

EPV044

Substance abuse disorder in patients with ADHD taking methylphenidate

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Introduction: Attention deficit hyperactivity disorder (ADHD) is a neurodevelopmental disorder primarily diagnosed in childhood and adolescence and typically treated with methylphenidate (MPH), a stimulant medication effective in managing the core symptoms of inattention and hyperactivity. Treatment with MPH may result in an increased risk of substance misuse and abuse related to the reward and motivational pathway. Understanding the prevalence of substance use, the main substances of abuse, and the clinical consequences in this population is critical to improving treatment strategies and minimizing adverse effects.
Objectives: To evaluate the prevalence and characteristics of substance use patterns in patients with ADHD treated with methylphenidate, as well as to identify the most commonly used drugs and analyze the associated clinical and psychosocial consequences.
Methods: A literature search was conducted in Pubmed examining substance use in patients with ADHD treated with MPH, considering the presence of concomitant psychiatric disorders (mainly substance abuse disorders) and the clinical impact of MPH abuse.
Results: The review indicates that patients with ADHD and psychiatric comorbidities, such as conduct, mood, anxiety, or personality disorders, are at increased risk for MPH misuse. The risk is increased in those with coexisting substance use disorders, with alcohol, cannabis, nicotine, and cocaine use being more common. MPH abuse can generally result in self-administered use of more than prescribed doses or unconventional routes of administration,

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such as inhalation. The most significant adverse effects include gastrointestinal and cardiovascular events, psychosis, and exacerbation of psychiatric symptoms.
Conclusions: Substance use and abuse are generally common in patients with ADHD, with cannabis, alcohol, and nicotine being the most commonly used drugs. Treatment with methylphenidate does not appear to substantially increase the overall risk of use, although it may be associated with isolated cases of stimulant abuse.

Disclosure of Interest: None Declared

EPV045

Comprehensive treatment of opioid addiction in patients receiving opioid agonist maintenance therapy

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Introduction: Opioid **addiction** is a chronic relapsing disorder that poses a significant threat to public health worldwide. In modern medicine, opioid agonist maintenance therapy is the gold standard of treatment. Long-term therapy is superior to short-term detoxification, where relapse rates reach 90% within the first month.
Objectives: Methadone therapy, as a form of opioid agonist substitution maintenance therapy, stabilizes patients by reducing cravings and withdrawal symptoms, but its effectiveness increases significantly when combined with psychotherapeutic interventions. Therefore, drug treatment should be integrated with psychotherapy to address the cognitive, emotional, and behavioral factors of addiction.
Methods: A total of 150 patients aged 26 to 64 years participated in the study, including 117 (78.0%) men and 33 (22.0%) women. The participants were divided into the main group (101 individuals) and the comparison group (49 individuals). The study employed psychodiagnostic methods, including SCL-90-R, HAM-A, HAM-D, the Buss-Durkee Hostility Inventory, MoCA, and WHOQOL-BREF. In the comprehensive therapeutic process, in addition to methadone therapy, the observation group used psychocorrectional and psychotherapeutic interventions.
Results: After treatment, the total sample shows a predominance of mild/absent symptoms, but the control group has a higher percentage of moderate/severe conditions (58% with moderate/severe/severe anxiety vs 2% in the main group). This indicates a potential advantage of complex therapy in the main group. Less social anxiety in the main group: 87% very low/low vs 71% in the control group. Less hostility in the main group: 96% very low/low vs 82% in the control group. Anxiety and depression (Hamilton scales): The main group has significantly better results: almost complete reduction to mild/absent states. Control — higher risk of residual symptoms. Cognitive deficit (MoCA): The main group — mostly absent (59%), control — mostly mild (82%). Better neuroprotection is possible in the main group. SCL-90 symptoms: General trend — the main group shifted to "very low/low" (85–96% on the scales), the control group — more average/high (up to 32%).
Conclusions: The results of the study showed that the comprehensive treatment of opioid **addiction** based on methadone therapy is an evidence-based approach that combines pharmacological stabilization with psychotherapeutic support. Pharmacological therapy effectively retains patients and reduces risks, while psychotherapy provides long-term remission and social reintegration. For maximum effectiveness, individualized plans, monitoring and an interdisciplinary team are necessary. Comprehensive treatment involves the integration of MT with psychotherapeutic, social and medical services.

Disclosure of Interest: None Declared

EPV046

A Linguistic Survey of Cannabis Product Packaging Targeting University Students

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Introduction: Product packaging reveals intended impressions of the product and consumer characteristics. Prior researchers have evaluated cannabis products' packaging appeal to children, but little has been studied about the university student population, many of whom cannot legally consume cannabis.
Objectives: This study aims to more clearly delineate the type of cannabis product packaging geographically adjacent to a university and what it suggests about retailers' target demographic.
Methods: This convenience sample product survey considers cannabis products (n=55) purchased within a mile of a university from the time of decriminalization to the present. Product packages were evaluated manually; name and content labeling legal violations, warnings present, dosing information, and marketing language around selected topics - "natural", "traditional", "social", "cool", "risk to consumer", and "legality of product" - were recorded.
Results: Product types found were edibles (n=46), vapes (n=4), pre-rolls (n=3), oil (n=1), and incense (n=1). All but four of the edibles were sweet foods or candies. Gummies (n=16) and fruity candies (n=11) made up 59% of all edibles, demonstrating significant "sweet", "candy", and "fruity" preferences. These flavor preferences are all associated with youth. Forty-seven (86%) products have "youth appeal" features, most commonly "lookalike product" (n=28, 51%) and "taste descriptors" (n=28). Cartoons also featured prominently (n=19, 35%).
Thirty-eight products violated at least one of the cannabis name restrictions in state-level administrative code, the most common being "recreation" (n=38). The most prominently missing information is "use instructions" (71% missing). Twenty-two (40%) products omit cannabinoid content laboratory results, ten (18%) omit serving size, and thirteen (24%) omit warning labels. Thirty-six (65%) of products contained a "legal consumption age" warning. One product contained a "research purposes only" warning.
Sixteen products (29%) did not reference any of the six selected marketing topics. Six products (11%, 38% of products with no identified marketing language) came in unmarked clear packaging. "Legal" language surrounding the product's delta-9 content or the 2018 Farm Bill was the most common product packaging language (n=35, 64%). "Natural" language surrounding sustainability,