EPV122

Substance Use Disorders and Psychiatric Comorbidity

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Introduction: Substance use disorders (SUDs) are often associated with other mental disorders—psychotic, mood, or anxiety—complicating treatment and worsening clinical and social outcomes.
Objectives: To describe the main psychiatric comorbidities among patients with SUDs and examine their relationship with substance type.
Methods: A retrospective descriptive study based on clinical records of patients consulting for SUDs. Collected data included sociodemographic profile, substances used, psychiatric diagnoses, and treatments.
Results: Results (N = 102):- Gender: predominantly male (~90%).
- Age: mostly 20–40 years.
- Main substances: tobacco (85%), cannabis (70%), alcohol (56%).
- Comorbid disorders: psychotic (45%), mood (30%), anxiety (15%), personality (10%).
- Polysubstance use: >50% of patients.
- Treatments: antipsychotics (79%), antidepressants (55%), anxiolytics (38%).

Conclusions: SUDs are commonly associated with severe psychiatric comorbidities. Systematic screening and a dual-diagnosis approach are key to enhancing prognosis and patient reintegration.

Disclosure of Interest: None Declared

EPV123

"Women and Opioid Addiction: Clinical Characteristics and Social Challenges"

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Introduction: Problematic opioid use is a major public health concern, with significant medical, psychiatric, and social consequences. In women, biological and psychosocial specificities influence addiction, comorbidities, and access to care.
Objectives: To investigate the specific characteristics of problematic opioid use among women enrolled in a methadone program.
Methods: A descriptive, cross-sectional, retrospective study of women followed in a methadone program. Data collected included age, duration of addiction, comorbid medical and psychiatric conditions, socio-professional status, type of opioid, and treatment history. Analysis was performed using Excel 2021.
Results: Women had a younger median age and a rapid progression to dependence. Psychiatric comorbidities (depression, anxiety, trauma-related disorders) were frequent. Social and professional integration difficulties were pronounced, with substantial family responsibilities. Participation in the methadone program improved clinical and social stabilization but was influenced by socio-familial context.
Conclusions: Problematic opioid use in women is characterized by increased vulnerability and specific needs. Integrated care combining substitution therapy, psychiatric follow-up, and social support is essential to optimize reintegration.

Disclosure of Interest: None Declared

EPV124

"Substance Use Disoder and Suicide Attempts"

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Introduction: Substance Use Disorders (SUDs) are recognized as a major risk factor for suicidal behavior. Frequent psychiatric comorbidities, social disintegration, and the loss of control associated with dependence further increase this vulnerability. The coexistence of addictive behaviors and mental disorders constitutes a significant public health issue, as it amplifies the risk of suicidal ideation, attempts, and completed suicide. This study aims to explore the prevalence and clinical characteristics of suicide attempts among psychiatric inpatients diagnosed with SUDs.
Objectives: To assess the prevalence of suicide attempts among psychiatric outpatients with SUDs and identify associated factors.
Methods: A retrospective descriptive study based on clinical records of outpatients consulting for SUDs. Data included sociodemographic profile, substances used, psychiatric comorbidities, and history of suicide attempts. Analyses were descriptive (frequencies and percentages).
Results: Among 102 patients included in the study, **27%** had a documented history of suicide attempt. The majority of attempters were **men (82%)**, aged **20 to 40 years**, often presenting with significant psychosocial difficulties such as unemployment, social isolation, or family disruption.
The **main substances involved** were cannabis (70%), alcohol (55%), and polysubstance use (48%).
Comorbid psychiatric disorders were highly prevalent: major depressive disorder (41%), psychotic disorders (33%), and personality disorders (14%).
Aggravating factors included relapse history, poor adherence to treatment, and lack of social support, which significantly increased suicidal risk.
Conclusions: Suicidal behavior is common among patients with SUDs, especially when comorbid depression or polysubstance use is present.
Integrated care involving psychiatric assessment, suicide risk evaluation, and addiction management is crucial to prevent recurrence and reduce mortality.

Disclosure of Interest: None Declared

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