alcohol use disorders were the most prevalent SUD, followed by cannabis use disorders. Any SUD comorbidity, and particularly multiple drug use and alcohol use, were associated with 50% to 100% increases in hospitalization and mortality compared to individuals without SUD. Elevated mortality risks were observed especially for deaths due to suicide and other external causes. All results were similar across countries.
Conclusions: Co-occurring SUD, and particularly alcohol and multiple drug use, are associated with high rates of hospitalization and mortality in patients with schizophrenia. Preventive interventions should prioritize detection and tailored treatments for these co-morbidities, which often remain underdiagnosed and untreated.
Conflict of interest: ML: Genomi Solutions Ltd, Nursie Health Ltd, Sunovion, Orion Pharma, Janssen-Cilag, Finnish Medical Foundation, Emil Aaltonen Foundation. HT, EMR, AT: Eli Lilly, Janssen–Cilag. JT: Eli Lilly, Janssen-Cilag, Lundbeck, Otsuka.

Keywords: schizophrénia; substance abuse disorders; epidemiology; dual diagnosis

EPP0213

Psychiatric symptoms in neurofibromatosis type 2

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Introduction: Neurofibromatosis type 2 (NF2) is a rare disorder associated with significant morbidity such as hearing loss that can lead to many psychiatric disorders.
Objectives: Describe the psychiatric symptoms associated to NF2.
Methods: We report the case of a patient admitted to the locked unit of the psychiatric ward for agitation and persecutory delusion and diagnosed with NF2. The data was collected from the patient's medical file. A review of the literature was performed by selecting articles from PubMed using 'Psychosis acoustic neuromas' and 'Psychosis neurofibromatosis 2' as key words.
Results: This is the case of a 21-year-old patient who was admitted for behavioral disorders. Our patient had a medical history of a one-sided deafness treated with a hearing prosthesis. He was also followed irregularly by a free-lance psychiatrist. The start of trouble dated back to 3 years marked by behavioral disorders such as fugue, agitation, irritability and sleep disorder. The symptoms worsen in the last 3 months with appearance of hostility and delusion of persecution towards his mother. The patient declines to eat the food that his mother cooked for him and threatened her with a knife. The clinical overview includes delirium, clastic agitation strikes, emotional lability, cerebral ataxia and conjunctival hyperemia. Brain scanner showed an association of bilateral acoustic neuromas, cavernous and intraventricular meningioma. These clinical and radiological signs met the diagnosis for NF2 according to the consensus conference of the National Institute of Health in Bethesda (USA 1988).
Conclusions: The psychiatric symptoms reported in acoustic neuroma patients are usually described as transient.

Keywords: psychiatry; Neurofibromatosis; psychosis; acoustic neuroma

EPP0215

Neurobiological correlation between attention-deficit/hyperactivity disorder and obesity

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Introduction: Attention-Deficit/Hyperactivity Disorder (ADHD) and Obesity are frequently comorbid. The prevalence of ADHD rises from around 2.8% in the general population (adults) to about 27% among those with obesity. Although neurobiological mechanisms explaining the strong association between ADHD and obesity are still unclear, several hypotheses have been proposed to explain the high comorbidity, including common genes, dopaminergic neurotransmission, deficits in executive functions (planning, adherence to weight loss programs or protocols after bariatric surgery) and circadian rhythm dysregulation.
Objectives: Review on the relationship between ADHD and Obesity, focusing on possible biological mechanisms driving their high comorbidity.
Methods: We conducted a search in PubMed and ClinicalKey with the terms: "Attention-Deficit/Hyperactivity Disorder", "Obesity", "Dopamine".
Results: Altered reward processing and impaired inhibitory control are key features of ADHD and are also related to obesity. The ability to resist the impulse to eat and an appropriate reward response require normal function of these dopamine circuits. Both ADHD and obesity are usually associated with reduced volume of putamen, known to be a fundamental player in inhibitory control functioning. Human and animal studies have also demonstrated that obese individuals have decreased dopamine D2 receptor availability in the striatum. Recently genetic analyses implicated specifically Dopamine-DARPP32 Feedback in cAMP Signaling in both ADHD and Obesity.
Conclusions: ADHD and obesity are often comorbid. Dysregulated dopaminergic neurotransmission seems to be a fundamental factor underlying the overlap between ADHD and obesity, probably involving DARPP-32 signaling and possibly through neurobiological features of putamen, namely inhibitory control. Further studies are necessary to explain the neurobiological correlation between these entities.

Keywords: Dopamine; Neurobiology; ADHD; obesity

EPP0216

Depression and anxiety among older people in central africa: Epidemca population-based study.

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