## EPP0204

## Why do mentally ill, homeless people use substances?

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**Introduction:** In the Danish social welfare system, few people are homeless solely for economic reasons. In fact, 38% of homeless people suffer from both substance use and a psychiatric disorder, making diagnostic assessment and treatment difficult. This patient group, with dual diagnoses, often fail to receive effective treatment, and the consequences are far reaching and detrimental. A more comprehensive grasp of the history and patterns of substance use in these patients may contribute to improve their treatment.
**Objectives:** To identify the role and patterns of substance use in mentally ill, homeless people.
**Methods:** 50 homeless, mentally ill patients are examined in comprehensive interviews, exploring the relationship between substance use, homelessness, and suffering from a mental disorder. The data are analyzed quantitatively as well as qualitatively using thematic analysis.
**Results:** Preliminary results indicate that substance use in mentally ill homeless patients is a complex phenomenon. On the one hand, substance use seems to contribute to keep the patient homeless and makes it difficult for the patient to get the necessary psychiatric help. On the other hand, substance use also appear to play an important part in coping with life on the streets by offering some kind of social contact and some relief from a desperate situation.
**Conclusions:** It seems that the triad of substance use, mental illness, and homelessness somehow reinforce each other and simultaneously locks the situation. New approaches for disentangling this locked situation and avoiding this 'Bermuda triangle' is needed.

**Keywords:** Homelessness; dual diagnosis; Substance use

## EPP0199

## A cup of coffee, what else?

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**Introduction:** Caffeine is the worldwide most frequently consumed psychostimulant. Its availability is nearly unlimited and in Europe it is not subject to state regulation. n the DSM-5 "caffeine use disorder" is categorized as a possible future disorder that currently needs further study.
**Objectives:** To describe clinical evaluation, diagnosis, treatment and evolution of a 24 years old female patient.
**Methods:** A 24-year-old woman admitted to the Dual Pathology Unit with a diagnosis of: unspecified psychotic disorder, mild intellectual disability and borderline disorder. In week 17 of admission, she decided to suspend the medication, with significant improvement. Therapeutic permits increase and Wais-III is repeated, resulting in having a limited intellectual capacity. Two months after being discharged, she was readmitted with manic symptoms. The nursing staff discover that she was drinkiing a large amount of caffeine (up to 4 liters / day). After gradually stopping caffeine intake, she was discharged without psychopharmacological treatment, being able to lead a normalized life, even studying a medium degree. No more incomes were need.
**Results:** Caffeine produces psychomotor-activating, reinforcing, and arousing effects.
**Conclusions:** The pattern of caffeine use of patients should be considered in the medical practice. The psychostimulant properties of caffeine are reviewed and compared with those of prototypical psychostimulants able to cause substance use disorders.

**Keywords:** caffeine; dual patology; Addiction

## EPP0203

## Forced normalization and psychosis

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**Introduction:** Epilepsy is associated with a wide range of psychiatric manifestations. Forced normalization occurs when the establishment of improved seizure control in a patient with previous uncontrolled epilepsy leads to the emergence of psychiatric symptoms, which include, among others, psychotic phenomena.
**Objectives:** We aim to review the literature regarding the phenomenon of forced normalization and its association with psychosis.
**Methods:** We performed an updated review in the PubMed database using the terms "forced normalization" and "psychosis". The included articles were selected by title and abstract.
**Results:** Psychosis is the most common behavioural disturbance in forced normalization, usually manifested as delusions and hallucinations. Forced normalization is more frequent in young female patients with drug-resistant focal epilepsy. Antiepileptic drug treatment and epilepsy surgery are the most common triggers. Institution of antipsychotics and management of antiepileptic drugs are part of the treatment. Prognosis seems to be better in women, children and patients with generalized epilepsy, among other factors.
**Conclusions:** Forced normalization is an overlooked entity, the pathophysiology of which remains largely uncertain. The recognition of forced normalization by psychiatrists is crucial for adequate patient treatment including pharmacological management and consultation with a neurologist

**Keywords:** psychosis; Epilepsy

## EPP0204

## The impact of treatment with antidepressants on HBA1c- and LDL levels in type 2 diabetes: A real-world within-subject study

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