Objectives: Prevalence of gambling disorders varies according to the screening instruments, measurement used as well as accessibility of gambling opportunities but it is believed that gambling disorders affect 0.2–5.3% of adults worldwide. In addition, considering that the gambling disorders are highly comorbid with other substance use and mental health disorders, for both the causes and treatment implications of this disorder a further understanding is needed.
Methods: This research has been conducted at the Addiction and Psychotrauma Department of the Insula County Hospital over a period of two months on a sample of 150 people using a questionnaire that was distributed to patients whose primary diagnosis was substance use disorder but did not have a diagnosed gambling addiction with the aim of early detection of it.
Results: Substance abuse may include minimizing one's use, hiding other comorbid addictions including gambling, and an underestimation of the effect one's use has on life areas as well as family members.
Conclusions: This article highlights the prevalence of comorbid unrecognised pathological gambling in substance use disorders, but also reviews definition, clinical similarities and differences and treatment approaches.

Disclosure of Interest: None Declared

EPP0911

Gambling Disorder and suicide risk – a clinical case

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Introduction: Pathological gambling is an addictive disorder and a current important issue with substantial social and personal costs. It is associated with impaired functioning, criminal record, bankruptcy and mental health problems. There is a significant comorbidity between gambling disorder, mood disorders and other addictive behaviors like alcohol use. Suicidality is common, impulsivity being a major risk factor for suicidal acts.
Objectives: Case presentation of gambling disorder associated with a suicide attempt
Methods: Review of the clinical file of a patient diagnosed with gambling disorder and non-systematic review on the topic on PubMed
Results: A 35 old male patient is brought to our psychiatrical emergency unit by means of ambulance as he attempted to commit suicide by inflicting multiple deep cuts on his forearms. He has a positive history of gambling disorder, no prior suicide attempt, or criminal record. He has a precarious economic status, the trigger for his acts being the loss of a substantial financial amount. The risk factors in his case were a positive familial history of addictive disorders (his father was diagnosed with alcohol use disorder), aversive childhood events, comorbid depression, alcohol misuse and low income. The patient resumed his gambling behavior 7 months prior to admission, after a 5 year abstinence, motivated by the desire to rapidly pay a loan he recently took. The addictive behavior worsened after his wife experienced a miscarriage. He started borrowing money, engaging in antisocial acts like stealing money from his wife's bank account, neglecting his job and ending up in financial debt. He experienced feelings of alienation and isolation from his social network and family, unable to verbalize his burden. He also feared a divorce. Psychological coping strategies such as thought and emotional suppression were present and also an important tendency to minimize the severity of the events. Cluster B traits were present but not clinically significant. The suicide attempt is described by the pacient as being impulsive, with no prior planning, as a mean of problem solving for his desperate situation of high financial and social burden.
In the hospital setting, pharmacological treatment with SSRI Escitalopram and opiate antagonist Naltrexone was initiated. The patient was referred to psychological counseling during hospitalisation and to CBT after he left the hospital. He had excellent social support.
Conclusions: Although suicide is initially seen as an impulsive act, in fact it includes a constellation of thoughts, emotions and behaviors which lead to the hopelessness and desperation preceding the suicidal attempt. Gambling disorder tends to have a chronic evolution, impacting many important life domains, complex management such as pharmacotherapy, psychological interventions and social support being necessary for a favorable outcome.

Disclosure of Interest: None Declared

EPP0912

The effectiveness of electroconvulsive therapy in substance use disorder at pharmacological treatment failure major depression

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Introduction: Treatment resistant depression (TRD) is common with substance use disorder (SUD) and few studies demonstrated the effectiveness of medication-psychotherapy treatments in this population
Objectives: To compare the effeictiveness of ECT in the treatment resistant depression patients vs TRD with SUD patients.
Methods: 14 TRD patients with 14 TRD-SUD patients compared in terms of ECT treatment response rates at baseline, thhree months and six months of the follow up periond. Pateints completed Hamilton anxiety, Hamilton depression-21 items, Barrat 11 impulsivity and visual analog scales each follow up visit.
Results: Both groups completed ECT treatment between 2011-2018 with follow up of 12.3+4.1 months following the ECT procedure. Patients received average 11.7+2.6 bilateral ECT treatments per series. Both groups responded well to ECT treatment in terms of response rates and side effects however there were higher rates of relapse at intermediate to long term follow up period at TRD-SUD group.

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