O291

"I have no disease and weed just relaxes me!": The therapeutic challenge in young patients with psychosis and cannabis abuse

P. Mota

Departamento De Psiquiatria E Saúde Mental, Centro Hospitalar do Tâmega e Sousa, Guilhufe, Portugal

Introduction: Substance use disorders (SUDs) are estimated to affect around 30 million people worldwide, and are characterized by repeated use of a substance that leads to clinically significant impairment or suffering, making it a serious health problem, with high associated costs.
Objectives: Understand and evaluate the impact of cannabis use on adherence to treatment in young patients with psychosis.
Methods: Narrative literature review by performing a search on MedLine for English-written articles. The query used was "(Cannabis) AND (Schizophrenia OR Psychosis) AND (Adherence)".
Results: About 70 to 80% of young people with SUDs have at least one concomitant psychiatric disorder and cannabis is involved in approximately 50% of psychosis or schizophrenia of those cases, so there is a growing concern about the deleterious medical and psychiatric consequences of the increase and early initiation of consumption of this substance. It is estimated that about 26% of patients with psychotic conditions do not adhere to the treatment plan established by the psychiatrist; however, especially during the inaugural phases of psychotic disorders, rates of non-adherence to therapy are high (above 50%), and are said to be higher in younger patients.
Conclusions: The risk of relapse after a first psychotic episode is high. As the use of cannabis is a potentially preventable risk factor, interventions aimed at improving therapeutic adherence in psychotic conditions must specifically target the use of this substance, since reducing its consumption can lead to a more favorable course of the disease and at less expensive costs in addressing these pathologies.

Disclosure: No significant relationships.
Keywords: Cannabis; Substance use disorders; psychosis

O289

Possible relationships of addictive disorders and attention deficit hyperactivity disorder (ADHD)

M. Krupa

Educational Of Doctoral School, University of Szeged, Szeged, Hungary

Introduction: One of the most recent topics in addictive disorders is videogame-use disorder which is continuously under research, especially in adolescents. The specific structure of digital games (immortality, infinity, etc.) can sensitize adolescents to the development of problematic use. The number of researches about problematic video game use has increased significantly during the last decade. In 2013, this problem was included among "Disorders requiring further research" in DSM-5, and it was also included in ICD-11 as a separate diagnostic category in 2019.
Objectives: We review studies investigating the association between the co-occurrence of ADHD and video game use in adolescents. We attempt to summarize new theoretical approaches to video game use disorder and the areas of present research.

Methods: We conducted a literature search in 4 databases (PubMed, Medline, Google Scholar, Web of Science) using keywords (ADHD, adolescents, video game use disorder, internet addiction, game addiction) over the past 5 years. Exclusion criteria were the following: publication date before 2014, adult population, or comorbidity beside ADHD.
Results: The comorbidity of video game use disorder and ADHD was frequent. Primarily cross-sectional studies examined the presence of hyperactivity, attention deficit, and impulsivity symptoms separately. The presence of attention deficit clearly showed an association with the development of video game use disorder.
Conclusions: Adolescents diagnosed with ADHD have a greater possibility of developing video game use disorder and/or problematic psychoactive substance users. More attention should be paid to this comorbidity in not only the diagnostic process, but also in the development of prevention programs.

Disclosure: No significant relationships.
Keywords: ADHD; adolescents; video game use disorder; addictive disorder

O291

The psychological determinants of internet gaming disorder: Vulnerability to stress, psychological well-being, and comorbidity

J. Cardoso[1]*, T. Ferreira[1] and A.R. Dores[2]

[1]Department Of Social And Behavioural Sciences, University Institute of Maia, Maia, Portugal and [2]Laboratory Of Neuropsychophysiology (fpceup); Center For Rehabilitation Research (ess-p.porto), Faculty of Psychology and Education Sciences; School of Health, Polytechnic of Porto, Porto, Portugal
*Corresponding author.

Introduction: A variety of psychological determinants, such as vulnerability to stress, low levels of psychological well-being and several comorbidities, have been hypothesized to play a role in the development, and maintenance of Internet Gaming Disorder (IGD). However, evidence has been insufficient to sustain an overarching model of the causal pathways leading to IGD.
Objectives: . This study aimed to depict a model of the causal links between vulnerability to stress, psychological well-being, and symptoms of common mental disorders (e.g., depression, generalized anxiety, phobic anxiety, obsessive-compulsive disorder, somatization, and hostility).
Methods: . A community-based sample of Portuguese gamers (N = 153; Mage = 21.92; 15.29% female) completed measures of IGD (IGDS9-SF), mental health (SCL-90-R), psychological well-being (EBEP), and vulnerability to stress (23QVS). A machine learning algorithm – Greedy Fast Causal Inference – was used to infer a model of the causal pathways linking those psychological determinants to IGD.
Results: . Hostility and psychological well-being were directly involved with a subgroup of IGD symptoms (i.e., gaming used as escape, tolerance, withdrawal, and loss of control). Stress vulnerability and symptoms of mental disorders were only indirectly implicated in the causal pathways leading to IGD.
Conclusions: . It is likely that several psychological factors implicated in the causal pathways leading to IGD, have not been yet identified. Future research should directly test specific models of the causal pathways involved in the development and maintenance of IGD symptoms.

Suicidology and suicide prevention

O292

Suicide and self-harm in women with mental disorders during pregnancy and the year after birth

K. Ayre[1]*, A. Bittar[2], R. Dutta[2] and L. Howard[1]

[1]Health Service And Population Research; Institute Of Psychiatry, Psychology And Neuroscience, King's College London, SE AF, United Kingdom and [2]Institute Of Psychiatry, Psychology And Neuroscience, Academic Department of Psychological Medicine, RJ, United Kingdom
*Corresponding author.

Introduction: There is little prospective data on the risk factors for later suicide in women who experience perinatal mental disorders, particularly beyond one-year postnatal.
Objectives: Among a cohort of women who were in contact with a mental healthcare provider during the perinatal period, to: (1) Describe sociodemographic and clinical characteristics of the women who died by suicide (2) Understand when, in relation to childbirth, most suicides tended to occur.
Methods: Data-linkage of de-identified service-user electronic healthcare records, national hospital episode statistics and mortality data generated a cohort of women in contact with a mental healthcare service provider in London, UK, perinatally. Using Natural Language Processing and structured field extraction, we identified clinical, socio-demographic characteristics, self-harm exposure, and suicide.
Results: Among 5204 women, clinical and demographic characteristics of women who did and did not die by suicide were similar apart from indicators of illness severity including perinatal sedative medication prescription, clinician-rated functional impairment and smoking, which were more common in women who died by suicide. Suicide deaths occurred most frequently in the second year post-delivery. The most common method of suicide ocurring wihtin two years was by violent means, whereas after two years postnatal, the most common method was non-violent.
Conclusions: Our findings support the extension of perinatal mental healthcare service provision to two years post-delivery.

O293

Life stressors and resources as predictors of adolescent suicide attempt

E. Du Plessis

Psychology, University of the Free State, Bloemfontein, South Africa

Introduction: Adolescent suicide poses a serious public health challenge. Several factors, such as early losses, discordant relationships, poverty, abuse and other life crises have previously been associated with the rise in adolescent suicides. However, a dearth of information exists regarding South African research on adolescent suicide.
Objectives: This study investigated the role of gender, race and psychosocial stressors and resources in attempted suicide among 1033 South African adolescents.
Methods: Using a cross-sectional research design, participants completed a biographical questionnaire and the Life Stressors and Social Resources Inventory, Youth Form. Logistic regression analysis was used to identify which stressors, resources and demographic variables, best predicted attempted suicide among the sample.
Results: The findings suggest that 12.5% (129) of the sample had previously attempted suicide. Being of mixed race (p ≤ .01) and female (p ≤ .01) significantly increased the likelihood of attempting suicide. Stressors associated with the increased likelihood of attempting suicide were Parents (p ≤ .05), Extended Family (p ≤ .01), Home and Money (p ≤ .05), and Negative Life Events (p ≤ .01). Resources associated with the reduced likelihood of attempting suicide were supportive relationships with Parents (p ≤ .01), with Boyfriend/Girlfriend (p ≤ .01) and Positive Life Events (p ≤ .01).
Conclusions: These findings highlight the importance of supportive relationships and stable home conditions for the well being of adolescents.

O294

Trends in suicides among italian youth aged 10 to 25: A nationwide register study

A. Forte[1,2]*, M. Vichi[3], S. Ghirini[3], M. Orri[4] and M. Pompili[5]

[1]Suicide Prevention Center, Sapienza University of Rome, Italy, Rome, Italy; [2]Department Of Neurosciences, Mental Health And Sensory Organs, Suicide Prevention Center, Sant'andrea Hospital, Sapienza University Of Rome, Rome, Italy, Sapienza university of Rome, ROMA, Italy; [3]Statistical Service, Istituto Superiore di Sanità, National Institute of Health (ISS), Rome, Italy; [4]Department Of Psychiatry, McGill Group for Suicide Studies, Douglas Mental Health University Institute, McGill University, Montreal, Canada, Montreal, Canada and [5]Department Of Neurosciences, Mental Health And Sensory Organs, Suicide Prevention Center, Sant'andrea Hospital, Sapienza University Of Rome, Rome, Italy, Sapienza university of Rome, roma, Italy
*Corresponding author.

Introduction: Suicide continues to be a significant cause of mortality in most countries worldwide, especially among youth. Documenting current trends and sources of variation in youth suicide rates is critical to inform prevention strategies.
Objectives: We aimed to 1. document suicide mortality trends among Italian youth from 1981 to 2016 2. describe age, sex, and urbanization specific suicide rates in this period, and 3. describe suicide methods and their change over time.
Methods: We relied on official mortality data for the period 1981-2016 for adolescents and young adults (ages 10-25 years). We estimated standardized all-cause and suicide mortality rates per 100,000 individuals and used Joinpoint regression analysis to determine annual mortality trends and statistically significant changes in rate trends. Analyses were reported by sex, age group, urbanization level and suicide method.