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P.619 Tobacco in times of COVID-19: reflecting on risks for patients with mental health illness

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Introduction: Patients with mental illness, especially serious mental illness, still have significantly higher rates of tobacco smoking, smoke more and start at a younger age than the general population with well-known repercussions on morbidity and mortality. Tobacco smoking “culture” is admittedly still very present in psychiatric settings with the habitual smoking together (without masks), sharing of cigarettes, picking up discarded butts and the many other associated problematic behaviours and routines.

Vulnerability to COVID-19 may also be higher in patients with mental illness due to psychosocial factors with greater challenges for self-care and risk assessment. The use of tobacco, electronic and heat-not-burn devices may also contribute to higher risk of infection and more severe course of illness.

Aim: To review literature on the implications of tobacco smoking in times of the COVID-19 pandemic with special concern for patients with mental illness.

Methods: Pubmed search on the 6th of July, 2020, for tobacco/tobacco smoking and COVID-19; tobacco and coronavirus; tobacco and SARS-CoV-2.

Results: Thirtyeight articles were considered relevant and reported the following findings.

During the COVID-19 crisis there were many factors that contributed to starting to smoke, to relapse in ex-smokers and to smoking more due to stress, anxiety, depressive symptoms and boredom. Many smokers stocked up on tobacco. Confinement, fear of COVID-19, spending more time with family and less social interaction may have apparently, but to a lesser degree, contributed to decreased smoking or cessation for some smokers.

Tobacco smoking is associated with higher risk of infection, more severe course of illness with higher rates of admission to ICUs, need for ventilation and death but some articles suggest that tobacco smoking might actually be protective. Higher risk of infection is hypothesized to be due to upregulation of ACE2 receptors to which the SARS-CoV-2 virus attaches and to more contact with the mouth and face when smoking. The more severe course of illness may be due to tobacco related lung damage, cerebral and cardiovascular illness, hypercoagulation states and other comorbidities associated with tobacco smoking and immunological dysregulation. However, smokeings' upregulation of ACE2 might actually contribute to less severe and not worse course of illness and nicotine acting on α1 acetylcholine receptors may lessen hyper-immune responses in COVID-19 among other beneficial effects.

Tobacco smoking was also associated with the respiratory spread of COVID-19 and contaminated surfaces by exhaled smoke, aerosols, cough and saliva and...
recommendations and bans on smoking may be important strategies to control spread of COVID-19.

Conclusions: Tobacco smoking has long been an important issue for the mental and physical health, quality of life and well-being for patients with mental health illnesses and despite controversies and in the context of COVID-19, is even more important. Mental health services benefit from this awareness and should strive to provide smoking reduction and cessation programmes and adapt existing ones to restrictions. Mental health policies should also address tobacco smoking on inpatient units and wards, outpatient and other mental health services.

Further studies are needed to study potential benefits of treatment with nicotine.

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P.620
Madelung’s disease - lipomas associated with alcoholism

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Introduction: Madelung’s disease, also known as benign symmetric lipomatosis, multiple symmetric lipomatosis, fatty neck syndrome, Brodie syndrome, Buschke disease or Launois-Bensaude syndrome, is a rare acquired disorder of fat metabolism described for the first time in the year 1846 by Brodie. It is characterized by the presence of progressive, excessive and multiple lipomas, which are symmetrically distributed. Most often, these changes concern the neck, occipital, shoulder, back or chest. It is associated with chronic alcohol use and usually causes cosmetic concern.

Aim of the study: Using as a starting point a clinical case, the authors performed a literature review to clarify the relationship between Madelung’s disease and chronic alcohol abuse.

Methods: Analysis of the patient’s clinical process and brief review of the latest available literature on the subject, published in PubMed/Medline databases.

Results: We report a case of a 58-year-old Portuguese man with a history of alcohol use disorder who had fat masses in his parotid region (“hamster cheeks”), cervical region (“horse collar”) and posterior neck (“buffalo humps”), which has gradually increased over the years. He has a strongly limited neck mobility and dyspnea. Based on the case history, on the results of physical examination, neck CT and other routine tests, he was diagnosed with Madelung’s disease. It was decided to qualify the patient for surgical treatment, surgical resection of excess adipose tissue was performed but the lesions recurred again. Abstinence from alcohol prevents progression of the disease so, he was counseled about the nature of the disease, he was advised to avoid alcohol intake and stopped consuming alcohol.

Conclusions: Madelung’s disease remains a disorder of unexplained etiology and unclear pathogenesis, which creates diagnostic and therapeutic difficulties. In the majority of cases, the disease is diagnosed in men in the 4th and 5th decades of life who consume alcohol chronically, especially in the form of red wine. The literature describes only a few cases of Madelung’s disease with no history of consumption. Alcohol adversely affects the enzymatic processes in the mitochondria, disrupts adrenergic lipolysis and it is likely that alcohol abuse is the cause of uncontrolled accumulation of adipose tissue in various parts of the body. The most frequently diagnosed phenotype of the disease is of type 1, with a dominant fat deposit around the neck. Unfortunately, no effective pharmacotherapy has been developed. The therapeutic approach in Madelung’s disease is reduced to palliative treatment, which includes surgical resection of the adipose tissue, liposuction, or injection lipolysis. The effectiveness of these activities is limited and most patients experience recurrence after treatment. One indirect consequence of the disease is the occurrence of depressive disorders, resulting from the way the patients perceive themselves due to changes in appearance. This clinical case shows the importance of psychiatrists being aware of rare medical conditions that can co-occur with mental and substance abuse disorders. The hypothesis of Madelung’s disease should always be posed to a patient with an alcohol related problem and changes in appearance.

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P.623
Efficacy and tolerability of naltrexone in patients with Internet gaming disorder and comorbid alcohol use disorder

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Background: Internet addiction is a relatively new concept within the psychiatric nosography, and Internet Gaming Disorder (IGD) is included in the appendix of the DSM-5 as a condition that requires further research prior to official inclusion in the main manual [1]. A review of 68 epidemiological studies of Internet addiction revealed that no gold standard of Internet addiction exists, the reported prevalence rates differ because of the various assessment tools and cut-offs, and there is a high degree of comorbidity in adolescents and adults presenting with Internet addiction [2]. Neurobiological differences were reported between healthy controls and patients with IGD, e.g. poorer response-inhibition and emotion regulation, impaired prefrontal cortex functioning, and cognitive control, poorer working memory and decision-making capabilities, deficiency in their neuronal reward system, similar to those found in individuals with substance-related addictions [3]. Therefore, the therapeutic management of IGD patients, although still not validated through large, well-designed