

These events led to dropping out of school, running away from home, and experiencing homelessness. As a result, he developed long-standing anxiety, depressive symptoms, and emotional instability. Internal struggles with gender identity, alongside ongoing familial conflict and unstable romantic relationships, further worsened his psychopathology. After a multidisciplinary intervention involving psychiatry, psychology, and social services, he showed significant improvements in emotional regulation, anxiety management and has remained abstinent since starting treatment. **Conclusions:** Personal experiences, especially during childhood and adolescence, profoundly influence mental health and behaviors in adulthood. This case underscores the interaction between adverse childhood experiences, substance misuse, and discrimination related to sexual orientation, illustrating how these factors collectively impact psychiatric health. The patient's journey through addiction, identity struggles, and mental health challenges reflects the deep influence of both personal trauma and systemic issues. This case highlights the need for multifaceted therapeutic approaches that address the psychological, social, and familial factors underlying the patient's condition.

**Disclosure of Interest:** None Declared

## EPV0090

### Needs and Barriers of Mental Health Professionals in Promoting Smoking Cessation

L. Pérez De Lucia Bove<sup>1\*</sup>, S. Ravelo<sup>1</sup>, C. Bountzas<sup>2</sup> and Y. Khazaal<sup>1</sup>

<sup>1</sup>CHUV, Lausanne and <sup>2</sup>CNP, Neuchâtel, Switzerland

\*Corresponding author.

doi: 10.1192/j.eurpsy.2025.980

**Introduction:** Various studies have shown that individuals with mental health disorders are significantly more likely to smoke compared to the general population. Additionally, they tend to exhibit more severe tobacco dependence. For these populations, smoking is associated with increased morbidity, mortality, and healthcare costs. Despite the significance of this issue and its impact on health, quality of life, and financial well-being, smoking cessation interventions are rarely implemented in mental health services.

**Objectives:** The STEN project (alleviate Stigma, Train, Enhance smoking cessation interventions, rely on a specialized Network), funded by the Tobacco Prevention Fund in Switzerland, aims to promote smoking cessation among individuals with mental health disorders. The project seeks to strengthen the competencies of mental health professionals, encourage the utilization of available resources, and shift healthcare professionals' beliefs about smoking in individuals with mental disorders.

**Methods:** The first phase of the STEN project focuses on identifying the needs and perceptions of mental health professionals regarding smoking cessation. This phase involves a qualitative opinion survey exploring the perceived barriers and needs related to treating tobacco dependence in people with mental health disorders. The survey was conducted through focus groups held between December 2023 and April 2024, involving about 80 professionals from various linguistic regions of Switzerland, representing different professional bodies and both private and public addiction and psychiatry services. Data collection was facilitated and standardized using a structured response document.

**Results:** The analysis of the focus group discussions revealed:

**Barriers:** The main barriers to implementing tobacco dependence treatment among mental health professionals included a lack of knowledge, the misconception that addressing tobacco use is not part of their mission, and false beliefs about patients' willingness to quit.

**Needs:** There is a strong interest among mental health professionals in digital training, accompanied by opportunities for practice-sharing.

**Conclusions:** This phase will culminate in the development of a training and digital support concept tailored to the needs and perceptions of mental health professionals in Switzerland.

**Disclosure of Interest:** None Declared

## EPV0091

### Evaluation of addiction interventions: follow up after discharge

M. Perez Lopez<sup>1\*</sup> and J. Chicharro<sup>1</sup>

<sup>1</sup>SGA. Adicciones, Madrid-Salud. Ayuntamiento de Madrid, Madrid, Spain

\*Corresponding author.

doi: 10.1192/j.eurpsy.2025.981

**Introduction:** Addiction treatments are complex, and their goals have changed over time. In the past, abstinence was the main objective. Nowadays, treatments focus on people and their recovery. They are developed to act in many areas of life, therefore appropriate measures are needed that really show the results achieved. One of the variables that has been shown to be appropriate for measuring the results of interventions is quality of life.

**Objectives:** Our main objective was to evaluate the results of the intervention carried out on people who have been discharged, with an instrument that includes data on quality of life. Another objective was to standardize the measurement of results, establishing reliable criteria that include the diversity of people in treatment for addictions.

**Methods:** A computer-assisted telephone survey was conducted, with 575 people, between May 2023 and June 2024. They had been for 3 or 6 months on therapeutic or voluntary discharge.

Criteria for therapeutic discharge, voluntary discharge, and abandonment were established. They included results in different areas: substance use, health and self-care, mental health, social/family integration and educational/work.

The World Health Organization Quality of Life BREF (WHOQOL BREF) questionnaire was used. Psychosocial and drug use questions were added to the evaluation.

**Results:** At discharge, around 75% of people considered that they were in better health than before starting treatment, 60% believed that their quality of life was good or very good, 72% considered that their life had a lot or some meaning and 75% maintained abstinence from the substance for which they were in treatment.

Regarding quality of life (WHOQOL BREF) in people with discharge from treatment, the domain with the lowest score was the one of personal relationships.

Opiate patients were the ones with the lowest scores, with physical health values being highlighted. In terms of gender, women scored worse than men, especially in psychological health.

**Conclusions:** The results obtained indicate that the biopsychosocial and interdisciplinary treatment of addictions at the Addictions Institute of Madrid City Council improves the overall quality of life

and the perception of health. These changes are largely maintained over time, including abstinence.

**Disclosure of Interest:** None Declared

## EPV0092

### Addiction Hospital Emergency Department: A Five-Year Performance Review

R. Peric<sup>1\*</sup>, E. Novakovic<sup>2</sup>, O. Sbutega Filipović<sup>1</sup>, M. Radusin Čkautović<sup>1</sup> and D. Raketić<sup>1</sup>

<sup>1</sup>Special Hospital for Addiction Disorders and <sup>2</sup>Dr Laza Lazarevic Clinic for Mental Disorders, Belgrade, Serbia

\*Corresponding author.

doi: 10.1192/j.eurpsy.2025.982

**Introduction:** Addictive disorders are chronic, highly recurrent conditions that often require long-term treatment and a multidisciplinary approach. Exacerbation of a chronic disorders presents a special challenge and requires a quick response from the medical team. Emergency services implement life-saving interventions on a daily basis.

**Objectives:** The objective of this study is to point out the importance of the Emergency Service and the provision of adequate medical care to people who need emergency intervention due to the abuse of psychoactive substances.

**Methods:** This retrospective study was conducted from January 2018 to January 2023 and included 4337 persons. Data was collected from the Special hospital for addiction disorders in Belgrade, Serbia, using a sociodemographic questionnaire and medical documentation. All included participants were users of the Emergency services. Unknown persons were excluded from the research.

**Results:** Out of a total of 4337 participants, 76% were male with an average age of  $37.71 \pm 9.94$ , while 24% were female with an average age of  $37.89 \pm 11.42$ . Opiate withdrawal syndrome was the most common reason for presentation in both sexes. However, it should be noted that the incidence of occurrence in men is significantly higher (68%), while in women it is slightly lower (close to 50%). Statistically significantly more women appear due to symptoms of acute alcohol intoxication ( $p < 0.05$ ), as well as intoxication with hypnotics and withdrawal symptoms from the anxiety-depressive spectrum. Comparing the reasons for reporting throughout the monitoring period of 5 years, with the exception of 2022, the trend of reporting did not change significantly. Opiate withdrawal syndrome is the most common, followed by acute alcohol intoxication, polytoxicomania and marijuana use.

**Conclusions:** The Emergency Service is of great importance because a large number of patients are cared for on an annual basis due to various symptoms of addiction. In addition to the training and readiness of the medical team, joint work and coordination of other emergency service institutions is also needed for the most efficient care.

**Disclosure of Interest:** None Declared

## EPV0093

### Psychosocial functioning of individuals at risk of developing compulsive buying disorder

K. Rachubińska<sup>1\*</sup>, A. M. Cybulska<sup>1</sup>, D. Schneider-Matyka<sup>1</sup>, M. Stanisławska<sup>1</sup> and E. Grochans<sup>1</sup>

<sup>1</sup>Department of Nursing, Pomeranian Medical University, Szczecin, Poland

\*Corresponding author.

doi: 10.1192/j.eurpsy.2025.983

**Introduction:** Personality-related correlates are significant factors associated with compulsive buying. The Big Five personality traits can be a risk factor or a protective factor for addiction.

**Objectives:** This study aimed to establish the connection between depressiveness, workaholism, eating disorders, and personality traits, according to the five-point model called the Big Five, in women with a risk of compulsive buying disorder.

**Methods:** The study was conducted on 556 Polish women from the West Pomeranian Voivodeship. The study employed the diagnostic survey method using a questionnaire technique including Personality Inventory NEO-FFI, the Buying Behaviour Scale, the Beck Depression Inventory I-II, the Three-Factor Eating Questionnaire, and a self-questionnaire.

**Results:** The analysis revealed the risk of compulsive buying being accompanied by a higher median score for depressiveness, neuroticism, Cognitive Restraint of Eating, Uncontrolled Eating, and a risk of workaholism. A lower score in the respondents in the compulsive buying risk group was observed in an assessment of agreeableness and conscientiousness. Work addiction was exhibited by 26% of people with compulsive buying disorder vs. 12% of people without it.

**Table 1.** Descriptive statistics for selected scales with respect to the risk of the compulsive buying disorder.

Selected Scales	Total (n = 556)	Norm (n = 483) Group 1	Risk of Compulsive Buying (n = 73) Group 2	p
BDI I-II Me (Q1–Q3)	4.5 (1.0–10.0)	4.0 (1.0–9.0)	8.0 (1.0–15.0)	0.021
Neuroticism acc. to NEO-FFI, Me (Q1–Q3)	21.0 (15.0–28.0)	21.0 (15.0–28.0)	24.0 (20.0–32.0)	0.003
Openness to experience acc. to NEO-FFI, Me (Q1–Q3)	26.0 (23.0–31.0)	26.0 (23.0–31.0)	26.0 (23.0–30.0)	0.774
Agreeableness acc. to NEO-FFI, Me (Q1–Q3)	30.0 (27.0–34.0)	31.0 (27.0–34.0)	27.0 (24.0–32.0)	<0.001
Conscientiousness acc. to NEO-FFI, Me (Q1–Q3)	34.0 (29.0–38.0)	34 (30.0–39.0)	30.0 (25.0–38.0)	0.028
Cognitive Restraint of Eating acc. to TFEQ-13, Me (Q1–Q3)	6.0 (4.0–8.0)	6.0 (4.0–8.0)	7.0 (5.0–9.0)	0.004
Uncontrolled Eating acc. to TFEQ-13, Me (Q1–Q3)	5.5 (4.0–7.0)	5.0 (4.0–7.0)	7.0 (5.0–8.0)	0.019
WART, Me (Q1–Q3)	53.0 (45.0–62.0)	51.0 (44.0–61.0)	60.0 (51.0–66.0)	<0.001
Addiction to work acc. to WART, n (%)	79	60 (12.42%)	19 (26.03%)	<0.001