

about its role in the complaints on anxiety and depression (with or without direct or through sleep quality).

Objectives: The aim was to reveal direct and indirect effects of sleep behavior on subjective sleep quality, anxiety and depression.

Methods: 174 people aged 17–57 without diagnosed sleep disorders filled the Scale of Behavioral Factors of Sleep Disturbances (Rasskazova, Leonov, 2020), Insomnia Severity Index (Morin, 1993), Hospital Scale of Anxiety and Depression (Zingmond, Snaith, 1983), Beck's Anxiety and Depression Inventories (Beck, Steer, 1993, Beck et al., 1996).

Results: Taking medications and non-medications before sleep, alcohol, tonic drinks and using gadgets in the evening, delaying bedtime, self-limitations after poor nights, poor adherence to the regimen and postponement of the morning rise were characterized by an indirect effect on anxiety and depressiveness through poor sleep ($|\beta|=0.03-0.24$). Self-limiting behavior and delaying the morning rise are associated with higher levels of anxiety and depression, even in the absence of sleep-related complaints ($\beta=0.23-0.34$, $p<0.01$).

Conclusions: Based on the data we suggest that the dysfunctional role of behavior on anxiety and depression is predominantly indirect (through the perpetuation of complaints), but it can also be direct (regardless of complaints of sleep disorders). Research is supported by the Russian Foundation for Basic Research, project No. 20-013-00740.

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Keywords: Anxiety; Depression; sleep-related behavior; sleep quality

Addictive disorders

EPP1303

Sleep problems in opioid dependent patients maintained on buprenorphine

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Introduction: Opioid dependent individuals frequently complain of sleep problems in withdrawal and during abstinence.

Objectives: The objectives were to assess the subjective sleep parameters among buprenorphine-maintained opioid-dependent patients and to correlate it with socio-demographics, concomitant drug use and treatment related variables

Methods: Using a cross-sectional study design, 106 hundred six opioid-dependent patients maintained on buprenorphine for at least six months and on same dose in past month were interviewed. Sleep was assessed by Pittsburgh sleep quality index (PSQI) and Epworth sleepiness scale. Association between subjective sleep parameters, socio-demographics, concomitant drug use and treatment related variables was also studied.

Results: All participants were males. Their mean age was 41.1 years (SD:14.3). The mean duration of illicit opioid use was 10 years

(IQR: 5,22). About 63.2% (n=67) had PSQI scores more than 5 denoting sleep problem. The scores obtained in Epworth Sleeping Scale were in normal range. Mean subjective total sleep time of the sample was 403.5 (SD 94.8) minutes and median sleep latency was 35 (IQR 18.8, 62.5) minutes. Subjective total sleep time was significantly higher in participants who had use tobacco in the past three months (p value=0.03) and who were in moderate ASSIST risk category (p value=0.04). Subjective sleep latency was significantly higher (p value=0.04) in participants who had used opioids in last three months. It was observed that age was a significant predictor of subjective total sleep time and OST compliance was a significant predictor of sleep latency.

Conclusions: A sizeable proportion of opioid dependent patients on buprenorphine have sleep problems

Keywords: opioid dependence; buprenorphine; sleep; sleep problems

EPP1304

Patterns of alcohol consumption in european pregnant women with alcohol use disorder

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Introduction: Prenatal alcohol exposure can have a negative impact on a child's neurocognitive development. Still, about 16% of European women maintain alcohol consumption, even after knowing they are pregnant. Several studies have shown that alcohol use patterns alter drastically during pregnancy. However, little is known about how these change in women with Alcohol Use Disorder (AUD) diagnosis.

Objectives: To understand the impact of pregnancy on alcohol use patterns in women at high risk or with previous AUD diagnosis.

Methods: Bibliographic research was made through the PubMed/NCBI database. No time limit was specified on the search. Pertinent manuscripts were individually reviewed for additional relevant citations.

Results: Several factors influence alcohol consumption during pregnancy, including financial status, educational level, and high levels of psychological stress. Although older age at the onset of pregnancy is deemed a risk factor for alcohol consumption, women of 25 or fewer years of age are at higher risk for AUD, as are those with a history of criminal behaviour and family history of AUD. Pregnancy seems to play a critical role in altering alcohol use patterns, reducing the risk of AUD in about 70%, regardless of pregnancy trimester. This is seen even in women who present high-risk factors for AUD.

Conclusions: Pregnancy presents itself as a behavioural change promoter and should be regarded as a window of opportunity for intervention in women with AUD. However, there are few studies that focus on alcohol consumption patterns specifically in women with AUD, whereby making it necessary to extrapolate the available data.

Keywords: alcohol consumption patterns; pregnancy; alcohol use disorder

EPP1305

A mixed-methods analysis of patient safety incidents involving opioid substitution treatment with methadone or buprenorphine in community-based care in England and Wales

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Introduction: There is a paucity of knowledge and understanding of medical error in opioid substitution treatment programmes.

Objectives: To characterise patient safety incidents involving opioid-substitution treatment with methadone or buprenorphine in community-based care to identify the sources and nature of harm, describe and interpret themes and use this qualitative analysis to identify priorities to focus future improvement work.

Methods: We undertook a mixed-methods study examining incidents involving opioid substitution treatment with methadone or buprenorphine in community-based care submitted between 2005 and 2015 from the National Reporting and Learning System, a repository of incident reports from England and Wales. We analysed each report using four frameworks to identify incident type, contributory factors, incident outcome and severity of harm. Analysis involved detailed data coding and iterative generation of data summaries using descriptive statistical and thematic analysis.

Results: 2,284 reports were identified. We found that most risks of harm came from failure in one of four processes of care delivery: prescribing opiate-substitution (n=151); supervised dispensing errors (n=248); non-supervised dispensing errors (n=318); and monitoring and communication activities (n=1544). Most incidents resulting in harm involved supervised or non-supervised dispensing (n=91/127, 72%). Staff- (e.g. mistakes, not following protocols) and organisation-related (e.g. poor working conditions or poor continuity of care between services) contributory factors were present for over half of incidents.

Conclusions: We have identified four processes of care delivery and associated contributory factors, which represent potential target areas for healthcare systems worldwide to develop interventions to improve the safe delivery of opioid substitution treatment.

Keywords: Opioid; Patient safety; Mixed methods

EPP1307

Family functioning and therapeutic success in detoxification in dual diagnosis patients

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Introduction: Voluntary dropouts before completion of inpatient psychiatric treatment are common in patients with dual disorders.

However, the socioeconomic profile and family structure of patients who undergo a therapeutic program may correlate with their motivation and participation in the treatment received, as well as with their subsequent recovery.

Objectives: To evaluate the family typology of patients with dual diagnosis according to the degree of intrafamily cohesion and adaptability correlated with the prediction of therapeutic success and the risk of voluntary abandonment of hospital detoxification treatment.

Methods: A total of 211 patients admitted to an inpatient psychiatric unit with substance use disorders were studied. Data were obtained from two sources: (1) interview of participants, (2) review of participants' medical records using the Maudsley Addiction Profile (MAP) and the Family Cohesion and Adaptability Assessment Scale (FACES III).

Results: The 127 subjects who completed the hospital detoxification program had significantly lower MAP and FACES III scores at baseline than the 84 subjects who did not complete the study. Those who did not complete the admission reported greater addictive severity and poorer family functioning. Family cohesion and adaptability measured with FACES III and addictive severity assessed with MAP positively correlated with successful compliance with the hospital treatment program for dual diagnosis patients.

Conclusions: These findings reveal the association of psychosocial and family determinants and addictive severity with treatment completion and subsequent prognostic evolution. Recognizing these predictive characteristics may allow early identification of patients at higher risk of early dropout and prevent it by increasing the intensity of treatment.

Keywords: dual diagnosis; family functioning; patient dropout; drug detoxification

EPP1308

Latent by-product of substance use: Burden of care

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Introduction: Substance use affects it's user and also risks the health of the caregivers.

Objectives: Identify persons at risk of developing substance use disorder, assess the burden borne by the caregivers and development of psychiatric illness.

Methods: Clinical assessment based on DSM-V criteria was performed for SUD diagnosis. Data was recorded using Substance use risk profile scale (SURPs) on the patient and the caregivers were evaluated using M.I.N.I. International Neuropsychiatric Interview (M.I.N.I) and caregiver's strain index (CSI).

Results: 81 participants-96% were male, mean age 32.4 years, 53.1% married, 72.8% employed and 52% lived in joint family system). The substance use ascertained were alcohol 24.7%, benzodiazepines 21%, cannabis 34.6%, opioid 30.9% and others 4.8%. 50% had substance use lasting 2-9 years. 50.6% reported starting as a recreation and the perpetuating factor for 49.4%. was emotional distress. 44% quit due to family pressure. On SURP, 85.2% demonstrated anxiety sensitivity, 96.3% were hopeful, 66% sensation seeking and 77% were impulsive. Caregiver mean age was 37.8 years, with two-third being parents and spouses. The burden reported was sleep