changes in consumption patterns and has both physical and mental health consequences

Objectives: This study aims to analyze how age influences the clinical characteristics of patients with Substance Use Disorder (SUD), comparing differences between older and younger users.

Methods: A total of 297 SUD patients participated in this study. They were divided into two groups: those aged 55 and older (G1) n= 88, and those younger than 55 (G2) n= 209. The SF-36 questionnaire was used to assess quality of life, the BIS-11 for impulsivity, the ASRS v1.1 for ADHD, the STAI-R for anxiety, and the AQ for autistic traits. All participants provided informed consent, and the study adhered to ethical guidelines.

Results: G1 showed better social functioning (SF-36) but a significant physical decline compared to G2. G1 also demonstrated lower levels of impulsivity (BIS-11), aggression, anxiety (STAI-R), and ADHD symptoms (ASRS), though higher autistic traits (AQ) were observed in G1.

Conclusions: Ageing reduces impulsivity, aggression, anxiety, and ADHD symptoms in individuals with SUD, but worsens physical health and may increase social isolation and autistic traits. These findings underscore the need to adapt SUD treatments according to age, addressing both physical and psychosocial challenges specific to each group.

Disclosure of Interest: None Declared

EPP352

Can temperament dimensions predict treatment outcome in inpatients with substance use disorders?

E. Santens[1,2]*, E. Dierckx[3,4], G. Dom[2] and L. Claes[2,5]

[1]Addiction Psychiatry, Alexian Psychiatric Hospital, Tienen; [2]Faculty of Medicine and Health Sciences, University of Antwerp, Antwerp; [3]Developmental and Life Span Psychology, Vrije Universiteit Brussel, Brussels; [4]Alexian Psychiatric Hospital, Tienen and [5]Faculty of Psychology and Educational Science, KU Leuven, Leuven, Belgium
*Corresponding author.
doi: 10.1192/j.eurpsy.2025.639

Introduction: Substance use disorders are among the leading causes of morbidity and mortality worldwide. SUDs are highly comorbid with other mental health disorders. Given this comorbidity, a transdiagnostic view on treatment, seems appropriate. Within such a transdiagnostic perspective, treatment outcome can be described as a decrease in comorbid clinical symptomatology and not merely in terms of abstinence/relapse in substance use. A promising transdiagnostic factor within the RDoC framework is temperament, more specifically reactive and regulative temperament. According to the dual pathways model, psychopathology arises from an imbalance between two complementary neurobiological systems: the bottom-up reactivity system in terms of behavioral inhibition (BIS) and behavioral activation (BAS) (reactive temperament) and the top-down regulation in terms of Effortful Control (EC) (regulative temperament).

Objectives: We want to investigate whether reactive (BIS/BAS) and regulative temperament (EC) are associated with treatment outcome in terms of a decrease in clinical symptomatology in a sample of adult inpatients with a SUD. When these temperamental factors turn out to be significant predictors of clinical symptomatology, treatment interventions targeting reactivity (high BAS or BIS level) or aiming at strengthening EC could possibly result in

better treatment outcomes for patients with SUDs and comorbid disorders.

Methods: The sample consisted of 612 inpatients with a SUD ((76,5% males, mean age 42,9 years) admitted at a specialized treatment unit for addiction. At the start of the treatment (pre) self-report questionnaires were administered to assess the reactive temperament dimensions (the Behavioral Inhibition/Behavioral Activation System Scales), the regulative temperament dimension (the Effortful Control Scale from the Adult Temperament Questionnaire) and clinical symptomatology (Symptom-Checklist-90-Revised, SCL-90-R). At discharge, the SCL-90-R was administered again to assess treatment effectiveness (post).

Results: Paired sample t-test showed significant decreases between pre- and posttreatment symptom scores indicating that treatment was effective in decreasing symptomatology. A hierarchical regression analysis showed that higher levels of EC were associated with a stronger decrease in levels of psychological symptoms and that higher levels of BIS were associated with a lower decrease. There was however no moderating role of EC in the relation between reactive temperamental dimensions and treatment outcome.

Conclusions: We found that reactive and regulative temperament could predict psychological symptomatology after a residential treatment period of 8 weeks in a specialized addiction unit. These results point out that interventions aiming at either strengthening EC or lowering anxiety (BIS) could possibly result in better treatment outcomes for patients with SUDs their comorbid disorders.

Disclosure of Interest: None Declared

EPP353

Emotional Dysregulation, Impulsivity, and Interoceptive Awareness in Individuals with Alcohol Use Disorder

F. Seven[1] and M. B. Sönmez[2]*

[1]Psychiatry, Edirne Uzunköprü State Hospital and [2]Psychiatry, Trakya University School of Medicine, Edirne, Türkiye
*Corresponding author.
doi: 10.1192/j.eurpsy.2025.640

Introduction: Impairment in emotion regulation and impulsivity are components of addiction-related mechanisms. The ability to perceive the internal state of the body is known as interoceptive awareness (IA). Impaired IA is believed to contribute to the development and progression of alcohol use disorder (AUD). IA is considered to have two dimensions: interoceptive accuracy (IAc), which measures precise monitoring of bodily sensations, and interoceptive sensibility (IS), which reflects the subjective experience of these sensations. Traits associated with alcohol use vulnerability, such as emotional dysregulation and impulsivity, may also be linked to IA.

Objectives: Our objective was to compare emotional dysregulation, impulsivity, IAc, and IS levels between abstinent patients with AUD and healthy controls. Additionally, we aimed to investigate potential associations between the dimensions of IA and emotional dysregulation and impulsivity.

Methods: The study included 52 abstinent patients with AUD and 52 healthy control subjects. Of the participants, 92.3% (n=48) in each group were male, and 7.7% (n=4) were female. Emotional dysregulation was assessed using the 16-item Difficulties in Emotion Regulation Scale (DERS-16), and impulsivity was measured

using the Barratt Impulsiveness Scale 11 (BIS-11). IAc was evaluated using the heart rate tracking task, which assessed participants' awareness of their own heartbeat by comparing the number of heartbeats they perceived with an objective heart rate measurement. IS was measured using the Multidimensional Assessment of Interoceptive Awareness Version 2 (MAIA-2). The study included patients who had completed detoxification and been abstinent for at least three weeks while participating in or undergoing a 28-day abstinence-based inpatient treatment program.

Results: Individuals with AUD scored significantly higher on self-reported measures of emotional dysregulation (AUD group: 41.50 ± 17.66; control group: 31.19 ± 8.93; $p < 0.001$, F = 14.106) and impulsivity (AUD group: 61.63 ± 12.30; control group: 53.06 ± 7.50; $p < 0.001$, F = 17.828), and significantly lower on the heart rate tracking task (IAc) (AUD group: 0.65 ± 0.15; control group: 0.84 ± 0.13; $p < 0.001$, F = 43.615). No significant difference was found in self-reported IS scores (AUD group: 114.06 ± 21.38; control group: 113.37 ± 13.52; $p = 0.844$, F = 0.039). There was a significant correlation between emotion dysregulation and impulsivity scores (r = 0.633, $p < 0.001$). IAc and IS scores showed significant negative correlations with emotional dysregulation scores (r = -0.243, $p = 0.013$; r = -0.425, $p < 0.001$, respectively) and impulsivity scores (r = -0.204, $p = 0.038$; r = -0.416, $p < 0.001$, respectively).

Conclusions: Our findings support the hypothesis that emotional dysregulation and impulsivity, which are linked to the development and progression of AUD, are associated with interoceptive processes.

Disclosure of Interest: None Declared

Anxiety Disorders and Somatoform Disorders

EPP354

Factors affecting anxiety in patients with multiple sclerosis

N. Ben Hamed[1]*, K. Mahfoudh[1], A. Aissa[1], A. Souissi[2] and R. Jomli[1]

[1]psychiatry A , razi hospital and [2]neurology department , LR18SP03 and Clinical Investigation Center Neurosciences and Mental Health - university hospital center Razi, Manouba , Tunisia
*Corresponding author.
doi: 10.1192/j.eurpsy.2025.641

Introduction: Anxiety is a common and often debilitating condition in individuals with Multiple Sclerosis (MS), significantly affecting their quality of life. The challenges associated with managing MS symptoms and the potential for disability can contribute to increased levels of psychological distress.

Objectives: The aim of our study was to determine the prevalence of anxiety and identify the its associated factors.

Methods: A cross-sectional study was conducted in the neurology department of Razi University Hospital (Tunisia) between October 2023 and June 2024. Patients with a diagnosis of MS based on the 2017 McDonald criteria were recruited, excluding those with active disease relapses. Participants completed questionnaires covering sociodemographic data, medical history, clinical and radiological characteristics, disability status, and psychological symptoms. Depression, anxiety and stress were assessed using the DASS-21 scale. Insomnia was evaluated using the Pittsburgh Sleep Quality Index (PSQI). Data analysis was performed using SPSS version 26.

Results: A total of 83 patients with MS were recruited, with ages ranging from 19 to 66 years. The study population had a predominantly female sex ratio of 3.4. The majority of participants (75.9%) were from urban areas, and 74.7% had a university-level education. Moreover, 49.1% were married, and 60.2% were employed. Regarding medical history, 40.3% had a comorbid condition, and 30.1% had a psychiatric history. The mean age at disease onset was 26 ± 10 years, and the most common clinical presentations were sensory and pyramidal symptoms.

The median time since the last relapse in our sample was 24 months .In our sample, first-line treatments (interferon, glatiramer acetate, teriflunomide, dimethyl fumarate) were prescribed to 27.7% of patients. Second-line treatments (natalizumab, ocrelizumab, fingolimod) were prescribed to 69.9% of patients

In our study, the prevalence of anxiety was 55.4%. In our population , 26.5% of the patients had severe anxiety. A significant association was found between anxiety and female gender (p=0.02), stress (p<0.001), and insomnia (p=0.003).

Conclusions: The findings indicate that anxiety is a considerable concern for individuals with MS. Addressing this mental health issue is essential for healthcare providers to offer effective support. By prioritizing mental health, we can enhance the overall well-being of individuals living with MS and improve their quality of life.

Disclosure of Interest: None Declared

EPP355

Influence of Demographic and Socioeconomic Factors on Mental Exhaustion and Social Exclusion in the Workplace

E. D. Cindik-Herbrueggen

Psychiatry, Neuro-Psychiatric Center, München, Germany
doi: 10.1192/j.eurpsy.2025.642

Introduction: Mental exhaustion and social exclusion are significant challenges in the workplace that can negatively affect well-being and job performance. Various demographic and socioeconomic factors may differently impact these phenomena. This study examines how age, gender, marital status, educational level, number of children, employment status, origin, and generation influence mental exhaustion and social exclusion in the workplace.

Objectives: The primary objective of this investigation is to explore and analyze the relationships between demographic and socioeconomic factors and the dimensions of mental exhaustion and social exclusion. The study aims to identify differences and interactions among various factors, as well as to gain a deeper understanding of their impact on workplace well-being.

Methods: The research was conducted by Dr. Elif Cindik, psychologist Merve Gediz, and psychology student Dicle Mutlu. A total of 73 participants were surveyed. Standardized questionnaires