and to explore their implications for the management and prevention of bipolar disorder hospitalizations.
Note: We intend to increase the number of years included and episodes.

Disclosure of Interest: None Declared

Addictive Disorders

O048

Simultaneous blockade of α1b-adrenergic and 5HT2A-serotonergic receptors for the treatment of alcohol use disorder: a randomized, placebo-controlled proof-of-concept phase-2 trial

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Introduction: Alcohol use disorder (AUD) is associated with increased dopaminergic activity, and evidence suggests that α1b-adrenergic and 5HT2A serotonergic receptors play critical roles in modulating dopamine-mediated behavioral responses. Preclinical studies indicated that simultaneous blockade of these receptors with prazosin (α1b blocker) and cyproheptadine (5HT2A blocker) can reduce alcohol preference. This phase 2 clinical study aimed to evaluate the efficacy and safety of this combination in reducing alcohol consumption among patients with severe AUD.
Objectives: The primary objective of the study was to assess the efficacy and safety of a combination of prazosin extended-release (ER) and cyproheptadine in reducing total alcohol consumption (TAC) in patients with severe AUD.
Methods: This was a phase 2, double-blind, parallel-group, placebo-controlled, randomized clinical trial conducted across 32 addiction treatment centers in France. A total of 154 participants (108 men and 46 women) with severe AUD were randomly assigned to one of three treatment groups for 3 months: 1) low-dose group (LDG) with 8 mg cyproheptadine and 5 mg prazosin ER daily, 2) high-dose group (HDG) with 12 mg cyproheptadine and 10 mg prazosin ER daily, or 3) placebo group (PG). The primary outcome was the change in TAC from baseline to Month 3. Secondary outcomes included changes in heavy drinking days, abstinence days, Obsessive Compulsive Drinking Scale (OCDS), and Beck Depression Inventory (BDI) scores. Safety was assessed through adverse events (AEs), sedation, and orthostatic hypotension (OH).
Results: A significant main treatment effect in TAC change was observed in the intent-to-treat (ITT) population (p=0.039). Compared to the placebo group, the HDG showed a greater reduction in TAC from baseline to Month 3 (-23.6 g/day, p=0.016, Cohen's d=-0.44), while the LDG also showed a reduction (-18.4 g/day, p=0.048). In the very high-risk drinking level subgroup (>100g/day of pure alcohol for men and >60g/day for women), the HDG showed a reduction of -29.8 g/day compared to the PG (p=0.031, d=-0.51). A significant dose-response relationship (p=0.027) was observed. Both low and high doses were well-tolerated, with AEs predominantly mild or moderate. No serious adverse events were reported in the HDG, and OH incidence was comparable across groups.
Conclusions: The combination of prazosin and cyproheptadine showed efficacy in reducing alcohol consumption in individuals with severe AUD, with a larger effect observed in the high-dose group. Both doses were well-tolerated, with a safety profile comparable to placebo. These findings suggest that the prazosin-cyproheptadine combination may be a promising treatment option for severe AUD and warrant further investigation in phase 3 trials.

Disclosure of Interest: J. Guiraud Shareolder of: Vergio, Employee of: Vergio

O050

Patient-reported measures in substance use disorder treatment services: a scoping review and preliminary results from a multicenter study

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Introduction: Patient-centered treatment and care is a key quality standard within substance use disorder (SUD) treatment services. Patient-Reported Outcome and Experience Measures (PROMs and PREMs) allow us to collect direct feedback from patients on how they perceive health outcomes and quality of care in a systematic way.
Objectives: To identify current practices regarding the use of PROMs and PREMs in clinical practice in SUD treatment services and to develop an electronic self-report tool for routine assessment of PROMs and PREMs in SUD treatment services in Belgium.
Methods: We present results from a scoping review, identifying studies reporting on the use and routine implementation of PROMs and PREMs in SUD services. Additionally, preliminary results from a naturalistic longitudinal multicenter study assessing self-reported sociodemographic characteristics, clinical factors, PROMs, and PREMs in N=189 adults who recently started treatment for SUD in various treatment modalities are presented: the OMER-BE study (Outcome Measurement and Evaluation as a Routine practice in alcohol and other drug services in Belgium).
Results: There is an increasing use of patient-reported measures in SUD services. However, there is large variation in the patient-reported measures that are used, how they are developed, and how and when patient-reported data are collected. The most important barriers and facilitators to the implementation of PROMs and PREMs in clinical practice include burden to and involvement of staff, and leadership and technical support. Alcohol and cocaine were the most commonly used substances among participants of the OMER-BE study, with 59.7% of participants reporting polysubstance use. The 45-, 90-, and 180-day follow-up assessments were completed by 64%, 59% and 54% of participants respectively. At 180-day follow-up, 56% of respondents were still in treatment for SUD.
Conclusions: Guidance is needed to support clinicians in selecting and implementing valid, meaningful, and comparable patient-

reported measures to understand and benefit from the impact that PROMs and PREMs can have on treatment quality and outcome. The OMER-BE study provides an example of the insights that can be gained into patient needs through the use of an electronic self-report tool assessing PROMs and PREMs.

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Bipolar Disorders

O051

Clinical characteristics associated with future clozapine treatment among patients with bipolar disorder: A nationwide register-based study of 29,696 patients

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Introduction: Despite the number of medications considered as effective in the treatment of bipolar disorder (BD), incomplete response to treatment is very prevalent (Perlis *et al.* Am J Psychiatry 2006;163(2):217-24). Existing evidence supports the effectiveness of clozapine for treatment-resistant BD (TRBD) with clinical guidelines recommending clozapine as a third-line treatment (Yatham *et al.* Bipolar Disord. 2018;20(2):97-170). There is evidence to support that a shorter delay before clozapine initiation is associated with a better response to this treatment (Griffiths *et al.* Psychol. Med. 2021;51(3):376-86).

Objectives: This study aimed to identify clinical and sociodemographic characteristics at the time of the first bipolar diagnosis associated with future clozapine treatment.

Methods: We performed a population-based cohort study using nationwide data from Danish registries to investigate factors associated with initiation of clozapine treatment in incident BD. Cox proportional hazard regression analyses were used to investigate associations between patients' characteristics at the time of the diagnosis of BD and a subsequent redemption of a prescription for clozapine, yielding hazard rate ratios (HRRs).

Results: We identified a total of 29,696 patients registered with their first (incident) ICD-10 diagnosis of BD between 1999 and 2019, of whom 102 (0.3%) received clozapine treatment during follow-up. The median age at the first prescription of clozapine was 48.6 years (25-75 percentile: 37.7-59.9). The multivariable Cox proportional hazards regression model showed that a prior diagnosis of psychotic disorder (other than schizophrenia or schizoaffective disorder) (HR: 2.10; CI: 1.13-3.93), having had three (HRR: 2.91; CI: 1.23-6.87), four (HRR: 2.89; CI: 1.15-7.24) or five or more (HRR: 3.17; CI: 1.19-8.44) previous psychopharmacological treatments prior to the diagnosis of BD, and being outside the labour force (HRR: 2.58; CI: 1.42-4.66) were positively associated with clozapine treatment after controlling for the remaining variables.

Conclusions: The results of this study suggest that there are clinical characteristics associated with subsequent clozapine treatment already at the time of diagnosis of BD. These findings may guide targeted interventions, such as an earlier initiation of clozapine treatment.

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O052

Relationship between daily rhythms and verbal memory in individuals with Bipolar Disorder

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Introduction: Cognitive function, particularly verbal memory, is often compromised in Bipolar Disorder (BD). While studying risk factors for cognitive deficits has not identified causal factors, focusing on protective factors that support verbal memory can help tailor interventions for individuals with BD.

Objectives: Investigate associations between daily rhythms and verbal memory in people with BD in full or partial remission.

Methods: This is a cross-sectional study. Participants were included if their Montgomery Asberg Depression Rating Scale (MADRS) score was ≤16 and Young Mania Rating Scale (YMRS) score was ≤8. Daily rhythms were assessed by self-report using the BRIAN scale, as was chronotype. Regularity and intensity of physical activity were measured with actigraphy, with devices worn on the wrist for up to ten days. Variables of interest included mean time per day in moderate to vigorous physical activity (MVPA), intensity and timing of the most active five hours per day (M5), and total intensity per 24 hours over the assessment period. Cognitive function was assessed using a validated, self-administered, web-based test platform for Norwegian-speaking participants, which included a verbal memory test. Actigraphy data were processed using specialized software to extract relevant metrics. Correlational analysis was conducted to evaluate the relationships between daily rhythms and verbal memory.