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Introduction: Behavioral addiction is well-established for gambling but still debatable for other pleasurable behaviors such as eating. Attachment style is defined as a psychological concept describing the dynamics of human interpersonal interactions. Studies investigating the influence of attachment style on food addiction are rare.

Objectives: The aim of the study was to evaluate the association between food addiction and the quality of attachment

Methods: A cross-sectional study was conducted online with a non-clinical population. All participants completed an anonymous e-questionnaire containing sociodemographic data, background, substance use and self-reported weight and height. Attachment style was assessed with the Relationship Scale Questionnaire (RSQ). Food addiction was screened with modified Yale food addiction scale questionnaire (mYFAS 2.0).

Results: A total of 114 individuals had fully responded to the questionnaire. The mean age was 32.28 ± 9.32 years with a sex ratio of 0.48. The mean BMI was $23.7 \text{ kg/m}^2 \pm 5.5$. Most of participants (64%) had an insecure attachment style and 36% had a secure one. The results of the mYFAS 2.0 showed that 11.4% of participants had a food addiction and 8.8% had a severe form. BMI was significantly associated with food addiction which was more common in participants who had a BMI greater than 22.2 kg/m^2 . A statically significant association between insecure attachment style and food addiction was found.

Conclusions: Our study showed the importance of studying attachment style in food addiction. More research is needed to prove the association between food addiction and different attachment styles.

Disclosure of Interest: None Declared

EPV0055

Patients with alcohol use disorder clustering based on definition of alcohol withdrawal syndrome

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Introduction: Alcohol withdrawal syndrome (AWS) is among the most severe components of alcohol dependence (AD). Severe AWS, especially complicated with seizures and delirium, was a common reason for medical complications and death. The introduction of benzodiazepines decreased but did not eliminate those risks. The definition of AWS evolved in different versions of Diagnostic and Statistical Manual for Mental Disorders (DSM) from having hand tremor plus one or more other symptoms in DSM-III-R to any two or more symptoms in DSM-IV, which was retained in the current version of DSM-5.

Objectives: Comparing subgroups of individuals with AUD based on AWS symptoms profile to define phenotypes for investigation of biological underpinnings of AWS phenomenology and treatment response.

Methods: Treatment-seeking individuals diagnosed with DSM-IV alcohol dependence (AD; n=473; 35.5% females) were assessed with Psychiatric Research Interview for Substance and Mental Disorders (PRISM), Timeline Follow back (past 90 days) alcohol consumption, Penn Alcohol Craving Scale (PACS), Pittsburgh Sleep Quality Index (PSQI), Patient Health Questionnaire-9 (PHQ9), and General Anxiety Disorder-7 (GAD-7). Latent class analysis was used to classify subjects according to lifetime prevalence of AWS symptoms according to DSM-III-R or DSM-IV/5. Demographic and other clinical variables were compared among clusters by linear model ANOVA and chi-squared test.

Results: Four clusters were identified: subjects with (1) no history of meeting any AWS criteria (n=50); (4) with complete number of AWS symptoms, meeting both DSM definitions (n=259); and two clusters of subjects with smaller number of AWS symptoms: (3) those meeting only DSM-IV/5 criteria (n=94) and (2) those also meeting DSM-III-R criteria (n=70). Compared to cluster 2, the Cluster 3 members had higher frequency of anxiety, insomnia, and restlessness during withdrawal. The clusters also differed in the total number of drinks (p=0.021), average drinks per drinking days (p=0.013), history of anxiety disorder (p=0.006), substance-induced depression (p=0.019), and higher scores of PSQI (p<0.001), PHQ9 (p<0.001), and GAD-7 (p<0.001) with a relative increase in frequency between clusters as follows 1<2<3<4. Group 4 also had the highest percentages of subjects with history of seizure, delirium or hallucinations.

Conclusions: Different definitions of AWS capture clusters of AD patients with different symptomatology, comorbidity and consumption patterns. Understanding of biological underpinnings behind those differences may guide improvement in personalized treatment selection.

Disclosure of Interest: None Declared

EPV0059

Addiction to Ultra -Processed Foods In the general population

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Introduction: In recent decades, the global rise in obesity and related diseases has led researchers to investigate factors like ultra-processed foods (UPF), known for promoting overconsumption due to their low cost and hyper-palatable design. Studies link UPF to obesity, cardiovascular diseases, and type 2 diabetes, while the concept of food addiction to UPF has emerged to explain compulsive eating. Although not yet officially recognized, UPF addiction calls for urgent public health strategies to regulate their production and consumption.

Objectives: We aim to assess addiction to ultra-processed foods in the general population, its effects on mental and physical health, and explore the factors influencing these eating behaviors to propose intervention approaches for preventing and treating this form of addiction.

Methods: A questionnaire assessed ultra-processed food addiction in the general population, along with its health effects and factors influencing this behavior. A multivariate analysis, including a logistic regression model, measured the impact of different variables on this addiction.

Results: Using the YFAS 2.0 scale, 16.2% of participants show dependence on ultra-processed foods, mostly in mild to moderate forms. Logistic regression reveals that addiction is associated with being female, overweight or obese, and having low perceived well-being, increasing the risk by 6.8, 4.9, and 7.6 times, respectively. These findings suggest that food addiction is influenced by both biological (e.g., BMI) and psychological (e.g., well-being) factors.

Conclusions: The literature shows that addiction to ultra-processed foods, though not officially recognized, is associated with overconsumption behaviors and various health issues, including obesity and cardiovascular diseases. These foods, designed to be highly palatable, activate the brain's reward circuits. Public health strategies, such as regulation and labeling, are essential to prevent negative health impacts.

Disclosure of Interest: None Declared

EPV0060

Everyday Financial Functioning of People with Alcohol Use Disorder

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Introduction: Alcohol Use Disorder (AUD) and its comorbidities can have a tremendous negative impact on various activities of daily living, including the capability to manage one's finances. Adequate financial functioning is essential for an individual's health and well-being and is key to leading an autonomous and independent life. Problems with financial functioning can have far-reaching personal and legal consequences, and may lead to financial insecurity or poverty, financial victimisation, placement under guardianship, and reduced opportunities for social and societal participation.

Objectives: To evaluate the financial situation and the strengths and weaknesses in the everyday financial functioning of individuals with AUD.

Methods: The financial situation and financial performance of an AUD group (n = 52) were compared to a control group (CG) (n = 95), using the Financial Performance Scale (FiPS). In addition, associations between financial performance and everyday contextual factors (i.e., income, depressive symptoms (i.e., Beck Depression Scale - II), social support (i.e., Brief Perceived Social Support Questionnaire)) were explored.

Results: As compared to the CG, the AUD group reported to have a significantly poorer financial situation, including lower income levels, more frequent debts, and fewer savings. Furthermore, the AUD group reported a significantly poorer overall financial performance (FiPS total score) than the CG, and significant group differences were observed for relatively complex financial tasks,

such as financial goal setting and doing tax returns. The difficulties in financial performance of the AUD group were, however, considered as relatively mild, since most aspects of financial performance (i.e., FiPS item scores) did not differ between groups. In the total sample, a better financial performance was significantly associated with a higher income, more perceived social support, and fewer depressive symptoms.

Conclusions: Individuals with AUD reported a poorer financial situation and more difficulties with performing complex financial tasks compared to controls. These reported weaknesses may stem from cognitive and affective impairments associated with AUD, as well as from a scarcity of financial resources. Since a vicious cycle may exist between financial problems and AUD symptoms, it is relevant to enhance the financial well-being of those individuals with AUD who experience financial difficulties.

Disclosure of Interest: None Declared

EPV0061

Evaluation of the use of anxiolytics among students from Gabes Institute of Nursing Sciences

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Introduction: The use of anxiolytics is a complex phenomenon, increasingly affecting the student population. Inappropriate use of this type of treatment can lead to abuse and even dependence.

Objectives: To study the prevalence of dependence on anxiolytics, particularly benzodiazepines BZD in this population and to identify its associated factors.

Methods: This was a cross-sectional descriptive study carried out among students from Gabes institute of nursing sciences, for a period of two months (March to May 2024).

Data were collected using an online anonymous questionnaire from Google form that we distributed via Messenger social network.

We used the Benzodiazepine Attachment Cognitive Scale (BACS) to study BZD dependence.

A score ≥ 6 enables to differentiate between dependent and non-dependent patients.

Results: We collected data from 135 students. Our sample included only 33 students.

The mean age of our population was 21.30 ± 1.51 years and the sex ratio (M/F) was 0.65.

Consumption of psychoactive substances (PAS) was reported by 21 students (63.63%): tobacco by 21.2%, coffee by 12.2% and alcohol by 12.2%.

All students reported having taken benzodiazepines BZD.

In our study, 13 students (39.4%) reported having used BZDs 1 or 2 times in their lives (for experimental purposes). Daily use of BZDs was not reported.

The mean score of the ECAB scale was 6.93, with extremes of [3-10]. According to our results, dependence on BZD was clearly predominant, found in 28 students (84.8%). No correlation was found between the socio-demographic characteristics and the presence of anxiolytic dependence.

BZD dependence (assessed by the ECAB scale) was correlated with coffee consumption ($p=0.03$), unlike for other substances (tobacco, alcohol, cannabis).