

**Conclusions:** MyWayUp has shown efficacy in improving treatment retention and adherence as well as in improving abstinence rates.

**Disclosure of Interest:** None Declared

## EPP082

### Alexithymia, Pain Sensitivity, and Interoceptive Awareness in Individuals with Alcohol Use Disorder

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**Introduction:** Alexithymia, the limited ability to recognize and describe emotions, reflects impairments in emotional awareness and is a prevalent dysfunctional trait in individuals with addiction. Pain is an interoceptive feeling processed through interoceptive pathways and serves as a homeostatic emotion that can motivate behavior. Pain sensitivity may play a role in the development and progression of alcohol use disorder (AUD). Interoceptive awareness (IA) refers to the ability to perceive the internal state of the body. Both interoceptive accuracy (IAc) and interoceptive sensibility (IS), the objective and subjective dimensions of IA, have been shown to be implicated in individuals with AUD.

**Objectives:** Our objective was to compare alexithymia, pain sensitivity, IAc, and IS levels between abstinent patients with AUD and healthy controls. Additionally, we aimed to investigate the potential associations between the dimensions of IA and both alexithymia and pain sensitivity.

**Methods:** The study comprised 52 abstinent patients with AUD and 52 healthy control subjects. 92.3% (n=48) of the participants in each group were male, and 7.7% (n=4) were female. Alexithymia was assessed using the 20-item Toronto Alexithymia Scale (TAS-20). Pain sensitivity was measured with the Pain Sensitivity Questionnaire (PSQ). IAc was assessed using the heart rate tracking task, which measured participants' awareness of their own heartbeat by comparing the number of heartbeats they perceived with an objective heart rate measurement. IS was evaluated 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 alexithymia (AUD group:  $53.35 \pm 11.83$ ; control group:  $44.63 \pm 6.43$ ;  $p < 0.001$ ,  $F = 21.768$ ) and significantly lower on the heart rate tracking task (IAc) (AUD group:  $0.65 \pm 0.15$ ; control group:  $0.84 \pm 0.13$ ;  $p < 0.001$ ,  $F = 43.615$ ). No significant difference was found in self-reported IS scores (AUD group:  $114.06 \pm 21.38$ ; control group:  $113.37 \pm 13.52$ ;  $p = 0.844$ ,  $F = 0.039$ ) or pain sensitivity scores (AUD group:  $5.22 \pm 1.67$ ; control group:  $5.18 \pm 1.06$ ;  $p = 0.892$ ,  $F = 0.018$ ). Alexithymia scores showed significant negative correlations with IAc scores ( $r = -0.256$ ,  $p = 0.009$ ) and IS scores ( $r = -0.361$ ,  $p < 0.001$ ). However, pain sensitivity scores did not significantly correlate with alexithymia ( $r = 0.083$ ,  $p = 0.402$ ), IAc ( $r = -0.103$ ,  $p = 0.299$ ), or IS scores ( $r = 0.136$ ,  $p = 0.169$ ).

**Conclusions:** Our findings support the hypothesis that alexithymia, which is linked to the development and progression of AUD, is associated with the dimensions of IA.

**Disclosure of Interest:** None Declared

## EPP083

### "Snowball" in the Treatment of Alcohol Use Disorder

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**Introduction:** Treatment motivation is very important in the treatment of alcohol and substance use disorders. The evaluation of motivation, which is seen as the first step in addiction treatment, will also help understand the person's interest and compliance with treatment. The lack of motivation of the person during the treatment process causes treatment abandonment and relapses.

An important issue in the treatment of alcohol use disorder is the trust of the person in the treatment. It is also important for the addict to have someone around him who has benefited from treatment, which is very important in terms of treatment compliance. With the influence of a person who has benefited from addiction treatment, the likelihood of applying for treatment and benefiting from treatment increases in a "snowball" manner.

**Objectives:** The aim of this study was to evaluate whether people who are treated for alcohol use disorder have a treatment motivation for those around them. It was aimed to examine whether the people who have been treated are important in increasing the trust in treatment for other patients.

**Methods:** The study included cases who applied to the Seferihisar State Hospital Psychiatry Outpatient Clinic with complaints of alcohol use. The sociodemographic information form was filled out during the individuals' first applications. The participants were asked whether there were people around them who had received inpatient treatment for alcohol use disorder at the hospital where the study was conducted, and the individuals were then administered the Readiness for Change and Desire for Treatment Scale (SOCRATES), Treatment Motivation Questionnaire (TMQ), and Alcohol Use Disorders Identification Test (AUDIT). The individuals were given the standard treatment recommended in our country's treatment guidelines for the diagnosis of alcohol use disorder. The individuals participating in the study were interviewed at 1 month, 2 months and 3 months after starting treatment. The individuals' answers and the decrease in the frequency and amount of alcohol use were recorded.

**Results:** The rate of treatment attendance is 2.7 times higher for people who have received treatment for alcohol use disorder in their circle.

The rate of treatment confidence in treatment is 4.1 times higher for people who have received treatment for alcohol use disorder in their circle.

The frequency and amount of alcohol use has decreased more for people who have received treatment for alcohol use disorder in their circle.

**Conclusions:** It has been determined that those who are surrounded by people who have received treatment for alcohol use disorder have higher levels of treatment confidence and compliance. The assistance of these people to those around them can play an important role in increasing the success of addiction treatment.

**Disclosure of Interest:** None Declared

## Bipolar Disorders

### EPP084

#### Impact of Concurrent Anticonvulsant Use on Seizure Parameters and Clinical Outcomes of Electroconvulsive Therapy in Bipolar Disorder: A Systematic Review and Meta-Analysis

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**Introduction:** Treatment for bipolar disorder (BD) predominantly focuses on psychopharmacology, including lithium, antipsychotics, and anticonvulsants. Electroconvulsive therapy (ECT) is highly effective for managing manic or depressive episodes, yet studies on the effects of anticonvulsant therapy as a modifying factor of clinical outcome during ECT are scarce.

**Objectives:** To evaluate how concurrent anticonvulsant use affects seizure parameters and clinical outcomes of ECT in BD patients.

**Methods:** A comprehensive search of multiple databases (MEDLINE, Embase, Web of Science, PsycINFO, Cochrane Central Register of Controlled Trials, World Health Organization International Clinical Trials Registry Platform, ClinicalTrials.gov) was conducted on October 2, 2024, without language or publication date restrictions. Eligible studies included clinical trials and retrospective analyses comparing BD patients undergoing ECT with and without anticonvulsant use. Random-effects models were applied for a sufficient number of studies, while fixed-effects models were used for fewer studies. Subgroup and sensitivity analyses were conducted.

**Results:** Six studies met the criteria, involving 359 participants (mean age: 29.7 years; 31.2% female). Five studies focused on the effect of concomitant treatment with valproate during a manic episode, and only one study included subjects in treatment with other anticonvulsants during different mood episodes of BD. Anticonvulsant users required significantly higher minimal electrical dosages to achieve adequate seizures (SMD = 0.71, 95% CI [0.46 to 0.95],  $p < 0.0001$ ), as indicated by higher seizure thresholds and stimulus doses. Additionally, anticonvulsant use was associated with a significantly shorter seizure duration (SMD = -0.75, 95% CI [-1.10 to -0.41],  $p < 0.0001$ ). However, no significant differences in symptomatic improvement were found between those using and not using anticonvulsants (SMD = 0.03, 95% CI [-0.19 to 0.25],  $p = 0.78$ ).

**Conclusions:** Concurrent anticonvulsant use in BD patients undergoing ECT is associated with higher seizure thresholds and shorter seizure durations, but this does not affect clinical outcomes regarding disease severity. Based on these findings, discontinuation of anticonvulsants during ECT may not be necessary. This review was limited by the small number of studies, small sample sizes, and considerable heterogeneity. Additionally, the majority of the studies analyzed only included patients in the manic state of the illness. Further research is needed to explore whether variations in seizure parameters are linked to individual clinical outcomes in BD patients, the impact of different anticonvulsants on these parameters and the outcome for depressive and mixed episodes of bipolar disorder.

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### EPP085

#### Neurocognitive Profiles of Mood Phases in Bipolar Disorder: Is Agitated Depression Related to Mania or Depression?

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**Introduction:** Agitated Depression (AgD) is a unique subtype of depression marked by impulsivity, higher suicide risk, treatment resistance, and worse clinical outcomes compared to Non-Agitated Depression (Non-AgD). Despite these clinical distinctions, the underlying neuropsychological mechanisms that differentiate AgD from Non-AgD remain poorly defined.

**Objectives:** This study aims to explore the neurocognitive correlates that differentiate AgD from Non-AgD.