

Conclusions: The study highlighted the high level of dependence on anxiolytics, particularly BZD and identified individuals who were at higher risk. Specific interventions were necessary to deal with the problem of addiction.

Disclosure of Interest: None Declared

EPV0062

Relationship between anxiolytic dependence, anxiety and depression among students from Gabes Institute of Nursing Sciences

S. Kolsi^{1*}, S. Nouili¹, W. Abbes¹, W. Ben Flah¹, A. Bouaziz¹, K. Medhaffar¹ and W. Abbes¹

¹Psychiatry, University Hospital, Gabes, Tunisia

*Corresponding author.

doi: 10.1192/j.eurpsy.2025.959

Introduction: Access to university marks a crucial stage in the lives of young adults. This transition can generate high levels of stress and anxiety, influencing their mental and emotional well-being. To overcome these challenges, some students may resort to the increasingly common use of psychotropic drugs, particularly anxiolytics, to ease their distress.

Objectives: To determine the relationship between anxiolytic dependence, anxiety and depression in students.

Methods: This was a cross-sectional, descriptive and analytical study conducted on Gabes institute of nursing sciences, for a period of two months (March to May 2024).

We used:

- Benzodiazepine Attachment Cognitive Scale (BACS) : to study BZD dependence.

A score above 6 indicates dependence to BZD.

- Hospital and anxiety depression scale (HAD): to assess the severity of anxiety and depressive symptoms. Seven questions relate to anxiety (total A) and seven to depression (total D), giving two scores (maximum score for each = 21).

Results: The sample comprised 33 students. The mean age of our population was 21.30 ± 1.51 years and the sex ratio (M/F) was 0.65. The mean score of the ECAB scale was 6.93, with extremes of [3-10].

According to our results, dependence on BZDs was clearly predominant, found in 28 students (84.8%).

According to the HAD scale, 82% of students showed anxiety symptoms and 24.2% were depressed.

According to our study, we found that BZD dependence in students was strongly correlated with anxiety with $p=0.007$.

Similarly, we found that those dependent on BZDs were more likely to develop depressive symptoms compared with non-dependents, with a significant difference ($p=0.04$).

Conclusions: Our findings suggest that the greater the dependence on anxiolytics, the greater the risk of developing anxiety and depressive symptoms.

Disclosure of Interest: None Declared

EPV0063

Breaking Free from Nicotine Gum Dependence: Two Unique Paths to Recovery with Psychosocial Support

J. Kosor Ljoka^{1*}, I. Rojnić Palavra¹, R. Krčelić¹, D. Bodor^{1,2}, V. Grošić^{1,2} and I. Filipčić^{1,2,3}

¹University Psychiatric Hospital Sveti Ivan, Zagreb; ²Faculty of Dental Medicine and Health Osijek, Osijek and ³University of Zagreb School of Medicine, Zagreb, Croatia

*Corresponding author.

doi: 10.1192/j.eurpsy.2025.960

Introduction: Nicotine replacement therapy, particularly nicotine gum, is an effective tool for smoking cessation but may lead to dependence in 6-9% of long-term users. This report presents two patients with prolonged nicotine gum dependence, exploring individualized treatment strategies and their outcomes.

Objectives: To evaluate two personalized treatments for nicotine gum dependence: one using transdermal nicotine patches with psychosocial support, and the other using bupropion with psychosocial support.

Methods: Patient A, a 67-year-old retired technician with a history of anxiety, depression, and past alcohol and benzodiazepine dependence (both in remission), began smoking at 16 (20 cigarettes a day) and quit at 35 due to Leriche Syndrome, switching to 20 pieces of 2 mg nicotine gum daily. In a four-week program, he transitioned to nicotine patches with a gradual dose reduction, alongside psychosocial support. Patient B, a 61-year-old social worker with a history of depression, smoked 40 cigarettes daily until quitting at 51 due to COPD, then developed a long-term dependence on 30 pieces of 4 mg gum. Fifteen days before admission, she abruptly discontinued using nicotine gum. She presented to the program seeking support and strategies for managing cravings, and her treatment focused on psychosocial interventions and medication adjustments.

Results: Both patients successfully achieved abstinence and improved functioning. Patient A transitioned from nicotine gum to nicotine patches, starting at 40 mg daily, reducing to 25 mg after six weeks, and then to 15 mg before discontinuation. Throughout the treatment period, the patient successfully maintained abstinence. Psychological assessments showed stable mood and satisfactory remission. One week into the treatment, patient B reported difficulties in maintaining abstinence after abruptly stopping nicotine gum during a COVID-19 infection. She began experiencing increased depressive symptoms and nervousness, leading to an increase in bupropion (which she used prior to enrolling in the program) dose from 150 mg to 300 mg daily. Active participation in group therapy helped her manage cravings and control anxiety, preventing relapse.

Conclusions: Two distinct approaches, one using nicotine patches and the other pharmacological support, both highlighted the importance of psychosocial support in achieving nicotine gum dependence cessation. Nicotine patches, with their slower absorption, are less rewarding and reduce long-term dependence risk. Despite patient B's initial struggles after abrupt cessation, the combination of increased bupropion and active therapy participation helped manage cravings and anxiety. Both cases highlight the importance of individualized care and comprehensive psychosocial interventions for sustained nicotine abstinence.

Disclosure of Interest: None Declared