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?

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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

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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