

EPV0064

Sociodemographic, medical and COVID-19 factors associated with relapse in alcohol-dependent patients: preliminary results

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Introduction: Abstinence is crucial in the rehabilitation of alcohol-dependent (AD) patients, yet relapse rates remain high. Despite extensive research on relapse predictors, various sociodemographic and medical factors are still overlooked. The COVID-19 pandemic has presented numerous challenges in preserving mental health, but little is known about how recovery from symptomatic COVID-19 impacts relapse in AD patients.

Objectives: To examine the associations and differences in socio-demographic, medical, and COVID-19 factors between AD patients who relapsed and those who maintained abstinence. We assessed changes in these differences over time at two assessment points.

Methods: This study, part of a larger project on COVID-19 recovery and psychiatric symptoms in AD patients, runs from March 2023 to March 2025 with assessments at inclusion and after six months. Eighty treatment-seeking AD patients, without severe comorbid mental illness or other substance use, are included. Data cover sociodemographic and medical info, COVID-19 recovery details (number of episodes, time since last episode, treatment, vaccination, symptoms), and AD history (age of drinking onset, binge onset, age at first treatment, alcohol-related issues, commonly consumed type of alcohol, liver disease presence, abstinence duration, and relapse status at the second assessment). The Alcohol Use Disorders Identification Test (AUDIT), CAGE questionnaire for alcohol screening, and Alcohol Timeline Follow Back (TLFB) are used to assess relapse severity. A two-way repeated-measures ANOVA was used to examine sociodemographic, medical, and COVID-19 factor differences between patients who relapsed and those who did not.

Results: Preliminary data indicate differences in occupational and marital status, psychiatric and physical comorbidities, inpatient AD treatment, regular drinking patterns, alcohol-related data, heavy liquor consumption, age of excessive drinking, and prior hospitalizations between patients who relapsed and those who did not. Some variable changes over time were also noted in both groups.

Conclusions: Differences in multiple sociodemographic and medical factors between relapsed and non-relapsed AD patients should be addressed in AD treatment. COVID-related factors show no strong association with relapse, likely due to mild disease forms in most participants.

Disclosure of Interest: None Declared

EPV0065

Residential Treatment for Adolescents with Substance Use Disorders in Slovenia: A Six-Month Retrospective Preliminary Evaluation

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Introduction: Adolescence is a critical period for the development of substance use disorders (SUD), with psychoactive substance (PAS) use posing significant mental and physical health risks. In Slovenia, the absence of specific residential treatment options for adolescents has historically limited care mostly to outpatient settings, often inadequate for severe cases. In December 2023, the University Psychiatric Clinic Ljubljana opened Slovenia's first inpatient ward for adolescents with SUD, offering a comprehensive, structured program addressing both the psychological and physiological aspects of addiction.

Objectives: The primary objectives of this study are to present the inpatient ward for adolescents with SUD program in Slovenia and to conduct an analysis of data from the first six months of the program.

Methods: The program utilized a multidisciplinary approach, incorporating individual therapy, group therapy, psychoeducation, pharmacotherapy, family involvement and a range of structured therapeutic activities such as music therapy, film therapy and educational groups. A retrospective analysis of patient data from December 2023 to June 2024 was conducted. Key outcome measures included length of stay, abstinence rates, readmission rates and factors influencing premature discharge. Motivation and adherence to the therapeutic agreement were also assessed.

Results: During the six-month period, 20 adolescents were admitted to the ward, resulting in a total of 32 hospitalizations, reflecting a significant rate of readmissions. The average age of the patients was 17.16 years. The length of stay varied considerably, with an average duration of 45 days. Readmissions accounted for 37.5% of total hospitalizations, often due to relapse or behavioral challenges. Motivation for treatment and adherence to the therapeutic agreement were critical factors affecting the length of hospitalization and the risk of early discharge.

Conclusions: The introduction of Slovenia's first residential treatment program for adolescents with SUD marks a significant development in the country's healthcare system. The program offers a structured environment conducive to improving abstinence rates and addressing the complexities of adolescent substance use. However, the high rate of readmissions and the ongoing challenge of maintaining abstinence post-discharge highlight the need for refined treatment strategies, particularly regarding patient motivation and long-term relapse prevention. Future efforts should focus on optimizing the length of stay and enhancing post-discharge support to improve long-term outcomes.

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