

between psychosocial and demographic variables and the occurrence and severity of gambling problems. Lastly, the study will explore gambling motives and their relation to gambling problems in this patient population.

Methods: This observational, cross-sectional study will include inpatients and outpatients in Central Denmark Region forensic psychiatric care and inpatients in Capital Denmark Region forensic psychiatric wards from June 1 to December 31, 2024. Participants must be 18, and speak Danish, English, or Greenlandic. Data will be collected via self-report questionnaires and electronic patient records. Key measures include gambling behavior (past year gambling, frequency, and expenditure), gambling problems (the Problem Gambling Severity Index), and gambling motives (the Gambling Motives Questionnaire-Financial).

Results: Data collection ends by December 31, 2024; preliminary findings will be presented at the conference.

Conclusions: Results will provide valuable insights into the prevalence and characteristics of gambling problems in this population, informing clinical care and potentially guiding the development of targeted interventions. By highlighting the need for attention to gambling issues in forensic psychiatric settings, the study may enhance rehabilitation and recovery efforts and successful discharge by addressing potential risk factors for recidivism.

Disclosure of Interest: None Declared

EPV0859

Smoking, Obesity, and Metabolic Syndrome in Two High Security Settings

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Introduction: Two high security Forensic Psychiatric Centers (FPC) were implemented in the last decade in Flanders (FPC Ghent and FPC Antwerp). FPCs provide court-ordered treatment for forensic psychiatric patients (called “internees”) that have committed a criminal offense related to their psychiatric disorder and who are at a high risk for recidivating.

Objectives: Treatment is often mandatory and lengthy, and personal rights are highly restricted, which has an impact on treatment motivation and overall patient wellbeing (Lutz et al., 2022). While the Risk Need Responsivity (RNR) model - which focuses on risk reduction - was and still is the prominent model for offender rehabilitation, other aspects are currently given more attention. This includes the Good Lives Model (GLM) and the recovery movement, that aim at improving the achievement of skills necessary to maintain a good life and give meaning and value in one's existence (Lutz et al., 2022).

Methods: Data collection and statistical analyses The descriptive analyses of categorical and continuous variables was done using SPSS version 28. Valid percentages were given. Assumption

testing was performed and found that the data were not eligible for parametric examination. The significance level was set at .05.

Results: Weight and BMI At the initial measurement, the mean weight was 89.3 kg (SD ¼ 21.64, range ¼ 46–222 kg). The mean weight at second measurement was 92.6 kg, with a standard deviation of 21.90 and a range of 46.6–185.6. The second weight measurement occurred 812.2 days or 2.2 years (SD ¼ 552.39, range ¼ 7–3084 days) after the initial measurement. The weight difference between the two measurements ranged from a weight loss of 53.8 kg to a weight gain of 51.6 kg and showed a mean weight increase of 2.2 kg (SD ¼ 10.41)

Conclusions: The overall conclusion of the study is that obesity, MetS, smoking, as well as substance misuse are highly prevalent among our high security population. These are all risk factors associated with somatic morbidity and mortality. Our study showed that obesity and MetS were found across psychiatric diagnoses and the presence of metabolic syndrome was not limited to the use of SGA.

Disclosure of Interest: None Declared

EPV0860

The Utility of Carbohydrate-Deficient Transferrin (CDT) Test for Regranting Driver's License After Repeat Drunk-Driving in Taiwan

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Introduction: Carbohydrate-Deficient Transferrin (CDT), a biomarker for excessive alcohol consumption, has been used in driver's license regranting programs in the UK and other European countries, but relevant data is lacking in Taiwan. This study collected % CDT data from repeat drunk driving offenders to monitor their alcohol consumption and aims to provide local data to inform policies in Taiwan.

Objectives: The objective of this study is to assess whether alcohol consumption decreases over a 12-month period, as measured by % CDT values and Alcohol Use Disorders Identification Test - Consumption (AUDIT-C) scores.

Methods: Study Design

This study was conducted from 2020 to 2023, involving 65 recidivist drunk drivers whose licenses had been revoked and who sought to reapply. Participants were referred to our hospital for a one-year, monthly evaluation and intervention program. Data were collected on gender, age, marital status, education level, employment status, years of alcohol consumption, primary type of alcohol consumed, DSM-5 severity, AUDIT, and AUDIT-C scores. Blood tests, including GGT, AST, ALT, triglycerides, cholesterol, and %CDT, along with AUDIT-C assessments, were conducted at the 1st, 4th, 7th, and 11th evaluations.

Results: Basic demographic information is shown in Image 1. There was no significant difference in %CDT before and after the intervention ($p = 0.332$), with values of 1.99% and 2.28%, respectively. Among 42 participants who completed the 12-month intervention, %CDT showed no significant change ($p = 0.46$; 1.93% vs. 1.83%). For 23 participants who did not complete the intervention, %CDT also showed no significant difference ($p = 0.219$; 2.11% vs. 3.14%). However, AUDIT-C scores significantly decreased across all groups. The total group's scores dropped from 4.51 to 3.20 ($p = 0.00091$), the completion group from 4.00 to 2.60 ($p = 0.011$), and the non-completion group from 5.43 to 4.30 ($p = 0.025$). These results are shown in Image 2, and the correlations between baseline variables are displayed in Image 3.

Image 1:

Demographics of Repeat Drunk-driving Offenders (N=65)	
Gender	Men: 61 (93.9%), Women: 4 (6.1%)
Age (Mean: 46.3 years)	20-34: 3 (4.6%), 35-49: 38 (58.5%), 50-64: 23 (35.4%), 60+: 1 (1.5%)
Marital Status	Married: 35 (53.9%)
Education Level	Elementary: 2 (3.1%), Junior High: 16 (24.6%), High School: 42 (64.6%), College: 5 (7.7%)
Job Status	Full-time: 56 (86.2%), Part-time: 2 (3.1%), Unemployed: 7 (10.7%)
DSM-5 Severity	Not meet: 15 (23.0%), Mild: 20 (30.8%), Moderate: 17 (26.2%), Severe: 13 (20.0%)
AUDIT Scores (Mean: 9.32)	Low-risk: 25 (38.4%), Hazardous: 30 (46.2%), Dependence Likely: 10 (15.4%)
Drinking Years	<5 years: 16 (24.6%), 5-10 years: 9 (13.8%), 11-15 years: 8 (12.3%), 16-20 years: 7 (10.8%), >20 years: 25 (38.5%)
Drinking Type	Beer: 36 (55.4%), Kaoliang: 11 (16.9%), Whiskey: 6 (9.2%), Paolyta: 6 (9.2%), Abstained: 4 (6.2%), Medicinal liquor: 2 (3.1%)

Image 2:

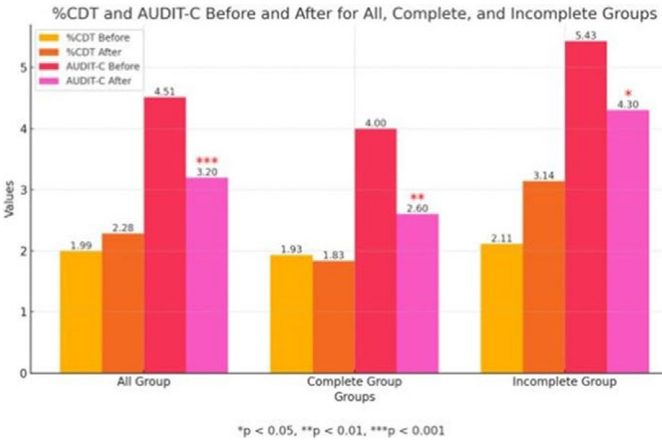
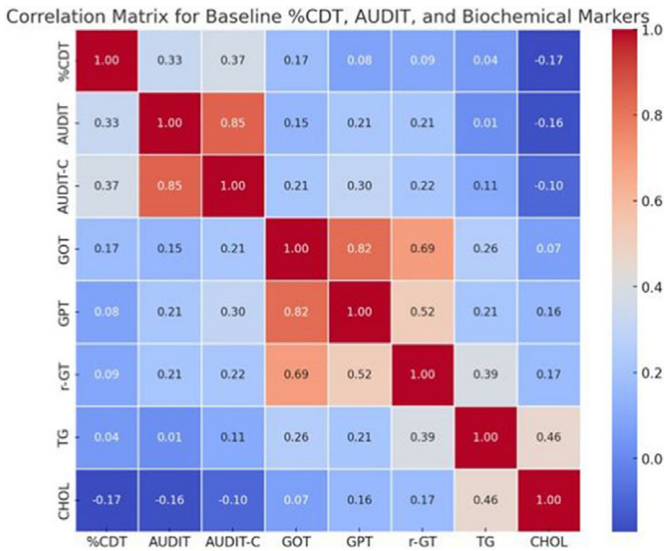


Image 3:



Conclusions: Our study found that monitoring drunk-driving recidivists with %CDT every three months did not yield a statistically significant change in %CDT, but did result in a significant reduction in AUDIT-C scores. Fleming et al. (2004) suggest that psychological pressure from long-term biomarker monitoring may have a therapeutic effect, with bimonthly CDT follow-ups potentially beneficial. Thus, using %CDT for license reinstatement is feasible, though adjustments to assessment intervals and inclusion of other biomarkers should be considered. Fleming et al., Alcohol Clin Exp Res 2004; 28: 1347–55.

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EPV0861

False positive urine drug test for tricyclic antidepressants attributed to quetiapine treatment

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Introduction: Quetiapine is a serotonin-dopamine antagonist widely used for the treatment of bipolar disorder and schizophrenia. Patients with bipolar disorder and schizophrenia are also at high risk of drug abuse. Illicit substances are often traced in such patients during manic and psychotic episodes. Urine drug tests are commonly used to detect illicit substance use during hospital admissions.
Objectives: We report a case of an adult male patient treated with 600mg o.d. quetiapine who falsely tested positive for tricyclic antidepressants in a routine urine drug test