Addictive Disorders

O047

The rise of online gambling addiction: A mental health challenge

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Introduction: Gambling disorder is a rising concern among young adults, highlighting the need for effective screening to offer appropriate support and intervention.
Objectives: This study aims to characterize gambling disorder among young adults (ages 18-25) in Portugal.
Methods: A quantitative cross-sectional study was conducted using a self-administered online questionnaire completed by young adults.
Results: This study included a population of 554 participants, 166 of whom were gamblers. Among the gamblers, the prevalence was as follows: 63% did not show signs of pathological gambling, while the remaining participants exhibited gambling addiction at varying levels: 25% mild, 9% moderate, and 3% severe. The typical profile of a gambler was identified as a male university student with an average age of 23.5 years, of a middle economic status and residing in an urban area. The preferred types of gambling were sports betting and online casino games. Most online gamblers had previously engaged in offline gambling at the age of M=19.25. The primary attractions of online gambling for these individuals were accessibility, the variety of games, and the potential for economic gains. The main encouragements to gamble online were friend´s influence and online advertising. No significant differences were observed in depression (PHQ-9) and anxiety scores (GAD-7) between gamblers and non-gamblers ($p > 0.05$). However, among gamblers, a strong positive correlation was found between higher levels of addiction (assessed by DSM-V gambling disorder criteria) and both depression and anxiety scores ($r = 0.732$, $r = 0.681$; $p < 0.01$). Furthermore, severe gambling cases were associated with a higher prevalence of prior formal diagnoses of psychiatric disorders, such as ADHD, anxiety, and depression, although this association was not statistically significant ($p > 0.05$). All gamblers showed a higher prevalence of substance abuse ($p < 0.01$). However, this trend did not extend to alcohol consumption ($p > 0.05$). The Jacobs Dissociative Experiences Scale was used to assess the presence of dissociative symptoms in relation to the severity of gambling addiction, revealing a strong positive correlation ($r = 0.721$; $p < 0.01$). Gamblers reported negative impacts on their family and romantical relationships. In contrast, they did not perceive their gambling behavior as having an adverse effect on their friendships or work performance. The majority (71.4%) of high-severity gamblers did not seek professional help and were not receiving any psychopharmacological therapy.
Conclusions: This study features the critical need for effective screening and intervention strategies for gambling disorder among young adults, given its correlation with mental health disorders and substance abuse. Addressing these challenges is essential for enhancing support and improving outcomes for individuals with gambling disorder.

Disclosure of Interest: None Declared

Bipolar Disorders

O047

Seasonality and weather influence on mixed episodes of bipolar disorder

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Introduction: Seasonal patterns in bipolar disorder episodes, particularly manic episodes, have been widely studied, revealing a peak in early spring and a decline in late fall. However, less attention has been given to the seasonal variation of mixed states. Mixed episodes, a subtype of bipolar disorder, are characterized by both manic and depressive symptoms. Recent studies have suggested that mixed episodes may follow a different seasonal pattern compared to pure manic episodes, peaking in late summer. Understanding this seasonality can offer valuable insights into the timing and management of hospital admissions for bipolar disorder. In this study, we conducted a retrospective analysis of hospital admissions for bipolar disorder, evaluating the influence of meteorological factors on the frequency of admissions, particularly for mixed episodes.
Objectives: This study aims to analyze the prevalence of hospital admissions due to bipolar disorder at the Psychiatry Service of ULS-VDL during 2021 and 2022, with a particular focus on mixed episodes. Additionally, it seeks to explore the relationship between meteorological factors, such as temperature and cloud cover, and the frequency of admissions, identifying any seasonal patterns associated with bipolar episodes. This analysis aims to explore the potential link between environmental changes, such as temperature and cloud cover, and the occurrence of mixed states in bipolar disorder.
Methods: A retrospective analysis was conducted of hospital admissions for bipolar disorder between 2021 and 2022 (n=71) at the Psychiatry Service of ULS-VDL. Monthly averages of meteorological data (temperature, precipitation, cloud cover, and solar radiation) were obtained from a local weather station. Poisson regression was used to assess the relationship between monthly admissions and meteorological variables.
Results: Of the 71 total episodes, 16 were mixed episodes of bipolar disorder. The results showed a statistically significant association between decreased temperature (IRR=0.843, 95% CI [1.568-0.118], p=0.023) and increased cloud cover (IRR=0.162, 95% CI [0.023-0.302], p=0.023), compared to the previous month, and an increase in admissions for mixed episodes.
Conclusions: The findings of this study indicate a significant association between decreases in temperature and increases in cloud cover with higher rates of hospital admissions for mixed episodes of bipolar disorder. These results highlight the potential influence of meteorological factors on the seasonality of mixed episodes. Further research is needed to confirm these patterns

and to explore their implications for the management and prevention of bipolar disorder hospitalizations.

Note: We intend to increase the number of years included and episodes.

Disclosure of Interest: None Declared

Addictive Disorders

O048

Simultaneous blockade of α1b-adrenergic and 5HT2A-serotonergic receptors for the treatment of alcohol use disorder: a randomized, placebo-controlled proof-of-concept phase-2 trial

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Introduction: Alcohol use disorder (AUD) is associated with increased dopaminergic activity, and evidence suggests that α1b-adrenergic and 5HT2A serotonergic receptors play critical roles in modulating dopamine-mediated behavioral responses. Preclinical studies indicated that simultaneous blockade of these receptors with prazosin (α1b blocker) and cyproheptadine (5HT2A blocker) can reduce alcohol preference. This phase 2 clinical study aimed to evaluate the efficacy and safety of this combination in reducing alcohol consumption among patients with severe AUD.

Objectives: The primary objective of the study was to assess the efficacy and safety of a combination of prazosin extended-release (ER) and cyproheptadine in reducing total alcohol consumption (TAC) in patients with severe AUD.

Methods: This was a phase 2, double-blind, parallel-group, placebo-controlled, randomized clinical trial conducted across 32 addiction treatment centers in France. A total of 154 participants (108 men and 46 women) with severe AUD were randomly assigned to one of three treatment groups for 3 months: 1) low-dose group (LDG) with 8 mg cyproheptadine and 5 mg prazosin ER daily, 2) high-dose group (HDG) with 12 mg cyproheptadine and 10 mg prazosin ER daily, or 3) placebo group (PG). The primary outcome was the change in TAC from baseline to Month 3. Secondary outcomes included changes in heavy drinking days, abstinence days, Obsessive Compulsive Drinking Scale (OCDS), and Beck Depression Inventory (BDI) scores. Safety was assessed through adverse events (AEs), sedation, and orthostatic hypotension (OH).

Results: A significant main treatment effect in TAC change was observed in the intent-to-treat (ITT) population (p=0.039). Compared to the placebo group, the HDG showed a greater reduction in TAC from baseline to Month 3 (-23.6 g/day, p=0.016, Cohen's d=-0.44), while the LDG also showed a reduction (-18.4 g/day, p=0.048). In the very high-risk drinking level subgroup (>100g/day of pure alcohol for men and >60g/day for women), the HDG showed a reduction of -29.8 g/day compared to the PG (p=0.031, d=-0.51). A significant dose-response relationship (p=0.027) was observed. Both low and high doses were well-tolerated, with AEs predominantly mild or moderate. No serious adverse events were reported in the HDG, and OH incidence was comparable across groups.

Conclusions: The combination of prazosin and cyproheptadine showed efficacy in reducing alcohol consumption in individuals with severe AUD, with a larger effect observed in the high-dose group. Both doses were well-tolerated, with a safety profile comparable to placebo. These findings suggest that the prazosin-cyproheptadine combination may be a promising treatment option for severe AUD and warrant further investigation in phase 3 trials.

Disclosure of Interest: J. Guiraud Shareolder of: Vergio, Employee of: Vergio

O050

Patient-reported measures in substance use disorder treatment services: a scoping review and preliminary results from a multicenter study

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Introduction: Patient-centered treatment and care is a key quality standard within substance use disorder (SUD) treatment services. Patient-Reported Outcome and Experience Measures (PROMs and PREMs) allow us to collect direct feedback from patients on how they perceive health outcomes and quality of care in a systematic way.

Objectives: To identify current practices regarding the use of PROMs and PREMs in clinical practice in SUD treatment services and to develop an electronic self-report tool for routine assessment of PROMs and PREMs in SUD treatment services in Belgium.

Methods: We present results from a scoping review, identifying studies reporting on the use and routine implementation of PROMs and PREMs in SUD services. Additionally, preliminary results from a naturalistic longitudinal multicenter study assessing self-reported sociodemographic characteristics, clinical factors, PROMs, and PREMs in N=189 adults who recently started treatment for SUD in various treatment modalities are presented: the OMER-BE study (Outcome Measurement and Evaluation as a Routine practice in alcohol and other drug services in Belgium).

Results: There is an increasing use of patient-reported measures in SUD services. However, there is large variation in the patient-reported measures that are used, how they are developed, and how and when patient-reported data are collected. The most important barriers and facilitators to the implementation of PROMs and PREMs in clinical practice include burden to and involvement of staff, and leadership and technical support. Alcohol and cocaine were the most commonly used substances among participants of the OMER-BE study, with 59.7% of participants reporting polysubstance use. The 45-, 90-, and 180-day follow-up assessments were completed by 64%, 59% and 54% of participants respectively. At 180-day follow-up, 56% of respondents were still in treatment for SUD.

Conclusions: Guidance is needed to support clinicians in selecting and implementing valid, meaningful, and comparable patient-