integrate research into clinical practice to ease implementation II) embed equity in mental health intervention research III) use complexity science and bottom-up approaches to improve relevance of science and implementation IV) base implementation less additional methods beyond traditional RCT-based research V) use a transdisciplinary approach in development and implementation of research on new interventions.

Disclosure of Interest: None Declared

SP037

A systematic review of theories, models and frameworks used to guide or evaluate the implementation of coercion reduction programs

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Abstract: Coercive practices in mental health care can infringe upon human rights, necessitating urgent global action to eliminate them. However, inconsistencies in clinical practice, fragmented research on effectiveness, and limited understanding of barriers and facilitators hinder the real-world transformation of services. As part of the COST Action FOSTREN (Fostering and Strengthening Approaches to Reducing Coercion in European Mental Health Services), Working Group 4 Implementation Science conducted a systematic review to examine the models, theories and frameworks employed by studies in implementing programs aimed at reducing coercion in mental health settings and the reported implementation outcomes. A comprehensive search was conducted across multiple databases, resulting in the inclusion of eight studies (nine papers). The identified coercion reduction programs utilized holistic approaches, risk assessment methods, staff training, and sensory modulation interventions. All of them were conducted in inpatient settings. Eight different implementation tools were identified, but none of the studies reported all sought implementation outcomes. The most frequently reported outcomes were acceptability and adaptation, while no studies provided data on implementation costs. Overall, the quality of the studies assessed was relatively low. The review highlights the underutilization of systematic implementation models, theories and frameworks when embedding coercion reduction interventions in routine mental health care, especially in emergency psychiatry settings. Further research, incorporating the perspectives of service users and carers, is needed to address this gap and determine the costs and resources required for implementing complex interventions with implementation models, theories and frameworks guidance.

Disclosure of Interest: None Declared

SP038

Open-door policy in urban acute wards: results and implementation experiences from a five-year staff co-created in-clinic RCT

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Abstract: Open-door policy is a WHO-recommended framework to maximise safety, prevent coercion, and enhance recovery-based practices during admission to mental health wards. This talk will describe the open-door policy intervention, present results from our 1-year RCT and preliminary 5-year results from the Lovisenberg Open Acute Door Study (LOADS). LOADS is a 5-year in-clinic dual RCT study of open-door policy co-created with user representative and staff in our inner-city acute mental health wards in Oslo, Norway. By combining random allocation, effectiveness outcomes and implementation research, LOADS aims to address the need for faster development of clinically relevant knowledge in mental health.

Disclosure of Interest: None Declared

SP039

Excessive Alcohol Consumption, Alcohol Use Disorder and Women

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Abstract: Alcohol is a major risk factor for mortality and morbidity worldwide (Agabio et al., 2017). Women are affected by specific alcohol-related consequences, including a dose-dependent increased risk of breast cancer from relatively low levels of alcohol consumption, of which many women remain unaware (Agabio et al., 2022), and risk of foetal alcohol syndrome, in their offspring, if alcohol is consumed during pregnancy (Minozzi et al., 2024). Alcohol use disorder (AUD) is a severe and frequent mental disorder with devasting consequences (Agabio et al., 2017). In US, approximately one out of 4 women suffer for this disorder during their lifetime (MacKillop et al. 2022). Although effective treatments are available (Agabio et al., 2024), AUD is undertreated, with stigma being one of the main reasons for not seeking medical treatment (MacKillop et al. 2022) Women usually experience more severe barriers to AUD treatment than men, with pregnant women experiencing more severe barriers than non-pregnant women (Agabio et al., 2017). Another reason of the scarce use of medical treatment is constituted by the widespread belief that available medications are not effective, or rather, are not

effective for all people with AUD. Although sex and gender differences have been described in the response to medications, AUD medications have been studied almost exclusively in men (Agabio et al., 2016). In addition, the number of women with AUD is increasing and services for treatment of AUD should (a) consider women's specific needs, and (b) realize effective policies to reduce latency prior to accessing medical treatment for both men and women with AUD (Agabio et al., 2021). Nevertheless, recent studies show that only a small number of services have adopted a gender medicine approach in AUD treatment (Vignoli et al., 2024).

References: Agabio et al. Efficacy of Medications Approved for the Treatment of Alcohol Dependence and Alcohol Withdrawal Syndrome in Female Patients: A Descriptive Review. Eur Addict Res. 2016.
Agabio et al. Sex Differences in Alcohol Use Disorder. Curr Med Chem. 2017.
Agabio et al. Gender Differences among Sardinians with Alcohol Use Disorder. J Clin Med. 2021.
Agabio et al. Alcohol Consumption Is a Modifiable Risk Factor for Breast Cancer: Are Women Aware of This Relationship? Alcohol Alcohol. 2022.
Agabio et al. Efficacy of medications for the treatment of alcohol use disorder (AUD): A systematic review and meta-analysis considering baseline AUD severity. Pharmacol Res. 2024.
MacKillop et al. Hazardous drinking and alcohol use disorders. Nat Rev Dis Primers. 2022.
Minozzi et al. Psychosocial and medication interventions to stop or reduce alcohol consumption during pregnancy. Cochrane Database Syst Rev. 2024.
Vignoli et al. Needs of female outpatients with alcohol use disorder: data from an Italian study. Alcohol Alcohol. 2024.

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SP040

Gender perspective of dual diagnosis

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Abstract: Dual diagnosis, the co-occurrence of substance use disorders (SUD) and mental health conditions, presents unique challenges influenced by gender-related factors. This narrative review explores the role of gender in the epidemiology, treatment access, environmental factors such as intimate partner violence, clinical features, and outcomes of dual diagnosis, highlighting structural and social determinants that exacerbate disparities. Women and gender minorities with dual diagnosis face heightened stigma, higher rates of trauma, and significant barriers to healthcare, often resulting in delayed treatment and poorer prognoses. Additionally, traditional gender roles and caregiving responsibilities influence coping mechanisms and treatment adherence. Despite increasing awareness, research on gender-responsive interventions remains limited. This review underscores the need for gender-sensitive approaches in dual diagnosis treatment, advocating for integrated, trauma-informed care that addresses the specific needs of diverse gender identities.

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SP041

Precision Medicine in the treatment of alcohol dependence – the role of gender

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Abstract: Clinically derived approaches take the different psychosocial and biological conditions into regard and thus render more homogeneous groups, than the current diagnostic criteria, like ICD-11 or DSM 5. Precision medicine, moreover, shows that the amount of drinking, the reason for drinking and thereby also gender seems to be relevant for testing different anticraving drugs. Precision medicine indicates the necessity for more homogeneous subgroups, in order to find differences in the effects of anticraving substances. Many typologies in AUD render more homogeneous subgroups (Lesch et al, 2020). They could increasingly be used for testing anticraving drugs. After presenting these basics in anticraving research, the results of two trials will be presented. First, some genetic results could only be defined in Lesch type 3 female patients (Procopio et al, 2013). Second, in a treatment trial of ondansetron the genetic conditions lead to better sobriety rates only in the not very high drinking group (less than 10 drinks per day) but not in the very high drinking group (Addolorato et al, 2024). Summarizing these research results we see that for anticraving trials we need even more carefully defined subgroups of AUD patients. References: Lesch OM, Walter H, Wetschka Ch, Hesselbrock MN, Hesselbrock V, Pombo S: Alcohol and Tobacco. Medical and Sociological Aspects of Use, Abuse and Addiction. Springer Verlag, 2nd Edition, 2020. Addolorato G, Alho H, Bresciani M, DeAndrade P, Lesch OM, Liu L, Johnson B.: Safety and compliance of long-term low-dose ondansetron in alcohol use disorder treatment. Eur.J.Intern Med, Sept. 127: 43-49; 2024. Procopio DO, Saba LM, Walter H, Lesch O, Skala K, Schlaff G, Vanderlinden L, Clapp P, Hoffman PL, Tabakoff B. Genetic markers of comorbid depression and alcoholism in women. Alc Clin Exp Res. Jun. 37 (6): 896-904, 2013.

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SP042

Menstrual Cycle and Progesterone as Future Treatment Targets of Alcohol Use Disorder

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