

and the perception of health. These changes are largely maintained over time, including abstinence.

**Disclosure of Interest:** None Declared

## EPV0092

### Addiction Hospital Emergency Department: A Five-Year Performance Review

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**Introduction:** Addictive disorders are chronic, highly recurrent conditions that often require long-term treatment and a multidisciplinary approach. Exacerbation of a chronic disorders presents a special challenge and requires a quick response from the medical team. Emergency services implement life-saving interventions on a daily basis.

**Objectives:** The objective of this study is to point out the importance of the Emergency Service and the provision of adequate medical care to people who need emergency intervention due to the abuse of psychoactive substances.

**Methods:** This retrospective study was conducted from January 2018 to January 2023 and included 4337 persons. Data was collected from the Special hospital for addiction disorders in Belgrade, Serbia, using a sociodemographic questionnaire and medical documentation. All included participants were users of the Emergency services. Unknown persons were excluded from the research.

**Results:** Out of a total of 4337 participants, 76% were male with an average age of  $37.71 \pm 9.94$ , while 24% were female with an average age of  $37.89 \pm 11.42$ . Opiate withdrawal syndrome was the most common reason for presentation in both sexes. However, it should be noted that the incidence of occurrence in men is significantly higher (68%), while in women it is slightly lower (close to 50%). Statistically significantly more women appear due to symptoms of acute alcohol intoxication ( $p < 0.05$ ), as well as intoxication with hypnotics and withdrawal symptoms from the anxiety-depressive spectrum. Comparing the reasons for reporting throughout the monitoring period of 5 years, with the exception of 2022, the trend of reporting did not change significantly. Opiate withdrawal syndrome is the most common, followed by acute alcohol intoxication, polytoxicomania and marijuana use.

**Conclusions:** The Emergency Service is of great importance because a large number of patients are cared for on an annual basis due to various symptoms of addiction. In addition to the training and readiness of the medical team, joint work and coordination of other emergency service institutions is also needed for the most efficient care.

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## EPV0093

### Psychosocial functioning of individuals at risk of developing compulsive buying disorder

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**Introduction:** Personality-related correlates are significant factors associated with compulsive buying. The Big Five personality traits can be a risk factor or a protective factor for addiction.

**Objectives:** This study aimed to establish the connection between depressiveness, workaholism, eating disorders, and personality traits, according to the five-point model called the Big Five, in women with a risk of compulsive buying disorder.

**Methods:** The study was conducted on 556 Polish women from the West Pomeranian Voivodeship. The study employed the diagnostic survey method using a questionnaire technique including Personality Inventory NEO-FFI, the Buying Behaviour Scale, the Beck Depression Inventory I-II, the Three-Factor Eating Questionnaire, and a self-questionnaire.

**Results:** The analysis revealed the risk of compulsive buying being accompanied by a higher median score for depressiveness, neuroticism, Cognitive Restraint of Eating, Uncontrolled Eating, and a risk of workaholism. A lower score in the respondents in the compulsive buying risk group was observed in an assessment of agreeableness and conscientiousness. Work addiction was exhibited by 26% of people with compulsive buying disorder vs. 12% of people without it.

**Table 1.** Descriptive statistics for selected scales with respect to the risk of the compulsive buying disorder.

Selected Scales	Total (n = 556)	Norm (n = 483) Group 1	Risk of Compulsive Buying (n = 73) Group 2	p
BDI I-II Me (Q1–Q3)	4.5 (1.0–10.0)	4.0 (1.0–9.0)	8.0 (1.0–15.0)	0.021
Neuroticism acc. to NEO-FFI, Me (Q1–Q3)	21.0 (15.0–28.0)	21.0 (15.0–28.0)	24.0 (20.0–32.0)	0.003
Openness to experience acc. to NEO-FFI, Me (Q1–Q3)	26.0 (23.0–31.0)	26.0 (23.0–31.0)	26.0 (23.0–30.0)	0.774
Agreeableness acc. to NEO-FFI, Me (Q1–Q3)	30.0 (27.0–34.0)	31.0 (27.0–34.0)	27.0 (24.0–32.0)	<0.001
Conscientiousness acc. to NEO-FFI, Me (Q1–Q3)	34.0 (29.0–38.0)	34 (30.0–39.0)	30.0 (25.0–38.0)	0.028
Cognitive Restraint of Eating acc. to TFEQ-13, Me (Q1–Q3)	6.0 (4.0–8.0)	6.0 (4.0–8.0)	7.0 (5.0–9.0)	0.004
Uncontrolled Eating acc. to TFEQ-13, Me (Q1–Q3)	5.5 (4.0–7.0)	5.0 (4.0–7.0)	7.0 (5.0–8.0)	0.019
WART, Me (Q1–Q3)	53.0 (45.0–62.0)	51.0 (44.0–61.0)	60.0 (51.0–66.0)	<0.001
Addiction to work acc. to WART, n (%)	79	60 (12.42%)	19 (26.03%)	<0.001