

basis for the development of a combined system of psycho-physical rehabilitation. The psychotherapy based on CBT according to A. Beck, modified for children's in concordance with specialized program "Vertebra-Dinamik" to correct defects of the musculo-skeletal system. The basis of the corrective "Vertebra-Dinamik" technique includes a comprehensive approach to the use of isometric and statodynamic exercises of moderate intensity with elements of relaxation. Approbation of the developed system showed its high (80%) and moderate (20%) efficiency.

Conclusions: To successfully overcome cyber addiction and its negative consequences, the most optimal system is the complex application of psychotherapeutic and physical rehabilitation methods.

Disclosure of Interest: None Declared

EPP0008

Alcohol use disorder and sleep disturbances: Current perspectives

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doi: 10.1192/j.eurpsy.2023.353

Introduction: Alcohol Use Disorder (AUD) is one of the most significant public health problems in Europe, being highly associated with several medical and psychiatric comorbidities. Sleep disturbances are in this interface and may include insomnia, alterations of sleep architecture and circadian rhythm abnormalities, breathing-related sleep disorders, and sleep-related movement disorders. Also, considering the three stages of the addiction cycle (binge/intoxication, withdrawal/negative affect, and preoccupation/anticipation) and since these domains are reflected in key regions of the brain, it is possible to map these nearly ubiquitous sleep disturbances.

Objectives: This review aims to summarize the current literature related to the association between sleep disorders and AUD, with a focus on its clinical aspects and neurobiology.

Methods: Non-systematic research was made recurring to the PubMed database, with the keywords "alcohol use disorder", "sleep", "sleep disorder". The most relevant articles were selected, focusing on articles published in the last decade.

Results: In patients with AUD, the prevalence of insomnia ranges from 36-91%. A possible mechanism underlies in a mismatch involving maintained activity in wake-promoting structures during non-rapid eye movement sleep (NREM) and a blunted homeostatic drive. On the other hand, alcohol consumption also affects the normal sleep-wake cycle, due to a disruption in the underlying circadian rhythms, a mechanism compassed by the suprachiasmatic nucleus and by photic and non-photoc cues. Considering this, it seems highly likely that insomnia and circadian abnormalities may coexist in some individuals. Moreover, AUD is implicated in initiation or worsening of breathing-related events in sleep, especially when having a history of snoring or sleep apnoea syndrome and in period limb movement disorder.

Simultaneously, sleep disorders in AUD can be incorporated into the three-stage addiction cycle. In the binge/intoxication stage, excessive alcohol intake leads to a faster sleep onset but poor sleep

quality, explained by the effects on GABAergic systems. During the withdrawal/negative affect stage, there is a decrease in slow-wave sleep and limited rapid eye movement (REM) sleep recovery, which can be explained by the alcohol-positive allosteric modulation of GABA_A receptor and other mechanisms. Lastly, during the pre-occupation/anticipation stage, the glutamatergic system dysregulation contributes to persistent sleep disturbances, including insomnia, decrease in slow-wave sleep, and an increase in REM sleep.

Conclusions: The knowledge of sleep disturbances associated with AUD has grown and has suggested a bidirectional process that appears to play an essential role in the addiction process. Further studies investigating this association are warranted.

Disclosure of Interest: None Declared

EPP0009

Outcome Measurement and Evaluation as a Routine practice in alcohol and other drug services in Belgium (OMER-BE)

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doi: 10.1192/j.eurpsy.2023.354

Introduction: There is a variety of specialized outpatient and residential Alcohol and Other Drugs (AOD) services, but research on outcomes of these services is limited. Given the chronic, relapsing nature of AOD problems, there is a need for longitudinal research on outcomes after treatment in various AOD services. Patient-Reported Outcome Measures (PROMs) and Patient-Reported Experience Measures (PREMs) are hardly used in the AOD field but provide excellent tools and a framework to monitor progress and outcomes in these services based on experiences of service users.

Objectives: The objectives of the OMER-BE study are to:

1. Assess and compare patient characteristics at baseline in various treatment modalities
2. Test and prepare the routine measurement of PROMs and PREMs in AOD services using a self-report tool
3. Assess patient-reported experiences qualitatively in various treatment modalities for AOD patients

The overall goal is to continuously assess and improve AOD services.

Methods: We have set up a naturalistic, longitudinal cohort study for which we will engage and follow up 250 AOD users as they present themselves in selected AOD services in four different treatment modalities (outpatient non-pharmacological treatment, outpatient substitution treatment, residential psychiatric treatment and therapeutic communities for addictions).

Sociodemographic and clinical factors and PROMs will be assessed at baseline. PROMs and PREMs will be assessed at 45-, 90- and 180-days follow-up. The questionnaires that will be used during the