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Introduction: Behavioral addiction is well-established for gambling but still debatable for other pleasurable behaviors such as eating. Attachment style is defined as a psychological concept describing the dynamics of human interpersonal interactions. Studies investigating the influence of attachment style on food addiction are rare.

Objectives: The aim of the study was to evaluate the association between food addiction and the quality of attachment

Methods: A cross-sectional study was conducted online with a non-clinical population. All participants completed an anonymous e-questionnaire containing sociodemographic data, background, substance use and self-reported weight and height. Attachment style was assessed with the Relationship Scale Questionnaire (RSQ). Food addiction was screened with modified Yale food addiction scale questionnaire (mYFAS 2.0).

Results: A total of 114 individuals had fully responded to the questionnaire. The mean age was 32.28 ± 9.32 years with a sex ratio of 0.48. The mean BMI was $23.7 \text{ kg/m}^2 \pm 5.5$. Most of participants (64%) had an insecure attachment style and 36% had a secure one. The results of the mYFAS 2.0 showed that 11.4% of participants had a food addiction and 8.8% had a severe form. BMI was significantly associated with food addiction which was more common in participants who had a BMI greater than 22.2 kg/m^2 . A statically significant association between insecure attachment style and food addiction was found.

Conclusions: Our study showed the importance of studying attachment style in food addiction. More research is needed to prove the association between food addiction and different attachment styles.

Disclosure of Interest: None Declared

EPV0055

Patients with alcohol use disorder clustering based on definition of alcohol withdrawal syndrome

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Introduction: Alcohol withdrawal syndrome (AWS) is among the most severe components of alcohol dependence (AD). Severe AWS, especially complicated with seizures and delirium, was a common reason for medical complications and death. The introduction of benzodiazepines decreased but did not eliminate those risks. The definition of AWS evolved in different versions of Diagnostic and Statistical Manual for Mental Disorders (DSM) from having hand tremor plus one or more other symptoms in DSM-III-R to any two or more symptoms in DSM-IV, which was retained in the current version of DSM-5.

Objectives: Comparing subgroups of individuals with AUD based on AWS symptoms profile to define phenotypes for investigation of biological underpinnings of AWS phenomenology and treatment response.

Methods: Treatment-seeking individuals diagnosed with DSM-IV alcohol dependence (AD; n=473; 35.5% females) were assessed with Psychiatric Research Interview for Substance and Mental Disorders (PRISM), Timeline Follow back (past 90 days) alcohol consumption, Penn Alcohol Craving Scale (PACS), Pittsburgh Sleep Quality Index (PSQI), Patient Health Questionnaire-9 (PHQ9), and General Anxiety Disorder-7 (GAD-7). Latent class analysis was used to classify subjects according to lifetime prevalence of AWS symptoms according to DSM-III-R or DSM-IV/5. Demographic and other clinical variables were compared among clusters by linear model ANOVA and chi-squared test.

Results: Four clusters were identified: subjects with (1) no history of meeting any AWS criteria (n=50); (4) with complete number of AWS symptoms, meeting both DSM definitions (n=259); and two clusters of subjects with smaller number of AWS symptoms: (3) those meeting only DSM-IV/5 criteria (n=94) and (2) those also meeting DSM-III-R criteria (n=70). Compared to cluster 2, the Cluster 3 members had higher frequency of anxiety, insomnia, and restlessness during withdrawal. The clusters also differed in the total number of drinks (p=0.021), average drinks per drinking days (p=0.013), history of anxiety disorder (p=0.006), substance-induced depression (p=0.019), and higher scores of PSQI (p<0.001), PHQ9 (p<0.001), and GAD-7 (p<0.001) with a relative increase in frequency between clusters as follows 1<2<3<4. Group 4 also had the highest percentages of subjects with history of seizure, delirium or hallucinations.

Conclusions: Different definitions of AWS capture clusters of AD patients with different symptomatology, comorbidity and consumption patterns. Understanding of biological underpinnings behind those differences may guide improvement in personalized treatment selection.

Disclosure of Interest: None Declared

EPV0059

Addiction to Ultra -Processed Foods In the general population

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Introduction: In recent decades, the global rise in obesity and related diseases has led researchers to investigate factors like ultra-processed foods (UPF), known for promoting overconsumption due to their low cost and hyper-palatable design. Studies link UPF to obesity, cardiovascular diseases, and type 2 diabetes, while the concept of food addiction to UPF has emerged to explain compulsive eating. Although not yet officially recognized, UPF addiction calls for urgent public health strategies to regulate their production and consumption.

Objectives: We aim to assess addiction to ultra-processed foods in the general population, its effects on mental and physical health, and explore the factors influencing these eating behaviors to propose intervention approaches for preventing and treating this form of addiction.