

Conclusions: Combining baclofen (30 mg/day) with minimal diazepam—calculated based on alcohol consumption and adjusted by CIWA-Ar scores—effectively controlled alcohol withdrawal, reduced diazepam use by 40%, and shortened detoxification by about four days. The protocol was well-tolerated and may benefit patients at risk from high benzodiazepine doses or in settings aiming to limit benzodiazepine use. These findings suggest baclofen can reduce medication needs and speed up recovery. Larger trials are needed to confirm these results and evaluate long-term outcomes like relapse rates and sustained abstinence.

Disclosure of Interest: None Declared

EPP081

Intervention for improving treatment retention and alcohol-related outcomes in patients with alcohol-related liver disease: a randomised controlled trial

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Introduction: Quitting alcohol use has been described as the main factor capable of modifying the prognosis of alcohol-related liver disease (ArLD). However, retention to the addiction treatment in these patients is low, and relapse in alcohol use is common. Misconceptions in the patients knowledge of the disease and the treatment impact retention. To improve retention, we have designed a blended intervention consisting in a presential brief intervention combined with a gamified webapp (MyWayUp). The intervention provides information regarding the liver disease and treatment, how to improve the prognosis, healthy lifestyles and how to achieve behavioural changes. The intervention was designed using a co-creation approach, and is based in well-established psychological principles (cognitive behavioural therapy, CBT; motivational interviewing, MI; psychoeducation; game-based learning). **Objectives:** The main objective is to explore the efficacy of the MyWayUp for improving retention to the addiction treatment in patients with ArLD at six months follow-up. As secondary

objectives we explore: retention at 1 and three months, adherence to the treatment (attended visits from the total programmed), patterns of alcohol use and quality of life.

Methods: Prospective, randomised controlled trial, 6 months. Patients with ArLD onset would be invited to participate. If signed the informed consent, they would be randomised to the experimental or control condition. The experimental group would receive the brief intervention and given access to the webapp with a unique access code. Patients in the control group received treatment as usual, and after six months, if they had not adhered to the addiction unit, they would be invited to participate as experimental group. Both groups would be programmed the first visit with a psychiatrist, and followed at months 1, 3 and six after inclusion. The study was blinded for professionals and patients, and only one member in the research team would know the allocation group of each patient.

At baseline, sociodemographical variables were collected, as well as clinical data (presence of comorbidities), pattern of alcohol or other substances use (AUDIT; timeline follow back, TLFB), quality of life (EQ-5D-5L) and functionality (FAST). Several measure were taken at months 1, 3 and six: being active in the treatment at the assessment point (retention); adherence; alcohol and other substance use (TLFB) quality of life and functionality.

Results: The final sample consisted of 82 patients, with a mean age of 55.3 (SD = 11.4). 38.2 % were women, and 53% of the participants were allocated to the experimental group.

Image 1:

VARIABLE	Experimental group	Control group	Statistic (p-value)
Retention month 6 (Primary outcome)	76.7%	40%	Chi = 12.24 (0.002)*
Retention month 1	81.4%	69.4%	Chi = 2.1 (0.34)
Retention month 3	72.1%	41.7%	Chi = 8.24 (0.02)*
Median of attended visits (SD)	4.5 (2.2)	2.7 (2.46)	2.3 (0.002)*
Adherence (attended visits/scheduled visits)	74.4%	45.2%	

Image 2:

VARIABLE	Experimental group	Control group	Statistic (p-value)
Prevalence of alcohol use month 1	38.3%	44%	Chi = 1.17 (0.56)
Prevalence of alcohol use month 3	22.2%	54.2%	Chi = 5.55 (0.019)
Prevalence of alcohol use month 6	20%	48%	Chi = 5.6 (0.024)

Conclusions: MyWayUp has shown efficacy in improving treatment retention and adherence as well as in improving abstinence rates.

Disclosure of Interest: None Declared

EPP082

Alexithymia, Pain Sensitivity, and Interoceptive Awareness in Individuals with Alcohol Use Disorder

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Introduction: Alexithymia, the limited ability to recognize and describe emotions, reflects impairments in emotional awareness and is a prevalent dysfunctional trait in individuals with addiction. Pain is an interoceptive feeling processed through interoceptive pathways and serves as a homeostatic emotion that can motivate behavior. Pain sensitivity may play a role in the development and progression of alcohol use disorder (AUD). Interoceptive awareness (IA) refers to the ability to perceive the internal state of the body. Both interoceptive accuracy (IAc) and interoceptive sensibility (IS), the objective and subjective dimensions of IA, have been shown to be implicated in individuals with AUD.

Objectives: Our objective was to compare alexithymia, pain sensitivity, IAc, and IS levels between abstinent patients with AUD and healthy controls. Additionally, we aimed to investigate the potential associations between the dimensions of IA and both alexithymia and pain sensitivity.

Methods: The study comprised 52 abstinent patients with AUD and 52 healthy control subjects. 92.3% (n=48) of the participants in each group were male, and 7.7% (n=4) were female. Alexithymia was assessed using the 20-item Toronto Alexithymia Scale (TAS-20). Pain sensitivity was measured with the Pain Sensitivity Questionnaire (PSQ). IAc was assessed using the heart rate tracking task, which measured participants' awareness of their own heartbeat by comparing the number of heartbeats they perceived with an objective heart rate measurement. IS was evaluated using the Multidimensional Assessment of Interoceptive Awareness Version 2 (MAIA-2). The study included patients who had completed detoxification and been abstinent for at least three weeks while participating in or undergoing a 28-day abstinence-based inpatient treatment program.

Results: Individuals with AUD scored significantly higher on self-reported measures of alexithymia (AUD group: 53.35 ± 11.83 ; control group: 44.63 ± 6.43 ; $p < 0.001$, $F = 21.768$) and significantly lower on the heart rate tracking task (IAc) (AUD group: 0.65 ± 0.15 ; control group: 0.84 ± 0.13 ; $p < 0.001$, $F = 43.615$). No significant difference was found in self-reported IS scores (AUD group: 114.06 ± 21.38 ; control group: 113.37 ± 13.52 ; $p = 0.844$, $F = 0.039$) or pain sensitivity scores (AUD group: 5.22 ± 1.67 ; control group: 5.18 ± 1.06 ; $p = 0.892$, $F = 0.018$). Alexithymia scores showed significant negative correlations with IAc scores ($r = -0.256$, $p = 0.009$) and IS scores ($r = -0.361$, $p < 0.001$). However, pain sensitivity scores did not significantly correlate with alexithymia ($r = 0.083$, $p = 0.402$), IAc ($r = -0.103$, $p = 0.299$), or IS scores ($r = 0.136$, $p = 0.169$).

Conclusions: Our findings support the hypothesis that alexithymia, which is linked to the development and progression of AUD, is associated with the dimensions of IA.

Disclosure of Interest: None Declared

EPP083

"Snowball" in the Treatment of Alcohol Use Disorder

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Introduction: Treatment motivation is very important in the treatment of alcohol and substance use disorders. The evaluation of motivation, which is seen as the first step in addiction treatment, will also help understand the person's interest and compliance with treatment. The lack of motivation of the person during the treatment process causes treatment abandonment and relapses.

An important issue in the treatment of alcohol use disorder is the trust of the person in the treatment. It is also important for the addict to have someone around him who has benefited from treatment, which is very important in terms of treatment compliance. With the influence of a person who has benefited from addiction treatment, the likelihood of applying for treatment and benefiting from treatment increases in a "snowball" manner.

Objectives: The aim of this study was to evaluate whether people who are treated for alcohol use disorder have a treatment motivation for those around them. It was aimed to examine whether the people who have been treated are important in increasing the trust in treatment for other patients.

Methods: The study included cases who applied to the Seferihisar State Hospital Psychiatry Outpatient Clinic with complaints of alcohol use. The sociodemographic information form was filled out during the individuals' first applications. The participants were asked whether there were people around them who had received inpatient treatment for alcohol use disorder at the hospital where the study was conducted, and the individuals were then administered the Readiness for Change and Desire for Treatment Scale (SOCRATES), Treatment Motivation Questionnaire (TMQ), and Alcohol Use Disorders Identification Test (AUDIT). The individuals were given the standard treatment recommended in our country's treatment guidelines for the diagnosis of alcohol use disorder. The individuals participating in the study were interviewed at 1 month, 2 months and 3 months after starting treatment. The individuals' answers and the decrease in the frequency and amount of alcohol use were recorded.

Results: The rate of treatment attendance is 2.7 times higher for people who have received treatment for alcohol use disorder in their circle.

The rate of treatment confidence in treatment is 4.1 times higher for people who have received treatment for alcohol use disorder in their circle.

The frequency and amount of alcohol use has decreased more for people who have received treatment for alcohol use disorder in their circle.