

Introduction: Technological development and the ever-expanding range of functions that a mobile phone offers to its users cause that more and more people overuse this device. The problem of smartphone addiction and nomophobia has become a significant social problem, especially among young mobile phone users. It has been observed that excessive use of smartphones can cause psychological problems, such as increased levels of stress, anxiety, depression, decreased cognitive function, and can also negatively affect students' academic activities.

Objectives: The primary aim of the study was to assess the extent of phone addiction among nursing students. Additionally, the researchers aimed to investigate the impact of various variables, including socio-demographic and psychological factors, on the severity of pathological phone use among nursing students.

Methods: This survey based study was performed using the author questionnaire and standardized research tools: the Nomophobia Questionnaire (NMP-Q), the Mobile Phone Problem Use Scale for Adolescents (MPPUSA), the Athens Insomnia Scale (AIS), and the Depression, Anxiety, and Stress Scale version 21 (DASS-21).

Results: The study involved 303 nursing students of the Pomeranian Medical University in Szczecin. A subjective feeling of addiction to a mobile phone was noted in 51.16% of respondents, and to the internet in 22.44%. In addition, 66.34% of the respondents had sleep problems. Some 38.28% of the nursing students did not show symptoms of depression, 38.61% had normal levels of anxiety, and 37.62% had normal levels of stress. Phone use was significantly more problematic among single people and those in an informal relationship, as well as among younger respondents. Analysis of the data revealed statistically significant positive correlations between problematic phone use according to the MPPUSA and the severity of depression, anxiety, stress, and insomnia according to the AIS.

Variable	MPPUSA [score]		
	r		p
NMP-Q	No possibility of communication	0.531	< 0.001
	Loss of connectivity	0.6	< 0.001
	Being unable to get the news	0.682	< 0.001
	Inconvenience	0.64	< 0.001
DASS-21	Level of depression	0.324	< 0.001
	Level of anxiety	0.333	< 0.001
	Level of stress	0.404	< 0.001
AIS	0.317		< 0.001

Conclusions: The vast majority of nursing students use a mobile phone correctly and do not exhibit symptoms of nomophobia. Age and marital status are the sociodemographic variables that have a statistically significant effect on the pathological pattern of smartphone use. There is no statistically significant relationship between mobile phone addiction and gender or place of residence. Phonoholism statistically significantly positively correlates with nomophobia, as well as the severity of depressive symptoms and insomnia. Moreover, the more pathological the smartphone use, the higher the levels of anxiety and stress experienced by nursing students.

Disclosure of Interest: None Declared

EPV0031

Personality traits and the degree of work addiction among Polish women: the mediating role of depressiveness

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Introduction: Workaholism is an addiction, however the obsessive-compulsive components alone may prove insufficient in determining its nature.

Objectives: The aim of the following study was to determine the mediating role of depressiveness in the relationships between workaholism and personality traits according to the five-factor model among Polish women.

Methods: The research study was carried out among 556 women residing in the West Pomeranian Voivodeship in Poland. The research was based on a survey performed using a questionnaire technique. The following research instruments adapted to Polish conditions were employed to assess the incidence of work addiction among female adults: The NEO Five-Factor Inventory (NEO-FFI), The Work Addiction Risk Test (WART) Questionnaire, and The Beck Depression Inventory—BDI I-II.

Results: A positive correlation between the intensity of neuroticism and the work addiction risk was revealed ($\beta = 0.204, p < 0.001$). A partial mediation (35%) with the severity of depression symptoms as a mediating factor was observed ($\beta = 0.110, p < 0.001$). Respondents characterized by high neuroticism showed a greater severity of the symptoms of depression ($\beta = 0.482, p < 0.001$), which is a factor increasing the work addiction risk ($\beta = 0.228, p < 0.001$). Respondents characterized by a high level of extraversion displayed lower severity of the symptoms of depression ($\beta = -0.274, p < 0.001$). A negative correlation between the intensity of agreeableness and the work addiction risk was revealed ($\beta = -0.147, p < 0.001$). A partial mediation (27.8%) was observed. A positive correlation between the intensity of conscientiousness and the work addiction risk was revealed ($\beta = 0.082, p = 0.047$). Respondents characterised by a high level of conscientiousness showed a lower severity of depression symptoms ($\beta = -0.211, p < 0.001$).

Table 1. Indirect and total effects: Mediation model 1 - Neuroticism

Type	Effect	95% CI*			β^{**}	z	p-value
		b	Lower	Upper			
Indirect	N \Rightarrow BDI \Rightarrow WART	0.149	0.092	0.213	0.110	4.800	<0.001
Component	N \Rightarrow BDI	0.241	0.205	0.275	0.482	13.270	<0.001
	BDI \Rightarrow WART	0.618	0.398	0.851	0.228	5.230	<0.001
Direct	N \Rightarrow WART	0.277	0.157	0.403	0.204	4.540	<0.001
Total	N \Rightarrow WART	0.426	0.319	0.534	0.314	7.790	<0.001

NEU—neuroticisms, WART—Work Addiction Risk Test, N—Neuroticism, BDI—Beck Depression Inventory—BDI I-II, b—unstandardized regression coefficient, β —standardized regression

coefficient, p —significance level; * Confidence interval (CI) computed with method: bootstrap percentiles; ** Beta (β) is completely standardized effect size.

Conclusions: Depressiveness plays the role of a mediator between neuroticism, extraversion, agreeableness as well as conscientiousness, and work addiction. Depressiveness is a factor which increases the risk of work addiction.

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EPV0032

Behavioral addictions an updated look in the child and adolescent population

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Introduction: BEHAVIORAL ADDICTIONS AS A REPETITIVE PATTERN OF BEHAVIOR WITH DECREASE IN SELF-CONTROL AND A POWERFUL DESIRE TO CARRY OUT IT, DESPITE THE NEGATIVE CONSEQUENCES; WITH ACCOMPANYING SYMPTOMATOLOGY OF IRRITABILITY, CONCERN AND ANXIETY.

Objectives: ANALYZE THE RESULTS ON REPORTS OF BEHAVIORAL ADDICTIONS

Methods: IN THE REPORTS ON BEHAVIORAL ADDICTIONS, ESTUDES (SURVEY ON THE DRUG USE IN SECONDARY EDUCATION IN SPAIN, 14-18 YEARS OLD) AND EDADES (SURVEY ON ALCOHOL AND DRUGS IN SPAIN) WE FOUND THE FOLLOWING:

- MANY MINORS PARTICIPATE IN GAMBLING GAMES.
- THE USE OF THE INTERNET, GAMBLING WITH MONEY AND VIDEO GAMES ARE VERY COMMON PRACTICES.
- ONLINE BETTING GAMES ARE MORE PREVALENT IN YOUNG PEOPLE.
- WITHIN THE PATHOLOGICAL GAME, A GREATER PREVALENCE OF BEHAVIOR IS OBSERVED RISK.
- WITHIN THE ABUSIVE USE OF THE INTERNET, GREATER CONSUMPTION OF CANNABIS AND ALCOHOL.

Results: REGARDING THE TREATMENT, THE USEFULNESS OF COGNITIVE PSYCHOTHERAPY IS RECOGNIZED. BEHAVIORAL AND THE USE OF PSYCHODRUGS SUCH AS NALMEFENE AND NALTREXONE.

Conclusions: ADDICTION TO THE INTERNET AND VIDEO GAMES COULD BE RECOGNIZED AS PSYCHIATRIC DIAGNOSES WHEN THEY LEAD MORE COMPLEX CHARACTERISTICS. SOME STUDIES PROPOSED TO TAKE INTO ACCOUNT THE EMOTIONAL NEEDS AND THE IMPULSIVITY, WHILE OTHERS, TALK ABOUT THE NEURO-BIOLOGICAL-GENETIC COMPONENT OF ADDICTIONS.

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EPV0033

Benefits and Challenges of Transition from High-Dose Methadone to Buprenorphine Depot: A Case Report

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Introduction: Opioid dependence is a complex condition that often requires long-term treatment and care. Methadone, a synthetic full opioid agonist, and buprenorphine, a partial agonist at the opioid receptor, are commonly used in substitution therapy for opioid dependence, typically administered as an oral liquid or sublingual tablet. Transitioning from high-dose methadone to buprenorphine for the treatment of opioid use disorder (OUD) poses a risk of precipitated withdrawal. This risk arises from introducing a high-affinity partial agonist (buprenorphine) at the mu-opioid receptor after it has been occupied by a lower-affinity full agonist (methadone). As a result, this transition is usually only performed for patients on low doses of methadone (<30-40 mg). Microdose induction has been proposed as a potential solution to facilitate a smoother transition to buprenorphine.

Objectives: To present a case report of a rapid transition from high-dose methadone to buprenorphine depot, highlighting both the benefits and challenges of this process.

Methods: This case report describes a patient who was switched from 150 mg of methadone to 32 mg of sublingual buprenorphine using microdosing, and subsequently transitioned to a weekly 160 mg buprenorphine depot injection.

Results: The patient was successfully transitioned to sublingual buprenorphine and later to buprenorphine depot without experiencing withdrawal symptoms. Even later, the patient reported no signs of withdrawal and was satisfied with the buprenorphine dosage. The patient attended monthly check-ups with the doctor; however, 15 days after the transition, he began consuming alcohol and soon after, started using cocaine.

Conclusions: This report supports the use of microdose induction for initiating buprenorphine, particularly for patients stabilized on high doses of methadone who may struggle with traditional buprenorphine induction methods. Although the patient remained abstinent from opioids, he quickly relapsed with alcohol and cocaine, issues that had not been present during his methadone treatment. Regular and more frequent therapeutic assessments are very important for many patients to prevent relapse.

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EPV0034

The Relationship Internalized Stigmatization and Depression among Adolescents with Substance Use: A Cross-Sectional Study

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