

Introduction: Yoga has been demonstrated to have a range of beneficial effects on individuals with substance use disorders, including opioid use disorders. We initiated a randomized clinical trial to find out the efficacy of add-on yoga among patients with opioid dependence stabilized on treatment to find out whether it led to improvement in sleep and quality of life. However, the rate of enrolment into the study was quite low.

Objectives: In this interim analysis, we present the preliminary data on the reasons for non-enrolment in the yoga trial.

Methods: The single-centre trial involved 1:1 randomization of patients with opioid dependence stabilized on medications (naltrexone or buprenorphine) for a period of at least 4 weeks into two groups (add-on yoga or wait-list control). The yoga included *asanas* and *panchakosha* meditation, taught for a period of 7 days and to be practiced by the participants for a period of 12 weeks. We recorded the reasons for non-participation among those who did not participate and asked them questions about their views on yoga.

Results: Of the 310 patients recruited between August 2022 and July 2023 (99.7% male, mean age 34 years, 56.5% married), 255 (82.3%) could not be enrolled in the trial. The most common reasons for non-enrolment were not having time for training (n = 206, 80.8%), not having time for doing yoga (n = 180, 70.6%), not having a smartphone for continued training or contact (n = 31, 12.2%), distance from the center (n = 17, 5.5%) do not feel the need for yoga (n = 16, 5.2%), injury or disability (n = 9, 3.5%), old age or medical condition (n = 7, 2.7%), already doing gym exercises (n = 7, 2.7%), nature of job (n = 5, 2.0%), do not have knowledge of yoga (n = 5, 2.0%), and do not think yoga would be useful (n = 4, 1.6%). Among those who could not be enrolled, 35.1% reported doing yoga sometime in the past, and 21.6% reported that at least one of the family members did yoga. When asked whether they would be interested if yoga was available online, 16 (5.2%) responded 'yes' and 45 (14.5%) responded 'maybe'.

Conclusions: Expressed time constraints may be an important factor deterring patients with opioid dependence from engaging in yoga as an add-on yoga. There are other reasons as well that may deter patients from such an intervention. The findings should be seen in the light of the limitation of a single medically oriented center, and patients already stabilized on treatment.

Disclosure of Interest: None Declared

EPP0626

Anxiety disorders and intravenous drug use in chemsex context

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doi: 10.1192/j.eurpsy.2024.730

Introduction: Several studies have called attention to the mental health disorders associated with chemsex -the intentional use of drugs before or during sexual intercourse GBMSM (gay, bisexual and men who have sex with men) population-. Sexualized intravenous drug use is also known as slam or slamsex. There are few

studies that analyze the mental health differences between intravenous drug users compared to non-intravenous drug users in chemsex context.

Objectives: We aim to describe the mental health outcomes including current and past anxiety disorders diagnosis in a sample of users with sexualized drug use (chemsex) attended by the non-governmental organization Apoyo Positivo in the program "Sex, Drugs and You" and to compare the differences of current and previous diagnosis of anxiety disorders between intravenous drug users compared to non-intravenous drug users.

Methods: A cross-sectional descriptive analysis of a sample of users attended by the non-governmental organization Apoyo Positivo in the program "Sex, Drugs and You" between 2016-2019 was performed.

Results: We included 217 participants. Current or past diagnosis of anxiety disorders was found in 142 participants. Anxiety disorders were significantly higher in the intravenous drug use group compared to the non-intravenous drug use group (p<0.05).

Conclusions: Previous studies have reported that MSM who practiced chemsex were more likely to experience from anxiety. In our study, anxiety disorders were higher in participants who engaged in intravenous drug use. A multidisciplinary team is necessary to address chemsex and provide care and treatment for mental health problems such as anxiety, depression, suicidal behaviour or drug-induced psychosis.

Disclosure of Interest: None Declared

Anxiety Disorders and Somatoform Disorders

EPP0627

Evaluation of anxiety and depression in patients with knee osteoarthritis

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doi: 10.1192/j.eurpsy.2024.731

Introduction: Knee osteoarthritis is one of the most common causes of functional impairment, significantly impacting patients' quality of life and leading to severe mood disorders. Our objective is to assess the prevalence of depression and anxiety in knee osteoarthritis patients.

Objectives: Evaluate the prevalence of depression and anxiety in patients with knee osteoarthritis.

Methods: This was a cross-sectional study conducted over a three-month period from February to April 2022, including consecutive patients who consulted in a Rheumatology department. We assessed each patient using a validated version of the HAD (Hospital Anxiety and Depression) scale, which includes 14 items, each rated from 0 to 3, measuring two components: depression and anxiety.

Results: We enrolled 82 patients (67 women and 15 men) with an average age of 60.4 years [44-89 years]. The average disease duration was 10 years [2-30]. Knee osteoarthritis was bilateral in 79% of cases. Knee deformities were observed in 74.4% of cases (40.2% had