

(30.49% vs 19.08%). It is obvious that they also more often ($p=.01$) use electronic cigarettes or vaping drugs (25.24% vs 12.86%) and alcohol (54.42% vs 9.96%). Students in both groups denied using other psychoactive substances. Foreign students reveal positive correlational interconnections between smoking and alcohol drinking ($r=.44$), while there is no evidence of such interconnections in domestic students. Both groups show valid interconnections between the frequency of smoking and the level of stress ($r=.15$ и $r=.17$ correspondingly), the frequency of smoking and monthly financial expenses ($r=.21$ и $r=.22$ correspondingly). With domestic students, vaping negatively correlates with exercising in gyms ($r=-.12$), with foreign students it directly correlates with bodybuilding supplements consumption ($r=.15$). Those foreign students who drink alcohol more often point to the necessity of having a psychologist in the university ($r=.13$).

Conclusions: The revealed general and specific factors associated with domestic and foreign students' use of psychoactive substances call for the necessity of developing culturally differentiated preventive programs

Disclosure of Interest: None Declared

EPP0357

Psychological risk factors that predict social networking addiction in students

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doi: 10.1192/j.eurpsy.2024.526

Introduction: Social networks (SN) addiction is a serious problem among young adults that requires increased attention.

Objectives: The aim of the study was to assess the relationships between internet addiction and selected psychological characteristics of university students.

Methods: This is a descriptive and analytical study, conducted over the period from November 2022 to January 2023, among students in various fields. SN addiction was measured using the Social Media Addiction Scale-Student Form (SMAS-SF). The Rosenberg scale was used to assess global self-esteem and the Social Self-Esteem Inventory was used to assess social self-esteem. The Big Five Personality-10 (BFI 10) scale was used to assess the 5 personality dimensions.

Results: A total of 116 students, with an average age of 25.49, took part in the study. Most students (91.4%) were over 20 years old. They were female in 78.4% of cases. They enrolled in postgraduate studies in 55.2% of cases. The majority of students (59,5%) studied medicine. According to the SMAS-SF scale, the average score was 75.87. The mean score for social self-esteem score was 122.03. Sixty-four participants (55.2%) had low and very low self-esteem. The dominant personality dimensions were extraversion and neuroticism in 15.5% each. Addiction to SN was significantly associated with very low global self-esteem ($p=0.028$) and a lower social self-esteem score ($p=0.011$). Low conscientiousness and neuroticism

were significantly associated with increased SN use ($p=0.007$, $p=0.004$ respectively).

Conclusions: This study provides a better understanding of the phenomenon of addiction to SN, and enables us to tailor prevention and care more effectively. The psychological factors associated with this behavior need to be more explored in future research.

Disclosure of Interest: None Declared

EPP0358

12-Month Outcome Data for Buprenorphine-Naloxone Maintenance Treatment in Individuals with Opioid Use Disorder

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doi: 10.1192/j.eurpsy.2024.527

Introduction: Buprenorphine/Naloxone (B/N) is a safe and effective treatment for the long-term stabilization of individuals with opioid use disorder (OUD). Patients undergoing opioid maintenance treatment experience reduced mortality rates, decreased substance use, and an overall improvement in their quality of life. Premature discontinuation of maintenance treatment increases the risk of relapse.

Objectives: Our primary objective was to assess patient compliance with maintenance treatment and to identify potential factors associated with treatment discontinuation and relapse.

Methods: The study involved 206 patients with OUD who initially enrolled in a 28-day abstinence-based inpatient program at our hospital. Following their inpatient treatment, they were subsequently admitted as outpatients for B/N maintenance treatment at the Alcohol and Substance Addiction Treatment Center in Trakya University School of Medicine (Edirne, Türkiye). The addiction profiles of patients were assessed using the Addiction Profile Index (API) Clinical Form during the baseline evaluation. Sociodemographic and clinical data were collected from the patients' records.

Results: After 3 months, 114 patients (55.3%) remained in treatment, and 52 patients (25.2%) were still in treatment at the end of 1 year. Factors associated with a higher likelihood of remaining in treatment for one year included older age ($z=-2.257$, $p=0.024$), longer length of education ($z=-2.270$, $p=0.023$), later onset of smoking ($z=-2.704$, $p=0.007$), later onset of substance use ($z=-3.597$, $p<0.001$), and a higher rate of completing the inpatient treatment program ($\chi^2=4.016$, $p=0.045$). Patients in the 1-year retention group had lower scores on the API anxiety ($z=2.767$, $p=0.009$), anger management problems ($z=2.754$, $p=0.011$), and novelty-seeking behavior ($z=2.634$, $p=0.043$) subscales. They also had a lower rate of having a criminal history ($\chi^2=5.349$, $p=0.021$). The duration of treatment retention was positively correlated with age ($r=0.160$, $p=0.021$), length of education ($r=0.158$, $p=0.023$), age of onset of smoking ($r=0.228$, $p=0.001$), and age of onset of substance use ($r=0.268$, $p<0.001$). It was negatively correlated with the duration of substance use ($r=-0.138$, $p=0.048$), the number of inpatient treatments ($r=-0.142$, $p=0.042$), and scores on the API

anxiety ($r=-0.167$, $p=0.040$), anger management problems ($r=-0.173$, $p=0.033$), and novelty-seeking behavior ($r=-0.209$, $p=0.010$) subscales.

Conclusions: Identifying the specific factors associated with treatment retention and dropout/relapse can be valuable in developing more effective and personalized treatment plans for individuals with OUD.

Disclosure of Interest: None Declared

Bipolar Disorders

EPP0359

Exploring the role of the immune-neuroendocrine interplay during affective episodes and euthymia in bipolar patients to seek for a reliable biological signature of the disease

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doi: 10.1192/j.eurpsy.2024.528

Introduction: Bipolar disorder (BD) is characterised by heterogeneous phenotypic manifestations that may affect the achievement of a timely diagnosis delaying its therapeutic management. Increased circulating levels of pro-inflammatory cytokines and cortisol (CORT) have been observed in BD patients in addition to decreased levels of Brain-Derived-Neurotrophic Factor (BDNF) suggesting that the interaction among these mediators may play a role in the occurrence of affective episodes overall disrupting brain plasticity. However, knowledge on BD etiopathogenesis is still limited, including the causal relationship with inflammatory and neuroendocrine markers.

Objectives: To assess whether variations in peripheral neuroendocrine and inflammatory markers during acute phases of the disease and euthymia might predict the occurrence of affective episodes; to evaluate whether the interplay among these biomarkers might be exploited as a signature of BD.

Methods: We are currently recruiting BD patients during depressive or manic/hypomanic phases together with age- and sex-matched healthy controls (CTRLs). Complete blood count, pro-inflammatory, anti-inflammatory cytokines and BDNF will be assessed in serum; salivary cortisol awakening response test will be used to evaluate hypothalamic-pituitary-adrenal axis activity. MADRS, YMRS and HAM-A will be used to assess psychiatric symptoms, PSP and SRRS for global functioning and suicidal risk, IPSS and SRRS for stress levels and CIRS to evaluate physical comorbidities. All assessments will be carried out at the time of recruitment (T0) and after 3 (T1) and 6 (T2) months.

Results: Data have been so far collected on 28 BD patients (18 males, 10 females, age: 48.31 ± 11.3) and 26 CTRLs (16 males, 10 females, age: 46.82 ± 10.86). At T0, BD were characterised by a greater total number of white cells (7.83 ± 1.86 BD vs. 6.78 ± 1.87 CTRL, $p<0.05$), mean number of neutrophils (4.89 ± 1.49 BD

vs. 3.92 ± 1.45 CTRL, $p<0.05$) and neutrophil/lymphocyte ratio (NLR) (2.52 ± 1.1 BD vs. 1.9 ± 0.69 CTRL, $p<0.05$). Moreover, BD patients showed overall a greater BMI (30.5 ± 6.6 BD vs. 24.45 ± 3.86 CTRL, $p<0.001$). No difference was observed among groups with respect to sex and age.

Conclusions: Although preliminary, these results suggest that the active phases of BD are associated with a low-grade inflammatory state, potentially related to a different metabolic set-point in BD patients. Ultimately, this study will allow us to evaluate whether the presence of affective symptoms is correlated with fluctuations in the levels of inflammatory mediators, salivary cortisol and BDNF and to establish a reliable and highly predictive BD signature.

Funded by: Bando Ricerca Indipendente ISS 2021-2023 to A. Berry project code ISS20-9286e4091f8e"

Disclosure of Interest: None Declared

EPP0360

Serum Lithium Concentration and the Risk of Chronic Kidney Disease

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doi: 10.1192/j.eurpsy.2024.529

Introduction: Lithium is an important treatment option for individuals with mood disorders, but its use has been linked to the development of chronic kidney disease (CKD). Existing studies on this association have reported conflicting results.

Objectives: The aim of this study was to examine the risk of developing CKD with lithium use adjusting for common comorbidities.

Methods: This was a retrospective cohort study that included all individuals in Iceland receiving lithium therapy between 2008 and 2018. Lithium use was defined as at least one dispensed prescription for Lithium or at least one serum lithium concentration above the detection limit. Patients with affective disorders (ICD-10 codes F30-F39) attending the outpatient clinics of Landspítali–The National University Hospital Mental Health Services in 2014-2016, without lithium exposure, served as controls. CKD stages 3-5 were defined according to the Kidney Disease Improving Global Outcomes (KDIGO) guidelines for CKD as estimated glomerular filtration rate (eGFR) less than $60 \text{ mL/min/1.73 m}^2$. The eGFR was calculated using the serum creatinine (SCr) based on the *Chronic Kidney Disease Epidemiology Collaboration* (CKD-EPI) equation. Acute kidney injury (AKI) was defined according to the SCr component of the KDIGO criteria for AKI, and other comorbid diseases were defined based on ICD-9 and ICD-10 codes. Individuals with fewer than 2 SCr measurements during the study period and those with CKD stages 3-5 prior to 2008 were excluded. Cox regression analysis with time dependent variables was performed to assess the risk of CKD.

Results: The study included 2046 individuals exposed to lithium, of whom 221 (10.9%) developed CKD in the study period. Among the 1220 control subjects, 39 (3.2%) developed CKD. Lithium use was associated with CKD (hazard ratio [HR] 1.93, 95% confidence