scarce information about efficient therapeutic interventions. Cell phone addiction (CPA) has been raising a significant interest for mental health specialists because of its increasing prevalence and potential long-term physical and mental complications. Therefore, an analysis of the available data about the main characteristics of this pathology seems granted.

Objectives: The main objective of this review was represented by the need to find relevant reports about the epidemiological, clinical, and therapeutic interventions in CPA.

Methods: A narrative review focused on the available treatments for food addiction was performed through a search in four electronic databases (PubMed, Cochrane, EMBASE, and Web of Science/Clarivate) using the paradigm "cell phone addiction" or "smartphone dependence" and "treatment" or "epidemiology" or "diagnostic criteria" or "risk factors." No inferior time limit for published papers was established, and the superior limit was July 2023.

Results: A relatively large number of papers regarding this topic were found (n=772), but after applying the inclusion and exclusion criteria, only 29 articles remained. Female gender and adolescents, but also high anxiety levels, insomnia, excessive Internet use, less physical activity, and a higher level of dependence have been correlated with CPA. Six validated scales have been identified as possible instruments for monitoring the CPA evolution. Different diagnostic criteria have been suggested, but they still lack clinical validation. Cognitive-behavioral therapy could be helpful, and smartphone applications that limit online time could also be efficient. Treatment of previously mentioned vulnerability factors is also recommended to obtain long-term favorable effects.

Conclusions: CPA is an increasingly explored BA, but validated diagnostic criteria are still missing. The treatment is also based on extrapolations from other addictions. Therefore large sample-based therapy trials are needed.

Disclosure of Interest: None Declared

EPP0479

Relationship Between Neutrophil-Lymphocyte Ratio and Treatment Retention in Individuals with Opioid Use Disorder

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Introduction: Inflammatory processes may play a role in the pathophysiology of substance use disorders. Chronic opiate use may lead to inflammation, and elevated inflammation markers have been observed in individuals with opioid use disorder (OUD). The Neutrophil-Lymphocyte Ratio (NLR) serves as an indicator of systemic inflammation. NLR can be employed in both diagnosis and treatment monitoring as an inflammatory marker to gauge the severity of OUD.

Objectives: Our aim was to assess the utility of NLR as a marker of chronic inflammation in diagnosing and monitoring treatment in individuals with OUD.

Methods: A total of 200 patients with OUD and 78 healthy control subjects were enrolled in the study. Patients were initially admitted to a 28-day abstinence-based inpatient program and subsequently transitioned to outpatient buprenorphine/naloxone (B/N) maintenance treatment after hospitalization at the Alcohol and Substance Addiction Treatment Center in Trakya University School of Medicine (Edirne, Türkiye). NLR was employed as a measure of systemic inflammation. Blood samples were collected the morning following admission for detoxification. Patients were categorized into two groups: the treatment retention group and the dropout/relapse group based on their 3-month and 12-month follow-up results. Clinical data were obtained from patient records.

Results: At the 3-month follow-up, the median NLR with interquartile range was 1.34 (1.05-1.99) in the treatment retention group (n=112) and 1.72 (1.11-2.46) in the dropout/relapse group (n=88). At the 12-month follow-up, the median NLR with interquartile range was 1.28 (0.88-1.85) in the treatment retention group (n=52) and 1.56 (1.07-2.33) in the dropout/relapse group (n=148). The median NLR in the control group (n=78) was 1.36 (1.12-1.74). According to the 3-month and 12-month follow-up data, the difference between the groups concerning NLR was statistically significant (χ^2=9.072, p=0.011; χ^2=11.165, p=0.004; respectively). Pairwise comparisons indicated that patients in the dropout/relapse group had significantly higher baseline NLR values than those in the treatment retention group and healthy controls according to the 3-month (p=0.038 and p=0.019, respectively) and 12-month follow-up data (p=0.012 and p=0.040, respectively). NLR did not differ significantly between the treatment retention and control groups in both follow-ups (p>0.05).

Conclusions: Our findings suggest that elevated baseline NLR is associated with dropout/relapse in OUD, indicating its potential as a marker for treatment follow-up in these patients.

Disclosure of Interest: None Declared

EPP0480

Relationship of Interoceptive Accuracy with Craving, Personality Dimensions, and Alexithymia in Alcohol Use Disorder

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Introduction: Interoception encompasses processes that involve receiving, processing, and integrating bodily signals with external stimuli, ultimately influencing ongoing motivated behaviors. Disruptions in these interoceptive processes are believed to contribute to the development and progression of alcohol use disorder (AUD). Interoceptive accuracy (IAc), the objective dimension of interoception, has been shown to be decreased in patients with AUD. Traits linked to substance use vulnerability, such as personality dimensions and alexithymia, may be associated with decreased IAc.

Objectives: Our objective was to compare the heartbeat perception (HBP) scores, as a measure of IAc, between abstinent inpatients with AUD and healthy controls. Additionally, we aimed to investigate potential associations between IAc and variables such as alcohol craving, personality dimensions, and alexithymia.