EPV0031

Problematic mobile phone use among medical students and professionals: Its impact on sleep quality and depressive symptoms

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Introduction: Nowadays, the smartphone use is increasing, similar is the trend among medical students and professionals.

The problematic use of mobile phone has become a major public health concern as it may lead to its addiction and other disorders such as sleep disorders, depression and decreased life satisfaction. **Objectives:** This study aims to determine the association between mobile phone usage, Insomnia and depressive symptoms among medical students and medical professionals.

Methods: We conducted a descriptive and analytical study among 40 medical students and doctors. They were asked to fill out an anonymous online survey.

Problematic Use of Mobile Phones (PUMP) scale was used to assess mobile phone usage. Insomnia Severity Index (ISI) was used to screen for insomnia and the Patient Health Questionnaire-9 (PHQ-9) to screen for depression.

Results: The mean age of participants was 27,8 years, with a sex ratio of 1/3.

The mean of the duration of mobile phone use was 3.4 hours per day.

We found that 77% of participants spend most of their time on social media (Facebook, Instagram, Tik Tok) when using their mobile phones.

In our study, participants with higher problematic use of mobile phone (PUMP) score were significantly more likely to present symptoms of insomnia (p=0.031) and depression (p=0.023) according to ISI and PHQ-9 scales.

Furthermore, a significant association was found between the duration of mobile phone use, Insomnia and depression. In fact, the Odds Ratio (OR) of Insomnia was 1.66 in participants who used mobile phone more than 2 hours per day compared to those who used mobile phone < 2 hours per day.

Similarly, the OR of depressive symptoms was significantly increased with prolonged mobile phone use (>= 2 hours per day) compared to those who used it <2 hours per day (OR=3).

Conclusions: Mobile phone problematic use is negatively related to sleep outcomes and depression symptoms. It is increasingly recognized as an important modifiable risk factor for mental health problems.

Prevention strategies including information, advice, sport and cultural activities are an essential need for all medical students and professionals to help them set limits for mobile phone use.

Disclosure of Interest: None Declared

EPV0030

Temporal trends of drug requests in the Addiction Liaison Psychiatric Unit. 12 years in Hospital del Mar (Barcelona)

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Introduction: Substance Use Disorders are frequently associated to other medical problems. The temporal evolution of the main drug requests is related to drug and drug users' facts. COVID-19 pandemic is worthy of investigation.

Objectives: To analyze temporal trends in the characteristics of all medical requests to the Addiction Liaison Psychiatric Unit from January 2010 to December 2022.

Methods: Study data will be obtained from all patients that were referred to the Addiction Liaision Psychiatric Unit during 12 years in Hospital del Mar (Barcelona). Demographics and clinical data (substance use, medical diagnosis, dual diagnosis) will be obtained and analyzed by semesters.

Results: The results will be presented as soon as all data is obtained. We will explore COVID-19 pandemic implications. **Conclusions:** .

Disclosure of Interest: None Declared

EPV0031

Inpatient treatment of GHB/GBL dependence: a case report

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Introduction: Gamma-hydroxybutyrate (GHB) and its precursor gamma-butyrolactone (GBL) are popular drugs of abuse used for their euphoric, (potential) anabolic, sedative, and amnestic properties. Daily use of GHB/GBL can lead to dependence and the possibility of a withdrawal syndrome on cessation which results in tremor, tachycardia, insomnia, anxiety, hypertension, delirium, and coma.

Objectives: To describe the inpatient treatment and outcome of treatment of a patient with GHB/GBL dependence.

Methods: A review of the case of patient reporting GHB/GBL dependence who was admitted for inpatient treatment.

Results: The patient was using more potent substance GBL daily, 1.5 to 2 ml every two hours. She was using cannabis, alcohol, cocaine, and amphetamine-type stimulants additionally. Psychiatric comorbidities such as personality disorders, and eating disorders were recognized. Delirium developed after six hours of the last dose of GBL. The patient was treated with diazepam, clomethiazole, and atypical antipsychotics. She completed detoxification but

stopped her treatment earlier. After two weeks she started to drink alcohol and after one month relapsed with GHB/GBL.

Conclusions: GHB/GBL withdrawal can be severe and retention in the program is poor. Polysubstance use, psychiatric co-morbidities, and heavier GHB/GBL use as possible predictors of poor treatment outcomes need consideration in treatment planning.

Disclosure of Interest: None Declared

EPV0032

DEPRESSION IN OPIATE ADICTION

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Introduction: Miroslava Vasiljević psychiatrist employed in Specialist practice of psychiatry Sunce, Belgrade, Serbia.

Objectives: Objectives and aims: Substance abuse is a major public health problem with high morbidity and mortality. Treatment – seeking opioid dependent individuals frequently report mood problems in the form of depression. The aim of this study was to evaluate the depression in patients with substance abuse.

Methods: We evaluated mood problems in the form of depression and health- related quality of life (HRQoL) among patients (20) with diagnosed opiate dependance who entered detoxification program and met the criteria for abstinence in period of one month, and compared with the results of 20 healthy controls consisted of secondary medical staff.

Almost all of the patients had a total PSQI score of 6 or higher, suggestive of depression, compared with control group (PSQI < 5). Patients had problems with a depression, taking antidepressives and problem to keep up enough enthusiasm to get things done (P < 0,05), compared with the control group.

Results: SF-36 scores for psysical functioning, role-physical, bodily pain, social functioning, role-emotional, and mental health were significantly lower mean compared to control group. Patients with disease had a reduced HRQoL, related to control group.

Conclusions: Majority of heroin-dependent patients reported depression and reduced quality of life. These conclusions are limited, because data was collected via questionnares of patients were small. In future we plan to include more substace abuse patients.

Disclosure of Interest: None Declared

EPV0033

Addictive behaviours in the employees of an electricity company in Tunisia

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Introduction: In Tunisia, tobacco control remains one of the main country's health strategies. However, it seems that the scourge of tobacco is still a prevalent problem and it's often associated with other addictive behaviours like alcohol use.

Objectives: Evaluate the addictive behaviours of the employees of an Electricity company in Tunisia and their impact on their mental health.

Methods: We conducted a cross-sectional study in May 2022. A pre-established questionnaire was filled out during a sensitization campaign that took place in the company. We used the Fagerstörm test and the AUDIT questionnaire to evaluate tobacco and alcohol dependency respectively. Signs of depression and anxiety were evaluated by the Hospital Anxiety and Depression scale (HAD). Collected data were analyzed using IBM SPSS statistics version 23.0. Results: Our population consisted of 83 employees. The average age was 40.79±11.23. Males represented 65.1% of employees. The mean of seniority was 15.23±10.82 years. Forty-one per cent were overweight and 22.9% had obesity. The mean Body Mass Index (BMI) was 27.17±3.92. Twenty-five employees (30.1%) were active smokers and 7 (8.5%) consumed alcohol. All of them were males. The nicotine dependency test's mean was 4.12 ± 2.78 and 28% of smokers had a high to a very high nicotine dependency. The mean score of the AUDIT questionnaire was 9.71±10.76. Four alcohol consumers (57.1%) had harmful alcohol use and 2 of them (28.5%) had alcohol dependency. The evaluation of the HAD score showed that the mean anxiety score was 7.59 ± 3.13 and the mean depression score was 6.44 ± 3.71 . Twelve per cent and 10.8% of employees had elevated anxiety and depression scores respectively. Bivariate analysis showed that depression is significantly associated with the female sex (p=0.023) and with a lower number of service years (p=0.019). Anxiety was significantly associated with a high BMI (p=0.027). Anxiety and depression were not associated with alcohol or tobacco consumption.

Conclusions: Smoking and drinking are common in our society. Sensibilization campaigns must focus on motivating workers to quit those addictive behaviours and promote a healthier lifestyle.

Disclosure of Interest: None Declared

EPV0034

Tobacco and alcohol use in Tunisian young doctors: a way to evade occupational stressors

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Introduction: The medical field is very stressful. To reduce stress, healthcare workers may resort to different habits, including smoking and drinking.

Objectives: We aimed to assess the smoking and drinking habits of interns and fellows in Tunisian hospitals.

Methods: A cross-sectional study was conducted in April 2022 through online platforms. A pre-established questionnaire was sent to Tunisian medical interns and fellows, working in public hospitals, and collected sociodemographic and occupational data. The Fagerstörm test was used to evaluate nicotine dependence.

Results: Our population consisted of 182 Tunisian interns and fellows. Their mean age was 26.38 ± 2.03 years. Females represented