

Abstract

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Addictive Disorders 01

EPP0001

I can't wait! An investigation into time processing in cocaine use disorder

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Introduction: Almost all definitions of impulsivity include the notion of distorted time perception such as impaired awareness of the future or premature responses. Preclinical evidence suggests that stimulant drugs speed up the internal clock, making time pass faster than it actually is. However, stimulant-addicted humans, who are drug-abstinent seem to over-estimate long time intervals.

Objectives: The present study aims to investigate time processing in actively using patients with cocaine use disorder (CUD). We hypothesise that active cocaine use will be associated with an under-estimation of long time intervals.

Methods: We recruited 48 men with a chronic history of cocaine use, meeting the DSM-5 criteria for CUD, and 42 healthy men without a history of substance use disorders. All participants completed a time reproduction task in which they were presented four times with six different time durations and were subsequently asked to reproduce them by pressing the space bar for the same time duration of the target interval they had just seen. Participants also completed the Barratt Impulsiveness Scale (BIS-11).

Results: Overall precision in time reproduction was significantly reduced in CUD patients ($F_{6,81}=3.97, p=0.002$), which was particularly evident for longer time delays. CUD patients' estimated-to-target-duration ratios were marginally shorter for the 11000ms ($F_{1,86}=3.1, p=0.084$) and significantly shorter for the 18000ms and 24000ms time intervals (both $p<0.05$). Time reproduction performance correlated with self-reported attentional impulsivity on the BIS-11 in both CUD patients and healthy controls (all $p<0.05$).

Conclusions: Consistent with preclinical work, the inner clock of humans with regular cocaine use seems to be accelerated.

Disclosure: No significant relationships.

Keywords: Impulsivity; Cocaine use disorder; time reproduction

EPP0002

Comorbid alcohol and cannabis use disorders increase mortality in patients with eating disorders

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Introduction: Alcohol and cannabis use disorders are the most frequent comorbid substance use disorders (SUDs) among patients with eating disorders (EDs). EDs and SUDs involving alcohol and cannabis are independently associated with excess mortality.

Objectives: To investigate the impact of comorbid alcohol use disorder (AUD) and cannabis use disorder (CUD) on mortality in anorexia nervosa (AN), bulimia nervosa (BN), and unspecified eating disorder (USED) compared with matched control subjects.

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Methods: This retrospective cohort study was conducted using Danish nationwide registers. The risk of mortality among ED patients with/without AUD and/or CUD was compared to matched control subjects with/without AUD and/or CUD using hazard ratios (HRs).

Results: Of the 20,759 included ED patients, 4.7% and 4.3% had AUD and CUD, respectively. The corresponding figures for the 83,036 control subjects were 1.0% (AUD) and 1.3% (CUD). ED patients without SUDs exhibited an increased risk of mortality compared to control subjects without SUDs (adjusted HR 2.9, $P < .001$). Mortality risk was higher among ED patients with AUD (adjusted HR 11.8, $P < .001$) or CUD (adjusted HR 4.6, $P < .001$) compared to control subjects without AUD/CUD. In addition, patients with AN, BN, and USED, who had comorbid AUD and/or CUD, exhibited an elevated risk of mortality compared to control subjects without AUD/CUD (AN: adjusted HR 11.3, $P < .001$; BN: adjusted HR 5.9, $P < .001$; USED: adjusted HR 10.9, $P < .001$).

Conclusions: Comorbid AUD and/or CUD increase mortality risk in patients with EDs. In order to reduce mortality in ED patients, prevention and treatment of AUD and CUD is important.

Disclosure: No significant relationships.

Keywords: Eating Disorders; cannabis use disorder; Alcohol use disorder; mortality

EPP0003

An innovative combination of cyproheptadine and prazosin for the treatment of alcohol use disorder: a double-blind, randomised, parallel-group, three-arm, multicentre, placebo-controlled phase 2 trial.

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Introduction: Animal studies have shown that the simultaneous blockade of $\alpha 1b$ -noradrenergic receptors and 5HT_{2A}-serotonergic receptors strongly decreases alcohol intake. In addition, recent clinical studies have indicated that the selective $\alpha 1b$ antagonist prazosin could be effective on alcohol use reduction in alcohol-dependent subjects.

Objectives: Cocktail is a double-blind, randomised, parallel-group, three-arm, multicentre, placebo-controlled phase 2 proof-of-concept study aiming at demonstrating the superiority of a 12-week treatment with the KT110 combination of cyproheptadine (8 mg/day or 12 mg/day) and prazosin (5 mg/day or 10 mg/day) over placebo on the reduction of total alcohol consumption.

Methods: The study two main inclusion criteria are a DSM5 diagnosis of severe alcohol use disorder and a WHO high-risk drinking risk level. The primary endpoint is the change from baseline (4 weeks preceding randomization) to the end of treatment (Weeks 9-12) in the mean quantity of alcohol consumed per day in the three groups. Daily alcohol consumption is determined using the Timeline Follow Back, automatically be filled in on the basis electronic patient reported outcomes platform. The 12-week treatment period is followed by a 4-week post-treatment follow-up.

Results: One hundred and eighty patients are planned to be randomized 1:1:1 into the two treatment groups. Enrollment of patients started in November 2019, and will end in July 2021.

Conclusions: In this communication, we will present the rationale for the development of the KT110 combination of cyproheptadine and prazosin for the treatment of alcohol use disorders, as well as the main features of the Cocktail study. ClinicalTrials.gov identifier: NCT04108104.

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Keywords: Alcohol use disorder; Randomised Controlled Trial; Treatment

EPP0004

The association between social media use and mental health among adolescents and young adults

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Introduction: The associations of problematic social media use, the special use of image-based social media (photo editing, following celebrities) and mental health (body dissatisfaction, self-esteem, depression) have been established (e.g. Yurdagül et al., 2019; Gioia, Griffiths, Boursier, 2020; Lowe-Calverley and Grieve, 2021). The links may be explained with the theory of social comparison and self-objectification.

Objectives: Testing theory-oriented hypotheses related to image-based social media use and body dissatisfaction, gender specifically, among adolescents and young adults.

Methods: Three surveys have been conducted with convenience sampling: (1) 117 Hungarian university students in person (mean age=22.4, SD=2.9, 79% female), (2) 383 high school students in person (mean age=16.5, SD=1.2, 58% female); (3) 124 Israeli adolescents online (mean age=16.8, SD=2.7, 68% female).

Results: (1): The tendency of modifying body image in social media (the frequency of modifying pictures, the use of filters) mediates the association between body shame and problematic social media use. Physical appearance social comparison mediates the association between self-related negative emotions and attitude (low self-esteem+ineffectiveness) and problematic social media use. (2): The technology-based social comparison mediate the association between muscle checking and problematic Instagram use among boys. (3) Physical appearance social comparison mediates the association between the frequency of following celebrities and body dissatisfaction among girls, but not among boys.

Conclusions: During the use of image based social media, social comparison and the exposure to the beauty standards may lead to poorer mental health, which could result in problematic social media use as maladaptive coping.

Disclosure: No significant relationships.

Keywords: Adolescents; problematic social media use; young adults; mental health