

apeutic intensity in order to come better on the disorder-related needs of the patients. Staffing level and structure remained stable.

**Methods** Key figures including quality criteria and performance data such as LOS, kind of admission and discharge, service intensity, and bed occupancy were evaluated by a pre-post study (pre: 1st half of 2014, N = 76/post: 1st half of 2015, N = 77) using descriptive and test statistics.

**Results** Socio-demographic patient data remained stable. Regarding selected key figures there were significant changes (LOS > 21 days:  $P < 0.05$ ; bed occupancy:  $P < 0.001$ ; therapeutic contacts < 25 min:  $P < 0.001$ ) and positive trends, e.g. decreased ratio of non-regular discharges.

**Conclusions** Our data suggest that punishment-oriented interventions impede addressing specific needs of inpatients with multiple substance use whereas more need-oriented interventions may lead to improvements. Further evaluation including patient satisfaction is indispensable.

**Disclosure of interest** The authors have not supplied their declaration of competing interest.

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## EV120

### Decrease of velocity and acceleration of fast eye movement after the administration of methadone

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**Aims** The goal of this study is to assess the differences in peak and medium velocity, peak and medium acceleration of eyeball movements after the administration of methadone.

**Materials and methods** Twenty-eight opioid addicts were examined. Patients admitted oculomotor impaired were excluded.

In this study, we made use of the Saccadometer Advanced (Advanced Clinical Instrumentation, Cambridge, UK), allowing the measurement of eye position with the time resolution of 1 msec (1000 Hz). The eye movement measurement is automated and synchronised with stimuli presentation. Before and after the administration of methadone two saccadic tests were carried out: Prosaccades Test (PT) and Antisaccades Test (AT).

**Results** The average of peak and medium velocity and the average of peak and medium acceleration of eyeball movements in the test AT were lower than in the PT test. After administration of a single dose of methadone the peak and medium velocity, peak and medium acceleration decreased in both tests (PT and AT). After administration of methadone prolonged the duration of saccades, and prolonged the duration of rising and falling slope of saccades.

**Conclusion** It was found that methadone ( $\mu$ -opioid receptor agonist) is associated with change of velocity and acceleration of eyeball movements.

**Disclosure of interest** The authors have not supplied their declaration of competing interest.

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## EV121

### Effects of BF-HRV of opioid-dependent persons with pathological gambling

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**Introduction** It is necessary to search for and to carry out effective treatments for chemical dependency – including behavioral addictions. One of the methods used in various disorders is a biofeedback HRV (BF-HRV). The aim of the study is to examine the impact of BF-HRV on people addicted behaviorally to gambling and chemically dependent patients on opioids.

**Material and methods** Twenty-four opioid addicts were examined. We used emWave (HeartMath) with a heart rhythm monitor to learn stress reduction and emotional management skills. For a detailed analysis of the HRV data was used Kubios 2.0 software (Biosignal Analysis and Medical Imaging Group).

**Results** The average value of the three components of HRV, i.e. low (LF), medium (MF) and high (HF) frequencies of spectral energy FFT recorded during six consecutive sessions of BF-HRV were the following: 1st session LF 63%; MF: 17%; HF: 19%. Changing parameters in the next sessions: 2nd session LF –9.27%, MF: +0.50%, HF: +6.19%; 3rd session LF –11.11%, MF: +1.00%, HF: –10.07%; 4th session LF –14.27%, MF: –4.17%, HF: +18.77%; 5th session LF –15.02%, MF: –2.04%, HF: +17.07%; 6th session LF –20.86%, MF: –4.04%, HF: +24.90%.

**Conclusions** After the BF-HRV training decrease low and medium frequencies (LF-MF) and increase high frequency (HF). Recent studies suggest that LF-HRV is an index of cardiac sympathetic control and the LF/HF ratio is an index of sympathovagal balance.

**Disclosure of interest** The authors have not supplied their declaration of competing interest.

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## EV122

### Relationship between severity of tobacco dependence and personality traits, insomnia and impulsivity in male and female individuals entering alcohol treatment

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**Introduction** Tobacco dependence (TD) often coexists with alcohol dependence. Previous research documented that both biological and environmental factors influence simultaneous development of the two disorders. However, it has not been determined whether the same psychological and psychopathological factors affect TD in alcohol-dependent males and females.

**Aim** The objective of the study was to assess risk factors for high severity of TD in alcohol-dependent individuals considering gender differences.

**Methods** The study entailed two groups: male ( $n = 284$ ) and female ( $n = 102$ ) subjects entering alcohol addiction treatment programs in Warsaw, Poland. Standardized instruments were used to assess: severity of TD – Fagerstrom Test for Nicotine Dependence, personality traits – NEO-Five Factor Inventory to assess, consequences of drinking – Short Inventory of Problems, impulsivity – Barratt Impulsivity Scale, and Sleep Disorder Questionnaire-7 as a measure of insomnia.

**Results** In the studied sample, current smokers comprised 79.1% ( $n = 225$ ) of male and 79.4% ( $n = 81$ ) of female participants. Multivariate regression model showed that high negative consequences of drinking ( $P = 0.001$ ) and low NEO Openness score ( $P = 0.009$ ) were associated with high risk of TD in female alcoholics (corr.  $R^2 = 0.223$ ;  $P < 0.0005$ ). Bivariate analyses showed that TD was associated with impulsivity, openness, agreeableness and neuroticism