

the patient and the environment. There are two main approaches in the treatment - aimed at complete abstinence from the use of a psychoactive substance and substitution maintenance therapy using methadone and buprenorphine [2]. This is due to the pharmacological effects of narcotic substances, the dynamics of physiological processes and the general state of health with the systematic use of psychoactive substances.

Objectives: The problem of the use of narcotic substances must be considered not only as a physiological problem, but also as a problem of a person resorting to drugs in a specific social situation. In this case, curative and rehabilitation work acquires new content and new opportunities. The emergence of addiction depends on two main reasons: on the one hand, these are certain specific personality traits of a person, formed primarily by the family, and on the other hand, external factors such as the influence of friends, curiosity, life difficulties experienced and other personal problems. The greatest danger of the formation of drug addiction occurs in the case of simultaneous exposure to both groups of causes.

Methods: The study interviewed 123 patients aged 23 to 45 years (109 men and 14 women) diagnosed with opioid addiction. Of these, 17 patients with a period of abuse of up to three years and 105 - longer than three years, respectively. Personality disorders were assessed using the 16-factor Cattell Personality Questionnaire for the study of personality traits [3], the multi-aspect MMPI methodology (mini-mult) [4], and the Luscher color choice method [5].

Results: 14 drug addicts (82%) with a period of abuse of less than 3 years were characterized by impulsivity, reduced stress resistance, risk appetite; in 83 drug addicts (79%) with a period of abuse longer than 3 years, persistent psychosocial maladjustment, communication difficulties, conflicts were detected, social norms were disregarded, increased readiness for open manifestation of aggression; 14 women (100%) had features of mental rigidity, disregard for social norms, conflict, impulsiveness; 88 men (81%) had emotional instability, excitability, hostility.

Conclusions: The formation of opioid dependence is influenced by both the psychophysiological characteristics and the pathopsychological changes that occurred during the use of a psychoactive substance.

Addiction therapy should include a psychological analysis of risk factors.

Selection of psychological options for social adaptation that contribute to the maximum possible realization of the individual's potential, will increase the effectiveness of substitution therapy and accelerate the resocialization of drug addicts.

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EPP0909

Specific treatment for alcohol use disorder reduces relapse after psychiatric hospitalization

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Introduction: Patients with an alcohol use disorder frequently relapse after various efforts to quit. Admission to hospital units is

a possible start to stop drinking alcohol and reach abstinence. Among the pharmacological strategies to quit this addiction are specific drugs, such as disulfiram or nalmefen, which are widely studied. Hospitalized patients frequently initiate these medications to control addiction, but little is known about their efficacy after discharge in this group.

Objectives: The aim is to determine whether the initiation of treatment with specific drugs for alcohol use disorder could help to maintain alcohol abstinence after admission to a General Hospital Psychiatric Ward. In addition, we want to check those factors associated with a higher rate of relapse in consumption.

Methods: We conducted a retrospective cross-sectional study of a group of patients admitted in 2018 to a psychiatric hospitalization ward due to alcohol use disorder and who expressed their desire to stop drinking. At the time of admission, we recorded sociodemographic data, consumption of other substances and alcohol family history. Patients initialized specific treatments to reduce and control alcohol consumption if they wanted. Twenty-four months after discharge, we acquired the number of relapses through new admissions, emergency room visits or outpatient follow-up data.

Results: A sample of 36 patients (28 men) admitted to a psychiatric hospitalization ward was analyzed. At discharge, 17 accepted specific pharmacological treatments to reduce alcohol consumption. After a follow-up period of 24 months, 70.8% relapsed compared to 94.7% who did not accept treatment ($\chi^2=4.001$, $DF=1$, $p=0.045$, $OR=0.13$). There were no differences between the two groups in age, gender, amount of alcohol consumed, follow-up modality at discharge or if it was their first detoxification attempt. However, those who did not accept the specific pharmacological treatment consumed other drugs (41.1% vs 5.8%, $\chi^2=5.888$, $DF=1$, $p=0.015$), had other history of mental disorder (64.7% vs 23.5%, $\chi^2=5.845$, $DF=1$, $p=0.015$) and a higher proportion of relatives with alcohol consumption (81.8% vs 42.8%, $\chi^2=3.896$, $DF=1$, $p=0.048$) more frequently. The time (in days) to relapse was faster in this group of patients (200.8 vs 402.7, $Z=-2.5413$, $p=0.005$).

Conclusions: Accepting drug-specific treatment for alcohol use can be helpful for many patients who want to achieve alcohol abstinence. Among the factors that prevent the acceptance of this treatment is the consumption of other substances, comorbidity with another mental pathology and family history, which may involve genetic factors that favour addiction. This group of patients could benefit from a specific pharmacological treatment, although other psychosocial factors may also help.

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EPP0910

Prevalence of comorbid pathological gambling in substance use disorders

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Introduction: Since gambling opportunities expanded over the last four decades, gambling, including pathological and problem gambling, has received increased attention from clinicians and researchers worldwide.