

function, visuospatial ability, attention, procedural memory, verbal fluency and processing speed.

Objectives: The aim of this study is to characterize the sociodemographic and clinical patterns of the study sample and the cognitive deterioration severity and type.

Methods: A retrospective observational study was conducted with patients who had alcohol use disorder diagnosis at Dual Pathology Outpatient and Inpatient Unity, Psychiatry Department, at Coimbra Hospital and University Center, Portugal. Patients were admitted from 1/1/2016 and 30/09/2021, and submitted at neuropsychological structured evaluation. From the initial sample, major neurocognitive disorder, intellectual development disorder, cerebrovascular accident, traumatic brain injury and neurosurgery were excluded.

Results: The results show significant cognitive impairment in executive function, memory, verbal fluency and visuospatial ability.

Conclusions: Our results support the hypothesis of widespread impairment resulting from alcohol consumption. Cognitive impairment can limit the psychotherapeutic intervention, the adherence to pharmacological therapy and abstinence maintenance. The sheer presence of alcohol use disorder should encourage a neuropsychological evaluation. Further studies are needed in this area to prevent and outline an early intervention.

Disclosure: No significant relationships.

Keywords: Neuropsychological performance; cognitive functions; Alcohol use disorder

EPV1559

Psychiatric comorbidity among patients attending an addiction treatment center in Morocco

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Introduction: The comorbidity between psychiatric disorders and substance use disorders is more and more common in daily clinical practice. However, only few studies have addressed this subject in north african patients.

Objectives: The main objective of our study was the estimation of the prevalence and patterns of psychiatric co-morbidities in substance users seeking care.

Methods: Our work consisted of a cross-sectional study of a sample of patients attending outpatient substance use treatment at the addiction center in Oujda, Morocco. A hetero-questionnaire was used to collect sociodemographic data and patient history, DSM-IV criteria to assess substance abuse and dependence, and the Mini-International Neuropsychiatric Interview [MINI] to assess psychiatric comorbidities.

Results: Our study involved 100 patients, with a male predominance (89% of users). The main substances used in the last 12 months were tobacco (78%), followed by cannabis (74%), alcohol (50%), and benzodiazepines (44%). Psychiatric comorbidity was identified in 71% of the users, 51% of whom had a depressive disorder, 35% an anxiety disorder and 10% a gambling disorder. The dependence on

the substance that initially motivated the consultation was higher in patients with psychiatric comorbidity ($p=0.033$). The post-traumatic stress disorder was significantly associated with the presence of alcohol dependence ($p=0.028$). The presence of benzodiazepine dependence ($p=0.025$) and abuse of cocaine ($p=0.028$) and Ecstasy ($p=0.000$) were significantly associated with suicide risk.

Conclusions: Our study found a high prevalence of psychiatric comorbidities among substance users seeking treatment, this should prompt clinicians to pay particular attention to this issue in order to adapt and improve their management.

Disclosure: No significant relationships.

Keywords: addictive disorders; Psychiatric comorbidity; dual diagnosis

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Predictive factors for treatment failure in reducing alcoholic consumption by case management in alcoholics living in permanent rental apartments

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Introduction: Based on the results showing that there are more alcoholics in the low-income bracket, case management (CM) for such cases was initiated in 2011. As a result, the treatment failure rate was identified between 43-44% based on the WHO criteria.

Objectives: We investigated the predictive factors for the treatment failure to maximize successful CM treatment.

Methods: Thirty-nine subjects from Sasang-gu and Saha-gu treated by four social workers using CM were included in this study. Failure was defined when the level of risk was maintained or increased as per the WHO criteria. The clinical characteristics of the subjects including their age and gender were collected.

Results: Typically, 17 (43.6%) subjects demonstrated treatment failure by the CM (TF). Compared with the subjects who were treated successfully ($n=22$; TS), TF maintained abstinence in shorter periods in terms of the longest abstinent period compared with TS while CM ($28.24 \pm .99$ vs. $76.82 \pm .27$, $p=.025$). The higher population in TF did not make an effort to quit drinking compared with TS while CM (41.2% vs. 13.6% , $p=.051$). Also, more TF stayed with their family members compared with TS (58.8% vs. 31.8% , $p=.092$).

Conclusions: The results showed that shorter abstinence periods and the absence of efforts initiated to quit drinking while CM, and living with family members were the predictive factors for failure in treating alcoholics by the CM. It is presumed that influencing patients to quit drinking and encouraging them to abstain for longer periods are crucial to attaining successful treatment.

Disclosure: No significant relationships.

Keywords: alcoholism; case management; predictive factor; treatment failure