

higher risk of developing alcohol use disorder (AUD) in patients undergoing bariatric surgery that is not better explained by differences in baseline characteristics such as socioeconomic factors. This reinforces the need to optimize mental health professionals' intervention in these patients.

Objectives: Report a clinical case and conduct a literature review on the etiology of the increased risk of alcohol use disorder in patients after bariatric surgery.

Methods: Description of a clinical case and a non-systematic review of literature on the PubMed database, selecting articles published in the last decade and their included reference lists, combining the following MESH terms: "bariatric surgery" and "abuse, alcohol".

Results: The clinical case presented is a 45 years old woman, with a college degree, that was diagnosed with AUD in 2020, 6 years after being submitted to bariatric surgery. She didn't have any alcohol-related problems before the procedure but she describes the death of her mother in 2020 as the trigger for her current heavy drinking habits. Injuries induced by alcohol intoxication have since then caused multiple visits to the emergency room and she has now a reported cognitive impairment that severely compromises her ability for self-care. The association between AUD and bariatric surgery, as presented in the reported clinical case, is well established in current literature. The switch of patient's coping mechanisms from eating to drinking, surgical-induced alcohol pharmacokinetics changes or adaptations of neuroendocrine mechanisms (such as ghrelin and its impact on the mesolimbic dopamine system) that contribute to the augmentation of brain reward signaling are all factors that could play a role in the increased reinforcing value of alcohol in these patients. Psychosocial factors were also identified as variables that could impact alcohol-misuse post-operatively. Furthermore, data suggests differences between surgical procedures: while both Roux-en-Y-Gastric Bypass (RYGB) and Sleeve Gastrectomy (SG) dramatically impact alcohol pharmacokinetics, Laparoscopic Adjustable Gastric Banding (LAGB) does not.

Conclusions: There is a strong possibility that the patient's drinking habits started as a coping mechanism, but her surgery may have also contributed to her AUD. Our review found multiple biopsychosocial factors that could explain the link between bariatric surgery and AUD and some predictors for its development, but future research is needed to fully elucidate its complexities. Nonetheless, health professionals must be well informed for the timely prevention, diagnosis and treatment of eventual AUD in these patients.

Disclosure of Interest: None Declared

EPP0523

Sex-specific associations of different risk behaviors with socio-demographic, health status and lifestyle factors

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Introduction: Knowledge about concurrent substance use and other risk behaviors - as well as their determinants - in the general population is insufficient.

Objectives: To investigate socio-demographic, health status, and lifestyle determinants of habit-forming risk behaviors among French men and women.

Methods: We analyzed data collected in 2021–2022 from 32,622 participants (74.5% female; mean age=57.9±14.2 years) of the NutriNet-Santé web-cohort who had completed the Alcohol Use Disorders Identification Test, the 12-item Cigarette Dependence Scale, the modified Yale Food Addiction Scale 2.0, and the Internet Addiction Test. Using established cutoff values, participants were first split into 2 groups (Yes/No) for each risk behavior (alcohol use disorders, nicotine dependence, food addiction, and Internet addiction) and then placed into 3 groups (no risk behavior, 1 risk behavior (reference), and ≥2 risk behaviors) before fitting polytomous logistic regression models according to sex.

Results: Younger age (Odds Ratio: OR_{male}=2.07; OR_{female}=2.04), self-perceived poor health (OR_{male}=2.06; OR_{female}=1.61), having obesity (OR=1.56; OR_{female}=1.30), lack of affection during childhood (OR_{male}=1.56; OR_{female}=1.39), and a lifetime prevalence or medication use for a mental disorder (OR_{male}=1.73; OR_{female}=1.38) were significantly associated with having ≥2 versus 1 habit-forming risk behavior in both sexes (all $p < 0.05$). Results for experiencing current financial difficulties (OR_{female}=1.34), self-perceived poor dietary quality (OR_{female}=3.23), being underweight (OR_{female}=1.58) and overweight (OR_{female}=1.30) were significant only in females (all $p < 0.05$). The same factors plus current e-cigarette use (OR_{male}=0.54; OR_{female}=0.77) in both sexes, having a higher educational attainment (OR_{female}=0.75), being physically active at work (OR_{female}=0.78) in females were inversely associated with having none versus 1 risk behavior (all $p < 0.05$).

Conclusions: To our knowledge, this is the first study to explore determinants of concurrent habit-forming risk behaviors among men and women in a large, population-based study. The findings could serve as impetus for future research in this domain and ultimately help guide addiction prevention efforts.

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EPP0524

Correlations between smartphone addiction and depressiveness, daytime sleepiness as well as perceived social support in adolescents

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Introduction: Background of behavioral addictions, which include smartphone addiction, is complicated and unclear. Belonging to an Internet community that shows many forms of virtual pathology and generates new, artificial trends also favors the development of mental implications which include lowered mental immunity, emotional lability, increased depressiveness, aggression, inadequate self-esteem, lowered self-value and personality disorders. Implications regarding the social sphere are above all related to the gradual