

to the notion that brain areas involved in substance-use disorders might also play an important role in behavioral addictions. Specifically, our findings extend existing results to the research field of slot-machine gambling in the context of craving.

Disclosure of Interest: None Declared

EPP0519

Etiology and pharmacological treatment of delirious syndrome

J. Hamidović^{1*}, L. Dostović Hamidović², S. Haskić³, E. Prljača⁴, A. Brigić⁴ and M. Mešanović⁴

¹Department of Psychiatry, University Clinical Center Tuzla, Tuzla; ²Department of Pediatrics, University Clinical Center Tuzla, Tuzla; ³Public Health Center, Čelić and ⁴University Clinical Center Tuzla, Tuzla

*Corresponding author.

doi: 10.1192/j.eurpsy.2023.822

Introduction: Patients in psychiatric department, especially in the intensive care unit, often develop delirium syndrome, which leads to a high risk of morbidity and mortality. The etiology is multifactorial. The most common causes are alcoholism and dementia. Pharmacological treatment of delirious syndrome is the most important part of the treatment, which includes various psychopharmaceuticals that are effective both in the treatment of delirium and in improving cognitive functions. Haloperidol is the drug of first choice and from atypical antipsychotics, the most commonly used are risperidone and olanzapine. Benzodiazepines are used in the treatment of delirium tremens.

Objectives: The objective of the work is to determine the most common cause of delirious syndrome and the treatment of those patients.

Methods: We analyzed 52 patients who were treated for delirious syndrome at the Department of Psychiatry, University Clinical Center Tuzla, Bosnia and Herzegovina in the period from January 1, 2019, until June 1, 2022. Data were taken from medical records and the hospital information system.

Results: The total number of patients was 52 and 23 (44.23%) were treated for delirium tremens, and the rest were treated for delirium syndrome of another cause. The most common other causes were dementia in 21 (40.38%) patients, followed by sepsis, infectious syndrome and tumors in 6 (11.53%) patients, and cerebrovascular cause in 2 (3.84%) patient. In a therapeutic approach of delirious syndrome, all patients with delirium tremens were treated with benzodiazepines: 11 (47.82%) patients with diazepam monotherapy, then diazepam and promazine 7 (30.43%) patients, diazepam and haloperidol 3 (13.04%) patients, and diazepam, olanzapine and haloperidol 2 (8.69%). In the therapy of other delirious syndromes, 11 (37.93%) patients were treated with risperidone, haloperidol 8 (27.58%), promazine 3 (10.34%), quetiapine 4 (13.79%), and olanzapine, clozapine and aripiprazole 1 patient each (3.44%). It is important to point out that there was no fatal outcome in the processed sample of patients.

Conclusions: The most common etiological cause of delirious syndrome is the consequence of alcohol withdrawal. Delirium superimposed on dementia is the second most common. The priority of treatment is focused on pharmacological treatment.

Atypical antipsychotics (risperidone) are most often used. Haloperidol is the second most common. Benzodiazepine (diazepam) was most often used in the treatment of delirium tremens.

Disclosure of Interest: None Declared

EPP0520

Substance Use Disorders and other Mental Health Disorders associated with sexualized intravenous substance use (slamsex)

J. Curto Ramos^{1,2*}, P. Barrio², L. Ibarguchi², A. García², J. Garde¹, A. Oliva¹ and H. Dolengevich Segal³

¹Department of Psychiatry, Clinical Psychology and Mental Health, La Paz University Hospital, Madrid, Spain, Hospital la Paz; ²NGO Apoyo Positivo, Madrid and ³Department of Psychiatry, Clinical Psychology and Mental Health, Hospital del Henares, Coslada, Spain

*Corresponding author.

doi: 10.1192/j.eurpsy.2023.823

Introduction: The intentional use of drugs before or during sexual intercourse (chemsex) is a phenomenon of special importance in the MSM (men who have sex with men) population due to its impact on mental, physical and sexual health.

Objectives: The objective of this study was to compare the psychopathological characteristics between users with sexualized intravenous substance use (slamsex) versus those who did not slamsex attended by the non-governmental organization Apoyo Positivo in the program "Sex, Drugs and You".

Methods: A cross-sectional descriptive analysis of a sample of users attended by the non-governmental organization Apoyo Positivo in the program "Sex, Drugs and You" was performed.

Results: 230 participants were included. Slam was associated with higher risk of having an anxiety or depressive disorder, suicidal ideation, induced psychosis and suicidal behavior, the differences were statistically significant ($p < 0.05$) in all cases.

Conclusions: Slamsex is usually reported in our sample. Substance use disorders in slam users are usually associated with other mental disorders. This challenge requires adapt the therapeutic interventions of the professionals who work with patients with chemsex practices, specially with those who practice slamsex.

Disclosure of Interest: None Declared

EPP0522

Bariatric surgery as a risk factor for alcohol use disorder: a clinical case and literature review

J. M. Paupério*, F. S. Martins, M. J. Peixoto and M. Mota
Centro Hospitalar Universitário de São João, Porto, Portugal

*Corresponding author.

doi: 10.1192/j.eurpsy.2023.824

Introduction: Bariatric surgery is a relatively safe surgical procedure with high success rates. The improvement on patient's self-esteem and overall quality of life are expected benefits that extend beyond physical health. Nonetheless, current literature describes a

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

J. Kose*, P. Duquenne, S. Hercberg, P. Galan, M. Touvier, L. K. Fezeu and A. A. Valentina

Equipe de Recherche en Epidémiologie Nutritionnelle-Université Sorbonne Paris Nord, Bobigny, France

*Corresponding author.

doi: 10.1192/j.eurpsy.2023.825

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.

Disclosure of Interest: None Declared

EPP0524

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

K. Rachubińska*, A. M. Cybulska, D. Schneider-Matyka, M. Nowak and E. Grochans

Department of Nursing, Pomeranian Medical University in Szczecin, Szczecin, Poland

*Corresponding author.

doi: 10.1192/j.eurpsy.2023.826

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