

established ($r = 0.33$; $p < 0.001$; $R^2 = 11.1\%$). No significant relationships between Internet addiction and extraversion ($r = 0.03$; $p = 0.45$) as well as agreeableness ($r = -0.07$; $p = 0.10$) were demonstrated.

Conclusions: The type of personality of the studied women implicated relationships to Internet addiction. Neuroticism might be a personality trait that particularly predisposes to an increased risk of Internet addiction. Openness to experience was conducive to Internet Addiction. Low levels of conscientiousness more often become addicted to the Internet.

Disclosure of Interest: None Declared

EPP0006

Alcohol related cognitive impairments in patients with and without cirrhosis

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Introduction: Up to 80 % of patients with alcohol use disorders (AUD) display cognitive impairments. Some studies suggested that cognitive functions could be worsened by hepatic damage, particularly cirrhosis. Cirrhosis is widespread in patients with AUD, indeed one third of them develop cirrhosis during their lifetime (Zhang et al. Alcohol Clin Exp Res. 2022). Currently, patients treated for cirrhosis do not benefit from a systematic assessment of alcohol related cognitive impairments. The Brief Screening Tool for Alcohol-Related Neuropsychological Impairments (BEARNI) is a specific tool developed to screening for those impairments.

Objectives: The primary objective of this study was to compare BEARNI mean scores in a group of AUD patients with (AUD/C+) or without cirrhosis (AUD/C-).

Methods: We conducted a prospective, monocentric study at the Amiens University Hospital. Subjects were consecutively recruited from the hepato-gastroenterology department of Amiens University hospital and from the local substance abuse treatment department. All patients were assessed using BEARNI test, demographical (age, gender, number of years of scholarship), and clinical variables, using Child-Pugh scores and Alcohol use disorders identification test (AUDIT). The BEARNI mean score in the AUD/C+ group was compared to the mean score in the AUD/C- group using an Analysis of covariance (ANCOVA) with age and educational level as covariate. Between group comparisons were performed using post hoc analysis with Tukey HSD test.

Results: 107 patients (75 AUD/C+, 32 AUD/C-) were included in this study. AUD/C- patients were significantly younger than AUD/C+ patients (respectively, 45.5 ± 6.8 vs 59.3 ± 9.3 ; $p < 0.0001$). There were no differences regarding gender and years of scholarship. Child-Pugh mean scores were 6.9 ± 2.4 in the AUD/C+ group. AUDIT mean scores were significantly lower in the group of patients with AUD and cirrhosis than in the group of patients with AUD without cirrhosis. After adjusting on age and

educational level, we found that mean BEARNI total and cognitive scores in the group of patients with AUD and cirrhosis were significantly lower than in the group of patients with AUD without cirrhosis (respectively, 13.8 ± 0.7 vs 7.8 ± 0.4 $F=46.8$; $p < 0.0001$ and 10.6 ± 0.6 vs 6.9 ± 0.3 ; $F=30.1$; $p < 0.0001$). The mean subscores of delayed verbal memory, alphabetical ordination, alternating verbal fluency and ataxia subtests were also significantly lower in the group of group of patients AUD/C+ (respectively, 1.8 ± 0.1 vs 2.8 ± 0.2 , $F= 13.9$, $p < 0.0001$; 1.8 ± 0.1 vs 2.6 ± 0.2 , $F= 10.6$, $p < 0.0001$; 2.4 ± 0.1 vs 3.6 ± 0.2 , $F= 13.4$, $p < 0.0001$; 0.9 ± 0.2 vs 3.1 ± 0.2 , $F= 30.6$, $p < 0.0001$).

Conclusions: In the present study, the patients with AUD and cirrhosis had more cognitive impairments than their counterparts without cirrhosis. Longitudinal studies are needed to investigate how cirrhosis can influence cognitive impairments.

Disclosure of Interest: None Declared

EPP0007

System of combined psychotherapeutic and physical rehabilitation of children with cyber addiction

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Introduction: Contemporary children practically live in cyberspace, constantly using various devices, and many of them have an addiction that leads to violations of their mental and physical formation.

Objectives: Based on the mental and the physical examination of children suffering on cyber addiction with the signs of clinical manifestations determine the targets and form of combined correctional rehabilitation system.

Methods: The clinical investigation based on psychiatric examination with the narrative motivation interview, psychological examination by Eysenck "extra/introversion" test and physical examination with special attention to the musculoskeletal system.

Results: The randomized investigation of childhood population was performed. 198 children of different age (7 – 14 years old) were examined. 72 (36.4%) of them showed significant signs of cyber addiction with a narrowing of interests, a reduction in social ties, and a decrease in school performance. They spent from 3 to 10 hours on gadgets per day. 140 (71%) of them, also showed signs of fubbing, that is, the priority of telephone communication over direct communication with the interlocutor. The significant results of Eysenck test examination were following: 126 (64%) of them were introverts and 72 (36%) of them were extraverts. During the physical examination, 91 (46%) of these children had different spine and musculoskeletal disturbances. In the group of additional children the vast majority of subjects, 87%, have characteristic defects of the musculoskeletal system. The most symptomatic in the diagnosis of cyberaddiction and phubbing of school-age children are: round back, stooping, scoliotic posture and types of lateroflexion. The severity of cyber addiction and the degree of musculoskeletal disorders were inversely proportional. The results served as the

basis for the development of a combined system of psycho-physical rehabilitation. The psychotherapy based on CBT according to A. Beck, modified for children's in concordance with specialized program "Vertebra-Dinamik" to correct defects of the musculo-skeletal system. The basis of the corrective "Vertebra-Dinamik" technique includes a comprehensive approach to the use of isometric and statodynamic exercises of moderate intensity with elements of relaxation. Approbation of the developed system showed its high (80%) and moderate (20%) efficiency.

Conclusions: To successfully overcome cyber addiction and its negative consequences, the most optimal system is the complex application of psychotherapeutic and physical rehabilitation methods.

Disclosure of Interest: None Declared

EPP0008

Alcohol use disorder and sleep disturbances: Current perspectives

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Introduction: Alcohol Use Disorder (AUD) is one of the most significant public health problems in Europe, being highly associated with several medical and psychiatric comorbidities. Sleep disturbances are in this interface and may include insomnia, alterations of sleep architecture and circadian rhythm abnormalities, breathing-related sleep disorders, and sleep-related movement disorders. Also, considering the three stages of the addiction cycle (binge/intoxication, withdrawal/negative affect, and preoccupation/anticipation) and since these domains are reflected in key regions of the brain, it is possible to map these nearly ubiquitous sleep disturbances.

Objectives: This review aims to summarize the current literature related to the association between sleep disorders and AUD, with a focus on its clinical aspects and neurobiology.

Methods: Non-systematic research was made recurring to the PubMed database, with the keywords "alcohol use disorder", "sleep", "sleep disorder". The most relevant articles were selected, focusing on articles published in the last decade.

Results: In patients with AUD, the prevalence of insomnia ranges from 36-91%. A possible mechanism underlies in a mismatch involving maintained activity in wake-promoting structures during non-rapid eye movement sleep (NREM) and a blunted homeostatic drive. On the other hand, alcohol consumption also affects the normal sleep-wake cycle, due to a disruption in the underlying circadian rhythms, a mechanism compassed by the suprachiasmatic nucleus and by photic and non-photic cues. Considering this, it seems highly likely that insomnia and circadian abnormalities may coexist in some individuals. Moreover, AUD is implicated in initiation or worsening of breathing-related events in sleep, especially when having a history of snoring or sleep apnoea syndrome and in period limb movement disorder.

Simultaneously, sleep disorders in AUD can be incorporated into the three-stage addiction cycle. In the binge/intoxication stage, excessive alcohol intake leads to a faster sleep onset but poor sleep

quality, explained by the effects on GABAergic systems. During the withdrawal/negative affect stage, there is a decrease in slow-wave sleep and limited rapid eye movement (REM) sleep recovery, which can be explained by the alcohol-positive allosteric modulation of GABA_A receptor and other mechanisms. Lastly, during the pre-occupation/anticipation stage, the glutamatergic system dysregulation contributes to persistent sleep disturbances, including insomnia, decrease in slow-wave sleep, and an increase in REM sleep.

Conclusions: The knowledge of sleep disturbances associated with AUD has grown and has suggested a bidirectional process that appears to play an essential role in the addiction process. Further studies investigating this association are warranted.

Disclosure of Interest: None Declared

EPP0009

Outcome Measurement and Evaluation as a Routine practice in alcohol and other drug services in Belgium (OMER-BE)

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Introduction: There is a variety of specialized outpatient and residential Alcohol and Other Drugs (AOD) services, but research on outcomes of these services is limited. Given the chronic, relapsing nature of AOD problems, there is a need for longitudinal research on outcomes after treatment in various AOD services. Patient-Reported Outcome Measures (PROMs) and Patient-Reported Experience Measures (PREMs) are hardly used in the AOD field but provide excellent tools and a framework to monitor progress and outcomes in these services based on experiences of service users.

Objectives: The objectives of the OMER-BE study are to:

1. Assess and compare patient characteristics at baseline in various treatment modalities
2. Test and prepare the routine measurement of PROMs and PREMs in AOD services using a self-report tool
3. Assess patient-reported experiences qualitatively in various treatment modalities for AOD patients

The overall goal is to continuously assess and improve AOD services.

Methods: We have set up a naturalistic, longitudinal cohort study for which we will engage and follow up 250 AOD users as they present themselves in selected AOD services in four different treatment modalities (outpatient non-pharmacological treatment, outpatient substitution treatment, residential psychiatric treatment and therapeutic communities for addictions).

Sociodemographic and clinical factors and PROMs will be assessed at baseline. PROMs and PREMs will be assessed at 45-, 90- and 180-days follow-up. The questionnaires that will be used during the