

**Objectives:** To evaluate suicidality in MDD patients with insomnia compared to those without insomnia.

**Methods:** From the National Inpatient Sample (NIS 2006–2015) database using ICD-9 code, we obtained patients with the primary diagnosis of MDD and comorbid diagnosis of insomnia disorders (MDD+S). We compared it with MDD patients without insomnia disorders (MDD-S) by performing a 1:2 match for primary diagnosis code in the unweighted dataset. Suicidal ideation/attempt data were compared between the groups by multivariate logistic regression analysis.

**Results:** After the diagnostic code matching, 139061 patients were included in the MDD+S group and 276496 patients in the MDD-S group. MDD+S patients were older (47 years vs 45 years,  $p < 0.001$ ) compared to the MDD-S group. Prevalence of Suicidal ideation/attempt was 56.0% in the MDD+S group and 42.0% in the MDD-S group ( $p < 0.001$ ). After adjusting for age, sex, and race, MDD+S was associated with 1.8 times higher odds of suicidal behavior compared to the MDD-S group. (Odds ratio: 1.79, 95% confidence interval 1.68–1.91,  $p < 0.001$ ).

**Conclusions:** Insomnia in MDD patients is significantly associated with the risk of suicide. It is important to be watchful for insomnia in MDD patients.

**Disclosure:** No significant relationships.

**Keywords:** Insomnia; Depression; Suicide; mood disorders

## O285

### Sleep in adults with autism spectrum disorder and adhd: A meta-analysis

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**Introduction:** Sleep-related problems have been frequently reported in neurodevelopmental disorders, with special emphasis in Autism Spectrum Disorder (ASD) and Attention Deficit/Hyperactivity Disorder (ADHD).

**Objectives:** To perform a meta-analysis (PROSPERO's CRD42019132916) on sleep disturbances in adults with ASD and/or ADHD.

**Methods:** A total of 1126 studies and 66 references were identified by electronic and manual searches, respectively. Of these, 42 studies were included in the meta-analysis.

**Results:** showed that both disorders share a similar sleep-impaired profile with higher sleep onset latency, poorer sleep efficiency, greater number of awakenings during sleep, and a general lower self-perceived sleep quality compared with healthy controls. A higher proportion of N1 sleep was found in ASD participants, while a greater Periodic Limb Movements in Sleep is specific in ADHD adults.

**Conclusions:** Sleep is impaired by several sleep problems and disorders in both ASD and ADHD adults. More research is needed to develop more awareness in mental healthcare, and better treatment of this impairing comorbidity in ASD and ADHD

**Disclosure:** No significant relationships.

**Keywords:** meta-analysis; ADHD; autism; sleep

## Addictive disorders

### O286

#### Opium tincture for opioid substitution treatment

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**Introduction:** Opium tincture (OT) is widely used for opioid substitution treatment (OST) in Iran.

**Objectives:** To determine if OT is a safe and effective medication for OST.

**Methods:** Opium Trial was a multicenter, double-blind, noninferiority randomized controlled trial, with 204 participants with opioid dependence in Iran. Participants were then randomized to OT or methadone arms with an allocation ratio of 1:1 and were followed for 12 weeks. The primary outcome was retention in treatment, compared between the two groups using both intention-To-Treat (ITT) and Per-Protocol (PP) analyses.

**Results:** A total of 70 participants (IT: 68.6%, PP: 69.3%) in methadone arm and 61 participants (ITT: 59.8%, PP: 60.4%) in OT arm remained in the treatment. The relative retention rate was 1.15 (0.97, 1.36) in both analyses in favour of methadone. A total of 46 out of 152 (30.3%) participants in OT arm and 83 out of 168 (49.4%) participants in methadone arm reported opioid use outside the treatment. The difference in these two proportions (OT - methadone) was 19%: (10%, 28%) in favour of OT. The proportion of patients with adverse events were not different between the two arms ( $P = 0.06$ ). There was no serious AE in OT arm.

**Conclusions:** Opium tincture is a clinically effective and safe medication, but this study could not conclude if it was as equally effective as methadone in retaining participants in treatment, but it showed that OT was superior to methadone in reducing opioid use outside the treatment.

**Disclosure:** No significant relationships.

**Keywords:** Iran; Opium tincture; Opioid substitution treatment; Randomized clinical trial

## O287

### “I have no disease and weed just relaxes me!”: The therapeutic challenge in young patients with psychosis and cannabis abuse

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**Introduction:** Substance use disorders (SUDs) are estimated to affect around 30 million people worldwide, and are characterized by repeated use of a substance that leads to clinically significant impairment or suffering, making it a serious health problem, with high associated costs.

**Objectives:** Understand and evaluate the impact of cannabis use on adherence to treatment in young patients with psychosis.

**Methods:** Narrative literature review by performing a search on MedLine for English-written articles. The query used was “(Cannabis) AND (Schizophrenia OR Psychosis) AND (Adherence)”.

**Results:** About 70 to 80% of young people with SUDs have at least one concomitant psychiatric disorder and cannabis is involved in approximately 50% of psychosis or schizophrenia of those cases, so there is a growing concern about the deleterious medical and psychiatric consequences of the increase and early initiation of consumption of this substance. It is estimated that about 26% of patients with psychotic conditions do not adhere to the treatment plan established by the psychiatrist; however, especially during the inaugural phases of psychotic disorders, rates of non-adherence to therapy are high (above 50%), and are said to be higher in younger patients.

**Conclusions:** The risk of relapse after a first psychotic episode is high. As the use of cannabis is a potentially preventable risk factor, interventions aimed at improving therapeutic adherence in psychotic conditions must specifically target the use of this substance, since reducing its consumption can lead to a more favorable course of the disease and at less expensive costs in addressing these pathologies.

**Disclosure:** No significant relationships.

**Keywords:** Cannabis; Substance use disorders; psychosis

## O289

### Possible relationships of addictive disorders and attention deficit hyperactivity disorder (ADHD)

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**Introduction:** One of the most recent topics in addictive disorders is videogame-use disorder which is continuously under research, especially in adolescents. The specific structure of digital games (immortality, infinity, etc.) can sensitize adolescents to the development of problematic use. The number of researches about problematic video game use has increased significantly during the last decade. In 2013, this problem was included among “Disorders requiring further research” in DSM-5, and it was also included in ICD-11 as a separate diagnostic category in 2019.

**Objectives:** We review studies investigating the association between the co-occurrence of ADHD and video game use in adolescents. We attempt to summarize new theoretical approaches to video game use disorder and the areas of present research.

**Methods:** We conducted a literature search in 4 databases (PubMed, Medline, Google Scholar, Web of Science) using keywords (ADHD, adolescents, video game use disorder, internet addiction, game addiction) over the past 5 years. Exclusion criteria were the following: publication date before 2014, adult population, or comorbidity beside ADHD.

**Results:** The comorbidity of video game use disorder and ADHD was frequent. Primarily cross-sectional studies examined the presence of hyperactivity, attention deficit, and impulsivity symptoms separately. The presence of attention deficit clearly showed an association with the development of video game use disorder.

**Conclusions:** Adolescents diagnosed with ADHD have a greater possibility of developing video game use disorder and/or problematic psychoactive substance users. More attention should be paid to this comorbidity in not only the diagnostic process, but also in the development of prevention programs.

**Disclosure:** No significant relationships.

**Keywords:** ADHD; adolescents; video game use disorder; addictive disorder

## O291

### The psychological determinants of internet gaming disorder: Vulnerability to stress, psychological well-being, and comorbidity

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**Introduction:** A variety of psychological determinants, such as vulnerability to stress, low levels of psychological well-being and several comorbidities, have been hypothesized to play a role in the development, and maintenance of Internet Gaming Disorder (IGD). However, evidence has been insufficient to sustain an overarching model of the causal pathways leading to IGD.

**Objectives:** . This study aimed to depict a model of the causal links between vulnerability to stress, psychological well-being, and symptoms of common mental disorders (e.g., depression, generalized anxiety, phobic anxiety, obsessive-compulsive disorder, somatization, and hostility).

**Methods:** . A community-based sample of Portuguese gamers (N = 153; Mage = 21.92; 15.29% female) completed measures of IGD (IGDS9-SF), mental health (SCL-90-R), psychological well-being (EBEP), and vulnerability to stress (23QVS). A machine learning algorithm – Greedy Fast Causal Inference – was used to infer a model of the causal pathways linking those psychological determinants to IGD.

**Results:** . Hostility and psychological well-being were directly involved with a subgroup of IGD symptoms (i.e., gaming used as escape, tolerance, withdrawal, and loss of control). Stress vulnerability and symptoms of mental disorders were only indirectly implicated in the causal pathways leading to IGD.

**Conclusions:** . It is likely that several psychological factors implicated in the causal pathways leading to IGD, have not been yet identified. Future research should directly test specific models of the causal pathways involved in the development and maintenance of IGD symptoms.