(56) remained non-users. Benzodiazepine use decreased to 4.76% (6), opioid use rose to 33.33% (42), and combined use increased to 12.7% (16). Data were missing for 6 patients. In 114 valid pre-post pairs, the shift from non-use to use was significant (p = 0.000388), with 43.04% of pre-op non-users starting use post-op. Overall substance use rose from 30.7% to 51.75% (Figure 1). The NNH was 4.75; RR was 1.68; OR for initiation vs cessation was ~3.40.
By drug type:
Benzodiazepines dropped from 14.91% to 4.39% (70.59% reduction, p = 0.007).
Opioids rose from 7.89% to 33.33% (322.22% increase, p < 0.00001).
Combined use increased from 7.89% to 14.04% (not significant, p = 0.18).
In summary, opioid use increased significantly post-surgery while benzodiazepine use declined (Figure 2).

Image 1:

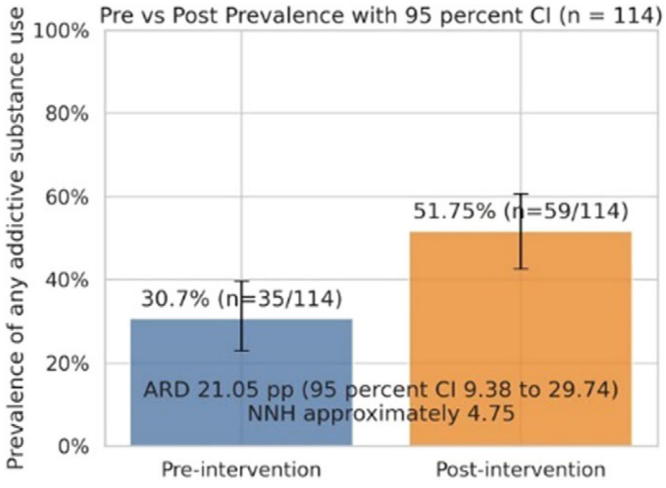
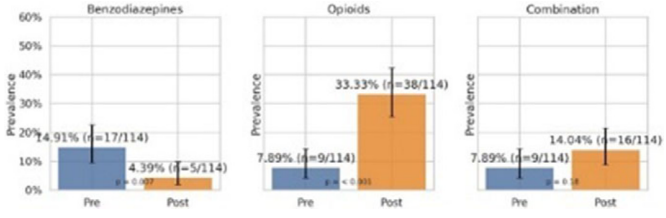


Image 2:



Conclusions: Based on the data presented, it appears that patients exhibit an addictive phenotype that migrates from food to other substances. This highlights the importance of addressing addiction not merely in its individual forms, but as a broader behavioral pattern. Given that many addictions share a common neurobiological pathway—particularly involving reward, impulse control, and reinforcement mechanisms—it is essential to focus interventions on the underlying addictive process itself. A comprehensive, integrative approach to addiction may help prevent the substitution of one pathological behavior for another.

Disclosure of Interest: None Declared

O063

Brain connectivity patterns associated with duration of abstinence in methamphetamine use disorder

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Introduction: Methamphetamine use disorder (MUD) represents a significant public health crisis characterized by neurobiological abnormalities. While neurofunctional variations across abstinence stages are documented, brain connectivity patterns associated with abstinence duration remain poorly characterized.
Objectives: In this cross-sectional study, we characterized brain connectivity patterns associated with abstinence duration in MUD. We hypothesized that whole-brain functional connectivity patterns would covary with abstinence duration in MUD.
Methods: In this cross-sectional study, we aimed to apply connectome-based predictive modeling (CPM) to resting-state functional magnetic resonance imaging (fMRI) data from MUD participants to identify abstinence-duration-associated connectivity patterns (Figure 1A). These patterns were validated in a separate, heterogeneous sample (Figure 1B). We subsequently conducted exploratory analyses to compare connectivity strength between MUD participants and healthy comparison subjects (HCs; Figure 1C) and examine connectivity variations across abstinence stages (<1 month, 1-3 months, 3-6 months, and 6-24 months) (Figure 1D).
Results: Applying connectome-based predictive modeling with leave-one-out cross-validation to resting-state functional connectivity data from MUD participants stratified by abstinence duration (<1 month, 1-3 months, 3-6 months, 6-24 months; total *N*=85), we identified patterns significantly associated with abstinence duration

(r = 0.51, P < .001) (Figure 2), validated in an independent cohort (N=48, r = 0.41, P < .004). These patterns comprised positive components showing strengthened within-network connectivity in motor/sensory, subcortical, and medial frontal networks, and enhanced between-network connectivity involving motor/sensory, cerebellum/brainstem, and subcortical networks; and negative components demonstrating reduced connectivity between motor/sensory and default mode networks, as well as among motor/sensory, medial frontal, and visual association networks (Figure 2). Exploratory analyses revealed systematic variation in strength, with healthy comparison subjects exhibiting intermediate connectivity relative to short-term (<1 month) versus prolonged (6–24 months) abstinent MUD individuals (Figure 3).

Image 1:

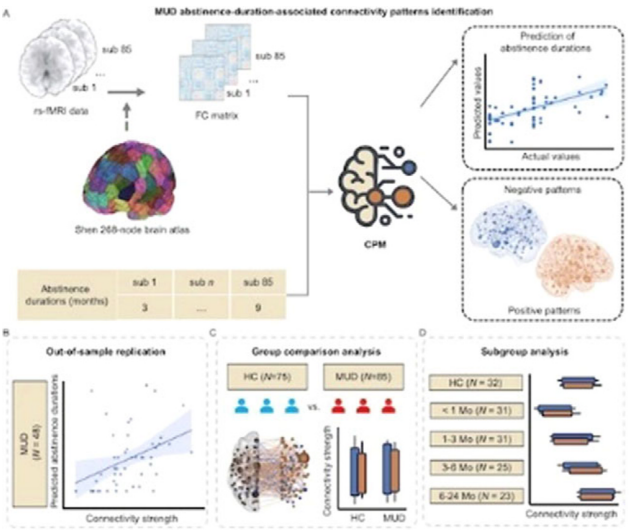


Figure 1. The study design and sample sizes for each analysis. A. CPM was applied to predict the duration of abstinence in the MUD dataset 1. CPM identified functional edges, connections between two individual nodes defined using the Shen 268-node brain atlas [47], predictive of the duration of abstinence. These identified edges formed positive patterns and negative patterns, whose functional connections respectively predicted longer and shorter durations of abstinence. The duration of abstinence predicted by the combination of positive and negative patterns (MUD abstinence-duration-associated connectivity patterns) was significantly correlated with the actual duration of abstinence. B. The predictive capability of the MUD abstinence-duration-associated connectivity patterns for the duration of abstinence was tested using an independent heterogeneous MUD dataset 2. Shaded band: mean ± SEM. C. The connectivity strength of MUD abstinence-duration-associated patterns between all HCs and all MUD individuals was compared to further establish clinical relevance. D. Comparative analysis between HCs and the four MUD subgroups. MUD participants were divided into four subgroups based on the lengths of their durations of abstinence, and the connectivity strength of abstinence-duration-associated patterns between HCs and MUD subgroups was compared. ***Note***: Boxplots in panels C-D depict median (centre line), 25th/75th percentiles (box bounds), and 1.5×IQR whiskers. <1 Month (abstinent period < 1 month, < 1 Mo, N=31); 1-3 Months (abstinent period longer than 1 month and < 3 months, 1-3 Mo, N=31); 3-6 Months (abstinent period longer than 3 months and < 6 months, 3-6 Mo, N=25); 6-24 Months (abstinent period longer than 6 months and < 24 months, 6-24 Mo, N=23). HCs, healthy comparison subjects; MUD, methamphetamine use disorder; CPM, connectome-based predictive modelling.

Image 2:

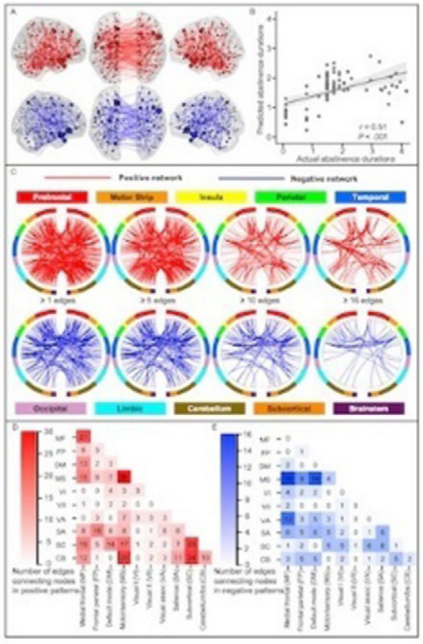


Figure 2. Positive and negative abstinence-duration-associated connectivity patterns. A. Illustrations of the positive patterns (red), where stronger connectivity predicts longer duration of abstinence, and the negative patterns (blue), where decreased connectivity is associated with longer duration of abstinence. Larger spheres represent nodes with higher degrees. B. Correlation between CPM-predicted duration of abstinence (y-axis) and the observed MUD duration of abstinence (x-axis; $\log_{10}$-transform of abstinence duration). Pearson's correlation (two-sided), $r_{(df=84)}$=0.51, P < .001. Shaded band: mean ± SEM. C. Circle plots summarize the positive (red) and negative (blue) patterns of anatomy based on overlap with macroscale brain regions. Regions are organized according to their anatomical location, with more anterior regions at the top of each plot and more ventral and posterior regions displayed towards the bottom. The initial set of plots includes all connectivity edges, while subsequent plots are thresholded to include only higher-degree nodes. D. Network anatomy of positive patterns based on overlap with canonical brain networks. E. The network anatomy of negative patterns based on overlap with canonical brain networks. For D and E, cells along the diagonal represent within-network connectivity, while the remaining cells correspond to between-network connectivity. ***Note***: The numbers in the cells indicate the total number of edges connecting nodes within (and between) each network, with darker colours indicating a greater number of edges. Despite this visual simplification, it is important to note that, by definition, positive and negative patterns do not contain overlapping edges. MUD, methamphetamine use disorder.

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Image 3:

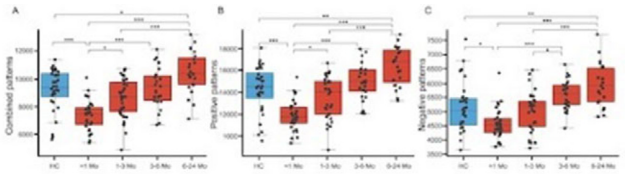


Figure 3. Connectivity strength of combined, positive, and negative patterns of individuals with MUD and HCs. A. Significant intergroup differences were observed in combined connectivity strength ($H_{4,141}$ =46.203, FDR-corrected P < .001). B. Significant intergroup differences were observed in connectivity strength of positive patterns ($H_{4,141}$ = 54.263, FDR-corrected P < .001); C. Significant intergroup differences were observed in connectivity strength of negative patterns ($H_{4,141}$ = 45.190, FDR-corrected P < .001). ***Note***: The Kruskal-Wallis test (two-sided) with false discovery rate (FDR; Benjamini-Hochberg method) was used, and FDR-corrected P values were reported. Boxplot definitions: Centre line = median; box bounds = 25th/75th percentiles; whiskers = 1.5×IQR; points beyond whiskers = outliers. *, **, *** indicate P < .05, P < .01, P < .001. HC, healthy comparison subjects; MUD, methamphetamine use disorder; < 1 Mo, abstinent duration < 1 month; 1-3 Mo, abstinent period longer than 1 month and < 3 months; 3-6 Mo, abstinent period longer than 3 months and < 6 months; 6-24 Mo, abstinent period longer than 6 months and < 24 months.

Conclusions: In summary, this cross-sectional study identified abstinence-duration-associated connectivity patterns that covary with time abstinent from methamphetamine. Connectivity strength within these patterns demonstrated a significant association with abstinence duration across cohorts, revealing systematic variation along the abstinence continuum. These findings suggest dynamic neurofunctional reorganization during sustained abstinence from methamphetamine use.

Disclosure of Interest: None Declared

O064

Lived Experiences of Women with Substance Use Disorders Regarding Their Motivations and Barriers to Seeking Treatment

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Introduction: Women with substance use disorders (SUD) face distinct gender-based challenges in accessing and engaging with treatment, including stigma, caregiving responsibilities, and inadequate institutional support. Despite increasing rates of substance use among women, their treatment needs remain under-addressed in both clinical practice and research.

Objectives: This study explored the lived experiences of women with SUD regarding their motivations and barriers to seeking and maintaining treatment in a psychiatric inpatient setting in Türkiye.
Methods: A descriptive phenomenological approach was used. In-depth, semi-structured interviews were conducted with 27 women diagnosed with SUD who had completed detoxification and were receiving inpatient care. Data were analyzed using Colaizzi's method, supported by MAXQDA 24.0.
Results: Four core themes emerged: (1) Motivation to initiate treatment—awareness of harm, maternal responsibilities, exposure to recovery models, and emotional support; (2) Motivation to maintain treatment—positive clinical relationships, reduced craving, regained self-confidence, structured routines, and hope for the future; (3) Barriers to initiating treatment—fear of stigma, low self-efficacy, social isolation, and substance-using peers; (4) Barriers to maintaining treatment—withdrawal symptoms, emotional distress, and disruptive behaviors within the treatment environment.
Conclusions: Motivations and barriers to treatment among women with SUD reflect an interplay of psychological, social, and structural factors. Addressing these multidimensional needs is essential for sustained recovery. Gender-responsive, trauma-informed treatment environments that enhance therapeutic alliance, peer cohesion, and systemic accessibility are vital to improving treatment outcomes for women with SUD.

Disclosure of Interest: None Declared

O065

Evidence for reduced frontal cortical thickness in long-term heavy cannabis users

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Introduction: Although cannabis use is often regarded as relatively harmless, structural imaging studies have found variable evidence for volume reductions in the hippocampus and orbitofrontal cortex (OFC) among other regions (Lorenzetti et al. Eur Arch Psychiatry Clin Neurosci; 269 59-71; Soleimani et al. Sci Rep 2023; 13 5847; Mashhoon et al. Drug Alcohol Depend. 2015; 155 275-83; Wittemann et al. Eur. Addict. Res. 2021; 27 115-22). These studies have mostly focused on adolescents and young adult users, and studies in long-term, heavy cannabis users, who would be arguably most likely to show structural alterations, are few.
Objectives: The aim of this study is to examine different morphological metrics at the whole-brain level, including volume, surface area and cortical thickness in long-term, heavy cannabis users.

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