about its role in the complaints on anxiety and depression (wither direct or through sleep quality).
Objectives: The aim was to reveal direct and indirect effects of sleep behavior on subjective sleep quality, anxiety and depression.
Methods: 174 people aged 17-57 without diagnosed sleep disorders filled the Scale of Behavioral Factors of Sleep Disturbances (Rasskazova, Leonov, 2020), Insomnia Severity Index (Morin, 1993), Hospital Scale of Anxiety and Depression (Zingmond, Snaith, 1983), Beck's Anxiety and Depression Inventories (Beck, Steer, 1993, Beck et al., 1996).
Results: Taking medications and non-medications before sleep, alcohol, tonic drinks and using gadgets in the evening, delaying bedtime, self-limitations after poor nights, poor adherence to the regimen and postponement of the morning rise were characterized by an indirect effect on anxiety and depressiveness through poor sleep (|β|=0,03-0,24). Self-limiting behavior and delaying the morning rise are associated with higher levels of anxiety and depression, even in the absence of sleep-related complaints (β=0,23-0,34, p<0,01).
Conclusions: Based on the data we suggest that the dysfunctional role of behavior on anxiety and depression is predominantly indirect (through the perpetuation of complaints), but it can also be direct (regardless of complaints of sleep disorders). Research is supported by the Russian Foundation for Basic Research, project No. 20-013-00740.

Conflict of interest: Research is supported by the Russian Foundation for Basic Research, project No. 20-013-00740.
Keywords: Anxiety; Depression; sleep-related behavior; sleep quality

Addictive disorders

EPP1303

Sleep problems in opioid dependent patients maintained on buprenorphine

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doi: 10.1192/j.eurpsy.2021.1486

Introduction: Opioid dependent individuals frequently complain of sleep problems in withdrawal and during abstinence.
Objectives: The objectives were to assess the subjective sleep parameters among buprenorphine-maintained opioid-dependent patients and to correlate it with socio-demographics, concomitant drug use and treatment related variables
Methods: Using a cross-sectional study design, 106 hundred six opioid-dependent patients maintained on buprenorphine for at least six months and on same dose in past month were interviewed. Sleep was assessed by Pittsburgh sleep quality index (PSQI) and Epworth sleepiness scale. Association between subjective sleep parameters, socio-demographics, concomitant drug use and treatment related variables was also studied.
Results: All participants were males. Their mean age was 41.1 years (SD:14.3). The mean duration of illicit opioid use was 10 years (IQR: 5,22). About 63.2% (n=67) had PSQI scores more than 5 denoting sleep problem. The scores obtained in Epworth Sleeping Scale were in normal range. Mean subjective total sleep time of the sample was 403.5 (SD 94.8) minutes and median sleep latency was 35 (IQR 18.8, 62.5) minutes. Subjective total sleep time was significantly higher in participants who had use tobacco in the past three months (p value=0.03) and who were in moderate ASSIST risk category (p value=0.04). Subjective sleep latency was significantly higher (p value=0.04) in participants who had used opioids in last three months. It was observed that age was a significant predictor of subjective total sleep time and OST compliance was a significant predictor of sleep latency.
Conclusions: A sizeable proportion of opioid dependent patients on buprenorphine have sleep problems

Keywords: opioid dependence; buprenorphine; sleep; sleep problems

EPP1304

Patterns of alcohol consumption in european pregnant women with alcohol use disorder

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doi: 10.1192/j.eurpsy.2021.1487

Introduction: Prenatal alcohol exposure can have a negative impact on a child's neurocognitive development. Still, about 16% of European women maintain alcohol consumption, even after knowing they are pregnant. Several studies have shown that alcohol use patterns alter drastically during pregnancy. However, little is known about how these change in women with Alcohol Use Disorder (AUD) diagnosis.
Objectives: To understand the impact of pregnancy on alcohol use patterns in women at high risk or with previous AUD diagnosis.
Methods: Bibliographic research was made through the PubMed/NCBI database. No time limit was specified on the search. Pertinent manuscripts were individually reviewed for additional relevant citations.
Results: Several factors influence alcohol consumption during pregnancy, including financial status, educational level, and high levels of psychological stress. Although older age at the onset of pregnancy is deemed a risk factor for alcohol consumption, women of 25 or fewer years of age are at higher risk for AUD, as are those with a history of criminal behaviour and family history of AUD. Pregnancy seems to play a critical role in altering alcohol use patterns, reducing the risk of AUD in about 70%, regardless of pregnancy trimester. This is seen even in women who present high-risk factors for AUD.
Conclusions: Pregnancy presents itself as a behavioural change promoter and should be regarded as a window of opportunity for intervention in women with AUD. However, there are few studies that focus on alcohol consumption patterns specifically in women with AUD, whereby making it necessary to extrapolate the available data.

Keywords: alcohol consumption patterns; pregnancy; alcohol use disorder