Conclusions: Internet gaming addiction is prevalent among nursing students, with significant academic and psychological implications. Broader studies are needed to better understand behavioral addictions among young adults and inform preventive educational strategies.

Disclosure of Interest: None Declared

EPV041

Comparative Evaluation of Recent Tests for Assessing Craving in Alcohol Use Disorder

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Introduction: The identification and quantification of craving in Alcohol Use Disorder (AUD) are fundamental for both clinical practice and research. The various tools available across countries and in the literature raise issues of selection, reliability and comparability across contexts and populations.
Objectives: This study focused on identifying various assessment tools (inclusion criteria: tests published from 2020 to the present) for evaluating and measuring alcohol craving. The aim was to provide a critical review of these tools, with a focus on their structure and psychometric properties.
Methods: 7 tests were identified:
Approach and Avoidance of Alcohol Questionnaire (AAAQ)
Alcohol Craving Experience (ACE)
Alcohol Craving Questionnaire (ACQ)
Alcohol Craving Scale Based on Three Factors (ACS-3F)
Alcohol Craving Typology Questionnaire (A-CTQ)
Adolescent-Obsessive Compulsive Drinking Scale (A-OCDS)
Jellinek Craving Questionnaire (JACQ)
Multidimensional Alcohol Craving Scale (MACS)
The aspects were analyzed: year of publication, structure, content, reliability, standardization sample, and administration method.
Results: All identified tools showed good internal consistency (Cronbach's $\alpha > 0.70$).
AAAQ was designed to assess two aspects of alcohol craving: the desire to drink and the inclination to avoid alcohol consumption.
ACE measures sensory and cognitive aspects of craving, such as imagining the taste, smell, or sensations of drinking, as well as intrusive thoughts about alcohol. It identifies three main factors: imagination, intensity, intrusion.
ACS-3F assesses responses to positively reinforcing stimuli, negatively reinforcing stimuli, and loss of control.
A-CTQ is the most recent scale among those reviewed and includes a large normative and clinical standardization sample. It distinguishes accurately between different types of craving (Reward, Relief, Obsessive), with specific therapeutic implications.
A-OCDS is suitable for adolescents and young adults. It assesses the frequency of alcohol-related thoughts, desires, and imagery, difficulties in avoiding alcohol, and tendencies to skip or drink before/during school hours.
JACQ evaluates craving across four dimensions: emotional impulse, physical sensations, temptation to drink, and uncontrolled thoughts. It is structured to assess both current (immediate urge) and past (retrospective urge) craving.
MACS specifically measures two main dimensions: alcohol desire and behavioral disinhibition. It evaluates craving intensity and presence while considering aspects of alcohol-use planning and anticipation of positive effects or abstinence improvement.

Image 1:

Comparative Table of Alcohol Craving Assessment Instruments

Instrument	Year of Publication	Authors	Items	Measured Dimensions	Administration Mode	Sample Size	Reliability (Cronbach's α)
AAAQ (Approach and Avoidance of Alcohol Questionnaire)	2004	McEvoy, P. M., Stritzke, W. G. K., French, D. J., Lang, A. R., & Ketterman, R. L.	20	Inclination to drink vs. avoid drinking	Self-administered	589 + 523 subjects	High; α = .85 – .91
ACE (Alcohol Craving Experience)	2011	Statham, D. J., Connor, J. P., Kavanagh, D. J., Feeney, G. F., Young, R. M. D., May, J., & Andrade, J.	22	Sensory craving aspects; intrusive cognitive aspects; perceived intensity; frequency of craving thoughts	Self-administered	421 subjects	High; α = .74 – .94
ACS-3F (Alcohol Craving Scale – Three Factors)	2009	Jimenez, M., Ortaña, J. L., Montes, V., & Rubio, G.	12	(1) Positive reinforcement; (2) Negative reinforcement; (3) Loss of control	Self-administered	346 subjects	High; α = .88 – .94
A-CTQ (Alcohol Craving Typology Questionnaire)	2024	Martinotti G., Festa G.M., Janiri L.	15	3 types of craving (Reward, Relief, Obsessive); Total craving score	Self-administered	929 subjects	High; α = .81 – .92
A-OCDS (Adolescent Obsessive Compulsive Drinking Scale)	2001	Deas, D., Roberts, J., Randall, C., & Anton, R.	14	(1) Interference: thoughts, desires, and imagery related to alcohol; (2) Irresistibility: difficulty avoiding drinking, desire to drink, school absenteeism for drinking	Self-administered	228 subjects	High; α = .81 – .89
JACQ (Jellinek Craving Questionnaire)	2006	Ooteman, W., Koeter, M., Vserheul, R., Schippers, G., & Van Den Brink, W.	24	Emotional impulse, physical sensations, temptation to drink, uncontrolled thoughts	Self-administered	Sample A = 251; Sample B = 48	High; α = .77 – .95
MACS (Multidimensional Alcohol Craving Scale)	2004	Serrecigni, J. G., Garcia, L. S., Cruz, B. G., Albet, J. T., Pociello, A. T., González, A. S., & Gil, A. M.	12	Alcohol desire and behavioral disinhibition	Self-administered	452 subjects	High; α = .94

Image 2:

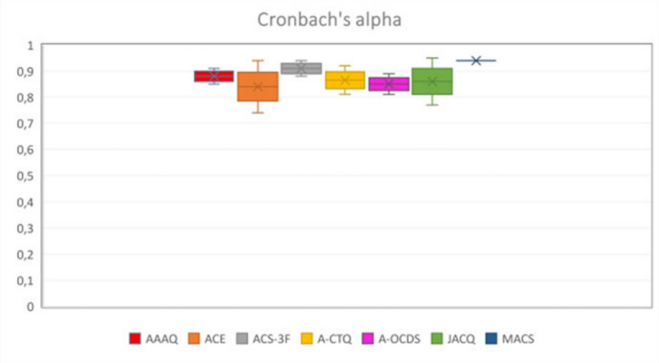
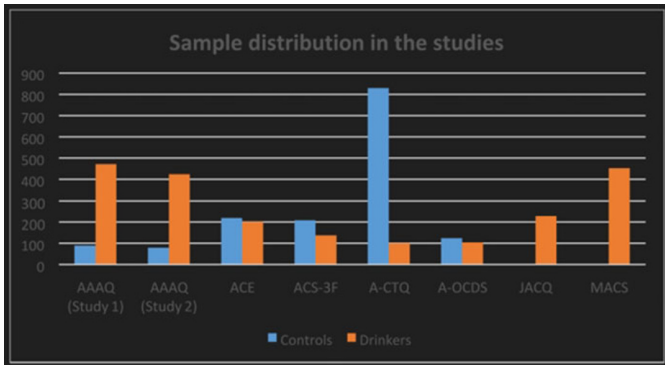


Image 3:



Conclusions: The choice of instrument in craving assessment depends on the goal (screening, monitoring, classification), the context (clinical vs. research, patient age), the target population, and the available time for assessment. All the tools reviewed represent valid aids for clinical work in the field of alcohol use disorder.

Disclosure of Interest: None Declared

EPV042

High-dose methadone detoxification in a hospital setting: A case report

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Introduction: Present the case of a 37-year-old patient with a diagnosis of antisocial personality disorder who has a long-standing heroin addiction and an occasional use of cannabis and alcohol. The patient required admission to the Gastroenterology department for a stomach issue, during which he was administered 100 mg of Methadone daily. Upon discharge, he was no longer using heroin and requested, few weeks later, a scheduled admission to a detoxification unit from his outpatient clinic for a complete Methadone withdrawal. He did not accept buprenorphine substitution treatment.
Objectives: The objective is to review the literature regarding methadone dose tapering and how to manage it during hospitalization. Patient rejected current guidelines initially recommendation (partial agonist like Buprenorphine).
Methods: Narrative presentation of the proposed case and a comparison of its management with the current scientific literature.
Results: The usual protocol for Methadone detoxification has been a very slow, gradual reduction of the agonist dose on an outpatient basis, as has been traditionally recommended, with a weekly decrease of 3%. In general, a gradual reduction of a maximum of 10% of the dose per day is recommended, although it is advisable to do so more slowly (1-5 mg/week).
We opted to discontinue methadone from the first day and use alpha-2 agonists, which had demonstrated their usefulness in treating withdrawal syndrome in both inpatient and outpatient settings. The use of Clonidine plays a key role in reducing the noradrenergic hyperactivity that occurs during opioid withdrawal syndrome (OWS) and in blocking the symptoms precipitated by Naltrexone. We did not achieve optimal blood pressure levels, although there were no severe episodes of hypotension. The patient complained of a certain general malaise and restlessness during the first few days, which we managed with medium doses of Gabapentin. Naltrexone is administered starting on the seventh day of admission and Methadone abstinence, after verifying abstinence with a Naloxone challenge test. Discharge occurs between the eighth and tenth day of admission detoxification.
The literature recommends Clonidine doses of 0.15 to 0.45 mg per day during hospitalization, with a gradual increase and close monitoring of blood pressure to prevent significant fluctuations in these values and typical withdrawal symptoms like dizziness, nausea, or vomiting. Additionally, a reasonable use of Clonazepam (1 to 6 mg) is recommended to assist with this management.
Conclusions: We emphasize the importance of systematically monitoring the patient's vital signs and providing adequate rehydration for better management of withdrawal symptoms. There is no need for excessive use of benzodiazepines; instead, the patient should be psychoeducated about opioid withdrawal syndrome before admission.

Disclosure of Interest: None Declared

EPV044

Substance abuse disorder in patients with ADHD taking methylphenidate

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Introduction: Attention deficit hyperactivity disorder (ADHD) is a neurodevelopmental disorder primarily diagnosed in childhood and adolescence and typically treated with methylphenidate (MPH), a stimulant medication effective in managing the core symptoms of inattention and hyperactivity. Treatment with MPH may result in an increased risk of substance misuse and abuse related to the reward and motivational pathway. Understanding the prevalence of substance use, the main substances of abuse, and the clinical consequences in this population is critical to improving treatment strategies and minimizing adverse effects.
Objectives: To evaluate the prevalence and characteristics of substance use patterns in patients with ADHD treated with methylphenidate, as well as to identify the most commonly used drugs and analyze the associated clinical and psychosocial consequences.
Methods: A literature search was conducted in Pubmed examining substance use in patients with ADHD treated with MPH, considering the presence of concomitant psychiatric disorders (mainly substance abuse disorders) and the clinical impact of MPH abuse.
Results: The review indicates that patients with ADHD and psychiatric comorbidities, such as conduct, mood, anxiety, or personality disorders, are at increased risk for MPH misuse. The risk is increased in those with coexisting substance use disorders, with alcohol, cannabis, nicotine, and cocaine use being more common. MPH abuse can generally result in self-administered use of more than prescribed doses or unconventional routes of administration,