EPV0030

The relationship between immuno-biochemical indicators and clinical manifestations of alcoholic and/or mixed forms of addiction in adolescents

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doi: 10.1192/j.eurpsy.2025.939

Introduction: Identification of the effects of experimentation with psychoactive substances and the formation of addictive behavior in adolescents in risk groups requires the development of new approaches to the clinical and laboratory examination for the prevent severe complications of intoxication and treatment of addiction. One of the biological indicators of complications from the use of psychoactive substances during the period of brain development may be neuroinflammation, in addition to metabolic disorders and disorders of other internal organs.

Objectives: To study the relationship between the levels of inflammatory markers and biochemical blood indicators with the clinical symptoms in adolescents with alcohol and substance intoxication.

Methods: Clinical and laboratory examinations included 40 patients aged 14 to 17 years diagnosed with behavioral and mental disorders due to alcohol use and/or combined alcohol and substance abuse. In blood plasma, the activity of leukocyte elastase (LE) and α1-proteinase inhibitor (α1-PI), as well as the level of autoantibodies (AB) to S100B and basic myelin protein (MBP) were measured. The results were compared with the corresponding normative indicators.

Results: The relationship between the level of immune system activation and the activity of the pathological process in the brain served as the division of patients into groups. The 1st group (58.3%) was characterized by high activity of LE and α1-PI and an increased level of aAT to MBP ($p<0.05$). The 2nd group (42.7%) was distinguished by low LE activity and a high level of other markers ($p<0.01$). In the 1st group, a higher monocyte content, an increase in creatine phosphokinase activity, uric acid level, aspartate aminotransferase and alanine aminotransferase ratio, a decrease in gamma-glutamyltransferase activity and serum iron and ferritin level were found compared to the 2nd group. In the 2nd group, the increase in the number of neutrophils was associated with a relatively increased platelet content, as well as higher levels of alkaline phosphatase activity, creatinine content, total and direct bilirubin. In the 1st group, signs of attention deficit, autoaggression, and increased tolerance to the dose of the substance used were detected more often. In the 2nd group, pronounced tension and irritability, a longer duration of drug use, and more severe clinical manifestations of withdrawal syndrome were observed.

Conclusions: The introduction of indicators of neuroinflammation, associated with ferroptosis mechanisms, initially clinically asymptomatic, into the cluster of clinical and laboratory studies will specify the diagnostics of individual changes in reactivity and health disorders in adolescents at the stage of drug addiction. This will substantiate and increase the effectiveness of the prevention of addictions and early disability among adolescents at risk.

Disclosure of Interest: None Declared

EPV0029

Examining the associations between mental well-being, emotional regulation, social anxiety, and excessive smartphone use

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doi: 10.1192/j.eurpsy.2025.940

Introduction: Interpreting and perceiving adequately others' emotions and the regulative processes within one's mental health are barriers or predisposing factors in the development of smartphone addiction.

Objectives: The research explores the role of mental health, fear of negative perception, and assessment of other people's emotions, which influence excessive smartphone use.

Methods: The survey included 400 respondents, of whom 104 were men (26%), 293 women (73.2%), and three persons (0.8%) who indicated a different gender. The mean age of the participants was 25.9 years (SD 10.9). Registered answers refer to demographic data (gender, age, smartphone usage habits) as well as psychological measures: a Smartphone Application-Based Addiction Scale (SABAS), a Mental Health Continuum Scale (MHC), an Assessing Emotions Scale (AES), and Fear of Negative Perception Questionnaire (FNPQ).

Results: Results show a significant negative correlation between the SABAS score and global mental well-being ($r(398) = -.15$, $p = .005$) and a significant positive correlation between the SABAS score and fear of negative perception ($r(398) = .27$, $p = .001$). Using SABAS's cutoff point (23 points), non-problem ($M = 59.6$, $SD = 11.4$) and problem users ($M = 55.8$, $SD = 11.3$) differ significantly in global mental well-being ($t(398) = -2.9$, $p = .004$) and each of its sub-factors, emotional, social, and psychological well-being; as well as non-problem ($M = 20$, $SD = 8.2$) and problem users ($M = 24.1$, $SD = 8.4$) in fear of negative perception ($t(398) = 4.3$, $p = .001$). Relevant associations between emotional regulation and problematic smartphone use we did not find.

Conclusions: The resulting data will support to investigation of the role of mental health well-being factors in the development of problematic smartphone usage, besides prevention and psychotherapeutic intervention.

Disclosure of Interest: None Declared

EPV0030

Impact of problematic mobile phone use among Nursing Students

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doi: 10.1192/j.eurpsy.2025.941

https://doi.org/10.1192/j.eurpsy.2025.941 Published online by Cambridge University Press

Introduction: Technological development and the ever-expanding range of functions that a mobile phone offers to its users cause that more and more people overuse this device. The problem of smartphone addiction and nomophobia has become a significant social problem, especially among young mobile phone users. It has been observed that excessive use of smartphones can cause psychological problems, such as increased levels of stress, anxiety, depression, decreased cognitive function, and can also negatively affect students' academic activities.
Objectives: The primary aim of the study was to assess the extent of phone addiction among nursing students. Additionally, the researchers aimed to investigate the impact of various variables, including socio-demographic and psychological factors, on the severity of pathological phone use among nursing students.
Methods: This survey based study was performed using the author questionnaire and standardized research tools: the Nomophobia Questionnaire (NMP-Q), the Mobile Phone Problem Use Scale for Adolescents (MPPUSA), the Athens Insomnia Scale (AIS), and the Depression, Anxiety, and Stress Scale version 21 (DASS-21).
Results: The study involved 303 nursing students of the Pomeranian Medical University in Szczecin. A subjective feeling of addiction to a mobile phone was noted in 51.16% of respondents, and to the internet in 22.44%. In addition, 66.34% of the respondents had sleep problems. Some 38.28% of the nursing students did not show symptoms of depression, 38.61% had normal levels of anxiety, and 37.62% had normal levels of stress. Phone use was significantly more problematic among single people and those in an informal relationship, as well as among younger respondents. Analysis of the data revealed statistically significant positive correlations between problematic phone use according to the MPPUSA and the severity of depression, anxiety, stress, and insomnia according to the AIS.

Variable	MPPUSA [score]		
	r		p
NMP-Q	No possibility of communication	0.531	**< 0.001**
	Loss of connectivity	0.6	**< 0.001**
	Being unable to get the news	0.682	**< 0.001**
	Inconvenience	0.64	**< 0.001**
DASS-21	Level of depression	0.324	**< 0.001**
	Level of anxiety	0.333	**< 0.001**
	Level of stress	0.404	**< 0.001**
AIS	0.317		**< 0.001**

Conclusions: The vast majority of nursing students use a mobile phone correctly and do not exhibit symptoms of nomophobia. Age and marital status are the sociodemographic variables that have a statistically significant effect on the pathological pattern of smartphone use. There is no statistically significant relationship between mobile phone addiction and gender or place of residence. Phonoholism statistically significantly positively correlates with nomophobia, as well as the severity of depressive symptoms and insomnia. Moreover, the more pathological the smartphone use, the higher the levels of anxiety and stress experienced by nursing students.

Disclosure of Interest: None Declared

EPV0031

Personality traits and the degree of work addiction among Polish women: the mediating role of depressiveness

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doi: 10.1192/j.eurpsy.2025.942

Introduction: Workaholism is an addiction, however the obsessive-compulsive components alone may prove insufficient in determining its nature.
Objectives: The aim of the following study was to determine the mediating role of depressiveness in the relationships between workaholism and personality traits according to the five-factor model among Polish women.
Methods: The research study was carried out among 556 women residing in the West Pomeranian Voivodeship in Poland. The research was based on a survey performed using a questionnaire technique. The following research instruments adapted to Polish conditions were employed to assess the incidence of work addiction among female adults: The NEO Five-Factor Inventory (NEO-FFI), The Work Addiction Risk Test (WART) Questionnaire, and The Beck Depression Inventory–BDI I-II.
Results: A positive correlation between the intensity of neuroticism and the work addiction risk was revealed ($\beta = 0.204$, $p < 0.001$). A partial mediation (35%) with the severity of depression symptoms as a mediating factor was observed ($\beta = 0.110$, $p < 0.001$). Respondents characterized by high neuroticism showed a greater severity of the symptoms of depression ($\beta = 0.482$, $p < 0.001$), which is a factor increasing the work addiction risk ($\beta = 0.228$, $p < 0.001$). Respondents characterized by a high level of extraversion displayed lower severity of the symptoms of depression ($\beta = –0.274$, $p < 0.001$). A negative correlation between the intensity of agreeableness and the work addiction risk was revealed ($\beta = –0.147$, $p < 0.001$). A partial mediation (27.8%) was observed. A positive correlation between the intensity of conscientiousness and the work addiction risk was revealed ($\beta = 0.082$, $p = 0.047$). Respondents characterised by a high level of conscientiousness showed a lower severity of depression symptoms ($\beta = –0.211$, $p < 0.001$).

Table 1. Indirect and total effects: Mediation model 1 - Neuroticism

Type	Effect	b	95% CI* Lower	Upper	β**	z	*p*-value
Indirect	N ⇒ BDI ⇒ WART	0.149	0.092	0.213	0.110	4.800	<0.001
Component	N ⇒ BDI	0.241	0.205	0.275	0.482	13.270	<0.001
	BDI ⇒ WART	0.618	0.398	0.851	0.228	5.230	<0.001
Direct	N ⇒ WART	0.277	0.157	0.403	0.204	4.540	<0.001
Total	N ⇒ WART	0.426	0.319	0.534	0.314	7.790	<0.001

NEU—neuroticims, WART—Work Addiction Risk Test, N – Neuroticism, BDI—Beck Depression Inventory–BDI I-II, b—unstandardized regression coefficient, β—standardized regression