EPP1351

Impulsivity and compulsivity aggregate in alcohol use disorder and explain comorbidity with impulse-control and related disorders

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Introduction: The conceptualization of impulsivity and compulsiveness has fluctuated between two different perspectives: they are (1) distinct and orthogonal dimensions, (2) extreme poles of the same dimension/ spectrum. We favor this latter, accepting that these dimensions contribute to the etiopathogenesis of impulsive-compulsive disorders, namely alcohol use disorder/ AUD.
Objectives: To analyze: Differences of impulsivity and compulsivity levels between AUD patients vs. participants from the community; prevalence of impulsive-compulsive disorders/ICD in AUD; if impulsivity/compulsivity predict the severity of alcohol use and ICD in AUD.
Methods: 32 AUD patients (21% women, mean age 46±10) answered the Portuguese versions of: Alcohol-Use-Disorders-Identification-Test, Questionnaire-for-Impulsive-Compulsive-Disorders-in-Parkinson's-Disease, Barrat-Impulsiveness-Scale, Obsessive-Compulsive-Inventory and Depression-Anxiety-Stress-Scales; 50 adults from the community (68% women, mean age 29±14) answered the former three. Mann-Whitney-U, Spearman and regression tests were performed using SPSS.
Results: AUD individuals vs. subjects from the community presented higher levels of impulsivity and compulsivity ($p<.001$). AUD-group: AUDIT median score was 25 (>8 harmful use); 81% reported ICD-symptoms; impulsivity and compulsivity highly correlated ($r=.639$; $p<.001$); impulsivity levels explained the presence of certain ICD (gambling, compulsive buying, eating disorders) and depression/anxiety/stress ($OR=.152$; $p<.05$); compulsivity levels also explained the occurrence of specific ICD (compulsive buying and other repetitive automatic behaviours) and depression/anxiety/stress ($OR=.131$ $p<.05$).
Conclusions: Our results indicate that impulsivity and compulsivity co-occur and contribute to the explanation of AUD, and related comorbidity and psychological distress. This highlights the utility of considering impulsivity and compulsivity when subtyping, stratifying, and treating AUD patients. Finally, we assert that disorders of impulsivity and compulsivity (eg.: AUD and ICD) co-occur.

Conflict of interest: No significant relationships.

EPP1350

Quality of life and abstinence in alcohol use disorders

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Introduction: The analysis of the impact of individuals' behaviors on their health involves several variables, namely alcoholism. It is necessary to take in account that when anxiety is excessive it may be very disabling and produce many adverse effects, such as unsatisfactory work performance, anxiety disorders, depressive mood and somatic symptoms. These elements affect the Quality of Life (QOL) drastically, while social support of the patients protect QOL.
Objectives: To assess the quality of life of patients with alcohol use disorders in treatment for alcohol use disorder (AUD).
Methods: An exploratory, descriptive and correlational study was carried out. A sociodemographic scale was used, an instrument constructed by the authors that assesses the existence of risk behaviors and protective health behaviors, the Social Support Satisfaction Scale (ESSS), and a quality of life assessment scale (WHOQOL-Bref). Data analysis was performed using IBM SPSS 25 statistics.
Results: Sample consisting of 34 patients with Alcohol Use Disorders. Abstinence time is positively correlated with QOL and negatively correlated with social support satisfaction.
Conclusions: This study shows that in treatment of patients with AUD, longer abstinence times have a positive effect on QOL and overall wellbeing of patients, while being associated with a lower satisfaction with social support. Treatment Units dedicated to AUD should keep striving for maintenance of abstinence due to these positive effects.

Keywords: abstinence; quality of life; alcohol use disorders

EPP1351

Generalized problematic internet use: An impulsive-compulsive spectrum disorder?

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Introduction: Generalized problematic internet use/GPIU has recently been associated with the impulsive-compulsive spectrum/ICS, but its mapping onto these behaviour dimensions is relatively unexplored.
Objectives: To compare patterns of internet use and scores of BIG-5 personality traits, perfectionism and psychological distress between groups with low/high levels of GPIU.
Methods: 475 university students (78.9% girls; mean age 20.22±1.695) answered the Portuguese versions of: GPIU Scale, Multidimensional Perfectionism Scale-13, NEO-FFI-20, Depression,

Anxiety and Stress Scales and other questions about internet use. Chi-square and Mann-Whitney tests were performed using SPSS.
Results: Individuals with high levels of GPIU (median+2SD; n=18; 3.8%) spent significantly more time/day in online activities, exceeding what they have planned; had no other hobbies and used social networks to meet friends; reported that GPIU interfered with affective/work relationships and academic performance (all p<.05). There were no significant differences in the purposes of the internet use (e-mail, social networks, shopping, videogames, multimedia, sexual, work…), unless for general information searching and betting games (both p<.05). High-PGIU group also presented significant higher levels of neuroticism, negative (but not positive) perfectionism, depression, anxiety, and stress (all p<.001).
Conclusions: Our results indicate that unlike the purposes of internet use, personality, perceived interference and the associated cognitive-emotional processes and symptoms (psychological distress) may help distinguishing between functional vs. dysfunctional internet use. Considering the preponderance of processes over contents and the presence of certain dimensions, such as perception of uncontrollability, interference and social isolation we add more evidence to consider PGIU as falling within the spectrum of impulsive-compulsive disorders.

Conflict of interest: No significant relationships.

EPP1352

Burnout's in young doctors: Prevalence, socio-demographic and psychological associated factors

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Introduction: Burn-out is quite common in hospitals especially among young doctors. It results from a mismatch between expectation and professional reality.
Objectives: To determine the prevalence of sever burnout and to identify its associated socio-demographic and psychological factors among young residents.
Methods: Analytical and descriptive cross-sectional study conducted among residents and interns working at the Hedi Chaker and Hbib Bourguiba University hospital in Sfax, Tunisia, during the month of July 2019. The characteristics of the participants were collected using a questionnaire. Burnout was evaluated using the Maslach Burnout Inventory(MBI) differentiating 3 components: emotional exhaustion, depersonalization and luck of personal achievement.
Results: Out of 85 questionnaires disturbed,60 were selected corresponding to a response rate of 72.94%. The sex ratio (M/F) was 0.87. The middle age was 28.22. Forty three percent of the participants were married. More than half consumed tobacco and 45% of them consumed alcohol. The majority of doctors were residents (81.7%). The average working time was 55 hours per week. Burnout was severe in 30% of our population. Furthermore, doctors who suffered from physical aggression(p=0.001) were more likely to develop severe burn-out. The dissatisfaction with the internship (p=0.01) and the feeling of do not satisfy seniors(p=0.02) were statistically associated with severe burnout. Severe burn-out was associated with anxiety (p=0.0073), conflictual partnership (p=0.0001),conflicts with colleagues(p=0.001) and the paramedical framework (p=0.0001)
Conclusions: The risk of burn-out is quite high among young doctors. Some factors seem to be associated with this phenomenon. This could affect not only the quality of life, but also the quality of care provided.
Keyword: burnout-young doctors-prevalence-associated factors

EPP1354

An integrated addictions nursing subspecialty to expand the opioid use disorder and substance use disorder workforce

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Introduction: In the U.S. approximately11.4 million misused prescription pain relievers; 2.1 million had an OUD in 2017. The Addictions Nursing Subspecialty was created to address this epidemic by expanding a workforce trained in OUD/SUD screening, treatment, and prevention. A curriculum was developed that included integrated/telehealth health care settings in medical and mental health provider shortage areas during their last nine months of training. Courses were developed and taught by aninterprofessional team of university faculty and informed by evidence-based guidelines/clinical competencies for effective OUD/SUD screening/prevention, assessment, treatment, and recovery. Courses were also offered as electives for nursing, clinical-counseling, social work, and other health science disciplines emphasizing an interdisciplinary approach to healthcare.
Objectives: Expand the OUD/SUD trained workforce in areas with high OUD/SUD mortality rates and high mental health provider shortages emphasizing team-based integrated care and telehealth settings.
Methods: Program curriculum was informed by evidence-based guidelines/clinical competencies for effective OUD/SUD screening/prevention, assessment, treatment, and recovery using integrated care. Competencies included: Core Competencies for Integrated Behavioral Health and Primary Care that have been set forth by the Center for Integrated Health Solutions, telehealth competencies outlined in the recommended competencies by the National Organization of Nurse Practitioner Faculties (NONPF), and Core Competencies for Addictions Medicine by the American Board of Addictions Medicine.
Results: Approximately 11 students enrolled in courses received additions integrated/telehealth health care settings. Students responded positively to evaluations regarding timely feedback, unique approach (i.e. intrative content, short videos and discussions).
Conclusions: The Addictions Nursing subspecialty will continue to be offered allowing enrollment for nurses twice a year.

Keywords: Integrated; Opioid; Substance use; addictions