(amount and quality of pain experienced, anxiety, depression, current pain catastrophizing); 7 days postop (same as before, plus length of stay and quality of life). Tools include TEMPS-A (ATs), STAI-S and T (anxiety), PHQ9 (depression), PCS (pain catastrophizing) and BPI (pain experience and QoL). Intraoperative vital parameters and opioid use are also observed, as well as the use of postoperative analgesic medications. Statistical associations between pain and psychological factors are analysed using MANOVA, regression, correlation and path analysis.

Results: Currently we are at 50% of our data collection (N=175). At this stage of our research we already have significant preliminary results. Apart from psychological factors, age has a negative predictive effect on pain experienced on day 1 ($p<0.001$, $st\beta=-0.327$, $R2=0.14$) and also predicts the effectiveness of painkillers on day 1 ($p=0.006$, $st\beta=0.036$). When controlled for age ATs also predict pain experienced on day 1: anxious scores predict amount of pain experienced ($p=0.049$, $st\beta=0.283$), whereas higher dysthymic scores predict smaller amount of pain experienced ($p=0.006$, $st\beta=-0.382$). Preoperative anxiety and pain expectations do not seem to predict pain, but pain expectations predict how pain effects overall mood (postop day 1 $p=0.002$, $st\beta=0.227$ and day 7 $p=0.035$, $st\beta=0.226$). Postop day 7 pain is less influenced by the investigated factors, but state anxiety on postop day 1 predicts postop pain on day 7 ($p=0.028$, $st\beta=0.251$).

Conclusions: Our study may help in clinical practice to identify patients who are likely to experience more postoperative pain. While age is a significant negative predictor of early and late postoperative pain, when controlling for age, ATs seem to be sensitive predictors of early postoperative pain experience, whereas other investigated factors have a less direct effect on pain experience. Further data analysis with more complex models is needed after data collection is finished.

Disclosure of Interest: None Declared

EPP642

Risk of Developing Major Mental Disorders in Hypertensive Patients: A Retrospective Observational Study Using the Common Data Model

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Introduction: Chronic medical conditions like hypertension may increase the risk of mental disorders such as anxiety and depression.

Objectives: This study aimed to investigate if hypertension is associated with a higher incidence of major mental disorders, including anxiety disorders, depressive disorders, bipolar disorders, psychotic disorders, sleep disorders, vascular dementia, and Alzheimer's dementia, compared to controls.

Methods: I analyzed standardized data from patients with hypertension (n = 48,466) and those without hypertension (n = 442,660) at a university hospital. Clinical data was standardized into a common data model. Using propensity score matching (PSM) at a 1:5 ratio, I compared the incidence of mental disorders between the hypertension and control groups over a 5-year period. A multivariate Cox proportional hazards model was used to estimate the risk of mental disorders, with hazard ratios (HR) and 95% confidence intervals (CI).

Results: After PSM, the hypertension group had a higher prevalence of being elderly (over 60 years old) and having conditions like diabetes, hyperlipidemia, atrial fibrillation, cerebrovascular disease, and heart disease compared to controls. The hypertension group also had significantly increased use of antithrombotic agents, beta-blockers, calcium channel blockers, diuretics, acid-related disorder drugs, diabetes medications, lipid-modifying agents, and opioids. The incidence rates per 1,000 patient-years for mental disorders were as follows: anxiety disorders (7.22 vs. 4.49), depressive disorders (8.51 vs. 5.47), bipolar disorders (1.13 vs. 0.91), psychotic disorders (0.18 vs. 0.22), sleep disorders (16.32 vs. 8.60), vascular dementia (0.77 vs. 0.14), and Alzheimer's dementia (9.29 vs. 2.53). Compared to controls, the hypertension group had a higher risk of developing vascular dementia (HR, 6.03; 95% CI, 4.34–8.44; $p<0.01$), Alzheimer's dementia (HR, 3.89; 95% CI, 3.56–4.24; $p<0.01$), sleep disorders (HR, 1.96; 95% CI, 1.85–2.07; $p<0.01$), anxiety disorders (HR, 1.69; 95% CI, 1.56–1.83; $p<0.01$), and depressive disorders (HR, 1.64; 95% CI, 1.52–1.76; $p<0.01$). There were no significant differences for bipolar disorders (HR, 1.17; 95% CI, 0.95–1.43; $p=0.12$) or psychotic disorders (HR, 0.85; 95% CI, 0.51–1.34; $p=0.50$).

Conclusions: Hypertensive patients have an increased risk of major mental disorders, particularly vascular dementia, Alzheimer's dementia, sleep disorders, anxiety disorders, and depressive disorders. Older age, age-related diseases, and various medication uses contribute to this increased risk.

Disclosure of Interest: None Declared

EPP643

Innovative Approaches to Addressing Addiction in Real-World Clinical Settings

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Introduction: Addiction is a complex condition affecting millions globally, involving behaviors from substance use to behavioral addictions like gambling disorder (GD). It frequently co-occurs with psychiatric disorders, such as bipolar disorder (BD) and bulimia, complicating treatment. Individuals with BD are six times more likely to develop GD, especially men. This presentation explores managing various forms of addiction across different populations.

Objectives:

1. Provide updated knowledge on addiction and its comorbidities.
2. Explore integrated treatment for co-occurring psychiatric disorders.
3. Highlight the role of cultural contexts in addiction treatment.
4. Equip clinicians with practical tools for comprehensive addiction care.

Methods: Four key areas of addiction management are discussed using case studies and comparative analysis:

1. Compulsive Sexual Behavior in Veterans: Examining compulsive sexual behavior as a PTSD symptom, diagnosis, and treatment approaches.