scarce information about efficient therapeutic interventions. Cell phone addiction (CPA) has been raising a significant interest for mental health specialists because of its increasing prevalence and potential long-term physical and mental complications. Therefore, an analysis of the available data about the main characteristics of this pathology seems granted.
Objectives: The main objective of this review was represented by the need to find relevant reports about the epidemiological, clinical, and therapeutic interventions in CPA.
Methods: A narrative review focused on the available treatments for food addiction was performed through a search in four electronic databases (PubMed, Cochrane, EMBASE, and Web of Science/Clarivate) using the paradigm "cell phone addiction" or "smartphone dependence" and "treatment" or "epidemiology" or "diagnostic criteria" or "risk factors." No inferior time limit for published papers was established, and the superior limit was July 2023.
Results: A relatively large number of papers regarding this topic were found (n=772), but after applying the inclusion and exclusion criteria, only 29 articles remained. Female gender and adolescents, but also high anxiety levels, insomnia, excessive Internet use, less physical activity, and a higher level of dependence have been correlated with CPA. Six validated scales have been identified as possible instruments for monitoring the CPA evolution. Different diagnostic criteria have been suggested, but they still lack clinical validation. Cognitive-behavioral therapy could be helpful, and smartphone applications that limit online time could also be efficient. Treatment of previously mentioned vulnerability factors is also recommended to obtain long-term favorable effects.
Conclusions: CPA is an increasingly explored BA, but validated diagnostic criteria are still missing. The treatment is also based on extrapolations from other addictions. Therefore large sample-based therapy trials are needed.

Disclosure of Interest: None Declared

EPP0479

Relationship Between Neutrophil-Lymphocyte Ratio and Treatment Retention in Individuals with Opioid Use Disorder

Y. Taylan[1] and M. B. Sönmez[2]*

[1]İstanbul Sultanbeyli State Hospital, İstanbul and [2]Trakya University School of Medicine, Edirne, Türkiye
*Corresponding author.
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Introduction: Inflammatory processes may play a role in the pathophysiology of substance use disorders. Chronic opiate use may lead to inflammation, and elevated inflammation markers have been observed in individuals with opioid use disorder (OUD). The Neutrophil-Lymphocyte Ratio (NLR) serves as an indicator of systemic inflammation. NLR can be employed in both diagnosis and treatment monitoring as an inflammatory marker to gauge the severity of OUD.
Objectives: Our aim was to assess the utility of NLR as a marker of chronic inflammation in diagnosing and monitoring treatment in individuals with OUD.
Methods: A total of 200 patients with OUD and 78 healthy control subjects were enrolled in the study. Patients were initially admitted to a 28-day abstinence-based inpatient program and subsequently transitioned to outpatient buprenorphine/naloxone (B/N) maintenance treatment after hospitalization at the Alcohol and Substance Addiction Treatment Center in Trakya University School of Medicine (Edirne, Türkiye). NLR was employed as a measure of systemic inflammation. Blood samples were collected the morning following admission for detoxification. Patients were categorized into two groups: the treatment retention group and the dropout/relapse group based on their 3-month and 12-month follow-up results. Clinical data were obtained from patient records.
Results: At the 3-month follow-up, the median NLR with interquartile range was 1.34 (1.05-1.99) in the treatment retention group (n=112) and 1.72 (1.11-2.46) in the dropout/relapse group (n=88). At the 12-month follow-up, the median NLR with interquartile range was 1.28 (0.88-1.85) in the treatment retention group (n=52) and 1.56 (1.07-2.33) in the dropout/relapse group (n=148). The median NLR in the control group (n=78) was 1.36 (1.12-1.74). According to the 3-month and 12-month follow-up data, the difference between the groups concerning NLR was statistically significant (χ^2=9.072, p=0.011; χ^2=11.165, p=0.004; respectively). Pairwise comparisons indicated that patients in the dropout/relapse group had significantly higher baseline NLR values than those in the treatment retention group and healthy controls according to the 3-month (p=0.038 and p=0.019, respectively) and 12-month follow-up data (p=0.012 and p=0.040, respectively). NLR did not differ significantly between the treatment retention and control groups in both follow-ups (p>0.05).
Conclusions: Our findings suggest that elevated baseline NLR is associated with dropout/relapse in OUD, indicating its potential as a marker for treatment follow-up in these patients.

Disclosure of Interest: None Declared

EPP0480

Relationship of Interoceptive Accuracy with Craving, Personality Dimensions, and Alexithymia in Alcohol Use Disorder

E. Kahyacı Kılıç[1] and M. B. Sönmez[2]*

[1]Edirne Sultan 1. Murat State Hospital and [2]Trakya University School of Medicine, Edirne, Türkiye
*Corresponding author.
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Introduction: Interoception encompasses processes that involve receiving, processing, and integrating bodily signals with external stimuli, ultimately influencing ongoing motivated behaviors. Disruptions in these interoceptive processes are believed to contribute to the development and progression of alcohol use disorder (AUD). Interoceptive accuracy (IAc), the objective dimension of interoception, has been shown to be decreased in patients with AUD. Traits linked to substance use vulnerability, such as personality dimensions and alexithymia, may be associated with decreased IAc.
Objectives: Our objective was to compare the heartbeat perception (HBP) scores, as a measure of IAc, between abstinent inpatients with AUD and healthy controls. Additionally, we aimed to investigate potential associations between IAc and variables such as alcohol craving, personality dimensions, and alexithymia.

Methods: The study comprised 48 abstinent inpatients with AUD and 68 healthy control subjects. All participants completed a heart rate tracking task, serving as an objective physiological measure of IAc. In addition to the IAc task, several assessments were administered to the patient group, including the Alcohol Use Disorders Identification Test (AUDIT), the Penn Alcohol Craving Scale (PACS), the Temperament and Character Inventory (TCI), and the Toronto Alexithymia Scale (TAS-20). Patients were recruited for a 28-day abstinence-based inpatient treatment program, and all assessments were conducted during the final week of hospitalization at the Alcohol and Substance Addiction Treatment Center in Trakya University School of Medicine (Edirne, Türkiye).
Results: Patients' HBP scores (mean ± standard deviation: 0.59 ±0.21) were significantly lower than those of healthy control subjects (0.74±0.15) (t=-4.469, p<0.001). The patients' HBP scores showed significant negative correlations with AUDIT (r=-0.312, p=0.035), PACS (r=-0.361, p=0.019), and TAS-20 scores (r=-0.406, p=0.004). Additionally, there was a significant positive correlation between patients' HBP scores and TCI self-directedness scores (r=0.371, p=0.009), and a near-significant correlation with TCI persistence scores (r=0.282, p=0.052). TCI novelty seeking, harm avoidance, reward dependence, cooperativeness, and self-transcendence scores did not significantly correlate with patients' HBP scores (p>0.05).
Conclusions: Our findings may support the hypothesis that interoceptive processes play a role in AUD, and that certain traits linked to vulnerability to alcohol use are associated with decreased IAc.

Disclosure of Interest: None Declared

Bipolar Disorders

EPP0481

Factors influencing delays in the diagnosis and treatment of bipolar disorder in adolescents and young adults: A systematic scoping review.

A. Levit[1]*, J.-J. Nunez[1,2], E. Morton[1,3] and K. Keramatian[1,2,4]

[1]Department of Psychiatry, University of British Columbia; [2]Mood Disorders Clinic, Djawad Movafighan Centre for Brain Health, Vancouver, Canada; [3]School of Psychological Sciences, Monash University, Melbourne, Australia and [4]Coastal Early Psychosis Intervention Program, North Vancouver, Canada
*Corresponding author.
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Introduction: Bipolar Disorder (BD) is a complex psychiatric condition that typically manifests during late adolescence and early adulthood. Over the past two decades, international studies have reported that BD often goes unrecognized and untreated for several years, which can lead to negative clinical and functional outcomes. However, the components of delay in the diagnosis and treatment of BD in adolescents and young adults and various factors influencing those components have not been systematically explored.
Objectives: To determine the known factors that contribute to delays in the treatment of BD in adolescents and young adults and identify current knowledge gaps.
Methods: A conceptual framework based on the *Model of Pathways to Treatment* by Scott and colleagues was used as a foundation for our search and extraction strategy to ensure all components of delay and potential factors influencing each component are explored. We used the Preferred Reporting Items for Systematic Reviews and Meta-Analyses guideline (PRISMA-ScR) to systematically search the electronic databases of MEDLINE (OVID), EMBASE, PsycINFO and CINAHL for peer-reviewed original research articles published from January 01, 2000 through March 29, 2023. Inclusion was restricted to studies with quantitative or qualitative data on individuals diagnosed with bipolar spectrum disorders with symptomatic onset or study participation between the ages of 13-24. Grey literature and studies not published in English were excluded due to resource limitations. Two independent reviewers screened the references retrieved by the literature search based on our inclusion criteria. The findings of included studies were summarized in a narrative and tabular form according to component of delay.
Results: Our search yielded 5180 unique citations, of which 44 articles met our inclusion criteria. We present findings on the patient, illness, and healthcare provider/mental health system factors contributing to the delays in illness appraisal, help-seeking, diagnosis, and treatment.
Conclusions: To the best of our knowledge, this is the first systematic scoping review to explore the potential factors that influence delays in the treatment of BD in adolescents and young adults. Findings from this review will inform clinical practice and policy. We also demonstrate the utility of a systematic approach to identifying the components of delay, from symptom recognition through treatment, as a methodology to help identify knowledge gaps to inform future research.

Disclosure of Interest: None Declared

EPP0483

Concentration of HSPA1A and transthyretin proteins in the blood serum of patients with bipolar disorder

L. Smirnova[1]*, E. Epimakhova[1], A. Seregin[1], A. Ryzhkova[2] and G. Simutkin[3]

[1]Laboratory of Molecular Genetics and Biochemistry, Mental Health Research Institute, Tomsk National Research Medical Center of the Russian Academy of Sciences; [2]Biochemistry, Siberian State Medical University and [3]Affective States Department, Mental Health Research Institute, Tomsk National Research Medical Center of the Russian Academy of Sciences, Tomsk, Russian Federation
*Corresponding author.
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Introduction: Insufficient knowledge about the pathophysiological processes in bipolar disorder (BD) leads to difficulties in differentiating this disorder from other affective disorders. Quantitative analysis of serum protein profiles in BD expands our understanding of the pathophysiology of the disease and may aid in subsequent diagnosis. As a result of a previously conducted comparative mass spectrometric study of serum proteins in patients with depression, bipolar disorder and healthy donors, increased expression of Heat Shock 70kDa Protein1A (HSPA1A) and transthyretin was identified.
Objectives: Determination of HSPA1A and transthyretin concentrations in the blood serum of patients with mental disorders.