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

A. Araujo^{1,2}, A.T. Pereira^{3*}, C. Reis⁴, L. Nascimento⁵, C. Pina⁵, J. Avó⁵, A. Feijão⁵ and A. Macedo⁶

¹Department Of Psychological Medicine, Faculty of Medicine, University of Coimbra, Coimbra, Portugal; ²Psychiatry Department, Centro Hospitalar e Universitário de Coimbra, Coimbra, Portugal; ³Institute Of Psychological Medicine, Faculty of Medicine, University of Coimbra, Coimbra, Portugal; ⁴Faculty Of Medicine, University of Coimbra, Coimbra, Portugal; ⁵Dicad, ARS, Centro, Coimbra, Portugal and ⁶Institute Of Psychological Medicine, Faculty Of Medicine, University of Coimbra, Coimbra, Portugal

*Corresponding author.

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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.

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Quality of life and abstinence in alcohol use disorders

J. Teixeira^{1*}, S. Ferreira² and L. Moutinho²

¹Clínica 4 - Unidade De Alcoologia E Novas Dependências, Centro Hospitalar Psiquiátrico de Lisboa, Lisboa, Portugal and ²Utra, CHPL, Lisboa, Portugal

*Corresponding author.

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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

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

A. Araujo¹, A.T. Pereira^{1*}, M.J. Soares¹, B. Rodrigues Maia² and A. Macedo¹

¹Institute Of Psychological Medicine, Faculty of Medicine, University of Coimbra, Coimbra, Portugal and ²Faculty Of Philosophy And Social Sciences, Centre For Philosophical And Humanistic Studies, Portugal, Universidade Católica Portuguesa, Braga, Portugal

*Corresponding author.

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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,