

**Introduction:** Yoga has been demonstrated to have a range of beneficial effects on individuals with substance use disorders, including opioid use disorders. We initiated a randomized clinical trial to find out the efficacy of add-on yoga among patients with opioid dependence stabilized on treatment to find out whether it led to improvement in sleep and quality of life. However, the rate of enrolment into the study was quite low.

**Objectives:** In this interim analysis, we present the preliminary data on the reasons for non-enrolment in the yoga trial.

**Methods:** The single-centre trial involved 1:1 randomization of patients with opioid dependence stabilized on medications (naltrexone or buprenorphine) for a period of at least 4 weeks into two groups (add-on yoga or wait-list control). The yoga included *asanas* and *panchakosha* meditation, taught for a period of 7 days and to be practiced by the participants for a period of 12 weeks. We recorded the reasons for non-participation among those who did not participate and asked them questions about their views on yoga.

**Results:** Of the 310 patients recruited between August 2022 and July 2023 (99.7% male, mean age 34 years, 56.5% married), 255 (82.3%) could not be enrolled in the trial. The most common reasons for non-enrolment were not having time for training (n = 206, 80.8%), not having time for doing yoga (n = 180, 70.6%), not having a smartphone for continued training or contact (n = 31, 12.2%), distance from the center (n = 17, 5.5%) do not feel the need for yoga (n = 16, 5.2%), injury or disability (n = 9, 3.5%), old age or medical condition (n = 7, 2.7%), already doing gym exercises (n = 7, 2.7%), nature of job (n = 5, 2.0%), do not have knowledge of yoga (n = 5, 2.0%), and do not think yoga would be useful (n = 4, 1.6%). Among those who could not be enrolled, 35.1% reported doing yoga sometime in the past, and 21.6% reported that at least one of the family members did yoga. When asked whether they would be interested if yoga was available online, 16 (5.2%) responded 'yes' and 45 (14.5%) responded 'maybe'.

**Conclusions:** Expressed time constraints may be an important factor deterring patients with opioid dependence from engaging in yoga as an add-on yoga. There are other reasons as well that may deter patients from such an intervention. The findings should be seen in the light of the limitation of a single medically oriented center, and patients already stabilized on treatment.

**Disclosure of Interest:** None Declared

## EPP0626

### Anxiety disorders and intravenous drug use in chemsex context

J. Curto Ramos<sup>1,2\*</sup>, A. Rodríguez Laguna<sup>2</sup>, P. Barrio<sup>2</sup>, L. Ibarguchi<sup>2</sup>, A. García<sup>2</sup>, I. Azqueta<sup>2</sup> and H. Dolengevich Segal<sup>3</sup>

<sup>1</sup>Department of Psychiatry, Clinical Psychology and Mental Health, La Paz University Hospital; <sup>2</sup>Apoyo Positivo and <sup>3</sup>Dual Disorders Program. Department of Psychiatry, Henares University Hospital, Madrid, Spain

\*Corresponding author.

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**Introduction:** Several studies have called attention to the mental health disorders associated with chemsex -the intentional use of drugs before or during sexual intercourse GBMSM (gay, bisexual and men who have sex with men) population-. Sexualized intravenous drug use is also known as slam or slamsex. There are few

studies that analyze the mental health differences between intravenous drug users compared to non-intravenous drug users in chemsex context.

**Objectives:** We aim to describe the mental health outcomes including current and past anxiety disorders diagnosis in a sample of users with sexualized drug use (chemsex) attended by the non-governmental organization Apoyo Positivo in the program "Sex, Drugs and You" and to compare the differences of current and previous diagnosis of anxiety disorders between intravenous drug users compared to non-intravenous drug users.

**Methods:** A cross-sectional descriptive analysis of a sample of users attended by the non-governmental organization Apoyo Positivo in the program "Sex, Drugs and You" between 2016-2019 was performed.

**Results:** We included 217 participants. Current or past diagnosis of anxiety disorders was found in 142 participants. Anxiety disorders were significantly higher in the intravenous drug use group compared to the non-intravenous drug use group (p<0.05).

**Conclusions:** Previous studies have reported that MSM who practiced chemsex were more likely to experience from anxiety. In our study, anxiety disorders were higher in participants who engaged in intravenous drug use. A multidisciplinary team is necessary to address chemsex and provide care and treatment for mental health problems such as anxiety, depression, suicidal behaviour or drug-induced psychosis.

**Disclosure of Interest:** None Declared

## Anxiety Disorders and Somatoform Disorders

### EPP0627

#### Evaluation of anxiety and depression in patients with knee osteoarthritis

A. Feki<sup>1,2</sup>, I. Sellami<sup>2,3\*</sup>, I. Mnif<sup>1</sup>, Z. Gassara<sup>1</sup>, S. Ben Djemaa<sup>1</sup>, A. Abbes<sup>3</sup>, M. Ezzeddine<sup>1</sup>, M. H. Kallel<sup>1</sup>, H. Fourati<sup>1</sup>, R. Akrou<sup>1</sup> and S. Baklouti<sup>1</sup>

<sup>1</sup>Rheumatology, Hédi Chaker Hospital; <sup>2</sup>Medicine university and <sup>3</sup>Occupational medicine, Hédi Chaker Hospital, Sfax, Tunisia

\*Corresponding author.

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**Introduction:** Knee osteoarthritis is one of the most common causes of functional impairment, significantly impacting patients' quality of life and leading to severe mood disorders. Our objective is to assess the prevalence of depression and anxiety in knee osteoarthritis patients.

**Objectives:** Evaluate the prevalence of depression and anxiety in patients with knee osteoarthritis.

**Methods:** This was a cross-sectional study conducted over a three-month period from February to April 2022, including consecutive patients who consulted in a Rheumatology department. We assessed each patient using a validated version of the HAD (Hospital Anxiety and Depression) scale, which includes 14 items, each rated from 0 to 3, measuring two components: depression and anxiety.

**Results:** We enrolled 82 patients (67 women and 15 men) with an average age of 60.4 years [44-89 years]. The average disease duration was 10 years [2-30]. Knee osteoarthritis was bilateral in 79% of cases. Knee deformities were observed in 74.4% of cases (40.2% had

genu valgum, and 29.3% had genu varum). Radiological assessment showed that most of our patients were at Kellgren-Lawrence (KL) stage 3 (50%). All patients received analgesics, with 92.7% receiving NSAIDs, 67.1% local corticosteroid infiltrations, and 18.3% hyaluronic acid injections. The mean visual analog scale (VAS) score was 6.9 out of 10 [1-10]. The mean anxiety score was 7.5 [4-16], with 25.4% of patients exhibiting no anxiety symptoms (score  $\leq 7$ ), 40.3% displaying doubtful anxiety symptomatology (score between 8 and 10), and 34.3% having certain anxiety symptomatology (score  $\geq 11$ ). The mean depression score was  $9.6 \pm 4$  [0-19]. 40% of patients had no depressive symptoms (score  $\leq 7$ ), 53.3% had doubtful depressive symptoms (score between 8 and 10), and 6.7% had certain depressive symptoms (score  $\geq 11$ ). The statistical analysis revealed a significant association between anxiety scores and KL stage, but no association with age, sex, mobility limitation, or VAS. Regarding depression, there was no significant association with epidemiological, clinical, or radiological parameters of knee osteoarthritis.

**Conclusions:** Although knee osteoarthritis may appear to be a benign pathology, its impact can be severe, including depression and anxiety. These mood disorders are primarily influenced by the disease stage. Therefore, psychological care is sometimes necessary in the management of these chronic degenerative diseases.

**Disclosure of Interest:** None Declared

## Obsessive-Compulsive Disorder

### EPP0630

#### Obsessive-compulsive symptoms in professional tennis players

R. Gurrieri<sup>1\*</sup>, A. Arone<sup>2</sup>, E. Parra<sup>2</sup>, S. Palermo<sup>2</sup>, D. Marazziti<sup>2,3</sup> and A. Gemignani<sup>1</sup>

<sup>1</sup>Department of Surgical- Medical and Molecular Pathology and Critical Care Medicine; <sup>2</sup>Department of Clinical and Experimental Medicine, University of Pisa, Pisa and <sup>3</sup>Saint Camillus International University of Health and Medical Sciences, Unicamillus, Roma, Italy  
\*Corresponding author.  
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**Introduction:** Engaging in moderate physical activity holds a vital role in our daily lives, serving as both a means of social recreation and a fundamental contributor to physical and mental wellbeing. It is also worth noting that such activity can potentially produce mood-enhancing effects by promoting neurogenesis and neuronal adaptability. Intriguingly, certain individual psychological traits such as rituals, compulsions, obsessional thinking, and superstitious beliefs, as well as inflexibility in daily routines, appear to serve a purpose in competitive athletic endeavors.

**Objectives:** The aim of our study was to investigate the possible presence of obsessive-compulsive symptoms or disorders, as well as of superstitions or magical thinking, in a group of professional tennis players, by means of standardized assessment scales, as compared with healthy subjects who did not professionally perform any kind of sport activity.

**Methods:** Twenty-five current or former professional tennis were recruited within the Italian Tennis Federation during an

international competition and during a master meeting of coaches. All of them underwent a psychiatric interview with a structured scale and a psychopathological assessment carried out with the Mini-International Neuropsychiatric Interview (MINI) and the Yale-Brown Obsessive-Compulsive Scale (Y-BOCS). Data were analyzed and compared. analysis was performed by means of contingency tables,  $\chi^2$  tests, group statistics, paired, independent and Mann Whitney's tests.

**Results:** The Y-BOCS total score was significantly higher in both current and retired athletes than control subjects ( $5.96 \pm 5.76$  versus  $1.24 \pm 2.65$ ,  $p = 0.001$ ,  $t = 3.72$ ). Current athletes showed more frequently current aggressive obsessions ( $\chi^2 = 0.041$ ,  $r = 5.24$ ) and current miscellaneous compulsions ( $\chi^2 = 0.030$ ,  $r = 5.94$ ) than past athletes. The Y-BOCS ( $t = 3.4$ ,  $p = 0.002$ ) obsessions ( $t = 3.48$ ,  $p = 0.002$ ), and compulsions subscale ( $t = 3.11$ ,  $p = 0.005$ ) scores were higher in current players than in the other group.

**Conclusions:** Our results support the hypothesis that high-level competitive sports activities, which suppose compliance with strict daily routines and extensive training, could constitute a risk factor for the onset of full-blown obsessive-compulsive disorder in more vulnerable subjects. Similarly, there is a growing demand for sport psychological support experts in order to prevent high stress in training and competitions.

**Disclosure of Interest:** None Declared

### EPP0631

#### Does duration of untreated illness impact long-term outcome in obsessive-compulsive disorder?

S. Cipolla<sup>1\*</sup>, P. Catapano<sup>1</sup>, S. Pascolo<sup>1</sup>, M. Luciano<sup>1</sup>, G. Sampogna<sup>1</sup>, F. Perris<sup>1</sup>, V. Giallonardo<sup>1</sup>, V. Del Vecchio<sup>1</sup>, M. Fabrazzo<sup>1</sup>, A. Fiorillo<sup>1</sup> and F. Catapano<sup>1</sup>

<sup>1</sup>Psychiatry, University of Campania "L. Vanvitelli", Naples, Italy

\*Corresponding author.

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**Introduction:** The time period between the onset of a mental disorder and its first adequate treatment (duration of untreated illness - DUI) influence long-term prognosis and outcome in patients with severe mental disorders. The relationship between DUI and outcome was originally found in people affected by schizophrenia spectrum disorders, however in patients with Obsessive-Compulsive Disorder (OCD) DUI is significantly longer compared with that of patients with other severe mental disorders, such as schizophrenia and bipolar disorder.

**Objectives:** Aims of the present study is to assess the impact of DUI on long-term outcomes in OCD patients across published studies.

**Methods:** A systematic review was carried out by selecting relevant articles on the topic present in three common on-line databases, such as PubMed, APA PsycInfo, and Scopus, up to June 2023.

**Results:** Among included studies, DUI ranged from  $7.0 \pm 8.5$  to  $20.9 \pm 11.2$  years. Patients reporting a longer DUI have a poor long-term outcome, in terms of greater symptom severity and lower level of treatment response, whether pharmacological treatment or psychotherapy or a combination of these two. This is particularly true