

emotional control and self-awareness in the learning process make it difficult for individuals to control their behavior. Such a loss of control is associated with the development of addictions. Therapists, doctors and researchers more and more often encounter cases of compulsive behavior focused on a specific activity - apart from gambling or playing computer or internet games, more and more often the subjects of preoccupation are compulsive shopping, sexual activities and work (workaholism).

Objectives: The aim of the research was to try to define the mediating role of depression in the relationship between addiction to shopping and work and loneliness, understood in terms of general loneliness among Polish women.

Methods: The study was conducted among 556 women. The research was carried out with the use of the diagnostic survey method, using the questionnaire technique: the De Jong Gierveld Loneliness Scale, the Purchasing Behavior Scale, the Work Addiction Risk Test, Beck Depression Inventory and a questionnaire of our authorship.

Results: Depressiveness is a mediator in the relationship between the feeling of loneliness and the degree of addiction to shopping ($\beta = -0.0246$, $z = -2.03$, $p = 0.043$) and in the relationship between the feeling of loneliness and the degree of addiction to work ($\beta = -0.0722$, $z = -4.002$, $p < 0.001$). The direct impact of the feeling of loneliness on the degree of addiction to shopping ($p = 0.237$) and work ($p = 0.576$) is statistically insignificant.

Conclusions: In the mediation model adopted, it was shown that depressiveness plays the role of a mediator between the feeling of loneliness and the degree of addiction to shopping and work. The increase in the level of depression increased the degree of addiction to shopping and work. The mediator's participation lowered the level of the feeling of loneliness. Loneliness was not a significant predictor of addiction to shopping and work. There is a need to include activities aimed at identifying psychological factors influencing the occurrence of addictions to shopping and work among women. It seems important to be able to use psychological help when needed. It is also necessary to take institutional preventive measures to prevent the occurrence of behavioral addictions among women.

Disclosure of Interest: None Declared

EPV0023

RUST-ED BEYOND REPAIR – LET'S TALK INTERNET GAMING AND ADDICTION

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doi: 10.1192/j.eurpsy.2023.1382

Introduction: "Rust is one of the cruellest games on Steam, and that's what makes it so compelling." (PC Gamer) Rust is a multiplayer-only survival video game. It's full release was in 2018. The average age of a player is between 17 and 40 years. However, one must question the age group that enters the game and continues to play. This presentation will focus on adolescence, gaming addiction, insomnia, and the developing brain.

Objectives: Rust is a game of round-the-clock survival in the wilderness whereby players must manage the basic essence of human need to "stay alive". However, it requires a player to be present for a consistent duration of time, or risk "dying". What does

this mean for an adolescent, entering their final two years of school? What is their focus? How does this potentially affect the development of the young mind, still vulnerable to an immediate (real) world moulding a brain from adolescence to young adulthood?

Methods: Questions regarding adolescent epigenetics, insomnia and addiction erupt in mental health when Rust and other international multiplayer survival games capture and imprison the mind of our youth.

Results: The WHO added "gaming disorder" to the 2018 *International Classification of Diseases*. But the APA manual, the DSM-5, did not. The University of New Mexico suggests that 6-15% of all gamers exhibit signs and symptoms consistent of addiction. In an article published in February 2019 BioPsychoSocial Medicine states: 'Across studies, the presence of International Gaming Disorder (IGCD had a negative effect on sleep and school-work in minors ... Brain imaging studies indicate that impaired cognitive control in minors with IGD is associated with abnormal function in the prefrontal cortex and striatum.'

Conclusions: Today we ask: of the 83.5% of online gamers and 3.9% of youth reporting problematic behaviour are we Rusted beyond Repair?

Disclosure of Interest: None Declared

EPV0024

The prescription of opioides analgesics: what preventive measures are taken by doctors to avoid their problematic use?

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doi: 10.1192/j.eurpsy.2023.1383

Introduction: An opioid analgesic exposes you to a risk of problematic use, due to the terrain (vulnerability), its emotional state, the presence of pain and the environment and thus the opioid itself. The risk of developing an opioid use disorder when taking prescription opioids is approximately 3% (over 2 years),

Objectives: Recognize the method of prescription of opioids, as well as the elements to be sought by doctors during the interrogation and after each prescription of opioids

Methods: a descriptive and analytical study, based on a hetero-questionnaire completed by doctors, numbering 120 doctors who were consulted over a period of one year. the study was carried out via Google Forms.

Results: 75% of doctors are general practitioners. 90% of our doctors have a period of practice less than 10 years, and the lower half of 4 years, Almost all doctors prescribe opioid analgesics for pain of severe intensity, often of rheumatic origin 50%, neoplastic, post-operative or for a migraine or neuralgia. 9% of physicians think opioid painkillers have a high risk of addiction, almost 20% think opioid painkillers do not even have a risk of addiction, and the majority think the risk is low to moderatedoctors limit the duration of prescription 80%, sensitize their patients in 75%, half prescribe a low dose but the majority abruptly stop treatment. 70% of doctors limit the duration of prescription in less than 02 weeks, but 15% do not limit not prescribing opioids

Conclusions: The dose-efficacy-tolerance relationship is very variable from one patient to another, it is important to adapt the dosage