effects. The amount of weekly alcohol consumption of the experimental group was gradually reduced over time. However, the amount of the comparison group was reduced at the four-week follow-up but was increased both at the eight-week and 12-week follow-ups.

Conclusions: This study demonstrates the need to provide training and education in the ASBI to social service workers working with the underprivileged, as such training would increase the identification of alcohol-related risks of the people most vulnerable to alcohol-related problems.

Disclosure: No significant relationships.
Keywords: alcohol screening and brief intervention; ASBI; low-income clients; high-risk drinking

EPV1555

Comorbidities in children with Internet Addiction Disorder (IAD)

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Introduction: Internet addiction disorder (IAD) is characterized by an individual's inability to control his/her Internet use, which may result in marked distress and functional impairment. Systematic reviews show that excessive screen-time is negatively associated with well-being and positively associated with reduced quality of life in young people. There is growing evidence that IAD is related to comorbidities such as depression but relatively little is known about fatigue in adolescents with IAD.
Objectives: Accumulating evidence suggests that fatigue is a central component of IAD. Depression is also related to IAD. However, there is a lack of evidence regarding whether there is a strong correlation between the severity of IAD and the rate of depression. Our objectives were to describe depression and fatigue in adolescents diagnosed with IAD.
Methods: Study included 94 participants with IAD and 88 controls, all aged 12–17 years. Depression was assessed by the Beck Depression Inventory Scale (Georgian version), and fatigue by the Pediatric Quality of Life Initiative (Georgian version) multidimensional fatigue scale.
Results: Adolescents with severe IAD are 5.63 times more likely to show symptoms of moderate or severe depression than children with mild or moderate Internet addiction. Those with severe IAD showed 6.62 times more cognitive fatigue, 7.81 times higher sleep/rest fatigue and 11.11 times higher general fatigue than children with mild and moderate Internet addiction.
Conclusions: IAD can lead to depression and fatigue, which can affect adolescent's psychological and social well-being. Mechanisms for prevention and ongoing support are needed for adolescents and their families.

Disclosure: No significant relationships.
Keywords: Depression; fatigue; internet addiction

EPV1556

Overlap between substance and behavioural addictions: substance abuse in patients with pathological gambling

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Introduction: Pathological gambling consists of a persistent and maladaptive pattern of gambling behavior, that often leads to significant adverse psychosocial and financial outcomes. It is currently classified as an "Impulse Disorder" on ICD-10 but the DSM-5 moved this diagnosis from "Impulse-Control Disorders" to "Substance-Related and Addictive Disorders" section[1]. Behavioral addictions, especially pathological gambling, share many features with substance dependences, namely clinical findings and behavioural patterns, comorbidity with psychiatric disorders, genetic factors and family history, neurobiology, natural history and response to treatment[2].
Objectives: To study the impact of substance abuse in patients with pathological gambling.
Methods: Literary review, using PubMed database search, regarding substance abuse and pathological gambling.
Results: 57,5% of individuals with pathological gambling also present with some form of substance use[3].There was also a large percentage of patients presenting with nicotine dependence (60,1%) and a fourfold increase in the risk of developing an alcohol use disorder[3]. Individuals with substance use disorders also show a threefold risk of developing pathological gambling and substance use appears to negatively influence gambling behaviours in this population. Gambling habits in adolescents have been linked to an increased risk of current and lifetime drug use of multiple substances[4]. Other psychiatric comorbidities were also frequent in this population: 37.9% of patients presented with mood disorders and 37.4% with anxiety disorders[3].
Conclusions: There is a significant clinical and neurobiological overlap between substance use disorders and pathological gambling. Individuals with pathological gambling have a high prevalence of substance use disorders and an increased lifetime risk of substance use, which negatively influences gambling behavior.

Disclosure: No significant relationships.
Keywords: Addiction; gambling; substance abuse; impulse-control disorders

EPV1557

Neuropsychological performance in alcohol use disorder: a Portuguese study

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Introduction: Alcohol consumption has devastating psychosocial and health consequences, with effects on cognitive functions. Recent studies have highlighted that patients with diagnosis of alcohol dependence syndrome have cognitive deficits in executive

function, visuospatial ability, attention, procedural memory, verbal fluency and processing speed.

Objectives: The aim of this study is to characterize the sociodemographic and clinical patterns of the study sample and the cognitive deterioration severity and type.

Methods: A retrospective observational study was conducted with patients who had alcohol use disorder diagnosis at Dual Pathology Outpatient and Inpatient Unity, Psychiatry Department, at Coimbra Hospital and University Center, Portugal. Patients were admitted from 1/1/2016 and 30/09/2021, and submitted at neuropsychological structured evaluation. From the initial sample, major neurocognitive disorder, intellectual development disorder, cerebrovascular accident, traumatic brain injury and neurosurgery were excluded.

Results: The results show significant cognitive impairment in executive function, memory, verbal fluency and visuospatial ability.

Conclusions: Our results support the hypothesis of widespread impairment resulting from alcohol consumption. Cognitive impairment can limit the psychotherapeutic intervention, the adherence to pharmacological therapy and abstinence maintenance. The sheer presence of alcohol use disorder should encourage a neuropsychological evaluation. Further studies are needed in this area to prevent and outline an early intervention.

Disclosure: No significant relationships.
Keywords: Neuropsychological performance; cognitive functions; Alcohol use disorder

EPV1559

Psychiatric comorbidity among patients attending an addiction treatment center in Morocco

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Introduction: The comorbidity between psychiatric disorders and substance use disorders is more and more common in daily clinical practice. However, only few studies have adressed this subject in north african patients.

Objectives: The main objective of our study was the estimation of the prevalence and patterns of psychiatric co-morbidities in substance users seeking care.

Methods: Our work consisted of a cross-sectional study of a sample of patients attending outpatient substance use treatment at the addiction center in Oujda, Morocco. A hetero-questionnaire was used to collect sociodemographic data and patient history, DSM-IV criteria to assess substance abuse and dependence, and the Mini-International Neuropsychiatric Interview [MINI] to assess psychiatric comorbidities.

Results: Our study involved 100 patients, with a male predominance (89% of users). The main substances used in the last 12 months were tobacco (78%), followed by cannabis (74%), alcohol (50%), and benzodiazepines (44%). Psychiatric comorbidity was identified in 71% of the users, 51% of whom had a depressive disorder, 35% an anxiety disorder and 10% a gambling disorder. The dependence on the substance that initially motivated the consultation was higher in patients with psychiatric comorbidity ($p=0.033$). The post-traumatic stress disorder was significantly associated with the presence of alcohol dependence ($p=0.028$). The presence of benzodiazepine dependence ($p=0.025$) and abuse of cocaine ($p=0.028$) and Ecstasy ($p=0.000$) were significantly associated with suicide risk.

Conclusions: Our study found a high prevalence of psychiatric comorbidities among substance users seeking treatment, this should prompt clinicians to pay particular attention to this issue in order to adapt and improve their management.

Disclosure: No significant relationships.
Keywords: addictive disorders; Psychiatric comorbidity; dual diagnosis

EPV1560

Predictive factors for treatment failure in reducing alcoholic consumption by case management in alcoholics living in permanent rental apartments

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Introduction: Based on the results showing that there are more alcoholics in the low-income bracket, case management (CM) for such cases was initiated in 2011. As a result, the treatment failure rate was identified between 43-44% based on the WHO criteria.

Objectives: We investigated the predictive factors for the treatment failure to maximize successful CM treatment.

Methods: Thirty-nine subjects from Sasang-gu and Saha-gu treated by four social workers using CM were included in this study. Failure was defined when the level of risk was maintained or increased as per the WHO criteria. The clinical characteristics of the subjects including their age and gender were collected.

Results: Typically, 17 (43.6%) subjects demonstrated treatment failure by the CM (TF). Compared with the subjects who were treated successfully (n=22; TS), TF maintained abstinence in shorter periods in terms of the longest abstinent period compared with TS while CM ($28.24\pm.99$ vs. $76.82\pm.27$, $p=.025$). The higher population in TF did not make an effort to quit drinking compared with TS while CM (41.2% vs.13.6%, $p=.051$). Also, more TF stayed with their family members compared with TS (58.8% vs. 31.8%, $p=.092$).

Conclusions: The results showed that shorter abstinence periods and the absence of efforts initiated to quit drinking while CM, and living with family members were the predictive factors for failure in treating alcoholics by the CM. It is presumed that influencing patients to quit drinking and encouraging them to abstain for longer periods are crucial to attaining successful treatment.

Disclosure: No significant relationships.
Keywords: alcoholism; case management; predictive factor; treatment failure