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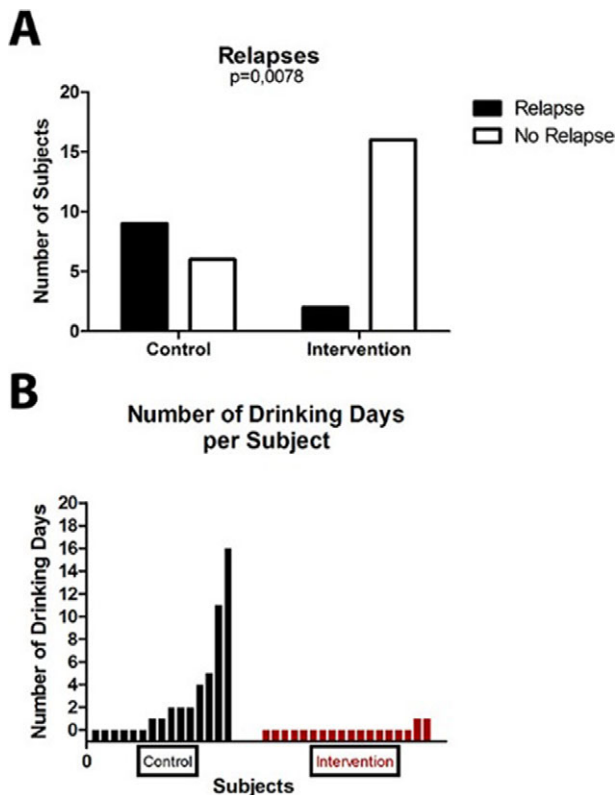
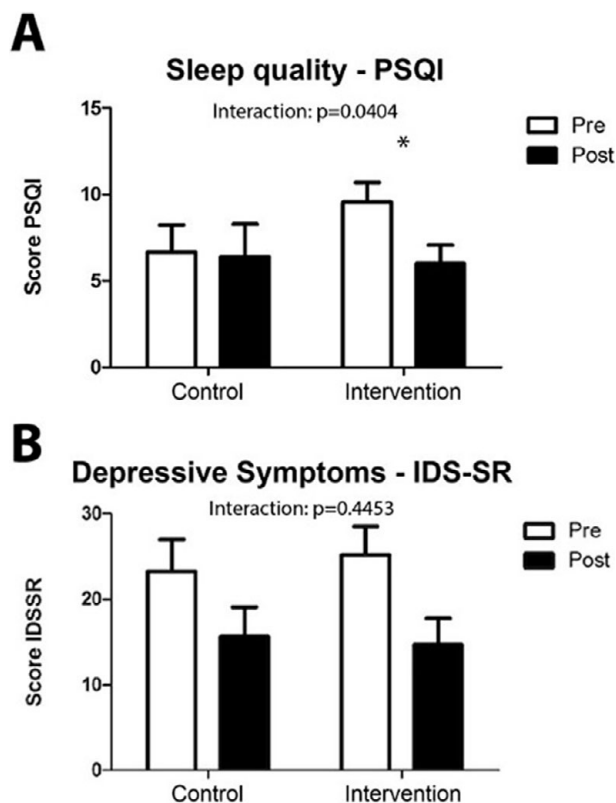


Image 2:



**Conclusions:** Our data show that increasing the regularity of individual eating and sleeping times with DAILY is an effective tool to substantially promote abstinence during a period when AUD patients are particularly vulnerable to alcohol use and relapse, and in addition, to improve their sleep quality and accelerate physical recovery during therapy.

**Disclosure of Interest:** None Declared

EPP0403

The culture of winemaking as a protective factor against at-risk drinking: a peer-led intervention with adolescents

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**Introduction:** Alcohol consumption is part of the global youth culture and represents a dimension of young people’s social identity. Even if at-risk drinking in the young population is lower in Italy compared to other countries, the increasing complexity and changes in global values may influence risky behaviours, which therefore require attention and preventive strategies.

**Objectives:** The intervention followed a pilot named *The Vineyard Project*, which engaged a group of young mental health service users in local practices of hand-harvesting grape. The initiative was hosted in the wine-producing area of Langhe (Italy), which shows lower rates of at-risk drinking also due to the protective role played by the cultural dimension of winemaking craft. The pilot inspired a peer led-intervention in a local high school, acknowledging the crucial role that educational settings play in the lives of young people and the relevance of peer influence on adolescents’ behaviours.

**Methods:** Semi-structured interviews with young people participating in *the Vineyard Project* have been conducted, audio-recorded and shared with high school students (n=80) to become the object of dedicated workshops. Interviews explored participants’ experience in the vineyard, the relationship they developed with the vines and with professional vine growers, their role in the winemaking process, and the emotional and sensorial contents of their immersion in the viticultural landscape.

**Results:** The peer-led intervention showed promising results in producing benefits beyond the group of young people directly involved in the vineyard activities. By narrating their experiences through the interviews, participants acted as cultural mediators with the students who subsequently listened to their stories. Their narratives represent unusual accounts of the world of wine and its production, drawing on the perspective of non-expert, young people that are not familiar with the viticultural landscape. The embodied knowledge they could learn from professional vine growers, concerning the harvest as well as other activities of care for the vines, contribute to portray wine as a cultural product, which is the result of traditions handed down from generation to generation, hard work, competent interventions on the vines and the other living beings of the vineyard. This unusual perspective on wine was perceived as particularly surprising for students who lived in the area, who became so acquainted with the viticultural landscape and the discourses around its products to the point of taking it for granted in a non-reflexive attitude.

**Conclusions:** Findings suggest that peer-led interventions concerning wine and other drinking products, narrated in their cultural dimension (e.g. their story, identity, local traditions, practices and the tacit knowledge implied in their production), may encourage a limited and competent consumption among young people.

**Disclosure of Interest:** None Declared

## EPP0404

### The role of temperamental self-regulation in predicting relapse in Alcohol Use Disorder

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**Introduction:** Alcohol Use Disorders (AUDs) are highly prevalent psychiatric disorders with often a poor treatment outcome in terms of high dropout rates and relapses. A vulnerability to disinhibition or a lack of self-regulation/low Effortful Control (EC) seems to be a core risk factor associated with both the initiation and continuation of AUDs. EC is the regulative dimension of temperament that involves attentional control, inhibitory control and activation control, and reflects self-regulation abilities that develop later in life parallel with the maturation of the prefrontal cortex.

**Objectives:** In this study we want to investigate whether EC, operationalised in terms of self-report and in terms of behavioral measures, can predict relapse. When a low EC indeed turns out to be a significant contributor to relapse, treatment interventions aiming at strengthening EC could result in better treatment outcomes and less relapse in AUD patients.

**Methods:** The sample consisted of 75 adult patients with AUD (68.9% males, mean age 47.4y) admitted at a specialized, inpatient treatment unit for addiction. To assess the regulative temperament dimension, we used the Effortful Control Scale (ECS) from the Adult Temperament Questionnaire Short-Form), a self-report questionnaire as well as five behavioral/neuropsychological tasks using the Cambridge Neuropsychological Test Automated Battery: Cambridge Gambling Task (CGT), Stop-Signal Task (SST), Intra-Extradimensional Set Shift (IED), Spatial Working Memory (SWM) and Spatial Span (SSP).

**Results:** We performed binary logistic regression analyses with EC/CANTAB measures as predictors and relapse/no relapse (during treatment and after 3 months follow up) as dependent variable. According to these analyses, the self-report measure of EC nor the behavioral tasks CGT, SST, SWM and SSP (CANTAB) were able to significantly predict relapse neither during treatment nor after 3 months follow-up. Only the IED (outcome measure stages completed) was significant in predicting relapse ( $p < 0.05$ ) during follow-up.

**Conclusions:** In our study we investigated whether self-regulation as measured by self-report questionnaires and behavioral tasks could predict relapse during treatment and after 3 months follow-up in a sample of inpatients with AUD. In contrast to some findings in literature, in our sample most of the used measures were not able to predict relapse. One hypothesis for these findings is that our sample of inpatients at a specialized addiction treatment unit is

too homogeneous, all presenting lower levels of self-regulation. Future research should thus focus on larger samples and less homogeneous population. Only the IEC (outcome measure stages completed) was able to predict relapse during follow-up.

**Disclosure of Interest:** None Declared

## EPP0405

### Cortical folding complexity and attentional impulsivity in chronic cocaine users: an MRI study

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**Introduction:** Cocaine use is a worldwide health problem with psychiatric, somatic, and socioeconomic complications, being the second most widely used illicit drug in the world. Despite several structural neuroimaging studies, the alterations in cortical morphology associated with cocaine use and addiction are still poorly understood. Interestingly, findings from human studies and animal models examined how impulsivity is a risk factor for the emergence of substance use disorders.

**Objectives:** In this study we aimed at investigating the complexity of cortical folding (CCF) in patients with cocaine addiction using fractal dimension (FD). Since the frontal, parietal, temporal and insular cortices have been shown to play an important role in decision making and impulsivity, we hypothesized that CCF in the brain of patients would be altered in these regions. Furthermore, we predicted the association between CCF changes and 1) the duration of cocaine use for its widespread neurotoxic effects and 2) impulsivity characteristics in those regions implicated in the predisposition to addiction.

**Methods:** We compared the CCF between patients with cocaine addiction ( $n=52$ ) and controls ( $n=36$ ) and correlated it with characteristics of addiction and impulsivity. Demographic data, history, and current substance use were collected. Furthermore, the Barratt Impulsivity Scale (BIS-11) was administered.

**Results:**

	Patients with cocaine addiction (N=52)	Healthy controls (N=36)	$\chi^2$ or t	p
Age (M±SD, years)	31.3 ± 6.51	30.1 ± 7.62	0.795	0.429
Education (M±SD, years)	10.9 ± 2.9	13.2 ± 3.53	-3.276	0.002
Total intracranial volume (M±SD, $\mu$ l)	1442.7 ± 104.6	1460.4 ± 98.31	-0.796	0.428
BIS Total score (M±SD)	61.1 ± 14.6	40.2 ± 10.4	6.52	<0.001
BIS Attentive score (M±SD)	17.1 ± 5.23	11.6 ± 5.23	4.79	<0.001
BIS Motor score (M±SD)	18.4 ± 7.79	13.3 ± 5.72	2.97	0.004
BIS NonPlanning score (M±SD)	25.6 ± 6.82	15.3 ± 5.29	6.70	<0.001
Duration of cocaine use (M±SD, years)	10.8 ± 6.4			
Age of onset of cocaine use (M±SD, years)	20.7 ± 4.99			