

**Image:****Figure 1.** Preferences for attribute-levels corresponding to Domain A. Results of conditional logistic regression

Attribute-level	Attribute	OR	95% CI for OR
Fifteen min	Duration session	1.19	1.03; 1.37
Thirty min		0.91	0.79; 1.05
Five min		ref	
Three times a week	Frequency sessions	0.91	0.79; 1.05
Once a week		2.06	1.79; 2.37
Every day		ref	
Three months	Duration intervention	1.07	0.93; 1.23
Six weeks		1.04	0.91; 1.20
Six months		ref	

Note: In yellow are presented significant odds ratios (OR) and confidence intervals (CI)

**Image 2:****Figure 2.** Preferences for attribute-levels corresponding to Domain B. Results of conditional logistic regression

Attribute-level	Attribute	OR	95% CI for OR
At the beginning of treatment	Frequency of assistance from the clinician	0.78	0.68; 0.89
One time per week		1.16	1.01; 1.33
Every session		ref	
Outside the clinic	Preferred location for participating	1.24	1.08; 1.42
At my clinic AND outside the clinic		1.15	1.00; 1.32
At my clinic		ref	
In person	Preferred mode of receiving the intervention	0.86	0.75; 0.98
In person AND technology based		1.09	0.95; 1.25
Technology based		ref	

Note: In yellow are presented significant odds ratios (OR) and confidence intervals (CI)

**Image 3:****Figure 3.** Preferences for attribute-levels corresponding to Domain C. Results of conditional logistic regression

Attribute-level	Attribute	OR	95% CI for OR
Clinician once a month	Frequency of feedback from the treating clinician	0.92	0.80; 1.06
Clinician once a week		1.29	1.13; 1.48
Clinician twice a week		ref	
Application twice a week	Frequency of feedback from the application	1.01	0.88; 1.16
Application once a week		1.08	0.94; 1.24
Application every day		ref	
From case worker (clinician) only	Preference for feedback delivery method	0.85	0.74; 0.98
From application AND case worker (clinician)		1.74	1.51; 2.00
From application only		ref	

Note: In yellow are presented significant odds ratios (OR) and confidence intervals (CI)

**Conclusions:** Using advanced methodologies to assess preferences, our results can inform the development of highly acceptable E-Mental health interventions for decreasing cannabis use in individuals with CUD and FEP.

**Disclosure of Interest:** None Declared

**EPP0836**

## Psychiatryai.com: An exploratory online Artificial Intelligence and Data Science platform to enable near real-time psychiatry and mental health evidence-based medical research and data dissemination

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**Introduction:** Psychiatryai.com is a prototype Artificial Intelligence (AI) and Data Science (DS) platform and research project developed for my Evidence-Based Healthcare (EBHC) course at University of Oxford in MSc studies (Kellogg College). This is a singular, multi-disciplinary, and beta-testing project in Computing Science, Psychiatry, and Mental Health for oral presentation at EPA 2023.

**Objectives:** AI and DS in Psychiatry and Mental Health have emerged as important research areas in the post Covid-19 pandemic era. This prototype University project (Psychiatryai.com) was launched on 22nd November 2021. It aims to develop a free, secure, and open access platform in near real-time about psychiatry and mental health evidence-based research - for healthcare professionals, doctors, and researchers in psychiatry. The project also aims to integrate findings from the Goldacre Review (2022) into practice and develop novel computing solutions utilising AI and DS, and present findings.

**Methods:** A WordPress site (Psychiatryai.com) was developed with syndicated RSS feeds across 330 psychiatry topics and refreshed by data servers hourly, 24 hours a day, 7 days a week. A total of 43 WordPress plugins were utilised to develop this secure platform. The site is powered by intuitive data modelling and analytics in near real-time and available in open access coding format for peer-review, future development, and research. The primary sources of live evidence for the project are PubMed and University of Helsinki, Finland. The server performance data analytics will be available for poster presentation at EPA 2023. This includes full statistical results and discussion since its inception and launch (including traffic, MESH tags, and PubMed ID), and robust technical analysis and performance outcomes - available freely online to promote research in psychiatry and mental health.

**Results:** Knowledge Synthesis and Dissemination:

Total Words: 4356886 \*

Live Psychiatry and Mental Health Citations from PubMed: Exceeds 325000

Total Evidence Alerts Published: 54391 \*

Total Algorithms/Topics: 330

Total site visitors: 8023 \*

\* Since launch of Psychiatryai.com on 22 November 2021 inclusive to 31 October 2022

**Conclusions:** Psychiatryai.com was able to demonstrate successful development of an effective and viable platform to study AI and DS in Psychiatry and Mental Health, as evidenced by results table. The platform has also incorporated findings from the Goldacre Review (2022) and aims to continue to collect valuable insights towards full real-time data analytics and dissemination of peer-reviewed current evidence in the future. The emergence of these technologies will be useful in settings such as disaster psychiatry, psychiatry e-training and research, and e-mental health awareness/promotion ahead.

**Disclosure of Interest:** P. Naik Consultant of: Dr Paras Naik (Psychiatryai.com) Non-profit University Project

## Epidemiology and Social Psychiatry 03

### EPP0837

#### Gender gap in nonmedical use of anxiolytics among high school adolescents: Tunisia, 2021

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**Introduction:** Non-Medical Use of Anxiolytics (NMUA) and sedatives is a focus of scientific interest worldwide. In Tunisia, no national epidemiological data related to this issue, are published.

**Objectives:** We aimed to determine the prevalence of NMUA in Tunisian adolescents and assess specificities from a gender scope.

**Methods:** Data from the 2021-Mediterranean school Survey on Alcohol and other Drugs (MedSPAD) were used. Based on random sampling method (three-stage stratification), high school teenagers in first and second year of secondary education, were enrolled. Data were collected using a self-administered standardized questionnaire assessing socio-demographic characteristics, and specific questions related to NMUA (among adolescents and close environment), perceived accessibility and initiation age. We studied weighted prevalence estimates of NMUA at least once in a lifetime, presented with 95% Confidence Interval (CI). Epi data software was used for data entry and statistical analysis was performed with STATA software.

**Results:** The survey included 6.201 adolescents with a mean age of 16.8 years and sex ratio F/M equal to 1.5. Only half of surveyed adolescents, perceived accessibility to NMUA as “impossible” and almost 20% had at least one family member or friend using a nonmedical prescription of anxiolytics. The overall prevalence of NMUA was (8.4%; 95% CI [7.6-9.2]), significantly higher among girls (9.8% Vs 6.1%,  $p$ -value $<10^{-4}$ ). Initiation age was over 13 years for almost 70% of consumers.

**Conclusions:** Our study highlighted high prevalence of NMUA, mainly among girls. Although COVID mental health impact might have a role in explaining our findings; however, decisions makers should be aware of non-medically prescribed anxiolytics accessibility especially among this vulnerable population. Audit prescription monitoring programs should be reinforced, and multisectoral collaboration should be reinforced to promote adolescents mental well being and avoid falling into addiction trap.

**Disclosure of Interest:** None Declared

### EPP0838

#### Cannabis use in Tunisian high school adolescents: MedSPAD 2021

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**Introduction:** Cannabis use is wrongly deemed “safe” by teenagers worldwide, despite its increased tetrahydrocannabinoids content and its psychosocial and cognitive harmful effects.

**Objectives:** We aimed to estimate the prevalence of cannabis use, identify associated factors among Tunisian adolescents and assess the risk of problem cannabis use among users.

**Methods:** The 2021-Mediterranean School Survey Project on Alcohol and Other Drugs (MedSPAD) is a national survey, targeting Tunisian high school adolescents aged 16 to 18 years.

Based on a self-administered questionnaire, adolescents were asked about their engagement in several risky behaviours including cannabis use. The 6-item Cannabis Abuse Screening Test (CAST) was intended for users to assess the risk of problem cannabis use.

Binary logistic regression was performed to identify factors associated to cannabis use and Adjusted Odds Ratios (AORs) were presented with correspondent 95% confidence intervals (CI). Cspiro and STATA software were used for data entry and analysis respectively.

**Results:** Among 6201 participants (girls: 60.4%), lifetime prevalence of cannabis use was 7.9% ,95% CI [7.0, 8.9] significantly higher among boys (16.1 % Vs. 2.5 % in girls,  $p<10^{-4}$ ). Early onset (at 13 or younger) was reported by 8.6% of users.

Multivariate analysis showed that cannabis use was more prevalent in Tunis district( $p=0.04$ ), and significantly associated to alcohol, tobacco and electronic-cigarettes use (AOR of 6.2, 4.2 and 2.6 respectively,  $p<10^{-3}$ ). Absenteeism for non-medical reasons and nights spent away from home were also independent factors significantly associated with cannabis use ( $p<10^{-3}$ ).

The CAST indicated a high risk of cannabis-use-related problems in 67.2% of respondents (n=223).

**Conclusions:** Cannabis use is increasingly common in Tunisian adolescents. Moreover, the alarming risk of problem cannabis use warrant the urgent need for school-based interventions and screening programs to prevent and control cannabis use especially among vulnerable subgroups.

**Disclosure of Interest:** None Declared