logistic regression model was created to establish explanatory relationships between mortality and associated variables.

**Results:** Among the participants, 87.7% were males with an average age of 53.03 years. A majority of 62.8% were foreign-born, mainly from Africa and Europe. It was identified that 40.8% had mental disorders, with substance dependencies (41.3%) and other disorders (36.4%) being the most prevalent. A total of 30.6% presented chronic diseases, notably hypertension (12.8%) and type 2 diabetes (10.9%). Furthermore, 22.3% had infections, with hepatitis C virus (8.7%) and HIV (4.7%) being the most common. During the follow-up period, 81 individuals (16.4%) passed away, with causes such as cancer (25%), suicide (21.7%), and heart conditions (11.7%).

The regression analysis demonstrated that age (OR = 0.915; 95% CI 0.884-0.947), alcohol addiction (OR = 2.354; 95% CI 1.486-3.731), and being born in Spain (OR = 2.906; 95% CI 1.594-5.299) were significantly associated with mortality in the homeless population.

**Conclusions:** This study highlights the high prevalence of mental disorders, chronic diseases, and infections among individuals experiencing homelessness. Mortality was associated with factors such as age, alcohol addiction, and place of birth. These findings underscore the importance of developing interventions aimed at enhancing the health and care of individuals experiencing homelessness, particularly within the immigrant population.

**Disclosure of Interest:** None Declared

## EPP0203

## A preliminary analysis of clinical characteristics of patient with alcohol use disorder and suicidal ideation

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**Introduction:** Suicidal behaviors are frequently observed among patients with substance use disorder, including suicidal ideation (SI) (1). Alcohol use disorder (AUD) is one of the most prevalent addictions and may be related to suicidal behaviors (2,3). However, the association between AUD and SI requires a deeper analysis which includes several clinical features observed among AUD patients.

**Objectives:** To analyze the clinical characteristics and features associated with lifetime SI among patients who had AUD.

**Methods:** This is a cross-sectional study performed in an outpatient center for addiction treatment in patients seeking treatment who met the criteria for AUD between 01/01/2010 and 12/31/2021. Patients were evaluated with an ad-hoc questionnaire and the European addiction severity index (EuropASI). SI was evaluated by using the item for SI in EuropASI.

**Results:** From a potential sample of n=3729 patients, only n=1082 (73.8% males; mean age 42.82±12.51) met inclusion criteria and had data for the current analysis. Lifetime SI was present in 50.9% of the AUD patients. Several clinical features were related to SI, including: sex differences, any type of lifetime abuse, polyconsumption, benzodiazepine use disorder, any psychiatric diagnosis aside of SUD, and higher addiction severity according to the EuropASI (See table)

**Image:**

| Patient characteristic | | All sample (n=1082) | No SI group (n=531; 49.1%) | SI group (n=551; 50.9%) | $\chi^2$, t | P |
|---|---|---|---|---|---|---|
| **Sociodemographic characteristics** | | | | | | |
| Age, mean ± SD | | 42.82±12.51 | 43.62±13.56 | 42.06±11.37 | 2.025 | 0.043 |
| Sex % | Male | 73.8 | 52.9 | 47.1 | 17.626 | <0.001 |
| | Female | 26.2 | 38.4 | 61.6 | | |
| Education % | <8years | | 46.6 | 53.4 | 3.144 | 0.076 |
| | ≥8 years | | 52.2 | 50.6 | | |
| Marital status % | Single | 37.4 | 46.8 | 53.2 | 9.354 | 0.025 |
| | Married | 35.7 | 55.5 | 44.5 | | |
| | Divorced | 23.7 | 44.1 | 55.9 | | |
| | Widowed | 3.2 | 48.5 | 51.5 | | |
| Lifetime emotional abuse | Yes | 35.9 | 36.9 | 63.1 | 37.337 | <0.001 |
| | No | 64.1 | 56.3 | 43.7 | | |
| Lifetime physical abuse | Yes | 24.0 | 36.6 | 63.4 | 21.893 | <0.001 |
| | No | 76.0 | 53.3 | 46.7 | | |
| Lifetime sexual abuse | Yes | 11.0 | 26.3 | 73.3 | 28.247 | <0.001 |
| | No | 89.0 | 52.2 | 47.8 | | |
| **SUD variables** | | | | | | |
| Three or more SUD, % | Yes | 33.6 | 40.9 | 59.1 | 14.549 | <0.001 |
| | No | 66.4 | 53.2 | 46.8 | | |
| Amount of lifetime SUDs | | 3.46±1.94 | 3.22±1.89 | 3.69±1.96 | 4.003 | <0.001 |
| Alcohol use disorder onset (years), mean±SD | | 21.92±10.37 | 22.09±10.61 | 21.75±10.14 | 0.472 | 0.637 |
| Cannabis use disorder, % | Yes | 62.4 | 46.5 | 53.5 | 4.696 | 0.030 |
| | No | 37.4 | 53.3 | 46.7 | | |
| Cannabis use disorder onset (years), mean±SD | | 17.65±6.96 | 17.72±6.99 | 17.60±6.95 | 0.176 | 0.860 |
| Cocaine use disorder % | Yes | 65.9 | 45.9 | 54.1 | 7.867 | 0.005 |
| | No | 35.0 | 54.9 | 45.1 | | |
| Cocaine use disorder onset (years), mean±SD | | 23.59±7.88 | 23.44±7.72 | 23.70±8.16 | 0.374 | 0.708 |
| Opioid use disorder, % | Yes | 24.8 | 42.2 | 57.8 | 6.809 | 0.009 |
| | No | 75.2 | 51.4 | 48.6 | | |
| Opioid use disorder onset (years), mean±SD | | 25.91±14.18 | 27.29±15.96 | 24.87±12.66 | 1.218 | 0.224 |
| Benzodiazepine use disorder % | Yes | 35.1 | 38.7 | 61.3 | 25.307 | <0.001 |
| | No | 64.9 | 54.7 | 45.3 | | |
| Benzodiazepine use disorder onset (years), mean±SD | | 26.85±18.72 | 27.31±23.89 | 24.27±16.78 | 1.878 | 0.062 |
| **Psychiatric comorbidities** | | | | | | |
| Any psychiatric diagnosis other than SUD | Yes | 69.7 | 41.5 | 58.5 | 56.940 | <0.001 |
| | No | 30.3 | 66.5 | 33.5 | | |
| Amount of psychiatric disorders | | 1.67±1.28 | 1.32±1.23 | 2.0±1.23 | 9.066 | <0.001 |
| Depressive spectrum disorders | Yes | 40.5 | 36.5 | 63.5 | 46.349 | <0.001 |
| | No | 59.5 | 57.6 | 42.4 | | |
| Anxiety spectrum disorders, % | Yes | 23.8 | 41.2 | 58.8 | 8.270 | 0.004 |
| | No | 76.2 | 51.5 | 48.5 | | |
| Bipolar spectrum disorders, % | Yes | 2.5 | 18.5 | 81.5 | 10.346 | 0.001 |
| | No | 97.5 | 49.9 | 50.1 | | |
| Psychotic spectrum disorders, % | Yes | 6.8 | 29.7 | 70.3 | 16.852 | 0.001 |
| | No | 93.2 | 50.5 | 49.5 | | |
| ADHD, % | Yes | 16.1 | 50.7 | 49.3 | 6.654 | 0.010 |
| | No | 83.9 | 39.9 | 60.1 | | |
| Any personality disorders | Yes | 32.3 | 36.9 | 50.9 | 30.906 | <0.001 |
| | No | 67.7 | 54.9 | 45.1 | | |
| Cluster A personality disorders | Yes | 5.1 | 29.1 | 70.9 | 9.260 | 0.002 |
| | No | 94.9 | 50.1 | 49.9 | | |
| Cluster B personality disorders | Yes | 25.0 | 35.1 | 64.9 | 28.439 | <0.001 |
| | No | 75.0 | 53.8 | 46.2 | | |
| EuropASI | Medical | 0.287±0.364 | 0.241±0.336 | 0.331±0.385 | 4.086 | <0.001 |
| | Employment | 0.541±0.316 | 0.514±0.318 | 0.567±0.311 | 2.755 | 0.006 |
| | Alcohol | 0.273±0.279 | 0.252±0.265 | 0.293±0.290 | 2.396 | 0.017 |
| | Drugs | 0.148±0.173 | 0.134±0.164 | 0.161±0.181 | 2.538 | 0.011 |
| | Legal | 0.077±0.177 | 0.072±1.173 | 0.082±0.181 | 0.959 | 0.338 |
| | Familiar | 0.346±0.291 | 0.299±0.279 | 0.390±0.295 | 5.189 | <0.001 |
| | Psychological | 0.362±0.238 | 0.274±0.208 | 0.447±0.235 | 12.737 | <0.001 |

**Conclusions:** SI among AUD patients is related to several clinical features which indicate a higher addiction severity, more polyconsumption, and a higher prevalence of psychiatric comorbidities. These findings may contribute to the understanding of suicidal behaviors in AUD patients but it is required further investigations, including longitudinal studies.

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## EPP0204

### The Role of Personalization in Virtual Reality Exposure Therapy During the Treatment of Alcohol Use Disorder

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**Introduction:** In Cue-Exposure-Therapy (CET), clients are exposed to triggers through objects, people and environments that arouse craving (Sinha et al. Neuropsychopharmacol. 2009;34 1198–1208). Virtual Reality Exposure therapy (VRET) is used to experience these triggers in a realistic, safe, and personalized way. VR has been used successfully in the treatment of psychiatric disorders. It has not yet been developed and sufficiently tested as an adjuvant in the clinical post-detoxification phase of treatment of alcohol use disorders (AUD) (e.g. Bordnick et al. Addict.Behav 2008;33 743-756; Hone-Blanchet et al. Front.Hum.Neurosci. 2014; 8(844) 1-15). Additionally, these treatment methods have been tested for effect, but not for effectiveness around different VR technologies (Ghita & Gutierrez-Maldonado. Addict.Behav 2018; 81 1-11; ). This study focuses on VRET-Recovry to examine to what extent VR worlds could be personalized in an effective manner to help treat AUD as well as clarifying on the ways in which the VR worlds could be optimized to achieve its goal.

**Objectives:** The primary objectives of this study are to assess the necessity of personalization in VR environments for AUD treatment, identify the critical elements for personalization, and examine their impact on craving in AUD patients.

**Methods:** The study included 10 AUD patients diagnosed according to DSM-V criteria, aged between 18 and 65, who were in the final week of clinical detoxification at a large addiction clinic in The Netherlands. A controlled experiment was conducted using the Recovry 1.0 VR system on Samsung Gear VR and Samsung Galaxy S9. The experiment involved exposure to various VR scenes (CG and 360o), including a neutral setting, a bar scene, and a home situation, with the duration and sequence controlled by a therapist. Data collection consisted of pre- and post-exposure questionnaires, heart rate and blood pressure measurements, and interviews.

**Results:** Craving was remarkably low in the VR bar scene, primarily due to its unsociable context, limited alcohol visibility, and absence of peer pressure. Technical limitations, such as suboptimal resolution, also affected the feeling of presence. Positive results were shown that craving was predominantly stimulated in the apartment scene, driven by the presence of alcohol-related visual cues and social elements, resembling relaxed drinking with others.

**Conclusions:** This study underscores that some degree of personalization is needed on all craving dimensions with clear preference was given to CG or 360°. The environments were dependent on the personal history and associations they represent to different levels of alcohol visibility (messy or clean), and types of drink (based on past drinking behavior), and different emotional contexts are needed (positive and negative).

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## Child and Adolescent Psychiatry

### EPP0206

### The prevalence of self-injury in adolescence: a systematic review and meta-analysis

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**Introduction:** Self-injurious behavior (SIB) among adolescents has become a hot topic in psychiatry. Despite the consensus that the prevalence of SIB is high, 26-22% among adolescence, there are conflicting results about whether it has increased in the 21st century and about the global distribution of the prevalence.

**Objectives:** The aim of the current study was to make a systematic search and meta-analysis of publications from the last 5 years on the prevalence of SIB in adolescents and to examine definitions and assessments of SIB, gender, continental, and year differences. The hypotheses were the following: 1) the prevalence of SIB did not change over time between the examined period for both girls and boys; 2) girls reported a higher prevalence of a history of SIB than boys.

**Methods:** The systematic search was made in June 2020. Six databases were used. The main search terms were "self-injurious behavior", "prevalence" and "adolescence". First the titles and abstracts of the relevant articles were checked, then the full texts were read and collected those papers that met the inclusion criteria. The inclusion criteria were the following: published between 01/01/2015, and 06/18/2020, focused on community sample, and written in English. Comprehensive Meta-Analysis software was used to conduct the analyses.

**Results:** In sum, a total of 97 articles were included in the meta-analysis with data from 439 818 participants. The overall average SIB prevalence was 16.0% in these studies. The first hypothesis was only partially confirmed. When all data that were published between 2015 and 2018 were considered, x significant increase was found in the prevalence of SIB between 1998 and 2018. However, when the analysis was restricted to the time frame between 2013 and 2018, no change in prevalence was found. The second