

**Objectives:** This study investigated the effectiveness of BAI in improving perceived sense of wellbeing among male alcohol users admitted to a general hospital in Singapore.

**Methods:** 108 male inpatients in various medical wards received BAI by the hospital's addiction counsellors and completed the Personal Wellbeing Index (PWI) questionnaire. At a one-year follow-up via telephone, the PWI was again administered.

**Results:** Average PWI scores were higher at follow-up ( $M = 7.83$ ,  $SD = 1.16$ ) than during baseline admission ( $M = 7.60$ ,  $SD = 1.12$ ),  $p < 0.01$ . Further analyses found that scores improved significantly on PWI items related to standard of living ( $M = 7.36$ ,  $SD = 1.41$  vs  $M = 7.09$ ,  $SD = 1.65$ ;  $p < 0.05$ ), health ( $M = 7.42$ ,  $SD = 1.74$  vs  $M = 6.62$ ,  $SD = 1.87$ ;  $p < 0.01$ ) and achievement ( $M = 7.43$ ,  $SD = 1.44$  vs  $M = 6.98$ ,  $SD = 1.64$ ;  $p < 0.01$ ). There were no significant differences in scores on the other PWI items between baseline and follow-up.

**Conclusions:** The results suggest that BAI can be beneficial in improving patients' sense of wellbeing.

**Disclosure of Interest:** None Declared

## EPV0061

### Transition from methadone to subcutaneous buprenorphine depot in patients with opioid use disorder - a case report

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**Introduction:** Opioid dependence is a complex condition that often requires long-term treatment and care. Methadone, a synthetic full opioid agonist, and buprenorphine, a partial agonist at the opioid receptor, are most commonly used for substitution therapy of opioid dependence and typically administered orally as a liquid and sublingual tablets. Transition from methadone to sublingual buprenorphine may precipitate withdrawal and is usually performed only in patients on low dose of methadone (<30-40 mg). Microdose induction is proposed as a possible solution to ease the transition to buprenorphine.

**Objectives:** To present a rapid transition from methadone to sublingual buprenorphine and after that to buprenorphine depot.

**Methods:** A case report of a patient who was switched from methadone 60 mg to sublingual buprenorphine 8 mg using microdosing and after that switched to buprenorphine depo 16 mg weekly.

**Results:** Patient was successfully switched to sublingual buprenorphine and after that to buprenorphine depot. The transition was completed without withdrawal symptoms.

**Conclusions:** This report supports the use of a microdose induction to initiate buprenorphine. Additionally, this approach may be significant for patients stabilized on high doses of methadone who may not be able to tolerate a traditional buprenorphine induction.

**Disclosure of Interest:** None Declared

## EPV0062

### An exploration of the most frequent comorbidities in patients with mobile phone addiction

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**Introduction:** Mobile phone addiction (MPA) has been associated in the literature with various psychiatric comorbidities and psychological risk factors, which indicates the need to screen these patients for multiple disorders. However, a clear protocol for the evaluation of individuals with an MPA does not yet exist, therefore, investigating the most prominent risks for comorbidities is considered necessary from the perspective of developing structured methods of assessment.

**Objectives:** The main objective of this review was to determine the available existence able to describe the most common comorbidities in individuals presenting with MPA.

**Methods:** Data regarding MPA were collected from the main medical electronic databases (PubMed, Cochrane, Clarivate/Web of Science), but also from other sources (main engines research and grey literature). All published papers between January 2000 and July 2023 were included in the primary selection, if they corresponded to the paradigm „mobile phone addiction”/”cell phone addiction”/”mobile phone dependence” and „comorbidity”/”dual diagnosis”.

**Results:** Based on the review of six papers, the most frequently reported comorbidity in MPA patients were substance use disorders (mainly nicotine and cannabis) and other behavioral addictions (especially problematic Internet use). Other symptoms or syndromes reported in the literature as co-occurring with MPA were anxiety, depression, high levels of stress-related pathology, sleep disturbances, emotional instability, and somatization. Overall lower levels of mental health were reported in patients with MPA. A heterogeneity in the results of these epidemiological studies was observed because of the different instruments administered and the populations explored.

**Conclusions:** The screening for detection of comorbid disorders or psychological problems in patients with MPA is important because the case manager should integrate all this information into a therapeutic strategy.

**Disclosure of Interest:** None Declared

## EPV0063

### The awareness of behavioral addictions in general practitioners- An epidemiological report

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**Introduction:** Although the research on behavioral addictions (BAs) is continuously developing, the awareness about this category