

Conclusions: ECT seems to be an effective treatment for patients of TRD-SUD. Moreover the response rates are equal to treatment resistant depression cases without substance use disorder.

Disclosure of Interest: None Declared

EPP0913

Role of substance use status in determining how caregivers of patients with opioid use disorders perceive positive aspects of caregiving and burden

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Introduction: Substance dependence affects an individual as well as the family and is considered as a complex biopsychosocial phenomenon. Family members can act as a social and emotional support in the treatment engagement and recovery of the patient with substance use disorder. Caregiving is a multidimensional construct. Caregiving process to an individual with substance use disorder can help in either positive or negative outcome and is often challenging. Positive aspects of caregiving has gathered some attention in mental health literature in recent past, data for the same is limited across substance use disorder.

Objectives: To determine whether substance use status is associated with differences in positive aspects of caregiving and burden among the caregivers of patients with opioid use disorders.

Methods: A cross-sectional observational study with purposive sampling was used to recruit 199 caregivers of patients with opioid use disorders. The sample was divided based upon the current substance use status of the patients. Scale for Positive Aspects of Caregiving Experience (SPACE) and Family Burden Interview Schedule (FBIS) were used to assess positive aspects of caregiving and family burden respectively

Results: The study included 199 caregivers of patients with opioid use disorder. Table 1 describes the socio-demographic profile of the patients and caregivers. Of 199 caregivers recruited, 135 (67.8%) reported that the patient was using opioids, while 64 (32.2%) reported that the patient was abstinent on treatment. The mean SPACE domain score of caregivers abstinent on treatment was highest for motivation for caregiving role (2.73 versus 1.76) followed by self-esteem and social aspect of caring (2.42 versus 1.87), caregiver satisfaction (2.41 versus 1.29) and caregiving personal gains (2.40 versus 1.45). Details of SPACE domain score and FBIS are depicted in table 2. It was seen that caregivers of patients currently abstinent on treatment experienced greater positive aspects of caregiving (SPACE mean score 128.3 versus 80.1, $t = 9.383$, $p < 0.001$), and lesser burden (FBIS mean score 13.4 versus 29.3, $t = 10.419$, $p < 0.001$). Overall the mean SPACE domain score had a negative correlation with FBIS ($r = -0.57$, $p < 0.001$).

Image:

Table 1- Socio-demographic profile of the opioid use disorder patients ($n = 199$) and caregivers ($n = 199$)

	Patient	Caregiver
Age (range) [years] ^a	28 (18-55)	42 (18-70)
Gender ^{**}		
Male	199(100%)	57(28.6%)
Female	-	142(71.4%)
Occupation ^{**}		
Employed	119 (59.8%)	108(54.3%)
Unemployed	80(40.2%)	91(45.7%)
Family type ^{**}		
Nuclear	114(57.3%)	-
Extended	85(42.7%)	-
Locality ^{**}		
Urban	161(80.9%)	-
Rural	38(19.1%)	-
Relationship with patient ^{**}		
Mother	-	72(36.2%)
Father	-	37(18.6%)
Spouse	-	64(32.2%)
Sibling	-	17(8.5%)
Other relatives	-	9(4.5%)

^aData are shown as mean (range)

^{**}Data are shown as frequency(percentage)

Image 2:

Table 2- Scores of SPACE and FBIS domain for assessment of caregivers

	Abstinent on treatment	Active use	p value
Scale for Positive Aspects of Caregiving			
Caregiving personal gains	2.40 ± 0.71	1.45 ± 0.86	$p < 0.004$
Motivation for caregiving role	2.73 ± 0.61	1.76 ± 0.84	$p < 0.001$
Caregiver satisfaction	2.41 ± 0.73	1.29 ± 0.78	$p < 0.378$
Self-esteem and social aspect of caring	2.42 ± 0.61	1.87 ± 0.69	$p < 0.137$
Total SPACE score	128.31 ± 30.81	80.81 ± 38.17	$p < 0.014$
Family Burden Interview Schedule	13.44 ± 10.84	29.33 ± 8.12	$p < 0.003$

^aData are shown as mean ± standard deviation

Conclusions: In our study it was found that caregivers of patients who are currently abstinent on treatment experience lower burden of care, and also experience greater positive aspects of caregiving. Clinicians should be aware of the caregiver experiences as well as they engage both patients and caregivers in the treatment process.

Keywords: Positive Aspects of Caregiving Experience; Family Burden; Caregivers; Opioid; Substance.

Disclosure of Interest: None Declared

EPP0914

Pragmatic Clinical Trial to Improve Screening and Treatment for Opioid Use Disorder in Primary Care

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Introduction: Opioid-related deaths continue to rise in the U.S. A clinical decision support (CDS) system to help primary care clinicians (PCCs) identify and treat patients with opioid use disorder (OUD) could help address this crisis.

Objectives: To implement and test an OUD-CDS system in three health systems for the diagnosis and treatment of OUD in 90 primary care clinics.

Methods: In this cluster-randomized trial, primary care clinics in three healthcare systems were randomized to receive or not receive access to an OUD-CDS system. The OUD-CDS system alerts PCCs and patients to elevated risk of OUD and supports OUD screening and treatment. It includes guidance on OUD screening and diagnosis, treatment selection, starting and maintaining patients on buprenorphine for waived clinicians, and screening for common comorbid conditions. The primary study outcome is, of patients at high risk for OUD, the percentage receiving an OUD diagnosis within 30 days of index visit. Additional outcomes are, of patients at high risk for or with a diagnosis of OUD, (a) the percentage receiving a naloxone prescription, or (b) the percentage receiving a medication for OUD (MOUD) prescription or referral to specialty care within 30 days of an index visit, and (c) total days covered by a MOUD prescription within 90 days of an index visit.

Results: The intervention started in April 2021 and continues through December 2023, with successful implementation and uptake. PCCs and patients in 90 clinics are included; study results are expected in 2024.

Image:

The screenshot displays the OUD-CDS system interface. At the top, it shows patient information: "Reviewed for discharge high OUD Risk (88-100 + high risk)", "Relevant Conditions: Patient's FQID was recently elevated, suggesting active depression. Patient is prescribed an opioid. Consider use of Suboxone.", and "Recent (30 Day) Screening (7 Days Results) Apr 15, 2023". Below this, there are three main sections: "Screening TAPS Screen & Review", "Diagnosis DSM Criteria", and "Treatment Selection". The "Screening TAPS Screen & Review" section contains a list of screening questions with "Yes" and "No" radio buttons. The "Diagnosis DSM Criteria" section contains a list of diagnostic criteria with "Yes" and "No" radio buttons. The "Treatment Selection" section contains a list of treatment options with "Select and Continue" buttons.

Image 2:

The screenshot displays the "Treatment Selection" section of the OUD-CDS system. It contains a list of treatment options with "Select and Continue" buttons. The options are: "Suboxone Prescription (If Waived)", "Suboxone Refer to Waivered Primary Care", "Suboxone Refer to Specialty Care", "Buprenorphine Refer to Specialty Care", and "Methadone: Print list of Community Clinics".

Image 3:

The screenshot displays the "Suboxone Initiation" and "Suboxone Maintenance" sections of the OUD-CDS system. The "Suboxone Initiation" section contains a list of questions with "Yes" and "No" radio buttons. The "Suboxone Maintenance" section contains a list of questions with "Yes" and "No" radio buttons. At the bottom, there is a "CONTINUE TO OTHER CASE" button.

Conclusions: If effective, this OUD-CDS intervention could improve screening of at-risk patients and rates of OUD treatment for people with OUD, a significant step in decreasing the morbidity and mortality associated with OUD.

Disclosure of Interest: None Declared

EPP0915

Characterization of cannabis withdrawal symptoms and serum levels of neurotransmitters among cannabis-dependent smokers during sustained abstinence within a controlled residential environment

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Introduction: Cannabis (aka marijuana) is the most frequently consumed illicit substance worldwide, and a subset of frequent cannabis smokers (up to 30%) develop dependence. A less well-known consequence of cannabis dependence is withdrawal syn-