

alienation from the closest environment as a result of preoccupation with the subject of dependence. Those consequences include deterioration of social relations, loss of interpersonal skills and former interests, as well as the minimization of contacts with the closest ones which lead to the sense of social isolation and loneliness.

Objectives: The aim of this study was to estimate the scale of mobile phone addiction among young adults as well as to establish whether the low level of perceived social support is related to the problematic smartphone use, and whether an addictive pattern of smartphone use is related to the prevalence of depressiveness and excessive daytime sleepiness.

Methods: The study involved 567 young-adult respondents from West Pomeranian Voivodship in Poland. The study was carried out using the diagnostic poll method via questionnaire technique. Both the author's own questionnaire and the following standardized research tools were used: the Mobile Phone Problem Use Scale for Adolescents (MPPUSA), the Beck Depression Inventory (BDI), the Epworth Sleepiness Scale (ESS), the Multidimensional Scale of Perceived Social Support (MSPSS).

Results: Perceived social support was significantly lower in the group of respondents who problematically used their smartphones in comparison with the ones who used them in a correct way ($p < 0.05$). Severity of depressive symptoms and daytime sleepiness ($p < 0.05$) was significantly greater in respondents addicted to their mobiles in comparison with non-addicted ones.

Conclusions: The scale of the mobile phone addiction phenomenon in respondents was low. Many respondents though expressed a subjective sense of being addicted to their smartphones in comparison with the obtained results. Problematic smartphone use concerns to the same degree members of both sexes, residents of villages and cities, as well as singles and ones in relationships (both formal and informal). The mobile phone addiction is associated with the risk of severe symptoms of depression and excessive daytime sleepiness. Pathologic pattern of smartphone use much more frequently concerned individuals who perceived their social support level as low.

Disclosure of Interest: None Declared

EPP0525

Implications of COVID-19 pandemic on internet addiction among Croatian university students

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Introduction: During the COVID-19 pandemic the internet has become an important medium for learning and communication for university students. Increased time spent online during the pandemic is a significant risk factor for the development of internet addiction (IA) in this population.

Objectives: This study aimed to investigate the influence of pandemics on IA among Croatian university students and to evaluate the characteristics of IA during the pandemic in comparison to pre-pandemic time.

Methods: Two cross-sectional studies, one in April 2016 and another in April 2022 were conducted. As part of these studies, a validated, anonymous questionnaire that contained questions regarding demographic data, as well as Young's Internet Addiction Test, was self-administered to a cross-faculty representative student sample of the University of Osijek in Eastern Croatia.

Results: The study sample included 1602 university students (810 in the year 2016 and 792 in the year 2022), the median age was 21 years (interquartile range 20-22), 34.5% males, and 65.5% females. There was no statistically significant difference in the median age of the two students' samples ($p=0.234$). The main reasons for internet usage were learning and faculty assignments (25.0%), social networking and entertainment (71.0%), and online gaming (4.0%), and there was no statistically significant difference between observed students' samples ($p=0.075$). The overall prevalence of IA in 2016 was 41.4% and 39.8% in 2022 but this difference was not statistically significant ($p=0.542$). The proportions of students with mild, moderate, and severe IA in 2016 were 32.8%, 8.4%, and 0.1% respectively, while in 2022 they were 27.4%, 11.9%, and 0.5%, and observed differences were statistically significant ($p=0.011$).

Conclusions: The COVID-19 pandemic has changed the pattern of IA among Croatian university students where proportions of students with moderate and severe IA were significantly higher in comparison to pre-pandemic time. To successfully manage this important public health challenge during the pandemic and post-pandemic time specific preventive measures intended for this population should be developed.

Disclosure of Interest: None Declared

EPP0526

Assessment of the Short Grit Scale in patients with substance use disorder: Reliability and patient characteristics

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Introduction: Recovery from substance use disorder requires sustained effort and perseverance. Grit is a resilience factor that may be important for people in recovery. Little research has been conducted on grit in patients with substance use disorder, especially in a large and varied sample.

Objectives: To examine the Short Grit Scale (Grit-S) in patients with substance use disorder, our aims were to analyze its psychometric properties and use demographic and clinical characteristics to predict variance in Grit-S scores.

Methods: In this study of patients in treatment for substance use disorder, participants completed the Grit-S and other self-report measures. The psychometric properties of the Grit-S were assessed in outpatients (N=94) and a hierarchical regression was used to predict Grit-S variance in inpatients (N=1238).

Results: The Grit-S demonstrated good internal consistency ($\alpha=.75$) and strong test-retest reliability (unadjusted $r=.81$, adjusted $r=.79$, p values $<.001$). The mean Grit-S score was 3.15, which was lower than other clinical samples reported in the literature. Regression modeling indicated a moderate, statistically

significant association between demographic and clinical characteristics and Grit-S scores ($R^2=15.5\%$, $p<.001$).

Conclusions: Of particular interest, the positive factor of recovery protection showed the strongest association with grit of all the variables assessed. Hence the positive construct of grit was correlated with other positive constructs, as well as with risks. Longitudinal assessment of grit and substance use could measure the stability and clinical significance of grit throughout recovery.

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Bipolar Disorders 03

EPP0527

Validation of HCL-33 in screening for bipolar disorder in patients with depressive episode

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Introduction: Hypomania Check List 33 (HCL-33) constitutes a self-rating questionnaire for lifetime history of hypomanic symptoms, used in patients who present with depressive symptoms and a further screening for bipolar disorder is required.

Objectives: - Translation and cultural adaptation of HCL-33

- Measuring psychometric abilities, gender and age differences in score

Methods: In order to culturally adapt, standardize and validate the instrument for the Albanian context, the reliability and validity of the HCL-33 was examined using a sample of 99 patients, of whom 22 were diagnosed as bipolar disorder but all presented with a depressive episode.

In order to reach reliability, internal consistency analyses were performed.

Results: The factor analysis yielded two factor, with an internal consistency of .838 and .736 from the Cronbach's alphas, with a total alpha of .765, falling within the "good to excellent" range.

Furthermore, Albanian norm scores and cut-off scores have been generated for the Albanian version of HCL-33. The article provides evidence regarding the psychometric properties and utility of HCL-33 in the Albanian adult population for clinical assessment, outcome evaluations and research purposes. With a cut-off value of 16, sensitivity was 73% and specificity was 53%, with a prevalence of 22% and positive predictive value of 30% and negative predictive value 87%. Gender differences were not relevant in the total scoring, but there was a positive correlation between age and HCL-33 scoring ($r(n=99)=.243$, $p\leq.01$), especially with Factor II ($r(n=99)=.211$, $p\leq.05$).

Conclusions: The article provides evidence regarding the psychometric properties and utility of HCL-33 in the Albanian adult population as a screening tool for bipolar disorder in patients presenting with a depressive episode.

Disclosure of Interest: None Declared

EPP0528

Circadian Rhythm Alterations May be Related to Impaired Resilience, Emotional Dysregulation and to the Severity of Mood Features in Bipolar I and II Disorders

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Introduction: Recent theories hypothesized that chronobiological dys-rhythmicity might contribute to Bipolar disorders (BD) by dysregulating most of the systems involved in mood, stress and emotion regulation. In particular, the key role of sleep in regulating stress system and emotions has been hypothesized. Among other important factors contributing to BD the stress vulnerability/resilience dimension may play a key role. In particular low resilience has been associated with a dysregulation in emotions and stress response possibly involved in psychopathological process of BDs

Objectives: The study aimed to investigate the possible impact of resilience and emotion dysregulation on the clinical manifestations of bipolar disorders (BDs) focusing on the possible role of circadian rhythm alterations.

Methods: A sample of 197 inpatients suffering from BD of type I (BDI) or II (BDII) were assessed during a major depressive episode using the Structural Clinical Interview for DSM-5 (SCID-5), the Beck Depression Inventory-II (BDI-II), the Young Mania Rating Scale (YMRS), Resilience Scale for Adults (RSA), Biological Rhythms Interview of Assessment in Neuropsychiatry (BRIAN), Difficulties in Emotion Regulation Scale (DERS) and the Scale for Suicide Ideation (SSI). Participants with or without circadian rhythm disturbances as measured with Biological Rhythms Interview of Assessment in Neuropsychiatry (BRIAN), were compared; regression and mediation analyses were computed.

Results: Participants with circadian rhythms disturbances showed a greater severity of depressive symptoms, of suicidal risk, lower resilience and more disturbances in emotion regulation including impulsivity and regulatory strategies. The logistic regression revealed that circadian rhythm disturbances was related to depressive symptoms (O.R. 4.0), suicidal risk (OR 2.51), emotion dysregulation (OR 2.28) and low resilience (OR 2.72). At the mediation analyses, circadian rhythm alterations showed an indirect effect on depressive symptoms by impairing resilience ($Z= 3.17$, $p=0.0014$)/ emotional regulation ($Z= 4.36$, $p<0.001$) and on suicidal risk by affecting resilience ($Z= 2.00$, $p=0.045$) and favoring impulsivity ($Z= 2.14$, $p=0.032$).

Conclusions: The present findings may show that circadian rhythm alterations might play a key role in BD manifestations, as being correlated with more severe clinical presentations of depressive symptoms, suicidal risk, impaired resilience and emotional dysregulation. Addressing circadian rhythm alterations might potentially promote resilience and emotion regulation hence improving mood symptoms and suicidal risk in BDs.

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