

=4.55), and from group 2, ( $M = 26.87$ ,  $SD = 4.95$ ). Generalized problematic internet subscales (Mood Regulation, Self-Deficient Regulation, and Negative Consequences) and total score were significantly correlated with both dimensions of ASI-R: Self-Evaluation Saliency (coefficients varied from  $r = .31^{**}$  to  $r = .47^{**}$ ) and Motivational Saliency (from  $r = .14^*$ , to  $r = .31^{**}$ ).

**Conclusions:** Generalized problematic internet use and the number of social networks are associated with adolescent's cognitive-behavioural investment in one's own appearance. Study carried out under the strategic project of the Centre for Philosophical and Humanistic Studies (CEFH) UID/FIL/00683/2019, funded by the FCT.

**Keywords:** social networks; appearance schemas; adolescence; Generalized problematic internet use

## EPP1312

### COVID-19 and technological addiction: The role of loneliness

G. Rogier, S. Beomonte Zobel\* and P. Velotti

Dynamical And Clinical Psychology, Sapienza Università di Roma, Rome, Italy

\*Corresponding author.

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**Introduction:** The Covid-19 outbreak has shown to negatively impact on mental health. Several anecdotal and theoretical evidences argued that lockdown measures would have increased subjective feelings of loneliness and addictions' proneness.

**Objectives:** In addition, preliminary data underlined a possible increase in the frequency of gaming and social media use. Increased loneliness levels are likely to account for increased gaming and social media addiction during the lockdown.

**Methods:** We conducted a longitudinal study administering to a sample of 154 Italian adults several self-report questionnaires at the beginning of lockdown (Time 1) and three days before the end of the lockdown (Time 2). We therefore assessed loneliness feelings, frequency of gaming and social media use as well as both gaming and social media addiction. Data were analysed using Structural Equation Modelling.

**Results:** We observed that loneliness levels longitudinally predicted both gaming and social media addiction also controlling for gaming and social media use at Time 1.

**Conclusions:** Increased feelings of loneliness, a well-known risk factor for gaming and social media addiction, may be a central variable heightening vulnerability to the onset or the maintenance of technological addiction during forced social isolation. Thus, future prevention interventions may want to target this issue.

**Keywords:** gaming; loneliness; social network addiction; COVID-19 outbreak

## EPP1313

### Receiver operating characteristic analysis to determine optimal cutting point of cage in predicting physical and mental comorbidities among alcohol users

C.Y. Chu<sup>1</sup>, S.C. Wang<sup>1\*</sup>, C.H. Lee<sup>1</sup> and C.M. Cheng<sup>2</sup>

<sup>1</sup>Department Of Forensic And Addiction Psychiatry, Jianan

Psychiatric Center, Ministry of Health and Welfare, Tainan, Taiwan

and <sup>2</sup>Consultant Physician, Jianan Psychiatric Center, Ministry of Health and Welfare, Tainan, Taiwan

\*Corresponding author.

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**Introduction:** Alcohol use disorder (AUD) is highly related to various comorbidities, such as cancer, cognitive impairment, cirrhosis, chronic sclerosing stomatitis, stroke, and depression. The CAGE (Cut down, Annoyed, Guilty, Eye-opener) questionnaire is a simple screening material to make a diagnosis of alcoholism.

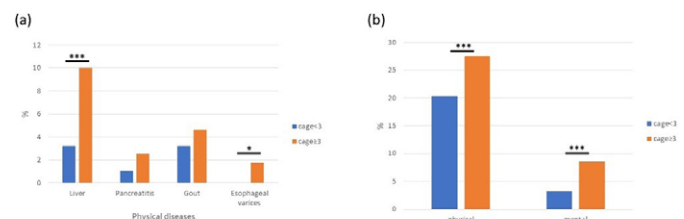
**Objectives:** Our study aimed to find an optimal cut-off point of CAGE for alcohol-related comorbidities in Taiwan.

**Methods:** We performed demographic analysis for 280 participants with AUD and categorized them into two groups according to CAGE scores. We applied receiver operator characteristic (ROC) analysis to determine optimal cutting point of CAGE in predicting physical and mental problems among alcohol users. Statistical analysis was performed with the Statistical Software Stata version 12.0 (StataCorp LP, College Station, TX, USA).

**Results:** The mean age of participants was  $45.9 \pm 10.5$  years, and all of them were male. Among 280 participants, 134 (47.9%) had physical diseases, including 37 (13.2%) with liver disease, 10 (3.6%) with pancreatitis, 22 (7.9%) with gout, and 5 (1.8%) with esophageal varices; while 33 (11.8%) had one or more mental illnesses. Patients with CAGE score greater than 3 were more likely to have both mental health problems and/or physical diseases, especially hepatic disease and esophageal varices.

Characteristic	Total (n=280)	Cage 0-2 (n=155)	Cage 3-4 (n=125)	P value
<b>Age at baseline, y 20-74</b>				0.516
≤24	9 (3)	6 (4)	3 (2)	
25-34	35 (13)	24 (15)	11 (9)	
35-44	76 (27)	36 (23)	40 (32)	
45-54	98 (35)	56 (36)	42 (34)	
55-64	55 (20)	30 (19)	25 (20)	
≥65	7 (3)	3 (2)	4 (3)	
<b>Median age (IQR)</b>	45.9 (38-54)			
<b>Male</b>	280 (100)	155 (100)	125 (100)	
<b>Income, k</b>				0.594
0-10 k	39 (15)	20 (13)	19 (17)	
11-20 k	46 (18)	29 (19)	17 (15)	
21-30 k	106 (41)	58 (39)	48 (43)	
31-40 k	40 (15)	24 (16)	16 (14)	
41-130 k	29 (11)	18 (12)	11 (10)	
<b>Physical diseases</b>	134 (48)	57 (37)	77 (62)	0.000
Liver	37 (13)	9 (6)	28 (22)	
Pancreatitis	10 (4)	3 (2)	7 (6)	
Gout	22 (8)	9 (6)	13 (10)	
Esophageal varices	5 (2)	0 (0)	5 (4)	
<b>Mental illnesses</b>	33 (12)	9 (6)	24 (19)	0.000

**Table 1.** Demographic data of patients divided with cage score 0-2 (n=155) and score greater than 3 (n=125).



**Figure 2.** Percentage of patients based on threshold of CAGE scores for (a) liver disease (n=37), pancreatitis (n=10), gout (n=22), and esophageal varices (n=5); and (b) physical diseases (n=134) and mental illnesses (n=33). (\*,  $p < 0.05$ ; \*\*,  $p < 0.01$ ; and \*\*\*,  $p < 0.001$  represent statistical differences compared to control group).