drink alcohol. Furthermore, stress and anxiety can also elicit craving and increase the motivation to drink alcohol.
Objectives: Further understanding the risk of relapse would be crucial for the treatment of AUD. Thus, the aim of this study was to identify clusters within a sample of patients with AUD based on the different factors of relapse risk, and to compare these clusters based on the severity of alcohol use disorder, craving and anxiety.
Methods: The sample consisted of 114 patients diagnosed with AUD at the Department of Psychiatry, University of Szeged, Hungary between November 2022 and January 2024. The level of AUD was measured with the Alcohol Use Disorders Identification Test (AUDIT) (subscales: consumption, dependence, harmful consequences of alcohol use) and the Severity of Alcohol Dependence Questionnaire (SAD-Q) (subscales: physical withdrawal signs, affective withdrawal signs, withdrawal relief drinking, quantity and frequency of alcohol consumption, rapidity of reinstatement of withdrawal symptoms following abstinence). State and trait anxiety were measured with the State-Trait Anxiety Inventory (STAI-S, STAI-T). Craving was measured with the Multidimensional Alcohol Craving Scale (MACS). The risk of relapse was measured with the Alcohol Relapse Risk Scale (ARRS) (subscales: stimulus-induced vulnerability (SV), emotionality problems (EP), compulsivity for alcohol (CA), negative expectancy for alcohol (NE), positive expectancy for alcohol (PE), insight into mental condition (IM)).
Results: Two-step cluster analysis was performed with the six subscales of the ARRS as predictor variables. A two-cluster solution was found, in which SV proved to be the most important predictor. Independent sample t-tests for the two clusters revealed significant between-cluster differences on all subscales except for 'lack of negative expectancy for alcohol' ($p \geq 0.001$). Independent sample t-tests and Chi-square tests were performed to compare the two clusters on the basis of age, sex, the severity of AUD, craving and anxiety. Significant differences were found in almost all factors except for age, sex and the 'rapidity of reinstatement of withdrawal symptoms following abstinence' subscale of the SAD-Q ($p \geq 0.01$).
Conclusions: The first cluster with more defined signs for the risk of relapse was characterised by more severe AUD, craving, state and trait anxiety compared to the second cluster with milder signs for the risk of relapse. These results suggest that the risk of relapse is a complex phenomenon, which can be identified through the evaluation of several different factors, which may influence treatment choices.

Disclosure of Interest: None Declared

EPP350

Effect of CYP2C19*17 gene polymorphism on plasma levels of diazepam and nordiazepam in Turkish patients with Alcohol Withdrawal Syndrome

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Introduction: Alcohol withdrawal syndrome (AWS) is not a common medical condition in general population however it affects patients with alcohol use disorder (AUD) and causes severe complications when diagnosed late or left untreated. Diazepam is a benzodiazepine, which is used to treat various diseases such as insomnia, anxiety, muscle spasm, pain and AWS. Compared to other benzodiazepines, diazepam is more efficient to prevent delirium and decrease withdrawal due to its long half-life. Diazepam is metabolised to its main metabolite nordiazepam with the enzymes expressed by *CYP2C19* and *CYP3A4* genes. It has been reported that metabolic activity of the enzymes encoded by *CYP2C19* gene may be varied due to genetic polymorphisms leading a change in the efficiency of treatment via effecting the plasma level of drugs metabolised by *CYP2C19*.
Objectives: The aim of this study is to investigate whether *CYP2C19*17* gene polymorphism has an impact on plasma levels of diazepam and nordiazepam in the Turkish patients with AWS and under oral diazepam treatment.
Methods: The study included 50 male patients who were in withdrawal state and taking diazepam therapy. *CYP2C19*17* polymorphism was determined by PCR-RFLP method. Plasma levels of diazepam (DZP) and nordiazepam (NDZP) were detected by HPLC.
Results: Genotype frequencies were calculated as 66% for CC, 30% for CT and 4% for TT. Dose-normalized DZP and dose-normalized NDZP values were 0.049 µg/ml per mg/day and 0,056 µg/ml per mg/day, respectively. No statistical significance was observed in the levels of normalized DZP and NDZP when CC and CT+TT genotypes were compared (p= 0.073 and p=0.282, respectively).
Conclusions: The effect of CYP2C19*17 polymorphism on the plasma levels of DZP and NDZP following long term oral diazepam to treat patients with AWS was determined for the first time. With the help of current study, first data on Turkish population was obtained and may be useful for personalized therapy in the future.
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EPP351

Age-Related Cognitive Decline in Substance Use Disorder: Impact of Prolonged Substance Consumption

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Introduction: The consumption of alcohol, cannabis, cocaine, or heroin causes alterations in the central nervous system, affecting mood, perception, and behaviour. Despite the harmful effects of these substances, they remain widely used. Younger individuals tend to consume cannabis and cocaine, while older adults more commonly use alcohol and prescription medications. Ageing brings

changes in consumption patterns and has both physical and mental health consequences
Objectives: This study aims to analyze how age influences the clinical characteristics of patients with Substance Use Disorder (SUD), comparing differences between older and younger users.
Methods: A total of 297 SUD patients participated in this study. They were divided into two groups: those aged 55 and older (G1) n= 88, and those younger than 55 (G2) n= 209. The SF-36 questionnaire was used to assess quality of life, the BIS-11 for impulsivity, the ASRS v1.1 for ADHD, the STAI-R for anxiety, and the AQ for autistic traits. All participants provided informed consent, and the study adhered to ethical guidelines.
Results: G1 showed better social functioning (SF-36) but a significant physical decline compared to G2. G1 also demonstrated lower levels of impulsivity (BIS-11), aggression, anxiety (STAI-R), and ADHD symptoms (ASRS), though higher autistic traits (AQ) were observed in G1.
Conclusions: Ageing reduces impulsivity, aggression, anxiety, and ADHD symptoms in individuals with SUD, but worsens physical health and may increase social isolation and autistic traits. These findings underscore the need to adapt SUD treatments according to age, addressing both physical and psychosocial challenges specific to each group.

Disclosure of Interest: None Declared

EPP352

Can temperament dimensions predict treatment outcome in inpatients with substance use disorders?

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Introduction: Substance use disorders are among the leading causes of morbidity and mortality worldwide. SUDs are highly comorbid with other mental health disorders. Given this comorbidity, a transdiagnostic view on treatment, seems appropriate. Within such a transdiagnostic perspective, treatment outcome can be described as a decrease in comorbid clinical symptomatology and not merely in terms of abstinence/relapse in substance use. A promising transdiagnostic factor within the RDoC framework is temperament, more specifically reactive and regulative temperament. According to the dual pathways model, psychopathology arises from an imbalance between two complementary neurobiological systems: the bottom-up reactivity system in terms of behavioral inhibition (BIS) and behavioral activation (BAS) (reactive temperament) and the top-down regulation in terms of Effortful Control (EC) (regulative temperament).
Objectives: We want to investigate whether reactive (BIS/BAS) and regulative temperament (EC) are associated with treatment outcome in terms of a decrease in clinical symptomatology in a sample of adult inpatients with a SUD. When these temperamental factors turn out to be significant predictors of clinical symptomatology, treatment interventions targeting reactivity (high BAS or BIS level) or aiming at strengthening EC could possibly result in better treatment outcomes for patients with SUDs and comorbid disorders.
Methods: The sample consisted of 612 inpatients with a SUD ((76,5% males, mean age 42,9 years) admitted at a specialized treatment unit for addiction. At the start of the treatment (pre) self-report questionnaires were administered to assess the reactive temperament dimensions (the Behavioral Inhibition/Behavioral Activation System Scales), the regulative temperament dimension (the Effortful Control Scale from the Adult Temperament Questionnaire) and clinical symptomatology (Symptom-Checklist-90-Revised, SCL-90-R). At discharge, the SCL-90-R was administered again to assess treatment effectiveness (post).
Results: Paired sample t-test showed significant decreases between pre- and posttreatment symptom scores indicating that treatment was effective in decreasing symptomatology. A hierarchical regression analysis showed that higher levels of EC were associated with a stronger decrease in levels of psychological symptoms and that higher levels of BIS were associated with a lower decrease. There was however no moderating role of EC in the relation between reactive temperamental dimensions and treatment outcome.
Conclusions: We found that reactive and regulative temperament could predict psychological symptomatology after a residential treatment period of 8 weeks in a specialized addiction unit. These results point out that interventions aiming at either strengthening EC or lowering anxiety (BIS) could possibly result in better treatment outcomes for patients with SUDs their comorbid disorders.

Disclosure of Interest: None Declared

EPP353

Emotional Dysregulation, Impulsivity, and Interoceptive Awareness in Individuals with Alcohol Use Disorder

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Introduction: Impairment in emotion regulation and impulsivity are components of addiction-related mechanisms. The ability to perceive the internal state of the body is known as interoceptive awareness (IA). Impaired IA is believed to contribute to the development and progression of alcohol use disorder (AUD). IA is considered to have two dimensions: interoceptive accuracy (IAc), which measures precise monitoring of bodily sensations, and interoceptive sensibility (IS), which reflects the subjective experience of these sensations. Traits associated with alcohol use vulnerability, such as emotional dysregulation and impulsivity, may also be linked to IA.
Objectives: Our objective was to compare emotional dysregulation, impulsivity, IAc, and IS levels between abstinent patients with AUD and healthy controls. Additionally, we aimed to investigate potential associations between the dimensions of IA and emotional dysregulation and impulsivity.
Methods: The study included 52 abstinent patients with AUD and 52 healthy control subjects. Of the participants, 92.3% (n=48) in each group were male, and 7.7% (n=4) were female. Emotional dysregulation was assessed using the 16-item Difficulties in Emotion Regulation Scale (DERS-16), and impulsivity was measured