Results: A total of 87 participants were included, comprising 30 men and 57 women, aged between 18 and 64 years. Among them, 57 had bipolar disorder type 2, and 30 had bipolar disorder type 1. The analysis revealed a significant positive correlation between verbal learning and the timing of the most active five hours, with better verbal learning observed for M5 timing later in the day. There was also a moderate positive correlation between better delayed verbal recall and the amount of time spent in moderate to vigorous physical activity.
Conclusions: Our findings suggest that modifiable factors, such as later timing of the most active five hours and amount of time spent in moderate to vigorous physical activity, are associated with better verbal learning and memory in individuals with bipolar disorder. These insights could inform interventions aimed at improving cognitive outcomes in this population.

Disclosure of Interest: None Declared

O053

Antipsychotic Dosage and Frequency of Manic Episodes as Predictors of Metabolic Syndrome in Bipolar Disorder: A One-Year Follow-Up

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doi: 10.1192/j.eurpsy.2025.314

Introduction: Metabolic syndrome (MetS) is notably prevalent among individuals with bipolar disorder (BD). Despite numerous studies indicating an increasing MetS prevalence in this group over time, comprehensive investigations of associated risk factors remain limited.
Objectives: This study aims to assess the prevalence and 1-year changes in MetS among BD patients. It also seeks to identify baseline clinical features that could predict the development of MetS during follow-up.
Methods: The study included euthymic BD type 1 patients consecutively admitted between July 2023 and July 2024. MetS was diagnosed uaccording to NCEP ATP-III criteria at baseline and after one year. Patients without MetS at baseline were analyzed to evaluate the association between initial clinical characteristics and MetS presence at follow-up through logistic regression.
Results: A total of 98 patients completed the baseline and follow-up assessments. The prevalence of MetS significantly increased from 29.6% to 51.0% over the 1-year naturalistic follow-up. Initially, there were no significant differences between the groups with and without MetS regarding demographics, illness characteristics, treatment types, comorbidities, and chlorpromazine equivalent dose. By the end of the follow-up period, 29 new MetS cases were diagnosed after excluding those initially identified. This group exhibited higher numbers of total episodes, more manic episodes, and greater hospitalization rates (p = 0.04,-2.067; p = 0.03, -2.193; p = 0.03, -3.207), with no significant differences in other demographic or clinical variables.In the logistic regression analysis, which controlled for age, gender, number of depressive episodes, and the use of lithium and valproate, the equivalent chlorpromazine dose (p = 0.04, OR: 1.003) emerged as a significant predictor of metabolic syndrome, while the number of manic or hypomanic episodes demonstrated a trend towards significance (p = 0.05).
Conclusions: In conclusion, this study shows that the prevalence of MetS in patients with BD type-1 in Turkey increased from 29.6% to 51.0% over one year. Increased numbers of manic episodes and higher chlorpromazine doses were linked to the development of MetS. This underscores the importance of monitoring metabolic health, especially in patients with frequent manic episodes or high antipsychotic doses.

Disclosure of Interest: None Declared

Addictive Disorders

O054

The influence of methamphetamine utilization patterns and adverse childhood experiences on Methamphetamine Use Disorder and Methamphetamine-Induced Psychosis

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doi: 10.1192/j.eurpsy.2025.315

Introduction: Methamphetamine (MA) is one of the most addictive drugs globally. Among its harmful consequences, methamphetamine use disorder (MUD) and methamphetamine-induced psychosis (MAP) are prevalent and increase the burden of mental health worldwide. Recent studies highlighted the relationship of the disorders and various factors including patterns of MA consumption and adverse childhood experiences (ACEs). Understanding the association between these factors and MUD and MAP is essential for advancing our knowledge and improving healthcare for our patients.
Objectives: To investigate the association of MA use patterns, ACEs and the development of MUD and MAP.
Methods: This study analyzed data from a survey using the Thai-MIND questionnaire (September 2023 – June 2024). We collected participants' socio-demographic details (including gender, age, income, employment, marital status, education), mental health history, other substances use, MA use patterns, ACEs, psychotic symptoms and their onset. The diagnosis of MUD and MAP were based on DSM-5 criteria. Univariate logistic regression was employed to examine the relationships, adjusting for socio-demographics and mental health history for MUD models, and adding other substances use and MUD diagnosis for MAP models.
Results: In this study of 2,524 participants, 1,987 (78.72%) met the criteria for MUD, and 876 (34.71%) met the criteria for MAP. The use of yaba (MA or speed pill) reduced the risk of MAP compared to ice (crystalline MA)(OR = 0.32 [0.12 – 0.85]) while combining two types of MA raised the risk of MAP compared to ice alone (OR = 1.96 [1.37 – 2.81]). For MUD, more frequent MA use, compared to monthly or less, increased the risk with OR = 1.81 [1.34 – 2.43] (2-4 times/month), 2.27 [1.58 – 3.27] (2-3 times/week), and 4.00 [2.87 – 5.59] (4 or more times/week). Similarly, for MAP, using MA 2-3 times/week raised the risk (OR = 1.59 [1.14 – 2.22]), and using it

more than 4 times/week further increased the risk (OR = 2.16 [1.62 – 2.87]). Additionally, MA injection significantly heightened the risk of MUD (OR = 6.29 [3.28 – 12.04]). Emotional abuse (OR = 1.84 [1.36 – 2.47]) and physical abuse (OR = 1.71 [1.29 – 2.27]) were linked to a higher risk of developing MUD. In addition, physical neglect (OR = 1.29 [1.02 – 1.65]), emotional neglect (OR = 1.47 [1.13 – 1.90]), and sexual abuse (OR = 1.46 [1.05 – 2.03]) were associated with an increased risk of MAP. The total number of ACEs also increased the risk of both MUD (OR = 1.28 [1.17 – 1.40]) and MAP (OR = 1.14 [1.05 – 1.24]).
Conclusions: The study demonstrates that MA use patterns and adverse childhood experiences significantly impact the risk of developing MA use disorder and MA-induced psychosis.

Disclosure of Interest: None Declared

Pain

O055

A comprehensive pilot care program for people suffering with chronic pain, opioid analgesic control problems and other mental disorders

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doi: 10.1192/j.eurpsy.2025.316

Introduction: Some individuals with chronic pain using opioid analgesics may unknowingly experience mood improvement, which can lead to compulsive opioid use. To address this issue, the DOLMEN program was developed, involving a multidisciplinary team of clinical psychologists, psychiatrists, pain specialists, nurses, pharmacists, and geneticists for a comprehensive treatment approach.
Objectives: Our objective was to describe the DOLMEN program and assess its effectiveness in improving emotional pain, psychiatric symptoms, functioning, quality of life, and pain management. The program also aimed to prevent medication errors through pharmacological guidance. We investigated genetic biomarkers related to clinical outcomes and evaluated patient satisfaction with the program.
Methods: We implemented a multidisciplinary pilot program and conducted an observational, unicentric, longitudinal, and ambispective study to evaluate its outcomes. The study included patients with chronic pain on high off-label opioid doses, those with mental disorders treated with opioids, and patients with pain refractory to standard treatments. Data were collected on psychiatric symptoms, substance use, CYP2D6, CYP2C19, and OPRM1 gene polymorphisms, and pharmacist interventions. To assess the intervention's impact, a paired test analyzed changes in psychiatric measures and pain levels using the Visual Analog Scale (VAS) after structured psychoeducational sessions. A linear-by-linear association chi-square test examined associations between genetic polymorphisms and questionnaire results.
Results: The sample consisted of 90 patients, the majority of whom were women (78.0%), with a mean age of 53.1 years. Among the participants, 23.0% exhibited problematic opioid use.
Significant improvements were observed in several clinical measures. The average Clinical Global Impression score improved from 3.7 to 2.58 (p=0.003), while the State-Trait Anxiety Inventory scores for state anxiety and trait anxiety decreased from 38.8 to 34.9 (p=0.0027) and from 40.1 to 35.8 (p<0.0001), respectively. The Beck Depression Inventory-II scores also showed a notable reduction from 33.1 to 27.8 (p<0.0001). Although improvements were seen in the EQ-5D-5L (from 41.1 to 50.2) and the EEAG (from 65.8 to 71.8), these changes were not statistically significant (p>0.05). Pain experience, as measured by the Visual Analog Scale, showed a reduction from 7.1 to 6.6 (p=0.0106). An association was identified between the OPRM1 polymorphism and the degree of problematic opioid use, as well as between the CYP2C19 genotype and the presence of depression (p<0.05). Additionally, pharmacists provided 64 recommendations to patients to prevent medication errors throughout the program.
Conclusions: The DOLMEN program demonstrated preliminary effectiveness in managing patients with chronic and emotional pain, as well as problematic opioid use.

Disclosure of Interest: None Declared

Neuroscience in Psychiatry

O057

Evaluation of "Bias Against Disconfirmatory Evidence" in patients with functional movement disorders

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doi: 10.1192/j.eurpsy.2025.317

Introduction: Functional neurological disorders (FND) are defined as neurological symptoms that are inconsistent and incongruent with classic neurological disorders. Over the past two decades, an interest in the potential underlying mechanisms of these disorders has occurred and a new pathophysiological framework based on current neurobiological theories about global brain function such as the predictive coding theory has emerged. Within this framework, abnormal or erroneous beliefs about symptoms, mediated by attention, are hypothesized to modulate perception and movements, ultimately leading to FND. Previous studies have evaluated cognitive biases such as the jumping to conclusion reasoning style in patients with functional movement disorders (FMD) and it has been suggested that they may play a role in symptoms production. In this study, we evaluated the behavior of patients with FMD when confronted with evidence that contradicts their beliefs through the "Bias Against Disconfirmatory Evidence" (BADE) and their tendency to accept implausible interpretations through the "Liberal Acceptance Bias" (LA).