

Methods: This is a hypothesis-driven program evaluation study that employs a mixed methods approach. A within-subject comparison will examine health services utilization data from patients attending RASP, one year before and one year after their psychiatry assessment at the program. A controlled between-subject comparison will use historical data from a control population will examine whether possible changes in high-cost health services utilization are associated with the intervention (RASP). The primary analysis involves extracting secondary data from provincial information systems, electronic medical records, and regular self-reported clinical assessments. Additionally, a qualitative sub-study will examine patient experience and satisfaction, and examine health care partners' impressions.

Results: The results for the primary, secondary, and qualitative outcome measures to be available within 6 months of study completion. We expect that RASP evaluation findings will demonstrate a minimum 10% reduction in high-cost health services utilization and corresponding 10% cost savings, and also a reduction in the wait times for patient consultations with psychiatrists to less than 30 calendar days. In addition, we anticipate that patients, healthcare providers, and healthcare partners would express high levels of satisfaction with the new service.

Conclusions: This study will demonstrate the results of the Mental Health and Addictions Program (MHAP) efforts to provide stepped-care, particularly community-based support, to individuals with mental illnesses. Results will provide new insights into a novel community-based approach to mental health service delivery and contribute to knowledge on how to implement mental health programs across varying contexts.

Disclosure of Interest: None Declared

Addictive Disorders

EPP0544

Is gaming disorder related to psychological trauma? A scoping review

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doi: 10.1192/j.eurpsy.2024.666

Introduction: Gaming disorder has become a global concern and it could have a variety of health and social consequences. The trauma model has been applied to the understanding of different types of addictions as behavioral addictions can sometimes be conceptualized

as self-soothing strategies to avoid trauma-related stressors or triggers. However, much less is known about the relationship between trauma exposure and gaming disorder.

Objectives: To inform prevention and intervention strategies and to facilitate further research, we conducted the first scoping review to explore and summarize the literature on the relationship between trauma and gaming disorder.

Methods: A systematic search was conducted on the Web of Science, Scopus and ProQuest. We looked for original studies published in English that included a measure of trauma exposure and a measure of gaming disorder symptoms, as well as quantitative data regarding the relationship between trauma exposure and gaming disorder.

Results: The initial search generated 412 articles, of which 15 met the inclusion criteria. All of them were cross-sectional studies, recruiting participants from both clinical and non-clinical populations. Twelve of them (80%) reported significant correlations between trauma exposure and the severity of gaming disorder symptoms ($r = 0.18$ to 0.46 , $p < 0.010$). Several potential mediators, including depressive symptoms and dissociative experiences, have been identified. One study found that parental monitoring moderated the relationship between trauma and gaming disorder symptoms. No studies reported the prevalence of trauma or trauma-related symptoms among people with gaming disorder.

Conclusions: There is some evidence supporting the association between trauma and gaming disorder, at small to medium effect sizes. Future studies should investigate the mediators and moderators underlying the relationship between trauma and gaming disorder. The longitudinal relationship between trauma exposure and the development of gaming disorder should be clarified. A trauma-informed approach may be a helpful strategy to alleviate gaming disorder symptoms.

Disclosure of Interest: None Declared

EPP0547

Similar cognitive characteristics between gaming disorder and other psychiatric disorders

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doi: 10.1192/j.eurpsy.2024.667

Introduction: Cognitive characteristics that differentiate normal from problematic gaming need to be identified, owing to the growing popularity of internet games and the rapid rise in mental health problems. Gaming disorder (GD) involves playing games despite their negative effects and is often related to unsuccessful attempts to reduce gaming. GD frequently results in adverse outcomes related to education, employment, and social responsibilities, thereby significantly influencing daily life.

Objectives: We aimed to elucidate the neurocognitive features underlying GD development and preservation, and possible overlapping features between GD and other psychiatric disorders.

Methods: We performed a literature search to identify GD-related studies. We focused on two key aspects: (a) altered executive functions

(EFs) and (b) gaming urge. We mainly searched the PubMed and Web of Science databases using relevant keywords. All retrieved literature were assessed for eligibility to reduce selection biases.

Results: Our preliminary review identified that GD features prominent deficits in EFs, including cognitive inflexibility, poor response inhibition, altered decision-making, and intensified susceptibility to game-related stimuli. These deficits were found to be associated with abnormal neural activity in brain regions subserving EFs and reward-based learning. Hence, excessive gaming may maladaptively suppress controlled and conscious processing, which can amplify automatic and implicit processes to develop gaming urges. In addition, many of these neuropsychological deficits have been observed in other addictions and seemingly unrelated disorders such as autism spectrum disorder (ASD). Similar EF deficits have been identified in ASD, which involve reduced cognitive flexibility and related dysfunction, including excessive attention focus, restricted interest, maladaptive reward processing, and reduced self-control. However, there is considerable variation among individuals and study methods, which requires more comprehensive research strategies.

Conclusions: We elucidated comparable cognitive features among individuals with GD, addiction disorders, and ASD. These similarities provide clues regarding GD etiology, ideas for improving preventative therapies, and markers for risk evaluation. Additional investigations on how GD and other disorders possess similar and distinctive cognitive functions are worth pursuing. It is also crucial to further examine the extent of shared cognitive features in the general population, wherein the peripheral pathological characteristics lie on a continuum with typical and atypical populations.

Disclosure of Interest: None Declared

EPP0548

Depressive disorders and intravenous drug use in chemsex context

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doi: 10.1192/j.eurpsy.2024.668

Introduction: Several studies have called attention to the mental health disorders associated with chemsex -the intentional use of drugs before or during sexual intercourse GBMSM (gay, bisexual and men who have sex with men) population-. Sexualized intravenous drug use is also known as slam or slamsex. There are few studies that analyze the mental health differences between intravenous drug users compared to non-intravenous drug users in chemsex context.

Objectives: We aim to describe the mental health outcomes including current and past depressive disorders diagnosis in a sample of users with sexualized drug use (chemsex) attended by the non-governmental organization Apoyo Positivo in the program “Sex, Drugs and You” and to compare the differences of current and previous diagnosis of depressive disorders between intravenous drug users compared to non-intravenous drug users.

Methods: A cross-sectional descriptive analysis of a sample of users attended by the non-governmental organization Apoyo Positivo in the program “Sex, Drugs and You” between 2016-2019 was performed.

Results: We included 217 participants. Current or past diagnosis of depression was found in 137 participants. Depressive disorders were significantly higher in the intravenous drug use group compared to the non-intravenous drug use group ($p < 0.05$).

Conclusions: Our study reports high levels of depression in chemsex users. The participants in our sample who engaged in intravenous drug use presented a higher frequency of depressive disorders than non intravenous drug use participants. Further studies analyzing the relationship between chemsex, slamsex and depression are needed. A multidisciplinary team is necessary to address chemsex and provide care and mental health treatment to chemsex users.

Disclosure of Interest: None Declared

Anxiety Disorders and Somatoform Disorders

EPP0549

Prevalence of Generalized Anxiety Disorder Among Five European Countries Before and During COVID

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doi: 10.1192/j.eurpsy.2024.669

Introduction: Globally, there is a mental health crisis, and anxiety is the most prevalent mental health condition. However, the impact of the COVID-19 pandemic (COVID) on generalized anxiety disorder (GAD) prevalence has not been quantified across European countries, and such impact could establish a new baseline of GAD estimates in European countries.

Objectives: To assess GAD by severity level before and during COVID in 5 European countries, using the 7-Item GAD Questionnaire (GAD-7).

Methods: Adults (age 18+) in France, Germany, UK, Italy, and Spain completed a short survey in May 2020 to assess the impact of COVID on their mental health. All respondents had previously participated in the National Health and Wellness Survey, a nationally representative survey of the adult general population in each country, before COVID (December 2019–March 2020). In both surveys, respondents completed the GAD-7. GAD symptoms were defined by GAD-7 score as mild (5-9), moderate (10-14), and severe GAD (≥ 15). Positive screen was defined as GAD-7 score ≥ 10 . Positive screen and GAD symptom severity prevalence were reported for the pooled European sample and by country, both before and during COVID. Chi-square and McNemar’s tests were used to evaluate the difference in GAD severity across countries and changes over baseline in GAD positive screen during COVID. P-values were reported for both tests.

Results: In total, 2401 adults were included in analysis (France, $n=482$; Germany, $n=487$; UK, $n=487$; Italy, $n=474$; Spain, $n=471$). Prior to COVID, 311 (13%) screened positive for GAD, with 208 (9%) moderate and 103 (4%) severe in the pooled European sample. During COVID, the distribution of GAD symptoms almost