their life (49.5%). Childhood traumas were assessed by the Early Trauma Inventory– Self Report (ETI-SR), an instrument for the assessment of physical, emotional, and sexual abuse, as well as general traumas, which measures frequency, onset, emotional impact, and other variables. We assessed the most frequent traumas in the physical, emotional, and sexual abuse, as well as general trauma domains.

Results: Family mental illness (n = 136, 58.1%), witnessing violence (n = 129, 54.7%), divorce/separation of parents (n = 114, 48.3%), and observing death/serious injury of others (n = 112, 47.5%), were the most frequently experienced general traumas. Out of physical traumas, most of the participants experienced being slapped in the face (n = 169, 73.2%), being spanked with a hand (n = 152, 65.5%), being hit or spanked with an object (n = 93, 40.3%), and being pushed or shoved (n = 81, 33.4%). Among emotional traumas, being often put down or ridiculed (n = 170, 74.2%), the needs being failed to be understood by parents (n = 164, 72.7%), often shouted at or yelled at (n = 154, 67.5%), and being often ignored or made feel like they do not count (n = 109, 46.2%) were the most frequent. From the sexual abuse domain, being exposed to flashing (n = 72, 32.9%), being touched in intimate parts in an uncomfortable way (n = 63, 29.2%), being exposed to inappropriate comments about sex (n = 61, 28.5%), and being rubbed by someone's genitals (n = 44, 20.3%) were the most common. Further results will be presented at the conference.

Conclusions: It is already recognized and our study also confirms that childhood maltreatment, especially sexual abuse can lead to suicidal behaviour. The precise role of particular types of childhood maltreatment and the mediators of the relationship between childhood maltreatment and suicide is yet to be investigated in more details.

Disclosure of Interest: None Declared

Addictive Disorders

EPP0200

Comparison of Smartphone and internet addiction and Optical Coherence Tomography findings among University students

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Introduction: Internet and smartphone use that reaches the level of addiction often leads to deterioration in the quality of life and functionality of individuals.

Objectives: In our study, we aimed to investigate possible differences in retinal nerve fiber layer (RNFL) thickness and central macular thickness obtained by optical coherence tomography in internet and smartphone addiction.

Methods: A total of 212 volunteer university students participated in our study. All participants were administered the Sociodemographic Information Form, Chen Internet Addiction Scale, Smartphone Addiction Scale-Short Form. Participants who completed the scales underwent routine eye examinations by experienced physicians in the ophthalmology outpatient clinic. Retinal nerve fiber layer (RNFL) thickness and central macular thickness were measured by optical coherence tomography (OCT).

Results: In our study, internet addiction rate was 17% and smartphone addiction rate was 38.2%. RNFL thickness was found to be statistically significantly increased in the temporal superior and temporal inferior quadrants in those with internet addiction compared to healthy subjects ($p<0.05$). In smartphone addiction, RNFL thickness was found to be statistically significantly increased in the temporal inferior quadrant compared to healthy subjects ($p<0.05$). In the analyses comparing OCT measurements according to sex, it was found that nasal inferior ($p<0.01$) and global ($p<0.05$) quadrants in women and central macular thickness ($p<0.01$) in men were statistically significantly increased.

The correlation analyses in our study revealed statistically significant positive correlations between internet addiction scale scores ($p<0.01$) and smartphone addiction scale scores ($p<0.01$), RNFL temporal superior quadrant thickness ($p<0.01$); smartphone addiction scale scores and RNFL temporal superior quadrant thickness ($p<0.05$).

Conclusions: Internet and smartphone addiction are seen considerable rates among university students. In OCT measurements, RNFL thickness was found to be increased in various quadrants in patients with addiction. In addition, RNFL thickness was found to be increased in all quadrants in female gender and central macular thickness was found to be increased in male gender. Correlation analysis revealed that internet addiction scale scores, smartphone addiction scale scores, and RNFL temporal superior quadrant thickness were positively correlated. In addition, there was a positive correlation between smartphone addiction scale scores, and RNFL temporal superior quadrant thickness

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EPP0201

Alcoholism is the mental health issue that best predicts the mortality of individuals experiencing homelessness.

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Introduction: The mortality rate among individuals experiencing homelessness tends to be premature and is linked to mental disorders and chronic diseases. In Spain, there is a significant gap in the study of mortality among individuals in situations of residential exclusion with real clinical data.

Objectives: This study aims to analyze mortality among individuals experiencing homelessness and its relationship with mental disorders and chronic diseases.

Methods: An observational and prospective longitudinal study was conducted on a cohort of 855 homeless individuals in the province of Girona over a 15-year period. Sociodemographic variables, mental health conditions, chronic diseases, and infections were analyzed, employing descriptive and inferential analyses. A binary

logistic regression model was created to establish explanatory relationships between mortality and associated variables.
Results: Among the participants, 87.7% were males with an average age of 53.03 years. A majority of 62.8% were foreign-born, mainly from Africa and Europe. It was identified that 40.8% had mental disorders, with substance dependencies (41.3%) and other disorders (36.4%) being the most prevalent. A total of 30.6% presented chronic diseases, notably hypertension (12.8%) and type 2 diabetes (10.9%). Furthermore, 22.3% had infections, with hepatitis C virus (8.7%) and HIV (4.7%) being the most common. During the follow-up period, 81 individuals (16.4%) passed away, with causes such as cancer (25%), suicide (21.7%), and heart conditions (11.7%).
The regression analysis demonstrated that age (OR = 0.915; 95% CI 0.884-0.947), alcohol addiction (OR = 2.354; 95% CI 1.486-3.731), and being born in Spain (OR = 2.906; 95% CI 1.594-5.299) were significantly associated with mortality in the homeless population.
Conclusions: This study highlights the high prevalence of mental disorders, chronic diseases, and infections among individuals experiencing homelessness. Mortality was associated with factors such as age, alcohol addiction, and place of birth. These findings underscore the importance of developing interventions aimed at enhancing the health and care of individuals experiencing homelessness, particularly within the immigrant population.

Disclosure of Interest: None Declared

EPP0203

A preliminary analysis of clinical characteristics of patient with alcohol use disorder and suicidal ideation

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Introduction: Suicidal behaviors are frequently observed among patients with substance use disorder, including suicidal ideation (SI) (1). Alcohol use disorder (AUD) is one of the most prevalent addictions and may be related to suicidal behaviors (2,3). However, the association between AUD and SI requires a deeper analysis which includes several clinical features observed among AUD patients.
Objectives: To analyze the clinical characteristics and features associated with lifetime SI among patients who had AUD.
Methods: This is a cross-sectional study performed in an outpatient center for addiction treatment in patients seeking treatment who met the criteria for AUD between 01/01/2010 and 12/31/2021. Patients were evaluated with an ad-hoc questionnaire and the European addiction severity index (EuropASI). SI was evaluated by using the item for SI in EuropASI.
Results: From a potential sample of n=3729 patients, only n=1082 (73.8% males; mean age 42.82±12.51) met inclusion criteria and had data for the current analysis. Lifetime SI was present in 50.9% of the AUD patients. Several clinical features were related to SI, including: sex differences, any type of lifetime abuse, polyconsumption, benzodiazepine use disorder, any psychiatric diagnosis aside of SUD, and higher addiction severity according to the EuropASI (See table)
Image:

Patient characteristic		All sample (n= 1082)	No SI group (n=531; 49.1%)	SI group (n= 551; 50.9%)	χ^2, t	p
Sociodemographic characteristics						
Age, mean ± SD		42.82±12.51	43.62±13.56	42.06±11.37	2.025	0.043
Sex %	Male	73.8	52.9	47.1	17.626	<0.001
	Female	26.2	38.4	61.6		
Education %	<8years		46.6	53.4	3.144	0.076
	≥8 years		52.2	50.6		
Marital status %	Single	37.4	46.8	53.2	9.354	0.025
	Married	35.7	55.5	44.5		
	Divorced	23.7	44.1	55.9		
	Widowed	3.2	48.5	51.5		
Lifetime emotional abuse	Yes	35.9	36.9	63.1	37.337	<0.001
	No	64.1	56.3	43.7		
Lifetime physical abuse	Yes	24.0	36.6	63.4	21.893	<0.001
	No	76.0	53.3	46.7		
Lifetime sexual abuse	Yes	11.0	26.3	73.3	28.247	<0.001
	No	89.0	52.2	47.8		
SUD variables						
Three or more SUD, %	Yes	33.6	40.9	59.1	14.549	<0.001
	No	66.4	53.2	46.8		
Amount of lifetime SUDs		3.46±1.94	3.22±1.89	3.69±1.96	4.003	<0.001
Alcohol use disorder onset (years), mean±SD		21.92±10.37	22.09±10.61	21.75±10.14	0.472	0.637
Cannabis use disorder, %	Yes	62.4	46.5	53.5	4.696	0.030
	No	37.4	53.3	46.7		
Cannabis use disorder onset (years), mean±SD		17.65±6.96	17.72±6.99	17.60±6.95	0.176	0.860
Cocaine use disorder %	Yes	65.9	45.9	54.1	7.867	0.005
	No	35.0	54.9	45.1		
Cocaine use disorder onset (years), mean±SD		23.59±7.88	23.44±7.72	23.70±8.16	0.374	0.708
Opioid use disorder, %	Yes	24.8	42.2	57.8	6.809	0.009
	No	75.2	51.4	48.6		
Opioid use disorder onset (years), mean±SD		25.91±14.18	27.29±15.96	24.87±12.66	1.218	0.224
Benzodiazepine use disorder %	Yes	35.1	38.7	61.3	25.307	<0.001
	No	64.9	54.7	45.3		
Benzodiazepine use disorder onset (years), mean±SD		26.85±18.72	27.31±23.89	24.27±16.78	1.878	0.062
Psychiatric comorbidities						
Any psychiatric diagnosis other than SUD	Yes	69.7	41.5	58.5	56.940	<0.001
	No	30.3	66.5	33.5		
Amount of psychiatric disorders		1.67±1.28	1.32±1.23	2.0±1.23	9.066	<0.001
Depressive spectrum disorders	Yes	40.5	36.5	63.5	46.349	<0.001
	No	59.5	57.6	42.4		
Anxiety spectrum disorders, %	Yes	23.8	41.2	58.8	8.270	0.004
	No	76.2	51.5	48.5		
Bipolar spectrum disorders, %	Yes	2.5	18.5	81.5	10.346	0.001
	No	97.5	49.9	50.1		
Psychotic spectrum disorders, %	Yes	6.8	29.7	70.3	16.852	0.001
	No	93.2	50.5	49.5		
ADHD, %	Yes	16.1	50.7	49.3	6.654	0.010
	No	83.9	39.9	60.1		
Any personality disorders	Yes	32.3	36.9	50.9	30.906	<0.001
	No	67.7	54.9	45.1		
Cluster A personality disorders	Yes	5.1	29.1	70.9	9.260	0.002
	No	94.9	50.1	49.9		
Cluster B personality disorders	Yes	25.0	35.1	64.9	28.439	<0.001
	No	75.0	53.8	46.2		
EuropASI	Medical	0.287±0.364	0.241±0.336	0.331±0.385	4.086	<0.001
	Employment	0.541±0.316	0.514±0.318	0.567±0.311	2.755	0.006
	Alcohol	0.273±0.279	0.252±0.265	0.293±0.290	2.396	0.017
	Drugs	0.148±0.173	0.134±0.164	0.161±0.181	2.538	0.011
	Legal	0.077±0.177	0.072±1.173	0.082±0.181	0.959	0.338
	Familiar	0.346±0.291	0.299±0.279	0.390±0.295	5.189	<0.001
	Psychological	0.362±0.238	0.274±0.208	0.447±0.235	12.737	<0.001

Conclusions: SI among AUD patients is related to several clinical features which indicate a higher addiction severity, more polyconsumption, and a higher prevalence of psychiatric comorbidities. These findings may contribute to the understanding of suicidal behaviors in AUD patients but it is required further investigations, including longitudinal studies.

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