Table 1. Sociodemographic and clinical characteristics of the patients.

Age (Mean±SD) (Min-Max)		32.96±6.02 (24-51)	
		n (30)	**%**
Sex	Male	25	83.3
	Female	5	16.7
Marital status	Single	14	46.7
	Married	9	30
	Divorced	7	23.3
Child	Yes	10	33.3
	No	20	66.7
Working	Yes	25	83.3
	No	5	16.7
Forensic case	Yes	13	43.3
	No	17	56.7
Infectious disease	Yes	8	26.7
	No	22	73.3
Heroin use route	Foil	22	73.3
	Intravenous	8	26.7
Marijuana use	Yes	6	20
	No	24	80
Cocaine use	Yes	3	10
	No	27	90
Methamphetamine use	Yes	1	3.3
	No	29	96.7
Buprenorphine dosage (mg) (Mean±SD)		5.00±2.91	
Naloxone dosage (mg) (Mean±SD)		1.25±0.72	
Abstinence time (Day) (Mean±SD) (Min-Max)		695.50±393.80 (210-1600)	
Hemoglobin (g/dL) (Mean±SD) (Min-Max)		14.49±0.83 (12.90-16.30)	
Leukocyte ($x10^3/mm^3$) (Mean±SD) (Min-Max)		8.06±1.84 (5.57-12.63)	
Alanine Transaminase (U/L) (Mean±SD) (Min-Max)		26.03±21.77 (8-118)	
Aspartat transaminaz (U/L) (Mean±SD) (Min-Max)		26.96±17.28 (13-95)	
Blood Urea Nitrogen (mg/dL) (Mean±SD) (Min-Max)		11.93±13.45 (7-19)	
Creatinine (mg/dL) (Mean±SD) (Min-Max)		0.84±0.15 (0.60-1.34)	
Vitamin B12 (pg/ml) (Mean±SD)		356.25±166.40	
Sedimentation (mm/hour) (Mean±SD)		6.75±6.39 (2-16)	

current cannabis use. Continued use of cannabis by patients may be related to this condition. However, cannabis use increases many mental illnesses, especially psychosis (4). In patients in remission with BP/NLX, studies should also be carried out to avoid other substances than opiates. In our study, in accordance with the literature (5), no negative effects on kidney and liver functions were observed with long-term BP/NLX treatment. BP/NLX appears to be safe in prolonged use.

Disclosure: No significant relationships.
Keywords: opiate; remission; naloxone; buprenorphine

EPV0682

In-treatment behaviors in a multicomponent intervention to promote smoking cessation and prevent weight gain among smokers with obesity: A pilot study

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doi: 10.1192/j.eurpsy.2021.2177

Introduction: Smoking rates are quite high among overweight and obese individuals. Many smokers with excess weight are at increased risk for health complications and report that concern about post-cessation weight gain is a barrier to quitting. It is necessary to perform studies to assess the efficacy of interventions for smoking cessation among individuals with excess weight.
Objectives: To describe in-treatment behaviors, in terms of smoking and weight, in an integrated intervention for smoking cessation and weight gain management.
Methods: A total of 16 smokers (37.5% females, M_{age}=52.31, SD=9.58) were randomly assigned to one of the two following 8-week smoking cessation conditions: 1) Cognitive-Behavioral Treatment (CBT) for gradual smoking cessation + a Weight Gain Prevention (WGP) module for weight stability (n=7); 2) the same treatment alongside Contingency Management (CM) for smoking abstinence (n=9). Smoking behavior (cigarettes per day, carbon monoxide (CO) in expired air and urine cotinine) and weight were tracked at every visit from baseline through the end of treatment.
Results: Cigarettes per day significantly decreased in both conditions ($p \leq .028$), as well as CO ($p \leq .018$) and cotinine ($p \leq .043$). Regarding body weight gain, participants maintained their body weight (Kg) from baseline to the end of treatment (CBT+WGP: Δ_{kg}= .671, CBT+WGP+CM: Δ_{kg}= .667, $p \geq .058$) and their BMI (CBT +WGP: 30.56 vs. 30.85, CBT+WGP+CM: 29.74 vs. 29.85, $p \geq .139$).
Conclusions: Preliminary data indicated that a multicomponent intervention to promote gradual smoking cessation and prevent weight gain facilitates in-treatment tobacco reduction and weight stability. CM procedures improved in-treatment smoking behaviors.

Disclosure: No significant relationships.
Keywords: obesity; contingency management; weight gain prevention; smoking cessation

EPV0683

Gaming addiction among Tunisian adolescent

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doi: 10.1192/j.eurpsy.2021.2178

Introduction: Gaming is a source of addiction for adolescents. It is recognized as a behavioral and mental health condition, both by the American Psychiatric Association and by the World Health Organization.
Objectives: To determine the prevalence of gaming addiction among secondary school students.
Methods: This cross-sectional study was conducted between September and October of 2020 among students enrolled in secondary school. The participants had filled the Game addiction scale and a data file regarding the socio-demographic information, physical and information about the internet access and use.
Results: The initial sample was composed of 180 secondary school students. Among them 28 were excluded because they did not play video games. Final sample consisted of 152 students (90 males, 62 females) with a mean age of 13.14 ± 1.2 years. The average duration of connection among participants was 5.3 hours per day. Nearly one quarter of the participants (24,3%) played videogames more than 20 h per week. The prevalence of gaming addiction was 21,7%. The participants with gaming addiction were, on average, younger than those who were not addicted to gaming Game-addicted individuals were more likely to be male than female (13,8% vs 7,9%; p=0,036). There was, also, a significant relation between IA and having academic difficulties (p=0.042).
Conclusions: Based on our study findings, that gaming addiction is a challenging problem among Tunisian adolescents. We recommend authorities consider gaming addiction a serious problem for the young population and make this growing phenomenon an adolescent health priority.

Disclosure: No significant relationships.
Keywords: gaming; Addiction; adolescent