

Introduction: Insomnia has been related to a more severe substance use disorder presentation (1). There are few longitudinal studies in outpatients center for SUD treatment that evaluate how insomnia impacts on relapses.

Objectives: To analyze how insomnia impacts on the time of the first substance relapse in SUD outpatients after the onset of addiction treatment.

Methods: This is a one-year follow-up study performed on 116 patients (73.3% males; mean age 43.4 ± 14.3) for whom we had information from baseline insomnia and the time for the first relapse. A Kaplan-Meier survival analysis was performed. This is part of a greater research on Alexithymia in SUD in a longitudinal study.

Results: The initial sample consisted of 116 patients, information on relapses was available for 113 patients. The main substances used at baseline were alcohol (62.1%), cocaine (56.0%), cannabis (42.2%), and opiates (30.2%).

		%	Time of abstinence in months (m)	Typical error	χ^2	p
Insomnia (any type)	Yes	47.8	3.7	0.5	10.103	0.001
	No	52.2	6.1	0.6		
Onset insomnia	Yes	32.7	3.5	0.6	8.126	0.004
	No	67.3	5.6	0.5		
Sleep fragmentation	Yes	37.2	3.8	0.6	5.521	0.019
	No	62.8	5.6	0.5		
Early morning awakening	Yes	17.7	3.6	0.8	2.212	0.137
	No	82.3	5.2	0.5		
Nightmares	Yes	13.3	3.8	0.9	1.642	0.200
	No	86.7	5.1	0.5		

Conclusions: It is important to evaluate insomnia at the onset of addiction treatment because insomnia may be related to earlier relapses. Furthermore, it should be analyzed further on how insomnia treatment impact on substance relapses. REFERENCES 1. Miller MB, Donahue ML, Carey KB, Scott-Sheldon LAJ. Insomnia treatment in the context of alcohol use disorder: A systematic review and meta-analysis. *Drug Alcohol Depend.* 2017;181:200-207. doi:10.1016/j.drugalcdep.2017.09.029

Keywords: Relapse; Addiction; Insomnia; Substance Use Disorder

EPP1319

Ethnic differences in the prevalence of online behaviors in adolescents in the southern regions of siberia

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Introduction: An urgent problem all over the world is the growing number of adolescents with maladaptive (Internet addicted) Internet use.

Objectives: To study the prevalence of various types of online behavior in adolescents in the southern regions of Siberia (Caucasians and Mongoloids).

Methods: 4351 adolescents aged 12-18 in the city of Krasnoyarsk and the city of Abakan (Republic of Khakassia) were surveyed. Ethnicity is determined by the nationality of the mother. Online behavior was studied using the Chen Internet Addiction Scale (CIAS): adaptive internet use (API) – 27-42 points, non-adaptive (NPI) – 43-64 points and pathological (PPI) ≥ 65 points. The indicators were compared in 2 groups: Caucasians and Mongoloids. The program “Statistica 12” was used, the percentage of the share, the significance of the differences (p) and the values of the Pearson χ^2 test were indicated.

Results: Caucasians by their mothers accounted for 3663 (84.2%) and the share of Mongoloids reached 688 (15.8%). AIP was recorded in 44.0% of Caucasians and 7.9% of Mongoloids ($p < 0.0001$; $\chi^2 = 1474.99$), NPI was recorded in 34.7% of Caucasians and 6.2% of Mongoloids ($p < 0.0001$; $\chi^2 = 1084.65$), PPI was found in 5.5% of Caucasians and 1.7% of Mongoloids ($p < 0.0001$; $\chi^2 = 90.49$).

Conclusions: Ethnic features of the prevalence of online behavior in adolescents in the southern regions of Siberia include a higher frequency of NPI and PPI in Caucasians compared to Mongoloids. The reported study was funded by RFBR according to the research project № 18-29-22032\18.

Conflict of interest: The reported study was funded by RFBR according to the research project № 18-29-22032\18.

Keywords: Internet; prevalence; ethnic; adolescents

EPP1320

Method of relieving alcohol dysphoria in the structure of hypertoxic alcohol abuse state with compulsive craving manifestations

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Introduction: Alcohol dysphoria is a pathognomonic, severe, and therapeutically resistant syndrome considerable for alcohol and drug-addicted patients. The term “dysphoria” (from Greek δυσφορέω to suffer, torment, annoy) means an abnormally low type of mood, characterized by anger, gloom, irritability, feelings of hostility to others. In addictology, it is often identified in the withdrawal syndrome structure.

Objectives: To develop innovative improvement in treatment for alcohol dysphoria.

Methods: Valid clinical diagnostic, laboratory, biochemical, electrophysiological, psychological (scaling, testing), statistical methods identifying alcohol dependence complicated by dysphoria.

Results: The proposed method involves a complex of anti-affective, anti-abstinence, anti-craving pharmacological agents and drug-free methods, and differs from those conventional, along with psychotherapeutic potentiation, by additional targeted pharmacological triad (peroral Carbamazepine 200 mg twice a day: in the morning and in the evening; intramuscular Halopril (Haloperidol) 1 ml

(5 mg) daily; oral Sonapax 1 tablet (25 mg) three times a day for 3-5 day treatment) used for a new purpose. 17 patients experienced this method. Efficacy: alcohol dysphoria acute manifestations were relieved by our method within 3-5 days that 37.8% exceeds conventional treatment. In 15 minutes, patients decreased irritability, motor restlessness, stress, cravings for alcohol. In 30 minutes, the patients fell asleep. Sleep lasted 3.5 hours on average. Subsequently, patients denied craving for alcohol, calmed down emotionally and psychomotorically, wished to be treated for alcoholism. No dysphoric relapses were observed.

Conclusions: The proposed multimodality method alleviates alcohol-induced dysphoria, involving pharmacotherapeutic triad along with psychotherapeutic potentiation.

Keywords: Alcohol; Addiction; Dysphoria; Treatment

EPP1321

Alcohol addiction complicated with comorbid amnestic disorders: The search for innovative approaches to treatment

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Introduction: Alcohol amnesia and palimpsests belong to understudied areas in addictology concerning the pathogenesis, risk factors, and development of effective integrated, targeted modalities of therapy, prevention, and after-treatment care.

Objectives: Development of a new integrated, pathogenetically grounded approach to the emergency and routine therapy for immediate and long-term consequences of amnestic alcohol intoxication.

Methods: Modern complex clinical-psychopathological, pathopsychological, laboratory, electrophysiological, biochemical examination; method of analogues and prototype analytical examination.

Results: Integrated anti-amnestic pharmacotherapeutic triad: Noobut IC (Phenibut) orally, before meals, for 6 days, twice a day: 250 mg in the morning, 500 mg at night, within days 7-14 250 mg twice: in the morning and at night; Vitaxon 2.0 ml daily, intramuscularly, No10 totally; ozone therapy for 10 days (ozone dissolved in olive oil, 6 mg/100 ml concentration), 5 ml orally 3 times a day. Complex therapy is concurrent with synergistic psychotherapeutic potentiation. Supportive anti-relapse prevention of alcohol-induced amnesia, palimpsests with Noobut IC: 1 tablet (250 mg) orally in the morning for 2 months. The pathogenetic support of the pharmacotherapeutic triad in treatment for alcohol addiction, comorbid with amnestic disorders, is pathogenetically focused on pharmacological properties of each component of the triad and their potentiating effects, involving most pathogenetic mechanisms of this disease.

Conclusions: Relieving and prophylactic efficacy of the proposed pharmacological triad (Noobut, Vitaxon, ozone and concurrent psychotherapeutic potentiation) is proven by the statistical reliability method and illustrated by clinical examples of patient-specific research.

Keywords: Alcohol addiction; Cognitive disorders; Amnesia; Treatment

EPP1322

Method of relieving hypertoxic alcohol abuse states in alcohol dependence

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Introduction: Currently, alcohol dependence is characterized by immediate onset of dipsomania states (code F10.26, ICD-10) interpreted in clinical addictology as reliable diagnostic signs of morbid alcohol dependence. These are classified clinically by rate, severity, therapeutically resistant post alcohol comorbidities (alcohol-induced polyneuropathy, hepatic dysfunctions, etc.), and by the presence of "lucid spaces", when patients, depleted physically and mentally by hypertoxic alcohol abuse states, periodically (after binge drinking) intake no alcohol.

Objectives: Effectiveness improvement and reducing time of treatment for hypertoxic alcohol abuse states by reasonable pathogenetic use of highly effective drugs, wide polymodality and synergistic pharmacological range, with few side effects, potential for inclusion to the conventional standard treatment patterns according to thiamine concepts.

Methods: Valid clinical-diagnostic, laboratory, biochemical, electrophysiological, psychological (scaling, testing), statistical methods for identification of alcohol dependence complicated by hypertoxic alcohol abuse states.

Results: A new method of alleviating the hypertoxic intoxication in alcohol dependence has been developed on representative clinical material, which involves conventional pharmacological and drug-free symptomatic remedies and methods. Along with psychotherapeutic potentiation, a therapeutically targeted pharmacological complex was prescribed: intramuscular Vitaxon № 10 per course; Sibazon 0.5% solution, 2 ml intramuscular, 3-5 injections per course; oral Phenazepam, one tablet (0.001g) twice a day for 10-14 days; Cocarnit one ampoule daily intramuscular injection, for a course of 3-10 injections.

Conclusions: The effectiveness of the proposed pharmacological complex has been proven by the statistical reliability method and illustrated by clinical examples of patient-specific research.

Keywords: Alcohol addiction; Intoxication; Treatment

EPP1323

Method of treating alcohol dependence complicated by amnestic disorders

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