

findings. An integrative model of addiction points to the presence or absence of addiction-related cues as an explanation for striatal hypo- or hyperactivations, respectively, but has never been directly tested. Here, we developed a novel paradigm to investigate striatal activation during monetary reward anticipation in the presence versus absence of addiction-related pictures using functional MRI. Across two studies, we compared 24 gambling disorder (GD) patients with 22 matched healthy controls and 46 alcohol use disorder (AUD) patients with 30 matched healthy controls. A behavioral interaction was seen where gambling cues made participants respond faster for bigger, but slower for smaller rewards. During monetary reward anticipation, hypoactivation of the reward system was seen in AUD individuals compared to HCs. However, no striatal differences were seen between the participants with GD or AUD and their matched controls. In sum, these findings suggest that striatal dysfunction is a key but heterogeneous mechanism within both AUD and GD and indicate an important but complex role for addiction-related cues in explaining striatal dysfunction in addiction.

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Neuroimaging studies of addiction: The need to incorporate real life data and profile heterogeneity

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Abstract: Neuroimaging studies of addiction seek to understand the brain mechanisms that predispose to and support the maintenance of addictive behaviors. Traditional studies are *case-control cross-sectional* studies, i.e. they conceptualized individuals suffering from addiction as a homogenous group, and report lab-based experiments conducted at one particular point in time. In this talk, I will argue that a refined understanding of addictive behaviors requires the use of *dimensional longitudinal* studies. Using dimensions will reveal the existence of *heterogenous profiles* within diagnostic groups, and allow researchers to incorporate *individual variability* in their models. In turn, using longitudinal follow-up measures should allow researchers to determine whether brain-related abnormalities are *predictive* of symptoms in *real-life*. I will illustrate these points using a few example studies from the literature.

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