

**Conclusions:** In conclusion, this study's results are in line with most epidemiological literature regarding cannabis and can serve as a starting point for deeper, more analytical investigations of cannabis use in Romania.

**Disclosure of Interest:** None Declared

## EPV0059

### Evaluation of the success rate of various inpatient alcohol addiction treatment programs in the Czech Republic and their comparison

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**Introduction:** Harmful alcohol use far exceeds other mental disorders in the proportion of patients who do not receive adequate treatment. Despite the long history of anti-alcohol treatment in Czech Republic, there is no published prospective study to this day, in which patients that underwent inpatient addiction treatment are compared to patients on the waiting list and only one prospective randomized study comparing two different medium-term inpatient programs was published.

Almost all the studies published so far only bring results of particular hospitals. Differences in methodology, differences between cohorts of patients, absence of profiling and differences in therapeutic programs and historical changes makes comparison of results of those studies very difficult.

**Objectives:** This work seeks to present and compare the data from studies that evaluate the success of medium-term inpatient treatment of alcohol dependent patients in the Czech Republic. Another aim was to identify problems that make such comparison difficult. **Methods:** Bibliographia Medica Českoslovaca and Pubmed was used to find studies published in professional medical journals since 1970, in which abstinence of patients who voluntarily completed medium-term inpatient treatment of alcohol dependence is evaluated.

**Results:** Medium-term inpatient treatment of alcohol addiction leads to one year abstinence in 34 to 76 % of patients. Such variance value is largely caused by different methodology of compared studies. In compared studies there are differences:

1. in definition of abstinence
2. if abstinence rate is assessed in all patients who have entered the treatment or only in those who have completed the treatment properly
3. if abstinence rate is calculated using number of patients entering treatment or the number of patients who have been obtained by valid information (outpatient clinic, questionnaires)
4. in the way the data was collected
5. in the composition of patients
6. in societal background, because there is large time gap present between compared studies

**Conclusions:** The comparison of individual studies presented many problems. Further steps should be taken to help compare

treatment programs in the future, as they provide different therapeutic interventions in different intensity and length to different patients. Adequate patient profiling, detailed description of therapeutic interventions and identification of effective components of the therapeutic program is a way to support further research in this area, optimize existing programs and increase the overall efficiency of treatment.

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## EPV0060

### The general practitioner in charge of addictive behavior

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**Introduction:** Recent reports confirmed that more than 22% of adult world population are suffering from addiction. Tobacco and alcohol use remain the most prevalent addictive behaviors reported in Tunisia. The management of addiction is a multidisciplinary team concept. This entity may be underdiagnosed due to perception default at the first line of management.

The aim of this study was to identify the limiting factors for addictive behavior approach in general practitioner (GP) clinic.

Recent reports confirmed that more than 22% of adult world population are suffering from addiction. Tobacco and alcohol use remain the most prevalent addictive behaviors reported in Tunisia. The management of addiction is a multidisciplinary team concept. This entity may be underdiagnosed due to perception default at the first line of management.

**Objectives:** The aim of this study was to identify the limiting factors for addictive behavior approach in general practitioner (GP) clinic.

**Methods:** A cross-sectional study involved 84 GPs in the city of Monastir, Tunisia. Self-reported questionnaire was designed to survey the prevalence of patients with detectable addictive behavior among the outpatient GP clinic visitors.

**Results:** The participation rate was 93.3% (84/90). The prevalence of addictive behaviors was variable (38-59.5%). Tobacco use was the most common addiction (91.7%). More than seventy percent of questioned GPs were regularly consulting patients with known addictive behavior. The diagnosis was incidental in 7% of cases. Sixty percent of patients had predisposing factors for addiction. Diagnostic with screening difficulties for addictive behavior were independently related to doctor's age >40 (OR = 6.51; p = 0.005), exercise in private clinic (OR= 6.46; p=0.004). Thirty-three percent of GPs were more involved in addiction monitoring. The use of assessment scales was noted in 15%. Young physician age (OR=5.20; p=0.002) and the absence postgraduate diploma in addictology (OR=9.66; p=0.01) were significantly associated addiction management avoidance.

**Conclusions:** This study aimed to assess of the attitude of GP in Monastir city regarding the addictive behaviors of their patients. The diagnosis and the management of addiction is not standardized for these health practitioners and this will not contribute to the battle against this social entity.

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