basis for the development of a combined system of psycho-physical rehabilitation. The psychotherapy based on CBT according to A. Beck, modified for children's in concordance with specialized program "Vertebra-Dinamik" to correct defects of the musculo-skeletal system. The basis of the corrective "Vertebra-Dinamik" technique includes a comprehensive approach to the use of isometric and statodynamic exercises of moderate intensity with elements of relaxation. Approbation of the developed system showed its high (80%) and moderate(20%) efficiency.

Conclusions: To successfully overcome cyber addiction and its negative consequences, the most optimal system is the complex application of psychotherapeutic and physical rehabilitation methods.

Disclosure of Interest: None Declared

EPP0008

Alcohol use disorder and sleep disturbances: Current perspectives

C. Afonso Romano*, S. Neves Martins and J. Amaral

Psychiatry and Mental Health Department, Tâmega e Sousa Hospital Centre, Oporto, Portugal
*Corresponding author.
doi: 10.1192/j.eurpsy.2023.353

Introduction: Alcohol Use Disorder (AUD) is one of the most significant public health problems in Europe, being highly associated with several medical and psychiatric comorbidities. Sleep disturbances are in this interface and may include insomnia, alterations of sleep architecture and circadian rhythm abnormalities, breathing-related sleep disorders, and sleep-related movement disorders. Also, considering the three stages of the addiction cycle (binge/intoxication, withdrawal/negative affect, and preoccupation/anticipation) and since these domains are reflected in key regions of the brain, it is possible to map these nearly ubiquitous sleep disturbances.

Objectives: This review aims to summarize the current literature related to the association between sleep disorders and AUD, with a focus on its clinical aspects and neurobiology.

Methods: Non-systematic research was made recurring to the PubMed database, with the keywords "alcohol use disorder", "sleep", "sleep disorder". The most relevant articles were selected, focusing on articles published in the last decade.

Results: In patients with AUD, the prevalence of insomnia ranges from 36-91%. A possible mechanism underlies in a mismatch involving maintained activity in wake-promoting structures during non-rapid eye movement sleep (NREM) and a blunted homeostatic drive. On the other hand, alcohol consumption also affects the normal sleep-wake cycle, due to a disruption in the underlying circadian rhythms, a mechanism compassed by the suprachiasmatic nucleus and by photic and non-photic cues. Considering this, it seems highly likely that insomnia and circadian abnormalities may coexist in some individuals. Moreover, AUD is implicated in initiation or worsening of breathing-related events in sleep, especially when having a history of snoring or sleep apnoea syndrome and in period limb movement disorder.

Simultaneously, sleep disorders in AUD can be incorporated into the three-stage addiction cycle. In the binge/intoxication stage, excessive alcohol intake leads to a faster sleep onset but poor sleep quality, explained by the effects on GABAergic systems. During the withdrawal/negative affect stage, there is a decrease in slow-wave sleep and limited rapid eye movement (REM) sleep recovery, which can be explained by the alcohol-positive allosteric modulation of $GABA_A$ receptor and other mechanisms. Lastly, during the pre-occupation/anticipation stage, the glutamatergic system dysregulation contributes to persistent sleep disturbances, including insomnia, decrease in slow-wave sleep, and an increase in REM sleep.

Conclusions: The knowledge of sleep disturbances associated with AUD has grown and has suggested a bidirectional process that appears to play an essential role in the addiction process. Further studies investigating this association are warranted.

Disclosure of Interest: None Declared

EPP0009

Outcome Measurement and Evaluation as a Routine practice in alcohol and other drug services in Belgium (OMER-BE)

C. Migchels[1]*, A. Zerrouk[2], F. Matthys[1], W. van den Brink[3], K. Fernandez[4], J. Antoine[4], W. Vanderplasschen[2] and C. L. Crunelle[1]

[1]Department of Psychiatry, Vrije Universiteit Brussel (VUB), Universitair Ziekenhuis Brussel (UZ Brussel), Brussels; [2]Department of Special Needs Education, Ghent University (UGent), Ghent, Belgium; [3]Academic Medical Center, University of Amsterdam, Amsterdam, Netherlands and [4]Department of Epidemiology and Public Health, Sciensano, Brussels, Belgium
*Corresponding author.
doi: 10.1192/j.eurpsy.2023.354

Introduction: There is a variety of specialized outpatient and residential Alcohol and Other Drugs (AOD) services, but research on outcomes of these services is limited. Given the chronic, relapsing nature of AOD problems, there is a need for longitudinal research on outcomes after treatment in various AOD services.
Patient-Reported Outcome Measures (PROMs) and Patient-Reported Experience Measures (PREMs) are hardly used in the AOD field but provide excellent tools and a framework to monitor progress and outcomes in these services based on experiences of service users.

Objectives: The objectives of the OMER-BE study are to:
1. Assess and compare patient characteristics at baseline in various treatment modalities
2. Test and prepare the routine measurement of PROMs and PREMs in AOD services using a self-report tool
3. Assess patient-reported experiences qualitatively in various treatment modalities for AOD patients
The overall goal is to continuously assess and improve AOD services.

Methods: We have set up a naturalistic, longitudinal cohort study for which we will engage and follow up 250 AOD users as they present themselves in selected AOD services in four different treatment modalities (outpatient non-pharmacological treatment, outpatient substitution treatment, residential psychiatric treatment and therapeutic communities for addictions).
Sociodemographic and clinical factors and PROMs will be assessed at baseline. PROMs and PREMs will be assessed at 45-, 90- and 180-days follow-up. The questionnaires that will be used during the

baseline and follow-up assessments are based on the ICHOM Standard Set for Addictions (ICHOM SSA, 2020), a set of brief validated questionnaires to measure and monitor treatment outcomes routinely in AOD services.

Following the 6-month follow-up we will perform a qualitative study in a subset of N=20 participants (5 per treatment modality). These participants will be invited to take part in an in-depth interview with one of the researchers, where the following topics will be discussed: treatment history, recovery experiences, helping and hindering factors in recovery, and experiences with different treatment modalities.

Results: 47 participants have been recruited in the OMER-BE study up until October 2022. 38 (81%) of the participants were born male, 9 (19%) were born female. The average age of participants is 33, with ages ranging from 19 to 47 years old.

Preliminary findings will be presented at the congress.

Further recruitment of study participants up to a total of 250 will be undertaken until the end of 2023.

Conclusions: The OMER-BE study aims to assess and improve AOD services by using a self-report tool, measuring PROMs and PREMs.

Disclosure of Interest: None Declared

Child and Adolescent Psychiatry 01

EPP0010

Development of a school-based digitalised intervention for ADHD using Intervention Mapping

A. Russell

University of Exeter Medical School, University of Exeter, Exeter, United Kingdom
doi: 10.1192/j.eurpsy.2023.355

Introduction: Attention deficit/hyperactivity disorder (ADHD) is a prevalent and impairing neurodevelopmental disorder affecting 2-5% of children. These children are at risk of negative health, social and educational outcomes; ADHD incurs an estimated £670 million annual cost to health, education and social care in the UK. Children with ADHD often experience severe difficulties at school despite drug treatment: effective psychosocial interventions are needed. There is mixed evidence for the effectiveness of existing school-based interventions for ADHD, which are complex and resource-intensive, contradicting the preferences of teachers for short, flexible strategies that suit a range of ADHD-related classroom-based problems.

Objectives: To develop a prototype of a school-based intervention for ADHD.

Methods: Intervention Mapping, a framework for developing theory- and evidence-informed interventions with explicit consideration of implementation context, was used. Logic models were developed of the behaviour change steps required by each agent in the school system to improve outcomes for students with ADHD. A comprehensive evidence synthesis was conducted for interventions that targeted the key outcomes of relevance (inattention, impulsivity, hyperactivity, peer and teacher relationships, self-esteem, executive functions and organisation skills); findings were integrated alongside behaviour change theory and theories of the underlying aetiology of ADHD, in order to develop a logic model for the intervention. Components of the intervention were then developed in line with the logic model using evidence-based behaviour change methods, with input from people with ADHD, school staff and other key stakeholders at every stage of the development process.

Results: The development process resulted in a prototype digital platform that can be utilised to deliver a personalised behavioural intervention for children with ADHD within primary schools. It contains some core components that all teachers and children will complete, and then is individualised based on the key problems each child is currently facing. There are six optional modules, each containing a range of behavioural strategies for teachers to implement with the student or the whole class. The toolkit includes a symptom tracking graph that teachers can use to visualise the progress a child is making, and is developed to align with the current resources and capacity of primary schools in the UK.

Conclusions: The prototype intervention is designed explicitly to fit with existing school structures and demands, and to be low cost in terms of delivery and training. It focusses on adapting the school environment to better suit children with high levels of ADHD symptoms. It is now being feasibility tested, and in this talk I will describe the development process using Intervention Mapping, and the initial feedback from the first testing of implementation of the prototype.

Disclosure of Interest: None Declared

EPP0011

Clinical characteristics and functional improvement of patients admitted to a Child and Adolescent Autism Spectrum Disorders (ASD) Day Therapeutic Unit

A. Alvarez[1]*, N. Santamaria[1], V. Bote[1], B. Sanchez[1], J. A. Monreal[1] and A. Hervas[2]

[1]Hospital Universitario Mutua Terrassa, Terrassa and [2]Hospital Universitario Mutua Terrassa, Terrassa, Spain
*Corresponding author.
doi: 10.1192/j.eurpsy.2023.356

Introduction: The ASD Day Therapeutic Unit of the HUMT is an interdisciplinary reference center specialized in ASD, for the care of children and adolescents with this pathology, that offers care by programs with the aim of achieving functionality altered.

Objectives: The main objective of this study is to know the clinical characteristics of the patients admitted to our center and to offer preliminary data on the functional improvement achieved in a pilot program that works by processes.

Methods: This is a prospective clinical study of patients with ASD, treated at the ASD Day Therapeutic Unit of the HUMT since februay 2022 till nowadays. We compare the clinical improvement and functionality acquired through the evaluation through various scales: Conners scale, SRS, BRIEF and CBCL.

Results: Our sample is made up of 19 patients with ASD who are admitted to the HUMT ASD Day Hospital. 13 belonged to the intensive care program, 5 to recovery of low-functioning functionality, and 1 to the differential diagnosis program. 84.21% (n=16) have preserved cognitive capacity. The median age is 13.1 years. 73.7% of the sample are men.