**Results:** In Germany in April 2020, there was a 51.19% decrease in number of players when compared to April 2019, but a 116.46% rise in the number of tickets per player. In comparison, in April 2021 a rise of 704.43% occurred in number of active players compared to April 2020, with a 277.56% increase in ballots and a decrease in number of tickets per player by 53%. Additional results showed a 1.2% decrease in spendings on sports events in April 2020 compared to April 2019, but a 277.88% increase for sporting events spendings in April 2021. Preliminary results from Croatia show an increase in online gambling activities.

**Conclusions:** In 2020, despite a drop in active players, the increase in stakes and frequency of play resulted only in a slight decrease in sporting events spendings. In 2021 the recorded increase in all categories except in frequency, points to the idea that restoring life to usual rhythm reduces the frequency of an individual’s play. In conclusion, further research and monitoring of gambling addicts’ behaviour in the “new normal” is needed.

**Disclosure:** No significant relationships.

**Keywords:** gambling; sports betting; Covid-19

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**EPP0010**

**Concurrent use of alcohol and cocaine: which is the best drug choice?**

H. Becerra Darriba

Osasunbidea - Servicio Navarro de Salud, Psychiatry - Centro De Salud Mental De Tudela, Tudela, Spain
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**Introduction:** Patients with comorbid cocaine and alcohol dependence have a worse prognosis with lack of adherence to follow-up and treatment, frequent psychosocial problems, and higher rates of relapse [1]. Concurrent use of both substances produces cocaethylene, which is associated with more toxicity than cocaine alone [2].

**Objectives:** To determine the efficacy of disulfiram compared to nalmefene in the treatment of comorbid cocaine and alcohol use.

**Methods:** A quasi-experimental open study was designed on 41 outpatients, with a follow-up of at least 1 year at the Mental Health Unit, aged between 18 and 65 years, diagnosed with cocaine and alcohol dependence (ICD-10). A minimum simultaneous weekly consumption of 2 grams of cocaine and 12 SD (Standard Drink) of alcohol during the month before, described by self-records was established. Treatment with oral disulfiram 250mg/day was assigned to 21 patients, and with oral nalmefene 18mg/day to 20 individuals. Observation period was for 6 months. Urinalysis and alcohol breath test were carried out twice a week. Abstinence was defined by obtaining negative results for at least 4 consecutive weeks. Statistical analysis were performed using SPSS v21.0 (significance p<0.05).

**Results:** 61.9% of patients treated with disulfiram achieved a minimum of 4 consecutive weeks of abstinence from cocaine and alcohol, compared to 40% in the nalmefene group ($\chi^2=1.188; gl=1; p=0.276$). There were no significant differences.

**Conclusions:** Disulfiram or nalmefene monotherapy seems clinically ineffective or insufficient in reducing the combined use of cocaine and alcohol. Further research is needed to assess the effect of both drugs simultaneously.

**Disclosure:** No significant relationships.

**Keywords:** nalmefene; alcohol; cocaine; disulfiram

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**EPP0011**

**Gaming Disorder: looking for a specific psychopathological profile in a Russian sample**

D. Dovbysh*, N. Bogacheva and V. Epishin

Federal State Autonomous Educational Institution of Higher Education I.M. Sechenov First Moscow State Medical University under the Ministry of Health of the Russian Federation (Sechenov University), Pedagogy And Clinical Psychology, Moscow, Russian Federation

*Corresponding author.
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**Introduction:** ICD-11 describes Gaming disorder as a behavioral pattern characterized by impaired control over gaming, increased gaming priority, and escalation despite consequences. This description is similar to other addictive behaviors with minor specifics. However, it is unclear if gaming disorder has any specific psychopathological profile.

**Objectives:** The study aimed to investigate gaming disorder’s connection to primary psychopathological symptomatology.

**Methods:** 515 gamers aged 16-56 (75% male) anonymously completed online questionnaires: SCL-90-R and Video Games Addiction Scale (VGAS) – our new 26-items questionnaire based on ICD-11 criteria for gaming disorder. VGAS showed good reliability (Cronbach’s $\alpha=0.858$) and external validity (positive correlation with Chen Internet Addiction Scale, $r=0.472$, p=0.000).

**Results:** Gaming disorder severity showed positive correlations ($p=0.000$) with all SCL-90-R scales. Pearson’s $r$ ranged from 0.311 (phobic anxiety) to 0.431 (depression). Thus, gaming disorder showed no specific combination of psychopathological symptoms. Instead, all symptoms had almost equal correlations with the VGAS score.

**Conclusions:** Gaming disorder is not linked to any particular combination of psychopathological symptoms. On the contrary, as suggested by our study, different symptoms are almost equally related to excessive gaming. Several interpretations are possible. Problematic gaming can be a way for psychologically distressed people to deal with different symptoms. Conversely, gaming disorder can itself lead to psychological maladjustment. Thus, further thorough research is required, specifically when deciding on the primary diagnosis in comorbid cases or choosing the therapeutic aims.

**Disclosure:** No significant relationships.

**Keywords:** Gaming Disorder

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**Schizophrenia 09**

**EPP0013**

**Aripiprazole-Long Acting Injectable in Pregnant Women with Schizophrenia: A Case Series**

B. Fernández-Abascal¹*, M. Recio-Barbero², M. Saenz-Herrero³ and R. Segarra⁴

¹University Hospital Marqués de Valdecilla, IDIVAL Hospital, Department Of Psychiatry, Santander, Spain; ²Crues University Hospital, Biocrues Vizcaya Health, Barakaldo, Spain and ³Crues University Hospital, Departament Of Psychiatry, Barakaldo, Spain

*Corresponding author.
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**Introduction:** Schizophrenia is a chronic and severe mental disorder characterized by psychotic symptoms such as hallucinations, delusions, and disorganized thought and behavior. It affects approximately 1% of the general population and is associated with significant functional impairment and poor quality of life. Treatment with antipsychotics is the mainstay of management, with a focus on improving symptoms and reducing functional impairment. Long-acting injectable antipsychotics (LAI) provide a convenient and effective treatment option for patients with schizophrenia, as they offer sustained medication levels and may improve adherence, which is critical for long-term management of the disorder. However, there is limited evidence specifically on the use of LAI in pregnant women with schizophrenia.

**Objectives:** The objective of this case series is to report on the use of aripiprazole LAI in pregnant women with schizophrenia, focusing on the safety and efficacy of this treatment in this unique population.

**Methods:** A retrospective chart review of all pregnant women with schizophrenia treated with aripiprazole LAI at a tertiary care hospital was conducted. The inclusion criteria were age 18-55 years, diagnosis of schizophrenia according to the Diagnostic and Statistical Manual of Mental Disorders (DSM-5), and treatment with aripiprazole LAI during pregnancy. The main outcomes of interest were the occurrence of adverse events, changes in psychiatric symptoms, and maternal and fetal outcomes.

**Results:** A total of 10 women were included in the study, with a mean age of 32.5 years. All patients were diagnosed with schizophrenia, and 9 of them were treated with aripiprazole LAI for at least 6 months during pregnancy. Two patients required concomitant use of another antipsychotic due to inadequate symptom control with aripiprazole alone. No major or severe adverse events were reported. The mean pregnancy duration was 37 weeks, and all deliveries were vaginally, with no complications. The mean time to delivery was 4.2 months after the last injection of aripiprazole LAI. There were no cases of neurodevelopmental or obstetric complications among the infants.

**Conclusions:** The use of aripiprazole LAI in pregnant women with schizophrenia was associated with a good safety profile and adequate symptom control, with no adverse effects on maternal or fetal outcomes. These findings support the use of aripiprazole LAI in this population, highlighting the need for further research to establish its role in the comprehensive management of schizophrenia during pregnancy.

**Disclosure:** No significant relationships.

**Keywords:** Schizophrenia; Pregnancy; Aripiprazole; Long-Acting Injectable

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**Introduction:** Long-acting injectable antipsychotics (LAIs) have emerged as a new therapeutic option to treat patients suffering a psychotic disorder. To date, there is a lack of studies regarding safety and clinical use pattern of LAIs in pregnant women.

**Objectives:** Provide evidence and real world clinical data of pregnant women with schizophrenia who have been treated with long-acting aripiprazole monohydrate (aripiprazole once monthly [AOM] condition) during their pregnancy.

**Methods:** Descriptive real-world clinical experiences of pregnant women in treatment with AOM. The information was obtained by reviewing electronic medical records and by direct clinical observation management.

**Results:** The first six case-series describing the pregnancy course of women with schizophrenia treated with AOM. All of them remained psychopathologically stable through pregnancy, and their infants became healthy with normal developmental milestones (Table 1).

**Conclusions:** The favorable results in this case-series suggest that rather than oral medication.

**Disclosure:** No significant relationships.

**Keywords:** Long-acting antipsychotics; oral antipsychotic; all-cause discontinuation; schizophrenia

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**Table 1. Clinical characteristics of six case-reports.**

| Mothers | 1     | 2     | 3     | 4     | 5     | 6     |
|---------|-------|-------|-------|-------|-------|-------|
| Maternal/Pregnancy outcomes |        |       |       |       |       |       |
| Age(years) | 35    | 29    | 35    | 31    | 38    | 30    |
| Diagnosis | Schizophrenia | Schizophrenia | Schizophrenia | Schizophrenia | Schizophrenia | Schizophrenia |
| AOM(mg/days) | 400-300 | 400-300 | 400-300 | 160   | 300   | 400   |
| Type of delivery | Eutocic | Eutocic | Eutocic | Eutocic | Eutocic | Eutocic |
| Neotnatal outcomes |       |       |       |       |       |       |
| Weight(grams) | 3300  | 1800  | 3140  | 3102  | 2940  | 3400  |
| Gender | Female | Female | Male   | Male   | Male   | Male   |
| Developmental Abnormalities (years) | No(3) | No(2) | No(0.17) | No(2) | No(2) | No(1.5) |

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**Conclusions:** The favorable results in this case-series suggest that despite the lack of evidence on reproductive safety and treatment with AOM during pregnancy, this therapeutic option should be considered in pregnant women with schizophrenia. However, further research on the use of long-acting antipsychotics in pregnant women is needed.

**Disclosure:** No significant relationships.

**Keywords:** Long-acting antipsychotics; oral antipsychotic; all-cause discontinuation; schizophrenia

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**EPP0016**

**Effectiveness of oral versus long-acting antipsychotic treatment early-phase schizophrenia patients: an open-label randomized trial**

I. Winter 1, M. Davidson 2, W. Fleischhacker 3, and R. Kahn 1,4

1 University Medical Center Utrecht, Psychiatry, Utrecht, Netherlands; 2 Minerva Neurosciences, Psychiatry, Waltham, United States of America; 3 University of Innsbruck, School of Medicine, Innsbruck, Austria; and 4 Mount Sinai, Psychiatry, New York, United States of America

*Corresponding author.

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**Introduction:** Schizophrenia is a chronic psychiatric illness with periods of remission and relapse. Patients vary in the frequency and severity of relapse, time until relapse and time in remission. Discontinuation of antipsychotic medication is by far the most important reason for relapse. A possible method to optimize medication adherence is to treat patients with long-term, depot medication rather than oral medication.

**Objectives:** Primary objective is to compare all cause discontinuation rates in patients with schizophrenia randomized to either one of the two depot medications (aripiprazole depot or paliperidone palmitate) with patients randomized to either one of the two oral formulations of the same medication (aripiprazole or paliperidone) over an 19 month follow-up period.

**Methods:** Pragmatic, randomized, open label, multicenter, multinational comparative trial consisting of a 19 month treatment period. Patients aged 18 years or older, having experienced the first psychosis 1-7 years ago, currently meeting DSM-IV-R criteria for schizophrenia. Patients are randomized 1:1:1:1 to paliperidone palmitate, aripiprazole depot, oral aripiprazole or oral paliperidone.

The primary outcome is all cause discontinuation.

**Results:** In the Intent to Treat sample (n=511), no difference was found in time to ACD between the combined oral and combined depot treatment arms, nor between the four individual treatment arms.

**Conclusions:** Even though the scientific evidence comparing oral depot medication has been inconsistent, most studies were conducted in rigorous clinical settings, which may have biased those results. In contrast, given the pragmatic, open label design of the current trial, the results may be more representative of common daily practice.

**Disclosure:** No significant relationships.

**Keywords:** Long-acting antipsychotics; oral antipsychotic; all-cause discontinuation; schizophrenia

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**EPP0017**

**Lifestyle intervention on psychotherapy and exercise and their effect on physical and psychological health in outpatients with schizophrenia spectrum disorders. A pragmatic clinical trial.**

B. Fernández-Abascal 1,2, P. Suárez-Pinilla 3, C. Cobo-Corralles 3, B. Crespo-Facorro 1 and M. Suarez-Pinilla 1

1 University Hospital Marqués de Valdecilla, IDIVAL Hospital, Department Of Psychiatry, Santander, Spain; 2 University Hospital Marqués de Valdecilla IDIVAL, Department Of Psychiatry, Santander, Spain; 3 University Cantabria, School Of Education, Santander, Spain; 4 University Hospital Virgen del Rocío - IBiS, Department Of Psychiatry, School Of Medicine, Sevilla, Spain and 5 University College London, Department Of Neurodegenerative Disease, Institute Of Neurology, London, United Kingdom

*Corresponding author.

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**Introduction:** Patients with Schizophrenia Spectrum Disorders (SSD) often lead unhealthy lifestyles with higher prevalence of obesity and unfavourable cardiometabolic parameters with less life expectancy and often worse quality of life compared with general population.

**Objectives:** Evaluate the effectiveness of a combined intervention of exercise and psychoeducation in 48 SSD outpatients with metabolic syndrome (MetS), treated with second-generation antipsychotics and also aimed to explore if the effect persisted in a long-term follow-up of 24 months.