

The Opiate substitute treatment dose needs to be adjusted in the presence of poor kidney functions to reduce morbidity and mortality. Early screening is required for all patients on long-term OST and other medications for comorbid illnesses.

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## The Role of Cognitive Behavioural Therapy, Family Therapy and Psychopharmacological Interventions in Internet Gaming Disorder: A Systematic Review

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**Aims.** Internet gaming disorder (IGD) is a recognised mental health condition characterised by impulsive gaming, where gaming takes precedence over all other activities and negatively impacts the life of a person. IGD has an estimated prevalence of 2–5% of all mental health disorders. Limited research exists on the treatment effects of various therapeutic interventions for gaming disorder, highlighting the need for comprehensive investigations of evidence-based approaches and to improve intervention strategies.

This systematic review aims to identify most of the intervention studies on internet gaming disorder using a control group, to determine the effect of the interventions and to examine moderators for these interventions.

**Methods.** We reviewed available treatment interventions for children and adolescents. A search on Pubmed central, PsycINFO, Embase, MEDLINE, Cochrane, CINAHL and Google Scholar Library was conducted. Various interventions, whether individual or group-based, incorporate Cognitive Behavioural Therapy (CBT), family therapy and pharmacological treatments for gaming disorder and these were selected for this review among all the other interventions examined. Some exclusively use CBT, while others combine it with different treatments. This includes both online and in-person CBT, encompassing behavioural including limited exposure and cognitive elements.

The comprehensive search resulted in 113 studies from 2018–2023 and we ended up with 25 studies by excluding studies according to the exclusion criteria.

**Results.** This systematic review identified a total of 113 studies, of which 25 studies were finally selected and were included. It examined interventions for internet gaming disorder (IGD). Cognitive Behavioural Therapy (CBT), Family Therapy, and Psychopharmacological treatments were assessed across diverse studies.

Findings indicate significant improvements post-intervention, with CBT and family therapy showing promising results in reducing IGD symptoms. Pharmacotherapy combined with psychotherapy emerged as the most effective treatment option. The study underscores the need for multifaceted approaches in addressing IGD, contributing valuable insights for future treatment strategies.

**Conclusion.** The review highlights promising outcomes for Internet Gaming Disorder interventions, with Cognitive

Behavioural Therapy and Family Therapy demonstrating effectiveness. Combining pharmacotherapy with psychotherapy is most beneficial, emphasising the importance of comprehensive treatments needed for IGDs.

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## Changes in Early Childhood Irritability and Risk-Taking on the Cambridge Gambling Task (CGT) at 11 Years

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**Aims.** Irritability is common and easily identified in childhood. It is transdiagnostic and a common reason for referral to mental health services. Irritability which does not decrease during early childhood is associated with adolescent depression. We hypothesised that irritability would be associated with increased risk-taking overall but reduced risk-taking in response to loss.

**Methods.** We used data from the Millennium Cohort Study, a population-based cohort of 18,552 children born in 2000–02. We examined whether irritability at 3, 5 and 7 years is associated with risk-taking on the CGT using multilevel mixed effect generalised linear models (MEGLMs). We also calculated the change in irritability between 3–7 years for each participant using multilevel mixed models. We then examined the association between this change measure and risk-taking on the CGT using MEGLMs. Analyses were adjusted for a broad range of confounders.

**Results.** We found that children whose irritability did not decrease as would be expected from 3 to 7 years were more likely to stake a higher number of points per trial on the CGT at 11 years. This increase was most evident when the previous trial had been won. Irritability at 7 years was associated with staking a higher number of points per trial on the CGT (coefficient 0.52, 95%CI –0.04–1.08,  $p = 0.067$ ) in fully adjusted model, whereas irritability at 3 and 5 years were not (3 years – coefficient 0.02, 95%CI –0.62–0.65,  $p = 0.961$ ; 5 years – coefficient 0.14, 95%CI –0.45–0.73,  $p = 0.641$ ). There was evidence of an interaction between irritability at seven years and whether the previous trial was won ( $p = 0.014$ ). Childhood irritability which did not decrease between 3–7 years was associated with staking a higher number of points per trial on the CGT (coefficient 1.36, 95%CI 0.44–2.28,  $p = 0.004$ ); there was evidence of an interaction between change in irritability and whether the previous trial was won ( $p = 0.056$ ).

**Conclusion.** This is the first longitudinal population-based study examining the relationship between changes in irritability during early childhood and risk-taking behaviour measured by the CGT. Our findings illustrate that irritability in children is characterised by an increase in risk-taking at age 11 years, reflecting differences in how children behave in relation to rewards and losses based on prior irritability. Further understanding of how the processes such as risk-taking which link childhood phenotypes such as irritability, relate to future mental health, may enable the development of new interventions focussing on reactions to rewards and losses.

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