

factors. The prevailing etiologic theories of FND are psychosocial and still strongly dominated by the Freudian concept of conversion – a psychological symptom is converted into a somatic symptom as a way of dealing with the distress of the symptom. However, physiologic studies with fMRI are necessary to understand the neurological mechanisms involved in FND symptoms. Convergent neuroimaging findings have implicated abnormal limbic-motor interactions in response to emotional stimuli in FND patients, demonstrated a possible role of the limbic system (LS) in FND neurophysiology.

**Objectives:** Understand the role of LS in the neurophysiologic mechanisms involve in FND.

**Methods:** Systematic review of the literature published in PubMed, using the terms “**Functional Neurological Disorders**”, “**Limbic System**”, “**Emotions**”.

**Results:** Physiologic studies of functional weakness and sensory loss reveal normal functioning of primary motor and sensory cortex, but abnormalities of premotor cortex and association cortices. This suggests a top-down influence creating the dysfunction during the action control. Indeed, fMRI studies with FND motor patients show a hypoactivation of cortical and subcortical motor pathways, and a hyperactivity in limbic areas related with an abnormal limbic regulation with increased amygdala activity. In fact, studies have found a dysfunction in the medial prefrontal areas in FND patients suggesting that they might have an abnormal affective representation (AR) of self-relevant information encoded in this region, which can later induce specific behavioral patterns of thought interaction with sensorimotor circuits. The abnormal AR could be influenced by a dysfunction in LS regulation. Indeed, emotions are one of the major factors influencing movement choice. Moreover, limbic structures, such as the amygdala, can be influenced by genetic factors and/or early life stress. Thus, abnormal functioning of LS could lead to functional disorders by deranged top-down control.

**Conclusions:** In conclusion, FND patients may have an abnormal AR and/or emotion regulation mechanisms possibly due to prior experience or partly genetically determined which interact with lower-order functions leading to the production of the functional symptoms, where LS have an important role. However, much further empiric research is needed to better understand this fascinating and debilitating condition, as well as to derive new perspectives for more efficient therapeutic interventions in these patients.

**Disclosure of Interest:** None Declared

## Addictive Disorders

### EPP0624

#### Relationship between the practice of chemsex and taking PrEP

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**Introduction:** Chemsex refers to the use of drugs, typically stimulants and/or psychoactive substances, in a sexual context, often in

the context of casual or group sex encounters. Currently, the practice of chemsex focuses on men who have sex with men (MSM). On the other hand, Pre-exposure prophylaxis (PrEP) is a biomedical method that has proven effective in preventing HIV transmission, particularly among individuals at a heightened risk, including those who engage in chemsex. MSM account for two thirds of new HIV cases in the US. It is estimated that in 70% of cases seroconversion occurs through “condomless anal sex” (CAS). According to the CDC, one in six MSM will be infected with HIV during their lifetime. The consumption of methamphetamine (MA) has been identified as the main driver of the practice of CAS, alteration of rectal immunological function and faster seroconversion. One in three new HIV infections have been associated with MA consumption. (Groves *et al.* JAIDS 2020; 85 272-279).

**Objectives:** The primary goal of this study is to describe the prevalence of chemsex engagement among PrEP users, delineate user characteristics and requirements, gain deeper insights into this phenomenon within the Barcelona region, and formulate customized strategies accordingly.

**Methods:** This study conducts a literature review to explore the current correlation between engaging in chemsex and the utilization of PrEP. We identified research articles published between January 2020 and December 2022, that discussed the utilization of chemsex drugs prior to or during sexual activities. The findings were synthesised using a narrative approach and conceptualised using a behavioural analysis framework.

**Results:** According to a recent cross-sectional study performed at Hospital Clínic de Barcelona, SUD among patients who are being followed-up in the outpatient clinic of PrEP was higher (89%) compared with other European regions such as England (38.5%) or Amsterdam (41%). Moreover, according to data collected in the EMIS 2017 survey, Barcelona is the city with the highest prevalence of chemsex in Spain. (De La Mora L *et al.* AIDS Beh. 2022; 26: 4055-4062).

**Conclusions:** The frequency of chemsex practice among individuals using PrEP in Barcelona surpasses what has been observed in other groups. Nearly 25% of the participants express worries and a requirement for assistance regarding the management of drug use, matters associated with their sexuality, and sexually transmitted infections (STIs). MSM who suffers from substance use disorder may experience difficulty achieving effective daily oral PrEP adherence prevention levels that may serve as early indicators of increased risk of disengagement from PrEP care and discontinuation of the PrEP. These results highlight the importance of adopting an interdisciplinary approach that incorporates education about substances and the implementation of risk mitigation strategies within the context of riskier sexual behaviors.

**Disclosure of Interest:** None Declared

### EPP0625

#### Reasons for Individuals not Enrolling for Yoga trial in Addiction

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**Introduction:** Yoga has been demonstrated to have a range of beneficial effects on individuals with substance use disorders, including opioid use disorders. We initiated a randomized clinical trial to find out the efficacy of add-on yoga among patients with opioid dependence stabilized on treatment to find out whether it led to improvement in sleep and quality of life. However, the rate of enrolment into the study was quite low.

**Objectives:** In this interim analysis, we present the preliminary data on the reasons for non-enrolment in the yoga trial.

**Methods:** The single-centre trial involved 1:1 randomization of patients with opioid dependence stabilized on medications (naltrexone or buprenorphine) for a period of at least 4 weeks into two groups (add-on yoga or wait-list control). The yoga included *asanas* and *panchakosha* meditation, taught for a period of 7 days and to be practiced by the participants for a period of 12 weeks. We recorded the reasons for non-participation among those who did not participate and asked them questions about their views on yoga.

**Results:** Of the 310 patients recruited between August 2022 and July 2023 (99.7% male, mean age 34 years, 56.5% married), 255 (82.3%) could not be enrolled in the trial. The most common reasons for non-enrolment were not having time for training (n = 206, 80.8%), not having time for doing yoga (n = 180, 70.6%), not having a smartphone for continued training or contact (n = 31, 12.2%), distance from the center (n = 17, 5.5%) do not feel the need for yoga (n = 16, 5.2%), injury or disability (n = 9, 3.5%), old age or medical condition (n = 7, 2.7%), already doing gym exercises (n = 7, 2.7%), nature of job (n = 5, 2.0%), do not have knowledge of yoga (n = 5, 2.0%), and do not think yoga would be useful (n = 4, 1.6%). Among those who could not be enrolled, 35.1% reported doing yoga sometime in the past, and 21.6% reported that at least one of the family members did yoga. When asked whether they would be interested if yoga was available online, 16 (5.2%) responded 'yes' and 45 (14.5%) responded 'maybe'.

**Conclusions:** Expressed time constraints may be an important factor deterring patients with opioid dependence from engaging in yoga as an add-on yoga. There are other reasons as well that may deter patients from such an intervention. The findings should be seen in the light of the limitation of a single medically oriented center, and patients already stabilized on treatment.

**Disclosure of Interest:** None Declared

## EPP0626

### Anxiety disorders and intravenous drug use in chemsex context

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**Introduction:** Several studies have called attention to the mental health disorders associated with chemsex -the intentional use of drugs before or during sexual intercourse GBMSM (gay, bisexual and men who have sex with men) population-. Sexualized intravenous drug use is also known as slam or slamsex. There are few

studies that analyze the mental health differences between intravenous drug users compared to non-intravenous drug users in chemsex context.

**Objectives:** We aim to describe the mental health outcomes including current and past anxiety disorders diagnosis in a sample of users with sexualized drug use (chemsex) attended by the non-governmental organization Apoyo Positivo in the program "Sex, Drugs and You" and to compare the differences of current and previous diagnosis of anxiety disorders between intravenous drug users compared to non-intravenous drug users.

**Methods:** A cross-sectional descriptive analysis of a sample of users attended by the non-governmental organization Apoyo Positivo in the program "Sex, Drugs and You" between 2016-2019 was performed.

**Results:** We included 217 participants. Current or past diagnosis of anxiety disorders was found in 142 participants. Anxiety disorders were significantly higher in the intravenous drug use group compared to the non-intravenous drug use group (p<0.05).

**Conclusions:** Previous studies have reported that MSM who practiced chemsex were more likely to experience from anxiety. In our study, anxiety disorders were higher in participants who engaged in intravenous drug use. A multidisciplinary team is necessary to address chemsex and provide care and treatment for mental health problems such as anxiety, depression, suicidal behaviour or drug-induced psychosis.

**Disclosure of Interest:** None Declared

## Anxiety Disorders and Somatoform Disorders

### EPP0627

#### Evaluation of anxiety and depression in patients with knee osteoarthritis

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**Introduction:** Knee osteoarthritis is one of the most common causes of functional impairment, significantly impacting patients' quality of life and leading to severe mood disorders. Our objective is to assess the prevalence of depression and anxiety in knee osteoarthritis patients.

**Objectives:** Evaluate the prevalence of depression and anxiety in patients with knee osteoarthritis.

**Methods:** This was a cross-sectional study conducted over a three-month period from February to April 2022, including consecutive patients who consulted in a Rheumatology department. We assessed each patient using a validated version of the HAD (Hospital Anxiety and Depression) scale, which includes 14 items, each rated from 0 to 3, measuring two components: depression and anxiety.

**Results:** We enrolled 82 patients (67 women and 15 men) with an average age of 60.4 years [44-89 years]. The average disease duration was 10 years [2-30]. Knee osteoarthritis was bilateral in 79% of cases. Knee deformities were observed in 74.4% of cases (40.2% had