Objectives: To review the evidence supporting new targets for the psychopharmacological management of patients diagnosed with SUDs.
Methods: A literature review was conducted in three electronic databases (PubMed, Cochrane, and Clarivate/Web of Science) and the US National Library of Medicine database for clinical trials (www.clinicaltrials.gov) to find clinical and preclinical sources published between January 2000 and September 2024. The keywords used were „substance use disorders", „drug dependence", „drug addiction", „new treatments", „drugs in pipeline", and „pharmacological treatment". There was no restriction regarding the age of participants, and only sources published in English were selected.
Results: Based on 12 sources identified for detailed analysis, the main directions of research in the field of new treatments for SUDs are modulators of glutamatergic and GABA-ergic systems, neurokinin-1 receptors, alpha-2 adrenergic agonists, G-protein signaling-biased μ-opioid receptor agonists, serotonin modulators, cannabinoid agonists or partial agonists, N-acetylcysteine, and monoclonal antibodies. These agents are explored for cocaine, opioids, nicotine, psychostimulants, and cannabis use disorder. Examples of investigational products from these emergent classes are SR-170189 (a biased mu-opioid receptor agonist without evidence of tolerance in preclinical studies), dexmedetomidine (BXCL501, an alpha-2 preferring agonist explored for opioid withdrawal), guanfacine (another alpha-2 agonist explored in cannabis use disorder-CUD), lorcaserin (a selective 5HT2C receptor agonist also explored for CUD), oxytocin (explored for alcohol use disorder- AUD and as add-on to methadone for comorbid opioid and cocaine use disorder), N-acetylcysteine (investigated for AUD and nicotine use disorder), NT-814 (neurokinin-1 and -3 receptor antagonist, investigated for opioid use disorder), memantine (a noncompetitive N-methyl-D-aspartate antagonist explored in patients with AUD), baclofen (a GABA-B receptor agonist explored for AUD, opioid withdrawal, and psychostimulants use disorder) and various biological therapies for NUD and cocaine use disorder.
Conclusions: There are hopes related to an extensive number of investigational products that undergo different stages of clinical research for a large variety of SUDs, targeting multiple neurotransmitters and hormonal pathways, and even biological therapies that could block the action of the drugs of abuse before reaching their targets.

Disclosure of Interest: None Declared

EPV0127

Gender Sensitive Depression in Male Patients with Alcohol and Substance Addiction: A Pilot Study

I. G. Yilmaz-Karaman[1]*, T. Gündüz[1], B. Bağcı[2], E. Doğaneroğlu[3] and G. Güleç[1]

[1]Psychiatry, Eskişehir Osmangazi University, Eskişehir; [2]Psychiatry, İzmir Atatürk Training and Research Hospital and [3]Psychiatry, İzmir Katip Çelebi University Atatürk Training and Research Hospital, İzmir, Türkiye
*Corresponding author.
doi: 10.1192/j.eurpsy.2025.1004

Introduction: Women are diagnosed with depression twice as often as men. Although depression is more common in women, men have higher suicide rates. Instead of seeking help, men tend to use various coping mechanisms that can be considered dysfunctional. These behaviors include risk-taking behaviors, aggressive behaviors, and alcohol and substance use. In addition, men's failure to seek mental health services may be related to their beliefs about gender and masculinity. That symptom cluster is called a male depressive syndrome and can be seen in both sexes.
Objectives: The present study aimed to measure depression with a widely used scale and a gender-sensitive scale among men with addiction disorders. Additionally, the study aimed to evaluate relations between addiction severity, depression and masculinity.
Methods: Fifty-one male patients with alcohol and substance addiction participated in the present study. BAPİRT-alcohol and BAPİRT-drug questionnaires, Beck Depression Scale, Gender Sensitive Depression Scale, and Precarious Manhood Beliefs.
Results: The mean age of the patients was 40.56 ± 12.35, and most were single (64.7%). Regarding the cut-off scores of BAPİRT scales, 45.9% of patients screened as high risk for substance addiction, and 86.27% screened as high risk for alcohol addiction. Depression scores were evaluated using the cut-off values. Both the Beck Depression Scale and the Gender Sensitive Depression Scale determined a depression prevalence of 60.8%, with diverse participants. Table 1 shows the intersection of the depression screening with the two scales.

Depression scores		Beck Depression Scale (>16)	
		Positive	Negative
Gender Sensitive Depression Scale (>49.5)	Positive	22 (43.1%)	9 (17.6%)
	Negative	9 (17.6%)	11 (21.6%)

Conclusions: Male patients with addiction showed a high prevalence of depression (%60.8). Gender-sensitive depression was related to substance addiction severity.
Male patients with addiction may experience depression with a specific symptom cluster, which includes irritability.

Disclosure of Interest: None Declared

EPV0130

Smoking and alcohol use and healthcare professionals' quality of life

M. Kourakos[1], Z. Konstanti[1], A. L. Batiridou[1], C. Tsironis[1], K. Dimou[1]*, T. Mpakara-Nikou[1] and T. Kafkia[2]

[1]Department of Nursing, School of Health Sciences, University of Ioannina, Research Laboratory Psychology of Patients, Families & Health Professionals, Ioannina and [2]Department of Nursing, School of Health Sciences, International Hellenic University, Thessaloniki, Greece
*Corresponding author.
doi: 10.1192/j.eurpsy.2025.1005

Introduction: Tobacco and alcohol use are two of the main risk factors for most of the non-communicable diseases and causes of death worldwide. Healthcare professionals can play an important role in helping patients to quit smoking and alcohol consumption, but this role is undermined if they themselves have the same addictions.