

## EPP0231

**Volition and Perception: Why patients choose to continue or discontinue ADHD medication**

K. B. Johannessen<sup>1\*</sup>, P. Ishøy<sup>1</sup>, T. Houmann<sup>1</sup>, E. Levin<sup>2</sup> and P. H. Thomsen<sup>3</sup>

<sup>1</sup>Psychiatric Center Glostrup, Brøndby; <sup>2</sup>Psychiatric Center Hillerød, Hillerød and <sup>3</sup>Aarhus University, Aarhus, Denmark

\*Corresponding author.

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**Introduction:** The present study examines self-reported factors related to discontinuation of ADHD medication in Danish adults. Based on insights from six patient interviews, a questionnaire was developed with themes such as perception of ADHD, perceived beneficial- and adverse effects of the medication, to examine patients' reasons for continuation or discontinuation of the prescribed medication.

**Objectives:** ADHD medication has proven effective for treating ADHD in adults. Large registry-based studies have generally shown high discontinuation rates over time and focused on different risk factors, such as comorbidity, gender and socioeconomic status. However, in the present study we explore patient reported reasons for continuation or discontinuation of ADHD medication as well as what drives their choice of living with or without medication despite ADHD.

**Methods:** The present research is a questionnaire study consisting of 1,050 Danish adults who redeemed a prescription of ADHD medication for the first time between 2017-2019. Questionnaires were sent out by Statistics Denmark to 4,748 adults, a representative sample from the 17,334 Danish adults who redeemed a prescription within that period. A gap of 12 months between redemptions was defined as discontinuation and questionnaires were sent out to an equal number of patients who continued or discontinued the ADHD-medication. Chi<sup>2</sup>-tests were performed to examine the differences between adults who continued vs. discontinued ADHD-medication in relation to different main themes.

**Results:** The patients who continued medical treatment more strongly perceived ADHD as a biological illness whereas patients who discontinued, more strongly perceived ADHD as an illness constructed by society. Furthermore, patients who continued medical treatment reported that the medication has a more positive influence on their lives whereas patients who discontinued the medication reported that the treatment involved more negative feelings and decreased the positive sides of themselves. Finally, patients who continued the prescribed ADHD-drugs reported more strongly that they continued the treatment for themselves, to be able to work and be social than the patients who discontinued the medical treatment.

**Conclusions:** The present findings suggest that the perception of ADHD as being either a biological or social construct is central to why patients choose to continue or discontinue ADHD-medication. Moreover, patients who continued the medical treatment generally reported more positive effects of the ADHD-drugs whereas patients who discontinued the medical treatment reported different negative effects of the medication. From a clinical perspective, these findings show the importance of understanding the individual patient's perception of ADHD. These perspectives should be addressed in the clinic alongside with awareness of how ADHD-drugs may have a positive and negative effect on the individual patient.

**Disclosure of Interest:** None Declared

## EPP0232

**Improving mental wellbeing among families and friends of people with alcohol and drug use issues in Darwin, Australia**

N. Tari-Keresztes<sup>1\*</sup>, N. Armstrong<sup>2</sup>, H. Gupta<sup>1</sup>, J. A. Smith<sup>1</sup>, S.-A. Endemann<sup>2</sup> and S. Goding<sup>2</sup>

<sup>1</sup>Rural and Remote Health, Flinders University and <sup>2</sup>Northern Territory Lived Experience Network, Darwin, Australia

\*Corresponding author.

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**Introduction:** Families and friends of individuals with alcohol and other drug use (AOD) issues are highly stigmatised and vulnerable, which often leads to social isolation, decreased quality of life, psychosocial vulnerability, heightened distress, less access to social support, and development of maladaptive coping strategies and own mental health challenges and/or AOD use issues. While peer support for families is commonplace in Australia, in Darwin, psychosocial support activities delivered by peers are very sparse.

**Objectives:** The NT Lived Experience Network (NTLEN), in allyship with a team of researchers from Flinders University, has secured multiple fundings aimed to develop, implement, and evaluate a peer education and recovery program called Circles of Support (CoS) for families and friends of persons with AOD use issues.

**Methods:** The suitable evaluation approach was co-designed with live experience representatives from NTLEN and other local key stakeholders. It applied a mixed-method approach, including pre and post-program surveys (n=26) and individual interviews with program participants and the program delivery team (n=11). We also used a co-design approach to develop survey instruments to ensure they were strengths-based and recovery-oriented.

**Results:** While most participants showed sound stress management skills and understanding of stressors at the program start, about 30% did not think they could handle distress if it got worse and did not have the tools to live the life they wanted. Also, about 25% did not know when to ask for help. Many participants (40%) expressed that they were not hopeful about possible changes in their own family context, such as fewer experiences of stress. By the end of the program, participants reported lower stress levels and higher total empowerment scores. The qualitative interviews highlighted the complexities and challenges participant faced in their journeys. Among them, stigma was considered the most critical, especially among participants from culturally and linguistically diverse backgrounds. In some cases, perceived stigma prevented participants from joining the program. The program was well-received and successful in empowering families and friends and improving their own mental wellbeing. Their key learning and experiences included identifying the stage of their situation, learning to cope with challenges, reducing stress, developing hope, experiencing growth, creating a better and more supportive relationship with their loved ones, and implementing self-care on a regular basis.

**Conclusions:** Our findings emphasise the critical role of peer support for families and friends in improving their mental health and wellbeing. They also draw attention to improving help-seeking behaviours, which may be influenced by stigma, shame and prioritising the person's needs.

**Disclosure of Interest:** None Declared