

Introduction: ADHD is a neurodevelopmental disorder characterised by: inattention, hyperactivity and impulsivity. Diagnosis of ADHD in adults is complex, owing to the need for retrospective evidence that symptoms began in childhood as well as the high rates of comorbid mental health conditions. There are no public specialized clinics for adults with ADHD in Ireland. In their absence, referrals are sent to general adult psychiatry.

Objectives: An audit of standards of care received by patients with ADHD against those set by the NICE guidelines.

Methods: Care received pre and 8 weeks post MDT (multi-disciplinary team) educational session. Inclusion criteria: existing adult community mental health team (CMHT) patients with a diagnosis of ADHD. Recommendations as per NICE guideline used for assessment: Specialist MDT team input, OT/ Psychology input, MDT review of reports, Specialist consultant with training in diagnosis and treatment, Diagnosis based on structured assessment e.g. DIVA, Detailed psychiatric assessment, Physical health monitoring before commencing treatment (e.g. ECG), Ongoing physical health monitoring (BP, HR, weight), Patient regularly attending follow up

Results: There were 7 patients with diagnosed ADHD attending the CMHT, 4 male, 3 female aged 19-42yo. 4 patients were diagnosed privately (average age at diagnosis 31yrs). 2 were diagnosed by CAMHS. And 1 was diagnosed by primary care psychology (age 27). 8 weeks following MDT meeting; 2 patients had been commenced on ADHD medication. Those on the wait list for OT/ psychology remained on the wait list.

Conclusions: ADHD is a specialised area which requires a specialist MDT led by a consultant with expertise in diagnosis and treatment. As evidenced by this audit, despite the best efforts of adult psychiatric services, teams are not sufficiently resourced to meet the needs of adults with ADHD and fall short of the expected standards of care.

Disclosure of Interest: None Declared

EPV0251

'Comorbidity, Co-Pathology and Confusion': The Critical Importance of the ADHD - Anxiety Disorders Relationship

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Introduction: Given the widespread prevalence of ADHD and Anxiety Disorders, and their obvious impact on mood, cognitions, individual productivity, interpersonal relationships and self-esteem, accurate diagnosis and treatment of these disorders should rightly be considered paramount. ADHD shares several co-morbidities (including and especially the anxiety disorders). With the decades-long rise in the number of stimulant prescriptions, the increasing number of self-report measures, and 'confusing' DSM-5 criteria, concerns remain as to how accurately ADHD and/or

anxiety disorders are actually being diagnosed and treated, especially when comorbid with one another.

This presentation seeks to highlight the downstream consequences of overdiagnosis, underdiagnosis and missed diagnoses when it comes to both Anxiety disorders and ADHD. Its overarching aim is to offer clinicians a 'roadmap' through the ADHD and Anxiety Disorders diagnostic and treatment 'maze'. A pragmatic, guided evaluation of symptoms and functionality is outlined, striving for improved clinical understanding of how ADHD and Anxiety Disorders (when co-morbid) actually affect each other and whether they are, in fact, related disorders.

Objectives: Participants will be expected to have a more solid understanding of:

The extent and ramifications of underdiagnosis, missed diagnoses and overdiagnosis with respect to Anxiety Disorders and ADHD, as result of current DSM-5 diagnostic criteria, common clinical pitfalls and assumptions, as well as clinician biases.

How ADHD and Anxiety disorders can affect the presentation and prognosis of the corresponding comorbid disorder.

How clinicians should approach these two disorders (whether comorbid or not) in order to facilitate effective individualized treatment.

The hypotheses and evidence that ADHD and anxiety are different or that they are related subtypes of the same endophenotype.

The circuitry of, and inputs to, the Prefrontal Cortex and how this can be usefully applied in clinical practice.

Methods:

1. Literature Review of electronic research databases to include: PubMed, Google Scholar, and PSYCHINFO
2. Review of statistics of prevalence, incidence of the above two disorders, and number.type of prescriptions for ADHD and anxiety worldwide derived from the above as well as the CDC and NIMH
3. Review of existing North American, European and Australasian treatment guidelines as well as expert consensus recommendations for ADHD, Anxiety Disorders, as well as both disorders when comorbid with one another.

Results: To be provided by the presenters via Powerpoint slides at the open panel discussion

Conclusions: To be provided and discussed at the open panel discussion

Disclosure of Interest: None Declared

EPV0252

Suicidal behaviors in mental illness: A case-control study. Suicidal behaviors in mental illness: A case-control study

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Introduction: The assessment of suicide risk remains a critical concern, especially within the psychiatric community. Mental health professionals continually work to identify and support