despite both groups having a similar frequency of plasma lithium level monitoring, occurring approximately every 5.5 months (SD=2.6) and 7.8 months (SD=4.8), respectively, in 28.5% of those who suffered from lithium intoxication did not undergo any monitoring for periods exceeding 18 months ($p < 0.05$).
Conclusions: Our research highlights the significance of delivering thorough clinical care and continuous monitoring to patients receiving lithium treatment for bipolar disorder. Ensuring effectiveness therapeutic adherence and maintaining strict monitoring of lithium levels are critical factors that significantly enhance treatment safety. Appropriate management has the potential to improve the quality and safety of care for people with bipolar disorder who are dependent on lithium therapy.

Disclosure of Interest: None Declared

Child and Adolescent Psychiatry

EPP0486

Pharmacogenetic intervention in the Child and Adolescent Autism Day Therapeutic Unit

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Introduction: The ASD Therapeutic Day Unit is a tertiary care unit that consists of 20 beds, designed to facilitate the evaluation and treatment of children and adolescents with ASD who present high psychiatric comorbidity with behavioral problems, communication/language problems, sensory, and/or in the management of their repetitive and restricted interests. In addition to diagnosis and genetic counseling and clinical care, we offer the possibility of performing an individualized pharmacogenetic study in order to offer appropriate pharmacological treatment to patients with ASD and comorbidities.
Objectives: The objective is to promote pharmacological tolerability, avoid unwanted side effects, as well as avoid the use of polypharmacy, in children with a tendency to poor drug metabolism.
Methods: A review of the medical history of the patients included in the Blood Extraction Program of the ASD Day Therapeutic Unit is carried out during the year 2022. The existing medications at admission, the results of the pharmacogenetic analyzes carried out, and the pertinent changes in the pharmacological treatment of these children.
Results: 37 children were included in the program during 2022. The genes CYP1A2, CYP2C19, CYP2D6, CYP3A4 and 5-HTT were analyzed. The variant studied is described, as well as the observed genotype and the expected phenotype.
Of the 37 patients, 11 maintained the same pharmacological treatment as at the beginning of admission, 5 were not taking pharmacological treatment and 25 underwent a treatment modification.
The most frequently modified treatment was risperidone with aripiprazole (n=10), secondly risperidone with guanfacine (n=5), and thirdly fluoxetine with aripiprazole (n=2).
Furthermore, the degree of pharmacological polytreatment was reduced. 18 patients switched to a single drug, instead of 14. 11 patients 2 drugs (instead of 14), 3 patients 3 drugs instead of 4 and 5 patients remained without drug treatment.
Conclusions: Patients with ASD have worse tolerability to pharmacological treatments than other patients with severe mental disorders.
The use of pharmacogenetics allows improving the cost/effectiveness of medical prescription, avoiding undesirable side effects or lack of effectiveness in the treatment of patients with ASD.
Promoting the implementation of pharmacogenetics in patients with ASD (among others) would improve the clinical situation of these patients more effectively and would improve the economic expenditure derived from erroneous prescription and/or excessive polypharmacy.

Disclosure of Interest: None Declared

EPP0487

The uncharted territory of female adult ADHD: a comprehensive review

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Introduction: Attention-Deficit/Hyperactivity Disorder (ADHD), once considered a predominantly childhood condition, has increasingly gained recognition as a prevalent and clinically significant concern among adult women. They often display a distinctive symptom profile characterized by high levels of inattention, emotional dysregulation, and difficulties in executive functioning. Diagnosis of female adult ADHD is frequently complicated by gender bias in traditional diagnostic criteria, which may fail to account for the unique ways in which women manifest the disorder.
Objectives: This comprehensive literature review aims to characterize the unique symptomatology of female adult ADHD, including variations in inattention, hyperactivity, and impulsivity, as well as the presence of emotional dysregulation. It also seeks to explore the diagnostic challenges stemming from gender bias in diagnostic criteria and the role of comorbidity in diagnostic complexity. Additionally, the review assesses the broad spectrum of functional impairments experienced by adult women with ADHD, spanning academic, occupational, interpersonal, and emotional domains.
Methods: This literature review comprises a systematic examination of published research articles, clinical studies, and relevant academic literature addressing female adult ADHD. A comprehensive search strategy involving electronic databases, including PubMed, PsycINFO, and Google Scholar, was employed to identify peer-reviewed articles published between 2000 and 2023. The selected studies underwent critical appraisal for quality and relevance to the review's objectives.
Results: The synthesis of existing literature reveals that female adult ADHD presents a distinctive clinical picture characterized by a higher prevalence of inattention, emotional dysregulation, and comorbid conditions such as mood and anxiety disorders. Diagnostic challenges arise from gender bias in diagnostic criteria and

the absence of overt hyperactivity, often leading to delayed diagnosis or misdiagnosis. Functional impairments extend to academic, occupational, interpersonal, and emotional domains, affecting the overall quality of life for affected individuals. Gender-specific factors, including societal expectations and biases in healthcare evaluation, contribute to diagnostic disparities and hinder timely access to appropriate interventions.
Conclusions: The literature review underscores the critical need for enhanced recognition, understanding, and tailored support for female adults with ADHD. The distinct symptomatology, diagnostic complexities, functional impairments, and gender-specific factors contribute to a multifaceted clinical landscape. Advancing gender-sensitive diagnostic criteria, increasing awareness among healthcare professionals, and developing interventions that address the unique needs of this population are essential steps toward improving the quality of life and outcomes for female adults with ADHD.

Disclosure of Interest: None Declared

EPP0490

Clinical features of suicidal behaviour in youth with borderline personality disorder

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Introduction: Borderline personality disorder (BPD) in youth has the greatest spectrum of psychopathology and is strictly associated with nonsuicidal self-injury (NSSI) and suicidal behaviour [Guile et al. Adolesc Health Med Ther 2018; 9 199-210; Paris Med. 2019; 55(6):223]. The formation of autoaggressive behaviour and suicidal activity is due to the psychopathological features of BPD, which include affective instability, impulsivity and impaired self-identity.
Objectives: The aim of the study was to investigate the psychopathological features of suicidal behaviour in BPD in youth.
Methods: Clinical and psychopathological examination with assessment of suicidal behaviour at the time of, 6 and 12 months later. For additional psychometric examination of patients we used: SCID-II questionnaires, Barratt Impulsiveness Scale (BIS-11), Toronto Alexithymic Scale (TAS), Columbia Suicide Severity Rating Scale (C-SSRS). Sample: N=62 male and female youth males and females in two equal groups of 31, respectively, with an established diagnosis of BPD and the presence of suicidal behaviour. The mean age of first referral in both groups was 19.1 ±2.2 years.
Results: This study defined 2 variants of suicidal behaviour in patients with BPD in youth: 1) Expansive - with predominance of impulsiveness (BIS-11 70±3), affective instability, associated with psychosocial factors as a trigger of suicidal activity. Suicidal attempts were made at the height of psychoemotional stress. These patients were characterised by moderately high scores of the C-SSRS scale 2±1, in which patients noted the absence of a plan and specific intentions before the attempt, and a lower incidence of repeated attempts after 6 ((N=6 (19.4%) and 12 months N=10 (32.2%). 2) Rationalistic variant of suicidal behaviour was found in patients with predominance of self-identification disorders, dissociative disorders and high level of alexithymia TAS 81±4.2 in the clinical picture. Suicidal ideation was revealed in all patients, often throughout the entire youth period, and attempts were characterised by thoughtfulness and led to severe consequences, including fatal outcome. Patients with rationalistic variant of suicidal activity had higher C-SSRS scale scores of 4±1, with the presence of suicidal intentions and high frequency of attempt recurrence after 6 (N=11 (35.5%) and 12 months (N=17 (54.8%)).
Conclusions: The variant of suicidal behaviour depended on the degree of severity and correlation of the psychopathological structure of BPD in youth. Less favourable prognosis was characteristic of the rationalistic variant due to the high frequency of repeated attempts. The results obtained require further analysis and contribute to the development of differentiated therapeutic strategies.

Disclosure of Interest: None Declared

Depressive Disorders

EPP0491

Weight changes in esketamine nasal spray and quetiapine extended-release treated patients with treatment resistant depression: Results from ESCAPE-TRD study

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Introduction: In ESCAPE-TRD, esketamine nasal spray (ESK-NS) significantly increased the probability of remission at Week (Wk)8 and being relapse-free through Wk32 after remission at Wk8 versus (vs) quetiapine extended-release (QTP-XR), in patients (pts) with treatment resistant depression (TRD). Safety data were consistent with established profiles of each treatment, with no new safety signals identified (Reif *et al.* DGPPN 2022; P-01-04).
Objectives: To explore weight changes and their impact on treatment discontinuation in ESCAPE-TRD.
Methods: ESCAPE-TRD (NCT04338321) was a randomised, open-label, rater-blinded, phase IIIb trial comparing efficacy and safety of ESK-NS vs QTP-XR in pts with TRD. Safety analyses were conducted on pts who received ≥1 dose of study treatment. Treatment-emergent adverse events (TEAEs) were defined as occurring at or after the first dose of study treatment and within 14 days/30 days (non-serious/serious) of the last dose. A ≥7% increase/decrease in weight from screening was considered for evaluation as a TEAE. Weights were measured and are reported as observed, with no missing data imputation.