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 Axniety 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: Particpants 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

individuals at risk, emphasizing the need for ongoing research and training in this area.
Objectives: The objectives of our study were to understand the characteristics of patients hospitalized after a suicide attempt (SA), analyze the characteristics of these attempts, identify risk factors associated with suicidal behaviors, and determine predictors for recurring suicidal behavior.
Methods: The study's methodology was retrospective, descriptive, and comparative. It was conducted with 277 patients hospitalized in the psychiatric department "C" of Razi Psychiatric Hospital in Manouba. The sample consists of 72 individuals who attempted suicide, divided into two groups: first-time attempters and recurrent patients, and 205 controls hospitalized for other reasons during the same period.
Results: Results showed a significant increase in the frequency of hospitalizations for SA, rising from 0.7% to 2.25% of the total admissions between 2018 and 2022. Those who attempted suicide were on average 32.5 years old, predominantly female, urban residents, with a moderate socioeconomic status, secondary or higher education, unemployed, unmarried, childless, and lacking strong family support.
The study identified several risk factors associated with suicide attempts, including risky behaviors, previous life events, type II bipolar disorders, personality disorders, the number of psychiatric hospitalizations, and the quality of follow-up. However, schizophrenia was negatively correlated with SA.
Suicidal recurrence was observed in 65.5% of attempters and was linked to personal psychiatric follow-up history, mood disorders, personality disorders, the presence of stress factors, and caustic substance ingestion.
Conclusions: In conclusion, the study underscores the importance of assessing suicide risk among individuals with mental disorders to implement appropriate prevention strategies.

Disclosure of Interest: None Declared

EPV0254

Alcohol-Induced Psychosis: Beyond Korsakoff. Case report and Literature Review

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Introduction: Chronic consumption of alcohol has clear deleterious effects on the nervous system. Among its less-recognized consequences are subacute and chronic alcohol-induced psychotic disorders. Lasègue, Garnier, Magnan, and Michaux provided exhaustive clinical descriptions of different presentations of *subacute alcoholic delusional disorder*, while Kraepelin, Allamagny, and Neveu defined the characteristics of *chronic alcoholic hallucinatory psychosis*. Both conditions are characterized by the occurrence of hallucinations and vivid dream-like content in their delusions, along with potential emotional detachment from the symptoms. Presently, both conditions are categorized under the generic term 'Alcohol-Induced Psychotic Disorder,' with limited available scientific literature.
Objectives: Our goal is to bring attention to the existence of subacute and chronic alcohol-induced psychosis in individuals with long-term alcohol users.
Methods: Case report using clinical records and a non-systematic literature review.
Results: A 63-year-old male, with a forty-year history of chronic alcoholism and no other prior mental health issues, was admitted in the emergency department. He conveyed vague delusional notions regarding his roommate and described vivid morning dreams in which he tried to communicate but couldn't speak. This led him to believe his roommate harboured harmful intentions. Additionally, he mentioned that for the past two months, he had developed a telepathic connection with his sister and his deceased mother, with whom he felt he communicated without speaking. He described feeling strangement and anxiety concerning these experiences, which he firmly believed to be undeniably real. He reported being able to hear the voices of his mother and sister. He also described short-term memory problems dating back two years. He denied any other psychopathology and exhibited probable ideational and emotional impoverishment secondary to chronic alcohol consumption. Confirmation of the patient's account was provided by his family members. The prescribed treatment included antipsychotic medication and a recommendation for alcohol abstinence.
Conclusions: Descriptions of chronic and subacute alcohol-induced psychoses are found in early psychiatric textbooks but have been omitted from contemporary classifications. While their incidence is low among chronic alcohol users, they represent a severe clinical entity. These disorders are usually distinguished by the presence of delusions and vivid hallucinations characterized by dream-like content. This distinct symptomatology aids in the accurate differentiation from other psychotic disorders and clinicians should be aware of their existence.

Disclosure of Interest: None Declared

EPV0255

Unraveling the Enigma: Huntington's Disease Masquerading as Treatment-Resistant Psychosis - A Case Study

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Introduction: This unusual case report unfolds a complex and emblematic scenario involving the diagnosis and management of a 46-year-old patient with treatment-resistant psychiatric symptoms, eventually revealing a significant association with Huntington's Disease (HD). The initial presentation at Obregia Hospital featured early signs of psychosis, such as mood swings, social withdrawal, and mild cognitive impairment. Despite predominant treatment with atypical antipsychotics, significant improvements remained elusive.
Objectives: Our primary objectives were to document the intricate diagnostic journey, the challenges faced in managing the patient's