

EPP383

Attention-Deficit/Hyperactivity Disorder (ADHD) In Childhood, A Warning Sign Of Bipolar Disorder?R. Tarazhi^{1*}, V. Alikaj¹ and V. Skendi¹¹Child and Adolescent Psychiatry, Psychiatric Hospital, Tirana, Albania

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Introduction: Early-onset bipolar disorder (BD) and attention-deficit hyperactivity disorder (ADHD) have recently been the subject of a highly controversial debate, due to theories regarding the underlying pathophysiological processes and a clinical overlap of symptoms. Epidemiological data, clinical aspect, neuroimaging, neurochemical and genetic studies suggest that there may be a possible relationship between biological factors and clinical characteristics in the development of symptoms.

Objectives: Investigation of the prevalence of ADHD symptoms in bipolar patients compared to the control group. Investigating differences in age of onset, clinical presentation, and course of affective illness between bipolar disorder patients with childhood ADHD symptoms compared to those without childhood ADHD symptoms.

Methods: The study included 20 patients with bipolar disorder, hospitalized in the Psychiatric Hospital accompanied by their parents/relatives and 30 healthy controls (matched age, sex, socioeconomic status) recruited through avalanche sampling in the Directorate of QSU “Mother Tereza”. The Abbreviated International Neuropsychiatric Interview (MINI) was used to identify cases with bipolar disorder or possible psychiatric pathology. The Diagnostic Interview for ADHD Adults (DIVA 2.0) was used to explore the presence of symptoms of attention deficit hyperactivity disorder (ADHD) in childhood and at the current age. Descriptive analysis in SPSS was used for data analysis.

Results: It resulted that 80% of bipolar patients had ADHD symptoms in childhood compared to 16.67% in the control group. The age of onset of bipolar disorder was 17.31 years earlier in the group of cases with history of ADHD in childhood compared to the age of 21.25 years in cases without ADHD in childhood. In cases with history of ADHD, 43.75% had longer duration of manic episodes/hypomanic compared to 25% in the group of cases without childhood ADHD. The number of suicide attempts 1 or >1 was more frequent in patients with a history of ADHD (25% and 12.5 %) compared to cases without a history of ADHD (25 %). In psychotic symptoms during mania, it was found that in patients with a history of ADHD in childhood, the prevalence was higher (81.82%) compared to (50%) in those without a history of ADHD in childhood. The prevalence of adult ADHD in cases was 35% compared to controls 6.66%. Apparently, the number of cases with comorbid ADHD with impaired social/family functioning was higher compared with the group of controls with comorbid ADHD.

Conclusions: The associations of each clinical component of bipolar disorder with the presence or absence of ADHD in childhood were not statistically significant. However, it is worth noting that in complexity, the number of patients with more

severe features of bipolar disorder is higher in cases with ADHD in childhood compared to cases without ADHD in childhood in our sample.

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Comorbidity/Dual Pathologies

EPP386

Unmasking Depression in Dementia: A Comprehensive Review of Symptom Overlap and ManagementA. H. I. Abu Shehab^{1*}, A. Baltă², A. B. Ciubară³, S. L. Burlea⁴, V. Doina Carina⁵, M. Grigoraș⁶ and A. Ciubară⁷¹Psychiatry, “Elisabeta Doamna” Psychiatry Hospital of Galati;²Clinical; ³orthopaedics and traumatology, Faculty of Medicine and Pharmacy, “Dunărea de Jos” University, Galati; ⁴Oral and maxillofacial surgery, ⁷University of Medicine and Pharmacy “Grigore T. Popa”, Iași; ⁵Rheumatology; ⁶Psychology and ⁷Psychiatry, Faculty of Medicine and Pharmacy, “Dunărea de Jos” University, Galati, Romania

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Introduction: Depression is a prevalent yet frequently underdiagnosed condition in patients with dementia, exacerbating cognitive decline and emotional health. The combination of depressive symptoms with dementia-related cognitive deficits complicates accurate diagnosis and management of depression in this group of patients. Improved diagnostic instruments specifically designed for dementia patients are essential for improving detection and treatment outcomes.

Objectives: To evaluate the prevalence and diagnostic challenges of depression in dementia, focusing on symptom overlap. Additionally, it aims to assess the efficacy of diagnostic tools and management strategies to improve patient outcomes.

Methods: A systematic review of the literature was performed to evaluate the prevalence, symptomatology, and diagnostic difficulties of depression in dementia.

Results: The results reveal a substantial intersection between the cognitive and emotional symptoms of dementia and depression, encompassing apathy, anhedonia, and mood disorders. The coexistence of these symptoms frequently results in the underrecognition of depression or its misattribution to the dementia process. Instruments such as the CSDD and NPI showed higher sensitivity in identifying depression among dementia patients. Pharmacological therapies, including psychotherapy and individualized behavioral interventions, demonstrated improvements in mood and cognitive function; nevertheless, therapeutic success fluctuated according to the stage of dementia.

Conclusions: Depression in dementia patients has distinct diagnostic and treatment issues owing to symptom overlap and cognitive deterioration. Enhanced diagnostic instruments, including the CSDD, NPI, and GDS, provide superior distinction of depression symptoms from dementia-related deficits. Early recognition and tailored treatment strategies, integrating pharmaceutical and behavioral interventions, may alleviate depression symptoms and enhance overall patient outcomes. Interdisciplinary collaboration is crucial for enhancing care.

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