

( $g = 0.09$ , 95% CI  $[-0.26; 0.44]$ ,  $p = 0.61$ ) across five studies ( $n = 306$ ). There was no significant difference in overall side effect rates between haloperidol and olanzapine ( $p = 0.29$ , 7 studies,  $n = 530$ ), but haloperidol resulted in significantly more extrapyramidal side effects ( $p = 0.008$ ). Sedation as an adverse effect did not differ significantly between the two drugs ( $p = 0.54$ , 4 studies,  $n = 284$ ).

**Conclusions:** Haloperidol may offer superior short-term efficacy in reducing delirium severity but is associated with a higher risk of extrapyramidal symptoms. No significant differences were found in long-term efficacy or sedation rates between olanzapine and haloperidol. These findings support the need for careful consideration of drug safety profiles in the treatment of delirium.

**Disclosure of Interest:** None Declared

## EPV0899

### Comprehensive Analysis of Hormone Formulations and Emotional Effects in Transgender Men Undergoing Hormone Replacement Therapy

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**Introduction:** Hormone replacement therapy (HRT) for transgender men involves various formulations of testosterone, each exhibiting unique pharmacokinetic profiles and emotional impacts. A comprehensive understanding of these variations is crucial for optimizing treatment outcomes and managing side effects effectively.

**Objectives:** This study aims to elucidate the differential emotional effects associated with various testosterone formulations used in HRT for transgender men.

**Methods:** A comprehensive literature review was conducted using databases such as PubMed, Scopus, and Web of Science. The review focused on four primary testosterone administration methods: intramuscular and subcutaneous injections, transdermal patches and gels, oral testosterone, and implantable pellets. Key metrics evaluated included pharmacokinetics, emotional effects, and nature of side effects.

**Results:** The review identified distinct pharmacokinetic profiles and emotional responses associated with each testosterone formulation:

**Intramuscular and Subcutaneous Injections:** These methods showed peak testosterone levels within 24-48 hours, followed by a decline over one to two weeks. Emotional effects included mood elevation and increased energy during the peak phase, with potential irritability or anxiety. The trough phase was marked by mood swings and depressive symptoms, particularly before the next injection. Side effects such as acne and libido changes peaked shortly after injection and decreased before the subsequent dose.

**Transdermal Patches and Gels:** These methods maintained consistent blood testosterone levels, resulting in stable mood and emotional states with reduced mood swings. Initial therapy adaptation caused mild mood changes, and side effects were primarily localized to skin irritation at application sites.

**Oral Testosterone:** Testosterone undecanoate offered stable testosterone levels with consistent mood regulation. Gastrointestinal side

effects were common, and emotional stability varied based on absorption rates and adherence to dosing schedules.

**Implantable Pellets:** These provided the most stable testosterone levels over several months, leading to very stable emotional states with minimal mood fluctuations. Side effects included localized reactions such as discomfort or infection at the implantation site, with minimal systemic side effects.

**Conclusions:** The choice of testosterone formulation significantly impacts the emotional well-being of transgender men undergoing HRT. Intramuscular and subcutaneous injections were associated with emotional fluctuations tied to hormone peaks and troughs, while transdermal, oral, and implantable methods provided more stable hormone levels and emotional states. Regular monitoring and individualized modifications are crucial to optimizing physiological and emotional outcomes and enhancing the quality of life for transgender men.

**Disclosure of Interest:** None Declared

## Intellectual Disability

## EPV0900

### Involvement of loved ones in the rehabilitation process for severe neurotrauma in children

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**Introduction:** Among children with developmental disabilities, there is a group with consequences of neurotrauma that requires comprehensive support at different age stages, with the obligatory inclusion of the family in the rehabilitation process. These children are shown both medical and psychological and pedagogical rehabilitation, the effectiveness of which is determined by the active position of the patient's relatives.

**Objectives:** The study the factor of involvement of close patients with neurotrauma in the rehabilitation process: manifestations of psychophysical activity.

**Methods:** 140 children with neurotrauma consequences with neuropsychiatric disorders (2021-2024) and 136 families. Medical and pedagogical method with observation, examination, diagnostic and typological assessment of children's mental activity; cluster analysis of the results of studying families (parents) as participants in rehabilitation.

**Results:** Clusters were identified based on the assessment of the activity of parents' inclusion in the rehabilitation process:

**Cluster 1. Active families (40%).** The patient's relatives follow all the instructions of the specialists, are an important and integral part of the rehabilitation team. Children from the families studied show both qualitative and quantitative gains in rehabilitation, predominantly in the socio-communicative and cognitive domains.

**Cluster 2. Estranged families (60%).** Adults formally relate to rehabilitation activities. In children from these families, the dynamics of recovery is limited to an insignificant increase in psychophysical activity indicators, without transition to a higher level.

**Conclusions:** The effectiveness of the rehabilitation process for severe neurotrauma in childhood is influenced by the involvement of adults close to the child. The personality traits of the parents, adaptability and resistance to stress, the severity of the child's illness - these factors turn out to be decisive. Most loved ones need medical and psychological support. Regardless of the severity of neurotrauma in children, parents become more active if they note the dynamics in improving mental health. In case of long-term, severe illness of children accompanied by disability, family members only provide care and supervision.

**Disclosure of Interest:** None Declared

## EPV0901

### Categorization in different modalities as cognitive processes impairment indicator in children with developmental learning disorder

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**Introduction:** Categorization is one of the main processes representing human thinking. There is plenty of categorization study methods, but none use the same methodology to study categorization in different modalities. Notably, it is hard to compare results of such categorization directly due to the different category familiarity degree. For example, visual forms and number of visual stimuli are more familiar than number of syllables, plural or singular word form. However, it is possible to compare quality (type) of categorization errors in different modalities considering the relation to different cognitive processes.

**Objectives:** To explore the categorization errors in visual and verbal modalities.

**Methods:** A special task inspired by Bruner concept formation study was used. 49 children with developmental learning disorder had to recognize common features in series of visual or verbal stimuli (5 series of 30 stimuli in each modality).

**Results:** 15 error types were identified in both visual and verbal modalities indicating the impairment of working memory, executive control, nominative processes, cognitive speed and categorization level.

**Conclusions:** Studying types of categorization errors may indicate the cognitive processes impairment and helps to clarify the relation between categorization and modality of input information.

**Disclosure of Interest:** None Declared

## EPV0902

### Psychiatric and behavioral problems in Prader-Willi syndrome: a clinical case

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**Introduction:** Prader-Willi syndrome (PWS) is a rare neurodevelopmental and multisystemic disorder. This syndrome is most often caused by paternal deletion or a maternal disomy of chromosome 15. PWS is characterized by hypotonia, hypogonadism, and hyperphagia. Intellectual disability, impaired social skills, emotional regulation, sleep disorders and behavioral problems (tantrums, temper outbursts, obsessive-compulsive symptoms, skin picking) are also present. Autism spectrum disorder, mood disorders, anxiety, and psychosis are common in these individuals. (Bos-Roubos *et al.* *Frontiers in psychiatry* 2022; 13 897138).

**Objectives:** The aim of the case is providing a review of psychiatric and behavioral problems in PWS.

**Methods:** Clinical case description and literature review on the subject.

**Results:** We report a clinical case of a 23 year old man who was diagnosed with PWS. Clinical features includes intellectual disability, obesity, scoliosis bracing, probable hypoventilation-obesity syndrome [using non-invasive ventilation], hypercholesterolemia and hypogonadism. He took 3 doses of testosterone in 2017, which had to be suspended due to serious changes in behavior. Behavioral sporadic problems, reactive to the environment, are also present such as impulsiveness, stubbornness, aggressive outbursts, oppositional behavior, self-injuring behavior (placement of foreign bodies in the ear canal), card obsession and suspicious posture. This clinical condition has an impact on PWS relatives and at social level. He was medicated with Paliperidone 9mg; Topiramate 50mg; Clozapine 25mg; Escitalopram 10mg; and Haloperidol 2mg/ml (SOS). Currently, the patient is stable, with little weight gain and sporadic episodes of greater impulsivity without clinical relevance. He has participating in integrated activities at the institution.

**Conclusions:** The main limitations in adolescence/adulthood are psychiatric and behavioral comorbidities, in association with hyperphagia and intellectual disability, which become more prominent with age. However, these symptoms are highly variable among individuals of different ages. Antipsychotics have been used for management of psychiatric and/or behavioral comorbidities. Other medications have also been used such as antidepressants (SSRI), antiepileptics, mood stabilizers and the response may vary depending on the individual. Weight gain, due to atypical antipsychotics, can be mitigated when food has controlled access. PWS has a major impact on the individual's social and family environment, which requires an appropriate multidisciplinary strategy. A safe and constant environment as well as behavioral management programs must be ensured. (Butler *et al.* *Current pediatric reviews* 2019; 15 207-244).

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## EPV0903

### Fragile X Syndrome and multidisciplinary strategy: a clinical case

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**Introduction:** Fragile X Syndrome (FXS) is a hereditary disease, linked to the X chromosome. FXS is the most common form of