Conclusions: There seems to be a consensus in the bibliography that written information should not replace verbal information. The latter remains a priority, but must be closely associated to written information so that, in combination, its beneficial effects can be enhanced.

Disclosure of Interest: None Declared

EPV1289

Bibliographic Review of Smith-Magenis Syndrome and its Psychopharmacological Management with Lithium: About a case

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Introduction: Smith-Magenis Syndrome (SMS) is a neurogenetic disorder caused by deletions on chromosome 17p11.2 or mutations in the **RAI1** gene. It is characterized by **intellectual disability**, **behavioral disturbances** like **aggression**, **impulsivity**, **self-injury**, and **sleep disruptions**. A hallmark feature of SMS is **inverted melatonin production**, leading to **daytime sleepiness** and **nighttime insomnia**, which exacerbate behaviors. Traditional treatments, such as **antipsychotics** and **SSRIs**, often show limited effectiveness and can cause side effects, including **metabolic syndrome**, **sedation**, and **extrapyramidal symptoms**.
Lithium has emerged as a promising alternative to manage **treatment-resistant behaviors** in SMS. Known for its **mood-stabilizing** properties in **bipolar disorder**, lithium modulates **dopamine** and **serotonin**, reduces **aggression**, and promotes **neuronal plasticity**. However, lithium requires **close monitoring** due to the risks of **nephrotoxicity**, **thyroid dysfunction**, and its **narrow therapeutic index**.
Objectives: This study explores **lithium's role** in managing **severe behavioral disturbances** in SMS, especially in patients unresponsive to conventional treatments. The objectives are: (1) to review the **literature** on lithium's efficacy and safety in SMS and similar neurodevelopmental disorders, and (2) to present a **clinical case** of a 25-year-old SMS patient treated successfully with lithium after antipsychotics and SSRIs failed.
Methods: A **literature review** was conducted using **PubMed** and **Web of Science**, focusing on articles published between 2013 and 2023 on lithium in SMS and related disorders. Additionally, the **clinical case** of a 25-year-old male with SMS, exhibiting **aggression** and **self-injury**, was documented. After other treatments failed, lithium was introduced with regular monitoring of **serum levels**, **renal**, and **thyroid function** throughout six months.
Results: Literature supports lithium's **efficacy** in reducing **aggression** and **impulsivity** in SMS. Lithium modulates **dopaminergic** and **serotonergic systems**, stabilizing mood and reducing disruptive behaviors. In the clinical case, the patient improved within two weeks of lithium therapy. Over six months, **aggression** and **self-injury** diminished significantly, with no adverse effects and stable **renal** and **thyroid function**.
Conclusions: Lithium is an effective option for SMS patients with **treatment-resistant behavioral disturbances**, particularly **aggression** and **self-injury**. It offers a valuable alternative to antipsychotics and SSRIs, enhancing **emotional stability** and **quality of life**. However, careful **monitoring** is required to prevent toxicity. Further research is needed to confirm lithium's long-term safety and efficacy in SMS.

Disclosure of Interest: None Declared

EPV1290

The Hidden Burden of Undiagnosed ADHD among Medical Students in Pakistan: A Cross-Sectional Survey of Self-Reported Symptoms

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Introduction: Attention-deficit/ hyperactivity disorder (ADHA) is recognized as a major public health issue, characterized as a persistent neurodevelopmental disorder that presents challenges in various aspects of life, often continuing into adulthood and frequently going undiagnosed.
Objectives: This study aimed to explore the prevalence, types, participants knowledge and perceptions and demographic determinants of undiagnosed adult ADHD among undergraduate medical students in Pakistan.
Methods: This study conducted from July 2023 to December 2023. A nationwide cross-sectional study enrolled 342 undergraduate medical students who met the selection criteria. Data was collected through an online self-administered survey of three main parts, utilizing the WHO 18 questions Adult ADHD Self-Report Scale, Version 1.1 (ASRS-v1.1), to assess adult ADHD symptoms. Data analysis was carried out using SPSS (version 26.0).
Results: Out of 342 participants, 119 medical students, or 34.8%, were found to have adult ADHD. The most prevalent presentation was inattentive dominance, observed in 86 students (72.3%), followed by mixed dominance in 20 students (16.8%), and hyperactive dominance in 13 students (10.9%). There was a statistically significant ($p < 0.05$) association between individuals screening positive for adult ADHD and the presence of co-occurring psychological disorders (e.g., anxiety, depression) and a family history of psychiatric disorders (e.g., ADHD, generalized anxiety disorder, bipolar disorder). Additionally, these individuals believed that adults with adult ADHD could lead a normal life despite their condition. The type of ADHD was significantly associated with the use of medications for psychological disorders, with a notably higher usage among hyperactive dominants (5, 71.4%), and a significantly higher family history of GAD among mixed dominants (2, 10.0%).
Conclusions: This study uncovers a significant prevalence of undiagnosed adult ADHD and an inattentive dominance among medical students in Pakistan, highlighting the need for enhanced awareness and screening. These findings underscore the critical necessity for the implementation of ADHD screening programs.

Disclosure of Interest: None Declared

EPV1294

From Mood Swings to Psychosis: Exploring the Psychiatric Side Effects of Corticosteroids

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Introduction: Corticosteroids are integral in treating various medical conditions across multiple specialties. However, they are known to induce psychiatric adverse effects, ranging from subtle mood changes and memory deficits to psychosis.
Objectives: This review aims to explore the current literature on these effects, identifying risk factors and strategies for early intervention.
Methods: A non-systematized literature review was carried out on PubMed and Google Scholar. The following words were searched: ("corticosteroids" OR "steroids" OR "glucocorticoids") AND ("psychiatry symptoms" OR "psychosis" OR "mood" OR "memory").
Results: Despite being recognized for their strong anti-inflammatory and immune-suppressing effects across various medical conditions, corticosteroid therapies frequently come with neuropsychiatric complications, the understanding of which is still limited. Although symptoms usually emerge within 3 to 4 days after starting corticosteroid treatment, they can manifest at any point, even after the therapy has been completed or stopped. Dosage is a significant risk factor, with high doses increasing the likelihood of psychosis. Depression is more prevalent among women. Additional risk factors include past psychiatric history, compromised blood-brain barrier, and hypoalbuminemia. However, some instances show beneficial outcomes, such as alleviation of depressive symptoms without triggering mania and improvements in cognitive function.
Conclusions: Early diagnosis and awareness are crucial in managing corticosteroid-induced psychiatric symptoms. Initial steps should involve tapering or discontinuing corticosteroids, supplemented by psychotropic medications if necessary.

Disclosure of Interest: None Declared

EPV1295

Prevalence of body dysmorphic disorder in the aesthetic medicine practice: a systematic review

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Introduction: Body dysmorphic disorder (BDD) consists of preoccupation with one or more perceived defects or flaws in physical appearance that are not observable or appear slight to others, and which cause a great social deterioration. Its prevalence in aesthetic medicine is around 10 percent, and it is higher in women.
Objectives: The overall objective of this systematic review is to gather integrated evidence to ascertain the prevalence of body dysmorphic disorder in an aesthetic medicine practice and its association with satisfaction with the results of the derived interventions.
Methods: An initial search of ScienceDirect, PubMed, PsycInfo, Cochrane, and CINAHL was conducted. In addition, scientific journal publications, book articles and clinical guidelines were used. The search terms were: "body image", "eating disorder", and "aesthetic medicine". The search included results from January 2000 to January 2023, in Spanish and English.
Results: The total number of participants in all studies was 3004. 42.86% of the studies were conducted between 2000 and 2009, while the rest were conducted from 2010 onwards. It has been observed that most patients with BDD seek non-psychiatric treatment for their perceived appearance defects. The result after an aesthetic intervention is that in most patients with BDD there is no improvement in the concern for the perceived body image defect, and they present greater dissatisfaction. A high number of patients with BDD are being overlooked in aesthetic medicine practice who should receive a combined medical and psychological intervention.
Conclusions: It is necessary to create protocols for an early diagnosis of body dysmorphic disorder in the aesthetic medicine practice which include a comprehensive approach.

Disclosure of Interest: None Declared

EPV1296

Advances in Catatonia: Diagnostic Breakthroughs, Neuroimaging Insights, and Emerging Treatments

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Introduction: Catatonia is a neuropsychiatric syndrome characterized by motor, behavioral, and autonomic disturbances, frequently associated with psychiatric disorders such as schizophrenia and mood disorders, but also manifesting in medical conditions like autoimmune encephalitis and epilepsy. Despite its prevalence, catatonia remains underdiagnosed and undertreated. Recent advances in neuroimaging, diagnostic frameworks, and therapeutic interventions have enhanced our understanding of the syndrome, contributing to improved clinical outcomes.
Objectives: This abstract synthesizes recent developments in the diagnosis and treatment of catatonia based on research conducted from 2020 to 2024.
Methods: A systematic review of the literature published between 2020 and 2024 was performed using databases such as PubMed and Google Scholar. The search strategy included the terms "catatonia," "diagnosis," "treatment," and "neuroimaging." Relevant studies, case reports, and reviews focusing on diagnostic innovations, neuroimaging techniques, and therapeutic advances were included.
Results: Advances in neuroimaging, particularly functional MRI, have revealed abnormalities in the frontoparietal cortex, basal ganglia, and cerebellum, offering insights into the neurobiological mechanisms underlying catatonia. Resting-state fMRI studies have demonstrated altered functional connectivity in these regions, facilitating differentiation between catatonia and other movement disorders. Diagnostic tools such as the Bush-Francis Catatonia Rating Scale (BFCRS) remain integral to clinical assessment.