

Results: A study conducted across 19 states in the United States and large urban school districts found that within the last year, 43.9% of transgender students reported they have seriously considered attempting suicide compared to 20.3% in cis-females and 11.0% cis-males, 39.3% of transgender students reported having a suicide plan compared to <16.0% of cisgender students, and 16.5% of transgender students reported having a suicide attempt requiring medical treatment compared to <2.5% of cisgender students (Garthe et al. *Transgend Health* 2022; 7 416-422). Another study conducted across three different US cities found higher levels of suicidal ideation and behavior among TGNC youths, compared to their cisgender counterparts (Johns et al. *MMWR* 2019; 68, 67–71). Also, chosen name use was associated with less suicidal ideation, behavior, and depressive symptoms (Russell et al. *J Adolesc Health* 2018; 63 503–505). Additionally, a surveillance analysis concluded that TGNC youths reported experiencing higher levels of emotional distress, bullying victimization, risk behaviors (substance use and sexual behavior), and lower levels of protective factors such as internal assets, family connectedness, and feeling safe in their community (Eisenberg et al. *J Adolesc Health* 2017; 61 521–526).

Conclusions: Further research needs to be conducted regarding the relationship between gender dysphoria and suicidality, and the presence of suicidal gestures. However, the current data suggests decreased depressive symptoms, as well as suicidal ideation and behavior associated with increased chosen name usage.

Disclosure of Interest: None Declared

EPV0375

Attention deficit hyperactivity disorder in prematurely born children: role of neuroinflammation caused by human cytomegalovirus infection

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Introduction: Numerous studies have revealed the association between deficit hyperactivity disorder (ADHD) and brain inflammation due to immune system response to congenital or perinatal human cytomegalovirus (CMV) infection.

Objectives: The aim of study was to examine the impact of neuroinflammation caused by CMV infection on the development of ADHD in prematurely born children.

Methods: The medical records of 126 prematurely born children aged 7-11 were retrospectively analyzed. Participants were divided into two groups, the observed population of 56 children with ADHD and the control group without ADHD. Three parameters were observed, C-reactive protein (CRP) as an indicator of inflammation, IgM antibodies to CMV for etiological diagnosis of CMV infection and cranial ultrasound findings for the confirmation of structural changes in the brain.

Results: Statistical analysis of our data showed the association between the onset of ADHD and the presence of congenital/perinatal CMV infection in prematurely born children ($p < 0.01$). Nevertheless,

these two variables had a very low positive correlation (phi coefficient 0.07173). The results did not show the association between elevated levels of CRP and presence of ADHD in prematurely born children ($p > 0.01$), which confirmed that not every inflammation, regardless of the cause, was associated with ADHD. The analysis also confirmed the positive correlation between the variables listed in pairs: elevated levels of CRP and positive IgM on CMV, elevated levels of CRP and altered ultrasound neuroimaging findings, as well as positive IgM on CMV and altered ultrasound neuroimaging findings. All of these correlations speak in favor of the CMV caused neuroinflammation as etiopathogenetic basis in ADHD.

Conclusions: In our sample CMV-induced neuroinflammation was associated with the development of ADHD in prematurely born children.

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EPV0381

Understanding the Overlap: Exploring the Complex Comorbidity of ASD and ADHD

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Introduction: Autism Spectrum Disorder (ASD) and Attention-Deficit/Hyperactivity Disorder (ADHD) are neurodevelopmental conditions that often co-occur, leading to complex clinical presentations. While ASD is characterized by deficits in social communication and restricted, repetitive behaviors, ADHD is marked by inattention, hyperactivity, and impulsivity. The comorbidity between these conditions is increasingly recognized, yet their combined impact on diagnosis, treatment, and patient outcomes remains underexplored.

Objectives: This study aims to investigate the prevalence and nature of the comorbidity between ASD and ADHD. We also seek to identify the shared and distinct cognitive, behavioral, and developmental features, and assess the implications of this overlap for clinical practice, especially in diagnosis and treatment planning.

Methods: A systematic literature review was conducted, examining peer-reviewed studies published in the last 10 years. Key databases such as PubMed, PsycINFO, and Scopus were searched for studies involving ASD and ADHD comorbidity in children and adolescents. Data on prevalence rates, diagnostic criteria, symptom overlap, and treatment approaches were extracted and analyzed.

Results: The findings confirm a high prevalence of comorbidity between ASD and ADHD, with estimates ranging from 30% to 50% in pediatric populations. Shared symptoms, particularly inattention and executive dysfunction, often complicate differential diagnosis. Children with both ASD and ADHD tend to exhibit more severe social and cognitive impairments, and have a higher risk for anxiety, mood disorders, and academic challenges. The results suggest that overlapping symptoms may delay or complicate accurate diagnosis, affecting treatment efficacy.

Conclusions: The comorbidity of ASD and ADHD presents unique challenges for clinicians and families. Early identification of both conditions is crucial for tailored interventions. A multidisciplinary approach, combining behavioral, cognitive, and pharmacological treatments, appears to be the most effective. Further research is needed to develop clearer diagnostic criteria and targeted