

effective for all people with AUD. Although sex and gender differences have been described in the response to medications, AUD medications have been studied almost exclusively in men (Agabio et al., 2016). In addition, the number of women with AUD is increasing and services for treatment of AUD should (a) consider women's specific needs, and (b) realize effective policies to reduce latency prior to accessing medical treatment for both men and women with AUD (Agabio et al., 2021). Nevertheless, recent studies show that only a small number of services have adopted a gender medicine approach in AUD treatment (Vignoli et al., 2024).

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SP040

Gender perspective of dual diagnosis

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Abstract: Dual diagnosis, the co-occurrence of substance use disorders (SUD) and mental health conditions, presents unique challenges influenced by gender-related factors. This narrative review explores the role of gender in the epidemiology, treatment access, environmental factors such as intimate partner violence, clinical features, and outcomes of dual diagnosis, highlighting structural and social determinants that exacerbate disparities. Women and gender minorities with dual diagnosis face heightened stigma, higher rates of trauma, and significant barriers to healthcare, often resulting in delayed treatment and poorer prognoses. Additionally, traditional gender roles and caregiving responsibilities influence coping mechanisms and treatment adherence. Despite increasing awareness, research on gender-responsive interventions remains limited. This review underscores the need for gender-sensitive

approaches in dual diagnosis treatment, advocating for integrated, trauma-informed care that addresses the specific needs of diverse gender identities.

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SP041

Precision Medicine in the treatment of alcohol dependence – the role of gender

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Abstract: Clinically derived approaches take the different psychosocial and biological conditions into regard and thus render more homogeneous groups, than the current diagnostic criteria, like ICD-11 or DSM 5. Precision medicine, moreover, shows that the amount of drinking, the reason for drinking and thereby also gender seems to be relevant for testing different anticraving drugs. Precision medicine indicates the necessity for more homogeneous subgroups, in order to find differences in the effects of anticraving substances. Many typologies in AUD render more homogeneous subgroups (Lesch et al, 2020). They could increasingly be used for testing anticraving drugs. After presenting these basics in anticraving research, the results of two trials will be presented. First, some genetic results could only be defined in Lesch type 3 female patients (Procopio et al, 2013). Second, in a treatment trial of ondansetron the genetic conditions lead to better sobriety rates only in the not very high drinking group (less than 10 drinks per day) but not in the very high drinking group (Addolorato et al, 2024). Summarizing these research results we see that for anticraving trials we need even more carefully defined subgroups of AUD patients. References: Lesch OM, Walter H, Wetschka Ch, Hesselbrock MN, Hesselbrock V, Pombo S: Alcohol and Tobacco. Medical and Sociological Aspects of Use, Abuse and Addiction. Springer Verlag, 2nd Edition, 2020. Addolorato G, Alho H, Bresciani M, DeAndrade P, Lesch OM, Liu L, Johnson B.: Safety and compliance of long-term low-dose ondansetron in alcohol use disorder treatment. *Eur.J.Intern Med*, Sept. 127: 43-49; 2024. Procopio DO, Saba LM, Walter H, Lesch O, Skala K, Schlaff G, Vanderlinden L, Clapp P, Hoffman PL, Tabakoff B. Genetic markers of comorbid depression and alcoholism in women. *Alc Clin Exp Res.* Jun. 37 (6): 896-904, 2013.

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SP042

Menstrual Cycle and Progesterone as Future Treatment Targets of Alcohol Use Disorder

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