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Abstract: Introduction: Gender dysphoria (GD) is defined by the presence of clinically significant suffering associated to the marked incongruence between the experienced gender and the one which was assigned at birth. The inherent duplicity to the human condition forces us to reflect on the fact that, in some cases, the body may be the most intimate piece of the Self, whilst also being the most foreign one. The experience of feelings of shame and hatred for oneself and the importance of the Other's gaze are pressing in GD, which presents as deeply impactful in the individual's functioning.
Objectives: This review aims to identify and explore the phenomenology of the suffering so often mentioned by GD patients, but which has been ignored and remains mainly unidentified in the psychopathology realm.
Methods: Through the exploration of both the PubMed database and publications by philosophers who have been, throughout the years, approaching the gender theme and distinguishing its evolution along the years, I aim to review the qualitative literature available of the dissection of the different domains of GD.
Conclusions: GD is an ever growing psychiatric diagnostic, frequently presenting with psychiatric comorbidities. Its treatment poses as highly effective, while its consequences may be pervasive and affecting different domains of the individual's functioning. The exploration of gender identity may be a never ending journey, which makes the acknowledgement of the associated psychopathology fundamental in the design of a truly empathic relationship with these patients.

Disclosure of Interest: None Declared

SP101

Impulsiveness and dysphoria as pharmacological targets: Can we aim at a phenomenologically informed therapeutic intervention?

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Abstract: Dysphoria and impulsivity are embodied experiences that pervade numerous psychiatric conditions and evade easy categorization within traditional diagnostic boundaries. Phenomenological approaches are needed in order to clarify underlying experiential structures. Psychopharmacology has traditionally been perceived as a "biological intervention", where success is measured by its impact on symptom clusters outlined in the ICD and DSM frameworks, ignoring the specific impact of medication on lived bodies and existential states. An embodied approach to psychopharmacology integrates phenomenology, neuroscience, and physiology, moving beyond traditional reductive perspectives. By examining how medications influence not only symptoms but also the lived experience and embodied sense of self, we can develop a more nuanced understanding of their effects, and possibly strive towards development of distinct phenomenological profiles of medication, which would enhance our understanding of dysphoria and impulsivity.

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SP102

Physical health in subjects with Schizophrenia: where are we?

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Abstract: People living with schizophrenia (PLWS) face one of the most significant health equality gaps in Europe. Their life expectancy is 15–20 years shorter than that of the general population, mainly because they are affected at an earlier age by preventable physical illnesses, but encounter barriers in accessing adequate care. PLWS did not benefit from prevention campaigns for cardiovascular, oncologic, or metabolic risk. Antipsychotics might add to the cardiometabolic risk and represent a further reason for monitoring and treating emergent conditions. Notwithstanding international guidance papers or national guidelines, PLWS do not receive adequate screening and treatment. This presentation will summarize national and international efforts to reduce this health equality gap, illustrating the minimum screening procedures and several interventions that can be integrated into schizophrenia treatment to improve health outcomes of PLWS.

Disclosure of Interest: A. Mucci Consultant of: Angelini, Gedeon. Richter Bulgaria, Janssen Pharmaceuticals, Lundbeck, Otsuka Pharmaceutical, Pfizer, Pierre Fabre, Rovi. Pharma and Boehringer Ingelheim

SP103

The association between glucose 6-phosphate dehydrogenase (G6PD) deficiency and attention deficit/hyperactivity disorder (ADHD)

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Abstract: Introduction: Glucose-6-phosphate dehydrogenase (G6PD) deficiency is an X-linked genetic enzymopathy that impacts 4.9% of the population, with greater prevalence among Mediterranean, East Asian, and African populations. G6PD deficiency results in levels of nicotinamide-adenine dinucleotide phosphate (NADPH) and glutathione (GSH) that are insufficient for maintaining the balance of oxidation-reduction in the body. This results in elevated production of reactive oxygen species (ROS), oxidative stress on proteins and lipids, damage to DNA, and potential activation of chemokine and cytokine pathways by astrocytes and microglia. We propose that these direct and indirect effects of G6PD deficiency are associated with development of ADHD.
Objectives: This study investigated the association between G6PD deficiency and Attention Deficit/Hyperactivity Disorder (ADHD).