

included: Ghanizadeh et al. (2014), which compared aripiprazole and risperidone, and King et al. (2009), a placebo-controlled study on citalopram.

**Results:** Lamy et al. reported that SGAs, particularly risperidone and aripiprazole, significantly reduced irritability scores on the Aberrant Behavior Checklist (ABC) and Clinical Global Impression (CGI) scales ( $p<0.05$ ), aligning with their FDA approval for ASD treatment. Ghanizadeh et al. (2014) also found that aripiprazole and risperidone reduced ABC scores (12.6 points for aripiprazole and 9 points for risperidone), though both were associated with side effects, such as increased appetite (34.5% for aripiprazole and 40% for risperidone) and drooling.

In contrast, King et al. (2009) found no significant improvement with citalopram over placebo (CGI-I improvement: 32.9% for citalopram vs. 34.2% for placebo) and noted more adverse effects in the SSRI group, including impulsiveness and insomnia. The review highlighted limitations, including methodological heterogeneity, lack of direct comparisons between SGAs and SSRIs, and

population. Unique challenges, like cognitive impairments and communication barriers, require tailored treatments. This poster reviews strategies for managing these conditions in adults with IDD, focusing on adaptations in psychopharmacology and psychotherapy.

**Objectives:** To outline treatment approaches for depression, anxiety, and bipolar disorder in adults with IDD, highlight limitations and necessary adaptations, and advocate for collaborative treatment models involving healthcare providers and caregivers.

**Methods:** A literature review identified studies and guidelines on psychopharmacologic and psychotherapeutic interventions tailored to adults with IDD, examining the effectiveness of pharmacological agents, cognitive behavioral therapy (CBT), and other adaptations.

**Results:** Current treatments for depression, anxiety, and bipolar disorder in adults with intellectual and developmental disabilities (IDD) often deviate from standard protocols, requiring modifications in both pharmacological and therapeutic approaches. Depression management in IDD typically relies on selective serotonin reuptake inhibitors (SSRIs), adapted with gradual dose escalation and close monitoring due to limited data on their specific effects in this population. Psychotherapy, particularly group cognitive behavioral therapy (CBT), has shown notable efficacy, with studies reporting significant symptom reduction in treated groups. For anxiety disorders, low-dose SSRIs remain the primary pharmacological option, with cautious titration to minimize adverse effects, while benzodiazepines are generally avoided to prevent paradoxical responses and disinhibition. CBT-based interventions, including graduated exposure therapy customized for specific phobias or triggers, show promise, though further randomized trials are warranted. Managing bipolar disorder in IDD is particularly challenging due to the heightened risk of severe functional impairment and symptom overlap, with mood stabilizers like lithium and antipsychotics administered sparingly given potential metabolic and neurological side effects. Given limited research, clinical strategies often rely on individualized treatment plans informed by provider expertise and patient-specific needs.

**Conclusions:** Treatment for psychiatric disorders in adults with IDD requires significant adaptation, with careful dosing and monitoring of medications to minimize adverse effects. Evidence supports CBT as an effective option, yet there is a critical need for more research, especially randomized trials, to develop more robust guidelines specific to this population. Close collaboration between healthcare providers and caregivers is essential for successful outcomes.

**Disclosure of Interest:** None Declared

Study	Intervention	Sample Size	Outcome Measure	Key Findings
Lamy et al. (2020)	SGAs (multiple RCTs)	>50 trials	ABC, CGI	Significant reduction in irritability ( $p<0.05$ )
Ghanizadeh et al. (2014)	Aripiprazole, Risperidone	59	ABC	Reduction in symptoms; fewer adverse events with aripiprazole
King et al. (2009)	Citalopram, Placebo	149	CGI, CY-BOCS	No significant benefit over placebo; more adverse effects

variability in treatment duration.

**Conclusions:** In conclusion, SGAs appear more effective than SSRIs in managing ASD-related behavioral symptoms, particularly irritability. Despite limitations, SGAs show consistent benefits with a manageable safety profile. Future research should prioritize direct SGA vs. SSRI trials and longer treatment durations to inform clinical decision-making in ASD pharmacotherapy.

**Disclosure of Interest:** None Declared

EPV0906

Current Treatment Approaches for Affective and Anxiety Disorders in Adults with Intellectual and Developmental Disabilities

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**Introduction:** Adults with intellectual and developmental disabilities (IDD) have higher rates of psychiatric disorders, such as depression, anxiety, and bipolar disorder, compared to the general

EPV0907

Overview of Psychiatric Conditions in Adults with Intellectual and Developmental Disabilities (IDD)

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**Introduction:** Adults with intellectual and developmental disabilities (IDD) are more likely than the general population to experience

psychiatric disorders, with prevalence rates estimated at 33-40%. These individuals often display atypical symptoms, complicating diagnosis. Primary care providers are often the first to encounter these patients but face challenges due to limited training and “diagnostic overshadowing”—the misattribution of psychiatric symptoms to the IDD itself rather than recognizing comorbid mental health conditions.

**Objectives:** This study aims to: (1) highlight the prevalence and unique presentations of psychiatric disorders in adults with IDD, (2) discuss diagnostic challenges, particularly diagnostic overshadowing, in primary care, and (3) advocate for collaborative care models to improve diagnostic accuracy and outcomes.

**Methods:** A literature review across PubMed, Medline, and PsycINFO focused on studies addressing psychiatric prevalence in IDD, diagnostic barriers, and the efficacy of collaborative care models in managing complex cases in primary care.

**Results:** Adults with IDD show high rates of mood disorders, anxiety, ADHD, and psychotic disorders, often presenting atypically. For example, ADHD may show as prolonged attentional and behavioral difficulties, impacting social and functional skills. Anxiety may present as agitation or sensitivity to routine changes, often misinterpreted as behavioral issues. Mood disorders, especially depression, tend to appear as irritability or somatic complaints, which are frequently attributed to the IDD itself. Psychotic disorders are also prevalent, particularly among individuals with certain genetic syndromes, and complicate diagnosis due to overlapping symptoms.

Diagnostic overshadowing significantly impacts accurate psychiatric diagnosis in adults with IDD, as primary care providers often attribute psychiatric symptoms to the disability itself. Limited IDD-specific training in primary care compounds this issue. Collaborative care models, where primary care providers collaborate with mental health specialists familiar with IDD, show promise in addressing these diagnostic and treatment challenges, especially for complex cases.

**Conclusions:** Effective psychiatric care for adults with IDD requires specialized provider training, comprehensive evaluations sensitive to atypical presentations, and collaborative care models. Addressing diagnostic overshadowing through improved training and integrated care can enhance psychiatric outcomes for this underserved population. Further research, particularly randomized controlled trials, is needed to develop evidence-based guidelines for tailored care in adults with IDD.

**Disclosure of Interest:** None Declared

## EPV0908

### Improving Psychiatric Care for Adults with Intellectual and Developmental Disabilities (IDD)

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**Introduction:** Adults with intellectual and developmental disabilities (IDD) often struggle to access suitable psychiatric care due to cognitive and communication challenges. Traditional mental health services are not always well-equipped for these needs,

highlighting a critical need for evidence-based, IDD-specific guidelines. Expanding research, especially randomized controlled trials (RCTs), is essential to develop personalized, effective treatments for this population.

**Objectives:** This poster aims to outline current gaps in psychiatric care for adults with IDD, propose strategies for treatment adaptation, and emphasize research priorities to advance evidence-based care for this underserved group.

**Methods:** A literature review assessed studies on treatment adaptations for IDD, focusing on the effectiveness of current interventions and limitations in existing research. Priority was given to innovative care approaches and adaptations in standard mental health treatments.

**Results:** Psychiatric care for adults with IDD often involves adapting treatments like cognitive-behavioral therapy (CBT) and pharmacotherapy with simplified, patient-centered methods. For example, CBT adaptations may include breaking techniques into smaller steps, using visual aids, and shorter sessions, which accommodate cognitive limitations. Personalized care is essential due to varying abilities within this population. Pharmacological treatments also require careful titration and close monitoring, as the risk of side effects is higher among those with IDD. However, few RCTs assess the efficacy and safety of treatments for severe psychiatric disorders in the IDD population, underscoring the need for more rigorous research to support clinical guidelines. To overcome recruitment and follow-up barriers in RCTs, studies suggest alternative methods such as targeted outreach through day centers, provider organizations, and one-on-one approaches, which have been effective in reducing dropout rates. Furthermore, bipolar disorder treatment in IDD is particularly under-researched, despite its significant impact on quality of life, highlighting a need for focused studies in this area.

**Conclusions:** Enhancing psychiatric care for adults with IDD will require systemic changes, including increased research funding, IDD-specific clinical guidelines, and improved provider training. RCTs focused on adapted therapies and pharmacological interventions are crucial to build a strong evidence base. By promoting individualized, evidence-based approaches, the field can better meet the unique needs of adults with IDD, ultimately improving mental health outcomes and quality of life.

**Disclosure of Interest:** None Declared

## EPV0910

### Genetic Considerations in Psychiatric Treatment for Individuals with Intellectual and Developmental Disabilities (IDD)

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**Introduction:** Genetic testing has become an essential tool in managing psychiatric conditions among individuals with intellectual and developmental disabilities (IDD). The frequent presence of genetic syndromes within this population underscores the value of genetic insights for guiding personalized treatment. By integrating pharmacogenetics into care, clinicians enhance medication efficacy and reducing the likelihood of adverse effects.