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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.

Disclosure of Interest: None Declared

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).

Methods: The study involved 7,473 G6PD-deficient patients and 29,892 matched case-controls (selected at a 1:4 ratio) from a cohort of 1,031,354 within the Leumit Health Services database. Clinical characteristics were analyzed using Fisher's Exact Tests for categorical variables and Mann-Whitney U tests for continuous variables.
Results: The average age of patients was 29.2 ± 22.3 years, with 68.7% being male. The mean follow-up duration was 14.3 ± 6.2 years. Individuals with G6PD deficiency showed a significant 16% higher risk of being diagnosed with ADHD (Odds Ratio (OR) = 1.16 [95% CI, 1.08-1.25], $p < 0.001$) on follow up. Furthermore, G6PD deficiency was associated with a 30% greater likelihood of seeking care from adult neurologists (OR = 1.30 [95% CI, 1.22-1.38], $p < 0.001$) and a 12% higher probability of consulting adult psychiatrists (OR = 1.12 [95% CI, 1.01-1.24], $p = 0.048$). The use of stimulant medications among G6PD deficient individuals was 17% higher for methylphenidate class drugs (OR = 1.17 [95% CI, 1.08, 1.27], $p < 0.001$), and use of amphetamines elevated by 16% (OR = 1.16 [95% CI, 1.03, 1.37], $p = 0.047$).
Conclusion: This study establishes a significant association between G6PD deficiency and an increased risk of ADHD diagnoses. These findings suggest potential opportunities for the development of culturally sensitive interventions.

Disclosure of Interest: None Declared

SP105

Smoking and mental health - impacts and implementation opportunities

J. Campion

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Abstract: Jonathan will present the impacts of smoking on physical and mental health, the impact of smoking cessation on mental health and the need to reduce doses of some psychotropic medications after cessation in order to prevent toxicity. He will set out the low population coverage of evidence-based interventions for smoking cessation and prevention uptake particularly for people with mental health conditions, and the reasons for this. He will then outline implementable opportunities to scale up coordinated coverage of interventions by different sectors

Disclosure of Interest: None Declared

SP106

Public mental health: Required actions to support implementation

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Abstract: Jonathan will begin by outlining the impact of mental disorder and wellbeing. He will summarise effective public mental health interventions to treat mental disorder, prevent associated impacts, prevent mental disorder, and promote mental wellbeing and resilience. He will outline the scale of implementation failure of such interventions and the reasons for this. He will then set out required actions and real-world solutions to support scale implementation of public mental health interventions leading to sustainable reduction of the impact of mental disorder and the promotion of mental wellbeing.

Disclosure of Interest: None Declared

SP107

Hypermobility, immune dysfunction and dysautonomia cluster in ADHD

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Abstract: Emerging research reveals a striking overlap between ADHD, hypermobility syndromes, immune dysfunction, and autonomic dysregulation. Studies suggest that approximately half of individuals with ADHD are hypermobile, while ADHD is significantly over-represented in those with hypermobility syndromes, such as Hypermobile Ehlers-Danlos Syndrome (hEDS) and Hypermobility Spectrum Disorder (HSD). Unlike benign joint hypermobility, these syndromes involve multisystem pathology, often accompanied by dysautonomia (e.g., postural orthostatic tachycardia syndrome, POTS), mast cell activation disease (MCAD), and autoimmune conditions.
This 'somatic super-syndrome' encompasses many of ADHD's under-recognised somatic comorbidities, including hypermobility, allergy and autoimmunity, POTS, fatigue and pain syndromes (Chronic Fatigue Syndrome and Fibromyalgia Syndrome), and sensory processing issues, amongst others. A small but growing body of evidence suggests that mast cells - 'first responder' immune cells involved in allergic and inflammatory responses - play a critical role in neurocognitive function and that their excessive activation has been associated with a range of neurological and psychiatric/neurodevelopmental conditions. Could a similar issue with aberrant mast cell activation be contributing to the pathophysiology of ADHD.
Dr. James Kustow, consultant psychiatrist and adult ADHD specialist, will present the latest insights into this complex interplay between connective tissue dysfunction, chronic low-level inflammation, and autonomic dysregulation. He will explore how these factors may, in some, drive an ADHD-like syndrome and discuss emerging research on neuroimmune mechanisms linking ADHD with inflammatory disorders such as infections, asthma, rhinitis, and food allergies.
By illuminating these connections and reviewing the available evidence, this presentation will encourage a broader, integrative approach to understanding and managing ADHD. It will also consider how future research might inform novel therapeutic strategies targeting immune dysregulation and autonomic dysfunction in ADHD.

Disclosure of Interest: J. Kustow Consultant of: I have done some consultancy work for a couple of pharmaceutical companies but not for over 3 years, Speakers bureau of: I have previously spoken at and chaired events organised by pharmaceutical companies (but I dont speak on the subject of ADHD medication).