

females and the 79.8% (n=79) lives with their parents. Disruptive, impulse-control, and conduct disorders are the prevalent disorders in the sample (32.3%, n=32). The 21.1% (n=21) was diagnosed with depression, the 13.2% (n=13) with bipolar disorder and the 9.1% (n=9) with psychosis. According to the DERS, patients with emotional dysregulation are the 82.2% (n=37) of the sample. The 25.3% (n=24) of the sample could be classified as alexithymic. The most represented temperaments in the sample are the dysthymic 24.4% (n=11) and cyclothymic 22.2% (n=10). The mean score of the DERS is 122.33 ± 29.5 , the mean score of the TAS-20 is 58.9 ± 166 and the mean score of the AQ is 78.7 ± 30.1 , the mean score of the BIS-11 is 65.2 ± 19.1 . A simple linear regression between DERS and AQ ($R=0.536$, $R^2=0.287$, $F(1)=15.284$, $p<0.001$), TAS-20 ($R=0.502$, $R^2=0.252$, $F(1)=12.819$, $p=0.001$) and BIS-11 ($R=0.534$, $R^2=0.285$, $F(1)=15.128$, $p<0.001$) was observed. A multivariate linear regression was observed between the DERS ($R=0.917$, $R^2=0.842$, $F(1)=25.708$, $p<0.001$) and the subscale about physical aggressivity of the AQ ($\beta=2.065$, $p=0.008$), the dysthymic subscale of the TEMPS ($\beta=1.87$, $p<0.001$), the hostility subscale of the AQ ($\beta=-3.321$, $p<0.001$), the subscale about difficulty identifying feelings of the TAS-20 ($\beta=1.598$, $p=0.001$), the total score of the AQ ($\beta=0.5$, $p=0.006$) and the subscale about cognitive impulsivity of the BIS-11 ($\beta=1.024$, $p=0.047$).

Conclusions: The results suggest a link between emotional dysregulation, impulsivity, aggression, and alexithymia. Notably, emotional dysregulation appears in those with a dysthymic temperament, marked by high aggression, difficulty identifying feelings, cognitive impulsivity and low hostility. Further research is needed to explore these findings and develop treatment strategies.

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EPV0370

Pharmacogenetics and its impact on pharmacological management of severe attention deficit hyperactivity disorder

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Introduction: Attention Deficit Hyperactivity Disorder (ADHD) varies in presentation and associated comorbidity conditions. Diagnosis and treatment is often challenging, highlighting the need for individualized approaches in managing ADHD. Optimal therapy includes a combination of different methods such as psychological interventions and pharmacotherapy. Pharmacogenetics allows for a more personalized and effective treatment plan, which can reduce empirical prescribing of medication, meaning less side effects, faster treatment response and achieving remission. Altogether, this leads to improved compliance and outcomes.

Objectives: In our opinion this is an interesting case study which explores the challenging presentation, medical management, and treatment of a patient with ADHD and its comorbidity.

Methods: We present a male subject, age 14, who met DSM- V criteria for ADHD at the age of 8. The treatment effects of conventional

approaches with psychosocial interventions and individual psychotherapy as well as child and parental psychoeducation had not proven sufficient, so pharmacotherapy was added to the treatment strategy. He was initially introduced to methylphenidate therapy and developed side effects in the form of depressive symptoms and motor tics. Regression of side effects occurred when the drug was discontinued. Impulsive and aggressive behaviors became severe so antipsychotics were prescribed, which resulted in improvement of behaviour. Attention and concentration disturbances remained, however. During this period, the subject experienced a growth spurt, gained in body weight and his laboratory findings showed high liver enzymes. We conducted a multidisciplinary approach that included a complete examination by a geneticist, an endocrinologist, and a cardiologist. EEG and psychological testing were performed. Due to a lack of progress in socio-emotional functioning, genotyping analyses of CYP2D6, CYP1A2, CYP2C9, CYP2C19, CYP3A4, CYP3A5, ABCB1, ABCG2, 5-HTTLPR, DAT1 VNTR was performed.

Results: The pharmacogenetic findings suggested a higher activity of the CYP2D6 enzyme than normal. Significantly reduced and weak transport function of protein ABCB1 was observed. Atomoxetine is not a substrate for ABCB1, so the introduction of atomoxetine is planned after the stabilization of liver enzymes.

Conclusions: Various treatment strategies can help ameliorate ADHD symptoms. Finding an effective medication and dosage for a given child with ADHD can be a complex process. Although pharmacogenetic testing is not a standard procedure in child and adolescent psychiatry, it can have an impact on the management of treatment-resistant symptoms and medication-related side effects. The potential for pharmacogenetics to enhance treatment precision remains a promising area for future research in psychiatry.

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EPV0373

Beyond the Rainbow: Suicide, Suicidal Gestures and Self Harm Disparities Among Gender Minorites

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Introduction: Transgender and Gender Non-Conforming (TGNC) individuals are at increased risk of diagnosis with mental disorders, including suicidality and suicidal gestures (Anderson & Ford. Nursing Inquiry 2022; 29). Patients' psychological distress may be secondary to gender dysphoria; however, the evidence may be unclear.

Objectives: The goal of this review was to compile current evidence to assess a relationship between gender dysphoria and suicidal ideation, suicidal attempt, and self-harming behavior.

Methods: A literature review on PubMed databases was conducted using the search terms "transgender," "gender non-conforming," "suicidality," "self-harm," "suicidal gestures," "child," "adolescent," and "youth" in various permutations to assess recent evidence on suicidality and suicidal gestures among TGNC children and adolescents. We also reviewed relationships between gender-dysphoria, social support as a protective factor, and suicidality and/or suicidal gestures among TGNC youths.