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SP072

Assessment and Management of PTSD Among Children and Adolescents with ADHD as a Preventive Strategy for Suicidal Behaviours

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Abstract: Children and adolescents with Attention-Deficit/Hyperactivity Disorder (ADHD) are at an increased risk of experiencing traumatic events and developing Post-Traumatic Stress Disorder (PTSD). The interplay between ADHD and PTSD presents unique diagnostic and therapeutic challenges, as symptoms such as emotional dysregulation, impulsivity, and attentional difficulties may overlap, complicating early identification and intervention. Notably, the presence of both ADHD and PTSD significantly heightens the risk of suicidal spectrum behaviors, underscoring the need for targeted clinical strategies. This presentation will explore current evidence on the association between ADHD, PTSD, and suicidal behaviors in youth, highlighting the neurobiological, cognitive, and psychosocial mechanisms that contribute to this heightened vulnerability. We will discuss practical approaches for screening PTSD in children and adolescents with ADHD, considering both clinical and psychometric tools tailored to this population. Additionally, we will examine intervention strategies that integrate trauma-focused care within ADHD management, including psychoeducation, cognitive-behavioral therapy (CBT), parent training, and pharmacological considerations.

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The interplay between ADHD comorbid bipolar disorder and suicide behavior

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Abstract: This presentation examines the complex relationship between Attention-Deficit/Hyperactivity Disorder (ADHD) and bipolar disorder in the context of suicide risk. A comprehensive literature review will first explore existing studies on the interplay

between ADHD, bipolar disorder, and suicidal behavior in youth. In addition, a retrospective analysis of clinical data extracted from a large database at Hôtel-Dieu de France Hospital in Beirut will be presented. The ongoing study includes approximately 700 patient files and aims to evaluate the suicide risk over the past three years, specifically assessing the role of ADHD vulnerability and a history of hospitalization for mood disorders. The analysis will explore whether the increased suicide risk in individuals with ADHD is primarily attributed to comorbidity with bipolar disorder or inherent aspects of ADHD itself. The presentation will provide insights into the underlying pathophysiology, offering a deeper understanding of these critical associations, and will discuss implications for clinical risk assessment and intervention strategies.

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SP074

Emotional dysregulation and Non Suicidal Self Injury in adolescents with ADHD transitioning to young adulthood

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Abstract: Non-suicidal self-injury (NSSI) is a significant public health issue, particularly among adolescents with attention-deficit/hyperactivity disorder (ADHD). Characterized by inattention, hyperactivity, and impulsivity, ADHD is strongly linked to emotional dysregulation (ED) and psychiatric comorbidities, exacerbating vulnerability to self-injurious behaviors. This presentation examines the relationship between ADHD, ED, and NSSI, emphasizing clinical strategies for assessment and intervention during adolescence and the transition to adulthood.

Adolescents with ADHD often struggle with heightened emotional sensitivity and impaired emotion regulation, which can lead to NSSI as a maladaptive coping mechanism. ED mediates the connection between ADHD symptoms and NSSI. Evidence suggests that individuals with persistent ADHD and ED are at increased risk of psychiatric comorbidities such as depression, anxiety, and borderline personality disorder—factors independently associated with NSSI and suicidal behaviors (SB). Key findings include:

- ED and impulsivity contribute to risk-taking behaviors, poor decision-making, and increased vulnerability to NSSI.
- NSSI often begins in early adolescence and can escalate to severe SB, especially in individuals with co-occurring depression or adverse childhood experiences (ACE).
- Girls with ADHD show higher rates of NSSI, often mediated by comorbid conditions such as depression and substance use disorders, underscoring the need for gender-specific interventions.