S260 e-Poster Presentation

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EPP268

Mind the gap: gender differences in Attention Deficit and Hyperactivity Disorder

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Introduction: Attention Deficit and Hyperactivity Disorder (ADHD) affects both males and females, however, sex differences can be found in presentation, epidemiology and even influence clinical management. Male-to-female ratio is different in childhood from adulthood, meaning girls with ADHD are probably less referred to medical care and underdiagnosed. Women with ADHD have more prevalence of depression and anxiety than men. Also, fluctuating levels of estrogen and progesterone interferes in symptoms and medication response

Objectives: To study sex differences regarding sociodemographic, mental health care access, and psychiatric comorbidity in a sample of patients from our ADHD outpatient clinic

Methods: We collected data from all patients who attended the Adult ADHD Outpatient Clinic of our hospital from 2017-2022 (N = 262), excluding those without written information or an ICD-11 diagnosis of 6A05 - attention deficit hyperactivity disorder (n=209). We performed a descriptive statistical analysis comparing male (n=132) and female (n=76) on sociodemographic factors, educational achievement, age of diagnosis, treatment and comorbidities

Results: Average of age was 39,4 for females (F) and 34,3 for males(M). Levels of primary education were 5% for both, secondary education 41% F and 53% M, and tertiary education 41% F vs 37% M. 30% F and 37% M had failed at least once during their academic path. 26% F vs 25% M were students, 45% F vs 48% M were working actively and 8% F vs 15% M were unemployed. Only 8% F had an ADHD diagnosis during childhood and adolescence whether 41% of M had a history of early diagnosis and/or treatment. At least once psychiatric comorbidity was found in 75% F and 67% M, and medical comorbidities were present in 36%F and 44% M. Comorbid psychiatric diagnosis were anxiety disorders (36% F vs 26% M), depressive disorders (29% F vs 18% M), intellectual developmental disorders (5% F vs 13% M), substance abuse disorders (5% F vs 9% M), bipolar disorder (11% F vs 5% M), and autism spectrum disorders (3% F vs 5% M). In F, 75% were treated with stimulants and 11% with nonstimulants as in M 80% were treated with stimulants and 8% with non-stimulants. 37% F vs 24% M maintain follow-up, while 50% F vs 61% M abandoned it

Conclusions: In our study, women were less diagnosed in child-hood and adolescence than men, regardless of failing in school in a similar percentage, which reflects underdiagnose in girls. Women had more percentage of psychiatric comorbidities, including anxiety, depressive, and bipolar disorders, whereas men had more prevalence of substance abuse and intellectual developmental disorders, meaning that women with ADHD are more prone to

develop mood-related comorbidities than men. The percentage of follow-up abandon is also lower on women which indicates that, in spite of being less referred to medical care for ADHD, they are probably more likely to adhere to treatment

Disclosure of Interest: None Declared

EPP269

The association between childhood trauma and facial emotion recognition in women with premenstrual dysphoric disorder

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Introduction: Facial emotion recognition is a fundamental component in social interaction. Facial emotion recognition is disturbed both in women with Premenstrual Dysphoric Disorder (PMDD), and in those with a history of childhood trauma. PMDD affects up to 5% of women of childbearing age, exert influence on women's recognition of emotions, and on the emotion recognition processing. Women with PMDD are more likely to have a history of childhood trauma.

Objectives: To explore whether there is a link between a history of trauma and the perception of emotions in women with PMDD. We hypothesize that women with PMDD and a history of childhood trauma will show larger deficits in emotion recognition compared to women with PMDD but without a history of childhood trauma. Methods: Data were derived from a sample of forty women diagnosed with PMDD (18-30 y.o., right handed, educational level >9y., regular cycle duration), who have visited Mental Health Centre of Rethymno (participants completed the Premenstrual Syndrome Questionnaire). The participants completed the Childhood Trauma Questionnaire (CTQ), which measures five types of maltreatment experiences. Three types are related to abuse (physical, sexual and emotional) and two to physical and emotional neglect. The Emotion Recognition Task (ERT) was also administered. ERT is a computergenerated paradigm for measuring the recognition of six basic facial emotional expressions: anger, disgust, fear, happiness, sadness, and surprise. During this test, video clips of increasing length are presented. Results: The majority of the participants (82.5%) reported a history of maltreatment during childhood. Women without trauma, when they completed the ERT did not show any significant emotion dysregulation. On the contrary, maltreated women, especially physically or sexually abused, had a distorted perception of emotions expressed on adult faces. Happiness is less detected, whereas fear and anger are recognized more rapidly and at a lower intensity compared to women not exposed to childhood trauma. The higher the score in abuse, the higher the emotion dysregulation is.

Conclusions: The main conclusion of this study contributes to the current knowledge on the link between the long-term effects of childhood trauma both to PMDD and to emotion dysregulation. Women with PMDD are more likely to have a history of childhood trauma, which is associated with poorer performance in facial emotion recognition. Trauma, however, is a treatable factor with. Therefore, interventions targeting both to heal trauma and to promote adaptive emotion regulation strategies, could be encouraged to improve the capability of women with a history of childhood trauma to challenge premenstrual symptoms.

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EPP270

The effect of experienced discrimination and internalized homophobia level in gay and bisexual men on social anxiety level, self-esteem and quality of life

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Introduction: Minority groups in terms of sexual orientation are exposed to specific stressors, unlike the stressors of the general population. Discrimination, stigma, prejudice and violence are more common in minority groups in terms of sexual orientation than heterosexuals, and they affect mental health negatively. Minority stress factors such as perceived discrimination, self-stigmatization and internalized homophobia have negative effects on mental health. Objectives: External and internal minority stressors, which are associated with social anxiety like many mental illnesses, are also associated with self-esteem and quality of life. Minority stress factors should also be well understood in order to understand the consequences they cause. In this study, it was aimed to examine the relationship between discrimination and internalized homophobia experienced in gay and bisexual men with social anxiety, self-esteem and quality of life.

Methods: 85 participants who defined themselves as gay or bisexual man were included in the study. The study is cross-sectional and descriptive, and the participants were reached by the snowball method. Sociodemographic and clinical data form, including the experienced discrimination questions prepared by the researcher, Internalized Homophobia Scale, Libowitz Social Anxiety Scale, Social Interaction Anxiety Scale, Rosenberg Self-Esteem Scale, World Health Organization Quality of Life Scale Short Form Turkish Version (Whogol-bref Tr) has been applied. The relationship between experienced discrimination in the sample and internalized homophobia; social anxiety, self-esteem and quality of life were examined separately. Results: It was found a significant relationship between experienced discrimination and social anxiety levels, an inverse relationship was found with self-esteem. A same-way relationship was found between internalized homophobia and social anxiety levels, while an inverse relationship was found with self-esteem. Experienced discrimination and internalized homophobia were both found to be inversely related to quality of life.

Conclusions: In our study, it was found and discussed that experienced discrimination in gay and bisexual men was positively related to the level of social anxiety, and negatively related to self-esteem and quality of life; similarly there was a positive relationship between the level of internalized homophobia and the level of social anxiety, and a negative relationship between self-esteem and quality of life. When these results are evaluated, it is understood that discrimination experiences and negative mental consequences should be taken into account when evaluating homosexual and bisexual men who are minorities in terms of sexual orientation in mental health clinics and practices, psychological support process, preventive mental health practices and policies to be developed.

Disclosure of Interest: None Declared

Addictive Disorders

EPP271

Prevalence of drug abuse and it's perceived effect on the mental health and academic performance of secondary school students in Bauchi State Nigeria.

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Introduction: The study was designed to determine the prevalence of drug abuse and its perceived effect on the mnetal health and academic performance of secondary school students in Bauchi State, Nigeria.

Objectives: Objectives of the Study

The aim of this study is to examine the prevalence of drug abuse and its perceived effects on the mental health and academic performance of secondary schools student in Bauchi state. The specific objectives are:

- 1. To determine the prevalence of drug abuse among secondary school students in Bauchi metropolis.
- 2. To identify the perceived drugs commonly abused by students in secondary schools.
- 3. To investigate perceived reasons secondary school students abuse drug in Bauchi metropolis.
- 4. To investigate the perceived negative effect of drug abuse on the mental health and school performance of the students in secondary schools of Bauchi metropolis.

Methods: The study adopted a cross sectional descriptive design. Multistage sampling procedure was used to select 26 Secondary Schools in Bauchi state. The schools have a combined population of 11,439 students. The instrument for Data collection was a WHO Youth Drug Survey (WHOYDSQ) and drug abuse screening test (DAST) adapted questionnaire and a sample size of 399 was obtained using Yamane formula. The reliability of the instrument was established using a test and re-test. Data generated analysed using frequency distribution tables, cross tabulation and chi square.

Results: Out of 399 copies of the questionnaire distributed, 372 were correctly filled and analyzed. Majority (80%) of the respondents were between 18-20 years. More than half, 208 respondents (55.9%) reported to have used drug for non-medical reasons once or more in the past one year. The commonest substances abused were codeine, cough syrup, cannabis and tramadol. More than half of the users of each of the substances take it occasionally. Among the respondents, 42.8% who used psychoactive substances were introduced to the substance by their friends. Major reasons for using psychoactive substance include reduction of stress (37.1%), out of curiosity (28%) and memory improvement and retention (26.6%). There was significant difference (p < 0.05) in the academic performance of the respondents that abuse drug and those that do not.

Conclusions: In conclusion the prevalence of substance abuse among Secondary School students was high (55.9%) as such