

central symptoms. Interestingly, cognitive and perceptual disturbances, included in basic symptom criteria, appeared to develop across attenuated symptoms to frank positive psychotic symptoms. Concerning the finding of three clusters of symptoms, “subjective disturbances”, “positive symptoms and behaviors”, and “negative and anxious-depressive symptoms”, the predominately attenuated hallucinations of both SIPS and PANSS joined the basic symptoms in “subjective disturbances”, therefore underlining the importance of insight in separating true psychotic hallucinations from other hallucinatory experiences and not justifying antipsychotic medication.

**Disclosure of Interest:** None Declared

## SP098

### The phenomenology of dysphoric mood: exploring the lived experience

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**Abstract:** Dysphoria is a complex phenomenon, which must be defined in the framework of different forms of affections. It belongs to the broader field of emotions, which are characterized by some essential features: i.e. movement, passiveness, transitoriness, and reference to the others. All these four essential features of emotion are specifically altered in depression. In discussing dysphoria, a first distinction is made between particular and global affections. The first type encompasses emotions and feelings, while the second one includes humor, mood and temper. Dysphoria belongs to one of these global affective states: the humor, which has to do with the spatial dimension of existence. In dysphoria, the patient experiences the world as oppressive and invasive of his/her intimacy; the others are lived as persons demanding answers or actions he/she is not able to fulfill. Finally, the phenomenology of dysphoria is analyzed through the four essential features described above and examples are given. Irritability – as Kraepelin taught us more than 100 years ago – is the most frequent psychic condition of these patients. The humor is very instable and depending, above all, on the interpersonal relationships. It is a typical humor of premenstrual disorder, but also of the borderline personalities, as Stanghellini and Rosfort (2013) have so clearly showed. We have also observed dysphoria in two other conditions, depression and mania, though with different nuances in the form of presentation. Finally, we would like to show how the different features characterizing emotion in general, which are derived from the etymology of the word, are present in dysphoria. First, the movement appears in dysphoria as a corporal restlessness always accompanying irritability. The dysphoric state is the opposite of being in peace with oneself and with the world. It is being under pressure, urgency, loss of control, impulsivity. Second, passivity: the subject cannot decide to be in one state or the other: dysphoria happens without notice and invades the subject, who is unable to defend himself against it. Borderline patients are unable to take distance from their emotional states and particularly from dysphoria, blaming others for the consequent discomfort. The third element is transitoriness. This feature is particularly observed in premenstrual

disorder. Menstruation begins and the state disappears. Something similar occurs with pre-depressive dysphoria. In manias, by contrast, dysphoria only diminishes with the treatment. The last element we infer from the etymology of emotion is commotion, that is, its permanent reference to the other. The active participation of the other in the dynamic of dysphoria is particularly evident in borderline personalities, but also in depressive and manic dysphoria, but not in premenstrual syndrome.

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## SP099

### Decoding dysphoria and violence: phenomenological insights to diagnosis and therapeutic interventions

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**Abstract:** Aggressive emotions—such as anger, rage, envy, and resentment—play a complex role in human experience, spanning personal, social, and psychopathological dimensions. While anger can serve as a protective, communicative, or motivational force, it can also escalate into destructive emotions such as revenge, hatred, or resentment. This talk explores the phenomenology, psychology, and psychopathology of aggressive emotions, drawing from philosophical, psychoanalytic, and neuroscientific perspectives. These have a bodily-affective nature, shaping perception, behavior, and interpersonal dynamics (Schmitz, 2019; Landweer, 2020). While anger is often a reaction to a perceived transgression, it also functions as a regulatory mechanism for social norms and personal boundaries (Berkowitz, 1962; Bandura, 1973). I examine the ontological independence of emotions, showing how their spatial and embodied qualities influence their regulation and transformation (Fuchs, 2005). A key focus will be the transformation of anger into resentment and revenge, using Nietzsche and Scheler's theories of resentment to explore how powerlessness fuels hostility (Nietzsche, 1887; Scheler, 1912). We discuss how pathological resentment differs from normative anger, leading to chronic hostility, ideological fixation, and moral superiority complexes. Finally, I analyze the role of aggressive emotions in psychopathology, considering their manifestations in personality disorders, trauma-related disorders, and psychotic states (Novaco, 1979; Cameron, 1943). From paranoia's persecutory anger to the dysregulated aggression of borderline and antisocial personalities, the keynote explores how anger-related emotions are structured, experienced, and acted upon across clinical categories.

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## SP100

### Phenomenology of Gender Dysphoria

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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.

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## 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.

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## 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).