Objectives: This study aims to analyze differences in ADHD severity, comorbidity with other conditions, and socio-functional impact by ADHD subtype and sex, as well as to evaluate interactions between these variables.
Methods: This population-based study included 900 adults diagnosed with ADHD from a specialized ADHD clinic. Participants were classified by ADHD subtype and sex. Diagnostic and severity assessments were conducted using validated tools, including the CAADID-I, DIVA-5, ADHD Rating Scale (ADHD-RS), Wender Utah Rating Scale (WURS), and Clinical Global Impression Severity Scale (CGI-S). Comorbid psychiatric conditions and psychosocial functioning were evaluated using the BDI-II, STAI, BIS-11, PSQI, FAST, and WHODAS scales. Statistical analyses included bivariate, multivariate, and General Linear Model (GLM) methods.
Results: Females were diagnosed with ADHD later than males ($p=0.001$) and exhibited greater severity (ADHD-RS, $p<0.001$) and higher levels of depression and anxiety. No significant sex differences were observed in impulsivity or sleep quality. The combined ADHD subtype was associated with greater clinical severity and functional impairment. An interaction effect was found between sex and ADHD subtype only for WHODAS scores, with females in the combined subtype showing greater impairment.
Conclusions: ADHD presents differently across sexes and subtypes, with specific interactions observed in functional impairment. These findings emphasize the importance of considering sex and ADHD subtype independently to enhance diagnostic accuracy and inform targeted treatment strategies.

Disclosure of Interest: None Declared

EPP074

Prevalence and clinical correlates of intimate partner violence (IPV) among women with mental illness

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Introduction: Intimate partner violence (IPV) is a major public health concern. One of the most common forms of interpersonal violence concerns IPV, one in three women which is approximately 35% of women who experience physical and sexual violence by an intimate partner at some points in their lives. Women with mental illness are a vulnerable risk group for IPV.
Objectives: The current study aimed to assess the prevalence and clinical correlates of IPV among women outpatients with mental illness in a tertiary care psychiatric hospital.
Methods: 118 participants with a primary diagnosis of schizophrenia spectrum disorders or depression were recruited. Data on intimate partner violence (IPV) were assessed on the World Health Organization Violence Against Women (WHOVAW) scale, consisting of three domains-psychological, physical and sexual intimate partner violence. Psychopathology was measured using Brief Psychiatric Rating Scale-18 items (BPRS) questionnaire, consisting of five domains- positive symptoms, negative symptoms, resistance symptoms, activation symptoms, and affect symptoms. Data on socio-demographic characteristics were also obtained. Multivariable logistic regression was used for analysis.
Results: The mean (SD) age of women participants was 32.63 years (10.96). The overall prevalence of IPV among women with mental illness was 55.1%. Participants who were separated/widowed/divorced (versus single) were significantly more likely to experience total VAW scores (OR=14.57), and psychological (OR=21.64), and physical (OR=11.30) domains. Those who belong to Malay ethnicity (versus Chinese ethnicity) were significantly more likely to experience sexual abuse (OR=6.25). Women who were unemployed (versus employed) were significantly more likely to experience sexual IPV (OR=3.94). Women who experienced IPV (OR=1.36), psychological abuse (OR=1.30) and physical abuse (OR=1.25) were significantly more likely to have positive symptoms compared to those who did not experience IPV. Women who experienced IPV (OR=1.14) and psychological abuse (OR=1.13) were significantly more likely to have affect symptoms compared to those who did not experience IPV.
Conclusions: The study highlights the prevalence of IPV among women with mental illness. Overall VAW scores, psychological and physical IPV were strongly associated with higher score on the positive and affect symptoms on psychopathology scale. The high prevalence of IPV among this group of patients is concerning and mental health professionals should actively identify IPV and implement holistic interventions to ensure good care of women with mental illness.

Disclosure of Interest: None Declared

EPP075

Gender Bias in ADHD Assessment: Are Male Partners Underestimating Female Symptoms on CAARS?

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Introduction: Social support can significantly influence mental health help-seeking (Rickwood et al., 2005). At MHWS, many patients are older and receiving late diagnoses for ADHD, often after experiencing lifelong difficulties. Research shows that women's mental health issues are frequently overlooked due to gender biases in healthcare (Kuehner, 2017), with men often underestimating the severity of their partners' mental health challenges (O'Neil, 2008; Cummings & Davies, 2002). This study explores whether similar patterns of underrepresentation occur in ADHD diagnoses, particularly in relation to observer gender and relationship to the patient.
Objectives: The study aimed to explore differences in ADHD assessment scores between patients and their observers based on the observer's gender and relationship to the patient. Additionally, it sought to determine whether the underrepresentation of ADHD symptoms differs based on these variables.
Methods: A cross-sectional comparative study was conducted involving 196 patients (123 females, 73 males) and their observers (135 females, 61 males) using the Conners' Adult ADHD Rating Scales (CAARS). The DSM-IV ADHD Symptoms Total was analyzed by comparing scores between patients and observers. The significance

level was set at 0.10 for exploratory purposes. Statistical analyses included the Mann-Whitney U test and Kruskal-Wallis test to explore the effects of observer gender and relationship on the discrepancy in ADHD symptom reporting.

Results:

1. Gender of the patient did not influence self-reported ADHD scores (*U = 5057.500, p = 0.705)*, but observer gender significantly impacted their rating of the patient's symptoms (*U = 5312.500, p = 0.032).*
2. Female patients' ADHD symptoms were underrepresented more than male patients' (U = 3941.500, p = 0.019).
3. Male observers underreported symptoms more than female observers (U = 4772.500, p = 0.075).
4. Observer relationship to the patient did not significantly affect ADHD symptom score discrepancies (H(3) = 4.928, p = 0.177).
5. Female partners were less likely to underrepresent ADHD symptoms compared to female parents, female and male family members, and male partners *(p = 0.028, 0.002, <0.001).*

Conclusions: Female patients were more likely to have their ADHD symptoms underrepresented, particularly by male observers and male partners, indicating potential gender biases in perception. The findings suggest that clinicians should be cautious of possible underreporting of ADHD symptoms by male observers and particularly male partners. Future research should explore whether hyperactivity or inattentiveness is more frequently underrepresented and further validate these exploratory findings.

Disclosure of Interest: None Declared

Addictive Disorders

EPP076

Increased risk of alcohol use disorder following bariatric surgery: literature review

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Introduction: In the last 50 years, obesity has become a leading cause of morbidity and decreased life expectancy, being associated with the development of cardiovascular disease, decreased mental health and overall decreased quality of life. The development of bariatric surgery as a treatment strategy in those in which attempts at conservative treatment yielded no satisfactory results has revolutionized treatment of refractory obesity. While short term gains in cardiovascular health are undeniable, long-term impact remains uncertain. More recently, there is emerging evidence of bariatric surgery being associated with *de novo* alcohol use disorder.

Objectives: We aimed to study the possible correlation between bariatric surgery and alcohol use disorder, specifically the individual risk factors that may promote such outcome. Moreover, we aimed to evaluate which surgical procedures are more eliciting of alcohol use disorder.

Methods: We performed a literature review using the database MEDLINE and obtained 241 results using the query terms "*bariatric surgery*" and "*alcohol*". Of these, we read all the summaries and subsequently selected 51 different scientific articles which we afterwards read in full. We then performed a literature review aiming to understand the maladaptive alcohol consumption patterns following bariatric surgery

Results: Most studies report maladaptive alcohol use following bariatric surgery. Outstandingly, this consumption pattern develops only at later follow up stages, usually over 3 years after surgery. Furthermore, not all types of bariatric surgery appear to pose the same iatrogenic risk. Gastric bypass poses the highest risk of new onset alcohol misuse, in comparison to sleeve gastrectomy or gastric band surgery. It is not yet fully understood the mechanism behind this pattern of alcohol misuse following surgery, but common reasons have been identified, including different social interaction patterns, addiction transfer, ambivalence towards bodily changes, increased mental vulnerability and different body response to the effects of alcohol.

Conclusions: The screening of alcohol misuse before and after bariatric surgery is of paramount importance to decrease the surgical iatrogenic risk and improve outcomes. Further research should be developed in understanding what are the risk factors and mechanistic pathways for alcohol misuse following bariatric surgery. Also, it should be investigated whether the treatment of alcohol misuse disorder differs between patients submitted to bariatric surgery or not.

Disclosure of Interest: None Declared

EPP077

Screening abstinent bariatric surgery patients for Behavioural Addictions using MMPI-2 data

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Introduction: Eating disorders comprise various conditions yet do not cover chronic overeating that may result in extreme obesity. Binge eating disorder with chronic somatic effects is not included in DSM-V; behavioural addictions do not comprise chronic overeating either. Neither do impulse control disorders. There are no actual screening tools for chronic overeating, and research is scarce on its chronic psychological effects

Objectives: This research aims to find the distinctive psychometric characteristics of addiction using MMPI-2 data taken from patients who underwent gastric surgery due to high-risk obesity or moderate-risk obesity with alarming comorbidities.

Methods: This study employed a consecutive patient cohort to evaluate complication rates and the efficacy of Single-Anastomosis duodeno-ileal bypass with Gastric plication (SADI-GP). Patient recruitment commenced in October 2018 and ceased in June 2019. The process involved preoperative assessment, surgery, and several postoperative follow-up appointments at 1, 3, 6, and 12 months. The Minnesota Multiphasic Personality Inventory