

patients functioning, quality of life and socioeconomic status. Moreover, the works of our team have also shown that some psychopathological symptoms such as depression, anxiety, anhedonia, chronobiological preferences and circadian rhythm disruptions as well as some psychological traits are linked to lack of response to pharmacological treatment in fibromyalgia.

The current knowledge on fibromyalgia etiopathogenesis is incomplete and does not warrant a comprehensive description. There are no biomarkers or objective tests, which would verify the fibromyalgia diagnosis, which is therefore based primarily on the physician's history-taking and fulfillment of criteria. In effect, the group of patients diagnosed with fibromyalgia is most likely heterogeneous, regarding the biological basis of its symptoms, clinical presentation and susceptibility to treatment. This also means treatment is symptomatic and characterized by limited effects.

Fibromyalgia management requires a multidisciplinary approach, with emphasis on non-pharmacological interventions such as physical activity, cognitive-behavioral/mindfulness psychotherapy, physical therapies. For a large number of fibromyalgia patients these interventions are not sufficiently effective and there is a need for pharmacotherapy. The use of selective serotonin and noradrenaline reuptake inhibitors (SNRI) and pregabalin, which are commonly used to manage depression and anxiety, is supported by best scientific evidence. Also other drugs used for psychiatric disorders such as amitriptyline, gabapentin, quetiapine or naltrexone (in low doses) were proven useful in fibromyalgia management.

This presentation will sum up current knowledge on psychiatric comorbidity in fibromyalgia and treatments which psychiatrists can offer to fibromyalgia patients.

Disclosure of Interest: None Declared

ECP004

Optimizing Psychopharmacotherapy in Special Populations: Educating Language Models for Tailored Treatment Approaches

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Abstract: In recent years, artificial intelligence has increasingly demonstrated its potential to transform healthcare, particularly in the domain of psychopharmacotherapy. This workshop explores the integration of language models into the personalization of treatment strategies for special populations, including those with complex comorbidities or unique pharmacokinetic profiles. By educating language models with domain-specific data, we can enhance their capacity to support clinicians in decision-making processes, optimize treatment outcomes, and reduce the risk of adverse drug reactions. Attendees will gain insights into the methodologies for training AI models on tailored datasets, addressing challenges in bias mitigation and ethical considerations, and leveraging these tools for real-world clinical applications. This session aims to foster a deeper understanding of how cutting-edge AI can reshape psychopharmacological practices and empower clinicians with data-driven insights.

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ECP005

Psychopharmacological treatment in elderly patients

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Abstract: Mental disorders in the elderly occur much more often than in young adults, and their prevalence increases significantly with age and in the case of people receiving institutional care. Psychopharmacotherapy in an elderly patient is much more challenging and requires more restrictive safety strategies than in younger patients. The significantly increased risk of interactions, side effects and complications resulting from: comorbidities, systemic changes due to aging and, as well as their pharmacotherapy, are a serious problem in the treatment of elderly patients. It should be emphasized that the safety profile may be different in the elderly compared to the young adults - some complications that are rare in younger patients, e.g. bleeding complications, fractures and bone loss, cataract progression, hyponatremia, falls, QT prolongation, stroke, pneumonia and others, are a much more common problem among seniors and their risk should be considered at the initial stage of pharmacotherapy selection. In the case of some drugs (e.g. antipsychotics), the accumulation of serious complications may significantly increase the risk of premature mortality, if they are used incorrectly. Moreover, it should be remembered that certain side effects, e.g. orthostatic hypotension, may occur with drugs for which these side effects are unlikely in younger patients. During the treatment process, it is also necessary to monitor the presence and severity of side effects, such as: constipation, dry mouth, tremors, urination problems, excessive sleepiness or cognitive impairment, which may reduce the quality of life, particularly in an elderly patient. This presentation will provide a brief and practical clinical guide to safe and effective pharmacotherapy in the elderly patients.

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ECP006

Mental health treatment for people with dual diagnosis

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Abstract: In this presentation I will show that mental health treatment for people with dual diagnosis is not very different from treatment of mental disorders without addiction problems. There are a few points that will be raised like interactions with the drug of choice for the patients and the problem arising from compliance. The most important point that will be presented is the fact that too many people with dual disorders go untreated. There is a need to rise awareness of this problem within our profession. The main aim of treatment is often to replace some of the effects that the patients experience using drugs like depression, irritability, fluctuating thoughts and sleep problems.

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