and/or behavioral disturbances. The symptoms begin before 12 years and must cause an impact in different contexts. It is now recognized that in 40–60% of cases, ADHD symptoms persist into adulthood and old age, representing nearly 4% of adults and seniors.
Executive and memory deficits have been described in other neurodevelopmental disorders, such as autism, and older adults with these disorders are observed, later in life, with mild cognitive impairment (MCI) or dementia.
MCI is conceptualized as a prodromal stage of a neurodegenerative process, for which the pathological processes are not yet known. The term "MCI" is currently used to designate subjective complaints and performance below expected levels, in any cognitive domain.
There is, therefore, an overlap between ADHD and MCI in older adults, related to cognitive and behavioral symptoms. This overlap makes both syndromes difficult to distinguish, particularly in older patients.
Objectives: To highlight the importance of understanding the key processes of ADHD and MCI and how these entities may be related to each other.
Methods: Non-systematic review of the literature using *Pubmed* database. Papers were selected according to their relevance.
Results: Sleep disturbances are present in about 70% of adults with ADHD, and 59% of those with MCI. Depression and anxiety, respectively, are observed in about 44% and 35% of adults with ADHD, and 27% and 14% of those with MCI.
In the literature, the relationship between ADHD and MCI/Dementia remains unclear, although there are some hypotheses: (a) ADHD and MCI represent two points along a single pathophysiological continuum; (b) ADHD increases the risk for MCI and dementia (through an unrelated mediator); (c) ADHD and MCI manifest highly similar neurobehavioral symptoms through fundamentally distinct mechanisms (are unrelated). However, these three hypotheses are not mutually exclusive, i.e. ADHD may share common antecedent causal factors with MCI/Dementia and also increase the risk of MCI/Dementia through an unrelated mediator.
Neuroimaging evidence tends to support the hypothesis that neurobehavioral symptoms in ADHD and MCI manifest via distinct processes within the brain, with frontostriatal, frontal-temporoparietal, and fronto-cerebellar abnormal networks in ADHD and progressive neurodegeneration in MCI.
Conclusions: Whether or not ADHD is a phase of a neurodegenerative process, the current criteria for the diagnosis of MCI or Dementia may not be appropriate or valid in individuals with a premorbid history of ADHD.
The criteria for the diagnosis of MCI/Dementia in adults with a previous diagnosis of ADHD should therefore be revised to rely more on functional outcomes.
Future neurobiological and epidemiological studies are needed, to explore the relationship between MCI/Dementia and ADHD, in older adults.

Disclosure of Interest: None Declared

EPP0223

The effects of the mother's ADHD on her parenting role

C. Moutafi

private practice, Athens, Greece and private practice, Athens, Greece
doi: 10.1192/j.eurpsy.2023.553

Introduction: Attention Deficit Hyperactivity Disorder (ADHD) is the second most common psychiatric disorder in childhood, affecting 5-7% of the child population. The same disorder in adults is less documented and is estimated at 2.5% of the population. The mothers of children with ADHD are 24 times more likely to develop ADHD than mothers of children without ADHD. About 17% of mothers of children with ADHD meet criteria for the disorder themselves. The core symptoms of ADHD are inattention, hyperactivity and impulsivity.
Objectives: The objective of this e-poster is to describe the effects of the mother's ADHD on her parenting role
Methods: The current poster is based on the bibliographic reviews of papers via the 'PubMed' search engines.
Results: In some studies mothers with ADHD may use ineffective discipline methods in order to limit their children.The mothers with ADHD often have difficulties with executive functions such as planning, organizing and implementing goals and with self-control. Characteristically, in a study with a sample of mothers with children aged 3-6 years were observed difficulties in defining the boundaries of the children, unstable behavior and low self-esteem. Additionally, mothers with ADHD may have difficulty forming and maintaining social relationships and this have a negative effect on children's social skills. The maternal role is influenced by when the mother suffers from depression, anxiety, uses alcohol or psychotropic substances. In addition, her role is influenced by when there are problems in the marital relationship or she is a single parent. The reactions of the mother with ADHD may be influenced not only by whether she has ADHD but also by whether or not her child has been diagnosed with ADHD. The mother with ADHD and child with ADHD has to deal not only with her own symptoms but also with her child's symptoms. The coexistence of the specific disorder in both may cause increased levels of stress to the mother. Nevertheless, some research reports that these mothers show empathy towards their children, i.e. they have a more positive and supportive behavior, they are more protective, less irritable and less frustrating (similarity-fit hypothesis). In other studies mothers with ADHD worsen their children's symptoms with their behavior (similarity-misfit hypothesis). There is a significant correlation between the mother's ADHD and the child's emotional, behavioral and social functioning.
Conclusions: In conclusion, mothers with ADHD may experience difficulties in all developmental stages of their children. Therefore, the treatment of the disorder (medication and cognitive-behavioral psychotherapy) is necessary in order to improve the mothers' symptoms, the mental condition of their children and the family's quality of life.

Disclosure of Interest: None Declared

EPP0224

Adherence to psychiatric medications and diagnosis

C. González Navarro*, A. Bilbao Idarraga, I. Alonso Salas, L. Morado San segundo, A. López Fariña, U. López Puentes, B. Samsó Martínez, R. F. Lopez Brokate, T. Ruiz de Azua Aspizua, E. M. Garnica de Cos and U. Ortega Pozas

RED DE SALUD MENTAL DE BIZKAIA, ZAMUDIO, Spain
*Corresponding author.
doi: 10.1192/j.eurpsy.2023.554

Introduction: Patients with mental disorders frequently become non-adherent during their long term prescribed treatment. This

situation frequently triggers clinical worsening and hospital admission. Therefore, non-adherence may result in poorer long term clinical outcomes and has economic implications for health-care providers (Carlos De las Cuevas et al. Neuropsychopharmacol Hung 2021; 23(4):347-362).

Objectives: - To describe the adherence to oral and long acting injectable treatment in the sample of patients that were admitted to the short stay hospital unit during the period of study.

- To describe the adherence to treatment amongst psychiatric diagnosis in the sample of study.

Methods: It was a retrospective observational study with a duration of three months. Data was collected from all patients admitted to the short stay hospital unit during the period of study and there were no specific exclusion criteria. Descriptive statistics were performed. To assess the adherence to pharmachological treatment the patient report, the family report and the pharmacy dispensation according to the existent informatic prescription platform was considered. Regarding the long acting injectable treatment the formulary of administration in the clinical history was checked.

Results: During the period of study 172 patients were admitted to the short stay hospital unit. Of those, 146 patients had a previous pharmacologic prescription. Data of treatment was not possible to obtain in 7 patients. In the sample of study, 83.5% were on oral and 16.5% on long acting injectable treatment. The general adherence to treatment in the sample was 61.87%. In the oral treatment group the adherence was 58.4% and in the long acting injectable treatment group was 65.2%.

Amongst the different psychiatric diagnoses the outcomes of adherence to treatment were: 60.4% in schizophrenia and related psychosis, 62.5% in bipolar disorder, 78.6% in depression, 58.3% in personality disorders and 62% in addictive disorders.

Conclusions: In our descriptive study adherence to treatment was higher in the long acting injectable treatment group, agreeing with the existent scientific literature.

The results of adherence for schizophrenia and bipolar disorder are similar to the ones found in scientific literature but differ from the ones for depression, being higher in our sample (Judit Lazary et al. Neuropsychopharmacol Hung 2021;23(4): 347-362). Moreover, in scientific literature it is found a similar prevalence of adherence across diagnosis (for schizophrenia, bipolar disorder and depression) whereas in our sample patients with depression showed a different and higher adherence to treatment (Judit Lazary et al. Neuropsychopharmacol Hung 2021;23(4): 347-362). In our sample, patients with personality disorders had the lowest adherence to treatment.

Disclosure of Interest: None Declared

EPP0225

Latent classes based on clinical symptoms of military recruits with mental health issues and their distinctive clinical responses to treatment over a 6-month duration

D.-I. Jon*, E.-H. Park, H. J. Hong, M. H. Jung and N. Hong

Psychiatry, Hallym University Sacred Heart Hospital, Anyang, Korea, Republic Of

*Corresponding author.

doi: 10.1192/j.eurpsy.2023.555

Introduction: In South Korea, all men at the age of 18 or older are required to serve at military for a certain period as an obligation. These recruits should be able to withstand psychological stress and pressures of rapid adaptation of the unique and new environment in military.

Objectives: The current study attempted to identify distinct subgroups of patients referred for military service suitability and further to investigate whether there is a difference in clinical features such as treatment responsiveness and prognosis among those subgroups.

Methods: Subjects were male patients aged 18 to 28 years who visited the department of psychiatry at the University Hospital for evaluating mental health problems related to military service. We conducted a latent profile analysis (LPA) using 10 clinical scales of MMPI-2 as an indicator variable to investigate the subgroups of subjects. The clinical state of subjects was assessed with CGI-S and GAF scale for three time point (0, 3, and 6 month).

Results: The results showed that the best fitting model corresponded to a three-class model: each class was named 'Class 1: mild maladjustment', 'Class 2: neurotic depression and anxiety', and 'Class 3: highly vulnerable and hypervigilant' respectively. Subsequent analysis was also carried out to identify changes in clinical symptoms and functional level across treatment time of each subgroup identified in LPA. We demonstrated that the three subgroups displayed differential characteristics in treatment responsiveness and clinical course evaluated by CGI-S and GAF over a treatment period of 6 months. Three subgroups indicated significant differences in the number of medications prescribed as well. Class 3 had more antidepressants and anxiolytics on use than Class 1 and 2. Antipsychotic agents and a combination of three antidepressants were prescribed more frequently in Class 3 than in Class 1 and 2.

Conclusions: While Class 1 and 2 significantly improved over 6 months, Class 3 showed little or no improvement in our clinical parameters even with more medications. This study has a clinical significance that it has classified qualitatively different subgroups within the sample by conducting LPA with clinical profiles of MMPI-2 and provides a basis for comprehensively understanding their differentiated clinical features. This study suggests clinical implications for treatment plan and intervention of each subgroup classified based on MMPI-2 clinical profiles of military recruits who might show maladjustment to serve.

Disclosure of Interest: None Declared

EPP0226

Attitude of Albanian psychiatrists towards their patients

E. Dashi[1]*, V. Skendi[1], D. Ori[2,3] and V. Alikaj[1,4]

[1]Department of Neuroscience, University Hospital "Mother Tereza", Tirane, Albania; [2]Institute of Behavioural Sciences, Semmelweis University; [3]Department of Mental Health, Heim Pal National Pediatric Institute, Budapest, Hungary and [4]Faculty of Medicine, Tirana Medical University, Tirane, Albania

*Corresponding author.

doi: 10.1192/j.eurpsy.2023.556

Introduction: Erving Goffman described stigma as an attribute considered to be undesirable and unpleasant by society and which differentiates the stigmatised person from other members of the community that he or she should belong to. (Hankir AK, et al., 2014). Mental illness has been always associated with stigma,