before her admission to the hospital she visited her daughter, which aligns with the onset of symptoms.
Methods: After both the brain CT scan and the lab results came back normal, the patient was admitted to the psychiatric clinic of the General Hospital of Corfu. On the fourth day of the patient's hospitalization - when both her speech and the psycomotor agitation showed signs of improvement- we were informed that three days before her admission to the clinic she visited the emergency department of another hospital where she was treated for hyponatriemia. The patient's hyponatriemia was corrected over the span of twelve hours by 35 mEq.
Results: After receiving this information, we ordered a brain MRI scan which revealed a central pontine myelinolysis. The result can explain the clinical symptoms that our patient showcased before her admission and could have been caused by the rapid correction of hyponatriemia.
Conclusions: The patient's speech was fully restored after four weeks and there were no symptoms consistent with any psycho emotional disorder.

Disclosure of Interest: None Declared

EPV0248

QTc prolongation in patients hospitalized in enclosed psychiatric facilities in Corfu

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Introduction: An undeniably significant amount of psychotropic medication can evidently affect the corrected QT (QTc) interval, which puts patients' lives at risk. More specifically, certain anti-psychotic medication can increase the risk of QTc prolongation and by extension the risk of a potentially fatal arrhythmia or sudden cardiac death.
Objectives: Electrocardiograms (ECG) were contacted in one hundred and four (104) chronic patients, with psychosis, through out their hospitalization in several enclosed psychiatric facilities in Corfu. Almost the entirety of the patients along side their anti-psychotic medication were also taking various other medication for their individual pathological issues. We observed any changes that might have occurred on the ECG in comparison with each patient's medication and it's potential effect on the QTc.
Methods: The measurements of the QT interval were made manually in lead V5 and the mathematical conversion was contacted using the Hodges correction formula.
Results: At least one ECG (n = 104) was performed. Among them 29,8% (n=31) had ECG abnormalities, including 13,5% (n=13) with a prolonged Qtc (481.2 ± 26,8 ms). Covariates significantly associated with the QTc were gender (+17.2 ms if female, $p < 0.0001$) and age (+0.4 ms/year, $p = 0.0001$).
Conclusions: The QTc prolongation that was evident in a notable number of patients, emphasizes the importance of QTc monitoring in patients who are taking anti-psychotic medication. QTc prolongation risk factors should be assessed before the administration or prescription of any anti-psychotic medication.

Disclosure of Interest: None Declared

EPV0249

Persistent Adult-Onset Attention-Deficit/ Hyperactivity Disorder (ADHD) Manifesting as Occupational Impairment: Highlighting the Therapeutic Potency of Methylphenidate

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Introduction: This case study emphasizes the significance of considering unrecognized adult-onset ADHD, particularly in patients with chronic forgetfulness and occupational inefficiencies refractory to standard treatment options. The case outlined involves a 33-year-old male with enduring cognitive impairments, leading to Extreme Anxiety Disorder with detrimental consequences on his professional progression and personal well-being.
Objectives: This necessitates the need for advanced research initiatives and broader awareness programs to facilitate improved diagnostic accuracy and optimization of therapeutic outcomes. Emphasizing ADHD as a potential cause of such symptomatology in adults and integrating effective treatment options can potentially pave the way to personalized therapeutic protocols.
Methods: The patient was approached via meticulous reconsideration of previous unsuccessful treatment paradigms that primarily included antidepressants and anxiolytics, which yielded cyclical patterns of negligible amelioration, compounded by intermittent emergence of suicidal ideation. Given the limited response, a differential diagnosis of Adult-Onset ADHD was entertained.
Results: The therapeutic intervention involving Methylphenidate administration led to a remarkable enhancement in the patient's mental health and occupational efficiency. Progress was also evidenced in the patient's improved confidence and self-esteem, with critical implications for his professional and personal life dynamics.
Conclusions: This case study underscores the transformative potential of precise ADHD management in adults with chronic cognitive impairments. Further research studies involving larger cohorts are warranted to enhance the understanding of adult ADHD, its prevalence, and therapeutic strategies, which could serve as key elements in improving the overall quality of life for these patients.

Disclosure of Interest: None Declared

EPV0250

The difficulties of Adult ADHD management within a Community Mental Health Team

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Introduction: ADHD is a neurodevelopmental disorder characterised by: inattention, hyperactivity and impulsivity.Diagnosis of ADHD in adults is complex, owing to the need for retrospective evidence that symptoms began in childhood as well as the high rates of comorbid mental health conditions. There are no public specialized clinics for adults with ADHD in Ireland. In their absence, referrals are sent to general adult psychiatry.
Objectives: An audit of standards of care received by patients with ADHD against those set by the NICE guidelines.
Methods: Care received pre and 8 weeks post MDT (multi-disciplinary team) educational session. Inclusion criteria: existing adult community mental health team (CMHT) patients with a diagnosis of ADHD. Recommendations as per NICE guideline used for assessment: Specialist MDT team input, OT/ Psychology input, MDT review of reports, Specialist consultant with training in diagnosis and treatment, Diagnosis based on structured assessment e.g. DIVA, Detailed psychiatric assessment, Physical health monitoring before commencing treatment (e.g. ECG), Ongoing physical health monitoring (BP, HR, weight), Patient regularly attending follow up
Results: There were 7 patients with diagnosed ADHD attending the CMHT, 4 male, 3 female aged 19-42yo. 4 patients were diagnosed privately (average age at diagnosis 31yrs). 2 were diagnosed by CAMHS. And 1 was diagnosed by primary care psychology (age 27). 8 weeks following MDT meeting; 2 patients had been commenced on ADHD medication. Those on the wait list for OT/ psychology remained on the wait list.
Conclusions: ADHD is a specialised area which requires a specialist MDT led by a consultant with expertise in diagnosis and treatment. As evidenced by this audit, despite the best efforts of adult psychiatric services, teams are not sufficiently resourced to meet the needs of adults with ADHD and fall short of the expected standards of care.

Disclosure of Interest: None Declared

EPV0251

'Comorbidity, Co-Pathology and Confusion': The Critical Importance of the ADHD - Anxiety Disorders Relationship

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Introduction: Given the widespread prevalence of ADHD and Axniety Disorders, and their obvious impact on mood, cognitions, individual productivity, interpersonal relationships and self-esteem, accurate diagnosis and treatment of these disorders should rightly be considered paramount. ADHD shares several co-morbidities (including and especially the anxiety disorders). With the decades-long rise in the number of stimulant prescriptions, the increasing number of self-report measures, and 'confusing' DSM-5 criteria, concerns remain as to how accurately ADHD and/or anxiety disorders are actually being diagnosed and treated, especially when comorbid with one another.
This presentation seeks to highlight the downstream consequences of overdiagnosis, underdiagnosis and missed diagnoses when it comes to both Anxiety disorders and ADHD. Its overarching aim is to offer clinicians a 'roadmap' through the ADHD and Anxiety Disorders diagnostic and treatment 'maze'. A pragmatic, guided evaluation of symptoms and functionality is outlined, striving for improved clinical understanding of how ADHD and Anxiety Disorders (when co-morbid) actually affect each other and whether they are, in fact, related disorders.
Objectives: Particpants will be expected to have a more solid understanding of:
The extent and ramifications of underdiagnosis, missed diagnoses and overdiagnosis with respect to Anxiety Disorders and ADHD, as result of current DSM-5 diagnostic criteria, common clinical pitfalls and assumptions, as well as clinician biases.
How ADHD and Anxiety disorders can affect the presentation and prognosis of the corresponding comorbid disorder.
How clinicians should approach these two disorders (whether comorbid or not) in order to facilitate effective individualized treatment.
The hypotheses and evidence that ADHD and anxiety are different or that they are related subtypes of the same endophenotype.
The circuitry of. and inputs to, the Prefrontal Cortex and how this can be usefully applied in clinical practice.
Methods:

1. Literature Review of electronic research databases to include: PubMed, Google Scholar, and PSYCHINFO
2. Review of statistics of prevalence, incidence of the above two disorders, and number.type of prescriptions for ADHD and anxiety worldwide derived from the above as well as the CDC and NIMH
3. Review of existing North American, European and Australasian treatment guidelines as well as expert consensus recommendations for ADHD, Anxiety Disorders, as well as both disorders when comorbid with one another.

Results: To be provided by the presenters via Powerpoint slides at the open panel discussion
Conclusions: To be provided and discussed at the open panel discussion

Disclosure of Interest: None Declared

EPV0252

Suicidal behaviors in mental illness: A case-control study. Suicidal behaviors in mental illness: A case-control study

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Introduction: The assessment of suicide risk remains a critical concern, especially within the psychiatric community. Mental health professionals continually work to identify and support