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Introduction Attention deficit/hyperactivity disorder (ADHD) affects 5–6% of adults. Methylphenidate challenge is used to test functions such as concentration. Therapeutic drug monitoring (TDM) identifies optimal drug ranges in plasma.

Objectives/Aims We aimed to: assess the clinical impact of the drug challenge in adults with ADHD; analyze the relationship with the drug plasma levels after the challenge; identify predictors of the challenge's clinical impact.

Methods In 2015–2016, we recruited 45 consecutive adult DSM-5 ADHD outpatients (mean age \pm SD = 35.3 \pm 2.1 years; females = 64.4%) at the Bolzano hospital department of psychiatry. Before and after administration of methylphenidate 10 mg, we measured concentration, impulsivity, tension, and general well-being with a VAS and an interview. After two hours, TDM was performed. Deltas were calculated for pre-/post-challenge measures. Correlations were measured with Pearson's *r*/point-biserial coefficient. A generalized linear mixed model estimated the size of association between tension/general well-being improvement and patient characteristics.

Results After the challenge, the mean improvement \pm SD was 24 \pm 22 for concentration, 17 \pm 23 for impulsivity, 21 \pm 28 for tension, 16 \pm 24 for general well-being. The mean TDM \pm SD was 4.6 \pm 0.5 ng/mL. A negative correlation between TDM, tension ($P=0.009$), and general well-being ($P=0.028$) after the challenge emerged: higher drug plasma levels relate to less tension and greater general well-being. At the GLMM the main predictor for tension/general well-being improvement was psychopharmacological treatment ($P=0.011/P=0.05$, respectively). Older age and difficult tasks prevented improvement.

Conclusions Methylphenidate challenge had a positive effect on all patients' performance. TDM values were lower than literature ones, although the latter are usually obtained after the administration of methylphenidate 20 mg.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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Sensitivity and specificity of the Italian version of the bipolar spectrum diagnostic scale. Different scores in distinct populations with unipolar depression

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Introduction To date, the proposition of recurrence as a subclinical bipolar disorder feature has not received adequate testing.

Objectives/Aims We used the Italian version of the bipolar spectrum diagnostic scale (BSDS), a self-rated questionnaire of bipolar risk, in a sample of patients with mood disorders to test its specificity and sensitivity in identifying cases and discriminating between high risk for bipolar disorder major depressive patients (HRU) and low risk (LRU) adopting as a high recurrence cut-off five or more lifetime major depressive episodes.

Methods We included 115 patients with DSM-5 bipolar disorder (69 type I, 41 type II, and 5 NOS) and 58 with major depressive disorder (29 HRU and 29 LRU, based on the recurrence criterion). Patients filled-out the Italian version of the BSDS, which is currently undergoing a validation process.

Results The BSDS, adopting a threshold of 14, had 84% sensitivity and 76% specificity. HRU, as predicted, scored on the BSDS intermediate between LRU and bipolar disorder. Clinical characteristics of HRU were more similar to bipolar disorder than to LRU; HRU, like bipolar disorder patients, had more lifetime hospitalizations, higher suicidal ideation and attempt numbers, and higher rates of family history of suicide.

Conclusions The BSDS showed satisfactory sensitivity and sensitivity. Splitting the unipolar sample into HRU and LRU, on the basis of the at least 5 lifetime major depressive episodes criterion, yielded distinct unipolar subpopulations that differ on outcome measures and BSDS scores.

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Aggression and violence towards healthcare workers in a psychiatric service in Italy. A retrospective questionnaire-based survey

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Introduction Violence at work is a major concern in healthcare services. Prevention programs have been implemented, albeit being scarce in Italy.

Objectives or Aims The Bolzano psychiatric department adopted a de-escalation model developed by the Institut-für-Professionelles-Deeskalations-Management (ProDeMa®). It includes evaluation, prevention, and practical training aimed at preventing/reducing patients' aggressive behavior toward healthcare workers.