network connectivity (S = .02, p = .93) and network structure (M = .23, p = .53) are identical across the two groups.

Image 1:

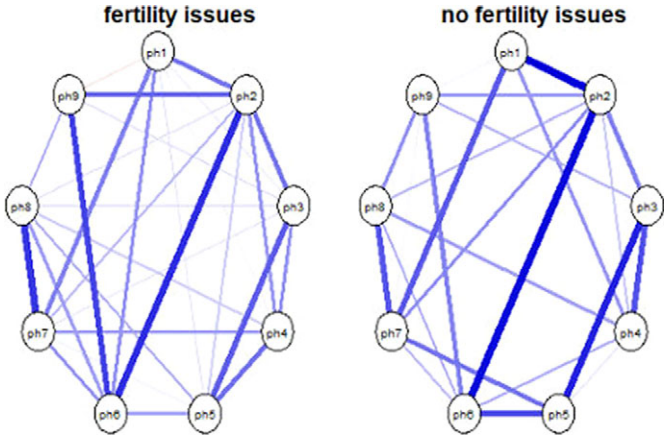


Image 2:

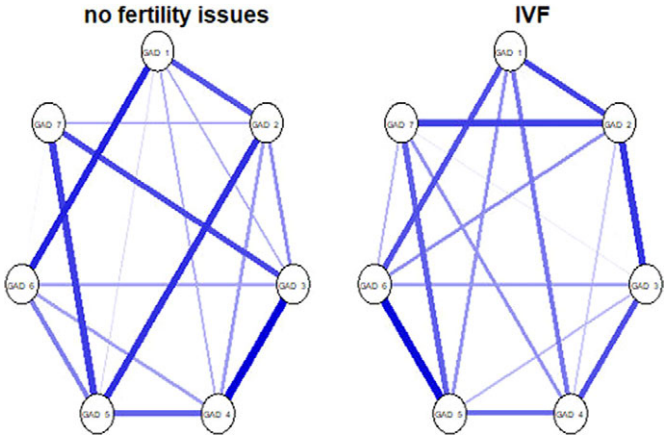
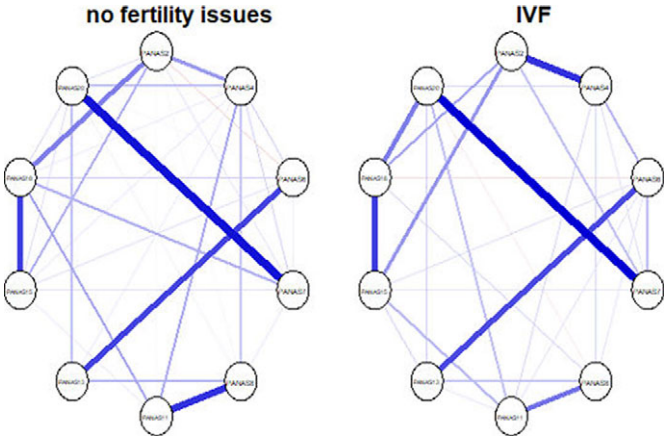


Image 3:



Conclusions: The networks of negative affect, depression, and anxiety are highly similar across women with fertility issues and women without such issues. Therefore, fertility issues do not seem to affect the structure of symptoms of depression, anxiety, and negative affect. Finally, it is argued here that the knowledge of these disorders (and negative affect) can be generalized to the population of women who have fertility issues.

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EPP073

Sex differences in adults with ADHD: A population based study

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Introduction: Attention-deficit/hyperactivity disorder (ADHD) is a common neurodevelopmental disorder that often persists into adulthood, significantly impacting daily functioning and quality of life. Studying sex differences in ADHD is crucial as females are frequently underdiagnosed or misdiagnosed, which can delay treatment and worsen outcomes. ADHD presents in three main subtypes: inattentive, hyperactive-impulsive, and combined. The combined subtype tends to cause more significant impairments, particularly in academic and social contexts. Males are more likely to be diagnosed with hyperactive-impulsive or combined types, while females often present with the inattentive subtype. A subtype-specific approach is essential, as it guides targeted interventions to address distinct behavioral and cognitive challenges, enhancing treatment efficacy and outcomes.

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

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