personality disorder. Neuroimaging studies suggest transient thalamic hypoperfusion during symptomatic periods. Early recognition is crucial to prevent unnecessary psychiatric interventions and social stigmatization.
This case underscores the diagnostic complexity of Kleine–Levin syndrome, particularly when hypersexuality dominates the clinical presentation. Comprehensive neurological and psychiatric evaluation, along with exclusion of metabolic or epileptic disorders, is essential for accurate diagnosis. Increased awareness of KLS among clinicians may lead to earlier identification, more appropriate management, and improved quality of life for affected individuals.

**Disclosure of Interest:** None Declared

## EPV1038

## "Basics of AI Prompts for Psychiatrists: From Diagnosis to Treatment"

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**Introduction:** Artificial Intelligence (AI) is rapidly reshaping psychiatric practice by offering novel tools for diagnosis, treatment planning, and patient engagement. Psychiatry has traditionally relied on nuanced clinical judgment, but recent advancements in AI prompt systems suggest they may augment clinicians' cognitive processes and therapeutic interactions. This study aims to introduce psychiatrists to the fundamentals of AI prompt engineering and explore its practical applications in mental healthcare.
**Objectives:** To introduce psychiatrists to the core principles of AI prompt engineering and its relevance in clinical psychiatry.
To examine how structured AI prompts can assist in diagnostic clarification, treatment planning, and therapeutic interventions.
To evaluate the role of AI as a cognitive support tool that enhances, rather than replaces, clinician judgment and patient interaction.
To demonstrate practical applications of AI prompts through case-based vignettes, including psychoeducation, cognitive restructuring, and motivational interviewing.
To highlight ethical considerations, opportunities, and limitations of incorporating AI prompt systems into psychiatric practice.
**Methods:** A narrative review of recent literature, complemented by case-based demonstrations from clinical practice, was conducted. Scenarios included diagnostic clarification using DSM5/ICD-11 criteria, integration of pharmacological and psychotherapeutic algorithms, and patient-facing AI interactions for psychoeducation and engagement. Structured AI prompts were tested in simulated vignettes to assess feasibility and clinical relevance.
**Results:** Preliminary findings indicate that AI prompts can support psychiatrists by reducing cognitive load, streamlining documentation, and improving accuracy in case formulation. AI-assisted tools demonstrated potential in delivering cognitive restructuring, guided mindfulness, and motivational interviewing techniques. Importantly, these systems acted as cognitive extenders rather than replacements, enhancing decision-making and clinician–patient communication.
**Conclusions:** AI-driven prompts represent an innovative adjunct in psychiatry, bridging diagnostic reasoning, treatment planning, and therapeutic interventions. By equipping psychiatrists with foundational knowledge of prompt-based AI systems, mental health services can become more efficient, scalable, and patient-centered, while maintaining ethical safeguards.

**Disclosure of Interest:** None Declared

## EPV1040

## Growth suppression in ADHD patients taking stimulants.

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**Introduction:** Attention deficit hyperactivity Disorder (ADHD) is one of the most commonly diagnosed childhood behavioral disorders, with an estimated prevalence of 7% among children and adolescents in Spain. First-line medical treatments include stimulants (methylphenidate and amphetamine) due to their effectiveness in controlling symptoms. Stimulants are generally safe but may cause temporary growth suppression during the first years of treatment, primarily due to loss of appetite and secondary reduction in caloric intake, as well as possible alterations in growth hormone secretion. However, the impact of their long-term use on final adult height remains uncertain.
**Objectives:** To evaluate the impact of stimulant treatment on final height in children and adolescents with ADHD, considering the duration and consistency of treatment.
**Methods:** A review of the literature was conducted in Pubmed using the keywords: "Stimulant", "ADHD" and "height". Studies describing final adult height in children and adolescents with ADHD between 6 and 17 years of age were included.
**Results:** The reviewed studies show that children treated with stimulants could experience growth deceleration during the active treatment period. In most studies, no significant differences in final adult height were observed compared with controls. Other studies suggest that long-term stimulant use may be associated with a small but clinically relevant reduction in adult height. Growth trajectories indicate that growth suppression is often more pronounced in those receiving high doses and prolonged treatment, whereas cessation of the drug allows for catch-up growth.
**Conclusions:** The use of stimulants in adolescents with ADHD can cause temporary growth suppression, which can usually be compensated for after discontinuation of treatment. However, it is unknown whether prolonged use from early childhood through adulthood could clinically affect final adult height.

**Disclosure of Interest:** None Declared

## EPV1044

## Neurotoxic symptoms among anesthesia technicians in operating rooms

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