SP037

Inequities in implementation: an EDI analysis of compliance with the European working time directive

L. Tarchi

Department of Health Sciences, University of Florence, Florence, Italy
doi: 10.1192/j.eurpsy.2026.10355

Abstract: The European Working Time Directive (EWTD) mandates a maximum average of 48-hour working week, yet compliance across European healthcare systems remains inconsistent. Despite widespread transposition into national legislation, enforcement is inadequate, and junior doctors routinely work 60–70+ hours weekly due to opt-out clauses, weak monitoring, and misaligned institutional incentives. This presentation examines EWTD implementation through an Equity, Diversity, and Inclusion (EDI) lens, drawing on European Junior Doctors (EJD) survey data to demonstrate how working time violations intersect with demographic factors including gender, age, and training stage. In this talk, systemic barriers - inflexible training structures, inadequate rest provisions, and differential exposure to workplace violence and harassment -are analyzed, showing how they disproportionately impact women and marginalized groups, exacerbating work–life imbalance, burnout, and workforce attrition. The discussion integrates EJD's own gender equality policy with WHO data on physician wellbeing, highlighting elevated rates of burnout and psychological distress among European doctors. This presentation contextualizes these workforce challenges within the specific demands of psychiatry training, where extended hours compound emotional labour and occupational stress. The presentation concludes with evidence-based recommendations for policymakers and training bodies: strengthening enforcement mechanisms for working time regulations, implementing targeted protections for vulnerable trainee cohorts, and embedding EDI principles into workforce planning and postgraduate curricula. These strategies aim to create sustainable training environments that promote the principles of equitable, high-quality psychiatric education across Europe.

Disclosure of Interest: None Declared

SP038

Competence and confidence of early-career psychiatrists in the assessment and management of negative symptoms

A. J. Krupa

Department of Biological and Community Psychiatry, Jagiellonian University Medical College, Krakow, Poland
doi: 10.1192/j.eurpsy.2026.10354

Abstract: Negative symptoms of schizophrenia represent a major determinant of long-term functional impairment and quality of life, yet they remain insufficiently recognized and inadequately managed in routine clinical practice. Although appropriate brief assessment instruments and international guidance papers have been developed over the past two decades, their effective integration into psychiatric training and everyday care has not yet been verified. This study aimed to evaluate the level of knowledge and self-perceived competence in evaluating and managing of negative symptoms among early career psychiatrists (ECPs) in Europe.
The CARE project was a cross-sectional online survey conducted between January and June 2025 and distributed through European psychiatric networks. A total of 828 ECPs from 19 European countries were included in the analysis. The survey assessed demographic and training-related characteristics, knowledge and familiarity with guideline-based recommendations, and self-reported competence in evaluation and treatment of negative symptoms.
Despite high self-reported exposure to theoretical courses about negative symptoms and clinical placements in schizophrenia care wards/clinics (67.9% and 70.3%) and 65.7% of ECPs reporting feeling well-trained to administer negative symptom assessment tools, the objective knowledge of negative symptoms was limited. Only 11% of participants correctly identified all core negative symptom domains while 15.9% provided correct answers to European Psychiatric Association guidance-based questions. In contrast, a considerably larger percentage of 46.7% and 25.9% respondents reported feeling competent in the evaluation and management of negative symptoms, indicating a striking discrepancy between perceived competence and actual knowledge about negative symptoms. Higher knowledge levels were associated with specialist status, engagement in clinical research, and participation in extracurricular training in negative symptoms, but not with the standard components of specialist curricula (theoretical courses and placements in wards/clinics specialized in schizophrenia care). Almost 90% of ECPs agreed that there should be more emphasis on negative symptoms in the specialist training curricula.
These findings highlight substantial educational gaps in the field of negative symptoms among European ECPs and suggest that current training programs need to be updated and refined to foster guideline-concordant expertise. Integrating evidence-based recommendations into mandatory curricula and providing ECPs with skills-oriented training may be the essential steps toward raising the recognition and management of negative symptoms and eventually improving the functioning and quality of life of people living with schizophrenia.

Disclosure of Interest: None Declared

SP039

Can we safely continue ADHD medication in pregnancy ?

E. Di Giacomo[1,2]

[1]ASST Fatebenefratelli Sacco and [2]University Milano Bicocca, Milan, Italy
doi: 10.1192/j.eurpsy.2026.10353

Abstract: Attention-deficit/hyperactivity disorder (ADHD) is one of the most common neurobehavioral disorders, and it afflicts about 7% of young people. Its prevalence in adult women is 3.2% in the US. As a consequence, many young women might be pregnant while taking medication for ADHD, but data about safety have not yet been strictly examined. To mend such gap, a serch throug Electronic databases (PubMed,Embase,andPsycINFO) were conducted through December 31, 2023. It resulted in a meta analysis of ten studies involving 16621481 pregnant women, 30830 of them affected by ADHD. Congenital anomalies or miscarriages were not

https://doi.org/10.1192/j.eurpsy.2026.10353 Published online by Cambridge University Press

more frequent in offspring of mothers receiving treatment with methylphenidate or atomoxetine during pregnancy compared with unexposed offspring (OR, 1.14; 95% CI, 0.83-1.55; P = .41; I2 = 8% for congenital anomalies; OR, 1.15; 95% CI, 0.82-1.62, P = .67; I2 = 0% for miscarriages) or compared with the general population (OR, 1.19; 95% CI, 0.93-1.53; P = .16; I2 = 74% for congenital anomalies; OR, 0.98; 95% CI, 0.77-1.25; P = .40; I2 = 0% for miscarriage). In conclusion, evidence suggests the maintenance of methylphenidate or atomoxetine during pregnancy is safe, sincecongenital anomalies and miscarriages did not appear to significantly increase. Further studies are highlyrecommended to support and confirm these findings.

Disclosure of Interest: None Declared

SP040

Risks of severe agitation in pregnancy and it's management

A.-L. Sutter-Dallay

BPHRC INSERM 1219-HEALTHY Team, Charles Perrens Hospital and Bordeaux University, Bordeaux, France
doi: 10.1192/j.eurpsy.2026.10352

Abstract: While it is well known that the perinatal period is a time of risk for women's mental health, the vast majority of episodes are mild to moderate in intensity. However, there are also episodes of severe decompensation that may be accompanied by auto- or hetero-aggressive behavioral disorders, which raises the question of appropriate care.The aim of this presentation is to describe the semiological contexts of these severe decompensations, as well as the therapeutic strategies involving medication and care pathways that can be proposed, with a focus on preventive care.

Disclosure of Interest: None Declared

SP041

RTMS for negative symptoms of schizophrenia efficacy and safety of high-frequency repetitive transcranial magnetic stimulation with H7-coil for negative symptoms of schizophrenia

Igor Filipčić[1,2], Katarina Matić[1] and Ivona Šimunović Filipčić[3]

[1]Psychiatric Clinic Sveti Ivan Zagreb, Croatia; [2]School of Medicine, University of Zagreb, Zagreb, Croatia and [3]Department of psychiatry and psychological medicine, University Hospital Center Zagreb, Zagreb, Croatia
doi: 10.1192/j.eurpsy.2026.10351

Objectives: To evaluate the efficacy and safety of high-frequency repetitive transcranial magnetic stimulation (HF rTMS) using the H7-coil, delivered once daily over 20 consecutive weekdays, as an adjunct to stable antipsychotic treatment for persistent negative symptoms in schizophrenia, a randomized, sham-controlled trial.
Methods: We conducted an industry-independent, randomised, double-blind, sham-controlled superiority trial with concealed allocation and masked outcome assessment, between 2019 and 2025, at the Sveti Ivan Psychiatric Hospital in Zagreb, Croatia. Eligible participants were outpatients diagnosed with schizophrenia (ICD-11: F20), aged 18–55 years, of both sexes, with a PANSS negative symptom subscale score > 24 and positive subscale score < 20, and stable antipsychotic therapy for ≥3 months. The primary outcome was the change in total score on the Scale for the Assessment of Negative Symptoms (SANS), adjusted for key covariates. Bayesian modelling was employed throughout, estimating treatment effects via posterior probabilities and Bayes factors (BFs).
Results: A total of 87 participants were randomised: 43 to the H7-coil arm (34% female) and 44 to the sham arm (32% female). Median age was 38 (IQR 27–46) years in the H7 group and 34 (IQR 26–45) years in the sham group. The groups were well balanced across key prognostic variables. Both groups showed improvement in negative symptoms over time. In the H7-coil arm, the adjusted median reduction in SANS total score was 37 points (41%), compared to 26 points (31%) in the sham group. Bayesian analysis yielded a posterior probability of 0.87 that the H7-coil was superior to sham ($\beta < 0$), with a corresponding BF of 3.4, indicating moderate evidence in favour of the H7-coil. Evidence of superiority was also observed for the SANS subdomains of blunted affect, alogia, and avolition (BFs 3.0–5.6), as well as for the BNSS total score. No serious adverse events were reported.
Conclusion: This trial provides bayesian evidence that HF rTMS with the H7-coil may reduce negative symptom severity in schizophrenia and appears to be safe and well tolerated. These findings support further investigation of deep rTMS as an adjunctive treatment for persistent negative symptoms.
Keywords: TMS; Schizophrenia; Psychotic disorder; negative symptoms; H7-coil; sham-coil.

Disclosure of Interest: None Declared

SP042

Clinical, cognitive and psychopathological markers of suicide attempts in eating disorders

L. Di Lodovico

Clinique des Maladies Mentales et de l'Encéphale, GHU Paris Psychiatrie et Neurosciences, Paris, France
doi: 10.1192/j.eurpsy.2026.10350

Abstract: Suicide is a major contributor to excess mortality in eating disorders, particularly in anorexia nervosa, and recent research highlights a convergence of clinical severity and biological dysregulation as key contributors to risk.
Across recent longitudinal, ecological, and meta-analytic studies, the most consistent clinical markers include prior suicide attempts, severe depressive symptoms, emotion dysregulation, compulsive or rigid behavioral patterns, low body mass index, chronicity of illness, and high levels of eating-disorder psychopathology, with dynamic fluctuations in negative affect and interpersonal stress closely linked to momentary suicidal ideation.
Cognitive factors predisposing to suicide risk encompass deficits in cognitive flexibility, impaired decision-making abilities, perfectionism, impulsivity, increased rumination, and reduced interoceptive awareness.
Emerging biological findings suggest that suicide risk in eating disorders is associated with alterations in stress-response systems, particularly hypothalamic–pituitary–adrenal axis dysregulation and abnormal cortisol patterns, as well as inflammatory activation