ECP019

Diagnostics and treatment of female ADHD in the perinatal period

A. Todzia-Kornaś

Military Institute of Medicine, Warsaw, Poland
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Abstract: Pregnancy-related hormonal fluctuations, such as changes in estrogen and progesterone, can exacerbate ADHD symptoms, complicating the diagnostic process. Overlap with symptoms of pregnancy-related conditions, such as fatigue and mood instability, further obscures ADHD identification.
Non-pharmacological interventions, including cognitive-behavioral therapy (CBT) and psychoeducation, are first-line recommendations. For patients requiring pharmacological treatment, stimulant and non-stimulant medications must be considered cautiously, weighing risks such as low birth weight or preterm labor against the potential impact of untreated ADHD on maternal functioning. Emerging data suggest that atomoxetine and certain stimulants may be relatively safe under close monitoring.
Untreated ADHD in pregnant women is associated with higher risks of prenatal stress, inadequate prenatal care, and postpartum depression, highlighting the need for tailored management strategies.
Keywords: ADHD, pregnancy, diagnosis, treatment, pharmacological safety, maternal mental health.

Disclosure of Interest: None Declared

ECP020

Mastering Therapeutic Drug Monitoring: Essential Strategies for Pregnancy and Breastfeeding

G. Schoretsanitis

Department of Psychiatry, Psychotherapy and Psychosomatics, Hospital of Psychiatry, Zurich, Switzerland
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Abstract: Measuring medication levels in blood and/or milk of psychotropic-treated women during pregnancy and lactation provides significant benefits for optimizing maternal mental health while minimizing risks to the developing fetus or breastfeeding infant. This approach supports individualized treatment plans by addressing the unique pharmacokinetic and pharmacodynamic changes that occur during these physiological states. Among key benefits monitoring blood levels ensures that psychotropic medications remain within therapeutic ranges, thereby reducing the likelihood of relapse while avoiding toxicity. Moreover, measuring drug levels aids in balancing maternal benefits against fetal risks by enabling dose adjustments to minimize unnecessary fetal exposure while maintaining efficacy. It is particularly relevant for medications with narrow therapeutic indices or significant placental transfer. Additionally, pregnancy induces changes in drug absorption, distribution, metabolism, and excretion, which can lead to subtherapeutic levels. Monitoring essentially helps clinicians anticipate and adjust for these alterations, ensuring consistent drug efficacy. Further, postpartum, measuring drug levels in maternal blood and, when appropriate, in breastmilk provides data on infant exposure risks. This information is crucial for determining the safety of breastfeeding while continuing psychotropic therapy.
Last, drug level data allow clinicians to assess adherence, which is a major aspect during pregnancy and lactation.
Incorporating medication level assessments into risk management frameworks during pregnancy and lactation ensures that women receive evidence-based, safe, and effective psychotropic treatment while supporting fetal and neonatal well-being.

Disclosure of Interest: None Declared

ECP021

How to do research and be a researcher

R. Stewart

King's College London, London, United Kingdom
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Abstract: There's a lot of advice and written material available on research methods but much less on 'how to be a researcher'. However, understanding this is as much a part of carrying out research as understanding a particular methodology. Having delivered countless teaching sessions on research design, I thought it would be interesting to consider (and attempt to write about) the origins of research principles, how these have developed over time, and what's common across different fields. As well as this, there are the more mundane realities of attracting funding and publishing output, and the common challenges of achieving career progression and success in complicated political structures. There are great opportunities in research, and few careers that are as continuously interesting and engaging, but it's wise to keep as clear a perspective as possible of the road behind and ahead.

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ECP022

Nine rules to follow in collaborative research

N. Sartorius

Association for the Improvement of Mental Health Programs, Geneva, Switzerland
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Abstract: Introduction: After the exploration of factors relevant to the conduct of collaborative research it is possible to formulate a set of rules which vastly increase the probability of success in the study conducted collaboratively.
Methods: A systematic exploration of the manners in which collaborative research has been organized and of the relation between the method or organization and the successful completion of the study.
Objectives: The goal of this exploration was to formulate a set of rules which should be followed in conducting multicenter collaborative research to enhance the probability of its success.

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Results: The examination of the experience in the conduct of the studies organized and lead by the author it was possible to formulate certain rules which, when followed, not only led to a successful completion of the studies but also led to a number of additional benefits for the centres in which the study was conducted. The nine principal rules which were formulated in this way will be presented.
Conclusions: Collaborative research is more likely to have useful results if it is developed bearing certain rules in mind.

Disclosure of Interest: None Declared

ECP023

ADHD in adulthood: Why should we not give up on getting the diagnosis right

J. S. Kooij[1,2]

[1]Psychiatry, Amsterdam UMC/VUMc, Amsterdam and [2]Adult ADHD, PsyQ, the Hague, Netherlands
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Abstract: ADHD in adulthood is still an orphan diagnosis in many countries in Europe. This is due to lack of knowledge in the education of psychiatrists in adult psychiatry about the research findings on adult ADHD of the past 30 years. Why is this important?
ADHD is prevalent in about 3-5% of adults in the general population, but in at least 20% of patients in psychiatry, whether anxiety, depression, bipolar disorder, substance abuse disorders and many more. In adults with borderline personality disorder, ADHD symptoms in childhood precede the development of this personality disorder later in life even in the majority of cases. Not recognising and treating ADHD in adulthood means that this condition impacts the treatment outcomes of any other psychiatric comorbidity due to impairing inattention, impulsivity and hyperactive behaviour. Psychotherapy for instance is hard to comply to when ADHD is not treated first. Also compliance to medication often fails in case of untreated ADHD, leading to high relapse rates. Also the treatment of physical diseases for instance for astma, obesity and diabetes may fail in case of untreated ADHD. In fact, not treating ADHD may lead to chronicity of any other comorbid condition; one of the reasons that ADHD can be found in chronic therapy-resistent patients.
ADHD is comorbid with 34 of 35 investigated disorders and diseases in a Swedish registry study, of which many have in part a genetic background. Allergies, astma, migraine, irritable bowel syndrome, hypermobility and weak connective tissue seem to play a role in many of these diseases. Psychiatric comorbidities are also broad: anxiety, depression, bipolar disorder, autism, sleep disorders, substance abuse disorders, personality disorders, severe hormonal moodchanges across the lifespan in women, and PSTD. This summary points to the systemic nature of ADHD across the lifespan, that urgently needs more research and understanding.
The good news is that ADHD is a well treatable condition in about 80% of patients using psycho-education, stimulant and other medication, CBT and other psychotherapies. Comorbid conditions must be diagnosed and treated as well, and often first. Treatment offers stability for patients who have never experienced this from childhood. As such, the diagnosis of ADHD in adults is often a game changer, enabling patients for the first time to persevere to a better lifestyle, to prevent further damage due to sleep loss, substance abuse and obesity.
Training about diagnostic assessment and treatment is available via books, (online) training and webinars.
In this presentation, all resources will be discussed followed by Q and A.

Disclosure of Interest: None Declared

ECP024

Overlap between personality disorders and neurodevelopmental conditions

J. D. King

Division of Psychiatry, Imperial College London, London, United Kingdom
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Abstract: We all have a personality, whether or not we also have a mental health disorder, and for some people parts of our personality lead to problems with others, or in getting on in our lives. Indeed the same might be said of neurodevelopmental conditions, autism, intellectual disability, ADHD, of which we understand there to be a spectrum of degree, and which in unfavourable circumstances produces difficulty and dysfunction. The combination of personality and neurodevelopmental pathology is common, so too is misdiagnosis between them. This talk will describe the key theories to understand the overlap, tackle diagnostic uncertainty, and outlines the ways in which support can be offered for the combination of the two.

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