ill, and marginalized communities, are at greater risk because of their limited coping resources and increased exposure to the impacts of climate change.
Conclusions: The effects of climate change can be direct or indirect, short-term or long-term, with a growing body of evidence showing its contribution to a wide range of psychological disorders. Policy-makers and mental health professionals must consider mental health in climate adaptation strategies and create support systems for affected populations. The European Psychiatric Association (EPA) has recently published a position paper urging the inclusion of mental health considerations in climate strategies. Nevertheless, more research is needed to document the extent of these impacts and the best options for mitigating and treating them.

Disclosure of Interest: None Declared

EPV0409

Do pollutants and meteorological factors trigger more psychiatry admissions?

E. López Bardón[1]*, M. Menéndez Muñoz[1] and A. Serrano García[1]
[1]Servicio de Psiquiatría , Complejo Asistencial Universitario de León, León, Spain
*Corresponding author.
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Introduction: The high prevalence of mental health disorders makes investigating their etiology a fundamental activity. Factors influencing their physiology include genetic predisposition, substance use, environmental factors, etc. Among these, weather and atmospheric pollutants are two of the least studied. The biologically active agents in the atmosphere interact with living beings, disrupting their homeostasis and leading to alterations in both physical and mental health. This interaction was already noted in the Corpus Hippocraticum in the 4th century BC.
Objectives: The objective is to analyze the impact of various environmental factors and atmospheric pollutants on daily emergency hospital admissions for mental disorders in the healthcare area of the province of León from 2011 to 2022.
Methods: An observational, retrospective, ecological, longitudinal, and time series study is conducted. Admission data is sourced from the coding office at the Complejo Asistencial Universitario de León, meteorological data from the Agencia Estatal de Meteorología, and pollutant data from the Junta de Castilla y León. A combined database in Excel is created for statistical analysis, both descriptive and analytical (Poisson regression), using the SPSS statistical package.
Results: It was observed that hospital admissions for mental disorders are significantly related to sunlight hours, ozone, precipitation, average wind speed, CO, NO2, maximum atmospheric pressure, NO, and PM10.
Conclusions: The findings of this study show that meteorological factors and atmospheric pollutants are related to hospital admissions for mental disorders. Applying this information in psychiatric emergencies could improve forecasting and resource management during periods of higher demand.

Disclosure of Interest: None Declared

Comorbidity/Dual Pathologies

EPV0412

Co-existence of Autism Spectrum Disorder (ASD) traits in an Irish sample of adults diagnosed with ADHD. Longitudinal outcomes.

D. Adamis[1,2,3,4]*, N. Langan[2], B. Gavin[5] and F. McNicholas[5]
[1]Psychiatry, University College Dublin, Dublin; [2]Sligo Mental health Services, Sligo; [3]University of Galway, Galway; [4]University of Limerick, Limerick and [5]University College Dublin, Dublin, Ireland
*Corresponding author.
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Introduction: Autism Spectrum Disorder (ASD) and ADHD are both neurodevelopmental disorders which share genetic heritability and often coexist in adults diagnosed with ADHD and vice versa. Despite the overlap between the two disorders there are enough phenomenological differences to indicate that these conditions are sufficiently distinct
Objectives: To estimate the coexistence of ASD traits in an adult sample diagnosed with ADHD; to compare those screening positive for possible ASD to those scoring negative, in terms of functionality, quality life and clinical outcomes; to explore the effects of ADHD medication in three main outcomes (clinical, quality of life, and functionality) in those with only ADHD and in those with a coexistence of ASD and ADHD.
Methods: Prospective longitudinal study of an adult sample diagnosed with ADHD. Data collected on age, gender, medications and on scales: Autism Spectrum Quotient (AQ-10); Adult ADHD Clinical Outcome Scale (ACOS); Adult ADHD Quality of Life Questionnaire (AAQoL); Weiss Functional Impairment Rating Scale (WFIRS).
Results: Sample of 165 participants was recruited. The AQ-10 showed that n=74 (44.8%) of the participants had traits of ASD. Longitudinal analyses demonstrated that people with ADHD and ASD traits have worse clinical outcomes, quality of life, social skills and family functioning compared to those with ADHD only. The effects of ADHD medications (stimulants, atomoxetine) were significant in the three examined outcomes across the time but no significant effects of medications to those with ASD traits was found.
Conclusions: Hight coexistence of ADHD and ASD traits. Perhaps lesser if clinical diagnosis for ASD was performed. Medications for ADHD did not improve those with ADHD and ASD traits. Service implications (for local services): neurodevelopmental clinics is necessity now and not only special for ADHD, where adults with ADHD and ASD can be diagnosed and treated accordingly.

Disclosure of Interest: None Declared

EPV0413

A possible explanation for resistance in schizophrenia

S. Laabidi[1], O. Laabidi[1], A. Touiti[1], A. Aissa[2]* and N. Bram[1]
[1]forensic psychiatry and [2]psychiatry A, Razi hospital, manouba, Tunisia
*Corresponding author.
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Introduction: Arachnoid cysts are intra-arachnoid space-occupying brain lesions, typically of a benign, congenital nature. Such cysts are quite rare, accounting for only 1% of all lesions in the intracranial space. In most cases, they are diagnosed accidentally by neuroimaging.Treatment-resistant schizophrenia (TRS) has a high burden both for patients and healthcare services. There is a need to identify treatment resistance earlier in the course of the illness, in order that effective treatment can be offered promptly. Recently, the co-occurrence of arachnoid cysts and schizophrenia has captured the popular attention about possible relevancy.
Objectives: Through a case report and a review of the literature, we hypothesize that arachnoid cyst is the cause of resistance in a patient with treatment-resistant schizophrenia.
Methods: Starting from a case report, we conducted a literature review on "PubMed", using key words "arachnoid cyst,arachnoid cyst and psychosis", "arachnoid cyst and treatment-resistant schizophrenia",
Results: We present a 47-year-old who is single and unemployed. His past psychiatric history revealed a diagnosis of schizophrenia, having been admitted several times in different inpatient psychiatric wards. In the psychiatric examination, the presence of auditory hallucinations, dissociated thinking, and predominantly negative symptoms was observed. His symptoms showed only minimal responsiveness.He was diagnosed with TRS owing to the inadequate response to two sequential antipsychotic trials (with adequate dose, duration, and adherence).Our evaluation of TRS began with a thorough review of the patient's psychiatric and treatment history. All nonpsychiatric causes, including untreated medical problems, that may contribute to ongoing psychotic symptoms have been ruled out. Physical examination and blood tests were unrevealing.Electroencephalography showed no signs of seizure activity. Following the evaluation process, a head CT scan showed a left paramedian cystic lesion at the level of the pineal gland. A cerebral MRI was performed in order to get a more detailed image. It confirmed the nature of the lesion and revealed the existence of an arachnoid cyst about 2.5 cm × 3.5 cm × 2.0 cm in size, centered on the quadrigeminal cistern with triventricular dilatation. This neurological tumor didn't require neurosurgery.
Conclusions: Our case emphasises the importance of considering an organic cause like any space-occupying lesion in the brain (an arachnoid cyst in our case) for the induction of psychopathological symptoms, even those of treatment-resistant schizophrenia, which represents a major clinical challenge. This also underlines the interest of neuroimaging in the initial workup and supports the hypothesis of psychosis as a global network.

Disclosure of Interest: None Declared

EPV0414

Obstructive hydrocephalus caused by colloid cyst and treatment –resistant schizophrenia

S. Laabidi[1], O. Laabidi[1], A. Touiti[1], A. Aissa[2]* and N. Bram[1]

[1]forensic psychiatry and [2]psychiatry A, Razi hospital, manouba, Tunisia
*Corresponding author.
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Introduction: Treatment-resistant schizophrenia can be of primay or secondary etiology. Systematic and thorough differential diagnostics is essential to exclude organic causes for treatment-resistant schizophrenia .Colloid cysts are congenital benign tumor accounting for 15-20 % of intraventricular mass but only about 1% of intracranial ones.They frequently cause psychiatric disturbances. The pathology behind these psychiatric symptoms remains unclear.
Objectives: Through a case report and a review of the literature, we hypothesize that a colloid cyst in the third brain ventricle is the cause of resistance in a patient with treatment-resistant schizophrenia.
Methods: Starting from a case report, we conducted a literature review on "PubMed", using key words "colloid cyst and psychosis", "colloid cyst and treatment-resistant schizophrenia",
Results: We present a 48-year-old male who has a family history of malignant neoplasm.There was no history of physical illness. His past psychiatric history revealed a diagnosis of schizophrenia, having been admitted several times in different inpatient psychiatric wards.In the psychiatric examination, the presence of auditory hallucinations, dissociated thinking, and predominantly negative symptoms was observed.Recently, he has been diagnosed with treatment-resistant schizophrenia owing to the inadequate response to two sequential antipsychotic trials (with adequate dose, duration, and adherence). After a 2-month hospitalization, the severity of the psychotic symptoms had decreased but did not show remission. With no prodromes or triggering factors, our patient presented a drop attack without loss of consciousness and with instantaneous recovery to baseline status. He did not have any of the same experience previously.The physical and neurological examination did not reveal any positive findings. All biochemistry parameters were reported as normal range. Following the evaluation process, an urgent head CT scan showed a colloidal cyst at the anterior end of the third ventricle with dilatation of the lateral ventricles. A cerebral MRI was performed in order to get a more detailed image; it confirmed the diagnosis of a third ventricle colloid cyst immediately adjacent to the foramen of Monro with obstructive hydrocephalus. The patient was referred to the neurosurgical department for further evaluation. This neurological tumor didn't require neurosurgery.
Conclusions: Our case implies the importance of neuroimaging in patients with treatment-resistant schizophrenia to rule out any underlying organic cause.It also emphasises the importance of considering an organic cause like any space occupying lesion in the brain (colloid cyst in the third brain ventricle in our case) for induction of psychopathological symptoms, even those of treatment-resistant schizophrenia.

Disclosure of Interest: None Declared

EPV0418

Post-Traumatic Diabetes: Focus on Psychiatric Trauma

C. Bey[1]*, T. Ach[1,2] and A. Ben Abdelkarim[1,2]

[1]University of Sousse, Faculty of Medicine of Sousse, 4000 and [2]Endocrinology department, Farhat Hached University Hospital of Sousse , Sousse, Tunisia
*Corresponding author.
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Introduction: Physical and/or psychological trauma may contribute to the onset of type 1 diabetes. Forensic medicine experts recognize post-traumatic diabetes in rare cases that meet specific criteria, including the severity of the trauma, its occurrence within a short timeframe before diabetes onset, and the absence of prior diabetes indicators.