making. A consistent pattern emerged linking these difficulties to quality of life. Participants who reported greater executive dysfunction also described lower well-being, particularly in the psychological and social domains of the WHOQOL-BREF. Emotional dysregulation showed the strongest association with reduced psychological quality of life, followed by organizational and planning difficulties. Together, these executive domains explained nearly half of the variance in overall QoL scores. Further analysis suggested that the relationship between executive dysfunction and life satisfaction was largely mediated by functional impairment, therefore indicating that difficulties with self-regulation and organization manifest directly as challenges in work, social interactions, and daily living.
Conclusions: Our findings suggest that executive dysfunction, particularly difficulties with emotional regulation and organization, profoundly affects how adults with ADHD experience daily life. Challenges in managing emotions, staying organized, and maintaining focus appear to shape well-being more than core symptoms alone. Supporting patients with strategies that strengthen emotional control and organization can make a meaningful difference in how they feel about their lives as a whole.

Disclosure of Interest: None Declared

EPV304

Temperament and Attention-Deficit/Hyperactivity Disorder: A Narrative Review on Developmental Risk and Clinical Implications

M. D. Pereira*, J. Torres, C. Bayam and S. Neiva

Pedopsiquiatria, Hospital Pediátrico de Coimbra, Coimbra, Portugal
*Corresponding author.
doi: 10.1192/j.eurpsy.2026.11134

Introduction: Attention-deficit/hyperactivity disorder (ADHD) is a common neurodevelopmental condition that typically emerges in early childhood. Temperament refers to biologically based individual differences in emotional reactivity, attention and self-regulation, observable from infancy and relatively stable across development. Core dimensions, such as negative affectivity, surgency/extraversion and effortful control, have been extensively investigated in relation to later psychopathology. Emerging evidence suggests that early temperament profiles may confer vulnerability to ADHD and shape its symptom trajectory and clinical expression.
Objectives: To review recent evidence on the association between early childhood temperament traits and the development of ADHD, with focus on identifying risk patterns, temperament-based subtypes and their implications for early clinical intervention.
Methods: We performed a narrative review of studies published in the last five years, using PubMed with the search terms "temperament", "attention-deficit/hyperactivity disorder" and "childhood". Included studies were longitudinal or cross-sectional and examined associations between early temperament traits and ADHD symptomatology or diagnosis in paediatric populations.
Results: Studies consistently indicate that high activity level, negative affectivity, and low effortful control are associated with increased ADHD risk. Longitudinal findings suggest these traits can precede and predict ADHD symptom trajectories. Temperament-based subgroups, such as high surgency versus high negative affectivity, are linked to different comorbidity profiles, including oppositional and anxiety symptoms. While methodological heterogeneity exists, a converging body of evidence supports the dimensional role of temperament in early ADHD vulnerability.
Conclusions: Temperament traits offer a clinically useful framework for identifying children at increased risk of ADHD. Incorporating temperament assessment into psychiatric evaluation may support early detection and guide personalised, developmentally informed intervention strategies. Further research should explore how temperament-based models can contribute to clinical decision-making and risk stratification.

Disclosure of Interest: None Declared

EPV305

Clinical and Functional Improvement with Brexpiprazole in an Adolescent with Early-Onset Schizophrenis

I. Martín[1], S. Pérez Sánchez[2]* and S. Pérez Sánchez[1]

[1]Psychiatry and [2]Los Arcos Universitary Hospital, Murcia, Spain
*Corresponding author.
doi: 10.1192/j.eurpsy.2026.11133

Introduction: Over the last few decades, the treatment of schizophrenia has evolved from a symptom-centered approach to one that emphasizes functional recovery and quality of life. In early-onset schizophrenia, where the illness interferes with key developmental processes, it is essential to select antipsychotic agents that effectively control symptoms while minimizing side effects and preserving cognitive and affective capacities.
Objectives: To evaluate clinical evolution, functional improvement, and quality of life in an adolescent with early-onset schizophrenia treated with brexpiprazole.
Methods: Clinical case presentation including symptom evolution, pharmacological strategy, and psychosocial interventions. Parental informed consent was obtained.
Results: A 15-year-old female presented with progressive social and family withdrawal, mistrust of friends, and experiences of depersonalization and derealization. The first psychotic episode included severe anxiety, thought disorganization, persecutory and control delusions, auditory hallucinations, and behavioral disturbance culminating in a fire. She was initially stabilized with aripiprazole and lorazepam. Aripiprazole was maintained at 15 mg/day with adjunctive psychotherapy, leading to partial remission. After 12 months, akathisia and emotional blunting appeared, jeopardizing adherence. Dose reduction and benzodiazepine co-treatment led to relapse with re-emergence of hallucinations and disorganization. A gradual switch to brexpiprazole resulted in full stabilization and disappearance of akathisia. Brexpiprazole was maintained at 2.5 mg/day with good tolerability and adherence.
Results: Psychotic symptoms remitted within 8 weeks on aripiprazole and within 6 weeks on brexpiprazole. The latter showed a more favorable impact on subjective well-being, perceived functionality, and cognitive performance. A comprehensive treatment plan combining pharmacotherapy, individual, family, and group therapy was implemented.
Conclusions: Brexpiprazole appears to be a useful alternative for early-onset schizophrenia, offering effective symptom control with lower sedation and reduced risk of akathisia. Its tolerability may contribute to better adherence and preservation of cognitive and

https://doi.org/10.1192/j.eurpsy.2026.11134 Published online by Cambridge University Press