Objectives: To map UEWS of emerging mania reported by psychoeducated BD patients and explore patterns by sex and age.
Methods: Two Colom-model bipolar psychoeducation groups in 2024 were included; all attendees were invited. Inclusion criteria: DSM-5 BD I/II, ≥ 2 manic or hypomanic episodes, ≥ 2 months euthymia. Twenty-five patients consented (mean age 47 ± 14 years; 13 women). A trained nurse led a ten-minute structured recall: "What is the first small change you notice before becoming 'too high'?". Two clinicians independently coded verbatim UEWS into nine a priori domains (sleep, appearance/self-care, activity, social/interpersonal, behaviour/media, risk/impulsivity, appetite, mood, cognition/functioning) adapted from the Manual and manic-prodrome research. Inter-rater $\kappa = 0.86$; discrepancies were resolved by consensus. Frequencies were tallied; χ^2 tests compared domain distributions by sex and age (< 40, 40–59, ≥ 60); $\alpha = 0.05$.
Results: We identified 73 UEWS (median 3 per patient; range 1–6). Frequent domains were appearance/self-care (23 %), sleep/biological rhythm (17 %), activity/energy (16 %), behaviour/hobbies/media (14 %) and risk/impulsivity (11 %); other domains accounted for 19 %. Increased attention to appearance, waking slightly earlier, extra exercise, increased social-media posting and faster driving were the most common individual UEWS. Appearance/self-care UEWS were significantly more common in women than in men (68 % vs 32 %; $\chi^2 = 4.7$, $p = 0.03$). Patients < 40 years mentioned digital-media or music-related UEWS about twice as often as those ≥ 60 ($\chi^2 = 4.2$, $p = 0.04$), whereas older adults more often reported changes in food quantity.
Conclusions: UEWS of mania in psychoeducated BD patients cluster into a limited set of recognisable domains and show sex- and age-related patterns. Integrating a concise nine-domain UEWS checklist into routine group psychoeducation may enable ultra-early, patient-led activation of behavioural strategies, clinician contact and pharmacological adjustment, shortening time to intervention beyond standard prodrome-based relapse prevention.

Disclosure of Interest: None Declared

EPV234

ChatGPT versus expert psychiatrist in managing mixed mania: a comparative case study

F. Zaouali[1]* and I. Anes[2]

[1]Emergency department and mobile emergency and resuscitation service, Tahar Sfar University Hospital, Mahdia and [2]Outpatient psychiatric consultation, Hadj Ali Soua Regional Hospital, Ksar Hellal, Monastir, Tunisia
*Corresponding author.
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Introduction: Artificial intelligence (AI) models, such as ChatGPT, are increasingly explored for clinical decision support in psychiatry. Mixed mania, featuring simultaneous manic and depressive symptoms, poses diagnostic and therapeutic challenges. The reliability of AI recommendations for such complex cases remains largely unknown.
Objectives: To evaluate ChatGPT's performance in managing mixed mania by comparing its responses to two clinical cases with those of a senior psychiatrist, assessing adherence to current clinical guidelines.
Methods: Two anonymized mixed mania case vignettes were presented to ChatGPT (GPT-4.0) and a senior psychiatrist. Responses were evaluated independently by two psychiatrists for: diagnostic accuracy, appropriateness of pharmacological and non-pharmacological recommendations, and guideline adherence. Discrepancies were resolved by consensus. Performance metrics included agreement with guidelines and concordance between ChatGPT and the human expert.
Results: ChatGPT correctly identified the diagnosis in 1 of 2 cases; the senior psychiatrist achieved 2/2 correct diagnoses. Pharmacological recommendations by ChatGPT partially aligned with guidelines, suggesting first-line mood stabilizers but insufficiently addressing comorbid depressive symptoms. Non-pharmacological advice was general and lacked individualized psychosocial interventions. Overall guideline adherence was 65% for ChatGPT versus 95% for the psychiatrist. Concordance between ChatGPT and the psychiatrist was moderate (Cohen's kappa = 0.56).
Conclusions: ChatGPT shows partial capability in recognizing and managing mixed mania, with moderate guideline adherence. AI may offer preliminary guidance, but expert psychiatric evaluation remains essential for complex mood disorders. Further AI refinement and training on nuanced psychiatric cases are needed to improve reliability and clinical utility.

Disclosure of Interest: None Declared

Child and Adolescent Psychiatry

EPP072

Deep Pressure Sensitivity as a Sensory Marker in Autism Spectrum Disorder: Evidence from a Binational Pediatric Study

M. T. Sindelar

Psychology, Unisal, Bahia Blanca, Argentina
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Introduction: Sensory alterations are explicitly recognized in DSM-5 as a part of the diagnostic criteria for Autism Spectrum Disorder(ASD). Among these, hyper-or hyporeactivity to sensory input and unusual interests in sensory aspects of the environment are highlighted. While atypical tactile responses are frequently reported, research on deep pressure sensitivity remains scarce, despite its potential clinical and developmental relevance.
Objectives: This study aimed to evaluate differences in pressure sensitivity between children with ASD and neurodevelopmental peers, and to examine the feasibility of usinga simple,lowcost clinical tool for routine assessment.
Methods: A total of 526 children participated (186 with ASD, 340 neurotypical) aged £-14 years, recruited from southern Argentina and Southern Italy.
Pressure sensitivity was measured with a pediatric-adapted aneroid sphygmomanometer. Controlled pressure was applied to Different body areas, including arms and legs, and perceptual thresholds were recorded through both verbal reports and observable behavioral responses. Group comparisons were conducted to test the hypothesis that children with ASD would require higher pressure values, expressed in millimeters of mercury(mmHg), to register the stimulus.

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