weeks more closely. All women decided to continue with the elevated premenstrual pharmacotherapy.
Discussion: Our preliminary results demonstrate potential benefits of increasing premenstrual psychostimulant dosage in women with ADHD, experiencing premenstrual worsening of ADHD and mood symptoms. The results concur with previous findings of diminished response to amphetamines in the late luteal phase. Increased dosage may help combat premenstrual worsening of cognitive and emotional symptoms in women with ADHD, with significant clinical implications. Better management of premenstrual ADHD and mood symptoms in vulnerable women can improve treatment outcome and meet an unmet need. However, implementation should be individually explored. Further investigation of luteal phase psychostimulant dose adjustment is required for safe, optimal and individualised treatment for women with ADHD. Specifically, we are currently applying for funding to set up the ADAPT-trial (Adjusting Premenstrual Psychostimulant Dosage for Women with ADHD: Enhancing Efficacy).

Disclosure of Interest: None Declared

CBS006

How to manage non-response using stimulants?

A. Philipsen

Privatpsykiaterne, Sorø, Denmark
doi: 10.1192/j.eurpsy.2025.225

Abstract: Introduction/background: Psychiatrist working with ADHD-patients since 2007.
Method: I have diagnosed and treated more than a 1000 patients with ADHD. I have always, when it has been possible, given one medication at a time to be able to evaluate how it works, and what gives side effects.
Results: When stimulants suddenly don't work anymore, I have searched for physical and psychological problems that could explain it. By solving these problems, the stimulants work again.
Conclusion: By working this way, we have noticed that patients have a high compliance, and there are a lot less cases of relapse with ADHD symptoms.

Disclosure of Interest: None Declared

CBS007

Therapeutic drug monitoring for mood stabilizers in elderly: a case report

G. Schoretsanitis

Department of Psychiatry, Psychotherapy and Psychosomatics, Hospital of Psychiatry, Zurich, Switzerland
doi: 10.1192/j.eurpsy.2025.226

Abstract: The management of elderly patients receiving polypharmacy presents significant clinical challenges due to age-related physiological changes, the prevalence of chronic conditions, and the potential for drug-drug interactions and adverse drug reactions (ADRs). Blood level assessments of medications provide a critical tool for optimizing pharmacotherapy in this population. Here we present the benefits of therapeutic drug monitoring (TDM) and pharmacokinetic assessments in the personalized management of elderly patients with polypharmacy. Regular monitoring of blood drug concentrations can identify drug-drug interactions, related toxicity risks, and adherence issues, thereby informing dosage adjustments to achieve optimal therapeutic outcomes.

Disclosure of Interest: G. Schoretsanitis Consultant of: Dexcel, Saladax, HLS Therapeutics, Speakers bureau of: Saladax, HLS Therapeutics, Lundbeck, Thermo Fisher.

CBS008

Pharmacokinetic background of therapeutic drug monitoring in this case

M. Stuhec[1,2]

[1]Pharmacology Department, Medical Faculty Maribor, University of Maribor, Maribor and [2]Clinical Pharmacy, Ormoz Psychiatric Hospital, Ormoz, Slovenia
doi: 10.1192/j.eurpsy.2025.227

Abstract: The pharmacological effect is the result of both pharmacokinetic (e.g., how the body affects the medication) and pharmacodynamic (e.g., how the medication affects the body) processes occurring simultaneously. Pharmacokinetics includes the processes of liberation, absorption, distribution, metabolism, and elimination (LADME). These processes govern the steady-state plasma concentration (Css). Therapeutic drug monitoring (TDM) is a pharmacological tool used to select and adjust medications. TDM enables Css measurements and dose adjustment calculations. In this presentation, the presenter will cover the main pharmacokinetic issues related to TDM in this clinical case, including Css determination, therapeutic range, dose adjustment, and pharmacokinetic calculations. Participants will learn the fundamental pharmacokinetic aspects necessary for understanding the case.

Disclosure of Interest: None Declared

CBS009

Therapeutic drug monitoring in clozapine treatment

P. Mohr[1,2]

[1]National Institute of Mental Health - CZ, Klecany and [2]3rd Faculty of Medicine, Charles University, Prague, Czech Republic
doi: 10.1192/j.eurpsy.2025.228

Abstract: Although still somewhat reluctantly used (and thus underutilized) by many clinicians, it is the well-evidenced fact that clozapine is an effective drug for treatment-resistant schizophrenia. In order to optimize its therapeutic potential and to minimize side effects, therapeutic drug monitoring (TDM) of plasma clozapine and N-desmethylclozapine is an essential clinical tool. TDM can also help to reveal insufficient adherence or individual differences in the rates of metabolism. Moreover, clozapine plasma levels can

https://doi.org/10.1192/j.eurpsy.2025.225 Published online by Cambridge University Press