women and OC users during multiple phases of the menstrual cycle and taking into account the differences between androgenic and anti-androgenic OC. Future studies could explore the link between depression and its protective factors in women taking OC.

Disclosure of Interest: None Declared

Obsessive-Compulsive Disorder

EPV2067

Obsessive-Compulsive Disorder: Neurocognitive Links with Impulsivity and Inhibitory Control

D. V. Cotovio[1]*, R. S. Nogueira[1], R. Lousada[1], M. B. Resende[1], F. Agostinho[1], M. M. Melo[1] and M. J. Heitor[1]

[1]Departamento de Psiquiatria e Saúde Mental, Hospital Beatriz Ângelo, Loures, Portugal
*Corresponding author.
doi: 10.1192/j.eurpsy.2025.2438

Introduction: Obsessive-compulsive disorder (OCD) and attention-deficit/hyperactivity disorder (ADHD) share overlapping neurobiological and neurocognitive profiles, particularly in domains such as impulsivity, compulsivity and inhibitory control. Recent research has explored these commonalities, as well as the differences in brain structure, neural circuits, and cognitive impairments.
Objectives: The aim of this review is to synthesize findings about the neurocognitive and neurobiological profiles of OCD and ADHD.
Methods: A literature search was conducted on PubMed in September 2024 using the following terms: "OCD" AND "ADHD," "OCD" AND "attention-deficit/hyperactivity disorder," "obsessive-compulsive disorder" AND "ADHD," and "obsessive-compulsive disorder" AND "attention-deficit/hyperactivity disorder." Only systematic reviews and meta-analyses were included, with no year or language restrictions. Seven articles met the scope of this review.
Results: On one hand, the selected studies indicate that both OCD and ADHD exhibit significant deficits in inhibitory control, as measured in the Stop Signal Task and antisaccade task. These findings are corroborated by neuroimaging abnormalities in brain regions implicated in inhibition, that includes the frontostriatal circuits. Studies also suggest that compulsivity may stem from dysfunctional glutamatergic transmission in frontostriatal circuits. On the other hand, though structural analyses reveal a shared pattern of brain alterations in OCD, major depressive disorder, bipolar disorder, and schizophrenia, ADHD appears to have different morphometric properties. Furthermore, electrophysiological studies also demonstrate contrasting patterns of error detection between the disorders: increased error-related negativity (ERN) in OCD and reduced ERN in ADHD.
Conclusions: OCD and ADHD share common neurobiological and neurocognitive traits, yet distinct differences in brain structure and neurocognitive processing also emerge. This review highlights the importance of transdiagnostic approaches, which may facilitate the development of more targeted treatments for patients with overlapping neuropsychiatric conditions. Further research is necessary to understand the full extent of these shared and unique characteristics, in order to inform more refined diagnostic criteria and therapies.

Disclosure of Interest: None Declared

Old Age Psychiatry

EPV2068

Evaluation of a Psychiatry of Later Life Consult Liaison Integration Initiative

S. Crowley[1]*, M. Russell[2] and N. McCarthy[2]

[1]South Lee Mental Health Services, Cork University Hospital, Cork and [2]Clare Pscyhiatry Of Later Life, Gort Glas, Lifford Road, Ennis, Co. Clare, Ireland
*Corresponding author.
doi: 10.1192/j.eurpsy.2025.2439

Introduction: Older people's complex healthcare needs require the development of integrated mental and physical health services. The College of Psychiatrists of Ireland's Faculty of Psychiatry of Old Age (POA) is in the process of drafting a position statement on the integration of POA with other services for older people such as the Integrated Care Program for Older People (ICPOP). ICPOP provides geriatric multi-disciplinary treatment in the community. In January 2024, the Clare Psychiatry of Later Life (POLL) team set up a novel consult liaison (CL) service with our local colleagues ICPOP colleagues.
Objectives: The authors aim to describe a novel model of care for our newly developed ICPOP CL service. It may be of interest to other POLL teams who wish to expand their CL service to include their local ICPOP services or other community services. We also evaluated: referral patterns to the Clare POLL CL service, the number of referrals from the ICPOP CL service in its first six months, and key patient characteristics of ICPOP CL referrals compared to inpatient CL referrals.
Methods: The model of care for our novel ICPOP CL clinic is described in detail. Patients were discussed at integrated multidisciplinary meetings. Cases brought by ICPOP for discussion with POLL could result in advice, a consult in a designated ICPOP CL clinic, or a referral for joint care. Joint teaching sessions were also arranged.
Results: 71.25 % (n=57, n=80) of referrals from Ennis General were for POLL CL. Conversely, CL referrals made up 21.43 % (n=81, n=378) of referrals to the Clare POLL service overall. ICPOP CL referrals made up 31.58% (n=18, n=57) of the POLL CL referrals over six months and made up 10% (n=18, n=180) of overall referrals to the Clare POLL service for the same period. Of these 18 ICPOP CL referrals, only four (22.22%) required joint care. Seven patients were referred by POLL to ICPOP for joint care over the same period. Patient characteristics were summarized by table 1.