CBS005

Limitations of Artificial Intelligence-Based Tools in Psychotherapy

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Abstract: Artificial intelligence (AI) tools have gained attention for their potential to transform mental health care. However, in the context of psychotherapy, these tools reveal fundamental limitations that warrant critical analysis.

Psychotherapy is deeply rooted in relational dynamics, cultural sensitivity, and the ability to engage with the complex emotional landscapes of individuals. Current AI-based tools often struggle to address these dimensions adequately. While language models can generate coherent and seemingly empathetic responses, their inability to genuinely understand and respond to nuanced human emotions and interpersonal subtleties presents a significant barrier (Floridi & Chiriatti, 2020).

Ethical concerns also pose considerable challenges. The use of AI in psychotherapy raises questions about data privacy, algorithmic transparency, and the potential perpetuation of biases within AI systems. Such issues not only risk undermining the therapeutic process but may also erode trust in these technologies.

The therapeutic alliance—a critical factor in psychotherapy—represents another area of concern. Effective therapy relies heavily on building trust, mutual understanding, and a genuine connection, all of which are difficult to replicate with AI-based tools. Current research suggests that while AI can support certain therapeutic tasks, its capacity to maintain and enhance the therapeutic alliance remains unproven (Linardon et al., 2019).

This presentation will critically examine these limitations through case-based discussions and clinical reflections. By highlighting the inherent challenges of integrating AI into psychotherapy, it aims to encourage thoughtful and cautious exploration of its applications, emphasizing the importance of preserving the relational and ethical foundations of psychotherapeutic practice.

Disclosure of Interest: None Declared

CBS004

How to start medication for ADHD?

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Abstract: Starting medication for attention deficit and hyperactivity disorder (ADHD) in adults begins with a thorough evaluation. Diagnostic evaluation should involve a careful investigation of the psychiatric and medical comorbidities and an interview with the patient and family members or partners. The next step is to assess the severity of ADHD symptoms, comorbidities and their impact on functioning. This will help guide the order in which targeted treatments are introduced. When selecting the medication, considerations such as the presentation of ADHD symptoms, the patient's medical history, previous responses to ADHD treatments, and preferences about the effect onset are crucial. This choice typically lies between stimulant and non-stimulant options. The initial dose prescribed should be low enough to mitigate potential side effects while still effectively alleviating symptoms and gradually improving functioning. Treating comorbid psychiatric disorders, such as depression, anxiety, and substance use disorders, is equally important alongside ADHD treatment. The dosage should be slowly adjusted based on the patient's response and any side effects that arise. Regular follow-up appointments are essential during this phase to monitor the medication's effectiveness, identify side effects, and make necessary dosage adjustments. Dr Ozge Kilic will discuss key tips related to assessment, medication selection, titration, adjusting dosages, and managing side effects through clinical case vignettes.

Disclosure of Interest: None Declared

CBS005

Female-specific pharmacotherapy in ADHD: premenstrual adjustment of psychostimulant dosage

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Abstract: Objective: Attention-Deficit/Hyperactivity Disorder (ADHD) is a common neurodevelopmental condition which is underdiagnosed and undertreated in women. For decades, the ADHD field has called for more insight into female-specific therapy. Preliminary findings postulate that changes in sex hormones during the menstrual cycle may influence the effectiveness of psychostimulant medication. Yet, pharmacotherapeutic interventions tailored to women with ADHD remain scarce. Previously, our group showed an increase in mood symptoms in the premenstrual week in women with ADHD. Premenstrual worsening of depressive and ADHD symptoms represent a treatment challenge.

In our adult ADHD clinic, we noted several women describing exacerbation of their ADHD and depressive symptoms in the premenstrual week and/or insufficient effect of their established dosage of psychostimulant. We responded to the need expressed by these women by increasing their stimulant dosage in the premenstrual week, while monitoring the response and side effects.

Methods: This community case study of nine consecutive women being treated for ADHD and co-occurring conditions (including depression and premenstrual dysphoric disorder), reports our local experience of increasing the individually prescribed psychostimulant dosage during the premenstrual period. We methodically monitored the effect of this increased dosage on ADHD symptoms, mood and somatic symptoms for the following 6-24 months.

Results: With premenstrual dose elevation, all nine women experienced improved ADHD and mood symptoms with minimal adverse events. Premenstrual inattention, irritability and energy levels improved, and now resembled the other non-premenstrual

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