although there are no clear global recommendations. A summary of product characteristics is the primary guideline for dose adjustments related to kidney and liver function, though it has limitations and is updated slowly. The most important monitoring parameters for these patients are liver enzymes and serum creatinine levels.
Patients with liver and/or kidney disease are often excluded from randomized controlled trials, meta-analyses, and clinical guidelines, resulting in a lack of data specific to this population. This issue is even more relevant in elderly patients treated with polypharmacy, as many somatic medications can worsen liver and/or kidney function in patients with anxiety and depression. In this context, some medications, such as vortioxetine, trazodone, agomelatine, quetiapine, and sertraline, are less affected by kidney disease in terms of pharmacokinetics.
Several tools are available for prudent medication selection and monitoring in these patients, including medication lists (e.g., Beers, Priscus), therapeutic drug monitoring (TDM), and collaboration with clinical pharmacists and/or pharmacologists. In this presentation, the presenter will discuss this topic from both pharmacological and clinical perspectives. Participants will learn the fundamental pharmacokinetic aspects necessary for medication selection in these patients, which are valuable for daily practice.

Disclosure of Interest: None Declared

SP095

Psychopharmacology for depression and anxiety in the medically ill patient

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doi: 10.1192/j.eurpsy.2025.177

Abstract: Anxiety and depression are prevalent mental health conditions in patients with diabetes, significantly impacting their quality of life and complicating glycaemic control. The interplay between psychopharmacological agents and diabetes medications presents unique challenges in managing both mental health and metabolic conditions. This presentation reviews of psychotropic drugs commonly used to treat anxiety and depression in diabetic patients, with a focus on their efficacy, safety, and potential adverse effects. Special attention will be given to drug interactions between antidepressants, anxiolytics, and antidiabetic medications, which can influence treatment outcomes. Key considerations include the effects of psychotropic agents on insulin sensitivity, glucose metabolism, and the risk of hypoglycaemia. The presentation will also discuss personalized treatment strategies, adjusting for individual patient profiles and comorbidities. By integrating both psychiatric and endocrinological perspectives, we aim to improve clinical outcomes through optimized pharmacological management and minimize the risk of adverse drug interactions in this vulnerable patient population.

Disclosure of Interest: None Declared

SP096

Basic symptoms in the community: prevalence, clinical significance and course

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doi: 10.1192/j.eurpsy.2025.178

Abstract: Objectives: The subtle, subjective nature of basic symptoms (BS) has often led to doubt regarding their clinical significance. **Methods:** We therefore examined the prevalence, clinical significance and course of BS over three years in a large sample (N = 2684) of 16- to 40-year-old residents of the Swiss canton of Bern (response rate: 64%). At follow-up, persons with a lifetime risk symptom at baseline were compared with control subjects (N = 834; response rate 66%). Fourteen criteria-relevant BSs were assessed by trained clinical psychologists over the telephone, along with information on symptomatic ultra-high-risk symptoms, mental disorders and functioning.
Results: At baseline, 18% of the participants reported any lifetime BS, 10% had still experienced one in the three months prior to the interview. In general, BS were rare, and only 2% of the participants met any BS criteria, which was significantly associated with non-psychotic mental disorders (OR = 5) and especially with functional deficits (OR = 16). At follow-up, five individuals had developed psychosis, one with BS criteria and three more with BS at baseline. In addition, 95% of the participants no longer met the BS criteria, while 3% reported new BS criteria.
Conclusions: Although BS are not rare phenomena in the community, they rarely persist and rarely occur frequently enough to meet the requirements of the risk criteria. Furthermore, they do not appear to occur randomly, but are restricted to a subpopulation of vulnerable individuals – possibly occurring in times of stress and/or low mood and functional difficulties in these individuals.

Disclosure of Interest: None Declared

SP097

Basic symptoms – lessons from Spanish-speaking countries

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doi: 10.1192/j.eurpsy.2025.179

Abstract: The main contributions of Spanish and Hispano-American authors to the study of basic symptoms, either published in Spanish and English, will be briefly presented. Former publications mainly included translation and validation of different versions of the Frankfurt Complaint Questionnaire, transversal and longitudinal studies, and their role for psychosocial rehabilitation, also in a Penitentiary Psychiatric Hospital. More recent research includes the network analysis of basic, attenuated, and frank psychotic symptoms on 460 subjects attending a German early detection service, where disorganized communication, delusions and hallucinations were the most

https://doi.org/10.1192/j.eurpsy.2025.179 Published online by Cambridge University Press

central symptoms. Interestingly, cognitive and perceptual disturbances, included in basic symptom criteria, appeared to develop across attenuated symptoms to frank positive psychotic symptoms. Concerning the finding of three clusters of symptoms, "subjective disturbances", "positive symptoms and behaviors", and "negative and anxious-depressive symptoms", the predominately attenuated hallucinations of both SIPS and PANSS joined the basic symptoms in "subjective disturbances", therefore underlining the importance of insight in separating true psychotic hallucinations from other hallucinatory experiences and not justifying antipsychotic medication.

Disclosure of Interest: None Declared

SP098

The phenomenology of dysphoric mood: exploring the lived experience

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doi: 10.1192/j.eurpsy.2025.180

Abstract: Dysphoria is a complex phenomenon, which must be defined in the framework of different forms of affections. It belongs to the broader field of emotions, which are characterized by some essential features: i.e. movement, passiveness, transitoriness, and reference to the others. All these four essential features of emotion are specifically altered in depression. In discussing dysphoria, a first distinction is made between particular and global affections. The first type encompasses emotions and feelings, while the second one includes humor, mood and temper. Dysphoria belongs to one of these global affective states: the humor, which has to do with the spatial dimension of existence. In dysphoria, the patient experiences the world as oppressive and invasive of his/her intimacy; the others are lived as persons demanding answers or actions he/she is not able to fulfill. Finally, the phenomenology of dysphoria is analyzed through the four essential features described above and examples are given. Irritability – as Kraepelin taught us more than 100 years ago- is the most frequent psychic condition of these patients. The humor is very instable and depending, above all, on the interpersonal relationships. It is a typical humor of premenstrual disorder, but also of the borderline personalities, as Stanghellini and Rosfort (2013) have so clearly showed. We have also observed dysphoria in two other conditions, depression and mania, though with different nuances in the form of presentation. Finally, we would like to show how the different features characterizing emotion in general, which are derived from the etymology of the word, are present in dysphoria. First, the movement appears in dysphoria as a corporal restlessness always accompanying irritability. The dysphoric state is the opposite of being in peace with oneself and with the world. It is being under pressure, urgency, loss of control, impulsivity. Second, passivity: the subject cannot decide to be in one state or the other: dysphoria happens without notice and invades the subject, who is unable to defend himself against it. Borderline patients are unable to take distance from their emotional states and particularly from dysphoria, blaming others for the consequent discomfort. The third element is transitoriness. This feature is particularly observed in premenstrual disorder. Menstruation begins and the state disappears. Something similar occurs with pre-depressive dysphoria. In manias, by contrast, dysphoria only diminishes with the treatment. The last element we infer from the etymology of emotion is commotion, that is, its permanent reference to the other. The active participation of the other in the dynamic of dysphoria is particularly evident in borderline personalities, but also in depressive and manic dysphoria, but not in premenstrual syndrome.

Disclosure of Interest: None Declared

SP099

Decoding dysphoria and violence: phenomenological insights to diagnosis and therapeutic interventions

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doi: 10.1192/j.eurpsy.2025.181

Abstract: Aggressive emotions—such as anger, rage, envy, and resentment—play a complex role in human experience, spanning personal, social, and psychopathological dimensions. While anger can serve as a protective, communicative, or motivational force, it can also escalate into destructive emotions such as revenge, hatred, or resentment. This talk explores the phenomenology, psychology, and psychopathology of aggressive emotions, drawing from philosophical, psychoanalytic, and neuroscientific perspectives. These have a bodily-affective nature, shaping perception, behavior, and interpersonal dynamics (Schmitz, 2019; Landweer, 2020). While anger is often a reaction to a perceived transgression, it also functions as a regulatory mechanism for social norms and personal boundaries (Berkowitz, 1962; Bandura, 1973). I examine the ontological independence of emotions, showing how their spatial and embodied qualities influence their regulation and transformation (Fuchs, 2005). A key focus will be the transformation of anger into resentment and revenge, using Nietzsche and Scheler's theories of ressentiment to explore how powerlessness fuels hostility (Nietzsche, 1887; Scheler, 1912). We discuss how pathological resentment differs from normative anger, leading to chronic hostility, ideological fixation, and moral superiority complexes. Finally, I analyze the role of aggressive emotions in psychopathology, considering their manifestations in personality disorders, trauma-related disorders, and psychotic states (Novaco, 1979; Cameron, 1943). From paranoia's persecutory anger to the dysregulated aggression of borderline and antisocial personalities, the keynote explores how anger-related emotions are structured, experienced, and acted upon across clinical categories.

Disclosure of Interest: None Declared

SP100

Phenomenology of Gender Dysphoria

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