1568, Identity Crisis in Women Facing Infertility: Mixed Methods Approach – InsideMe, M. Trenkić Grant / Research support from: This research was supported by the Science Fund of the Republic of Serbia, #GRANT No 1568, Identity Crisis in Women Facing Infertility: Mixed Methods Approach – InsideMe.

EPP268

Mind the gap: gender differences in Attention Deficit and Hyperactivity Disorder

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doi: 10.1192/j.eurpsy.2025.576

Introduction: Attention Deficit and Hyperactivity Disorder (ADHD) affects both males and females, however, sex differences can be found in presentation, epidemiology and even influence clinical management. Male-to-female ratio is different in childhood from adulthood, meaning girls with ADHD are probably less referred to medical care and underdiagnosed. Women with ADHD have more prevalence of depression and anxiety than men. Also, fluctuating levels of estrogen and progesterone interferes in symptoms and medication response
Objectives: To study sex differences regarding sociodemographic, mental health care access, and psychiatric comorbidity in a sample of patients from our ADHD outpatient clinic
Methods: We collected data from all patients who attended the Adult ADHD Outpatient Clinic of our hospital from 2017-2022 (N = 262), excluding those without written information or an ICD-11 diagnosis of 6A05 - attention deficit hyperactivity disorder (n=209). We performed a descriptive statistical analysis comparing male (n=132) and female (n=76) on sociodemographic factors, educational achievement, age of diagnosis, treatment and comorbidities
Results: Average of age was 39,4 for females (F) and 34,3 for males(M). Levels of primary education were 5% for both, secondary education 41% F and 53% M, and tertiary education 41% F vs 37% M. 30% F and 37% M had failed at least once during their academic path. 26% F vs 25% M were students, 45% F vs 48% M were working actively and 8% F vs 15% M were unemployed. Only 8% F had an ADHD diagnosis during childhood and adolescence whether 41% of M had a history of early diagnosis and/or treatment. At least once psychiatric comorbidity was found in 75% F and 67% M, and medical comorbidities were present in 36%F and 44% M. Comorbid psychiatric diagnosis were anxiety disorders (36% F vs 26% M), depressive disorders (29% F vs 18% M), intellectual developmental disorders (5% F vs 13% M), substance abuse disorders (5% F vs 9% M), bipolar disorder (11% F vs 5% M), and autism spectrum disorders (3% F vs 5% M). In F, 75% were treated with stimulants and 11% with non-stimulants as in M 80% were treated with stimulants and 8% with non-stimulants. 37% F vs 24% M maintain follow-up, while 50% F vs 61% M abandoned it
Conclusions: In our study, women were less diagnosed in childhood and adolescence than men, regardless of failing in school in a similar percentage, which reflects underdiagnose in girls. Women had more percentage of psychiatric comorbidities, including anxiety, depressive, and bipolar disorders, whereas men had more prevalence of substance abuse and intellectual developmental disorders, meaning that women with ADHD are more prone to develop mood-related comorbidities than men. The percentage of follow-up abandon is also lower on women which indicates that, in spite of being less referred to medical care for ADHD, they are probably more likely to adhere to treatment

Disclosure of Interest: None Declared

EPP269

The association between childhood trauma and facial emotion recognition in women with premenstrual dysphoric disorder

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doi: 10.1192/j.eurpsy.2025.577

Introduction: Facial emotion recognition is a fundamental component in social interaction. Facial emotion recognition is disturbed both in women with Premenstrual Dysphoric Disorder (PMDD), and in those with a history of childhood trauma. PMDD affects up to 5% of women of childbearing age, exert influence on women's recognition of emotions, and on the emotion recognition processing. Women with PMDD are more likely to have a history of childhood trauma.
Objectives: To explore whether there is a link between a history of trauma and the perception of emotions in women with PMDD. We hypothesize that women with PMDD and a history of childhood trauma will show larger deficits in emotion recognition compared to women with PMDD but without a history of childhood trauma.
Methods: Data were derived from a sample of forty women diagnosed with PMDD (18-30 y.o., right handed, educational level >9y., regular cycle duration), who have visited Mental Health Centre of Rethymno (participants completed the Premenstrual Syndrome Questionnaire). The participants completed the Childhood Trauma Questionnaire (CTQ), which measures five types of maltreatment experiences. Three types are related to abuse (physical, sexual and emotional) and two to physical and emotional neglect. The Emotion Recognition Task (ERT) was also administered. ERT is a computer-generated paradigm for measuring the recognition of six basic facial emotional expressions: anger, disgust, fear, happiness, sadness, and surprise. During this test, video clips of increasing length are presented.
Results: The majority of the participants (82.5%) reported a history of maltreatment during childhood. Women without trauma, when they completed the ERT did not show any significant emotion dysregulation. On the contrary, maltreated women, especially physically or sexually abused, had a distorted perception of emotions expressed on adult faces. Happiness is less detected, whereas fear and anger are recognized more rapidly and at a lower intensity compared to women not exposed to childhood trauma. The higher the score in abuse, the higher the emotion dysregulation is.
Conclusions: The main conclusion of this study contributes to the current knowledge on the link between the long-term effects of childhood trauma both to PMDD and to emotion dysregulation. Women with PMDD are more likely to have a history of childhood trauma, which is associated with poorer performance in facial emotion recognition. Trauma, however, is a treatable factor with. Therefore, interventions targeting both to heal trauma and to promote adaptive emotion regulation strategies, could be encouraged to improve the capability of women with a history of childhood trauma to challenge premenstrual symptoms.

https://doi.org/10.1192/j.eurpsy.2025.576 Published online by Cambridge University Press