[1]Department of Biomedical and Clinical Sciences Luigi Sacco, University of Milan; [2]Department of Mental Health and Addiction Services, Niguarda Hospital; [3]"Aldo Ravelli" Center for Neurotechnology and Brain Therapeutic, University of Milan, Milan, Italy and [4]Department of Psychiatry and Behavioral Sciences, Bipolar Disorders Clinic, Stanford University, California, Standard, CA, United States
*Corresponding author.
doi: 10.1192/j.eurpsy.2026.10441

Introduction: Gambling Dual Disorder (GDD) has been proposed as a clinical construct to define the co-occurrence of Gambling Disorder (GD) with other psychiatric conditions. Despite the presence of preliminary evidence for this model, limited data are available.
Objectives: The aim of this multicenter, cross-sectional Italian study is to further characterize GDD by comparing individuals with GD only and those with co-occurring psychiatric disorders.
Methods: The sample consists of 227 outpatients diagnosed with GD recruited from two specialized psychiatric centers in Milan: the ASST Grande Ospedale Metropolitano "Niguarda" and the ASST FatebeneFratelli Sacco University Hospital. Patients were divided into two subgroups: GD-only and GDD (i.e., GD plus at least 1 additional psychiatric disorder). Sociodemographic and clinical variables, including the distribution of lifetime comorbidities, were collected. Psychometric questionnaires, e.g. the Canadian Problem Gambling Index (CPGI), the South Oaks Gambling Screen (SOGS) and the Gambling Attitudes and Beliefs (GABS) assessed gambling severity and core psychopathological dimensions. The Barratt Impulsiveness Scale-11 (BIS-11) and the Difficulties in Emotion Regulation Scale (DERS) assessed impulsivity and emotion regulation difficulties, respectively. This study was conducted in accordance with the ethical standards of the relevant national and institutional committees on human experimentation and with the Helsinki Declaration of 1975, as revised in 2008 (PMC2566407).
Results: 137 patients (60.4% of the total sample) had criteria for GDD. If compared to the GD-only group (n=90, 39,6% of the total sample), GDD patients were significantly older (44.35 ± 14.85 vs. 36.76 ± 15.03 years; $p<.05$) and reported a later onset of gambling problematics (33.16 ± 13.13 vs. 26.03 ± 11.58 years; $p < .005$). Compared to GD subgroup, the GDD subgroup also displayed higher rates of lifetime suicidal ideation (44.7% vs 18.7%; $p<.05$) and suicide attempts (6.8% vs 0%; $p<.05$), along with greater emotional dysregulation in DERS score (102.64 ± 25.23 vs 92.43 ± 25.90; $p<.05$). Among psychiatric comorbidities, personality disorders (37.2%) and major depressive disorder (28.4%) were the most frequent.
Conclusions: The findings confirm that psychiatric comorbidities have a high prevalence among patients with GD, showing associations with distinct sociodemographic and clinical features. This study supports the increasing clinical relevance of the GDD model, highlighting the importance of integrating it into clinical practice in order to achieve a greater diagnostic accuracy, to improve therapeutic strategies, and to guide future research in the understanding and management of gambling-related disorders.

Disclosure of Interest: None Declared

EPP186

The association between suicidal risk and ADHD comorbid with mood disorders in adults

C. Hallal[1,2], A. Kassab[1,2], E. El-Dirani[1,2], Y. Toum[1], L. Abi Khalil[1], F. Zahran[1], M. Louak[1,2]* and R. Bou Khalil[1,2]

[1]Saint-Joseph University and [2]Psychiatry, Hôtel-Dieu de France, Beirut, Lebanon
*Corresponding author.
doi: 10.1192/j.eurpsy.2026.10440

Introduction: Mood disorders, particularly bipolar disorder and major depressive disorder, are common and often debilitating psychiatric conditions. These disorders frequently co-occur with other mental illnesses, especially attention-deficit/hyperactivity disorder (ADHD), which may significantly impact their clinical trajectory and overall burden. While prior research has linked comorbid ADHD and mood disorders to an elevated risk of suicidality, such studies have generally failed to account for potential moderating variables, including symptom severity, comorbid psychopathologies, and ADHD subtype heterogeneity.
Objectives: This study aims to investigate the relationship between suicidality and ADHD, in its distinct subtypes, within the context of mood disorders, taking into consideration contributing factors that may modulate disease severity and influence suicidal risk, but also analyzing the differential impact of ADHD subtypes: inattentiveness subtype, impulsivity subtype and low self-esteem/negative mood subtype.
Methods: Data were collected through a structured online questionnaire completed by patients hospitalized for mood disorders in the psychiatry department of Hôtel-Dieu de France between 2017 and 2025. It covered sociodemographics, ADHD screening (Wender Utah Rating Scale WURS-25 and Adult ADHD Self-Report Scale ASRS), past and current suicidal risk, illness course since discharge, comorbid substance use disorders, and ongoing psychiatric treatment.
Results: The study analyzed 49 responses. Suicidality was present in 73.5% of participants, with 65.3% reporting prior behavior and 18.4% prospective risk. Overall ADHD was not significantly linked to suicidality ($p > .05$). However, when examining ADHD subtypes, logistic regression showed age was protective (OR = 0.91, $p = .011$), inattentiveness reduced risk (OR = 0.77, $p = .040$), and impulsivity increased risk (OR = 1.14, $p = .042$). Post-hospitalization substance use was also associated with suicidality ($\chi^2(1) = 4.54$, $p = .033$). After mood adjustment, inattentiveness lost significance. Predictive models explained up to 34.9% of variance, highlighting the roles of age, ADHD profiles, mood, and substance use in suicidal vulnerability.
Conclusions: Suicidal risk in this population appears multifactorial, influenced by age, ADHD subtypes, substance use and mood. Identifying protective and risk factors is essential for early intervention. Future research should further clarify these interactions to improve prevention strategies.
Keywords: Bipolar disorder, major depressive disorder, mood disorders, ADHD, suicidal risk, suicide, adults.

Disclosure of Interest: None Declared

https://doi.org/10.1192/j.eurpsy.2026.10440 Published online by Cambridge University Press