shocking, considering a patient who previously had stable and satisfactory affective relationships in her life.

Disclosure of Interest: None Declared

EPV918

Neurosurgery for severe refractory OCD in Malta – clinical audit of a new service

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Introduction: The prevelance of OCD is approximately 2-3%. Its impact depends on its severity and effect on functionality. Multiple aetiological factors are recognised, including: genetic, neurophysiological, and socio-environmental contributors. Success rate of non-surgical management; psychopharmacotherapy and psychotherapy, ranges between 40-60%, aiming at a 40-50% symptom decrease. Stereotactic neurosurgery provides a 60-70% success rate in treatment resistant OCD, with low risk of complications.
Objectives: This paper reports a prospective cohort study of individuals experiencing treatment resistant OCD in Malta who underwent Stereotactic Anterior Capsulotomy (SACAPS).
Methods: Individuals experiencing treatment resistant OCD are referred to the neuropsychiatry team; exhausting conventional treatment modalities. Six participants underwent SACAPS after clearance by the Mental Health Commissioner as part of safeguarding legislation in Malta. Pre- and post-operative psychometric testing was performed. We report the change in the Yale Brown Obsessive-Compulsive Scale (Y-BOCS), the Hamilton Depression Rating Scale (HAM-D) as well as a qualitative narrative from the participants' lived experiences. Necessary authorisations were gathered while data was solely collected from participants' notes.
Results: A total of six individuals underwent SACAPS for OCD between 2017-2025. Response is defined as ≥35% reduction on the Y-BOCS. A reduction of 20-35% is a partial response. Mean (SD) Y-BOCS scores improved from 32.5 (6.1) to 20.5 (10.4). Three (50%) participants showed full response on the Y-BOCS with a mean improvement of 60%, including one patient achieving full remission (YBOCS ≤8). One patient (16.66%) showed a partial response of 30% change, and two (33.33%) were "non-responders". One of the non-respondent participants experienced an improved quality of life and decreased burden of symptoms reflected in the time spent admitted in a psychiatric hospital; decreasing from 191/591 (32%) to 37/2913 days (1%) until time of write-up. Complex refractory cases require multiple treatment and augmentation strategies elevating the risk of side-effects impacting the quality of life. No post-operative complications were identified in our cohort. These results echo international statistics on neurosurgical interventions for treatment resistant OCD. Qualitative data substantiated these benefits and improved quality of life reflected in decreased distress and improved function.
Conclusions: Around 40% of patients experiencing OCD have poor response to non-surgical treatment. This statistical picture confirms that neurosurgical interventions in treatment refractory OCD in well-selected patients can provide potential significant improvements with limited complications or residual side-effects. Further observation of the current sample, larger samples, and improved referral systems would support further Maltese patients with severe refractory OCD.

Disclosure of Interest: None Declared

EPV919

Modulation of mitochondrial function by methylene blue and phosphorylated tau protein

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Introduction: Regulation of mitochondrial function is a promising approach for the treatment of neurodegenerative diseases such as Alzheimer's disease (AD). Methylthioninium chloride, also known as methylene blue (MB), is a well-known antioxidant that improves mitochondrial function and reduces neuroinflammation. Due to its ability to inhibit the aggregation of phosphorylated tau (P-tau), MB is a promising therapeutic agent in the treatment of neuropsychiatric diseases, including AD (Tucker *at al.* Mol Neurobiol 2018; 55 5137-5153).
Objectives: The aim of our study is to investigate mitochondrial effects of MB and P-tau oligomers in isolated brain mitochondria.
Methods: The *in vitro* effects of MB on mitochondrial function were measured using high-resolution respirometry with simultaneous fluorimetric determination of hydrogen peroxide (H_2O_2) or ATP production. The dose-dependent effects of MB were measured at concentrations ranging from 0.05 to 30 µmol/l, and the effects of P-tau were measured at concentrations of 30 and 60 nmol/l.
Results: We found the following dose-dependent effects of MB: (1) Dose-dependent increases in mitochondrial oxygen consumption for complex I-linked (N-type) respiration and decreases for complex II-linked (S-type) respiration; (2) Increases in mitochondrial H_2O_2 production for N- and S-type respiration, reaching a maximum at 10 µM MB; and (3) Decreases in ATP production, especially for S-type respiration. MB most significantly affects mitochondrial respiration and H_2O_2 production in respiratory states 3 and 4. P-tau alone does not significantly affect respiration or H_2O_2 production (Fišar *et al.* Biomolecules 2025;15 495). However, P-tau potentiates the decrease in MB-induced S-type respiration. At 1 µmol/l MB, P-tau increases H_2O_2 production in N-type respiration and decreases H_2O_2 production in S-type respiration.
Conclusions: The neuroprotective effects of MB appear to be associated with changes in the activity of complex IV of the respiratory chain rather than with its antioxidant effects. We confirmed that MB transfers electrons directly from complex I to cytochrome c and complex IV, thereby increasing complex IV activity as well as oxygen consumption. The increase in complex IV activity due to MB could have a beneficial effect in AD, where complex IV activity is typically reduced. However, the MB-induced increase in H_2O_2 production and decrease in ATP production suggest that MB may negatively affect mitochondrial function. The toxic effects of MB may be associated with the disruption of mitochondrial energy

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metabolism through direct damage to the inner mitochondrial membrane, uncoupling of oxidative phosphorylation, or inhibition of electron transport.
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EPV922

Hidden in Adulthood: What is the Prevalence of Attention-Deficit / Hyperactivity Disorder (ADHD) among adults in Greece?

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Introduction: Attention-Deficit/Hyperactivity Disorder (ADHD) is a common neurodevelopmental condition that persists from childhood into adulthood, often impairing daily functioning. Affects approximately 8.4% of children and 2.5% of adults. Although childhood diagnoses are common, prevalence in adults remains less studied, undetected earlier in life.
Objectives: We investigated the presence of ADHD symptoms and traits among Greek adults who were not diagnosed during childhood or adolescence.
Methods: We conducted a cross-sectional study from January to April 2025 among adults aged 18 years and older. Participants completed an online questionnaire that included socio-demographic characteristics and the ASRS-18 (Adult Self-Report ADHD Scale-18 items), six screening and 12 additional items. Each question asked how often a symptom occurred over the past 6 months, on a 0-4 scale, from never=0 to very often=4. Higher scores indicate greater ADHD severity, enabling assessment of inattentive and hyperactive/impulsive symptoms.
Results: A total of 254 adults, 51.6% women, mean age 35 years participated in the study. Most of the participants held a university degree (52.4%), 44.1% were employed, 17.3% reported a psychiatric diagnosis and 12.6% indicated substance use problems. The mean total score was 21 (SD=13), reflecting low to moderate symptom severity. Age was positively correlated with symptom severity, indicating that older adults reported more intense ADHD symptoms ($p < 0.001$). Having a psychiatric disease ($p < 0.001$) and a history of substance use ($p = 0.02$) were both significantly associated with more severe ADHD symptoms. No significant differences were found between men and women (p=0.75), nor across educational levels (p=0.30).
Conclusions: Our study provides novel insights on the prevalence and associated factors of adult ADHD in Greece. Age, psychiatric history, and substance use were significant predictors of increased symptom severity. These findings highlight the importance of early recognition and the value of incorporating screening tools into clinical and research protocols.

Disclosure of Interest: None Declared

EPV923

A comparative study of Neutrophil to Lymphocyte Ratio (NLR) in substance-free first episode of psychosis and substance-induced first episode of psychosis

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Introduction: A phenotype characterized by increased inflammation has been associated with psychotic disorders. The complete blood count (CBC) with its related measurements, such as neutrophil to lymphocyte ratio (NLR), represent an easily obtainable biomarker that may assist in identifying this systemic inflammatory condition.
Examining biochemical indicators of inflammation in individuals experiencing a first episode of psychosis (FEP) could provide more precise insights into the inflammatory mechanisms underlying psychotic spectrum disorders.
Objectives: This study aims to compare CBC inflammatory markers, particularly the NLR, in patients with substance-induced first episode of psychosis (SI-FEP) versus those with substance-free first episode of psychosis (SF-FEP).
Methods: This retrospective study evaluated the CBC inflammatory markers, in this case NLR, in a cohort of 91 subjects with a FEP, 59 presented a SI-FEP and 32 a SF-FEP, recruited at UPEP (Unidade de Primeiro Episódio Psicótico), in Coimbra, Portugal.
Results: There were no significant differences in NLR between the SI-FEP and SIP (t=-0,46; p=0,65).
Conclusions: This study found no significant differences in inflammatory markers, specifically the neutrophil to lymphocyte ratio (NLR), between SI-FEP and SF-FEP patients. These results suggest that systemic inflammation, as measured by CBC markers, may not differ based on substance use status during the initial psychotic episode.

Disclosure of Interest: None Declared

EPV924

Agressiveness in a patient diagnosed with Huntington's Chorea hospitalized in a psychiatry Unit

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Introduction: Huntington´s chorea is is a fatal neurodegenerative disease, mostly inherited, that presents psychiatric, cognitive, and motor symptoms, commonly become noticeable between the ages of 30 and 50 years. No cure for Huntington´s desease is known, and full-time care is required in the later stages.
Objectives: To describe a clinical case of a woman with no personal psychiatric history that presents agressiveness of unknown origin