the absence of overt hyperactivity, often leading to delayed diagnosis or misdiagnosis. Functional impairments extend to academic, occupational, interpersonal, and emotional domains, affecting the overall quality of life for affected individuals. Gender-specific factors, including societal expectations and biases in healthcare evaluation, contribute to diagnostic disparities and hinder timely access to appropriate interventions.
Conclusions: The literature review underscores the critical need for enhanced recognition, understanding, and tailored support for female adults with ADHD. The distinct symptomatology, diagnostic complexities, functional impairments, and gender-specific factors contribute to a multifaceted clinical landscape. Advancing gender-sensitive diagnostic criteria, increasing awareness among healthcare professionals, and developing interventions that address the unique needs of this population are essential steps toward improving the quality of life and outcomes for female adults with ADHD.

Disclosure of Interest: None Declared

EPP0490

Clinical features of suicidal behaviour in youth with borderline personality disorder

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doi: 10.1192/j.eurpsy.2024.625

Introduction: Borderline personality disorder (BPD) in youth has the greatest spectrum of psychopathology and is strictly associated with nonsuicidal self-injury (NSSI) and suicidal behaviour [Guile et al. Adolesc Health Med Ther 2018; 9 199-210; Paris Med. 2019; 55(6):223]. The formation of autoaggressive behaviour and suicidal activity is due to the psychopathological features of BPD, which include affective instability, impulsivity and impaired self-identity.
Objectives: The aim of the study was to investigate the psychopathological features of suicidal behaviour in BPD in youth.
Methods: Clinical and psychopathological examination with assessment of suicidal behaviour at the time of, 6 and 12 months later. For additional psychometric examination of patients we used: SCID-II questionnaires, Barratt Impulsiveness Scale (BIS-11), Toronto Alexithymic Scale (TAS), Columbia Suicide Severity Rating Scale (C-SSRS). Sample: N=62 male and female youth males and females in two equal groups of 31, respectively, with an established diagnosis of BPD and the presence of suicidal behaviour. The mean age of first referral in both groups was 19.1 ±2.2 years.
Results: This study defined 2 variants of suicidal behaviour in patients with BPD in youth: 1) Expansive - with predominance of impulsiveness (BIS-11 70±3), affective instability, associated with psychosocial factors as a trigger of suicidal activity. Suicidal attempts were made at the height of psychoemotional stress. These patients were characterised by moderately high scores of the C-SSRS scale 2±1, in which patients noted the absence of a plan and specific intentions before the attempt, and a lower incidence of repeated attempts after 6 ((N=6 (19.4%) and 12 months N=10 (32.2%). 2) Rationalistic variant of suicidal behaviour was found in patients with predominance of self-identification disorders, dissociative disorders and high level of alexithymia TAS 81±4.2 in the clinical picture. Suicidal ideation was revealed in all patients, often throughout the entire youth period, and attempts were characterised by thoughtfulness and led to severe consequences, including fatal outcome. Patients with rationalistic variant of suicidal activity had higher C-SSRS scale scores of 4±1, with the presence of suicidal intentions and high frequency of attempt recurrence after 6 (N=11 (35.5%) and 12 months (N=17 (54.8%)).
Conclusions: The variant of suicidal behaviour depended on the degree of severity and correlation of the psychopathological structure of BPD in youth. Less favourable prognosis was characteristic of the rationalistic variant due to the high frequency of repeated attempts. The results obtained require further analysis and contribute to the development of differentiated therapeutic strategies.

Disclosure of Interest: None Declared

Depressive Disorders

EPP0491

Weight changes in esketamine nasal spray and quetiapine extended-release treated patients with treatment resistant depression: Results from ESCAPE-TRD study

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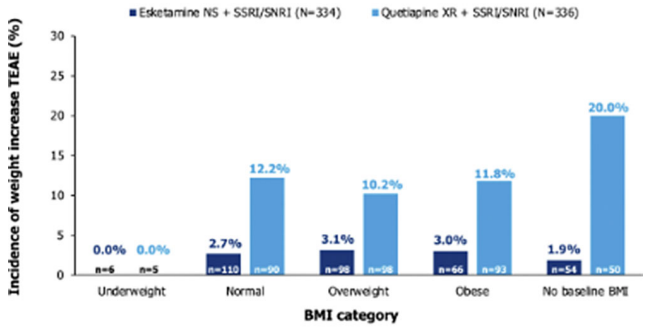
doi: 10.1192/j.eurpsy.2024.626

Introduction: In ESCAPE-TRD, esketamine nasal spray (ESK-NS) significantly increased the probability of remission at Week (Wk)8 and being relapse-free through Wk32 after remission at Wk8 versus (vs) quetiapine extended-release (QTP-XR), in patients (pts) with treatment resistant depression (TRD). Safety data were consistent with established profiles of each treatment, with no new safety signals identified (Reif *et al.* DGPPN 2022; P-01-04).
Objectives: To explore weight changes and their impact on treatment discontinuation in ESCAPE-TRD.
Methods: ESCAPE-TRD (NCT04338321) was a randomised, open-label, rater-blinded, phase IIIb trial comparing efficacy and safety of ESK-NS vs QTP-XR in pts with TRD. Safety analyses were conducted on pts who received ≥1 dose of study treatment. Treatment-emergent adverse events (TEAEs) were defined as occurring at or after the first dose of study treatment and within 14 days/30 days (non-serious/serious) of the last dose. A ≥7% increase/decrease in weight from screening was considered for evaluation as a TEAE. Weights were measured and are reported as observed, with no missing data imputation.

Results: 336 and 340 pts were randomised to ESK-NS and QTP-XR; 334 and 336 were included in the safety population. Over the 32-week study, a TEAE of weight increase was reported in fewer pts treated with ESK-NS than QTP-XR (9 [2.7%] vs 42 [12.5%]), leading to treatment discontinuation in 0 vs 6 (1.8%) pts, respectively. Incidences of weight increase TEAEs were balanced across pts categorised as normal, overweight or obsese by baseline body mass index (BMI; **Figure**). A weight decrease TEAE was reported in 7 pts (2.1%) in the ESK-NS arm vs 0 pts in the QTP-XR arm. Mean (standard deviation [SD]) weight at baseline was 76.4 (16.2) kg (ESK-NS; n=334) vs 79.1 (16.9) kg (QTP-XR; n=336). At Wk32, mean weight was maintained (76.5 [16.3] kg) in ESK-NS treated pts (n=249; mean [SD] change from baseline: 0.1 [4.0] kg) and increased (80.7 [15.6] kg) in QTP-XR treated pts (n=203; mean [SD] change from baseline: 2.5 [5.1] kg).

Image:

Figure. Incidence of weight increase TEAEs during ESCAPE-TRD by treatment arm and baseline BMI category



Safety set. Patients categorised according to BMI at baseline (underweight: <18.5 kg/m²; normal: 18.5–<25 kg/m²; overweight: 25–<30 kg/m² and obese: ≥30 kg/m²). Weight increase TEAEs were based on weight relative to screening. Data reported as observed; n numbers refer to total numbers of patients in a BMI category at baseline.

Conclusions: Increase in weight was uncommon with ESK-NS; weight increases were more common with QTP-XR and resulted in more treatment discontinuations. Weight increase was independent from baseline BMI.

Acknowledgements: We thank the patients who participated. Funding: Janssen, medical writing: Costello Medical, UK

Disclosure of Interest: None Declared

EPP0494

A scoping review of the literature on the prevalence and correlates of anxiety and depression among undergraduate health science students

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doi: 10.1192/j.eurpsy.2024.627

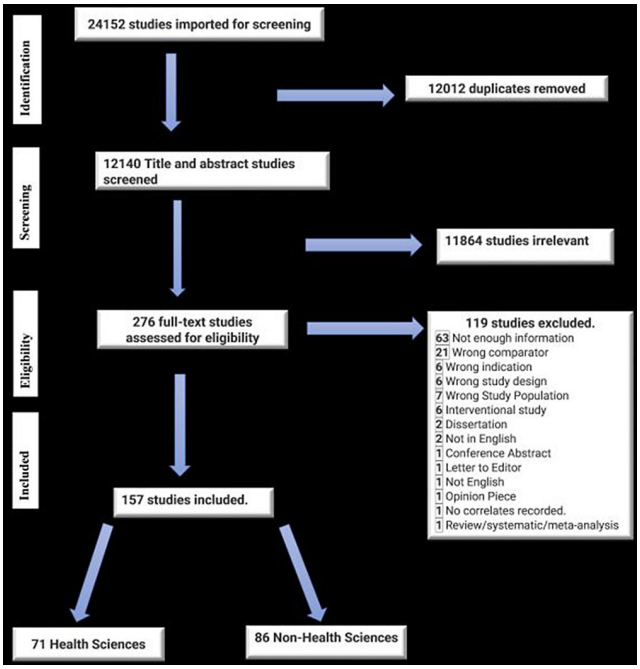
Introduction: Health science students in post-secondary institutions experience high levels of depression and anxiety due to increased stress levels, workload, low socioeconomic status, and history of family mental illness, among other factors. Given the significant negative impact that depression and anxiety can have on undergraduate health science students, it is essential to understand the prevalence and correlation of these conditions in this population.

Objectives: This scoping review aims to identify, document and analyze the literature on the prevalence and determinants of anxiety and depression among undergraduate health sciences students and identify gaps in knowledge for future research.

Methods: The scoping review was planned and executed by the Preferred Reporting Items for Systematic Reviews and Meta-Analyses extension for the Scoping Reviews statement. A comprehensive and systematic search was carried out for five databases, namely MEDLINE, Scopus, EMBASE, CINAHL and PubMed.

Results: From the literature identified by our search strategy, the lowest prevalence for anxiety was 5.8%, and the highest was 82.6%, with a median of 44.25%. The prevalence of depression ranged from a high of 88.8% to a low of 2.1%, with a median value of 34.8%. Our analysis revealed that correlates of anxiety and depression among health science students include sociodemographic factors such as age, sex, gender, relationships, ethnicity and family history, personal health conditions, and academic and socioeconomic issues.

Image:



Conclusions: With the high incidence of anxiety and depression among health science students, there is an increasing need to find practical remedies to support these students. It is also essential for policymakers and university authorities to implement interventions such as supportive text messages and other strategies geared toward providing support and improving the psychological well-being of health science students.

Disclosure of Interest: None Declared