

that several of the identified variants influence gene-expression levels or participate in chromatin interactions in brain areas implicated in affective disorders. In the next step these findings should be investigated in patient samples, and in other models of affective disorders and related phenotypes.

**Disclosure:** No significant relationships.

**Keywords:** affective disorders; Genetics; GWAS; affective temperaments

## Adult Patients With ADHD at the Interface of General and Forensic Psychiatry

### S0020

#### ADHD in Prisoners.

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The risk rate of criminality is increased in ADHD, especially in children who, in addition to ADHD, express externalizing behavior of oppositional defiant disorder (ODD), later followed by conduct disorder (CD), substance misuse and antisocial personality disorder (ASPD). Studies report ADHD to be about ten times more common in prison populations than in the general adult population. Prisoners with ADHD have compared to prisoners without ADHD, an earlier onset of offending, higher rates of coexistent psychiatric disorders, and are more often incarcerated due to violent- and drug-related offences. Within prison settings, inmates with ADHD are more often reported for intra-institutional aggression and they are often experienced as more difficult to manage and costly to rehabilitate. Further, they relapse comparably more often and faster into criminality after being conditionally released. Despite high prevalence rates of ADHD within prisons and serious consequences related to untreated ADHD, few controlled trials have evaluated methylphenidate treatment in prisoners with ADHD and coexistent disorders. Evidence and clinical experience of pharmacological and psychosocial interventions of prison populations with ADHD will be presented briefly.

**Disclosure:** No significant relationships.

**Keywords:** adhd; Prison; Treatment; Prevalence

### S0021

#### Impact of ADHD as a Risk and a Treatment Factor in Intimate Partner Violence.

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Intimate partner violence (IPV) has a very high prevalence (25%) in society and has serious consequences for its victims. As former studies showed minimal effectiveness of therapeutic interventions addressing IPV, the Dutch guideline for Familial/Domestic Violence (NVVP, 2008) recommends to focus more on systemic factors and on individual risk factors of IPV. ADHD is one of these

individual risk factors. This presentation focuses on the association between ADHD and IPV, presenting data and clinical examples. ADHD was missed in 56% of a sample of forensic outpatients. Reasons for this issue of underdiagnosis of ADHD in case of aggression and IPV are discussed. Also, data of the ITAP (impact of treatment of ADHD on IPV) study are presented, showing that ADHD in offenders of IPV with ADHD scored higher on minor physical aggression, minor and severe psychological aggression and clinician-rated IPV than offenders without ADHD. Further, after a one year treatment of ADHD and IPV, decrease in IPV was mainly associated with decrease in ADHD symptoms. The importance of screening and treatment of ADHD symptoms in all IPV offenders is discussed to make treatment of IPV more effective.

**Disclosure:** No significant relationships.

**Keywords:** Intimate Partner Violence; adhd; Treatment; Underdiagnosis

## Novel Options to Treat Cognitive Dysfunction in Schizophrenia?

### S0022

#### Psychotherapy of Biases in Cognition in Schizophrenia: the SlowMo Randomised Controlled Trial for Paranoia, Outcomes and Mechanisms

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Reasoning biases, specifically jumping to conclusions and belief inflexibility, may play a causal role in persistent paranoia. SlowMo, a new digitally supported blended cognitive-behavioural therapy, targets these biases. Adopting the terms 'fast' and 'slow thinking' as a heuristic to support therapy, SlowMo encourages people to notice a tendency to fast thinking, and to slow down for a moment to reduce paranoia. SlowMo therapy is the first digital blended therapy for paranoia, employing face to face therapy sessions with interactive digital content, and using mobile technology to promote generalisation to daily life. We report a randomised controlled trial with N=362 participants with distressing and persistent (3+months) paranoia, comparing 8 sessions of SlowMo plus Treatment as Usual (TAU) with TAU alone. We examined SlowMo's effectiveness in reducing paranoia and improving reasoning biases; its mechanisms of action; usability; and acceptability (Garety et al., 2021). Outcomes: SlowMo was beneficial for paranoia: 10 /11 paranoia measures at 12 weeks and 8/11 at 24 weeks demonstrated significant effects, and sustained moderate effects were observed on all observer-rated measures of persecutory delusions. Improvements in self-esteem, worry, wellbeing and quality of life were also reported. Mediation: Consistent with the theory-driven design and treatment rationale, improvements in slower thinking were found to mediate change in paranoia at 12- and 24-week follow-ups. However contrary to hypothesis, reduced fast thinking did not mediate change in paranoia, whereas worry did. These findings highlight the potential therapeutic mechanisms of action of SlowMo which which are discussed further. Garety P, Ward T,