

and/or behavioral disturbances. The symptoms begin before 12 years and must cause an impact in different contexts. It is now recognized that in 40–60% of cases, ADHD symptoms persist into adulthood and old age, representing nearly 4% of adults and seniors.

Executive and memory deficits have been described in other neurodevelopmental disorders, such as autism, and older adults with these disorders are observed, later in life, with mild cognitive impairment (MCI) or dementia.

MCI is conceptualized as a prodromal stage of a neurodegenerative process, for which the pathological processes are not yet known. The term “MCI” is currently used to designate subjective complaints and performance below expected levels, in any cognitive domain.

There is, therefore, an overlap between ADHD and MCI in older adults, related to cognitive and behavioral symptoms. This overlap makes both syndromes difficult to distinguish, particularly in older patients.

Objectives: To highlight the importance of understanding the key processes of ADHD and MCI and how these entities may be related to each other.

Methods: Non-systematic review of the literature using *Pubmed* database. Papers were selected according to their relevance.

Results: Sleep disturbances are present in about 70% of adults with ADHD, and 59% of those with MCI. Depression and anxiety, respectively, are observed in about 44% and 35% of adults with ADHD, and 27% and 14% of those with MCI.

In the literature, the relationship between ADHD and MCI/Dementia remains unclear, although there are some hypotheses: (a) ADHD and MCI represent two points along a single pathophysiological continuum; (b) ADHD increases the risk for MCI and dementia (through an unrelated mediator); (c) ADHD and MCI manifest highly similar neurobehavioral symptoms through fundamentally distinct mechanisms (are unrelated). However, these three hypotheses are not mutually exclusive, i.e. ADHD may share common antecedent causal factors with MCI/Dementia and also increase the risk of MCI/Dementia through an unrelated mediator. Neuroimaging evidence tends to support the hypothesis that neurobehavioral symptoms in ADHD and MCI manifest via distinct processes within the brain, with frontostriatal, frontal-temporo-parietal, and fronto-cerebellar abnormal networks in ADHD and progressive neurodegeneration in MCI.

Conclusions: Whether or not ADHD is a phase of a neurodegenerative process, the current criteria for the diagnosis of MCI or Dementia may not be appropriate or valid in individuals with a premorbid history of ADHD.

The criteria for the diagnosis of MCI/Dementia in adults with a previous diagnosis of ADHD should therefore be revised to rely more on functional outcomes.

Future neurobiological and epidemiological studies are needed, to explore the relationship between MCI/Dementia and ADHD, in older adults.

Disclosure of Interest: None Declared

EPP0223

The effects of the mother’s ADHD on her parenting role

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Introduction: Attention Deficit Hyperactivity Disorder (ADHD) is the second most common psychiatric disorder in childhood, affecting 5-7% of the child population. The same disorder in adults is less documented and is estimated at 2.5% of the population. The mothers of children with ADHD are 24 times more likely to develop ADHD than mothers of children without ADHD. About 17% of mothers of children with ADHD meet criteria for the disorder themselves. The core symptoms of ADHD are inattention, hyperactivity and impulsivity.

Objectives: The objective of this e-poster is to describe the effects of the mother’s ADHD on her parenting role

Methods: The current poster is based on the bibliographic reviews of papers via the ‘PubMed’ search engines.

Results: In some studies mothers with ADHD may use ineffective discipline methods in order to limit their children. The mothers with ADHD often have difficulties with executive functions such as planning, organizing and implementing goals and with self-control. Characteristically, in a study with a sample of mothers with children aged 3-6 years were observed difficulties in defining the boundaries of the children, unstable behavior and low self-esteem. Additionally, mothers with ADHD may have difficulty forming and maintaining social relationships and this have a negative effect on children’s social skills. The maternal role is influenced by when the mother suffers from depression, anxiety, uses alcohol or psychotropic substances. In addition, her role is influenced by when there are problems in the marital relationship or she is a single parent. The reactions of the mother with ADHD may be influenced not only by whether she has ADHD but also by whether or not her child has been diagnosed with ADHD. The mother with ADHD and child with ADHD has to deal not only with her own symptoms but also with her child’s symptoms. The coexistence of the specific disorder in both may cause increased levels of stress to the mother. Nevertheless, some research reports that these mothers show empathy towards their children, i.e. they have a more positive and supportive behavior, they are more protective, less irritable and less frustrating (similarity-fit hypothesis). In other studies mothers with ADHD worsen their children’s symptoms with their behavior (similarity-misfit hypothesis). There is a significant correlation between the mother’s ADHD and the child’s emotional, behavioral and social functioning.

Conclusions: In conclusion, mothers with ADHD may experience difficulties in all developmental stages of their children. Therefore, the treatment of the disorder (medication and cognitive-behavioral psychotherapy) is necessary in order to improve the mothers’ symptoms, the mental condition of their children and the family’s quality of life.

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EPP0224

Adherence to psychiatric medications and diagnosis

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Introduction: Patients with mental disorders frequently become non-adherent during their long term prescribed treatment. This