

decreasing social and daily activity. The 2<sup>nd</sup> group (22 cases, 49%) included patients with prevalence of delusions of persecution, more rare auditory hallucinations and more often acoasms. They had medium score PANSS (90,22±16,79), with minimal cognitive decline (MoCA average score 20,33±4,27). The short-term outcomes were characterized with formation of residual positive and negative symptoms, that impact on daily and social activity. The 3<sup>rd</sup> group included 8 patients (8%) with prevalence of delusion symptoms, such as misidentification, persecutory and reference delusions, which were mood-congruent. They had medium PANSS score (89,75±18,90) with more severe depressive symptoms by HAMD scale in compare with 2<sup>nd</sup> group (22,00±10,00, p=0,07) and minimal cognitive decline (MoCA average score 25,00±1,00, p=0,05) in compare with 1<sup>st</sup> group. This group was characterized with high level of reduction of productive symptoms and restoration of premorbid social and daily activity in short-term outcomes. **Conclusions:** features of clinical characteristics, including the nature and severity of cognitive impairment at the onset of disease, are significant for prognosis and outcomes of disease. The data obtained could be served for the development of personalized therapeutic approaches that take into account the syndromic features and course of late-onset psychosis.

**Disclosure of Interest:** None Declared

## EPP0597

### Examining Sexual Well-being across the Lifespan: Assessing the Relationship between Sexual Satisfaction and Adjustment to Aging

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**Introduction:** Sexual satisfaction is relevant to aging well, throughout the lifespan.

**Objectives:** This study aims to compare the perspectives of sexual satisfaction and adjustment to aging in three age cohorts, across the life span; and to analyze whether sexual satisfaction influences the perceptions of AtA.

**Methods:** This cross-sectional study comprised participants from three different age cohorts (18-44; 45-64; and 65+ years). Four measures were used to meet the defined objectives: (a) Adjustment to Aging Scale (ATAS); (b) New Sexual Satisfaction Scale (NISS-S); and (c) sociodemographic, health and lifestyle questionnaire. Data were subject to One-way ANOVAs and hierarchical regression analyses.

**Results:** Social support emerged as the most relevant dimension in the multifactorial nature of AtA. Generational differences were found in sense of purpose and ambitions [F (2, 616) = 14.203, p = .000], social support [F (2, 616) = 10.65, p = .000] and body and health [F (2, 616) = 8.73, p = .000]. Participants aged 65 and older showed significantly lower levels of sense of purpose and ambition, body and health, and social support. Younger participants showed the highest score for body and health. Age-related decreases in

sexual satisfaction were also found, as younger participants showed statistically higher levels of sexual satisfaction, followed by middle-aged and older participants. Sexual satisfaction predicts all the dimensions of AtA, exception made for aging in place and stability, where age is the main predictor. Ego-centered sexual satisfaction positively predicted sense of purpose and ambitions ( $\beta = .212$ ,  $p < .05$ ) and social support ( $\beta = .311$ ,  $p < .001$ ); while partner/sexual activity centered sexual satisfaction was a positive predictor of zest and spirituality ( $\beta = .255$ ,  $p < .01$ ), body and health ( $\beta = .239$ ,  $p < .001$ ), and social support ( $\beta = .168$ ,  $p < .05$ ).

**Conclusions:** Sexual satisfaction decreases with age and is positively related to all dimensions of AtA, hence gerontological interventions and program policies with older people would strongly benefit of including sexual satisfaction as a relevant variable for aging well.

**Keywords:** sexual well-being; sexual satisfaction; adjustment to aging; generational groups; lifespan.

**Disclosure of Interest:** None Declared

## EPP0598

### Subgroups of patients with late onset schizophrenia-like psychoses revealed by the analysis of glutathione-dependent enzymes and inflammation markers

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**Introduction:** While chronic inflammation and enhanced imbalance of pro- and antioxidant, including glutathione-dependent, systems contribute substantially to pathogenesis of mental disorders in old age, extent of oxidative stress and degree of inflammatory processes severity are varying among patients with late onset schizophrenia.

**Objectives:** Revealing various phenotypes in patients with late onset schizophrenia basing on measurement of activity levels for blood glutathione-dependent enzymes and inflammation markers and analysis of their links with clinical features of the patients.

**Methods:** Of 59 studied women patients 34 were with late onset (after 40 years) and 25 with very late onset (after 60 years) schizophrenia or schizophrenia-like psychoses (F20; F22.8; F25; F23; F06.2 by ICD-10). 34 mentally healthy women elder than 50 years comprised controls. Glutathione reductase (GR), glutathione-S-transferase (GST), neutrophil elastase (NE), and  $\alpha 1$ -routinase inhibitor ( $\alpha 1$ -PI) activities were measured in blood. PANSS, CDSS and CGI-S were used to assess the severity of psychotic symptoms, depression and treatment effectiveness.

**Results:** In the whole group of patients, GR was lower ( $p < 0.05$ ), and  $\alpha 1$ -PI was higher ( $p < 0.0001$ ) than in control group. Clustering the patients by their biochemical and immunological signs revealed two clusters (C1, n=34, and C2, n=25) significantly differing by GST ( $p < 0.0001$ ), NE ( $p < 0.0001$ ), and  $\alpha 1$ -PI ( $p < 0.001$ ) activities. As compared with controls, GST and  $\alpha 1$ -PI were higher ( $p < 0.05$  and  $p < 0.0001$ ), and NE was lower ( $p < 0.05$ ) in C1. As compared with controls, GR activity was lower ( $p < 0.05$ ), NE activity was higher

( $p < 0.001$ ), and  $\alpha 1$ -PI activity was much higher ( $p < 0.001$ ) in C2. Patients of C1 and C2 did not differ in age, diagnosis, severity of the disease, but differed in clinical features of the course of the disease: significantly more patients with very late onset schizophrenia (76%) were met in C1 ( $\chi^2 = 13.41$ ,  $p < 0.001$ ). Also, different clinical-biological correlations were found in these clusters. Particularly, negative correlations of baseline NE activity with PANSS general psychopathology subscale scores ( $R = -0.39$ ,  $p < 0.05$ ) and with total PANSS scores ( $R = -0.39$ ,  $p < 0.05$ ) were found in C1. Positive correlation of GST activity with PANSS positive subscale score was found in C2 ( $R = 0.43$ ,  $p < 0.05$ ).

**Conclusions:** The revealed clusters differ in the extent of the glutathione antioxidant system impairment and in levels of the immune response markers. The revealing of the patient subgroups on the basis of biological markers reflecting impairments in metabolic and immune systems can represent interest in the search for individual treatment approaches.

**Disclosure of Interest:** None Declared

## Others

### EPP0600

#### Prevalence of ADHD in Adults: An Umbrella Review of International Studies

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**Introduction:** Attention deficit hyperactivity disorder (ADHD) is a neurodevelopmental disorder commonly diagnosed in school-age children. However, it can affect individuals of all age groups. This study aimed to provide a comprehensive analysis of the prevalence of ADHD in adults by conducting an umbrella review of systematic reviews and meta-analyses.

**Objectives:** To provide a comprehensive synthesis of published evidence on the prevalence of Attention Deficit Hyperactivity Disorder (ADHD) in adults through an umbrella review of systematic reviews and meta-analyses, with the aim of highlighting the significance of addressing and managing ADHD in the adult population.

**Methods:** To conduct this study, we adhered to the guidelines outlined in the Preferred Reporting Items for Systematic Review and Meta-Analysis (PRISMA). We systematically searched databases such as PsychINFO, Web of Science, PubMed, and Scopus to identify relevant studies. Our review protocol was registered with PROSPERO (registration number: CRD42023389704). The quality of the studies included in our analysis was assessed using the A Measurement Tool to Assess Systematic Reviews (AMSTAR). For the purpose of conducting a meta-analysis, we employed a random-effects model.

**Results:** Our umbrella review examined findings from five systematic reviews that encompassed data from 57 unique international

primary studies undertaken between 2009 and 2021. These studies involved a total of 21,142,129 adult participants. The meta-analysis, employing an inverse variance-weighted random effect model, yielded a pooled prevalence estimate for ADHD in adults of 3.10% (95% confidence interval: 2.60%–3.60%). Regarding ADHD subtypes, our analysis revealed that ADHD-I (inattentive type) remained the most prevalent among adults, followed by ADHD-HI (hyperactive type) and ADHD-C (combined type).

**Conclusions:** Our results underscore the relatively high prevalence of ADHD among adults, with ADHD-I emerging as the most common subtype. These findings emphasize the need for proactive measures to prevent, mitigate, identify, and effectively manage ADHD in the adult population.

**Disclosure of Interest:** None Declared

### EPP0601

#### Investigation of the Effect of Curcumin on Metabolic Dysfunction Caused by Clozapine in Rats

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**Introduction:** Antipsychotics disrupt intracellular cholesterol traffic and prevent the exit of low-density lipoprotein (LDL)-derived cholesterol from the endosome/lysosome compartment. It was showed that curcumin accelerated the release of cholesterol-containing exosomes from cells with impaired intracellular cholesterol traffic due to antipsychotic treatment and suggested that curcumin may help minimize the negative metabolic effects associated with chronic antipsychotic treatment.

**Objectives:** This study aimed to investigate the effectiveness of orally administered curcumin to rats in preventing and treating metabolic syndrome-related side effects such as weight gain and dyslipidemia caused by clozapine.

**Methods:** In our research, a total of 32 male rats (Wistar Albino), 12 weeks old, produced at Selçuk University Experimental Research and Application Center, were used. All animals divided into 4 groups. Venous blood collection and weight measurements were taken from all groups at the beginning. 32 rats were randomly divided into 4 separate groups: control, only oral clozapine, oral clozapine + 50 mg/kg curcumin, and the oral clozapine + 100 mg/kg curcumin group. Groups II-III-IV were given 15 mg/kg clozapine orally daily for 3 weeks. AST, ALT, glucose, total cholesterol, Triglyceride, HDL, LDL and insulin were studied from the blood samples taken at the beginning and at the end of the experiment.

**Results:** There was no statistically significant difference in comparisons of weight and insulin measurements between the groups at the end of the experiment ( $p > 0.05$ ). In glucose measurements at the end of the experiment, the control group was found to have significantly higher glucose values compared to the other groups ( $p < 0.001$ ). As a result of posthoc analyses, LDL measurements in the control group were found to be lower than those in the CLZ and CLZ + 50 c groups ( $p < 0.05$ ). AST value of the control group was significantly higher than the CLZ+100c group ( $p = 0.011$ ). Measurements of the control group for ALT were found to be higher than those of the CLZ+50c and CLZ+100c groups ( $p < 0.05$ ). There was