

explored experiences of survivors. Only one article focused on their recovery process, within and/or outside of professional treatment with no published research on treatments for them in South Asia. Physical abuse and emotional abuse or neglect were more often reported in our included studies as compared to sexual abuse.

Conclusions: Our review suggests that even though the needs of adult CSA survivors in South Asia have been partly identified, there is very little research into the treatment of CSA adult survivors in this region. Perpetrators often come from their immediate or extended families, leading to their distrust of the familial and legal systems. Even when not diagnosed with a severe mental health condition, there are potentially serious implications for victims' adult relationships and social functioning. There is a current lack of research and therefore, lack of evidence-based treatment for adult survivors of CSA in South Asia.

Disclosure of Interest: None Declared

Precision Psychiatry

EPV0781

Weight gain and metabolic disorders induced by psychotropic drugs: an appraisal of risk factors

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Introduction: Weight gain and obesity are important health problems associated with psychiatric disorders and/or with psychotropic drug treatments. There is a high inter-individual variability in the susceptibility to drug induced weight gain and/or other cardiometabolic disorders.

Objectives: To study the genetic, clinical and environmental risk factors for weight gain and onset of metabolic syndrome during psychotropic treatment.

Methods: Analysis in PsyMetab, a large (n>3000) ongoing longitudinal prospective cohort study investigating cardiometabolic disorders in psychiatric patients.

Results: Aside from well-known clinical risk factors for metabolic worsening (e.g. young age, first episode status, rapid weight gain during the first month of treatment and/or low initial BMI), we recently identified additional risk factors, such as the socio-economic status, a low status being associated with increased worsening of cardiometabolic parameters. Results from ongoing studies on the moderate dose dependencies of the metabolic effects of antipsychotics will be shown, as well as the clinical consequences. An epigenome-wide association study (EWAS) performed in 78 patients before and after one month of treatment (Dubath et al., submitted) and a genome-wide association study (GWAS) in 1924 patients (Sjaarda et al. submitted) will also be presented, as well as the use of polygenic risk scores to predict patients at risks for dyslipidemia (Delacretaz-Reymond et al., in preparation)

Conclusions: Many factors contribute to the differences in weight gain and metabolic disorders induced by psychotropic drugs. The use of specific algorithms and/or polygenic risk scores can help to identify patients at risks. However, when starting a psychotropic drug at risk, a prospective monitoring of clinical (e.g. weight and

blood pressure) and biochemical (fasting glucose, lipid levels) parameters is essential.

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EPV0782

CLUSTER ANALYSIS OF ATTENTIONAL PERFORMANCE AND BEHAVIORAL EXPRESSIONS IN ADULTS WITH ADHD SYMPTOMS

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Introduction: Attention Deficit Hyperactivity Disorder (ADHD) is characterized by a persistent pattern of inattention, hyperactivity, and impulsivity, which begins in childhood and often persists into adulthood. ADHD has a heterogeneous expression with diversity in behavioral symptoms, cognitive deficits, and comorbidities. So, it is possible to consider it a spectrum with different losses.

Objectives: To describe clusters of multiple neuropsychological, attentional, and behavioral measures in adults with symptoms of ADHD. It could help to seek new directions to examine heterogeneity from a dimensional approach to ADHD.

Methods: 120 adults between 18 and 52 years old (m= 29.5) with ADHD symptoms participated in this study. Performance indices on computerized neuropsychological tests of attention (voluntary, automatic, temporal, and sustained), behavioral self-report scales for ADHD (ASRS-18), impulsivity (BIS-11) executive dysfunction (BDEFS), and functionality, emotional and behavioral problems (Adult Self-Report - ASR of ASEBA) were analyzed. Cluster analysis processed the data to find subgroups based on the scores of instruments. The NbClust tested the best number of clusters that converge to a solution.

Results: The 3 clusters solution was obtained by comparing Z scores for each indicator. In cluster 1, the ADHD symptoms were equivalent but expressed more hyperactivity than in other clusters. Also, higher levels of functional impairments and executive dysfunctions (motivation, emotional regulation, and anxiety/depression) were identified. In the attentional neuropsychological tasks, the indices express a lower level. Cluster 2 expressed a higher level of inattention and attentional, motor, and non-planning impulsivity, and functional impairments in the academic, professional, and legal risk areas. Cluster 3 was the subgroup with the lowest level of symptoms of ADHD.

Conclusions: This study identified differences in performances that contribute to understanding the cognitive, behavioral, and emotional expressions of ADHD. Three groups of different prejudices levels should be considered in the development of evaluative models in new studies to consider the spectrum of ADHD.

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