

provide insights into the additive effects of CBT and pharmacotherapy regarding the quality of life in adults with ADHD.

Objectives: In this study, we investigated the effect of CBT combined with pharmacotherapy on the quality of life in adults with ADHD compared to pharmacotherapy alone.

Methods: In this multicenter prospective cohort study a total of 627 patients were included, 305 were included in the pharmacotherapy only group and 322 in the combination group (CBT and pharmacotherapy). The Adult ADHD Quality-of-Life scale (AAQoL) was conducted at baseline and at the end of treatment.

Results: No significant differences were found in gender or age between groups at baseline. The average improvement in the AAQoL total score in the pharmacotherapy group was 26.81 (17.12) and in the combination group 25.45 (16.33) and showed no significant difference ($t(543) = 0.96, p = 0.34$). At baseline the average total score in the pharmacotherapy group was 45.5 (12.37) and 42.22 (12.73) in the combination group ($t(543) = 2.86, p = 0.004$). The average total score at the end of treatment in the pharmacotherapy and combination group was 72.31 (12.99) and 67.67 (12.45), respectively ($t(543) = 4.26, p < 0.001$).

Conclusions: To our knowledge, this is the first study to describe the value of CBT in addition to pharmacotherapy on the quality of life in adults with ADHD. Contrary to our expectations, there was no significant effect of CBT in addition to pharmacotherapy on the quality of life.

Disclosure: No significant relationships.

Keywords: Cognitive behavioral therapy; Quality of Life; adults; ADHD

EPV0805

Ethnic inequalities in treatment with clozapine

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Introduction: Ethnic disparities in treatment with clozapine, the antipsychotic recommended for treatment-resistant schizophrenia (TRS), have been reported. However, these investigations frequently suffer from potential residual confounding. For example, few studies have restricted the analyses to TRS samples and none has controlled for benign ethnic neutropenia.

Objectives: This study investigated if service-users' ethnicity influenced clozapine prescription in a cohort of people with TRS.

Methods: Information from the clinical records of South London and Maudsley NHS Trust was used to identify a cohort of service-users with TRS between 2007 and 2017. In this cohort, we used logistic regression to investigate any association between ethnicity and clozapine prescription while adjusting for potential confounding variables, including sociodemographic factors, psychiatric multimorbidity, substance use, benign ethnic neutropenia, and inpatient and outpatient care received.

Results: We identified 2239 cases that met the criteria for TRS. Results show that after adjusting for confounding variables, people with Black African ethnicity had half the odds of being treated with clozapine and people with Black Caribbean or Other Black background had about two-thirds the odds of being treated with clozapine compared White British service-users. No disparities were observed regarding other ethnic groups, namely Other White background, South Asian, Other Asian, or any other ethnicity.

Conclusions: There was evidence of inequities in care among Black ethnic groups with TRS. Interventions targeting barriers in access to healthcare are recommended.

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Keywords: clozapine; health inequalities; ethnicity; refractory psychosis

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Conformity to masculine norms and self-stigma of help-seeking are not unique barriers to formal help-seeking in men, but are also relevant for women

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Introduction: Studies that explain men's reduced willingness for formal help-seeking for depressive symptoms often did not analyze whether assumed unique barriers, namely, conformity to masculine norms (CMN), reduced self-compassion, and self-stigma are also linked to women's help-seeking behavior.

Objectives: The current study analyzed whether CMN, self-compassion, and self-stigma for help-seeking are linked to women's and men's willingness to seek formal help for depressive symptoms.

Methods: German-speaking participants ($N=481$; 68.8% women, 31.2% men; $M_{age}=35.6, SD=14.2$) of an online-questionnaire study read a vignette about a character with depressive symptoms. Participants indicated how likely they would be to seek medical or psychological help if they were in the character's situation. Furthermore, the Conformity to Masculine Norms Inventory, Self-Stigma of Seeking Help scale, and Self-Compassion Scale were used.

Results: Women and men were moderately willing to seek formal help for depressive symptoms. A manifest path model revealed that strong CMN and low self-compassion were linked to strong self-