SY-01-00

Affective Dysregulation in Childhood: Optimizing Prevention and Treatment (ADOPT-Study) – a stepped care approach

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Affective dysregulation (AD) is a transdiagnostic dimension which is characterized by persistent irritable mood, unpredictable mood swings, anger and severe temper outbursts. Due to early onset, high prevalence and persistence, as well as developmental comorbidity, AD in childhood is one of the most psychosocially impairing and cost-intensive mental health conditions. Despite continuous research, a substantial need remains for research regarding the neurological basis, diagnostic approaches and optimization of individualized treatment strategies in order to improve outcomes and reduce the subjective and economic burden. In a multicenter study the ADOPT (Affective Dysregulation – Optimizing Prevention and Treatment) consortium analyses the epidemiology, develops screening and assessment tools, and analyses outpatient treatment effects in a stepped care approach in children aged 8 to 12 years. First results of this study are presented.

SY-01-04

Altered reward anticipation and delivery in children with affective dysregulation

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Affective dysregulation (AD) in children is characterized by irritability, anger, and frequent and intense temper outbursts. Evidence accumulates that altered processing of conflict and frustration about missed rewards is characteristic of AD. So far, however, no study has investigated the preceding reward anticipation and delivery processes in children with AD. A total of 106 children aged 8 to 12 years were examined during a monetary reward anticipation task focusing on event-related potentials (ERPs) to reward cues (the attentional Cue-P3 and the anticipatory CNV [contingent negative variation]) and to reward delivery phase (Reward positivity). Children with AD showed attenuated anticipatory reward processing compared to TDs. The CNV at fronto-central site showed a significant group effect and at the central site a significant condition x group interaction. Specifically, only the TD group showed a significant CNV increase to monetary anticipation. No significant effects were obtained for the Cue-P3 and the behavioral indices. Further, for the delivery phase at fronto-central electrodes, a significant condition x group effect revealed lower reward positivity in the AD group. Hierarchical regression analysis showed that only a reduced anticipatory CNV at FCz significantly explained AD symptoms. The current study represents the first neurophysiological examination of reward anticipation and delivery in children with AD and demonstrates a characteristic attenuation of these processes in AD. The lack of differences for the Cue-P3 associated with allocation of attentional resources suggests a specific alteration of reward anticipation and delivery, underlining the important role of atypical reward processing in the pathophysiology of AD.

SY-01-03

Efficacy of Internet Based Parent Management Training in the Treatment of Affective Dysregulation and Coexisting Conditions in Children (ADOPTonline)

Hanisch, Charlotte

Ritschel, Anne, Treier, Anne-Katrin , Doepfner, Manfred

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Cognitive-behavioral parent trainings are considered evidence-based for the treatment of externalizing disorders and have been shown to be effective in various formats, including web-assisted self-help (Bennett et al., 2019). Aside from modifications of situational and reinforcement conditions children with problems in emotion regulation need parental support in the acquisition of functional emotion regulation strategies. Accordingly, parents of children who suffer from affective dysregulation, i.e., mood swings, irritability, and intense tantrums, are less likely to benefit from traditional cognitive-behavioral parenting training (Greene, 2014). For the ADOPT online parent training, the concept of the ADHD parent trainer (Döpfner & Schürmann, 2016) was therefore extended to include interventions for dealing with negative feelings by integrating emotion-focused, mindfulness-based, and schema-therapeutic elements (Ritschel et al., 2021).

In a randomized controlled trial the ADOPT online parent training (n= 193) was compared to treatment as usual (n= 42) in families with 8-12-year-old children with affective dysregulation (Döpfner et al., 2019). Primary outcome was a blind-rated clinical interview of symptoms of affective dysregulation. Significant group differences were found for the primary outcome ($p < 0.01$; $d= 0.65$) as well as for parent's ratings of coexisting conditions (oppositional problem behavior: $p < 0.01$; $d= 0.58$; ADHD symptoms: $p < 0.05$; $d= 0.33$).

Adherence and attrition of ADOPT Online parent training were similar to other online trainings (Dadds et al., 2018; Day & Sanders, 2018). Effects on core symptomatology were in line with traditional parent trainings for externalizing disorders (Coates et al., 2015; Mulqueen et al., 2015).

SY-01-02

Affective Dysregulation and Coexisting Conditions in Children out of home care – Psychopathology and treatment effects

Koelch, Michael [1]

Döpfner, Manfred [2], Goetz-Dorten , Anja [2], Treier, Anne-Kathrin [2], Fegert, Joerg M. [3], Bienioschek, Stefanie [4], Daunke, Andrea [1]

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Affective Dysregulation (AD) represents a transdiagnostic entity. It is characterized by irritability, severe temper outbursts, anger, and unpredictable mood swings. AD is found especially in externalizing disorders. Children in out of home care (OHC, e.g. foster care, youth welfare institutions) show high prevalence of externalizing disorders. Within this population psychosocial risk factors (e.g. adverse childhood experiences (ACE)) cumulate. Externalizing symptoms led often to multiple placements of these children. Effective and evidence based treatment of AD is needed for this high risk population.

Method and sample

Within the ADPOT study (funded by the Federal Ministry of Research and Education) ADOPT institution targeted on children in OHC with an modularized psychotherapeutic intervention including trauma therapy modules if needed. Within a RCT-design 155 children (8-12 years) have been recruited. 66,5 % were male, 83% lived in youth welfare institutions and 17% in foster care families. 65 were randomized to the intervention group, 66 to TAU.

Results

Within the ADOPT institution sample frequency of ADHD and CD and even burden by trauma associated symptoms were significantly higher than in the ADOPT community sample (ADHD: $\chi^2(1) = 18.252$, $p = <0.001$, CD $\chi^2(1) = 25.004$, $p = <0.001$, burden of traumatic symptoms: $F(1, 286) = 50{,}481$, $p < .001$).

Last patient out was on December 2022. Next to sample characteristics main study results (efficacy, moderating factors) will be presented on the symposium.

SY-01-05

Development and validation of the Diagnostic Tool for Affective Dysregulation in Children—Screening Questionnaire (DADYS-Screen)

Boecker, Maren [1]

Kaman, Anne [2], Treier, Anne-Katrin [3], Döpfner, Manfred [3], Görtz-Dorten, Anja [3], Hanisch, Charlotte [3], Roessner, Veit [4], Koelch, Michael [5], Banaschewski, Tobias [6], Ravens-Sieberer, Ulrike [1]

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Introduction: Affective dysregulation (AD) is characterized by persistent irritable mood, unpredictable mood swings, anger and severe temper outbursts. Psychometrically sound assessment instruments are needed to adequately identify children at risk of AD to provide adequate treatment. The aim of the study was the development and validation of an AD-screening instrument which should be suitable for epidemiological studies and for screening purposes in clinical practice.

Methods: Based on an itempool of existing standardized instruments addressing aspects of the AD-concept, the DADYS-Screen was developed following a mixed-methods approach including qualitative (Delphi expert-rating, focus groups with experts and parents) and quantitative item selection and evaluation (classical test theory and item response theory). Data of a large community-based sample of 8-12 year-olds rated by their parents was used (scale development: n = 771; 49.7 % female; age M = 10.02 years; scale evaluation: n = 8974; 48.7 % female; age M = 10.00 years). Criterion and construct validity were determined with a subsample of n = 1114 who took part in a more comprehensive diagnostic.

Results: The DADYS-Screen includes 12 items and indicated excellent internal consistency, high content validity, and mainly good psychometric scale characteristics including good fit to a one-factorial model. The DADYS-Screen demonstrated good concurrent validity (correlation with parent questionnaires and clinical interviews: $.70 \leq r \leq .84$) and an outstanding diagnostic accuracy (ROC analyses with parent AD-interview: AUC = .90).

Conclusion: Overall, the DADYS-Screen is a reliable and valid screening instrument able to identify children with AD.

SY-01-01

Efficacy of a Personalized Modular Outpatient Treatment of Affective Dysregulation and Coexisting Conditions in Children (ADOPT-treatment)

Treier, Anne-Katrin

Görtz-Dorten, Anja, Döpfner, Manfred

University Cologne Cologne Germany

Background: Affective dysregulation (AD) is characterized by excessive reactivity to negative stimuli with an affective and a behavioral component. AD is categorized as cross-diagnostic symptomatology and thus, plays a central role in the context of various mental disorders in childhood and adolescence. However, its therapy has so far been poorly evaluated.

Methods: The individualized, modular therapy for the optimization of affect control in children (THOPAS) includes ten cognitive-behavioral therapy modules based on empirically evaluated German-language treatment programs. The main objectives of this randomized control trial are to examine (1) the efficacy of the individualized modular treatment (24 sessions) compared to routine therapy in children aged 8;0 to 12;11 years, (2) moderators and mediators, and (3) the stability of therapy outcomes.

Results: The concept of THOPAS will be presented and preliminary efficacy data will be reported.

Discussion and Conclusion: First indications for future treatment concepts of children with affective dysregulations and disorders of emotion regulation will be shown.

Session: Symposium 04 - SY-04

Date: 29-06-2023 - 08:30 - 09:30

Location: Carstensen - Lower floor /

SY-04-00

Parent training for ADHD: Efficacy and beyond

Thomsen, Per Hove [1], Daley, David [2], Lambek, Rikke [3], Lange, Anne-Mette [1], Sonuga-Barke, Edmund [5]

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Objectives

Parent training (PT) has been investigated as an early intervention for children with ADHD as an alternative or an addition to medication.

The overall aim of this symposium is to present current knowledge on parent training and new findings from recent and ongoing studies in the field.

Methods

The symposium includes four presentations:

An update of RCTs of behavior interventions on core ADHD symptoms, parenting quality and conduct problems. The presentation aims at exploring whether specialized behavioral interventions tailored to address ADHD are more effective than generic behavioral interventions, if mode of delivery or early intervention matters.

Neuropsychological processes have been proposed as targets for ADHD interventions. Little is known about the impact of parent training on neuropsychological functioning. The results from a new study examining whether executive function, delay of gratification, and variability could be improved by the NFPP will be presented.

As PT can be relatively costly and complicated to organize, this presentation will outline the strengths and weaknesses of PT apps, describe some of the design and implementation challenges and introduce two recently developed PT apps: Structured e-parenting support (STEPS) and Parent Positive.

The New Forest Parenting Program (NFPP) has been successfully evaluated in an RCT within hospital-based child psychiatry clinics in Denmark. A second study is on the way to explore the implementation of NFPP within community child and family mental health services. The presentation will focus on the challenges of implementing NFPP.

SY-04-01

Behavioural Interventions for Attention Deficit Hyperactivity Disorder ADHD: Updated meta-analysis of randomised control trial findings.

Daley, David

Nottingham Trent University Burton Joyce United Kingdom

Behavioural interventions are recommended as evidence-based interventions for ADHD. In 2014 Daley et al in their meta-analysis reported significant effects on core ADHD symptoms when ratings were provided by the most proximal informant MPROX those closest to the receipt of treatment standardized mean difference SMD (SMD 0.35) but not when informants were probably blind to treatment allocation PBLIND (SMD 0.02). The analysis also reported significant improvements in parenting quality (for positive parenting 0.68; SMD for negative parenting 0.57), parenting self-concept

(SMD 0.37), and child ADHD (SMD 0.35), conduct problems (SMD 0.26), social skills (SMD 0.47), and academic performance (SMD 0.28). With probably blinded assessments, significant effects persisted for parenting (SMD for positive parenting 0.63; SMD for negative parenting 0.43) and conduct problems (SMD 0.31). The aim of this presentation will be to firstly update the 2014 findings, especially the striking difference between MPOX and PBLIND ADHD outcomes which may change with the advent of newer studies. Secondly the presentation will aim to explore some key questions of clinical and scientific value i) Are specialised behavioural interventions tailored to address ADHD more effective than generic behavioural interventions? ii) Does mode of delivery matter are behavioural interventions delivered in an individual format more effective than those delivered in a group format and iii) Does earlier intervention matter, are interventions delivered before the age of 7 more effective than those delivered for older children and adolescents? Research and clinical implications and lessons learned from the analysis will be discussed.

SY-04-02

Neuropsychological processes as targets for behavioral interventions for attention-deficit/hyperactivity disorder

Lambek, Rikke [1]

Sonuga-Barke, Edmund J.S. [2], Lange, Anne-Mette [3], Carroll, Daniel J. [4], Daley, David [5], Hove Thomsen, Per [3]

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For decades attention-deficit/hyperactivity disorder (ADHD) has been known to be associated with altered neuropsychological function. These alterations have been found across several neuropsychological domains and at all ages. Hypothesized to mediate the pathways between originating causes (e.g., genetic and environmental) and behavioral manifestations (e.g., ADHD symptoms), neuropsychological processes have been proposed as targets for ADHD interventions. While the effect of medication on neuropsychological functioning has been previously examined, less is known about the impact of other treatment modalities, such as parent training, an evidence-based intervention for ADHD. This presentation will first give a short introduction to the neuropsychological alterations proposed to be associated with ADHD, the underlying neuropsychological theories, and potential treatment targets. Then, the results from a recently published study (Lambek et al., 2023), that examined whether executive function, delay of gratification, and variability in preschoolers with ADHD can be improved by the New Forest Parenting Programme (NFPP), that combines standard parenting strategies with self-regulatory skills training, will be presented. Finally, the results are discussed within the context of multi-pathway models and person-centered approaches.

SY-04-03

Implementing a behavioural intervention for ADHD in primary care: Lessons from Denmark

Lange, Anne-Mette

Aarhus University Hospital Aarhus Denmark

Behavioural interventions are recommended as evidence-based interventions for ADHD. Meta-analyses and meta-regression often show that behavioural interventions work best for young children (Daley et al., 2014), as support can be offered before the child's ADHD becomes associated with academic failure or conduct problems, and before the parent-child relationship deteriorates. One evidence-based behavioural intervention for ADHD is the New Forest Parenting Programme (NFPP). The NFPP has been successfully evaluated in a RCT with children referred to and diagnosed with ADHD in hospital-based child psychiatry clinics in the Denmark (Lange et al., 2018). The intervention is now implemented within the Danish secondary care system. However, the many barriers to accessing evidence-based behavioural interventions for ADHD coupled with increasing waiting times for assessment and diagnoses, limit the opportunity to provide NFPP early enough for it to have maximum impact and potentially alter developmental trajectories in children with ADHD. A second study is now underway to explore the implementation of NFPP within Danish primary care services. This presentation will focus on outlining the challenges to implementing NFPP within Community Child & Family Mental Health Services in Denmark, highlight key barriers to successful implementation and how the use of a co-production model helps to overcome those barriers.

SY-04-04

‘Mind the app’: Can moving parent training ‘on-line’ extend its scope of application?

Sonuga-Barke, Edmund

King's College London London United Kingdom

Parent training can add great value for families whose children have ADHD – it can strengthen parenting, positively change parent’s attributions about their children’s behaviour and reduce their oppositionality and disruptive behaviours. However, it can be relatively costly and complicated to organise. This reduces the scope of its application and creates barriers to its implementation. Rapid technological innovation over recent years coupled with the, now, almost universal access to digital devices, such as smart-phones, has created the potential to revolutionise the way that parent training is delivered – through its instantiation in specially designed applications (apps). In this talk we will review the strengths and weaknesses of such parent training apps and the opportunities they create. We will also describe some of the design and implementation challenges. We will introduce two recently developed parent training apps, delivered with little or no clinical support, to illustrate these points. The first is *Structured E-Parenting Support* (STEPS) which was designed to support parents referred, but still waiting, for clinical assessment and treatment. The second, is *Parent Positive*. It was designed as a universal public health intervention to be distributed to support parents in the general community. Lessons learnt from the implementation of these apps in randomised controlled trials will be described and future directions discussed.

Session: Oral 04 - OR-04

Date: 29-06-2023 - 08:30 - 09:30

Location: Karavanen 6 - First floor /

OR-04-01

Online-Delivered Parent Management Training for Children with Autism Spectrum Disorder

Herguner, Sabri

Sabri Hergüner Ankara Turkey

Autism spectrum disorder (ASD) is characterized by impairment in social communication and interaction, and restricted, repetitive patterns of behaviors. Additionally, children with ASD often exhibit a range of behavioral problems including aggression, self-injury, hyperactivity, and/or impulsiveness. Behavioral problems both effect the child’s daily living skills and parents’ stress levels. Parent Management Training (PMT) has been found to be effective in decreasing disruptive behaviors in children with ADHD and ODD. The aim of PMT is to provide skills to cope effectively with the challenging behaviors of the child. In recent years, several research have shown that online PMT had positive effects for children with behavior problems. In this randomized control trial, we have investigated the effects of a 6-week Online Group Based PMT on behavioral problems in a group of children with ASD. Fifty-two parents were included to the study and randomized into the Intervention Group (IG) and Waitlist Group (WG). The mean age of the children was 6.2 ± 1.4 years and %84 was male. The results indicated that behavior problems measured by Aberrant Behavior Checklist and Child Behavior Checklist have decreased and parents stress levels measured by Depression Anxiety and Stress Scale was reduced significantly in the IG when compared to WG. These findings support the effectiveness of PMT for children with ASD and behavioral problems.

OR-04-02

Online-Delivered Group-Based Parent-Mediated Intervention for Young Children with ASD: Results of a Randomized Control Trial

Herguner, Sabri

Sabri Hergüner Ankara Turkey

Parent mediated interventions (PMI) for children with autism spectrum disorder (ASD) have been shown to be efficacious and cost effective. These studies have demonstrated improvements in children social interaction, and communication

skills and parents' stress levels. Online-Delivered Group-Based Parent-Mediated Intervention for Young Children with ASD (OYNA) is an 8-week group intervention program that aims to improve the interaction, play, language and learning skills of preschool children with ASD. The aim of this randomized control study was to investigate the effect of the "OYNA" Program on ASD symptoms of children and on mental health of parents. All parents participating in the study were asked to fill out the Social Communication Checklist (SCC), Depression Anxiety Stress Scale (DASS) and the Broad Autism Phenotype Questionnaire (BAP) both before and after the program. One-hundred twenty-two children and their parents were included to the study. Families were randomized to Intervention Group and Waitlist Group. The mean age of the children was 38.2 (± 14.5) months and 68% were male. SCC total score and subscale scores (social interaction, expressive language, receptive language, imitation, and play) increased and DASS scores decreased significantly after the OYNA Program when compared to Waitlist Group. However, BAP scores did not change after the intervention. Our results are in parallel with previous studies on PMI which demonstrated improvements in children's social communicative skills, language use, and play skills and parental anxiety and stress levels.

OR-04-03

Impact of the ESDM on the development of children with ASD in a European French-speaking population

Geoffray, Marie-Maude [1]

Febvey-combes, Olivia [2], Zelmar, Amelie [2], Oreve, Marie-Joelle [3], Sonié, Sandrine [4], Jay, Agathe [5], Denis, Angelique [2], Delvenne, Véronique [6], Schroder, Carmen [7]

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Early intervention in autism is an important issue. We implemented the Early Start Denver Model in French-speaking European countries. We hypothesised that 12 hours per week delivered by one professional per child over a 2-year period will be superior to the usual treatment. We ran a parallel, single-blind, randomized controlled trial using a two-stage Zelen design. Between September 2015 and March 2019, 180 children, with a median age of 31 (IQR =27; 34 months were randomly assigned to either ESDM-12H (n= 61) or treatment as usual (n= 119). Research assessors were masked to treatment allocation. The intervention group (ESDM) received a median of 746.4 (IQR=683.1, 813.2) hours of Denver over the 2-year period. We found no treatment effect on the overall development measure with Early Learning Mullen Scale (ELMS) (in neither ITT nor per-protocol) using linear mixed-effects models. No treatment effect was neither found on the comparison score of autism measure with ADOS-2 or BOSCC nor on adaptative functioning. On the other hand, parents in ESDM group reported a positive effect of treatment on social communication and symbolic functioning measured with the Communication and Symbolic Behaviour scales Developmental Profile Infant-Toddler Checklist (CSBS-DP) and high satisfaction regarding the intervention on a 10-point rating scale (median=8; IQR=7, 9 for control group and median=9; IQR=8, 10 for ESDM group). We will discuss how these results challenge this specific implementation but not ESDM techniques and how they can inform later policy decisions.

OR-04-04

Early warning signs and symptoms recognition – the first steps on the road to Autism Spectrum Disorder diagnosis

Andrei, Lucia Emanuela [1], Budișteanu, Magdalena [2], Rad, Florina [1]

Mateescu, Laura [1], Glangher, Adelina [3], Ioana, Doina [3], Linca, Florentina [3], Severin, Emilia [1], Riga, Sorin [3]

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[3] "Prof. Dr. Alexandru Obregia" Clinical Psychiatry Hospital Bucharest Romania

Objective: To identify developmental symptoms reported at first doctor visits by parents of children later diagnosed with Autism Spectrum Disorder (ASD).

Materials and method: The cohort study was conducted in the Department of Psychiatry Research of “Prof. Dr. Alexandru Obregia” Clinical Psychiatry Hospital from Bucharest, Romania, between September 2019 and May 2021. We analyzed a group of 105 patients - 82 boys and 23 girls. ASD was diagnosed according to the DSM-5 criteria, ADOS-1 (Autism Diagnostic Observation Schedule, 1st Edition) and/or ADI-R (Autism Diagnostic Interview-Revised) tests scores; features reported by the parents for which they presented to the doctor for a diagnosis were taken into consideration.

Results:The age at first presentation to the doctor in our group was between 9 months and 14 years. The most common early signs reported by parents were: delayed language development, deficits in understanding verbal instructions/indications, and hyperactivity and aggressivity. Regression and delay in language development occurred more often in boys than in girls.

Conclusions: Parents, as well as family doctors or paediatricians, should pay great attention to the children’s behaviour, alongside their cognitive and language development. Early detection is essential for early intervention and our results can be used to develop training programs for parents and paediatricians for early recognition of ASD.

Funding: The research leading to these results has received funding from the EEA RO NO Grant 2014-2021; project code EEA-RO-NO-2018-0573; project title: Improving quality of life for Autism Spectrum Disorders patients by promoting strategies for early diagnosis and preventive measures.

Session: Symposium 02 - SY-02

Date: 29-06-2023 - 08:30 - 09:30

Location: Harlekin - Ground floor /

SY-02-00

The quest for a reliable set of risk factors to improve the prediction and prevention of suicidal thoughts and behaviors in youth

Shalev , Amit

Hebrew university of Jerusalem Jerusalem Israel

Suicide is a leading cause of death in youth worldwide. During the last decades, there have been considerable scientific advancements in the search for risk factors related to suicidal thoughts and behaviors (STB) in youth.

Unfortunately, these findings have translated into limited improvements in the prediction, prevention, and treatment of STB. One of the reasons for that might be that suicide is a complex phenomenon caused by the interplay of multiple factors from distinct domains taking place at several points in time.

In this symposium, we will examine risk factors of STB spanning from the prenatal period to immediate factors of suicidal crisis, and involving social, developmental, clinical, neuroendocrine, and epigenetic domains.

The first speaker will present results from a longitudinal NIH cohort study focusing on prenatal and childhood developmental risk factors for suicide death. The second presentation will provide results from a study exploring the role of the HPA-axis in risk prediction at the epigenetic level. Our third speaker will discuss the relationship between irritability and suicidality in children and adolescents with externalizing symptoms. Finally, our fourth speaker will present results from a study focusing on imminent measures of risk for suicidal behavior among adolescents and the concept of a suicidal crisis state among youth.

The symposium will close by discussing the challenges in bridging scientific work and clinical practice in order to advance suicidality risk reduction in youth.

SY-02-02

Irritability and Suicidality in Children and Adolescents with Externalizing Disorders.

Levy, Tomer [1]

Schachar, Russell [2], Andrade, Brendan [2], Itzhaky, Liat [3]

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[3] Columbia University New York United States

Objectives Irritability symptoms, defined as the propensity to respond with anger and anger outbursts, are a common reason for referral for mental-health services. Emerging evidence associate irritability symptoms with suicidal ideation and behavior. This talk will discuss the relationship between irritability and suicidality in children and adolescents with externalizing symptoms. **Methods** I. We examined (N= 1516) whether irritability, depression and anxiety symptoms mediated between parent and teacher-reported ADHD symptoms and suicidality in adjusted multiple mediator models. II. We classified participants (N = 1249) by their irritability and other externalizing and internalizing symptoms, comparing the risk for self and parent-reported suicidal ideation or behavior, and examining if marital and parenting characteristics moderated this risk. III. We ranked (N = 2229) the importance of irritability among 25 other social, family-related, cognitive and psychiatric features in predicting suicidality. **Results** I. The association between ADHD symptoms and suicidality was fully mediated by symptoms of depression, irritability and anxiety. II. Children with high irritability and defiance symptoms, with or without conduct problems, showed greater risk for suicidal ideation and behavior compared to those with ADHD symptoms alone. Dysregulated or aggressive marital relationships imposed a greater risk in those with disruptive behavior. III. Irritability was ranked among the features improving the prediction of self and parent-reported suicidal ideation and behavior. **Conclusions** Irritability might pose a risk for suicidal ideation and behavior in children and adolescents with externalizing disorders. Studies accounting for the large number of potential risk factors of suicidality in this population are still needed.

SY-02-04

Developmental origins of suicide mortality

Vidal-Ribas, Pablo [1]

Govender, Theemeshni [2], Yu, Jing [2], Livinski, Alicia A. [3], Haynie, Denise L. [2], Gilman, Stephen E. [2]

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Background: Most suicide research focuses on acute precipitants and high-risk populations. Yet, vulnerability to suicide likely establishes early in development. In a series of studies, we examined how prenatal, neurodevelopmental, and childhood adversity conferred risk for suicide in offspring from the Collaborative Perinatal Project (CPP), the largest population-based pregnancy cohort in the United States.

Methods: CPP offspring (N = 49,853) born 1959-1966 were linked to the US National Death Index to determine their vital status by the end 2016; suicide death was coded according to ICD-9/10 criteria. We used cox proportional hazard models to examine associations between the following factors and suicide: a) prenatal sociodemographics, and pregnancy/birth/neonatal complications, b) general/verbal/non-verbal intelligence, and academic skills at age 7, and c) latent classes of adverse childhood experiences.

Results: By the end of 2016, 288 cohort members had died by suicide. The following early-life factors were associated with suicide: low parental education (HR = 2.23 [95%CI 1.38–3.62]), manual parental occupation (HR = 1.38 [1.05–1.82]), being a younger sibling (HR = 1.52 [1.10–2.11]), pregnancy complications (HR = 2.36 [1.08–5.16]), lower cognitive performance at 7 years on tests with verbal components (verbal intelligence, HR=1.97 [1.05-3.71]; spelling, HR=2.02 [1.16-3.51]; reading, HR=2.01 [1.27-3.17]). and experiencing family instability in childhood (HR=1.88 [1.30, 2.73]).

Discussion: We discuss results in the context of a recent systematic review on developmental origins of suicide, by suggesting potential pathways implicated in these associations and calling for research to understand better the interaction between early-life and precipitant factors of suicide.

SY-02-03

Suicide Crisis Syndrome Assessment in High-Risk Suicidal Youth

Barzilay, Shira

University of Haifa Haifa Israel

There is an alarming increase in youth visits to the emergency department presenting with suicidal ideation and behaviors. This underscores the urgent need for innovative short-term suicide risk assessment to direct appropriate treatment following emergency department visits. To address this problem, we tested a suicide risk assessment battery composed of multidimensional, multi-informant (i.e., clinician, patient, and parent) measures, which do not rely on self-reported suicidal ideation. The talk will describe the need for imminent measures of risk for suicidal behavior among adolescents and the concept of a suicidal crisis state among youth. We will present the study's methodology and results validating the suicide risk assessment instrument among youth. The sample included adolescents presenting with suicide-related complaints to the emergency department of a large general children's medical center in Israel. The Suicide Crisis Syndrome assessment instruments for post-discharge suicidal outcomes in adult populations were adapted o youth and tested. Suicidal outcomes were assessed at one-month follow-ups. Results among 95 adolescents aged 8-18 years demonstrated that the Suicide Crisis Inventory scores prospectively predicted suicidal thoughts and behaviors within one month (Child self-report assessment: B=.132 [CI .063, .20], beta=.555, t=3.99, p=.001; Clinician assessment, B=.216 [CI .016, 4.16], beta=.304, t=2.25, p=.036; R^2=.65), controlling for baseline suicidal ideation and measures of psychopathology. Further research validating the proposed comprehensive risk assessment battery in a large sample of adolescents may have the potential to demonstrate clinical utility in identifying youth at high risk for suicidal behaviors post-discharge and targeting appropriate interventions.

SY-02-01

Childhood-adversity associated cortisol – immune reactivity gene expression markers among youth with high-risk for suicide."

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Background: Youth hospitalized for a suicide attempt or significant ideation are at increased risk for suicide post-discharge. Yet, it is difficult to predict who is at the highest risk for a post-discharge suicide attempt. Aiming to enhance the prediction of suicidal outcomes, we propose to examine the association between novel biological risk factors and suicidal ideation and behavior (SIB) among high-risk youth.

Methods: The study sample consists of 61 youths (ages 12-18) admitted to the inpatient psychiatric ward due to suicidal crisis, and 76 healthy controls (ages 18). Information about past exposures to adversity and life stressors, measures of hypothalamic-pituitary-adrenal (HPA) axis function and inflammation (from blood and saliva), and sleep are obtained to examine their role as predictors for SIB (assessed by the Columbia semi-structured interview). Biological parameters are assessed at baseline and hospital discharge. Follow-up clinical measures are obtained at five time points- baseline, discharge, one, three and six months post-discharge.

Results: in our preliminary sample, we found that the levels of free salivary cortisol were significantly lower at baseline among the suicidal group (n=30) 0.3±0.1 as compared with the healthy control group (n=53) 0.4±0.2, t= 2.04, df=81, p=.044. Within the suicidal group, a linear regression model showed a trend for lower cortisol predicting the intensity of suicidal ideation, explaining 10% of the variance (R^2 = .101; $F_{(1,28)}$ = **3**.15, p=0.087).

Conclusions: In our study, HPA axis showed significant association with SIB, suggesting their potential role as "high-risk-for-suicidality" biomarkers. Enlargement of our sample and further study is warranted.

Session: Symposium 11 - SY-11

Date: 29-06-2023 - 08:30 - 09:30

Location: Karavanen 9+10 - First floor /

SY-11-00

Next generation CAP training: lessons learned from a European community of practice

Deschamps, Peter

Utrecht Medical Centre Utrecht Netherlands

BACKGROUND: International collaboration in training initiatives may help us better face future challenges and prepare the future workforce, inspire and lighten the tasks that lay ahead. Insights generated in collaboration with (inter-) national CAP training organisations and with researchers in health education may prove helpful for recruitment, learners' engagement, teaching specific skills and so forth.

METHODS: A wide scope of national and international projects around CAP training and education will be presented combining quantitative and qualitative research methods.

RESULTS: The first presentation describes a project designed to familiarize medical students with mental health and CAP. The second presentation covers the preceptions of CAP trainees about their training and discusses international world-wide similarities and differences. The third presentation takes a developmental and life-course perspective on the role for CAP training within general psychiatry training. The fourth presentation covers a unique initiative of trainees to lay foundations for an international journal that offers trainees insight and experience in all steps of the publishing process. Finally, a roadmap to further increase international cooperation around CAP training is presented based on a Delphi-study.

CONCLUSION: Trainers and faculty members often struggle to adjust their teaching practices to new insights. An international scope stimulates faculty development and offers an effective and sustainable approach to create and share knowledge and the implementation of best practices, based on the co-creation of practical solutions to daily problems.

SY-11-04

Publish or perish: a journal from, for and by European trainees

Seker, Asilay

King's College London London United Kingdom

A new platform for psychiatric trainees to experience different roles in publishing: The European Journal of Psychiatric Trainees

Background: Psychiatric training programmes across Europe has varying requirements of academic involvement and there are many research active trainees, in or out of formal academic routes i.e. PhD, MD programmes. For trainees not involved with established research environments or supportive seniors, it could be challenging to get their work accepted for publications. Also, there aren't many journals where psychiatric trainees can assume editorial roles.

Methods: The European Journal of Psychiatric Trainees is the newly founded official journal of the European Federation of Psychiatric Trainees, aiming to encourage research on psychiatric training and to inspire the scientific engagement of psychiatric trainees and to foster excellence in psychiatric training and to champion the professional identity of psychiatry.

Results: The European Journal of Psychiatric Trainees is the only open access, double blind peer reviewed European scale journal focusing on (albeit not exclusive to) work by trainees and on training. Article processing fees are negligible and manuscripts by psychiatric trainees are prioritized.

Conclusions: In this presentation, we will revise the ideological and practical aspects of establishing a journal with little financial and human resources to support independent publications by and for psychiatric trainees; which may set an example for similar local initiatives or in other medical fields.

SY-11-03

Where to go from here: towards a community of practice for CAP training

Deschamps, Peter [1]

Hansen, Anna Sophie [2], Jacobs, Brian [2], Eliez , Stéphan [3], Giannopoulou , Ioanna [4], Piot, Marie-Aude [5]

[1] Utrecht Medical Centre Utrecht Netherlands
[2] UEMS-CAP Brussels Belgium
[3] University of Geneva Geneva Switzerland
[4] National and Kapodistrian University of Athens Athens Greece
[5] Paris Paris France

BACKGROUND: Effectiveness in CAP training can gain by international cooperation, sharing insights on what and how to teach. A Delphi-study was designed to identify relevance and feasibility of extending this network towards a Community of Practice (CoP) that offers an effective and sustainable approach for co-creating, sharing and implementing best practices in CAP training and education.

METHODS: In an iterative process four groups of stakeholders from across the EU provided their opinion on the relevance and feasibility of international activities. Participants were trainers already involved in international activities around training and education in CAP (n=30), CAP trainers not (yet) involved in international training activities (n=60), CAP trainees (n=60) and experts by experience (n=60). In two rounds, they were presented statements on activities and topics for an international CoP around CAP training and given the opportunity to add ideas to the set.

RESULTS: The report of the study will consist of a number of activities and topics on which consensus has been achieved by more than 80% of experts in training (both from a trainee, a trainer and consumer perspective). Next, the study will provide a priority ranking of items.

CONCLUSION: The results will be used to guide the development of an international CoP around CAP Training. The Delphi study itself will help strengthen the network, especially through including patient and consumer organisations.

SY-11-02

Taking care of our children together: the perceived influence of a CAP internship on self-assessed competencies for general psychiatry

Hofstra, Marijke [1]

Schuppert, Marieke [2]

[1] Erasmus University Rotterdam Rotterdam Netherlands
[2] Groningen Groningen Netherlands

Taking care of families together: the perceived influence of a CAP internship on self-assessed competencies for general psychiatrists

Presenters: Marijke Hofstra (Erasmus MC Rotterdam) and Marieke Schuppert (Accare Groningen)

Project members: Lisa Mourik (UMCU), Marieke vd Schaaf (UMCU), Ingrid Willems (GGZ Breburg), Peter Deschamps (UMCU)

BACKGROUND: Several international training plans in general psychiatry require a mandatory internship/rotation in CAP. This study explored the perceived influence of an internship in CAP on the self-assessed competencies of recently certified psychiatrists.

METHODS: Self-report questionnaires were sent out to recently certified psychiatrists who were trained in the Netherlands according to a training plan that offered a choice whether or not to follow a CAP internship. Trainees who

did an internship in CAP (n=14) or not (n=34) reported their own perceived developmental and systemic competencies and reflected on which aspects of their training influenced this.

RESULTS: Recently registered general psychiatrists reported that not solely an internship in CAP but also other aspects of training that included CAP (e.g. theoretical lessons, on-call experiences and family-consultation) helped them gain systemic/trans-generational and developmental competencies in psychiatry. However, only a full CAP internship of 6 months was reported to offer an in depth understanding of how personality and emotion regulation as well as cognition and aspects of developmental disorders developed over the live course.

CONCLUSION: This research shows that an internship in CAP together with other aspects of CAP related training and education has a positive effect on the experienced developmental and systemic competencies of recently graduated psychiatrists.

SY-11-01

Perceptions of CAP trainees: A global qualitative study

Piot, Marie-Aude [2]

Deschamps, Peter [3], Jacobs, Brian [4]

[1] Psychiatry- North Denmark Region Aalborg Denmark
[2] Sorbonne Universités, Université Paris Descartes Paris France
[3] UMC Utrecht Utrecht Netherlands
[4] South London & Maudsley NHS Foundation Trust London United Kingdom

When trying to improve Child and Adolescent Psychiatric (CAP) training, the experiences of CAP trainees can be very informative. The aim of this study was to explore the experience of CAP trainees across different training settings and cultures worldwide to seek out similarities and differences.

A purposive sample of CAP trainees (n=13) and thirteen CAP trainers (n=13) was recruited internationally. All participants provided a narrative account on aspects of CAP training in their country, either first-person (trainees) or through external perception (trainers). Thematic analysis method was used for inductive treatment of the data through several stages.

Trainees' perspectives covered an overall importance of the psychological security of the educational framework and of the specificities of skills to be acquired during CAP training. The trainees' perspectives were supported by the narratives from the trainers. In addition, trainers highlighted the importance of support and training for supervisors; an overall view to make sense of the CAP training framework; and a combination of epistemic positions and subjectivistic elements to understand and guide CAP trainees' pathways.

Despite its small sample size and exploratory nature, the qualitative analysis of global vignettes suggested themes that could guide further development of international standards in CAP specialist training on a tailored and consistent supervision framework for CAP trainees. For their trainers, a learning community may offer ongoing support, supervision skill development and help reflect on overall views on CAP systems of care.

SY-11-05

A good start is half the battle – the Fulbright project to engage medical students in Europe in CAP

Bouman, Celeste [1]

Kishore, Anita [2]

[1] Leiden University Medical Center Leiden Netherlands
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BACKGROUND: The Fulbright international collaborative mentorship network is a network for medical students interested in child and adolescent psychiatry (CAP), including now many universities in Australia, India, the Netherlands, Rwanda and the US. Fulbright was first established in the Netherlands in 2019 in Amsterdam and the Fulbright node at the Leiden University Medical Center was founded in 2020.

METHODS: To recruit Fulbright students in the Netherlands, presentations about the Fulbright project were given during lectures of the first, second- and third-year medical students. A lecture series was set up for these Fulbright students, hosted by different child psychiatrists. All Dutch Fulbright students were also allowed to virtually join the international lunch seminars about CAP at Stanford University and the KTGF National Medical Student Conference in 2022 in Davis.

RESULTS: A total of 40 Dutch medical students from Amsterdam and Leiden signed up for the Fulbright network. Five lectures have been organized involving CAP topics such as eating disorders, suicidality and neurobiology of trauma. Multiple students have participated in the international lunch CAP seminars and four students participated in the KTGF Medical Student Conference. Furthermore, a Fulbright node in Denmark will be created in 2023.

CONCLUSIONS: The establishment of the Dutch and Danish Fulbright nodes has shown that there are medical students interested in CAP willing to increase their knowledge and experience outside the regular medical curriculum. Therefore, the Fulbright Program is a superb opportunity to engage European medical students in CAP early in their medical education.

Session: Symposium 03 - SY-03

Date: 29-06-2023 - 08:30 - 09:30

Location: Columbine - Ground floor /

SY-03-00

Applying Precision Medicine Principles to Inform Mental Health Evaluation and Treatment of Children with Physical Illnesses

Benaroya-Milshtein, Noa [1], Shemesh, Eyal 616 [2], Dunphy, Claire 615 [2], Peled , Orit 583 [3], Zaikin, Ariela 529 [3], Shem-Tov, Sharon 529 [3]

[1] Tel-Aviv University Petah-Tikva Israel
[2] Icahn School of Medicine at Mount Sinai New York United States
[3] Schneider Children Medical Center of Israel Petah-Tikva Israel

Precision Medicine, “a medical approach that proposes to prevent and treat disease based upon a person’s unique genetic makeup and their lifestyle habits”, commonly involves the use of markers to personalize care. Although “precision medicine” principles are accepted in medical disciplines, it is uncommon to encounter care settings in which this paradigm is fully applied to assessment, mitigation of psychological risk and interventions. This symposium presents an integrative model using those principles to inform the work of behavioral health teams in children's hospital settings. We start with a review of precision medicine, as applied to behavioral health, by Dr. Eyal Shemesh, psychiatrist/pediatrician from Icahn School of Medicine at Mount Sinai, New York, USA. Dr. Claire Dunphy, psychologist (Mount Sinai), will present results from a pilot program that implemented this approach in a limited inpatient setting. Dr. Noa Benaroya-Milshtein, child psychiatrist from Schneider Children Medical Center of Israel (SCMCI), will present on challenges in pediatric consultation liaison work that can be addressed by the precision medicine approach, Dr. Orit Peled clinical pharmacist (SCMCI), will present on the integration of antipsychotic and antidepressant medications in pediatric oncology, and Drs. Ariela Zaikin and Sharon Shem-Tov, a clinical pharmacist and a child psychiatrist (SCMCI), will present a multidisciplinary team approach as applied to psychopharmacology in critically ill children.

This symposium will be co-chaired by Drs. Benaroya-Milshtein and Shemesh. Speakers from multiple nationalities and disciplines will present a novel and cost-effective new way to provide care and mitigate psychosocial risk in pediatric inpatient care settings.

SY-03-05

Challenges in Pediatric Consultation Liaison

Benaroya-Milshtein, Noa

Tel-Aviv University Petah-Tikva Israel

Pediatric consultation-liaison (C-L) psychiatrists are increasingly playing a role in the management of medical and psychiatric disease for pediatric patients. In addition, the field is getting more attention with understanding of new neuropsychiatric disease entities; reformulation of prior disease entities; and new interdisciplinary treatments and models of care. Many young patients with medical diseases experience psychiatric comorbidity; depression, anxiety, and adjustment disorders. In our center, a questionnaire study found high prevalence of posttraumatic and depressive symptoms in children suffering from cancer (24% had depression, 16% had PTSD, and 28% had partial PTSD). In practice, differentiating between clinically significant symptoms of a mood disorder, adjustment difficulties, and disease/treatment related effects can be challenging, due to frequent overlap of cancer symptomatology and diagnostic criteria for depression.

In parallel, psychotropic medications have been found beneficial in decreasing psychiatric-medical symptoms and despite limited scientific data, the use of these medication for pediatric patients with severe medical diseases has dramatically increased. Nevertheless, there are also challenges in choosing the right medication for the right patient. Guidelines for the psychopharmacological treatments are lacking, while treatment strategies are most often extrapolated from the adult literature and the clinical experience of local consultants. These challenges require a team approach that includes effective communication between pediatricians, nurses, mental health and child-life specialists, and social support staff. Pediatric C-L psychiatry need to promote evidence-based care for the vulnerable population of psychiatrically ill pediatric medical patients.

SY-03-04

Precision medicine, health information technology, and the future of behavioral health integrated care.

DUNCAN-PARK, SARAH

ICAHN SCHOOL OF MEDICINE AT MOUNT SINAI NEW YORK United States

Precision Medicine commonly involves the use of markers (genetic or others) to identify risks and personalize care based on the presence of such markers. Risk stratification is generally attempted based on one baseline evaluation; it is less common to encounter markers that change over time and can provide information not just about “baseline” risk but about the efficacy of mitigation attempts and the evolution of the level of risk. In addition, the “precision medicine” term is not commonly invoked to imply tailored care that is responsive to patients’ unique preferences, although those preferences are indeed a part of the patient’s individual “makeup” and presumably should be used to provide “precision-based” care. Finally, “precision medicine” principles have been slow to take hold in psychosocial care settings.

Dr. Sarah Duncan-Park, PhD, a clinical psychologist, heads the behavioral precision medicine initiative at the Icahn School of Medicine at Mount Sinai in New York, USA, and Eyal Shemesh, M.D. is the director of that program. Our work has focused on the use of information technology to construct behavioral markers of risk through a manipulation of biological data, deliver interventions remotely, modify intervention intensity based on data monitoring, and inform personalized patient care through a better understanding of patient / family preferences and challenges. This introductory talk, a part of a larger symposium, will set the stage by presenting the principles of precision medicine as they are applied to psychosocial risk stratification and allocation of resources to behavioral interventions in an integrated care model.

SY-03-03

Implementing a Precision-Informed Behavioral Health Program in a Children’s Hospital

Dunphy, Claire

Annunziato, Rachel, Rode, Diane, Kufert, Yael, Shemesh, Eyal

Icahn School of Medicine at Mount Sinai New York United States

This pilot project set out to develop and implement a multidisciplinary behavioral health program utilizing existing institutional resources and personnel. A tool (questionnaire, filled in by clinicians upon patient admission) was developed to assess psychosocial risk. The tool was deployed across four hospital units and used as a basis for proactive risk stratification and referral for additional psychosocial assessment, support and treatment. The four participating disciplines were Child Life, Social Work, Psychiatry, and Psychology. For high risk patients, depending on the particulars of the case, interventions were implemented by any or all members of the behavioral health team, in coordination with each other, alongside enhanced monitoring throughout hospitalization. Between April – December 2022, 175 psychosocial risk assessments were completed. A total of 61 referrals were made to the behavioral health team on the basis of checklist score and/or clinical judgment. Psychosocial interventions were deployed for 49 (<30%) of the referred patients. Interventions included consultation with medical team members and/or outpatient providers, caregiver support, patient support, bedside psychotherapy, psychotropic medications, and staff support. No adverse events or violent incidences were noted during the pilot (even though the normal rate of such events would have suggested that some would occur), suggesting that the interventions mitigated risk. The team received only positive feedback from medical personnel, patients, and families. This pilot project demonstrated successful collaboration across disciplines, cost-effective diversion of resources to a minority of patients who are at high risk (rather than evaluation of all patients), and effective implementation of interventions.

SY-03-02

Antipsychotic and antidepressant medications treatment in pediatric hematology-oncology

Peled, Orit

Schneider Children's Medical Center of Israel The Hebrew University Petah Tikva Israel

Objectives: To characterize the clinical profiles, that led to the administration of antipsychotic and antidepressant medications in children and adolescents with cancer, and to evaluate the efficacy and tolerability of these drugs in a large pediatric hematology-oncology center.

Methods: Efficacy and tolerability of two 2nd generation antipsychotics olanzapine and risperidone, SSRI antidepressants and the atypical antidepressant mirtazapine were retrospectively analyzed in two separate studies. The Clinical Global Impression – Severity Scale (CGI-S) and Improvement Scale (CGI-I) were used to evaluate psychiatric symptoms severity before and following treatment, while the occurrence of adverse events and drug-drug interactions were collected.

Results: In the first study, 43 pediatric patients with cancer, aged 2.9-19.6 (mean 12.1), were treated with the antipsychotics olanzapine (58%) and risperidone (42%). The second study included 32 children and adolescents, aged 2.1-21 years (mean 14.1) treated with the antidepressants mirtazapine (44%) and SSRI's (56%): sertraline (25%), escitalopram (25%), or fluoxetine (6%). CGI-S improved significantly ($P<0.05$) between assessments, with no statistically significant difference between olanzapine- and risperidone-treated patients and SSRI- or mirtazapine-treated patients. CGI-I scores at reassessment indicated improvement in most patients (82% and 84% respectively) with superiority of olanzapine indicated as compared with risperidone, while no superiority was indicated between mirtazapine and SSRIs. Adverse effects of treatment were mild or absent.

Conclusions: Antipsychotic and antidepressant medications can be effective and well tolerated in children and adolescents with cancer and psychiatric comorbidities. The potential palliative benefits of these medications increase the utility of their use in children treated in this population.

SY-03-01

Multidisciplinary research team - Psychopharmacology in the Pediatric Hematology-Oncology division

Shem-tov, Sharon, Zaikin, Ariela

Schneider Children's Medical Center of Israel Petah Tikva Israel

Introduction and rationale: The use of psychiatric medications for patients in the pediatric oncology unit has dramatically increased over the last few years. A multidisciplinary team is essential to treat patients in this population due to the unique characteristics of the patient population: polypharmacy and multiple drug interactions, the existence of risk factors for side effects (e.g. increased risk of bleeding or QT prolongation), a necessary rapid onset of effect, a complex environment and different pharmacokinetics.

Our aim is to create a database that will serve as a basis for future clinical trials and for developing guidelines for psychiatric treatment and monitoring in the pediatric hematology-oncology population.

Study Objectives: 1. Characterize the indications and pharmacological considerations that lead to the administration of psychotropic medications in a population of children and adolescents with cancer and/or bone marrow transplantation patients. 2. Evaluate the safety and the effectiveness of psychotropic medications use in this population.

Study Design: This prospective observational study will include patients aged 1 to 21 years. Follow-up will be performed over a period of 6 months at specific time points. The psychiatric evaluation, as well as the effectiveness of the medical treatment, will be performed using validated questionnaires, some to be filled out by the clinician and some by the patient or his parents. In addition, the safety of the medical treatment will be assessed through a pediatric psychotropic medication questionnaire, a pediatric risk of bleeding questionnaire, physical examination, vital signs, ECG and laboratory tests.

Session: Oral 01 - OR-01

Date: 29-06-2023 - 08:30 - 09:30

Location: Lumbye - Lower floor /

OR-01-01

Seven ways in seven days: Using an app to Improve young people's well-being

Thabrew, Hiran

The University of Auckland Auckland New Zealand

Background: Young people are experiencing increasing challenges to their well-being and mental health and these have been exacerbated by the COVID-19 pandemic. As technology rapidly advances and smartphone use increases, digital interventions may offer a cost-effective and disseminable solution to these problems.

Methods: During this presentation, the co-design, development, pilot testing and first two randomised controlled trials (RCTs) undertaken with a new positive psychology-based application (app) from New Zealand called 'Whitu: seven ways in seven days' will be discussed.

Results: Initial studies undertaken during the pandemic demonstrated that Whitu is a personally and culturally acceptable, usable and efficacious app. During the first RCT, improvements in emotional (Mean difference (md) 13.19 (3.96 to 22.42); p=0.005) and mental (md 2.44 (0.27 to 4.61); p=0.027) well-being, self-compassion (md 0.56 (0.28 to 0.83); p<0.001), sleep (md 1.13 (0.24 to 2.02); p=0.018), stress (md −4.69 (−7.61 to –1.76); p=0.002), depression (md −5.34 (−10.14 to –0.53); p=0.030) and anxiety (md −2.31 (−4.54 to –0.08); p=0.042) were noted at four weeks and sustained at 3-month follow-up.

Conclusions: It is possible to improve young people's well-being using an app like Whitu, even during a pandemic. Future implications for the use of this app in the post-pandemic era will be explored.

OR-01-02

Results of the TEENS Feasibility Trial

Morthorst, Britt [1], Markus, Harboe Olsen [2], Jakobsen, Janus Christian [3], Lindschou, Jane [3], Gluud, Christian [3], Heinrichsen, Michella [1], Møhl, Bo [4], Lotte, Rubæk [3], Ojala, Olivia [5], Hellner, Clara [5], Bjureberg, Johan [5], Pagsberg, Katrine [1]

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[5] Karolinska University Stockholm Sweden

Non-suicidal self-injury (NSSI) have gained increased research attention due to a dramatical dissemination especially among adolescents the last decades. NSSI treatment at early stages is needed and online programs have been suggested. Aim: To assess the feasibility of methods and procedures of internet-based Emotion Regulation Individual

Therapy for Adolescents (ERITA) added to treatment as usual (TAU) compared to TAU alone in 13-17-year-old patients engaging in NSSI. Method: A feasibility trial recruiting participants from Child and Adolescent Mental Health Outpatient Services (CAMHS) in Denmark. Inclusion criteria: > 5 NSSI episodes the past year and one episode the past month. The experimental intervention ERITA, is an eleven-week, manualized, internet-based, therapist-guided program. ERITA-modules cover psychoeducation, awareness training, and emotion regulation skills. ERITA provides six separate modules for the parents. TAU is provided by multidisciplinary teams in nine outpatient clinics within CAMHS. Results: During May to October 2020, we included 30 participants, 97% identified them-selves as females, mean age 15 years (SD 1.35) with the majority attending middle school. The proportion of participants who completed follow-up was 90% (95% CI, 72-97%), 54% (95% CI, 40-67%) of the eligible patients were randomized, and finally 87% (95% CI, 58-98%) completed at least six of eleven ERITA modules. We observed no difference between the two groups regarding NSSI episodes or NEQ safety measures. We found no significant difference between groups on further explorative clinical outcomes, however, the ERITA group had fewer risk-related events assessed by BSL-supplement (point estimate: 1; 95% CI, 0-3, *P* = .02) at follow-up.

OR-01-03

Outcome evaluation of @ease: peer-to-peer early intervention walk-in centres

Boonstra, Anouk

Leijdesdorff, Sophie, Van Amelsvoort, Therese

Maastricht University Maastricht Netherlands

Worldwide, accessible youth mental health centers are established to reach young people with mental health problems and prevent worsening. The Dutch @ease walk-in centers provide low-barrier peer-to-peer counselling for 12-to-25-year-olds. This study evaluates outcomes of @ease over time from 2018 to 2022. Hypotheses are based on results of the partially similar headspace Australia and Jigsaw Ireland. Questionnaires are administered on tablet devices, saved on a secure server and include measures of psychological distress (CORE-10), quality of life (EQ-5D-5L), parental mental illness, truancy and past treatment. The counsellors rate the young person's social and occupational functioning (SOFAS), suicidal ideation and need for referral. Analyses include mixed models and calculations of reliable and clinically significant change. 566* young people visited once and 174* were recurrent visitors. 94%* scored above the cut-off of clinical significance for psychological distress and 27%* experienced suicidal ideations. On the CORE-10, *% improved reliably and/or clinically significantly throughout visits. On the SOFAS, this was *%. Mixed models indicated (non)-significant (improvements) on the CORE-10, SOFAS, EQ-5D-5L, truancy and treatment. Over 92%* felt satisfied to really satisfied with a mean of 4.5* out of 5. Evaluating youth centers is challenging, especially a walk-in design, but the moderate to severe impairments indicated a high need for accessible counselling, with which the far majority felt very satisfied and improvements are* in line with results found at headspace Australia and Jigsaw Ireland.

* *Numbers are preliminary: the data is in final review for exclusions, outliers etc. before writing up the final analyses.*

OR-01-04

Promoting psychological well-being in preschool children: Randomized controlled trial of a mindfulness- and yoga-based socio-emotional learning intervention

COURBET, Ophélie [1]

DAVIOT, Quentin [2], KALAMARIDES, Victoire [1], HABIB, Marianne [3], CASTILLO, Marie-Carmen [1], VILLEMONTEIX, Thomas [1]

[1] Paris 8 - Paris Lumières University Saint-Denis France
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[3] Paris Nanterre - Paris Lumières University Nanterre France

Background: Mental health issues in youths have cascading negative effects on school outcomes, professional life, and physical health. Psychological well-being (P-WB) is an important protective factor against mental illness. Preliminary research suggests that mindfulness- and yoga-based socio-emotional learning (SEL) interventions can have a positive impact on preschoolers P-WB. The objective of our study is to evaluate the effect of a 24-weeks combined mindfulness- and yoga- based SEL intervention in 761 preschool children from 59 classrooms in a French socio-economically disadvantaged area. *Methods*: The P-WB promotion intervention is compared to a wait-list control condition in a cluster randomized controlled trial (RCT). Core P-WB components (connection, insight, engagement and positive relationship), self-management capacity, mental health, and executive functioning are assessed through teacher questionnaires,

standardized observations of children in school context and experimental tasks at baseline and at the end of intervention. *Results*: As expected, our intervention has positive effects on children mental health, with a reduction of emotional, conduct and peer relationship problems, and a reduced impact of these problems on children functioning after intervention compared to control. Effects on mental health are stronger for children with greater mental health issues at baseline. Intervention also shows effectiveness on promoting positive relationship and self-management as measured by teacher questionnaires but not standardized observations nor experimental tasks. However, the intervention shows no effect on the other core P-WB components nor executive functioning. *Discussion*: This trial shows mixed but encouraging results. Implications for future P-WB promotion policies in preschool children are discussed.

OR-01-05

The role of greenspace in child cognition and mental health

Flouri, Eirini

UCL London United Kingdom

Background and aims: To explore the role of quantity of greenspace in the neighbourhood in children's hot and cool cognition and mental health from the early years until the end of primary school in the general population.

Methods: We used data from the Millennium Cohort Study, a large general-population cohort study in the UK. Child mental health and cool cognition were measured at ages 3, 5, 7 and 11 years with the Strengths and Difficulties Questionnaire and the British Ability Scales, respectively. Hot cognition was measured at age 11 years with the Cambridge Gambling Task.

Results. Greenspace had a direct effect on hot cognition (risk-taking) but no effect on either mental health or cool cognition. However, other measures of the built environment, most notably neighbourhood disorder as measured by direct observation of the immediate neighbourhood by interviewers, was related both to emotional symptoms and conduct problems at age 3 years and to the trajectory of cognitive ability from ages 3 to 11 years. Effects were robust to adjustment for confounders including area and family socioeconomic disadvantage, greenspace and air pollution, and the indoor home environment.

Conclusions: Our findings shed light on the association between the built environment and child mental health and cognition, but also on the importance of measurement and outcome specificity in this association.

Session: Trainee Cases 01 - TC-01

Date: 29-06-2023 - 08:30 - 09:30

Location: Galop 01 - Second floor /

TC-01-01

One-Session Treatment Of Toilet Phobia In A Patient With Intellectual Disability

Tosun, Ceren

Tarakçıoğlu, Mahmut Cem

Istanbul University-Cerrahpasa Medical Faculty Istanbul Turkey

Specific phobias are common among children with intellectual disabilities. One-session treatment (OST) is a variant of CBT that includes a single session of graduated exposure and can be utilized in patients with intellectual disabilities.An 8-year-old girl was brought with the complaint of scaring from the toilet window. She evidenced extreme avoidance of the toilet and had not entered the toilet for a year.The detailed evaluation revealed that the patient was diagnosed with a mild intellectual disability according to DSM-V.The exposure steps are simplified due to her intellectual capacity.As a first step, she was encouraged to draw the toilet window.The therapist proposed to enter the hospital's toilet and obtained her approval to continue. She was escorted to the toilet by the therapist. She was asked to enter the room step by step. The therapist encouraged her to hang her drawing on the wall. In every step, she was asked to draw a new painting of the window and hang it on the wall.After succeeding,she was then encouraged to flush. At the final step, she was told to enter the toilet with her mother hereupon she could use the toilet. The follow-up examination revealed that she was

accomplished to use the toilet on her own at home.This case study suggests using cognitive-behavioral therapy as a compact way in the treatment of children with developmental delays. Potentially, OST can be adapted in a case where a child has an intellectual delay and can be used as a highly beneficial method.

TC-01-02

Encopresis as a Comorbidity or a Component of Depression? A Case Report of a 5-Year-Old Boy with Mother Bereavement.

AYDIN, AYBIKE

SOYLEMEZOGLU, AYSE ELIF, KOYUNCU, ZEHRA

Istanbul University-Cerrahpasa Istanbul Turkey

Displays of aggression and regression might develop in young children following loss of a parent. Encopresis may be one of the signs of regression,defined as repeated passage of feces into inappropriate places;at least once every month for at least 3 months. In this report,we describe a 5-year-old boy who developed encopresis and major depressive disorder following loss of his mother;and we will discuss if encopresis is a comorbidity or rather a clinical manifestation of depression.

The patient applied to our clinic with his aunt and father,with complaints of fecal soiling,playing with his stool and behavioral problems. He also had a decrease in his appetite and sleep disturbances. According to history taken from aunt,these problems occurred following his mother's death,7 months ago. Before that,he was a calm and coherent kid. He had encopresis for 6 months, 7-8 times a day. His pediatric examination was done and no organic cause was found. We considered diagnoses of major depressive disorder and encopresis,and started 25mg of sertraline and 2.5 mg of aripiprazole;also started weekly play therapy sessions and we used behavioral approaches for encopresis. 3 weeks after medication,his behavioral problems improved and his sleep got better but encopresis did not resolve. After 6 months,his encopresis was resolved. We continue his treatment with 25mg of sertraline and play therapy sessions every 14 days.

This case raises the question if encopresis might be a part of depression,rather than a comorbidity. Also shows that DSM-5 criteria for major depressive disorder might be reconsidered to cover regression symptoms.

TC-01-03

Olanzapine Use and Hepatotoxicity in the Treatment of an Adolescent with Psychosis and Mental Retardation

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Koyuncu, Zehra

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A thirteen-year-old boy was brought to our psychiatry clinic by his parents. 2-3 weeks before the visit, he began complaining about a person in his stomach that made him feel pain. He was constantly wandering at home, talking to himself, and whistling. Also, he had delusions like "I infected our neighbors so now they want to cut out my stomach". Due to his fears about getting harmed, he didn't want to go outside. He also presented auditory hallucinations (I can hear people on the street shouting out to me).

He was diagnosed with mild mental retardation according to DSM-5. Also, he has epileptic seizures that were successfully controlled for five years with sodium valproate and carbamazepine treatment.

His vital signs were stable, his physical examination was unremarkable. All blood tests and electroencephalogram was normal and symptoms were not associated with an epileptic activity.

On our examination, he was agitated, non-cooperated and behaved aggressively. Olanzapine was initiated (5 mg/day) and gradually increased to 25 mg. His symptoms were partially remitted but the family was concerned about his weight gain (6 kg in three weeks) and simultaneously, elevated liver enzymes (2-3 fold) were detected in blood tests. Following, risperidone has started while olanzapine has gradually tapered off. After two weeks, liver enzymes went back to normal and in 2 months his psychotic symptoms were fully remitted.

Olanzapine may induce hepatic toxicity and its management can be more conservative in patients with mental retardation.

Session: Oral 02 - OR-02

Date: 29-06-2023 - 08:30 - 09:30

Location: Arkaden 6 - Second floor /

OR-02-01

Cooperation Models between Youth Welfare Services and Child and Adolescent Psychiatry: Outpatient Clinic ‘Extended Soulspace’ and Liaison Sevices in Vienna as Good Practice Examples

Frottier, Patrick

Benedikt, Karoline

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Children and adolescents in out-of-home care have a more than threefold increased risk of suffering from a mental disorder compared to other population of the same age. Most emergencies in outpatient clinics and longtime inpatient stays are therefore attributable to these children and adolescents. Cooperation between child and adolescent psychiatric care and the youth welfare services is therefore absolutely necessary. The results of facilities that have been in place for several years in Vienna will be presented to show that outpatient clinical structures can significantly reduce inpatient admissions and emergency-interventions.

OR-02-02

From beehive to honeycomb

Van Hoof, Marie-José [1]

Iozzia, Giulia [2], Mirsujan, Khatun [2], Gelderblom, Carien [2]

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Based on findings that attachment status may be a transdiagnostic factor for serious mental health problems, and that minding the Self and the Other may promote recovery, we started a multidisciplinary outpatient practice in child, adolescent and (young) adult psychiatry and psychotherapy operating within a psychodynamic framework, using Theory U and ethical principles. The practice is located in the Netherlands and organized according to quality principles any psychiatric practice has to apply. In addition we added an innovative approach on top of it, using the beehive as an organic model. We hoped this would increase the therapeutic alliance and satisfaction in patientcare for patients and teammembers given longstanding waitinglists, bureaucracy and gaps in care in the mental health field. We therefore carefully monitored our activities and patientcare from the beginning. That makes it possible to evaluate the effects now after 5 years.

In this workshop we will present how we have organized the team and patient care from admission, intake, diagnostic assessments to treatment and closure. We will present anonymous cases to illustrate our approach to diagnostics using attachment besides psychopathology and somatic evaluation as focus of investigation and evidence based treatment. We will present our findings on teamfunctioning, patientsatisfaction, efficiency and effectiveness. There will be ample time for interaction.

OR-02-03

STIME - Enhanced Cross-Sectoral Efforts for Mental Health in Children and Ado-lescents

Wulff, Lill

Lydolff, Anne

Copenhagen University Hospital Glostrup Denmark

Background

In Denmark, 15% of children and adolescents receive a psychiatric diagnosis before they turn 18. This calls for enhanced efforts in mental health services and collaboration between the primary health care sector and specialized hospital services. As a result, STIME (a Danish acronym for “Enhanced cross-sectoral efforts for mental health in children and adolescents”) was developed to accommodate the need for preventing and treating early signs of mental illness.

Procedures

In STIME, the Child and Adolescent Mental Health Center (CAMHC) in the Capital Region of Denmark collaborates with the municipal primary health care sector in offering brief treatment interventions to children and adolescents with the aim of preventing emerging problems from developing into psychiatric disorders. STIME offers manualized, CBT-based treatment for mild symptoms in the areas of anxiety/depression, eating disorders, self-harm, and inattention, impulsivity, and hyperactivity, with a fifth manual for obsessive-compulsive disorder in development. Training in these manuals follow a structured course comprising education and supervision with STIME specialists.

Results

STIME set out as a partnership between the CAMHC and seven municipalities in the greater Copenhagen area in 2018. In 2022, STIME was established as a permanent service. So far, more than 1,200 children and adolescents have benefited from a STIME initiative. Among adolescents aged 11-17, 76% would recommend the treatment to a friend with similar difficulties, and 82% were satisfied with the help they received from STIME. For parents, 88% would recommend STIME to other parents and 93% were satisfied with the help they received.

OR-02-04

Intensive Outpatient Program for Autism

Calvo-Escalona, Rosa [1]

Blazquez-Hinojosa, Ana [1], Vidal-Hagemeijer, Angela [2], Garcia-Giral, Marta [2], Nicolau-Palou, Rosa [2], Cejas, Beatriz [2], Salmeron, Miquel [2], Real, Laura [2], Lázaro, Luisa [1]

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Background: Children and adolescents with autism often experience behavioral difficulties and maladaptive functioning to social expectances. Most of them present coocurring psychiatric disorders. Community Mental Health Services struggle to provide multidisciplinary response and the result multiplies the visits to Emergency Rooms in General Hospitals. During the last four years, we have developed an intensive outpatient program in a tertiary general hospital designed to address challenging behaviour and improve functioning in autism with or without intellectual disabilities (ID). **Aims:** Clinical outcomes and description of clinical and sociodemographic characteristics of those treated between october 2021 and october 2022. **Method:** The intensive comprehensive program utilizes cognitive behavior, applied behavior analysis, behavioral activation and medication management to provide indivualised care. It includes biweekly children/adolescent attendance and weekly parental individual and group visits. Admission criteria are autism diagnosis (DSM-5 criteria) confirmed with ADOS and/or ADI-R, loss of performance and failure to improve in communitary health and educative settings. *Measures:* Autism Impact Measure (AIM) to assess the burden of autism and its coocurring conditions and a clinician measured ICG-S and ICG-I **Results:** 239 participants (males: n=61; mean age: 14 years SD 4.2), all presented comorbidities: 24% ID; 34% ADHD; 18% anxiety. Pre-and-post outcome results indicate statistically significant decreased scores on FIQ and AIM, as well as significant improvement in ICG and DD-GAS respectively. **Conclusions:** Specific intensive programs addressed to autistic children and adolescent improve functioning and decreased family impact of the condition and its associated psychopathology.

Session: Clinical Perspectives 01 - CP-01

Date: 29-06-2023 - 08:30 - 09:30

Location: Pjerrot - Ground floor /

CP-01-00

Digital assisted interventions in children and adolescent psychotherapy

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A supplement to conventional psychotherapy for children and youth with mental disorders is needed because the effectiveness of traditional treatment is limited. The use of digital technologies in health interventions, e.g., computer programs, smartphone applications, or virtual reality, may probably help to overcome some of the shortcomings of conventional interventions and may make treatments more stimulating for children and youth. In addition, digital health interventions may help to target problems in therapy sessions and to implement therapeutic tasks into everyday life better. Experiences of recent years and empirical studies on the efficacy of some selected digital health interventions in children and youth with mental disorders will be presented and discussed in the symposium.

At the beginning of the symposium preliminary findings and clinical experiences of usability with three therapy apps (AUTHARK- App-assisted Therapy for children, JAY - Journaling APP for Youth and medigital® ADHD/OPP- mobile based training for parents of children with ADHD and ODD) will be presented.

An online intervention (ProHEAD), developed to facilitate access to conventional mental healthcare for young people, will be introduced and the results on the efficacy will be discussed. Moreover, virtual reality biofeedback-program (Conquer Catharsis) for children and adolescents with a diagnosis of depression and/or anxiety and a virtual reality cognitive training for children and adolescents with ADHD will be demonstrated, preliminary results will be presented and implications for future research as well as practice will be discussed.

CP-01-05

Benefits of app-facilitated diagnostics and psychotherapy for children and youth: initial results on AUTHARK and JAY

Hofmann, Leonie

University of Cologne Cologne Germany

Numerous studies demonstrate the effectiveness of CBT for the treatment of children and youth with various mental disorders such as ODD and anxiety disorder. Therapeutic homework assignments are an important part of these treatments and ideally, patients adhere to therapy not only during the session itself but also between the sessions by applying what they have learned and implementing therapy tasks in their daily life. However, children and youth often show a lack of motivation and poor performance on their homework. The use of digital interventions, like smartphone apps, could help to overcome this issue and thus further improve CBT. Initial research findings suggest the potential of digital health interventions although the systematic use of apps in the context of psychotherapy for children and youth has rarely been investigated. AUTHARK, a therapy app for children aged from 6 to 12 years, is currently evaluated in a randomized controlled trial (RCT) including 66 children showing aggressive behavior. The app JAY targets youths aged 13 to 17 years and is evaluated in a RCT including 70 patients with anxiety disorder or depression. Both apps are implemented as an add-on to weekly CBT. In addition, AUTHARK and JAY will be used in single case studies with multiple baseline design in children and youth with various internalizing and externalizing mental disorders (N = 16). Presentation and discussion of preliminary findings and clinical experiences with the therapy apps AUTHARK and JAY. First indications of usability and positive effects through app use.

CP-01-04

Effects of a mobile based training for parents of children with ADHD and ODD: A Randomized Controlled Trial

Sulprizio, Lea

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BACKGROUND: Following current clinical practice guidelines, therapy of externalizing disorders such as Attention Deficit-/Hyperactivity Disorder (ADHD) and Oppositional Defiant Disorder (ODD) should be based on a multimodal treatment approach addressing patients themselves as well as their social environment. The use of self-help interventions like digital parent management training (PMT) may be an option to address family as a system and to facilitate transfer and implementation of therapy contents into everyday life. However, research on mobile-based PMT via smartphone application and effects on patient- as well as caregiver-variables are lacking.

METHOD: The randomized controlled trial (RCT) tests a mobile-based PMT (medigital® ADHD/OPP) in children aged 4 to 11 years with a diagnosis of ADHD and/or ODD and their caregivers, representing the users of the app. Children with a confirmed diagnosis of ADHD/ODD and without intensive therapy at pre assessment are randomly allocated to either an intervention group receiving the smartphone app (n=30) or to a treatment as usual (TAU) control group (n=30). Patients are being recruited from outpatient units and private practices. The total treatment period is 16 weeks. Data is collected at four assessment points. In addition to the RCT, an intra-individual comparison is performed for two further groups including children with a suspected diagnosis (n=43) and children who are pharmacologically treated but show residual symptomatology. Subjects are treated with the smartphone app in addition to TAU.

RESULTS AND DISCUSSION: Preliminary findings on the effectiveness of the smartphone-based PMT on patient- and caregiver-related outcome variables will be presented and discussed.

CP-01-03

ProHEAD online: An online intervention developed to facilitate access to conventional mental healthcare for young people

Cavelti, Marialuisa [1]

Lustig, Sophia [2], Koenig, Julian [3], Bauer, Stephanie [4], Bonnet, Sabrina [2], Becker, Katja [5], Diestelkamp, Silke [6], Eschenbeck, Heike [7], Hiery, Alisa [5], Kohls, Elisabeth [8], Lehner, Laya [7], Rummel-Kluge, Christine [8], Thomasius, Rainer [6], Kaess, Michael [1]

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Background: The ProHEAD consortium is a school-based, German collaboration to enhance care for youth from health promotion to prevention to treatment. Using a RCT design, the sub-project “ProHEAD online” investigates the efficacy of an online intervention to facilitate access to conventional mental healthcare. The aim of the current study was to investigate the usage of the online intervention, using baseline data of the ongoing trial. Trial outcome data is not available yet but will be presented in the talk.

Methods: Of 2455 youth (mean age = 15.3 years, 71% females) participating in the trial, 1033 were allocated to the intervention group that got access to tailored information, case reports from peers, and counseling sessions with a case manager. We examined whether the usage of the online intervention differed in relation to age, sex, and school closures during the COVID-19 pandemic.

Results: Females more frequently answered the monitoring online questionnaires that should motivate them to engage with the platform ($\chi^2_{(1)}$=31.70, p<.0001) and initiated a chat with a case manager ($\chi^2_{(1)}$=9.49, p<.01) compared to males. In addition, participants who engaged in chats were younger than those who did not (t(1028)=2.24, p<.05). During school closures, an increase of more than 2 SD in utilization of the online intervention became apparent.

Discussion: The ProHEAD intervention reaches more girls than boys, and some parts of it seem to be more appealing to younger participants. The online format makes help available to young people at a low-threshold, also and especially in times of the pandemic.

CP-01-02

A virtual reality cognitive training for children and adolescents with ADHD

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Kafka, Johanna [2], Goreis, Andreas [3], Krösl, Katharina [4], Felnhofer, Anna [3]

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Background: There is a growing body of evidence for Virtual Reality (VR) as an effective enhancement for traditional mental health interventions (e.g. exposure therapy, pain treatment). VR provides authentic settings, with a higher degree of control. Moreover, newer developments allow including game-based narratives and moving VR treatments forward to a more complex and holistic method in therapy.

Objectives/Methods: We developed a cognitive training program as a game-based VR intervention including a concept to transfer the trained skills from VR to everyday life for youngsters with ADHD. In this study we compared the VR-ADHD training for psychiatric outpatients with a traditional 2D computer-based cognitive training. A total of 32 children and adolescents (8-18 years) were included. 16 individuals received the VR based cognitive training and 16 were treated by a standard cognitive training.

Results: Alongside the positive effects of VR, game-based VR-therapy in children and adolescents with ADHD show a significant reduction of symptom severity. But, there are still barriers (e.g. acceptance, usability, costs) to include VR therapy in clinical practice.

Conclusion: Indeed, research indicates VR will be an important approach in treating mental disorders such as ADHD in children and adolescents, but nevertheless we want to discuss many challenges using VR as a training tool for children and adolescents with ADHD.

CP-01-01

“Conquer Catharsis” - Introducing a novel Virtual Reality biofeedback-program for children and adolescents

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Lenz, Andreas [2], Hlavacs, Helmut [2], Kothgassner, Oswald [1]

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Background: Enhancing traditional biofeedback with virtual reality (VR) is increasingly appealing in the context of treating stress-related disorders. The introduction of VR promises to overcome challenges of traditional biofeedback programs like the use of overly abstract materials, low treatment motivation and the difficulty of transferring learnt abilities to everyday life. While first studies exist for adults, research on VR-biofeedback in children and adolescents – who may particularly profit from this type of intervention – is scarce. **Objective & Method:** The current randomized controlled trial (RCT) set out to test a VR-based biofeedback program entitled “Conquer Catharsis” in 10–18-year-old patients with a diagnosis of depression and/or anxiety. A pre-post 3-month follow-up, intention-to-treat protocol was adopted, and patients were randomly allocated to either the VR-treatment group (n=20) or to a treatment as usual (TAU) control group (n=20). The VR scenario was presented via a fully immersive head mounted display (HMD) and depicted a phantasy island. In 10 sessions (2 sessions per week) patients progressively explored the island, thereby encountering challenges which had to be solved by relaxing (i.e., reducing heart rate levels). **Results:** Treatment effectiveness was examined with regards to the reduction of habitual stress and symptom burden as well as regarding the improvement of general well-being and quality of life. As the study is ongoing, preliminary results will be presented at the conference. **Conclusion:** Implications for future research as well as practice will be discussed based on these outcomes and lessons learnt from implementing the trial.

Session: Oral 03 - OR-03

Date: 29-06-2023 - 08:30 - 09:30

Location: Arkaden 8 - Second floor /

OR-03-01

Nasogastric Tube (NGT) feeding: associated psychological effects and weight variations in adolescents affected with anorexia nervosa.

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The introduction of nasogastric tube (NGT) to nourish adolescents affected with anorexia nervosa is a practice which may be useful in the case of complete feeding refusal, in the case of severe denutrition/underweight with incomplete oral feeding, when oral nutrition is not indicated for medical reasons. No study systematically explored the psychological consequences of the introduction of the NGT in AN adolescents, in particular in relationship with their weight variations. The present research recruited a sample of 32 female adolescents affected with AN nourished with NGT because of their persistent opposition to adequate oral nutrition. They were interviewed before and, weekly, after the introduction of the NGT until its elimination with 23 0-10 VAS scale questions concerning their negative and positive expectations, their feelings and physical sensations in relation to the NGT experience. The weight evolution was measured weekly.

The results evidenced that despite a gradual and sustained weight increase, the feelings of the AN adolescents towards the NGT improved, their physical discomfort with respect to the NGT decreased and their opinion about the usefulness of the instrument improved.

Despite the initial negative perception of the NGT due to negative prejudices and initial physical discomfort this research evidences that this instrument is useful to increase gradually and stably the weight in adolescent AN subjects with severe opposition to oral feeding. The NGT is thus a useful feeding instrument for the AN adolescents with complicated nutrition and may represent an acceptable therapeutic option without negative psychological consequences for the patients.

OR-03-02

Qualitative study in mixed families of adolescent girls with bulimia nervosa: cross-cultural issues and clinical implications.

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Background : Bulimia nervosa (BN) is a common psychiatric disorder among adolescent girls with potentially significant complications. Family relationships play a major role in the development and progression of this disorder. National guidelines for the pediatric population recommend first family therapy and individual psychotherapy (cognitive-behavioral therapy). Studies in migrant populations suffering from BN show contrasting results (Cheah et al., 2020; Popkin & Udry, 1998). In our clinical experience, we frequently encounter so-called “mixed" families, which are families composed of one migrant parent and one non-migrant parent.

Methods : This study explored the issues around food and family relationships of adolescent girls suffering from BN, a topic that, to date, has not yet been studied. Ten interviews were conducted with five adolescent girls with BN between the ages of 16 and 20 and their parents, using photo-elicitation to enrich the collected data (Smith et al., 2009).

Results : The results were organized around two axes. The first focused on identity issues around food, and the second the transmission issues. Both issues, identity and transmission, appear to be central among these families.

Conclusions : This enables to draw some clinical implications, especially using mentalization-based therapy so to better respond to the difficulties that these adolescents with BN experience in the process of culture mixing (Allen & Fonagy, 2006).

Keywords: bulimia nervosa, qualitative research, psychotherapy, photo elicitation, cross-cultural, mixed couple child

OR-03-03

Mapping co-occurring physical and mental conditions in ~700 individuals with avoidant restrictive food intake disorder

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Martini, Miriam I. [1], Lichtenstein, Paul [1], Lundström , Sebastian [2], Larsson, Henrik [1], Micali, Nadia [3], Taylor, Mark [1], Bulik, Cynthia M. [1]

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Background: Comorbidity of avoidant restrictive food intake disorder (ARFID) with psychiatric *and* somatic conditions seems to be strikingly high, however, previous research has been largely cross-sectional and limited to small clinical populations. This study aims to broadly map ARFID comorbidities throughout childhood in a large sample of children from a non-clinical population.

Method: The sample includes 33,902 twins born 1992-2010 from the nationwide Child and Adolescent Twin Study in Sweden (CATSS) which has linkage to the national health registers. Using a composite measure including parent-reports, clinical diagnoses, treatment procedures, and prescribed drugs, we previously identified 682 children with the ARFID phenotype between age 6 and 12 (2% prevalence, 39% female). Here, we extracted >1000 ICD-10 codes at the 4-digit level from the National Patient Register (including complete chapters, sections, and single codes). Age at follow-up varied from 6 to 24 years. Sex-specific birth year-adjusted hazard ratios with 95% CIs were calculated using Cox regression for time to first diagnosis (within a chapter or section, or for specific diagnoses), number of distinct diagnoses, and overall number of inpatient days.

Results: Statistical analyses are ongoing. Preliminary analyses show that, compared to children without ARFID, those with ARFID are at increased risk for a broad range of conditions (e.g., psychiatric, neurodevelopmental, neurologic, perinatal, circulatory, respiratory, endocrine/metabolic, gastrointestinal, congenital).

Discussion: This study will yield the broadest and most detailed evidence of comorbidity in ARFID in the largest sample of individuals with ARFID to date and provide insight into potential avenues for prevention and treatment.

OR-03-05

Analysis of the Leptin Gene in Patients with Anorexia Nervosa

Rajcsanyi, Luisa [1]

Düerkop, Sieglinde [1], Zheng, Yiran [1], Herpertz-Dahlmann, Beate [2], Seitz, Jochen [2], De Zwaan, Martina [3], Herzog, Wolfgang [4], Ehrlich, Stefan [5], Zipfel, Stephan [6], Giel, Katrin [6], Egberts, Karin [7], Burghardt, Roland [8], Föcker, Manuel [9], Wabitsch, Martin [10], Hebebrand, Johannes [1], Fischer-Posovszky, Pamela [10], Hinney, Anke [1]

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The leptin-melanocortin system is involved in body weight regulation. Mutations in the leptin (*LEP*) gene are known to disrupt the regulation of energy homeostasis. They are found in severe monogenic forms of obesity. Leptin is relevant in Anorexia nervosa (AN). We have screened the coding region of *LEP* in 473 female patients with AN and 445 healthy-lean controls. Putative functional implications of detected variants were analysed utilizing *in silico* tools (e.g. SpliceMan and MutationTaster2021). We detected one rare non-synonymous leptin mutation (p.Val94Met, rs17151919) in a patient with AN (34 years of age, 15.94 kg/m²). *In silico* analyses revealed a protein destabilizing effect. We further identified two rare heterozygous synonymous variants in *LEP* in patients with AN (rs201523305 and novel SNP g.128154532C/T) and an additional synonymous variant in the lean group (rs13306517). Additionally, we investigated the prevalence of putatively pathogenic *LEP* variants in the general population. Thus, we analysed 75 non-synonymous and loss-of-functions variants in *LEP* extracted from the Genome Aggregation Database (gnomAD) and predicted their pathogenicity with *in silico* tools (e.g. SIFT, PolyPhen2). The prevalence for pathogenic variants was calculated based on the Hardy-Weinberg-Equilibrium. Across all populations, the estimated prevalence of heterozygosity of a pathogenic variant was 1:2,100, while the prevalence for homozygosity was 1:17,830,000. Consequently, given that we have unexpectedly detected *LEP* variants in patients with AN and *LEP* variants are typically rare in the general population, we can assume that *LEP* variants have a relevance for AN.

OR-03-04

Suggestive Evidence for Causal Effect of Leptin Levels on Risk for Anorexia Nervosa: Results of a Mendelian Randomization Study

Peters, Triinu [1]

Antel, Jochen [1], Naaresh, Roaa [1], Von Holt, Björn_Hergen [2], Föcker, Manuel [3], Albers, Nicola [1], Bühlmeier, Judith [4], Hinney, Anke [1], Libuda, Lars [4], Hebebrand, Johannes [1]

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Genetic correlations suggest a coexisting genetic predisposition to both low leptin levels and risk for Anorexia Nervosa (AN). To investigate the causality and direction of these associations, we performed bidirectional two-sample Mendelian randomization (MR) analyses using data of the most recent genome-wide association study (GWAS) for AN and both a GWAS and an exome-wide-association-study (EWAS) for leptin levels. Most MR methods with genetic instruments from GWAS showed a causal effect of lower leptin levels on higher risk of AN (e.g. IVW b=-0.923, p=1.5x10^{-4}). Because most patients with AN are female, we additionally performed analyses using leptin GWAS data of females only. Again, there was a significant effect of leptin levels on the risk of AN (e.g. IVW b=-0.826, p=1.1x10^{-04}), even after accounting for the effect of BMI. MR with genetic instruments from EWAS showed no overall effect of leptin levels on the risk for AN. For the opposite direction, MR revealed no causal effect of AN on leptin levels. Our MR analysis provides support for a causal effect of lower leptin levels on a higher risk of AN independent of BMI. This holds up upon use of data based on leptin levels in females only. AN itself has no causal effect on leptin levels, although starvation induced hypoleptinemia characterizes patients with acute AN. Apart from a genetic predisposition to lower leptin levels representing a risk factor for the development of AN, the same predisposition may also contribute to the slow recovery and the high risk of relapse (PMID34594363).

Date: 29-06-2023 - 09:30 - 09:45

Location: Congress Hall - Ground floor & Harlekin - Ground floor & Columbine - Ground floor & Pjerrot - Ground floor & Lumbye - Lower floor & Carstensen - Lower floor & Arkaden 6 - Second floor & Arkaden 8 - Second floor & Karavanen 6 - First floor & Karavanen 9+10 - First floor & Galop 01 - Second floor /

Session: State of the art Speaker 01 - Sleep disorders and their treatment in children with neurodevelopment disorders - SA-01

Date: 29-06-2023 - 09:45 - 10:30

Location: Congress Hall - Ground floor /

SA-01-01

Sleep disorders and their treatment in children with neurodevelopmental disorders

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Sleep is a vital physiological function that is impaired in ranges from 10% in the typically developing pediatric population to over 80% in populations of children with neurodevelopmental disorders (NDD) and/or psychiatric comorbidities. Pediatric sleep disorders are an increasing public health concern given their negative impact on synaptic plasticity involved in learning and memory consolidation but also on mood regulation, hormonal development, and growth, and its significant impact on quality of life of the child, the adolescent, and the family. These effects are even accentuated in NDD, and we will discuss in depth novel scientific evidences on pathophysiology involved in sleep disorders across the spectrum of NDDs, among which autism spectrum disorder (ASD) and attention deficit hyperactivity disorder (ADHD).

While first-line treatment should include parental education on sleep as well as sleep hygiene measures and behavioural treatment approaches, pharmacological interventions may be necessary if these strategies fail, in particular for children with NDD. This lecture will discuss both non-pharmacological as well as pharmacological treatments, in particular the differential effects of immediate release (IR) versus prolonged release (PR) melatonin for children with NDD and associated sleep disturbances. Melatonin treatment has been increasingly used on- and off label in pediatric insomnia overall, given its benign safety profile. For the child and adolescent psychiatrist dealing with sleep disorders in NDD, it is particularly important to be able to distinguish treatment rationales, implying different dosages and times of treatment intake, in order to alleviate most existing sleep disorders associated with NDD.

Session: State of the art Speaker 02 - Internet-delivered cognitive behavioral therapy for pediatric anxiety: Current status and future directions - SA-02

Date: 29-06-2023 - 09:45 - 10:30

Location: Pjerrot - Ground floor /

SA-02-01

Internet-delivered cognitive-behavioral therapy for pediatric anxiety: Current status and future directions

Serlachius, Eva

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Background/Objective

Anxiety disorders are the most prevalent mental disorders in children and adolescents and result in substantial functional impairment. Cognitive-behavioral therapy (CBT) is effective and recommended, but access is low. Internet-delivered CBT (ICBT) is a form of guided self-help that is less resource demanding than in-person CBT, requires fewer professionals with CBT expertise, and is not limited by geographical barriers. ICBT has the potential to greatly increase access to CBT for youth with anxiety disorders, but the field is new.

This state-of-the-art lecture will give an overview of the current research on ICBT for pediatric anxiety disorders. Meta-analyses and clinical trials will be summarized, and experiences of clinical implementation will be discussed. The lecture will provide examples of how ICBT is conducted, including clinical content, platforms, and animations. The lecture will also discuss future avenues for this line of research, including advantages and risks of digital interventions for mental health problems in children and adolescents, how ICBT can be integrated into regular mental health care, and how global dissemination of evidence-based care for mental disorders in children and adolescents can be boosted by ICBT and other digital innovations.

Session: Please attende one of the State of the art speeches -

Date: 29-06-2023 - 09:45 - 10:30

Location: Harlekin - Ground floor & Columbine - Ground floor & Lumbye - Lower floor & Arkaden 6 - Second floor & Arkaden 8 - Second floor & Karavanen 6 - First floor & Karavanen 9+10 - First floor & Galop 01 - Second floor /

Session: State of the art speaker 03 - Autism and the learning environment - SA-03

Date: 29-06-2023 - 09:45 - 10:30

Location: Carstensen - Lower floor /

SA-03-01

Autism and the learning environment

Bølte, Sven

Karolinska Institutet Stockholm Sweden

A pivotal concept to achieve equity of learning opportunities and better outcomes for children and adolescents with neurodevelopmental conditions, such as autism, in school is educational inclusion. It aims to achieve adaptation of the social and physical environment to the diverse prerequisites and needs of challenged students instead of demanding of them to cope with the challenges of a given educational context themselves exclusively. Many countries have formally transformed from a perspective that children with neurodevelopmental conditions cannot be educated adequately in regular schools and require special school settings to that almost all children with intellectual abilities in the average

range should be able to succeed in mainstream schools. However, in practice, students are often still simply placed in regular classrooms without inclusive means, which is not educational inclusion and potentially harmful. Instead, inclusion, means to establish a rich, accessible learning environment that is adapted to all pupils' prerequisites. In this presentation, Sven Bölte provides and overview of the concept of educational inclusion in autism and general special education and organizational techniques to achieve better inclusion. He will discuss factors affecting the quality of the learning environment, describe the current state of inclusion implementation in Sweden and ways and standardized intervention programs to achieve inclusive practice of autistic students.

Session: Poster Session 01 - PO-01

Date: 29-06-2023 - 10:00 - 17:00

Location: Vandsalen - Ground Floor /

PO-1-012

The involvement of children and young people in treating their attention-deficit/hyperactivity disorder: Participatory action research

Martinsen, Elin Håkonsen, Faugli, Anne, Mjøsund, Nina Helen

Vestre Viken Hospital Trust Drammen Norway

The involvement of children and young people in treating their attention-deficit/hyperactivity disorder: Participatory action research

Background: Psychoeducational treatment programs designed for children and youth with attention-deficit/hyperactivity disorder (ADHD) need to be developed and implemented in child and adolescent mental health services (CAMHS).

Aim: The primary aim of the R&D project presented herein is completing a Norwegian-specific version of SKILLS, an educational group treatment program for children and youth with ADHD, that integrates the participation of various stakeholders.

Method: We applied the participatory action research framework as a means to involve several stakeholders in our research, especially children and young people with experience as patients and program users, as research advisors in the program's future development.

Results: Our initial scoping review on psychoeducational programs for children and youth with ADHD revealed a particular educational group treatment program, SKILLS, with promising results. We thus initiated collaboration with the Swedish researchers behind SKILLS, which gave us the opportunity to translate, test, and adjust a revised version of SKILLS for Norwegian settings. Sources of ways to improve the process consisted of group interviews with the young research advisors, focus group interviews with the SKILLS instructors, and a dialogue cafè with therapists from local CAMHS.

Conclusion: A Norwegian version of SKILLS has been evaluated and developed in collaboration with its users, namely children and youth, as participants. The research process, documented as a case study, illuminates how children and youth can actively engage in research processes concerning their own treatment.

PO-1-081

Structural brain connectivity in adolescents with non-suicidal self-injury: a diffusion tensor imaging study

Kim, Gyung-Mee

Park, Kang Min, Lee, Dong Ah

Inje University Busan South Korea

Objectives: To evaluate alterations of global and local structural brain connectivity in adolescents with NSSI.

Method: Patients with NSSI were recruited at a university hospital where they underwent diffusion tensor imaging (DTI) of the brain. We compared clinical characteristics and imaging data in adolescents with acute NSSI (n=16) compared with chronic NSSI (n=23). We calculated the network measures of global and local structural brain connectivity based on the DTI in both groups using the DSI studio program and graph theory.

Results: Adolescents with acute NSSI were significantly higher in depression, social anxiety, and suicidal ideation than adolescents with chronic NSSI. Also, we found a significant difference in the local efficiency (t=-2.330, p=0.028). Furthermore, there were significant correlations between the betweenness centrality of the right superior orbital frontal gyrus, right middle frontal gyrus, right superior medial frontal gyrus, left superior occipital gyrus, left paracentral lobule, right middle temporal gyrus, and right cerebellum 3 (t= 2.226, p=0.035; t= 2.382, p=0.025; t=-2.086p=0.047; t= 2.287, p=0.030; t=-2.563, p=0.016; t=2.729, p=0.011; t=2.171, p= 0.044, respectively).

conclusion: These preliminary data support the abnormal connectivity in frontal neural pathways which may contribute to the pathophysiology of NSSI in adolescents. These results will use in related fields to understand of clinical and biological risk factors of NSSI, and also will give the opportunity to develop suicide prevention programs for high-risk NSSI and suicide individuals for early intervention.

Keywords: Non-Suicidal Self-Injury, Adolescent, diffusion tensor imaging, brain

PO-1-086

Cannabis use, childhood trauma and their associations with inflammation at age 24

Powar, Emmet [1]

Susai, Subash [1], MOngan, David [1], Healy, Colm [1], Focking, Melanie [1], Cannon, Mary [2], Cotter, David [2]

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Markers of inflammation, cannabis exposure and childhood trauma are associated with increased risk of mental disorders. In the current study, we investigated associations between cannabis use and childhood trauma subtypes with biomarkers of inflammation. Utilizing a sample of 914 healthy volunteers from the Avon Longitudinal Study of Parents and Children we investigated whether interleukin-6 (IL-6), tumour necrosis factor α (TNFα), C-reactive protein (CRP) & soluble uroplasminogen receptor activator (suPAR) measured at age 24 were associated with past year cannabis use and childhood trauma subtypes. We adjusted for a number of covariates including sociodemographic measures, body mass index, tobacco smoking and current mental health symptoms. We found evidence of a strong association between daily or near daily cannabis use and suPAR, a marker of chronic low-grade inflammation. We found weak evidence for an association between childhood emotional abuse and suPAR at age 24. We did not find any associations between other types of childhood trauma and suPAR. Our finding that frequent cannabis use is strongly associated with suPAR is novel and may provide valuable insights into biological mechanisms by which cannabis effects the brain and impacts on mental health.

PO-1-050

Is it masculine to get a perinatal depression

Pedersen Skovby, Torben

Aarhus Søborg Denmark

This workshop will include a live groupsession with fathers from my practice.

This workshop invites participants to look at what cultural thoughts there are about masculinity. It's always worth looking at which cultural norms the people we talk with are subject to and which practices this creates. For as Krishnamurti says, "We think we are thinking our own thoughts, but we are not, we are thinking our culture's thoughts".

From my own practice I have experienced that the norms of masculinity is a big og difficult issue especially for fathers that struggle in the making of fatherhood. Here become a linear approach to what a real man is, a co-creator of disorder and an opponent in the treatment. This is because the approach is full of norms that make fathers neglect how badly they are feeling and some so powerful that they almost shout at fathers that they are wrong when they suffer.

The workshop will give an insight into the fathers' own thoughts on masculinity and perinatal depression, and look at how we as professionals can be co-creators of a space where common norms are challenged and give way to new identities; not just in relation to new fathers, but in working with men in general.

PO-1-073

Decrypting the thalamic subnuclei and functional composites in adolescents with psychotic experiences

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Browne, Ciaran [2], Kelly, Linda [2], Roddy, Darren [3], Cannon, Mary [4]

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Introduction

Psychosis is a syndrome with impairment with reality testing, often manifesting as delusions or hallucinations. Psychotic experiences (PE) lie along the mildest end of the psychotic spectrum. The thalamus is a cluster of grey matter nuclei which has been implicated in the pathogenesis of psychotic disorders based on its hodological associations with the limbic system, corticothalamic feedback mechanisms, and its role in cognitive functioning.

Aim

To investigate the relationship between psychotic experiences throughout adolescence and volumetrics of the thalamic nuclei.

Methods

50 adolescents from Irish schools with and without PE were recruited during early adolescence and followed up in mid and late adolescence years (mean age 13, 16 and 19 respectively) after identification using a screening questionnaire. MRI scanning (T1, T2-Flair, & HARDI) was performed at each timepoint. Subthalamic volume masks were isolated using probabilistic histological atlas-based extraction and analysed via Freesurfer 6.0. Ethics approval was granted by the Beaumont Hospital Medical Ethics Committee.

Results

Univariate analyses of covariance was used to identify volumetric differences between groups at different time points. A fixed linear mixed effects model was used to analyse the between-group longitudinal effect. 25 subnuclei of the thalamus were parcellated. Two nuclei had significantly decreased volumes in PE (left lateral geniculate and left anteroventral) while one had an increase (right paratenial).

Conclusion

The involvement of the thalamus in early psychosis is elucidated, with the identification of regions most affected in its psychopathology. The substructural thalamic longitudinal changes in the thalamus are also explored for the first time.

PO-1-085

Teens who buy drugs online

Power, Emmet [1]

Smyth, Bobby [2], Walsh, Brid [3], McIntrye, Maureen [4], Cotter, David [1], Cannon, Mary [1]

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New social media markets for the supply of illicit substances are a hazard to public health. These markets may have increased in size during the pandemic. We aimed to characterize the prevalence of social media intermediation in illicit substance markets in two samples of adolescents, one urban and one rural, in the fourth quarter of 2021.

Using whole population cross sectional data of 14-16 year olds collected between October and December 2021 from an urban and rural population we investigated:

The prevalence of using social media intermediation to purchase illicit substances in an urban and rural sample of adolescents using cross sectional survey data from North Dublin and Cavan/Monaghan Planet Youth data sweeps in 2021.

Whether using social media intermediation to purchase illicit substances is associated with higher frequencies of current and lifetime cannabis, increased rates of mental health problems measured by Strengths and Difficulties questionnaire and suicide attempts.

The response rate was substantial at 79% overall including 4404 adolescents who responded to the survey. 8.4% and 4.3% of young people in the urban and rural samples respectively report using social media intermediation to purchase

illicit substances. Purchasing drugs online was associated with increased frequency of substance use, suicide attempts and increased rates of mental health problems.

A multi-stakeholder response is needed required due to potentially increased availability of illicit substances to adolescents through social media including an increased digital media presence on the potential risks of illicit substance use.

PO-1-087

If Surviving Genocide in Srebrenica in Early Childhood Influences on Adolescent's feelings of revenge and forgiveness?

Pajevic, Izet, Hasanovic, Mevludin

University in Tuzla Tuzla Bosnia and Herzegovina

Aim In the middle of 90-ties od XX Century there were the war and the genocide happening again on European ground in Srebrenica, Bosnia and Herzegovina. Our aim was to show if such war traumatic experiences survived in early childhood (age 1-5) influence on personality characteristics shaping in adolescence.

Methods In the case control study, the sample was consisted of 100 adolescents, age 15-16 in the time of testing, divided in two equal groups: observed Srebrenica group (SG) – lived in that town during the war siege (1992-95) and control non-Srebrenica group (nSG). We used: War Trauma Questionnaire, Posttraumatic Stress Reactions Questionnaire, Self-report Depressive Scale (Zung), Freiburg Personality Inventory (FPI).

Results The mean number M(sd) of war traumatic experiences was statistically significant higher for adolescents from Srebrenica, (SG 14.26 (sd3.11) vs nSG 4.86 (sd3.16), ($t=15.004$, $p<0.001$); but there were no statistical difference in the level of posttraumatic stress symptoms, depressiveness and personality profile between groups. Items related toward revenge and forgiveness attitude on FPI: "there should be something bad happened to those who have made me injustice" was statistically negative correlated with the level of traumatization (Pearson r -0.203, $p=0.043$). Item "On evil we should turn back with good" is statistically negative correlated with the level of traumatization (Pearson r -0.294, $p=0.003$). Religiosity in adolescents is not statistically significantly correlated with the total number of war traumatic experiences (Pearson r –0.192, $p=0.55$)

ConclusionIn our research war traumatic experiences influenced on some belives related to forgiveness and revenge in adolescence.

PO-1-084

Mental health and substance use in two population samples of adolescents during the COVID-19 pandemic

Power, Emmet [1]

Gupta, Aditi [1], Healy, Hazel [1], McIntrye, Maureen [2], Smyth, Bobby [3], Walsh, Brid [4], Cotter, David [1], Cannon, Mary [1]

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Mental health and wellbeing outcomes for young people are poorly understood in the context of natural disasters. There is a little high quality evidence at a population level describing mental health and wellbeing in young people in Ireland following the global COVID-19 pandemic. In this study we investigated the prevalence of mental health difficulties and substance use following the COVID-19 pandemic.

We invited all young people attending specific school grades living within two defined geographical areas (one urban and one rural) to participate in a 60-minute survey on their health and well-being between October and December 2021 in school.

A total of 4404 young people responded and the overall response rate was 79%. We found high prevalence of mental health difficulties with between 10-60% of adolescents reaching a cut off score for probable mental disorder depending on gender identity and urbanicity. We also found high rates of lifetime suicide attempt at between 1 in 10 and 1 in 8 of adolescents. We found rates of substance use that were similar to previous representative population studies in Ireland, except for past month tobacco use which was 2.5-3 times more common in these samples.

Elevated SDQ difficulties scores at a population level should be a cause for concern as they have previously found to predict the population prevalence of current mental disorder within a 1-2% point margin of error. In comparison to previous population studies, this population of young people had markedly poorer mental health and wellbeing.

PO-1-124

Improving Identification of Children of Parents with a Mental Illness

Jensen, Rikke A. Agergaard

Southern Denmark University Odense Denmark

Children and adolescents of parents who have severe mental illness are prone to poor mental, physical, and emotional health, which can continue into adulthood. Additionally, they may have poorer well-being, and overall quality of life than those whose parents do not have mental health conditions. Thus, these children are an at-risk group, and their needs are likely significant; still, many receive little or no support and remain invisible to professional services. Recently, initiatives in Denmark have addressed this issue by developing national policies and regional and local clinical guidelines to improve the early identification of these children. However, although policies and guidelines may be seen as important tools, there is still a lack of adherence to these across different conditions and levels of care. In this ongoing study, we seek to identify factors at the micro (individual behavioral, including clinicians and consumers), meso (organizational), and macro (context and system) level, related to the acceptance and use of guidelines to improve the identification of children and adolescents of parents who have severe mental illness.

The empirical material for the study is based on an ongoing qualitative field study in the context of hospital-based mental health care and includes participant observations, semi-structured interviews, and document data. This method is ideal for investigating factors across different levels.

The study will improve the identification of children of parents with a mental illness by gaining insight into the practices and obstacles that impede mental health professionals from recognizing this group of at-risk children.

PO-1-123

The role of embodiment in short-term group intervention for adolescents

Lendzion, Michał [2]

Pięta, Małgorzata [1], Rączaszek-Leonardi, Joanna [1]

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Embodiment of psychological states is a topic that plays a major role in psychotherapy and has a long history in its theory. Nonetheless, its measurement requires advenced methodological solutions, so reseach in this area is still in its infacy.

In our preliminary study we tracked physiological indicators of activity during short-term group intervention for adolescents with the goal of facilitating interpersonal interactions with peers. We recorded the voice of participants and tracked their physical activity with actigraphs, to explore the heterogeneity of vocal and physiological coordination among psychotherapy participants during sessions, and its relationships to group participation satisfaction.

The main hypothesis for this research project was an adaptive role of the physiological synchrony of participants during the interactions. Particularly, we supposed that linking abstract psychological constructs that are discussed in a group session to personal experience, e.g., when participants share personal stories illustrating the experience, leads to greater physiological synchrony of participants that engage in the interaction. After the sessions the participants filled paper-and-pencil questionnaires and repored their overall satisfaction from group interactions and its effects.

The results of the study enable a deeper understanding of mechanisms undelying group psychotherapy and provide insights that are not restricted to reports of subjective experience. Consequently, the study results can open new perspectives for understanding the online processes of psychotherapy and enable designing more efficient psychotherapeutic interventions.

PO-1-045

The relationship between food addiction, psychopharmacological treatment and body mass index among adolescents with mental disorder

Horsager, Christina [1]

Gearhardt, Ashley [2], Lauritsen , Marlene B. [1], Østergaard, Søren Dinesen [3]

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Objectives: Adolescents with mental disorder are at elevated risk of developing obesity, due to sedentary lifestyle, side-effects from psychopharmacological treatment, and poor diet. However, so-called food addiction may also play a role. Food addiction is characterized by an addiction-like attraction to highly processed foods and has been shown to be a prevalent among adolescents with mental disorder. In this context, however, it remains unknown i) whether food addiction is a result of psychopharmacological treatment, and ii) if increased BMI among adolescents with both mental disorder and food addiction is due to psychopharmacological treatment. Here, we sought to shed light on these questions.

Methods: 484 adolescents diagnosed with mental disorder drawn from the Danish Psychiatric Central Research Register completed a survey including the Yale Food Addiction Scale for Children 2.0. Chi-square tests were performed to examine the relationship between food addiction and psychopharmacological treatment, the latter operationalized via

prescription data from Danish registers. Logistic regression was used to examine if food addiction is positively associated with BMI, among adolescents receiving psychopharmacological treatment (yes/no).

Results: There was no material or statistically significantly difference in the prevalence of food addiction between adolescents receiving- and not receiving psychopharmacological treatment (p=0.270). For adolescents receiving psychopharmacological treatment, those with food addiction had increased BMI compared to those without food addiction (Z-score=0.75, p=0.006).

Conclusions: These results suggest that food addiction is i) not a consequence of pharmacological treatment, and ii) an independent risk factor for increased BMI among adolescents with mental disorder.

PO-1-092

Narrative Identity in Psychopathology: Exploring the Narrative Strands of Childhood Adversity and Prosperity

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Lind, Majse [2]

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The concept of narrative identity, or a person's internalized and evolving life story, has garnered significant attention in research on mental illness, showing that a negative narrative identity low on mastery and high on interpersonal difficulties may be a transdiagnostic marker of psychopatology. However, this research is based on quantifiable narrative characteristics, e.g., emotional tone and themes of agency and communion. Here, we provide more fine-grained analyses. Specifically, we target what narrative identity reveals about the impacts of childhood on self-understanding in mental illness. Although retrospective studies with first-person perspectives have elaborated on the costs of childhood adversity, these studies have not taken a narrative identity perspective and may have missed insights that only become apparent as individuals reflect on their life stories. Using thematic analysis, we analyze the life stories of individuals with schizophrenia (n = 20), major depressive disorder (n = 20), and personality disorder (n = 30), focusing on the life story chapters that span the developmental period of childhood. We are not concerned with the truth status of different stories but with the consequences of stories about childhood adversity and prosperity and the sort of lives that arise from these stories. Preliminary findings show that narrative strands of childhood adversity, such as chaos or dysfunctioning in the house, are woven into understandings of the onset and symptoms of mental illness. Stories about childhood prosperity, such as learning and love, are woven together with hope for the future. The study may inspire interventions for early childhood development.

PO-1-122

The use of coordination indicators in the studies on group psychotherapy

Lendzion, Michał

Rączaszek-Leonardi, Joanna, Pięta, Małgorzata

University of Warsaw Warsaw Poland

Interpersonal coordination is studied in various social settings and during different tasks. Adequate levels of interpersonal coordination during interaction prove to be an important factor underlying such properties of interaction as satisfaction with it, team performance, or the feeling of sharing emotional states. Various patterns of interpersonal coordination are linked to different psychotherapy outcomes, symptoms' intensity, and the feeling of the psychotherapeutic alliance. In particular, a higher level of movement psychotherapy is positively correlated with the achievement of a desired psychotherapy outcome. On the other hand, a higher level of vocal coordination during negative affectivity is linked to the higher intensity of social anxiety disorder symptoms.

So far the study of interpersonal coordination was conducted either in non-therapeutic groups (e.g. business groups, play) or during individual psychotherapy. We conducted a study on short-term intensive group psychotherapy for adolescents. During the sessions, the sound was recorded and participants were wearing actigraphs. We got the scores of vocal, movement, and language coordination metrics by applying such methods as cRQA, mdRQA, and calculating symbolic entropy. During my talk, I would like to present the effectiveness of our method and show the perspectives of its uses in psychotherapy research. In particular, I would like to show how our results present in the face of the broader scheme of coordination studies in group interaction and show the benefits of the use of actigraphs over video recording.

PO-1-121

Effectiveness of adolescent community DBT programme

Dumitriu, Simona, BLOXHAM , EMILY, ROGERS, BERTHA, WRIGHT, KAREN

RANDALL, GRACE, KHAN, ZARA

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In the treatment of young people presenting with a pervasive pattern of high risk behaviours, especially suicide and self-harm with accompanying features of emotional dysregulation, availability of evidence based interventions remains limited in many European countries. We aimed to assess the differences in clinical outcomes within a cohort of young people who had completed either 6 months or 12 months of Dialectical Behavioural Therapy (DBT) in a newly developed service as part of the adolescent mental health intensive services pathway.

Method:

We assessed a range of data taken at assessment and at the end of treatment within a cohort of young people age 13-19yo from two groups who completed 6 months and 12 months of DBT programme. We wanted to assess whether DBT treatment has an impact on suicidality, life problems, emotion dysregulation, coping and self- harm, which has been analysed using diary card data along with outcome measures.

Results:

The analysis of outcome measures revealed that 12 months in treatment shows a more significant result compared to 6 months. There was a significant decrease in the use of crisis management services, emergency services when presenting with acute crisis and admissions to adolescent inpatient beds.

Conclusion:

The data supports the suggestion that the Adolescent Community DBT service had a beneficial influence on the young person in areas of emotion regulation, suicidality, life problems and ways of coping. This finding also links to the objectives of admission avoidance, maintaining the young people’s care in the community, supporting their functioning.

PO-1-080

Association between the cholesterol level and the self-harm in the inpatient adolescent sample

Remberk, Barbara

Szostakiewicz, Łukasz, Brzóska-Konkol, Ewa

Institute of Psychiatry and Neurology Warsaw Poland

Background: In the previous research lowered cholesterol level has been linked with suicide or attempted suicide risk and aggressive behavior. Studies included mainly adult samples, althought research focusing on adolescents has also been conducted. Possible explanation of abovementioned observation is the association between cholesterol levels and cellular membrane building and functioning, which may impact the serotoninergic transmission.

Method: In the current study 171 adolescent inpatients hospitalized in acute psychiatric ward were included. Group 1 consisted of patients being admitted after suicide attempt; Group 2 included inpatient with self-harming behavior without suicide attempt. Third group consisted of inpatients without any type of self-aggresive behavior. For groups 1-3 inclusion criterion was admission to the adolescent psychiatry ward. Exclusion criterion was any known disorder (somatic, genetic, psychiatric - anorexia) which may impact the lipidogram results.

The following data were analyzed: demographic information, diagnosis and lenght of hospitalization and results of laboratory testing - lipidogram (total cholesterol, HDL, LDL, triglicerides) were analysed.

Results: Against expectations the results were unequivocal. The possible explanations of this observation are discussed.

PO-1-079

Suicidal behaviour in gender nonconforming youth

Andrei, Lucia Emanuela

Mihailescu, Ilinca, Buică, Alexandra, Rad, Florina

"Carol Davila" University of Medicine and Pharmacy Bucharest Romania

AIM

The aim of our study was to identify patients diagnosed with Gender Identity Disorder (GID) in a Romanian psychiatric inpatient unit during the last 10 years and characterize them in terms of GID diagnosis and psychiatric comorbidities, focusing on suicidal and self-harming behavioral patterns.

METHODS

We analyzed the data of pediatric patients (age range 11-17) diagnosed with GID admitted in the Child and Adolescent Psychiatry Department at “Prof. Dr. Al. Obregia” Clinical Psychiatry Hospital in Bucharest, between January 1st, 2013 and January 1st, 2023. The GID and other comorbid psychiatric diagnoses were established based on ICD-10 criteria and confirmed by psychiatric structured interviews.

RESULTS

In the last 10 years, 42 patients with a GID diagnosis were identified and included in the study. More than a half of these patients were admitted in our clinic during the last three years. 72% of these patients presented suicidal ideation and

self-harming behaviours, with 31% of them having at least one suicide attempt in their medical history. Preliminary results show that the most frequent psychiatric comorbid disorders in the group were depressive disorders and anxiety disorders.

CONCLUSIONS

Our results show that in the cases of gender non-conforming children and adolescents, the risk of suicidal ideation and behaviour is increased, together with the risk for developing depressive or anxiety symptoms. Our study could provide useful information in terms of directions for the therapeutic approach, as these cases represent a complex challenge for the mental health professionals, as well as the patients' caregivers.

PO-1-120

A national clinical database for children and adolescents with functional disorders; First steps and perspectives.

Hulgaard, Ditte [1]

Vægter, Henrik Bjarke [1], Rask, Charlotte Ulrikka [2]

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Background:

Functional disorders, characterized by physical symptoms without clear medical aetiology, are common in children and adolescents, and, when severe, cause significant impairment for the child and the family. The aim of this clinical- and research database is to 1) provide a clinical tool which can assist the clinician and thus improve treatment and clinical practice for children and adolescents with functional disorders, and 2) facilitate systematic research into children and adolescents with functional disorders across Danish regions and treatment centres in both paediatric and in child- and adolescent psychiatric settings.

Material and methods:

The database is hosted on a well-established software platform, which is currently used for the database for functional disorders in adults. The database collects patient-reported data before the first clinical consultation, including demographic data; symptom description data (symptom type and severity); data on illness perception and illness behaviour; data on child and family functioning and on psychiatric comorbidity. Follow-up data can be collected during and/or after a treatment course. Mainly validated questionnaires are used in the database. After patient consent, data from the clinical database are transferred to a research database.

Results and perspectives:

The clinical database will support and improve clinical practice by providing relevant patient data which are easily accessible to the clinician. Further, the research database facilitates systematic clinical and epidemiological nationwide research. Finally, coordination and collaboration with the newly established database for functional disorders in adults provides unique possibilities for long-term follow-up and research across the age span.

PO-1-072

Challenge-YOUNG: A feasibility study of virtual-reality assisted therapy for auditory hallucinations in adolescents with psychotic disorders

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Background

In recent years, virtual reality assisted therapy (VRT) has proven effective for various mental disorders. Currently, a large Danish randomized-controlled trial (RCT) is investigating VRT for auditory hallucinations (voices) in adults with psychotic disorders (the Challenge trial). VRT for auditory hallucinations in children and adolescents are still an unresearched area – the Challenge-YOUNG feasibility study is a first steppingstone.

Aim

Challenge-YOUNG investigates VRT in children and adolescents with psychotic disorders and auditory verbal hallucinations. The study results will inform the design of a large national RCT with approximately 250 patients, with respect to acceptability, adaptability, justification of sample size, and barriers and enhancers of recruitment and implementation in a child- and adolescent outpatient setting.

Methods

Challenge-YOUNG draws on the technology, knowledge, and experiences from the adult Challenge-trial. We plan to recruit 12 patients from the child-and adolescent out-patient clinic at Aalborg University Hospital.

All participants will receive VRT consisting of 7 sessions, using the same equipment, therapists, and overall techniques as in the adult trial. Assessment includes a baseline and follow-up interview, as well as qualitative interviews with patients and therapists mapping acceptability, adaptation needs to the younger age-group, barriers to implementation etc. Furthermore, the goals of each participant will be formulated in SMART-terms (**S**pecific, **M**easurable, **A**chievable, **R**elevant and **T**ime-based) and evaluated at follow-up.

Timeline and implications

Recruitment, study intervention and data collection will be carried out in spring/summer of 2023. The preparation of the national RCT takes place in parallel and will incorporate the study results.

PO-1-011

Trends in use of attention-deficit and hyperactivity disorder (ADHD) and antidepressant medication among children and adolescents in Ireland: a repeated cross-sectional study from 2017 to 2021

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Objectives

In response to raised concerns regarding potential over prescribing of psychotropic medication in children, this study examined the prescribing rates of attention-deficit hyperactivity disorder (ADHD) and antidepressant medication in Ireland.

Methods

A retrospective repeated cross-sectional study of the Irish pharmacy claims database, the Primary Care Reimbursement Scheme (PCRS) was conducted. Prescribing rates were analysed from January 2017 to December 2021 by age group (5-15 years). Medications for ADHD and depression were extracted (average per month). Prevalence rates per 1000 eligible population (entire 5-15 years population) were calculated. International prescribing data were retrieved from the literature.

Results

Overall, for ADHD medication, the prevalence rate per 1000 eligible population increased from 3.44 (95% CI: 3.31 to 3.58) in 2017 to 4.43 (95% CI 4.28 to 4.58) in 2021 (an increase of 29%). For antidepressants, the prevalence rate increased from 1.08 (95% CI: 1.00 to 1.16) in 2017 to 1.75 (95% CI: 1.65 to 1.84) in 2021 (an increase of 62%). Results indicate that the prescribing prevalence of ADHD medication in Ireland is lower than other countries such as the US, Germany, Denmark, Sweden and Norway. For antidepressants, prevalence rates vary per country but increases in prescribing rates have also been observed.

Conclusions

There has been an increase in the prescribing rates of ADHD and antidepressant medication in children and adolescents in Ireland between 2017 and 2021, although they remain lower than international comparators. Significant increases over time (per year) were shown in the oldest age category (12–15 years).

PO-1-063

OCD: age onset and its implications in disorder(s) definition.

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Obsessive-compulsive disorder (OCD) is the fourth most frequent mental disorder, with a 12-months prevalence in Europe from 0,1 to 2,3%, and even so, goes frequently non-diagnosed at the community level. OCD is recognized to affect all ages, but whether juvenile and adult presentations are part of the same disease with a bimodal incidence or a similar phenotypic presentation of distinct entities is still a discussion today. Most literature tends to assume that juvenile OCD and adult OCD are presentations of the same disease.

Literature review in the Pubmed database on the following words: OCD, age, presentation, phenotype, neurodevelopmental, etiology, age onset.

A few studies in the literature present a trimodal distribution regarding age onset symptoms (early, intermediate and late onset) instead of bimodal. It has been suggested that differences in each age onset could be related to distinct phenomenological features and risk factors.

Pediatric OCD onset shares important characteristics with adult onset, but also some differences with distinct implications across the life span, namely in correlation with etiology, phenotype, treatment implications, and prognosis. Early and intermediate onset could both be related, contrasting with late onset in terms of symptom expression.

In conclusion, even nowadays there is no certitude concerning the comprehension of OCD across the lifetime. The age of symptoms onset is an important factor with relevant implications in terms of medical conduct. More studies are needed concerning this feature.

PO-1-030

The voice of fathers of children with autism: Insights from a qualitative analysis

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"Fathers must be taken seriously, some fathers end up in the rear seat."

The role of fathers has developed significantly due to societal changes and their presence in child-rearing has increased dramatically. Recent findings reinforce the importance of including the parents through guidance in order to strengthen the possibility of improvement in children's challenges. In Scandinavian countries the employment rate is high for both parents and most families are using professional day-care for children. There is also a higher level of involvement from fathers than in many other cultures. Even so, few studies has examined fathers' experience, and what qualities they expect from the parental follow-up. This study examines challenges, strengths and support/lack of support in fathers experience of being a parent of a child with autism.

Fathers participating in ENACT were invited to a qualitative interview. ENACT is a randomized controlled trial examining parent programs tailored to parents of children age 3-6 with a diagnosis of autism spectrum disorders. Systematic text condensation was used to analyse the data. In the preliminary analysis the following topics were found: Help system, fathers need. The findings will be presented and discussed. Findings will be used to assist the analytical plan in the ENACT study as well as inform the clinical decision making process in parent programs, with a focus on the inclusive practice and role of fatherhood.

PO-1-029

Approaching resistant sleep disorder in an adolescent with autism spectrum disorder: a case report

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Background/Objective

It is well known that sleep disturbances affect many children with autism spectrum disorder (ASD), further impairing their development, functioning and family's quality of life. Few non-pharmacologic therapeutic options are available, such as parental education and behavioral therapy, which are commonly found insufficient in these patients. Pediatric prolonged-release melatonin (Slenyto®) is currently the only approved pharmacologic therapy for this population. We report a case of severe sleep disturbance in a 15-year-old boy with ASD, treated with Slenyto®.

Method

A 15-year-old boy, diagnosed with ASD, was referred to our Child Psychiatric Outpatient Unit due to social communication and interaction impairment, hyperactivity and severe behavioral disorder. A genetic panel was performed, describing variants in CAMK2B and CSNK2A1 genes, which failed to retrieve clinical significance. We identified a major sleep disturbance with very reduced total sleep time (<5h), prolonged sleep latency (>1h), and prolonged awakenings (up to 3h). As he presented only a partial response to treatment with off-label geriatric prolonged-release melatonin, as well as to sleep hygiene measures, treatment with Slenyto® 2mg was started.

Results

After a few weeks of treatment, there was an overall improvement. Sleep latency was completely reduced, total sleep time increased to 10h, and sleep maintenance improved, with no awakenings reported. There was a significant improvement in his behavior and language development. It also had a very positive impact in parents' sleep and daytime functioning.

Conclusion

Slenyto® allowed a substantial improvement in this patient's overall condition, as well as in his parents' quality of life.

PO-1-078

Help-seeking duration and its impact on the course of non-suicidal self-injury and suicide attempts in adolescents

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Background: Adolescents with non-suicidal self-injury (NSSI) and suicidal behavior do often not seek professional help or do so with delay. However, little is known on whether such potential treatment delay affects outcome of intervention. The study aimed to examine the association between help-seeking duration after first NSSI, suicidal thoughts or suicide attempt and occurrence of future NSSI or suicide attempts within a clinical outpatient sample of adolescents.

Methods: The sample consisted of 285 patients recruited from AtR!Sk; a specialized outpatient clinic for adolescents with risk-taking and self-harming behavior. Frequency of suicide attempts in the previous year and frequency of NSSI in the previous six months were assessed at baseline and 1-year follow-up alongside with the duration from symptom onset to first contact with professional care (i.e. help-seeking duration). Generalized linear mixed models were used to assess associations between help-seeking duration for first NSSI, suicidal thoughts or suicide attempt and NSSI or suicide attempts at 1-year follow-up, controlling for age and gender.

Results: There was a significant decrease in frequency of NSSI and suicide attempts between baseline and 1-year follow-up ($p<0.05$). However, help-seeking duration for first NSSI, suicidal thoughts or suicide attempt was not significantly associated with NSSI or suicide attempts at 1-year follow-up.

Discussion: Duration between initial onset of suicidal thoughts and self-harm and first contact with mental health services was not associated with the outcome of treatment of self-harming behavior. Clinically, this may indicate that symptoms can be effectively reduced by intervention, even if professional help is sought late.

PO-1-119

A study of the impact of the war in Ukraine on the psychosomatic health of preschool children in Lithuania

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Background: Lithuanian society supports Ukraine and is also very close to the threat of extended war. There is little information about how to discuss the events of the ongoing war with children. How to communicate with preschool children about cruel war events is a problematic question.

Aim of the study: to investigate parents' ways of communication about the war with their children, together with the impact of the war on children's emotions, behavior and psychosomatic health.

Methods: Parents in 5 kindergartens filled out an anonymous questionnaire developed by the authors. 15 item questionnaire comprised general data about the respondent and child, ways of communicating with the child about the war events, difficulties, attitudes of parents, and impact of war events on the child's emotions, mood, general well–being, behavior, drawings, games, communication, appetite, sleep.

Results. 116 parents filled in the questionnaires. 93 (80.2%) parents responded that they did not talk about the war with their children until February 24, 2022. 44.0% parents responded that they do not talk about the war in Ukraine with their child. Parents responses and childrens drawings will be presented and analysed.

Conclusions. Data showed that parents in peaceful times usually do not talk much about the war with their children. Changes were reported in child's behavior, playing and drawing. Preschoolers need to be informed in age-appropriate ways. Drawings and play could be relevant opportunities to create age-appropriate ways to talk with kids about the ongoing war and try to understand their perceptions, fears and imaginations.

PO-1-035

TRUANCY AND DIFFICULTIES/OPPORTUNITIES FOR ACADEMIC RE-ENGAGEMENT IN THE CONTEXT OF THE COVID19 PANDEMIC

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At Spain has been note an increase in school failure, especially in post obligatory studies, in the last decade. It is well known that the socials determinants used to be implicated. But since the onset of the Covid-19 pandemic, a notable increase in psychopathology in adolescents has been one of the most important implicated factors.

One of the main functionality indicators in the adolescent population is their educational system link. In adolescents' day care hospitals, recurrent or permanent school absenteeism is usually one of the main reasons for admission. And their reintegration into their school is one of the successful intervention criteria.

The objective of the presentation is to show the change and the increase in school truancy due to psychopathology in adolescents admitted in two adolescent's day care hospital in one Barcelona department since 2019 to 2023.

It describes the changes in epidemiology and psychopathology. It discusses the new factors and difficulties to re-reconnect with the schools, but also de opportunities that have been opened since the Covid-19 onset.

PO-1-083

Modifiable factors associated with delaying alcohol and substance use in mid-adolescence

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Delaying substance use initiation in adolescence is a high value public health goal in reducing rates of mental & substance use disorders in the general population. The aim of this study was to leverage high quality data cross sectional data with a high response rate (79%) to investigate modifiable factors associated with the non-initiation of substance and alcohol use.

Data from the Planet Youth Ireland surveys were analyzed using double selection LASSO (least absolute shrinkage and selection operator) with 10-fold cross-validation implemented in Stata version 17. 4404 individuals were grouped based on responses into either a initiators versus non-initiator based on answers to questions about drug, alcohol, and tobacco use. We controlled for year of birth, gender, and school year in our analysis. We included a list of 154 selected risk factors grouped into themes at the individual, family, & community level.

Several social, community, and individual factors may be shared across individuals who do not engage in risk-taking behaviour. Only 3 factors were associated with non-initiation of substance and alcohol use: Public transport availability, reporting that their father smokes cigarettes and subjective amount of time spent with parents. In contrast traditional protective factors such as sports participation were associated with and alcohol and substance use initiation. Beliefs about parental reaction to drunkenness, beliefs about harms of alcohol and cannabis use, and exposure to online image based sexual harassment had the largest effects in reducing the odds of abstaining from alcohol and substance use.

PO-1-027

Addressing the current mismatch between tools and concepts for assessing neurodiversity: a neuroscience translational research account.

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Recent calls have been made by neurodiversity scholars to free the concept of neurodiversity from the language of disabilities and provide new scientific practices that can acknowledge differences without being based on the notion of impairment. These calls are topical but reveal one critical, hitherto overlooked fact, i.e., that the tools that are currently in use for objectively assessing human behaviour and cognitive diversity are of a reductionist character and mainly oriented to obtain “performance measures”. These measures score the ability or disability of a person to achieve a goal in different cognitive or behavioural domains. These performance approaches, blatantly mismatches the intended ethical dimension embedded in the original formulation of the neurodiversity concept, favouring ableist views. This mismatch between the tools and concept not only leads to theoretical contradictions and reductionist accounts of neurodiversity; moreover, it hinders the search of accurate markers that could support the screening and diagnosis of

neurodevelopmental conditions. To deal with this state of affairs we developed a new experimental system and an ancillary set of tools to fathom out the human diversity of mental functioning beyond performance measures. Using a serious game approach, we collected complexity and morphological measures from behavioural and cognitive functions to describe mental functioning in a broader manner. Through these means we achieved more ethically cogent views of neurodiversity and robust models for its assessment. A comprehensive summary of this endeavour will be the main topic of this presentation.

PO-1-062

Psychotic debut after start of OCD treatment

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Introduction: Treatment with SSRI has a well-known risk of inducing or worsening affective psychosis, but there is less knowledge about its relation with the development of non-affective psychosis.

Case description: A 17 year old girl diagnosed with severe OCD started SSRI (sertraline) together with psychotherapy. About two months later, the patient developed psychotic symptoms (bizarre and persecutory delusions). Patient had no previous psychiatric illness, neither predisposition in her family. There were no findings in the somatic evaluation. After SSRI discontinuation both psychotic and OCD symptoms were getting worse.

Discussion: This clinical case highlights different challenges in our clinical practice. The first challenge is: does the patient have two diagnoses, or is there a connection between the OCD symptoms and the psychotic episode? Could OCD symptoms be a prodromal manifestation of a primary psychotic disorder? Is there really a connection between SSRI treatment and the development of the psychotic symptoms? If so, why didn't they decreased after discontinuation? Can SSRI really trigger a primary psychotic disorder? How can we tell if a patient is likely to develop psychosis with a SSRI treatment?

PO-1-118

WE AND THEM IN A COMMON LOOP, AND HOW WE SURVIVED TOGETHER

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Abstract: The aim of the research was to preliminary examine the experiences of psychotherapists in their work during the pandemic period. The pilot study was conducted on a sample of 74 psychotherapists, of different psychotherapeutic orientations (psychodynamic, systemic family, transactional analysis, rebt and cbt, etc.), with a median value of about

eight years of experience. Data were collected by filling out questionnaires with open questions in electronic form, and analyzed by qualitative methods (thematic analysis), in order to highlight important topics, in order to possibly create a structured questionnaire for further research on this topic. With the onset of the pandemic, there was a tendency to increase the number of clients and increase online work, and most respondents reported an increased experience of stress and the presence of occasional experiences of feeling overwhelmed and exhausted. Problems in adapting to new circumstances and ways of working were present, but were not described as particularly difficult, and were mostly successfully overcome. The largest number of respondents described that the crisis situation brought some new positive qualities into the therapeutic relationship, in terms of a better work alliance, increased sense of community and closeness. In our paper we discuss our psychotherapeutic experience through the transference and contratransference.

PO-1-052

Talking about sexuality and genderdiversity with youth

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Background:

Sexuality and (gender)identiy are essential developmental task for all adolescents. Research shows adolescents with psychiatric disorders are more vulnerable to developing sexual or relationship problems; Sexual side effects of medication are highly prevalent;young people from the LGBTIQ community are at risk to develop mental problems.

Methods:

Mixed methods: Quantitative: Survey research among n=242 professionals from a multicenter cohort of 768 professionals (response 31%) in youth mental health care, on communication about sexuality and gender identity with youth (12-24 years). Qualitative data collection (in-depth interviews, focus groups) and communication tool development with young patients (n=21, 15-21 years), practitioners (n=20) and experts (n=11).

Results:

99.5 % of the professionals valued sexuality as an important topic to discuss with their patients. However, the amount of professionals who discussed these issues with the majority (>75%) of their patients was low: sexuality 19.9%, gender diversity 2.3% and psychotropic sexual side effects 20.3%. Qualitative analysis on youth shows 5 main themes: their experiences communication, relationship between sexuality, orientation, genderidentity and psychological functioning, facilitating & inhibiting factors, influence of religion & culture on romance, sexuality and LGBT, their wishes and needs for communication.

Conclusion:

Despite a recognized need to engage in age-appropriate communication about sexuality and gender identity in youth mental health care, mental health providers seem to remain hesitant to discuss such topics. Youth want their therapist to start the conversation and talk to them. Together with youth, professionals and experts the SexQ and SexQ Medication, two communucation tools were developed

PO-1-117

Parenting and class group resources: for a model of coexistence and prevention

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The school is the context of expansion of the intersubjective family matrix in which the subjiectivity, the identitity of the pupils emerges. To be in alliance with the parental function means, in the dayly accompaniment, to organize the network of relationships and learning, so that the children's point of view has a place, in their body-mind unity and in their group unity, while recspecting differences.

The work describes, in the primary school context, some aspects of the parental function identified in the action of the teacher who, in a systemic, intersubjective and inclusive perpective, sets up a typical socialisation and learning environment that, alongside the co-costruction of knowledge, seeks emotional attunement with pupils and between pupils, mobilising parental skills in the peer group.

The work describes some situations experienced by the class group, observed and recorded by the teacher in relation to:

-parenting images in the animal kingdom

-situation of affective attunement

-holding of anxieties and comforting behavior in the peer group, also in relation tothe first lockdown during the pandemia

-examples of vitality research in a multisensory, metacognitive, inclusive didactic

Positive repercussions were observed on the quality of school life, in participating in the life of the class group, in the well-being of the students and in learning outcomes.

PO-1-077

Feeling of guilt predicting better functional recovery post-treatment among adolescents with the history of non-suicidal self-injury

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Non-suicidal self-injury (NSSI) constitutes a major health concern among youth with mental disorders. However, data on the relationship between guilt and functional recovery among youth with NSSI is scarce. Our aim was to investigate the predictive effects of guilt at the beginning of the treatment at the day hospital, and the amount of functional recovery at the discharge, among young patients with the lifetime history of NSSI. The study included 69 young patients (15-24 years old) who had at least one NSSI episode in life. The included diagnoses were depressive disorders, anxiety disorders, adjustment disorders or mixed disorders of conduct and emotion treated at day hospital. The data was collected from the existing medical records, and included the socio-demographics (gender, age), data on lifetime NSSI episodes, feelings of guilt at admission (dichotomous variable), the diagnosis at discharge, the score on the Global Assessment of Functioning

scale at admission and discharge, the duration and number of hospitalizations. Feeling guilt at admission was a significant predictor of greater increase in functionality score discharge from day hospital treatment, controlling for gender, age, duration of hospitalization, and the total number of any previous psychiatric hospitalizations (model parameters:adjusted R^2=0.180, F=2.766, p=0.025;predictor parameters for feeling of guilt:beta coefficient=0.311, p=0.008). Duration of hospitalization was also a predictor of greater increase in functionality score (beta coefficient=0.366,p=0.023). Feeling guilt at admission and longer duration of treatment may be a protective factor for response to day hospital treatment in terms of functional recovery among adolescents with lifetime history of NSSI.

PO-1-071

Galactorrhea and long-acting antipsychotic: a case report

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Galactorrhea is an underappreciated/unknown side effect seen in teenagers under treatment with antipsychotics, specially in females. It is also worth noting the importance of adequate physical health monitoring, which includes clinical investigation and analysis of relevant biochemical markers such as bone mass density or hypogonadism.

In this review, the relevant manage of intramuscular injections is analysed with an individualized approach, since galactorrhea is a frequent adverse reaction observed in the child and adolescent population, particularly in females. While there are few studies of LAI tolerance in adolescents, studies in adults have shown that treatment with LAI formulations of paliperidone and risperidone resulted in the highest levels of hyperprolactinaemia.

We present a case-report of an adolescent who presented with their first psychotic episode and had a consequent poor adherence to oral treatment. For that reason it was necessary to establish a long-acting injectable antipsychotic regimen to ensure therapeutic compliance. Initially, risperidona was administered, resulting in significant galactorrhea that subsided after switching to paliperidone.

In this report, the management of long-acting injectables in the adolescent population and galactorrhea as an adverse effect are discussed. A literature review has been carried out that includes research available on Medline published in the last 10 years, and the findings obtained will be discussed in depth.

PO-1-116

PSYCH.e - e-Learning for teachers. First results of the evaluation and quality assurance

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As part of the BMBF's "Teacher Education@LMU" quality campaign, which ran from 2016 to 2022, an evidence-based e-learning training "PSYCH.e" was developed. PSYCH.e is a learning platform with self-learning courses for teachers and students on the key issues of recognising, understanding and professionally dealing with mental stress in school children. In order to acquire this knowledge, the e-learning modules contain case vignettes in addition to an evidence-based knowledge block.

The effectiveness of PSYCH.e is checked using an evaluation model developed for this purpose. The results generated in this way flow into the further development of the PSYCH.e. The results also enable a well-founded insight into digital learning processes and serve as important impulses in further research. The first results of the pilot study to be shown up paint a positive picture with regard to the topicality, quality and scope of PSYCH.e. In doing so, one cannot automatically conclude that there will be a lasting change in the teacher's cognitions, an influence on the affective-motivational development of the teacher or the changed practical teaching behavior of the teacher and a positive influence on the learning success. It may be possible to identify further control elements that have an impact on the effectiveness of e-learning. The influence of factors can increase or prevent the success of further training. It is also important to analyze the influence of participant characteristics such as motivational orientation and self-regulation skills or context characteristics such as willingness to undergo further training and the transfer climate.

PO-1-026

Parental stress in parents of children with autism spectrum disorders.

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The construct, parental stress, relates to parent's perception of difficulties and feelings of not being able to cope with the demands of parenting. Central to this definition is the perceived balance between the practical and emotional requirements of parenting and the resources available for meeting them. From other studies, we know that being a parent for children with Autism spectrum disorders (ASD) is stressful and demanding. There are however few studies in Scandinavian countries examining parental stress in a sample of parents to children with ASD. The Scandinavian parenting setting is particular in many ways, with e.g. extensive use of professional daycare for small children and a high level of professional employment of both parents. The current study examines parent stress in parents of children with ASD, in the framework of the ENACT study. ENACT is a randomized controlled trial with a goal to contribute to evidence based parent intervention for parents of children aged 3-6 years with a diagnosis of ASD. The main outcome measure in the ENACT study is the Parental Stress Index (PSI), a self-report measure of stress in parents consisting of 36 items. All parents completed the PSI as part of the baseline assessment. We will present descriptive data from the PSI and its subscales, including covariates such as employment, partner status, ethnicity and daycare facility usage. We will compare mothers and father's responses. From previous studies we expect an overall high level of stress, with higher levels in mothers than fathers.

PO-1-070

DIFFERENCES IN ANTIOXIDANT VITAMIN LEVELS BETWEEN CHILDREN AND ADOLESCENTS AT RISK OF PSYCHOSIS AND HEALTHY CONTROLS: PRELIMINARY RESULTS

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Introduction

Lower enzymatic total antioxidant status in early-onset psychosis compared to healthy controls (HC) has been reported (Martínez-Cengotitabengoa, et al, 2014), but less is known about the role of non-enzymatic antioxidants such as vitamins in children and adolescents. In psychosis risk syndrome (PRS), the only available data relates to vitamin E levels associated with omega-3 fatty acid treatment (Smesny et al, 2017).

Objectives

To assess differences in antioxidant vitamin levels in a sample of children and adolescents with PRS and HC.

Methods

A prospective longitudinal study in which help-seeking subjects who met PRS criteria were recruited from Hospital Clínic de Barcelona, Spain. At baseline, the Semistructured Interview for Prodromal Syndromes and Scale (SIPS/SOPS) were administered, as well as a clinical scale battery. A sample of age- and gender-matched HCs were also included. Vitamin A, E and C plasma levels were measured at baseline.

Results:

18 PRS subjects (14.5±1.9 years; 85.7% females) and 42 HC (15.2±2 years; 72.5% females) were included, with no significant differences in sex (χ^2=0.991, p=0.478) or age (t=1.264, p=0.212). Mean vitamin C and E levels were lower in PRS than in HC subjects (55.1±1.4 vs.100.3 ± 204.1 micromol/L and 27.8±5.3 vs. 52.3±151.6 micromol/L, respectively), but without reaching statistical significance. No differences were observed in vitamin A levels (74.1±120.6 vs.70.6±149.2 microg/dL). Negative Spearman correlations were almost significant between vitamin E levels and total SOPS score (R=-0.250, p=0.073).

Conclusions

In children and adolescents, levels of antioxidant vitamins should be studied to explore their potential role in psychosis risk.

PO-1-025

Research proposal: An investigation of the pathways leading to school drop-out in children with neurodevelopmental disorders, using complexity science methods

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Background

School drop-out is a frequently occurring and highly detrimental factor in children with neurodevelopmental disorders (NDD). When this societal deficit emerges, the focus of care is often pinpointed at the associated disorder. However, school drop-out is likely a result of many interactions between individual (affective, cognitive and sensory manifestations) and environmental factors. A better understanding of how these factors are interrelated may help to develop better rehabilitation strategies of school drop-out for individual patients.

Aim

We aim to use complexity science methods in order to investigate the complex pathways that lead to school drop-out in children with NDD and disclose the most important elements needed for rehabilitation.

Methods

Our research plan consists of:

A retrospective cohort of nation-wide data collected by the Central Bureau of Statistics will be used to conduct network analyses to investigate differences in individual and environmental factors between children with psychosocial problems who have and have not dropped out of school. This will start early 2023.

A multi-school cohort of children with psychosocial problems will be monitored longitudinally before, during and after drop-out.

A smaller cohort of children with NDD at risk of drop-out will be assessed and followed-up. Individual data (patient reported outcome measures, ecological assessment, neurocognitive measures, electroencephalogram) and environmental factors will be collected to conduct brain-behaviour network analyses.

On the basis of relevant identified factors a formal theory will be developed that will entail different pathways leading to school drop-out, using a systems dynamic model.

PO-1-043

Psychopathological symptoms in adolescents with Anorexia Nervosa before and during the COVID-19 pandemic

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The COVID-19 pandemic, associated with confinement and social isolation, seems to have greatly affected the course of many mental disorders in children and adolescents. Specifically, it has created a global background likely to increase eating disorders' (EDs) risk and symptoms severity, and to decrease EDs protective factors.

The present study aims at comparing adolescents affected by Anorexia Nervosa (AN) before and during the COVID-19 pandemic, considering their psychopathological symptoms.

We enrolled 206 female adolescents aged 12-17 affected by AN, who were hospitalized at the Child and Adolescent Mental Health Department, San Gerardo Hospital, Monza. Exclusion criteria were the presence of intellectual disability and neurological disorders. The first group of 94 subjects was recruited between September 2018 and February 2020 (NON-Covid Period), the second group of 112 subjects between August 2020 and May 2022 (Covid Period). Their psychological problems and psychopathological symptoms were assessed through multiple self-completed tests; for the purpose of this contribution, we focus on the Symptom Checklist 90- Revised (SCL-90R).

As expected, data showed higher and more clinically significant scores in all SCL-90R composite scales during the Covid Period, in comparison to the NON-Covid period.

Although these results are preliminary, it is possible to hypothesize that the pandemic strongly affected psychopathological suffering, determining therefore a worse clinical pattern of Anorexia Nervosa in adolescent patients.

PO-1-051

PSYCHOPATHOLOGICAL DATA AND MENTAL FUNCTIONING IN A SAMPLE OF PATIENTS WITH GENDER DYSPHORIA

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INTRODUCTION

Many studies have shown that adolescents with gender incongruence have, compared to cis–gender peers, an increase in psychopathological conditions, like internalizing and eating disorders, self–harm and suicidal ideation. Some authors highlighted the role of personality and mentalization for these youth, finding

that good personality functioning and good mentalization skills can be protective factors against psychopathology.

METHODS

The purpose of this study is to describe the psychological functioning and psychopathological comorbidities in a sample of transgender adolescents accessing psychiatric services, and to make a comparison with a sample composed by cisgender inpatients adolescents. We explored in both samples depression, anxiety and personality disorders. In the clinical sample we used SWAP–200 to deepen the aspects of personality, and assessed eating disorders, body image, self-harm behaviors, mentalization and epistemic trust.

RESULTS

We found that a) transgender adolescents are more frequently exposed to bullying than cisgender peers, b) no statistically significant differences between transgender and cisgender samples in all the evaluated psychopathological dimensions, c) in the transgender sample we found a high prevalence of symptoms related to eating disorders, bodily dissatisfaction and self–cutting. Multivariate regressions showed a statistically significant difference in the correlation between: have been bullied and internalizing symptoms; body dissatisfaction, mentalization ability and depressive symptoms; epistemic trust and general psychological maladjustment.

CONCLUSIONS

We found no statistically significant difference between the psychopathological profile of both samples. Being bullied, a high level of bodily dissatisfaction, poor mentalization skills and a worse epistemic trust correlate negatively with the psychopathological aspects of transgender adolescents.

PO-1-115

MENTORSHIP MATTERS: Building & Assessing an International Collaborative Mentorship Network for Medical Students Interested in Child Psychiatry

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BACKGROUND: Worldwide 10-20% of children experience mental disorders and even resource-rich nations lack the number of child psychiatrists needed to treat the increasing number of children suffering from psychiatric illness. The purpose of this Fulbright Program is to continue to develop an international collaborative mentorship model that is uniquely designed to meet this challenge.

METHODS: We will continue to collaborate with colleagues to build, strengthen or enhance mentorship programs for medical students interested in child psychiatry within each of the initial Fulbright host countries (Australia, India, and the Netherlands), many additional nations around the world, as well as build a collaborative mentorship network to connect them. This international collaborative mentorship network benefits from the Klingenstein Medical Student Mentorship Network's success in the United States. The project will use tested and proven strategies for increasing students' engagement in child psychiatry, with the goal of increasing access to child psychiatric services worldwide.

RESULTS: Medical students expressed appreciation for these mentored opportunities in the field of child psychiatry. Medical students expressed appreciation for the opportunities for international exchange and cross-cultural dialogue. Our patients and their families afforded the most powerful hook for capturing medical students' interest and engagement in our field. Video conferencing technology allowed for rapid expansion of the mentorship network.

CONCLUSION: This Fulbright international collaborative mentorship network is well positioned to contribute to an enormous and increasing need for child psychiatric care around the world.

PO-1-058

Clinical, sociodemographic profile and follow-up of preschoolers followed at the Early Intervention Outpatient Clinic of the Public Service of Child Psychiatry at the Hospital das Clínicas (HC) of the State University of Campinas, in Brazil, and the impact of the COVID-19 pandemic on care and therapies

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The preschool period, the conception to age 5, is the most pivotal period of brain development (MD Rosemberg,2018). Despite this, there are few services for individuals with childhood psychiatric illnesses in Brasil. The Ambulatory for preschool children has been in existence since 2017, with more than 300 children being treated since then. These children are evaluated by a multidisciplinary team, undergo tests and receive referrals, guidance and, sometimes, medication. This project aims to draw a sociodemographic and clinical profile of the patients who were followed in our outpatient clinic between March 2020 and July 2021, through a longitudinal study, carried out in 4 interviews, at different times of the pandemic. Of the subsequent 80 children in the outpatient clinic during the pandemic period (due to restrictions), 42 were eligible for the study. We divided it into two groups: those who were already being monitored or started in 2020 (22 participants), and those who started from January to July 2021 (20 participants). Data were collected such as: age; diagnosis, education and profession of the parents, with whom the child stayed during the day, how it evolved, what therapies were performed before and after the outbreak of isolation; use of medications and interventions. Sharing practical experiences and discussing how the prolonged period of school closures, social distancing measures and the pandemic itself have affected these children's lives, prepares us for new possible future challenges and teaches us about the best care to optimize growth and good development of our children.

PO-1-024

VISUAL-SPATIAL SKILLS AND LEARNING DISABILITIES (LD): ENHANCEMENT ACTIVITIES - CASE STUDY

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An extensive literature highlights how visuo-spatial skills are associated with difficulties in reading learning. Visuo-spatial skills refer to those abilities to integrate information from perceptual space in order to organize and use theproposed material to carry out an activity. A child with poor visual-spatial skills will have difficulty organizing andstructuring the space of the sheet, copying geometric figures, organizing the material that is proposed to him.

In the neuropsychological diagnostic protocol should always be inserted a battery of tests for perceptual and cognitiveskills related to vision). The ophthalmological examination, almost always negative, is not adequate to bring out cognitive weaknesses related to visual information; It is necessary a specific deepening of cognitive areas that, as Mammarella et al.emphasize, "are involved in graphomotor skills, mathematics and geometry, drawing, reading tables and graphs, science,text comprehension, geography and orientation, and social competence."

The visuospatial areas that have influence on the neuropsychological/cognitive structure important for neurodevelopmentand that are the subject of the specific assessment, mainly concern the following areas:

spatial organization skills (

correct management of the right-left concept, laterality and directionality);

visual perceptual ability (recognition and constancy of form, background figure and visual closure);

visual auditory integration skills (sense of rhythm

)

visuomotor integration

skills (construction skills);

visual memory and visual attention (spatial and selective/sustained).).

The aim of the work is to analyze the use of specific visual rehabilitation in order to enhance visual integration and visual processing skills in a subject with LD.

PO-1-114

Online Pornography Use in Portuguese University Students: Preliminary Results

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Introduction: Online pornography was recognized as a *public health hazard* in USA, and some European countries developed initiatives for preventing children's access to online pornography. In Portugal it is a topic almost unexplored.

Objective: To describe online pornography use in a sample of university students.

Method: Seventy-four subjects (50% males, single, but in a romantic relationship) with a mean age of 21.34 years (*SD*=2.09; range=18-29) filled in an online pornography use questionnaire, and the Cyber Pornography Use Inventory-9.

Results: On average, the age of first exposure to online pornographic material was of 12.93 years old (SD=2.56; range= 8-20) and the mean age of online pornography consumption was of 14.22 years (SD= 2.63; range= 9-20). On average, most subjects indicated to consume online pornography 1-2 times a week (40.5%) and a month (33.8%). Most spend an average of <15 minutes viewing online pornography (51.4%) and are often alone during this activity (79.7%). Males presented significantly higher weekly and montlhy online pornography consumption than females, but no sex differences

were found in the total cyber pornography use scores. A positive correlation was found between weekly online consumption and total cyber pornography use scores, and a negative correlation was found between the age of first exposure to online pornography and the total cyber pornography use score.

Discussion: The age of first exposure to online pornography found in this preliminary study, and their association with the self-perception of online pornography addiction may be worrying. Future studies, with larger samples, are needed.

PO-1-113

Evaluation of Sociodemographic and Clinical Characteristics of Children Applying to a Research and Training Hospital to Get a Special Needs Report in the Southeastern Region of Turkey

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It is known that individuals with special needs may need protection, care, rehabilitation, counseling, and education services. In Turkey, a special needs report to benefit from social, educational, and economic rights is issued for children with special needs, and to make use of their fore mentioned legal rights, children with disabilities and their caregivers must first apply to hospital medical boards.This study aims to evaluate sociodemographic characteristics, application reasons, and diagnoses of cases applying to our child and adolescent psychiatry outpatient clinic for receiving a special need report. Children who applied to the Sanliurfa Mehmet Akif Inan Hospital medical board for a special needs report between 01.06.2022 and 31.12.2022 and who were evaluated in the child psychiatry outpatient clinic within the scope of special needs report, were included in the study. Sociodemographic (age, gender, educational status) and clinical (psychiatric disorders, comorbid medical diseases) characteristics of these cases were examined. Out of a total of 600 cases, 234 (39%) were female, 366 (61%) were male, 566 (94.3%) were Turkish citizens, and 34 (5.7%) were foreign nationals. The mean age of the cases was 7.87 ± 4.43. When the child psychiatry diagnoses of the cases were examined, it was found that 22% (n=132) of the cases did not have a diagnosis of child psychiatry, and 78% (n=468) had at least one diagnosis from the field of child and youth psychiatry. In 20.5% (n=96) of these cases (n=468), special needs levels were detected in more than one domain.

PO-1-057

TIPS for Birth and Parenthood (TIPS) – a preventive educational program

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The risk of mental health issues cannot always be predicted. Approx two-thirds of children challenged with mental health issues do not have any predetermined risk indicators. Promoting healthy mental development in children therefore require a combination of interventions aimed at high-risk families and preventive programs for all.

To create a family in which all members thrive, parents benefit from transitioning into parenthood well prepared. In this endeavor, TIPS supports parents with inspiration and insights as an addition to consultations with health professionals. The aim is to support the parental formation process and hence promote mental health in new families.

TIPS combines a digital universe with physical meetings that create space for exchange of experiences. The course covers the period from the 16th week of pregnancy until 12 weeks postpartum. In addition, a 'lifeline' is offered to parents who are in a particularly vulnerable situation and will benefit from an on-call personal contact to a professional.

The digital universe includes photo series, podcasts, and documentaries sharing 'real-life-stories'; animated films conveying selected topics with a sense of humor; exercises stimulating reflection and dialogue; and textboxes providing relevant information. The meetings include about 10 (expectant) mothers and their partners and are of 1½ hours duration.

TIPS is developed by Center for Forældreskab in close collaboration with midwives and health visitors in the region of northern Jutland, and with financial support from Nordea-fonden, Ole Kirk's Fond and Helsefonden. The program is available for implementation in other parts of Denmark.

PO-1-042

Anorexia Nervosa in comorbidity with Borderline Personality Disorder in adolescence: a specific clinical endophenotype?

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Psychiatric comorbidity is a key problem in the management of anorexia nervosa (AN); specifically, borderline personality disorder (BPD) has a strong impact on suicidality, self-harm, treatment engagement and global disorder severity.

The purpose of the present study is to define psychopathological features of subjects with AN in comorbidity with BPD (AN-BPD).

A case-control retrospective observational study was conducted considering 127 female adolescents aged 13-17, admitted to the Department of Child and Adolescent Mental Health, ASST Monza (UNIMIB, Italy); 44 subjects were diagnosed with AN, 44 with AN in comorbidity with BPD and 39 with BPD. Psychological profiles were analyzed through self-completed tests, SCL-90 and EDI-3. The cases group AN-BPD was compared with the two control groups, AN and BPD.

Our results show that the AN-BPD group displays severity scores at the SCL-90 questionnaire intermediate between BPD group and AN group in all the test subscales; the AN group showed median scores below clinical significance.

The AN-BPD group shows at the EDI-3 test a unique profile characterized by greater severity of eating disorder symptoms compared to the AN group, whilst a psychopathologic profile relative to affective problems more similar to that found in BPD subjects, or, at the most, intermediate between the two disorders. BPD subjects display lower severity scores in the eating disorder symptoms subscales, except for bulimia.

These results support the hypothesis of a specific endophenotype in subjects with AN in comorbidity with BPD, which could be very useful to be considered in order to elaborate better care strategies.

PO-1-112

A Scoping Review Protocol of Physical Activity Interventions in Paediatric Population attending Child and Adolescent Mental Health Services.

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Objective: The objective of this scoping review was to understand the extent and type of evidence in relation to physical activity intervention in child and adolescent mental health services.

Introduction: There has been an international effort to improve physical health in those with mental illness. The potential benefits of physical activity in this population is two-fold; firstly, an adjunctive treatment of their mental disorder and secondly to improve physical fitness, cognitive outcomes, and reduce cardiometabolic risk.

Inclusion criteria: Participants included were the paediatric population; children and adolescents under the age of 18 years old, with a primary mental health disorder. We explored the nature of the evidence available for physical activity interventions being offered to the above population in any child and adolescent mental health setting, word-wide.

Methods: The databases searched include PubMed, MEDLINE, Embase, Cochrane Library, CINAHL, PsycINFO, and SportDiscus without any language or date restrictions. Titles and abstracts retrieved, followed by full texts were screened by two independent reviewers. Two reviewers carried out the extraction, working independently in pairs and in duplicate. Discrepancies in any stage of this process were resolved in consultation with a third reviewer. Results are presented in both tabular and narrative form.

Results: Quantitative studies revealed evidence of positive effects of exercise interventions on youth mental health and qualitative studies demonstrated acceptability amongst both clinicians and patients. There are a limited number of studies despite the growing evidence of benefit of exercise interventions in the CAMHS cohort.

PO-1-091

Current perspectives in monitoring child abuse and neglect

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Child abuse and neglect (CAN) are multifaceted problems with complex nature and long lasting negative effects on the health and wellbeing. The cases of child abuse and neglect are under-reported, and the lack of coordination and sufficient training of professionals are the common problems for it.

The main aim of the paper is to study the experts' reflection on the effectiveness of the existing procedures for identification and registration of CAN cases; the problems in the process of collecting and processing data , as well as suggestions for improving the work.

Method: Small-scale, qualitative study (semi-structured interview) that included 20 national experts from different field of child protection in Bulgaria.

The results show that there is still no unified system for registration and monitoring of CAN cases , the information is fragmented and used mainly for the purposes of the relevant institutions. The need to introduce uniform indicators and definitions of different sub-types CAN is emphasized, as well as to provide training at different levels.

Practice worldwide show that it is a long process for developing coordinated response for monitoring child abuse and neglect cases, which require unified definitions and categorization of child abuse and neglect cases, as well as protocols with proper algorithm, well trained professionals, and effective multi-sectoral cooperation.

Recommendations, based on the preliminary results of COST action CA19106 "Multi-Sectoral Responses to Child Abuse and Neglect in Europe: Incidence and Trends"*, are made.

*__EURO-CAN__, 2020-2024 is a network project with participants from 34 European countries
https://www.cost.eu/actions/CA19106/

PO-1-023

Developmental trajectories of ADOS-2 scores in toddlers at elevated likelihood of autism

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Autism spectrum disorder is often diagnosed after the age of three, but characteristics are by definition present in early development. The emergence of autism characteristics is studied in a longitudinal follow-up study with repeated ADOS-2 administrations. We aimed to pinpoint if and when trajectories might start diverging and at what age(s) ADOS-2 administration would be most informative. Data from 244 ADOS-2 administrations of 112 toddlers at elevated likelihood(EL) of developing autism at the age of 14, 24 and 36 months were included. EL-toddlers were toddlers born before 30 weeks gestational age(N=38), siblings of autistic children(N=64) or children with feeding and eating difficulties(N=10). A feature-based clustering approach was used, clustering infants based on their individual intercept and slope after plotting individual linear regression lines. K-means clustering resulted in three trajectories: increasing, decreasing and stable ADOS-2 calibrated severity scores (CSS), for the total scale as well as the social affect (SA) and repetitive and restrictive behaviors and interests (RRB) CSS. Individual cluster-profiles, i.e. the combination of the Total CSS, SA CSS and RRB CSS clusters per participant, were investigated and show two predominant profiles, either decreasing or stable presence of autism characteristics on all three scales. Adaptive functioning (ABAS-3) and developmental levels (BSID-III-NL) were compared between clusters, showing significant differences. Furthermore, at a group level, negative correlations were present between autism characteristics and adaptive functioning, as well as between autism characteristics and developmental levels. Various clusters lead to best-estimate research ASD diagnosis, showing that developmental trajectories before autism diagnosis can by diverse.

PO-1-009

Homocysteine, Vitamin B12, Vitamin D, Ferritin and Iron serum levels in Boys with Attention Deficit Hyperactivity Disorder

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Objective: The study's main goal was to evaluate the serum levels of homocysteine, vitamin B12, vitamin D, ferritin, and iron in Attention Deficit Hyperactivity Disorders (ADHD) in primary school boys. **Method:** Biochemical parameters were measured in 133 boys (67 boys diagnosed with ADHD and 66 healthy controls). ADHD was diagnosed according to DSM V criteria. Symptom severity score in the ADHD group was evaluated by the ADHD T test. WISC-R test was used to eliminate cognitive deficits. **Results:** Homocysteine, iron, and ferritin were significantly higher in ADHD boys than in healthy control group. Lower levels of vitamin D correlated with lower ADHD T test score. Vitamin D levels were low in both groups. The Multiple logistic regression model results indicate that homocysteine may represents the important biochemical parameter in ADHD. **Conclusion:** Homocysteine could be an early sensitive, but not the specific nor only indicator of ADHD. Vitamin B12 deficiency should be sought for and corrected early. Correcting vitamin D levels should be a nonspecific measure in all.

PO-1-111

Opening therapeutic groups in day care hospital to outpatient centers: A strategy to improve accessibility to specific treatments in the community

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Background/Objective

Specific treatment for severe psychopathology in adolescence has shown greater efficacy when carried out promptly, with easy access from the community being a determinant factor.

Usually, specific group interventions for adolescents and their families (i.e. treatment of early onset psychosis, eating disorders, autism, borderline personality or addictions), are offered in hospitals but not on a primary or secondary care level, which limits accessibility and has an impact on course outcome for patients.

In Catalonia, adolescent day care hospitals have been carrying out group treatments for mental health disorders for years, but access to them from the community was limited. Since 2019, these psychotherapeutics groups have been admitting referrals made from primary care levels, as part of a strategy to improve accessibility and healing opportunities to a greater population.

Method

Descriptive analysis of the impact of the intervention in accessibility, secondary benefits and difficulties.

Results

There was a positive impact of this strategy on the accessibility to specific treatments in the community for severe psychopathology in adolescents and their families. Secondary benefits were the decrease in hospital admissions and facilitating therapeutic adherence to adolescent mental health services. Improving coordination between therapists and working with patients with low motivation towards the therapeutic interventions are the main areas to work on.

Conclusions

Opening psychotherapeutic groups in day care hospitals to outpatient centers helps to improve access to specific group treatments for adolescents and their families with severe mental disorders.

PO-1-022

Suicidality and Sleep Pattern in Autism Spectrum Disorder (ASD): which relationship? preliminary results from a pilot study

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Background

Specific risk and protective factors for suicidality, including Suicide Ideation (SI) and Attempt (SA) haven't been delineated yet within ASD. Even if co-occurring psychiatric disorders can be associated to suicidality, enough research attention hasn't been given to medical comorbidity such as sleep disturbances.

Aim

To characterize suicidality among young ASD individuals compared to neurotypical peers.

To investigate the possible relationship between suicidality and sleep disorders, subjectively and objectively measured.

Methods

ASD individuals and typical development peers (12-18yrs) with IQ >70 underwent an evaluation of suicidality (TheColumbiaSuicideSeverityRatingScale,C-SSRS), social-communicative difficulties (SocialResponsivenessScale,SRS), sleep disorders (SleepDisturbanceScaleforChildren,SDSC) and parametres (Polysomnography,PSG). ADOS-2 was administered in ASD individuals in order to measure level of autistic symptoms.

Results

We report preliminary results on 20 individuals: 8ASD, 12NO-ASD (age:M15±SD2.2; IQ:M109±SD17.4). SI was found in 50% of ASD and 66.7% of NO-ASD; SA emerged only in 75% of NO-ASD. All participants with SI presented severe social-communication impairment at SRS.

ASD individuals with SI were characterized by a lower level of autism symptoms compared to participants without SI. PSG revealed that all participants with SI showed alterations of all parameters - particularly a TotalSleepTime (TST) reduction - when compared to individuals without SI (p=0.04).

Discussion

Given the small sample size, this preliminary report doesn't lead to conclusions regarding suicidality in autism. Interestingly, among ASD group, individuals with SI present lower autistic symptoms' level and reduced sleep duration. Greater social-communicative impairment and major awareness of the condition could play a role in isolation, development of depressive symptoms and consequently SI.

PO-1-021

Parental stress in autism spectrum disorder and hyperkinetic disorder-implications for therapeutic approach

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Mental disorders in children affects the whole family. Based on the *Parental stress index* (PSI) instrument that measures the intensity of stress in the parent-child stress system, we start from the assumption that there is a significant parental response to stress in children with established diagnoses from the spectrum of autism and hyperkinetic disorder (ADHD). It is also predicted that parents of children diagnosed with ADHD will be more vulnerable to stress, compared to parents of children with autism. This model shows the mutual influence of the three factors measured by the PSI/KF scale and also their importance for parenting behavior: Parental distress, dysfunctional parent-child interaction, and a "difficult" child. We collect data based on the results of the PSI instrument administered to parents of children with the mentioned disorders between the ages of 4 and 17. Using the statistical method the Kruskal-Wallis H test we compare the obtained scores for two groups of children. The results testified: that younger parents express higher stress, also, if the child is younger, the stress increases. Parental stress has an effect on the growth of the stress in the child. If the child is younger, the parental and child stress is higher. Until now, in Serbia, this kind of research has not yet been conducted, and the achieved results would give implications for a further therapeutic approach in working with such groups of patients. We discuss varieties of therapeutic modalities in different types of family needs.

PO-1-041

Eating Disorder Referrals and Impact During COVID-19

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The COVID-19 pandemic commencing in March 2020, led to several restrictions, including social distancing measures, quarantining and limitations on social interactions and access to care, resulting in concerns surrounding mental health. Since the beginning of the pandemic, increased levels of psychological distress, anxiety and depression have all been reported across age groups. Additionally, research in eating disorder (ED) has identified several risks factors for disordered eating in the context of COVID-19. Several countries have reported increased demand for ED services during COVID-19 pandemic, particularly for adolescents. In our research, it was determined that referrals decreased during the quarantine period, which is the first period of Covid-19, compared to before. In the post-quarantine period, it was seen that the referrals increased gradually and exceeded the pre-Covid-19 period, transculturally. Our group confirm a pandemic-related increase in demand for ED services. Carer burden during this time has also been heightened. Given the salient role families play in caring for youth with EDs, attending to carer burden is imperative. Supporting carers through all phases of their child's ED journey by offering adaptive and flexible supportive services which accommodate time constraints, geographic barriers and possible COVID-19 spread is essential. This workshop includes Eating disorder referrals to paediatric hospitals and CAMHS in Turkey and Dublin and the impact of Covid-19 on carer burden. Presenters will present on research data collected during Covid-19. There will be a group discussion at the end, eliciting personal reflections from the attendees on their own experiences of referrals and work practice.

PO-1-110

Prospective validation of "Sophia Observation withdrawal Symptoms - Pediatric Delirium" scale in critically ill children in Denmark

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Background and Aims

Pediatric delirium (PD) is increasingly recognized as a common disorder in critically ill children with a reported prevalence ranging from 9 to 66%.

Our objective was to validate the PD component of the Sophia Observation withdrawal Symptoms-Pediatric Delirium (SOS-PD) scale and to estimate the prevalence of delirium in critically ill children in a Danish intensive care unit (ICU).

Methods

A prospective observational validation study was performed on critically ill children aged 3 months to 18 years admitted to an ICU, with a hospital stay of 48 hours or more. Assessments took place on a fixed weekday over an 18-month period. To test accuracy and criterion validity, bedside nurses' SOS-PD assessments were compared to the reference standard, a diagnostic assessment performed by a child psychiatrist according to the Diagnostic and Statistical Manual-V criteria using the Vanderbilt Assessment of Delirium in Infants and Children.

Results

We included 141 children in the study, 30 of which (21%) were diagnosed with delirium by the child psychiatrist. The accuracy of the delirium diagnosis was 93.6% (CI 95% 88.3 – 97.1) among the nurses' SOS-PD assessments compared to the reference standard. The SOS-PD demonstrated high sensitivity of 83.3% (CI 95% 65.3-94.4), and high specificity of 96.4% (CI 95% 91.0-99.0) with five false-negative and four false-positive cases.

Conclusions

The PD component of the SOS-PD tool has good accuracy and validity for the assessment of critically ill children performed by nurses in a Danish setting compared to a child psychiatrist's diagnosis.

PO-1-076

A 5-year follow-up of nonsuicidal self-injury in adolescence: A qualitative study of experiences of treatment and care

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Title:

A 5-year follow-up of nonsuicidal self-injury in adolescence: A qualitative study of experiences of treatment and care

Authors:

Hedvig Andersson, Erika Svensson, August Magnusson, Rolf Holmqvist, Maria Zetterqvist

Introduction

Nonsuicidal self-injury (NSSI) is a common behaviour in adolescents, especially in clinical samples. It's a serious problem associated with negative long-term consequences such as mental health issues, poorer social relationships and an increased risk for suicide attempts and implementation of evidence-based treatments are essential in clinical practice. There have been reports of patients' experiencing negative attitudes from staff and/or not receiving specific treatment for

NSSI, often due to stigma and lack of specific knowledge. Patients' own in-depth experiences of specific NSSI treatment and care have not been much studied.

Objective

To explore the experiences of care and treatment for NSSI.

Methods

Thirty adolescents (15-17 years) from child- and adolescent psychiatric outpatient services were clinically assessed for NSSI disorder and comorbid psychiatric diagnoses from 2016 to 2018. Five years later (2021-2023) when participants were 20-22 years old, a follow-up was made with clinical assessment and semi-structured interviews about participants' experiences of NSSI from adolescence to young adulthood and their experiences of the treatment and care they previously received for NSSI. Interviews were analyzed with thematic analysis.

Results/conclusions

A majority of participants had ceased NSSI as young adults. Participants' perceptions of the content of their earlier treatment and care for NSSI, what was helpful and what they perceived as lacking, will be presented with themes and sub-themes. Clinical implications will be discussed.

PO-1-034

Developmental effects of COVID 19 pandemic on the young mind - Perspectives from an Indian context

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The Covid 19 Pandemic had far fetched effects on all aspects of the society at large. Some of them were immediately observed while many are still under research and it would be a while till we understand better the long lasting effects it might have on the population. One very important concern is the effects of that the pandemic has had on the development of children. The developmental issues have a multifactorial causation which ranges from social impact, economical impact and educational impact. The built of an Indian society largely differs from most other countries. The family system, social system and educational system of India are starkly different from most other economies. Hence the impact of the pandemic on a young Indian mind differs from its counterpart in a more developed country. Thus, an Indian perspective of the impact of the pandemic on the young impressionable mind needs to be presented from a different, Indian perspective. This clinical perspective would include a series of difficult cases from a CAMH OPD of a tertiary hospital in India which we came across during and immediately post the pandemic lockdown. The CAMH services in a country like India are not as well developed as the other developed countries. Inspite of that handicap, we managed to take care of such problematic cases effectively and effeciently with a limited access to services.

PO-1-082

Multimodal DELTA Therapy for Adolescents with Substance Use Disorders: An exploratory pilot trial

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Background: In order to address the lack of manualized treatment programs for adolescents with substance use disorders (SUDs), we developed a unique manualized group intervention (DELTA). DELTA focusses on a reduction of substance use and alleviation of SUD symptoms, including additional modules for co-occurring disorders. The goal of this exploratory trial was to assess if DELTA can be conducted in adolescent SUD patients and if participation is related to reductions in SUD symptoms and substance use.

Method: We recruited adolescents at a psychiatric outpatient unit, which were then allocated to either DELTA intervention group (N = 85) or to a waiting-list control group (WL, N = 61) based on therapist recommendation. Self-report measures were used as primary outcomes (substance use, DUDIT - Drug Use Disorder Identification Test) and secondary outcomes (YSR - Youth Self Report). T-tests and Pearson correlations were used to analyze between-group differences across time.

Results: On average, participants attended M = 7.7 of the 16 sessions (SD = 5.1). Substance use and substance use problems regarding all substances but nicotine were decreased after the intervention, with small to medium not significant effects in favor of DELTA. Self-reported psychopathologies were also reduced at follow-up, with non-significant advantages for DELTA.

PO-1-008

Caring in Chaos (CiC), a community based Danish parent behavioral training model for ADHD & ADD

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Rapidly increasing rates ADHD in Denmark (Atladottir et al., 2015) called for effective prevention and intervention services for families living with ADHD or showing similar behavior. For that reason, the Danish ADHD-organisation (www.adhd.dk) developed and tested a Danish Parental behavioral training model. The model has through a randomized controlled study, carried out by VIVE, shown that parental competence and child functioning is enhanced through this model.

Resent results confirms the previous findings, demonstrating that the model improves parenting behavior, competence, stress, depressive symptoms, and child impairment.

The model is uniquely based on the use of professionals willing to volunteer as parent trainers. They are a group of very skilled volunteers, highly committed and engaged. Many of them serve as peer-to-peer educators since they are parents themselves and have older and well-functioning children with ADHD – in addition to their professional background as psychologists, teachers, nurses, occupational therapist etc. CiC parent trainers follow a structured, easy-to-use and well-tested manual making CiC easy to replicate. Furthermore, CiC is created to suit parents with ADHD by practicing the same principles as it teaches – structure, predictability, breaks, positive feedback etc.

Due to the the current rise in waiting times for both examination at the psychiatrist and for social services the Danish ADHD-organisation had a significant rise on inquiries from parents looking for help. The model was therefore converted to a free accessible e-learning solution, KiK NU! The model has just been converted from Danish to Icelandic.

PO-1-055

Early childcare and child behavioural difficulties at age 5.5 years, results from the French ELFE mother-child cohort.

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Background: Studies have showed that early childcare type is associated to behavioural difficulties among children, though this association varies across countries with different policies on childcare.

Objective: To examine the association between childcare type in the first three years of life and children's behavioural difficulties at age 5.5 years in France.

Method: In this study (n = 10,055), parents participating in the French ELFE birth cohort reported the main childcare they used in the first 3 years of their child: centre-based (24.0%), childminder (46.6%), informal (7.4%) or parental care only (22.0%). Children's behaviour was reported by the parents via the Strengths and Difficulties Questionnaire (SDQ) at age 5.5 years. Missing data was imputed by multiple imputations (10). Inverse probability weights based on propensity scores were used to adjust the logistic regression models on several covariates to test whether childcare type is linked to abnormal SDQ total score (>16) or subscales scores.

Results: Compared to parental care only, centre-based childcare (Odds Ratio, OR = 0.85 [0.66 - 1.09]) and childminder (OR = 0.96 [0.75 - 1.22]) were negatively associated to overall behavioural problems though the results were not significant, whereas informal childcare (OR = 1.26 [1.00 - 1.59]) was significantly positively associated. All three childcare types were significantly associated to a higher OR of behavioural problems. Childminder was significantly associated to a lower OR and informal childcare to a higher OR of peer relationship problems. However, there were no associations between childcare types and emotional or hyperactivity/inattention problems.

PO-1-020

A Comparison of the Interactions of the Fathers of Children with Autism Spectrum Disorder with their Children in terms of Emotional Availability

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This study aims to compare the parents of children with ASD in terms of emotional availability. Children with autism who applied to the Infant Mental Health Unit between January 2019 and March 2021 and their parents without any clinical diagnosis were included in the study. The study was conducted with a total of 64 infants, 41 (64.1%) boys and 23 (35.9%) girls aged 7-60 months. According to the results obtained, it was determined that the mothers of babies with autism were more sensitive than their fathers, and the mothers structured their babies' play more. It was noted that fathers were more hostile than mothers. The results obtained are discussed in the literature.

PO-1-037

NSSI in adolescents with eating disorders

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Introduction

Eating disorders are a heterogeneous group of disorders that can have a very serious effects on physical, mental and social functioning. The disorder affects up to 5% of the general population, with the greatest distribution during adolescence and in females. Early diagnosis and adequate therapeutic approach in these patients can prevent fatal consequences.

The goal

Demonstrating the similarities and differences of psychodynamic components in adolescents with eating disorders, in order to indicate the significant influence of early development and childhood events on the etiopathogenesis and prevention of this etiologically diverse group of disorders.

Methodology

The sample in this study consists of 30 females, aged 11 to 18, with a diagnosis from the group of eating disorders. For the purpose of the research, Wexler's scale for intelligence assessment, NEO-PR, as well as psychodynamic interviews filled in by the mothers of the respondents were used. The data were interpreted based on a detailed analysis of tests, anamnesis of development, psychodynamic approach and assessment of family functioning. Based on the obtained preliminary results, a tabular description of psychodynamic components was made with their comparative presentation among the respondents.

Conclusion

Psychodynamic approach to diagnosis and treatment is very important in this group of patients because it leads to better understanding, prediction and individualized, etiologically targeted therapeutic approach, prevention of deepening of psychopathological phenomena.

We discuss about the NSSI aspect of anorectic disorder.

PO-1-108

Trainee Led Quality Improvement addressing lack of transparency in referral processes for psychiatric reviews in the Maudsley Adolescent Mental Health Service

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Background

The Specialist Adolescent Mental Health Service at the Maudsley Hospital provides multi-disciplinary mental health care to adolescents in London. There is currently no policy by which non-medical members of the multi-disciplinary team can request a psychiatric review for their patients. Staff feedback revealed problems with the medical review referral process to be a lack of clarity on how to make referrals, and a lack of transparency (e.g. referral outcome, approximate waiting time).

Aims

To improve the clarity of the process for requesting psychiatric reviews and to develop skills in leadership as a future child psychiatrist.

Method

We designed and introduced a referral form and integrated waiting list. Next we developed a policy document for making referrals. Finally we modified the referral form so that when submitted, it automatically updated the integrated waiting list. At the outset and after each intervention we resurveyed the staff.

Results

At the outset 71% of staff reported finding the process somewhat unclear, while 29% reported finding the referral process neither clear nor unclear. Following the final change 100% staff each reported finding the process very clear or somewhat clear.

Conclusions

The changes we implemented resulted in a clearer and more transparent referral process for medical reviews. We anticipate that this improved staff satisfaction will equally translate into some benefits for patient care, such as more clarity around when a medical review can be expected and what it might entail.

PO-1-126

NSSI-preventive programs

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Introduction: NSSI is becoming an increasingly serious health problem that requires the intervention of the health, education and social protection systems. As many as 2 out of 10 adolescents aged 14 to 21 have experienced intentional self-harm.

Aim: Since self-harm is an adolescent phenomenon, and school is a place where young people are everyday, it is necessary that teachers and professional associates in schools have the competence and ability to recognize, to understand and how to make up a good solutions instead NSSP.

Method: Part of the preventive campaigns is guiding and informing young people about the need to seek the help of adults, parents, teachers, professionals in the situation of NSSP, and then ensuring their availability.

Conclusion: The Ministry of Education, in cooperation with the UNFPA (United Nations Population Fund) team and their health consultants, as well as the Institute for the Advancement of Education, prepared an online training program for empowering employees in education to develop a responsible attitude towards health, preserving the health and safety of students for professional associates from every school in Serbia, which was realized in the middle of 2021, which was completed by 1,800 professional associates from all primary and secondary schools in Serbia. They are during the 2021/22 school year. In cooperation with UNODC, training was organized for the implementation of the international program "Strong Families" for the counselors and professional associates (74 professional associates), who will implement the program in their schools with students and their parents.

PO-1-007

Paternal intelligence predicts child grades, but child ADHD independently modifies the link.

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Objective: Studies indicate a complex web of interactions between intelligence, education, and genetic as well as social factors. Attention deficit hyperactivity disorder (ADHD) impact grades, education, quality of life, and health. However, subgroups of ADHD patients seem to do quite well.

The role of parental IQ in their children's educational attainment is clear cut, but if the association is equally strong among children with ADHD is not known. Hence, this study investigated interactions between parental IQ, ADHD, and grades, taking confounders into account.

Method: Patients treated for ADHD in Linköping were identified by registers for the period 1995-2006 (n=603) and for the period 2006-2020 (n=3059). For each patient, three sex and age matched controls were included. Parents, siblings, and cousins to the study populations were included. Socioeconomic and Paternal IQ data was assessed from the Statistics Sweden's longitudinal database, LISA and the Swedish Defence Conscription and Assessment Agency.

Result: Paternal IQ was associated with grades (Beta = .36, $p<0.001$), also in a multivariable model adjusting for education level of both parents and mother income (Beta = .22, $p<0.001$). Grades according to paternal IQ were negatively impacted for ADHD-patients compared to controls ($p<0.001$). However, paternal IQ was associated with grades in multivariable models adjusting for education level of both parents and mother income for both ADHD-patients (Beta = .11 , $p<0.001$) and controls (Beta = .20, $p<0.001$).

Conclusion: Grades were negatively impacted for ADHD-patients compared to controls. Clinical and academic interventions could help minimize the gap between the groups.

PO-1-006

Investigation of the role of Adverse Childhood Experiences and ADHD symptoms in a group of children with ADHD and their non-ADHD siblings.

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Introduction

ADHD is a common condition, with genetic, environmental and gene/environment interaction aetiological factors. Extreme institutional adversity has been shown to be a causative aetiological factor in ADHD; it has also been shown that there is an association between the severity of ADHD symptoms and the home environment. We wished to explore for an association between Adverse Childhood Experiences and ADHD symptoms.

Methods

We studied 67 families which is a subset of the International Multicentre ADHD Genetics study collected in Ireland. ADHD symptoms including oppositionality were measured by parent and teacher Conners' reports; ASD symptoms were reported via SCQ.

Adversity was measured using the HOME questionnaire and Family Environment Scale and responses were mapped onto the ACE questionnaire, creating a quasi-ACE score.

We correlated the quasi-ACE score with the ASD, ADHD symptoms and oppositional symptoms for each ADHD child, and correlated the quasi-ACE score with a mean ADHD symptoms and oppositional symptoms for siblings.

Results: We found a significant positive association between oppositional scores (both parent-rated and teacher-rated) and quasi-ACE scores (adversity). We found no association between quasi-ACE and hyperactivity/impulsivity, inattention or autism symptoms in this sample.

Conclusions

We found that adversity is associated with oppositionality in those with ADHD and their siblings. Our findings are correlational – the association may be causal or may be bi-directional. However we believe that our findings suggest that we should highlight to parents the importance of ACE's in families where there is ADHD.

PO-1-048

Evaluation of a web-based information platform on youth depression and mental health in parents of children with a history of depression

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Theoretical Background: Depression is one of the most common mental disorders in childhood and adolescence. There is still a high level of stigma and limited knowledge about depression among the general population. Yet, research shows the important role of parental mental health literacy in detecting depressive symptoms and supporting their children to seek professional help. To address these issues, we developed the evidence-based website „ich bin alles" (https://www.ich-bin-alles.de) for children and adolescents as well as their parents to improve knowledge about mental health and depression in youth.

Methods: We conducted two identically designed pre-post-follow-up studies in parents of children with a history of depression (N=33) and parents of healthy children (N=34) to evaluate the web-based information portal in its efficacy and acceptability. Participants' knowledge about depression were assessed at baseline/pre-, post-intervention and at a four week follow-up.

Results: The findings of both studies show that parents' knowledge about depression increased significantly from pre- to post-intervention. This knowledge gain was maintained to the follow-up measurement. Furthermore, acceptability rates in both studies were high and evaluations of the website's layout were positive.

Conclusion: The findings from the two studies suggest that our web-based information portal is an effective and appealing means to impart knowledge among parents both of healthy children and of children with a history of depression. Considering the role of parents' knowledge for supporting their children's mental health and help seeking behaviour, it seems essential to spread information on this topic via effective, appealing and broadly accessible means.

PO-1-047

Web-based Positive Psychology Intervention for Adolescents with a History of Major Depressive Disorder

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Theoretical Background: Youth with major depressive disorder often do not receive an appropriate treatment or support and are in need of evidence-based information. Highly acceptable and easily accessible information about depression, its treatment and services as a complementary strategy to professional treatment are needed for youth seeking help for depression. To address this, we launched the website www.ich-bin-alles.de, which provides information about depression and short self-help exercises based on principles of Positive Psychology, which are meant to be appealing, might serve as an addition to professional treatments and promote mental health.

Methods: This pilot randomized controlled trial examined the efficacy of these exercises to improve affect- and stress-related outcomes in adolescents with a history of major depression as well as their feasibility. Data were analysed from 77 adolescents with a history of depression aged 12 to 18 years who were randomized to either the Positive Psychology Intervention (PPI) or control group.

Results: No differential effects of the PPI on affect- and stress-related outcomes were revealed. Approx. 78% of the participants reported that they would recommend the self-help exercises to other youth (“entirely/mainly accurate”) and the overall acceptance of the exercises was good. Moreover, 75% of the participants reported that they performed the self-help exercises (“entirely/mainly accurate”).

Conclusion: The results have important implications for future approaches that aim to implement a web-based PPI for adolescents with depression, for which we found good adherence and acceptance. Future studies should clarify whether a more intensive PPI might also improve affect- and stress-related outcomes.

PO-1-046

Death Anxiety presenting as catatonic symptom- a case report

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Introduction:Childhood and adolescence are a core developmental phase characterized by increase susceptibility to anxiety disorders with symptoms ranging from mild transient attacks to full blown syndromic disorder. Ranging from developmentally normal fears to pathological anxiety disorders the boundary between normalcy to pathology becomes difficult to distinguish.We present here a case of a child whose underlying fear of death masked by conundrum of behavioural and medical presentations was worth investigating.

Case History: 11 year old girl belonging from a lower socio economic status , was brought to OPD of our hospital with chief complaints of decreased speech output, psychomotor retardation, rigidity in all four limbs for the one day. A detailed neurological evaluation revealed no abnormality and all blood investigations came to be normal. The child was started on Tab. Lorazepam with the suspicion of catatonia and after 3 days her mutism imptoved. The child was interviewed and anxiety following death of her grandmother was elicited. The death anniversary was 1.5 months back following which the child developed fear of losing her life just like her grandmother and was reportedly having hyperventilation episodes. She was started on Tab Sertraline and play based interventions were done. The child improved after few weeks.

Discussion: The case depicts the manifold presentations of anxiety in children and role of play-based interventions in illustrating emotional problems in children. Children may not be able to fully verbalize their emotions and their expression of grief may differ from adults, hence need to identify them at the earliest.

PO-1-068

Changes in corrected QT interval during systematic monitoring of children using second-generation antipsychotics

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Second-generation antipsychotics (SGA) may prolong QT interval in electrocardiogram (ECG), predisposing an increased risk of ventricular arrythmias. This study aimed to investigate changes in the rate-corrected QT (QTc) in a clinical sample of systematically monitored children using SGAs.

Median follow-up time of the study patients (n = 55, mean age 9.9 years, 76% males) was 9 months (quartiles 3.6 and 19.1). The most common diagnosis was ADHD (49%). Target symptom for SGAs was mostly aggression (60%). At baseline (BL), 84% of the patients were antipsychotic naive, the rest were switching SGAs. The SGAs used were risperidone (58%), aripiprazole (29%) and quetiapine (13%). To make the doses comparable, olanzapine equivalents were used. The mean olanzapine equivalent dose during the follow up was 2 mg (min 1.0, max 6.5). Polypharmacy was common, mainly SGA and ADHD medication (40%).

BL ECG was registered in 78%, and 95% had at least two ECGs during the study period. Mean and max QTc at BL were 406 ms and 457 ms and during the study period 407 ms and 500 ms, respectively. At BL, two patients (4%) had borderline prolonged QTc (> 450, < 470 ms), none had significant prolongation (> 500 ms). During the study period, the respective numbers were five (9%) and one (2%). None had clinical suspicion of ventricular arrythmias.

In a clinical sample of children using modest doses of SGAs, both borderline and significant QTc prolongation were seen. The results indicate a need for systematic ECG monitoring when using SGAs in children.

PO-1-061

Impact of polygenic risk scores for psychiatric disorders on disease susceptibility and clinical manifestations in early-onset obsessive-compulsive disorder

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Background: Obsessive-compulsive disorder (OCD) is a complex phenotype with a polygenic inheritance, including multiple loci with small effects, that can be captured using polygenic risk scores (PRSs). Previous evidence shows a substantial genetic overlap between OCD and other psychiatric diseases. We aimed to assess the effect of PRSs for

OCD and comorbid or pleiotropic mental disorders on the disease susceptibility and clinical manifestations in early-onset OCD patients.

Methods: PRSs were calculated for OCD, anorexia nervosa (AN), Tourette Syndrome (TS), autism spectrum disorder (ASD), schizophrenia (SCZ), bipolar disorder (BD), major depression disorder (MDD), and attention deficit hyperactivity disorder (ADHD), using the available summary statistics of previous genome-wide association studies. Two approaches were followed for the genetic analysis: a case-control study was performed in 175 pediatric patients with OCD and 160 controls and a polygenic transmission disequilibrium test (pTDT) was performed in 81 early-onset OCD trios.

Results: No significant associations were found in the case-control study after correction for multiple comparisons using the false discovery rate (FDR). The pTDT showed that PRS for OCD, TS, SCZ, BD, MDD, and ADHD were over-transmitted to children with OCD (FDR < 0.042) whereas the PRS for AN was infra-transmitted (FDR = $1.82x10^{-4}$). In OCD patients, increased risk for SZ and BD was associated with greater severity of OCD, depression and anxiety symptoms ($p < 0.048$).

Conclusion: Our findings provide new evidence of the genetic architecture of OCD, confirming the pleiotropy between psychiatric diseases and the polygenic basis of OCD and its clinical manifestations.

PO-1-033

Pattern and clinical profile of children and adolescent visiting Psychiatry Out Patient Department of tertiary health center amidst COVID pandemic- a cross sectional study

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Background: The COVID 19 pandemic with its unparalleled mental health repercussions has impacted people globally and has catalyzed a Mental Health pandemic among the youth. The detrimental effects on mental health needs to be pondered at the earliest.

Aims: To study the behavioral problems among children and adolescents visiting Psychiatry Outpatient Department Tertiary Health Care during COVID pandemic and its correlation with socio-demographic and clinical variables.

Methods: A cross sectional study was conducted by interviewing 120 participants between 4 to 17 years of age and their parents, visiting Psychiatry OPD. Behavioral problems were assessed using Strength and Difficulties Questionnaire and diagnosed by DSM-5. Statistical analysis was done by SPSS-21.

Results: Attention Deficit Hyperkinetic Disorder (18.3%) was the most frequently presented clinical diagnosis. Male participants showed significant association with conduct ($t=2.36$, $p=0.02$) and hyperactive problems ($t=5.07$, $p<0.05$). Increase in screen time showed positive correlation with conduct problems ($r=0.22$. $p=0.02$). Total difficulty score was significantly associated with difficult temperament ($F=68.69$, $p<0.05$).

Conclusion: The study brings to light the pattern of behavioral problems that emerged during recent times of uncertainties among the young ones including those with special needs. The increase in disruptive behaviors with increase screen time needs to be addressed at the earliest.

Keywords: pandemic, behavioral problems, screen time

PO-1-019

Deep phenotyping of a cohort of people with Autism Spectrum Disorder and potential neuroretinal alterations

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Background: Prevalence of autism spectrum disorder (ASD) is around 1% and the international bibliography documents a great clinical and biological heterogeneity within this dimensional category. It is necessary to perform an in-deep phenotyping of this population subgroup in order to advance in the knowledge of health indicators and their relationship with behavioral and psychopathological disorders.

Aims: To describe the presence of psychopathology in ASD population and to evaluate retinal alterations using Optical Coherence Tomography (OCT) as a potential non-invasive biomarker.

Methods: We will study the clinical-epidemiological profile of young people with ASD by applying psychometric instruments to evaluate mental and behavioral disorders. In addition, we will include other variables such as intelligence, somatic pathologies, head circumference, functionality, quality of life, etc., along with tomographic measurements.

Results: The expected results at the time of implementation of this project will be that people with ASD present mental and behavioral disorders more frequently than the general population. The type and severity of somatic and psychological disorders will differ between levels of ASD severity and other sociodemographic variables, as well as depending on the presence of accompanying intellectual disability. A neuronal alteration at the retinal level in people with ASD, quantifiable by OCT, will be estimated and compared to subjects without this nosological entity.

Conclusions: This research protocol could help to identify the complexity of care and psychic and somatic comorbidities with the support of OCT. In this way, it could help to organize clinical biotypescapable of predicting this subgroup population's therapeutic needs.

PO-1-107

Behavioral profiles in Intellectually Gifted Children with Learning Disability

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Intellectually Gifted Children (IG), defined by an IQ above the threshold of 95%ile using standardized scales, are known to show a peculiar behavioral profile -different from both typically developed and neurodivergent children- and frequent co-occurrence of neurodevelopmental disorders, emotional and behavioral symptoms and social challenges.

The aim of this study is to define the cognitive and behavioral profile of IG Children, with and without comorbidity with Learning Disability (LD) as compared to a group of peers having LD and normal IQ.

We studied 60 children and adolescent, both males and females, with an average age of 11 years, divided into 3 cohorts: IG children, IG+LD children, LD + normal IQ children. All participants received cognitive assessment with WISC-IV, psychodiagnostics surveys for both children and parents (Conners' Parent Rating Scale, Child Behavior Checklist 6-18y, Multidimensional Anxiety Scale for Children, Children's Depression Inventory) and Italian standardized tests for reading and writing (DDE-2).

Spearman’s correlation matrixes showed unique links between learning performance and emotional/behavioral symptoms, both children and parent-reported, specific for every single group studied.

IG+LD children displayed a peculiar negative correlation between writing performance, parent-reported oppositional behaviors and perfectionism (Spearman’s r=-0.66), as well as between reading speed and inattentive/restlessness symptoms (r=-0,68); whilst IG children showed positive correlation among writing performance, CDI’s subscales (r=0.7) and somatic complaints (r=0.6).

Our study suggests how co-occurrence of Intellectual Giftedness with a Learning Disability in children connotes a specific cognitive and behavioral profile, with strengths and weaknesses both mixed and unique, suggesting a “Double Exceptionality” phenotype.

PO-1-090

Psychological support for children, through emotional stabilisation, in situations of chronic stress and ongoing trauma

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Context: In situations of chronic crisis, such as wars, prolonged violence, forced migration, etc., children are affected by continuous traumatic exposure. In such contexts, it is sometimes difficult to provide psychological support to deal with the trauma because it is still ongoing.

Objectives: The aim of the proposed intervention was to provide relief to the children's distress, to help them contain their reactions to moments of anxiety despite the violence of the external context

Methods: The care package was based on the principles of emotional stabilisation. Four group sessions were organised in which, in addition to providing psycho-educational elements, the children, aged between 6 and 17 years, could exercises to stabilise emotions and manage stress. The exercises were culturally adapted to be understood and reused in daily practice.

Results: In the Central African Republic, which is affected by chronic crises for the past ten years, 445 children (55% girls, 45% boys), with an average age of 11 years, participated in this psychological support programme. The results showed that the children appreciated the intervention and that anxiety symptoms decreased.

Conclusion: In situations of chronic stress, where traumatic injuries cannot be treated in a sustainable way, this emotional stabilisation protocol may be an effective option to regulate anxiety symptoms for children.

PO-1-089

Levels and predictors of resilience, social support, and perceived stress among Jordanian undergraduate nursing students

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Introduction: Nursing students challenged with high levels of stress. Therefore, they need to have a strong resilience and social support to overcome the negative consequences of stress. The purpose of the study is to assess levels, relationships, and predictors of resilience, social support, and perceived stress among Jordanian nursing students.

Method: a descriptive, cross-sectional design was employed to assess levels, relationships, and predictors of resilience, social support, and perceived stress among 150 Jordanian nursing students chosen conveniently.

Results: The mean score of resilience was 71.61, with only 51 (34.0%) were resilient. The mean score of social support was (58.18), and the items' average was 4.84, indicating a moderate level. The total score of perceived stress was 22.32 indicating a moderate level. Different independent variables predicted resilience, social support, and perceived stress.

Conclusions: Conducting stress management programs, social support strategies, and resilience techniques are crucial for nursing students. Special attention should be directed toward family as an important source of social support.

PO-1-018

The challenging relationship between Factitious Disorder Imposed on Another (FDIA) and Autism Spectrum Disorder: a pediatric case

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Factitious disorder imposed on another (FDIA) consists in the intentional production or feigning of signs or symptoms in another person, involving most typically parents on their children.

Caregivers of children with autism spectrum disorders (ASD) may be at higher risk of being inappropriately suspected of FDIA. This may derive from the frequent association between ASD and multiple somatic issues, including recurring gastrointestinal problems, and headaches, that result in several visits and hospitalizations.

Therefore, professionals without specific expertise in ASD - particularly the high functioning type - may consider unexplained physical symptoms as signs of abuse, over-care, or exaggeration by their caregivers.

Here we report a relevant case regarding a 13-year-old boy with undiagnosed ASD whose mother was suspected of FDIA. He was referred for neuropsychiatric evaluation by the pediatric inpatient unit after a completely negative work-up for weight loss, dysphagia, and itchiness. He had history of more than 80 previous hospital admissions due to varying symptoms such as diarrhea, headaches, shortness of breath, with no clear evidence of "organic" disease. Moreover, the heterogeneous physical symptoms were reported mostly by his mother, who showed anxious-depressive traits, controlling behaviors, and low compliance to follow-up. The patient showed normal cognitive profile, positive ADOS test, blunted affect, and alexithymia, and was finally diagnosed with ASD with migraine and somatic complaints.

Our case suggests the risk of increased misdiagnosis of FDIA in parents of children with ASD. However, a diagnosis of ASD does not exclude the possibility of FDIA in a complex bidirectional interplay.

PO-1-075

Suicidal and death young children's thoughts and parental attitudes: comparing Western , Eastern European countries and China

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Negative parenting is a key aspect of the parent-child relationship and can contribute to children mental health problems. Suicide and death's thoughts are relatively frequent in young children. Two large population surveys compared parental attitudes effects on suicidal and death thoughts in primary school children. Data were collected in schools in Germany and Netherlands (West), Lithuania, Romania and Bulgaria (East) and in Tianjin (China). Questions on suicidal and death's thoughts came from DI (Dominic-interactive), a self-administered questionnaire for children. Parental attitudes were measured by PBQ (Parental Behavior Questionnaire) and PBAQ (parental behaviours and attitudes questionnaire) self-administered to the parents plus socio demographics, psychological distress (MH5 from Sf36) and Strengths and Difficulties Questionnaire (high total difficulties). Mothers were respondents for 5599 children; 4,356 children (949 West, 2,443 East and 963 China) had DI answers and a parental attitude.

Suicidal thoughts were: West 18,44%, East 18,91% and China 16,93% (no significant) whereas death thoughts were West 29,61%, East 19,73% and China 15,78% ($p<.00001$). Laxness, over reactivity, low caring and low autonomy were very different using over one SD for each country. Controlling for children sex ,age and region, main predictors for suicidal thoughts were single parenthood OR=1.66 and SDQ total difficulties OR=1.44; for death's thoughts the results were different: single parenthood remained, but over reactivity showed an OR= 1.27 , to belong to East or China decreased it OR= 0.83/ 0.39. This underlines the role of parental attitudes and situation as cultural environment to shape death's thoughts and suicidal ideation prevalence.

PO-1-105

Psychosocial Skills Development Protocol for Adolescents in Adverse Situations

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Background: In crisis situations such as forced migration or conflict, adolescents are likely to be victims of violence, abuse and neglect. They may lose access to education, health and livelihoods and be separated from their families or caregivers. Often adolescents may be forced to face the complexities of this developmental phase alone and be forced to become adults without being prepared.

Aims: To help adolescents cope with the challenges of their age, especially in complex situations of extreme vulnerability, we designed and tested a group psychosocial device.

Methods: The 8 sessions protocol was designed for adolescents between the ages of 12 and 18. To allow individual expression and group dynamics, the protocol is based on the use of culturally accepted mediations: collage and staging.

We included in the project adolescents attending school in the Basse-Kotto region of the Central African Republic and in the North Kivu region of the Democratic Republic of Congo, both of which have been affected by protracted humanitarian crises.

Results: 613 participated in the psychosocial support program. Adolescents were able to strengthen their psychosocial skills, learn to know and manage their emotions and in particular to reduce their anger, as well as to know how to set limits with respect to themselves and others. The quantitative and qualitative results will be presented.

Conclusion: This protocol has been tested in the Central African context where it has shown good results on self-esteem and wellbeing of adolescents affected by exposure to repeated conflicts and adverse life conditions.

PO-1-005

ADHD and medical conditions from early childhood to adolescence

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Importance: The comorbidity between medical and mental health conditions is challenging and frequently goes unrecognized in practice. Associations between Attention-Deficit/Hyperactivity Disorder (ADHD) and medical conditions have been reported in youth. However, prior research failed to: address the patterns of change from early childhood to adolescence within the same population sample, consider several medical disorders at the same time, take confounders into account.

Objective: To explore the associations between ADHD symptoms and a broad set of medical conditions across developmental periods (early childhood/middle childhood/adolescence).

Design: Prospective cohort study.

Setting: Canada (Quebec).

Participants: 2057 participants from the Quebec Longitudinal Study of Child Development were assessed from 5 months to 17 years.

Main outcome measures: Medical conditions and ADHD symptoms during early childhood, middle childhood, and adolescence. Potential confounders were sex and socioeconomic status.

Results: We found significant associations between ADHD symptoms and several physical conditions, some of which remained consistent across early childhood, middle childhood and adolescence (e.g., asthma, sleep problems), while others varied (e.g., epilepsy) or were systematically confounded by socioeconomic status (e.g., body mass index, dental caries).

Conclusions and Relevance: Medical conditions are highly comorbid with ADHD symptoms from early childhood to adolescence, mostly beyond confounders. This study pleads for integrated medical and mental health services from early childhood onwards.

PO-1-032

Changes in accesses for Children and Adolescents with Feeding and Eating Disorders during the COVID-19 pandemic

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Background: The COVID-19 pandemic had a substantial impact on the mental health of youngsters; however, the literature lacks large-scale research evaluating its consequence on children and adolescents with Feeding and Eating Disorders (FED). For this reason, we aimed to assess the effects of the pandemic on a young population under treatment at a third-level Italian Center between 2018 and 2021.

Methods: We compared two historical cohorts of youngsters (11-18 years old) diagnosed with FED, who received initial consultation at our Center before (01/03/18 - 31/10/19) and during (01/03/20 - 31/10/21) the pandemic. Demographic, clinical, nutritional, and treatment variables were assessed.

Results: The pool of patients comprised 479 patients (F=398, 83.1%), 205 (F=161, 78.5%) of which belonged to the pre-pandemic historical cohort and 274 (F=237, 86,5%) to the pandemic cohort (+33,7%). Results show an increased mean number of accesses/month (p=0,042) and a greater percentage of female patients admitted during the pandemic (p=0.042). Physical hyperactivity (p=0.022) and suicidal conduct (p=0.030) intensified, while fewer patients required hospitalization (p=0.013), and fewer psychiatric comorbidities were observed (p<0.001).

Conclusion: This study analyzes a large pool of youngsters affected by FED before and during the pandemic. According to previous research, the number of initial consultations raised, especially among females. Hyperactivity and suicidal conduct increased as well. However, patients showed lower metabolic instability and comorbidities. This was unexpected and may find an explanation in the growing public awareness of FED; nevertheless, long-term follow-up is necessary to confirm these results and assess any further evolution of the disorders.

PO-1-017

Change measures in sleep patterns of autistic children and adolescents with Prolonged-Release Melatonin (PedPRM, Slenyto ®)

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Higher rates of insomnia have been described in children and adolescents with Autism Spectrum Disorder (ASD) compared to typically developing peers. It is known how sleep disturbances have a negative impact on child development, health and quality of life. Therapeutic actions for the management of insomnia in children and adolescents with ASD are very limited. The first authorized treatment for insomnia in this population has been Prolonged-Release Melatonin (PedPRM, available commercially as Slenyto®).

This study aims to describe the impact on the sleep pattern, after the administration of four weeks of treatment with PedPRM (dose 2mg/day) in 16 autistic children and adolescents, with and without intellectual disability (mean age 6.7 years), recruited at the mental health and the neurology departments from a pediatric hospital. During this period, families completed a sleep diary and two sleep scales: Insomnia in school-age children with Asperger syndrome (Allik, 2006) and the Sleep Habits Questionnaire for Children with ASD (Malow, 2009) administered before taking PedPRM and in the last 2 weeks of treatment.

Results show around 50% of families reporting lower rates of intra-sleep awakenings (X2=0.0313). Specifically, a reduction in the number of nocturnal awakenings with disorientation (50% vs 25%; X2=0.021) and awakenings being difficult to communicate with the child (REM) (31.25 vs 18.75%; X2=0.004). Additionally, an improvement in nightmares rates (25% vs 12.5%; X2=0.009) was also observed. Globally, 18.75% reported a lower level of concern due to sleep problems. Despite these promising results, further research is needed to establish definitive conclusions.

PO-1-104

Trias-Study- mental health, nutrition and biologic parameters in competitive sports and dance

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Purpose: Dancers and athletes deal with unique health aspects, based on the balance of strength, endurance, optimal health condition, appearance, and success. This prospective study investigates the association of dietary habits, mental wellbeing, and certain biological parameters (Leptin, Brain-derived neuropathic growth factor) in adolescent dancers and athletes.

Methods: We asked participants to complete psychometric questionnaires, participate in a short physical exam (height, weight), measurement of body composition (Bod Pod) and a blood test to determine Leptin and BDNF.

Results and Discussion: A total of 46 dancers and athletes participated in the study (29 young women, 17 men). Body composition was associated with type of training and 15 participants were ultra-lean or had body fat percentages considered risky. A risk for Relative Energy Deficiency (Red-S) was detected in 13 participants. Leptin levels differed significantly between dancers and various types of sports and 14 participants had levels ≤ the 5th BMI adjusted percentile. BDNF levels did not differ among dancers and athletes. According to the Beck Depression Inventory 6 participants had mild, 4 moderate and 1 severe symptoms of depression.

Conclusion: There is considerable risk for RED-S in young dancers and athletes based on low body fat and leptin levels. Approximately 25% of participants showed symptoms of depression. More research is needed to substantiate these findings.

PO-1-004

Mapping factors facilitating resilience in mothers - potential clinical relevance for children with ADHD

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Background:

Maternal resilience has been linked to treatment outcomes in offspring with ADHD. However, not much is known about factors that may facilitate maternal resilience. Studies have pointed to a complicated and mutual relationship between ADHD, resilience, and attachment. Further, in a previous study, we found a remarkably high frequency of insecure attachment representation in children diagnosed with ADHD as well as their mothers.

Aim:

The aim of this study was to explore factors including attachment style, potentially facilitating resilience in mothers to children with ADHD.

Method:

The current study was part of a naturalistic observational study. 64 mothers to children diagnosed with ADHD completed a set of questionnaires and a short protocol including demographic and psychosocial items. Correlation matrices were estimated for each of the scores to establish the relationship between them.

Results:

We found significant negative correlations between maternal self-reported attachment style on the Experience in Close Relationships Scale (ECR) and self-reported resilience on the Resilience Scale for Adults (RSA) and between self-reported ADHD symptoms and resilience score.

Conclusion:

Attention Deficit Hyperactivity Disorder (ADHD) is one of the most common neurobiological disorders in childhood. Hence, there is a continued need to explore factors determining the long-term outcomes. The findings of this study indicate that selected factors in maternal functioning such as attachment security may contribute to the development of resilience, which may, in turn, be a factor of importance when parenting a child with inborn difficulties.

PO-1-016

Effectiveness of Internet-Based Parent Training Focusing on Group Interaction for Japanese Parents of Children with Neurodevelopmental Disorders.

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Background

Parent training is an effective intervention for parents and children with neurodevelopmental disorders. In recent years, parent training has been implemented using online technology. However, most of these online parent training is the on-demand type. Few studies have conducted real-time online group-parent training as has been done in traditional face-to-face parent training. This study evaluated the effectiveness of real-time online group parent training conducted in a group format with parents of children with neurodevelopmental disorders on quality of life, psychological state, and behavioral changes in parents and children.

Methods

The 23 parents (21 females and 2 males) of children diagnosed with or suspected neurodevelopmental disorders participated. We have developed real-time online group-parent training based on the Tottori University style, and that can be implemented online as a pilot study. The Parenting stress, parenting attitudes, mental health, and child-inappropriate behavior scores measured before and after the intervention began were analyzed using paired t-tests.

Results

The average participation rate was 84.2%, and the average submission rate for homework was 66.6%. The result of the intervention, significantly improved the quality of life, parenting stress, and negative parenting behavior in parents. Moreover, Significant improvements were found in the externalizing problems and total score on the Child Behavior Check List in participants' children.

Conclusion

The results of this study suggest new evidence that real-time online group parent training may be as effective as face-to-face parent training in improving the quality of life, psychological state, and behavioral changes in parents and children.

PO-1-103

Determinants of Delayed Transfers of Care in East Midlands region oF the UK

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Background -the delayed transfer of care from an Nhs bed to the community is a major cause of bed blockage which leads to restriction of patient flow. This has led to an escalation of the shortage of beds all across the UK. The statistics published last year showed that the inability of older patients to move in to social care beds as the primary cause for this delay.

This study is an attempt to look at the wide variety of causes that lead to a delay in discharges and what can be done about this.

1)Speaker 1- we will explore the human factors as well as the ward factors in an NHS child and adolescent inpatient unit which can lead to the delay in discharge. He will also compare the differences in the radius units in the East Midlands and see whether the factors that are leading to the delay in discharge are universal across the units or are specific to each of the units.

2) Speaker 2-We will look at the delays that are caused once the patient is fit for discharge on the unit which are extraneous to the unit. He will look at the delays of input from supporting agencies including social services. He will look at an average length of responses across various counties.

Speaker 3-Discussant-the discussant will look at possible solutions to decreasing the delay in discharge as well as ways of speeding up the flow of patients through the service

PO-1-102

The role of the regulatory expert in developing telTaz – a child-centred, mental health app

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Background: A group of healthcare professionals at UCD are building a digital mental health app- called *telTaz* to assist with the detection of mental health symptoms in children aged 4-13 for screening, assessments and for monitoring healthcare, using items from the “My Feelings Form” (Mulligan et al., 2022). A digital tool should allow scalable, rapid assessments, so that healthcare can be targeted to those with most needs. However, developing a go-to-market digital platform which is safe, evidence-based, scalable and compliant is complex in an ever-evolving international regulatory landscape.

Aim: We demonstrate the role of collaborating with a medical device regulatory expert early in the life cycle of our app to ensure regulatory compliance in different jurisdictions.

Methods: The Regulatory Readiness Level (RRL) tool, which has been developed by researchers in TU Dublin as a method of guiding researchers through the appropriate regulatory framework, was applied to the telTaz platform to assess its compliance to required standards and regulations.

Results: (1) The RRL comparison process indicated that all necessary tasks required in regulatory compliance are being followed by the telTaz group at this point in development and (2) assessment using the RRL tool prompted telTaz researchers to maintain a clear, transparent record of supporting documentation for future regulatory assessments.

Conclusions: Early collaboration with a regulatory expert and use of the RRL tool provided us with clear guidance on how to create a regulatory-ready digital healthcare tool.

PO-1-101

Neuropsychological features in RASopathies: A pilot study on parent training program involving families of children with Noonan syndrome

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Noonan syndrome (NS) is a clinical variable multisystem disorder caused by mutations in genes encoding proteins involved in the RAS/mitogen-activated protein kinase signaling pathway. NS is characterized by a distinctive facies, short stature, and congenital heart defects. Psychomotor delay, learning difficulties, and social deficits are also common. Furthermore, behavioral and attention problems can be reckoned as a key symptom in NS, with functioning resembling the patterns observed in attention deficit hyperactivity disorder (ADHD). The complex behavioral phenotype has great impact on the quality of life and raises demanding management issues also for patients' families. Parent management training (PMT) is recommended as first-line treatment for ADHD; however, no study has been performed to test the efficacy of PMT in NS, thus far. The aim of this pilot study is the implementation and evaluation of a PMT dedicated to NS families. Parents of seven children with NS were recruited and underwent to a 10-session PMT. Three different questionnaires were administered to both parents: Conners Parent Rating Scales, Parenting Stress Index Short Form, and Alabama Parenting Questionnaire. Our findings indicate that positive perception and satisfaction about the child and the interaction with him increased in mothers after the intervention, while mothers' level of stress decreased. Statistical analysis on fathers' questionnaires did not show significant differences after the PMT sessions. This pilot study suggests that PMT is a promising intervention for parents of NS children with behavioral and ADHD symptoms.

PO-1-088

Traumatic experiences of Lithuanian children. Data from forensic psychiatric evaluations made in Lithuanian National Forensic Psychiatry Service under the Ministry of Health during 2017-2021.

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Introduction: Exposure to violence is often traumatic and can evoke toxic responses to stress that cause both immediate and long term psychological damage. According to State Child Rights Protection and Adoption Services about 1000 children are being abused in Lithuania each year. In order to clarify the impairment of mental health of victims under 18, around 150 forensic evaluations are made in Lithuania per year. With this work, we aimed to determine demographic characteristics of child abuse victims in our country and explore the consequences of these crimes.

Method: 756 forensic reports of child abuse victims given by Lithuanian National Forensic Psychiatry Services during the years 2017-2021 were analyzed retrospectively.

Results: 62 % of all evaluated victims were girls. The mean age during forensic evaluation was 11,46 (± 3,9). Almost half of the children (46,5%) were victims of sexual crimes: 16,2 % were molested, 15,5 % experienced sexual abuse and 14,8 % were raped. 18,3 % of victims experienced multiple types of abuse. As a result of the crime, 7,5 % of victims were suffering from PTSD, 16,6 % had emotional disorders and 33,0 % were diagnosed with reactions to severe stress. Intellectual disability of any degree was found in 14,5 % of victims and 25,3 % had various comorbid psychiatric diseases.

Conclusions: Our findings show that the percentage of sexual crimes is higher in victims who were evaluated by a forensic psychiatrist while compared to the general population where physical abuse is the most common type of traumatic event.

PO-1-100

Evaluation of the Effect of Computer Vision Syndrome on the Psychosocial Status of Pediatric Patients

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Objective: To examine the effects of computer vision syndrome (CVS) on the psychosocial status of pediatric patients.

Method: In this study, a total of 33 patients (6 boys, 27 girls) with digital screen exposure-related dry eye symptoms were evaluated with the Schirmer test, tear break-up time (TBUT), and ocular surface disease index (OSDI) at the time of diagnosis and after treatment. Additionally, patients were evaluated with the quality of life and the anxiety and depression scales for children.

Results: The mean age and mean screen exposure of patients were 13.9±2.5 years and 5.5±2.3 hours, respectively. After treatment, TBUT and Schirmer test values of the patients increased significantly, while OSDI values decreased ($p < 0.05$ for all). The anxiety scores of the patients decreased ($p = 0.004$) while the physical, emotional, and school functionality scores increased ($p < 0.05$ for all) with treatment. There were a significant negative correlation between the Schirmer values and anxiety scores ($r = -0.357$, $p = 0.045$) and a positive correlation between the OSDI and total psychosocial scores ($r = 0.721$, $p < 0.001$).

Conclusion: Since digital screens are widely used, the age to meet digital screens is gradually decreasing. Studies have reported digital screen usage rates of up to 92.7% in the pediatric population. In this study, decreased anxiety and increased functionality scores, correlated with dry eye severity, were found after dry eye treatment. It can be concluded that dry eye disease has psychosocial effects, which may decrease after appropriate treatment, in pediatric patients.

PO-1-099

Defenestration in adolescents

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Defenestration in adolescents

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Introduction:

Defenestration represents the act of throwing yourself out of a window. Although, in the last two years, because of the social isolation associated with COVID-19 pandemic, the number of defenestration cases increased[1].

Objectives:

The objectives of this study were to analyse the cases of adolescents hospitalized in Child and Adolescents department of Alexandru Obregia Hospital of Psychiatry, who presented an episode of defenestration.

Methods:

The study group was composed of 8 adolescents. The diagnoses were established using DSM-5 and ICD-10. Quantitative and qualitative methods were used.

Results:

There are 8 cases of defenestration in adolescents hospitalized in our clinic between 2020 and 2022. The associated factors identified were: family history of psychiatric disorders (62,5%), impulsivity (62,5%), family conflicts (87,5%), inadequate family support (87,5%), experienced school pressure (75%), history of bullying (75%), playing video games excessively (50%), social isolation (87,5%), never being under pharmacological treatment (50%), never benefiting from psychotherapy (75%)1I8.

Conclusions:

The obtained results are in accordance with other similar studies[1]. There were some associated factors involved in all defenestration cases that were studied. Defenestration in adolescents is a topic that still requires further research.

References:

Chaffard-Luçon MP, Beltzer N, Rigou A, Claudet I. Child defenestration: An unexpected collateral effect of the first COVID-19 lockdown! Arch Pediatr. 2022 Apr;29(3):249-252.

PO-1-098

Mental Health Information Reporting Assistant (MHIRA) - software presentation, hands-on training and discussion

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Electronic health records are a very useful tool to organise patient files and are mostly used for administrative purposes. Psychometric assessments can help structure clinical practice and support sound clinical decision-making. However, the workload associated with the use of paper-pencil psychometric instruments is high.

MHIRA (https://mhira.app) was developed to facilitate the use of psychometric instruments. The software was developed together with clinicians from low- and middle-income countries and it is available open source.

In this workshop, the software and its functionality will be presented. The workshop provides hands-on training on:

- Creating instruments in the 'xlsform' format (https://xlsform.org)

- Creating patient files.

- Planning and scheduling assessments.

- Generate automatic reports.

Our current experience shows that clinicians have different attitudes towards electronic tools in clinical practice. Therefore, the final part of the workshop will be an open discussion on benefits, barriers and risks in the usage of such tools.

PO-1-097

A qualitative study of adolescents' and parents' experiences of facilitators, mechanisms of change and outcomes in a joint emotion regulation group skills training

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Abstract**Background:** Emotion regulation difficulties underlie several psychiatric conditions, and treatments that focus on improving emotion regulation can have an effect on a broad range of symptoms. However, participants' in-depth experiences have not been much studied. In this qualitative study, we investigated participants' experiences of facilitators, mechanisms of change, and outcomes in a joint emotion regulation group skills training in a child- and adolescent psychiatric outpatient setting.

Methods: Twenty-one participants (10 adolescents and 11 parents) were interviewed about theire experiences after they had participated in a joint emotion regulation skills training. The interviews were transcribed and analysed using reflexive thematic analysis.

Results: The analysis resulted in three overarching themes: Parent – Child processes, Individual processes, and Group processes. The result showed that participants considered an improved parent-child relationship to be the main outcome. Increased knowledge, emotion regulation skills and behavioural change were conceptualised as both mechanisms of change and outcomes. The group format, and the fact that parents and adolescents participated together, were seen as facilitators. Furthermore, the participants experienced targeting emotions in skills training as meaningful and helpful.

Conclusion: The results highlight the potential benefits of providing emotion regulation skills training for adolescents and parents together in a group format to improve the parent-child relationship and enable the opportunity to learn skills.

PO-1-040

Building a positive relationship with food and your body: Co-producing a digital platform to allow earlier access to support

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Eating disorders have increased exponentially over the COVID period. This has resulted in long waiting lists and go against the evidence that suggests that the shorter the duration of onset of symptoms to start of treatment, the better the prognosis. Due to all these pressures, there has been less time for community eating disorder services to focus on earlier interventions, whereby the symptoms may be less entrenched and more malleable to change. As such, East London Foundation Trust, North East London Foundation Trust, Barnardo's, East London Business Alliance and NHS England & Improvement, worked in partnership to develop lower intensity self-help modules that young people, carers and professionals. This enabled them to access materials around tackling body image concerns, education around normal eating and learn some skills/advice on how young people, parents/carer and professionals can support their young people with feeding/eating difficulties, body image concerns and early stages of eating disorder. The process of co-producing this website will be shared in poster presentation format.

PO-1-096

The Ecological Validity in Neuropsychological Assessment: Functional Magnetic Resonance Imaging Study with Pediatric Systemic Lupus Erythematosus

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Ecological validity is defined as the degree to which clinical tests of cognitive functioning predict functional impairment. We investigated neuropsychological tests' ecological validity in assessing pediatric SLE patients by examining the predictive relationship between neurocognitive test scores and functional neuroimaging. Seventeen SLE patients and eight age- and sex-matched healthy controls underwent brain resting-state fMRI (TR=2000ms; slice thickness=3mm, 180volume) and Wechsler Intelligence Scale for Children-IV (WISC-IV). Between-group comparisons were performed with two-sample t-test; One-way ANCOVA was used for correlations with neuropsychological measures. The SLE group had significantly lower scores of the Verbal Comprehension and Perceptual Reasoning Index of WISC-IV. Regarding correlation with Working Memory Index, SLE patients showed decreased resting-state functional connectivity (RS-FC) in left frontal pole, middle and inferior frontal gyrus. Considering significant correlations with Processing Speed Index; SLE patients exhibited decreased RS-FC in the right insular cortex, right temporal pole, right frontal operculum cortex, left

supramarginal gyrus, left postcentral gyrus. Considering significant correlations associated with Perceptual Reasoning Index; SLE patients exhibited decreased RS-FC in left putamen, left pallidum, left amygdala; increased RS-FC in frontal medial cortex, paracingulate gyrus, left lateral occipital cortex superior division, left angular gyrus, left supramarginal gyrus posterior division, left superior parietal lobule. In autoimmune diseases with neuropsychiatric involvement, neuropsychological assessment is often requested to assist clinicians in evaluating the role of cognition in patient's level of everyday functioning. This discrepancy between fMRI and neuropsychological tests of SLE patients indicates that studies should aim to develop and standardize batteries for cognitive subdomains with high ecological validity.

PO-1-067

PROSA: Antipsychotic-induced hyperprolactinemia and growth – should we be concerned?

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Background: Hyperprolactinemia and associated side-effects are still a common challenge when treating children and adolescents with antipsychotics. However, knowledge regarding the consequences of antipsychotic induced hyperprolactinemia on height and pubertal development is sparse. This knowledge is essential, given that children and adolescents are treated with antipsychotics during a period of growth spurts and sexual maturation.

Aim: The PROSA study aims to investigate whether antipsychotic induced hyperprolactinemia is associated with disturbances in height and pubertal development.

Methods: In this retrospective cohort study, we are studying a population of children and adolescents aged 7-18, who are treated with antipsychotics. The aim is to include a population of 385 patients from the Child and Adolescent departments in North Denmark Region, Central Denmark Region and Capital Region of Denmark. Using medical records, area under the curve for prolactin exposure during antipsychotic treatment will be investigated for association with current height and Tanner stage, obtained during a medical examination as part of the study.

Results: Preliminary data will be presented at the conference.

Discussion: Knowledge regarding consequences of hyperprolactinemia induced by antipsychotics in children and adolescents are needed, as current guidelines on how hyperprolactinemia should be handled are contradicting and more based on consensus than a solid evidence base. The PROSA study aims to fill out some of these gaps in knowledge, to strengthen the guidelines on how to handle hyperprolactinemia during antipsychotic treatment of children and adolescents.

PO-1-031

Coping mechanism in adolescents with emotional disorders during the COVID-19 pandemic

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Introduction: Coping strategies are characterized by cognitive, emotional and behavioral responses to negative and stressful life events, usually divided in emotion-focused and problem-focused categories. Identifying cognitive and emotional coping resources of patients diagnosed with a psychiatric disorder may help mental health professionals to adapt their clinical and psychotherapeutic interventions.

Objectives: The purpose of this paper is to identify what coping mechanisms are used by patients diagnosed with an emotional disorder in our Child and Adolescent Psychiatric Department from “Prof. Dr. Al. Obregia” Psychiatric Hospital from Bucharest, during COVID-19 pandemic.

Methods: Our study consisted of a clinical group represented by 97 patients diagnosed with emotional disorders in our department and a control group, with ages between 13-18, to whom we applied CERQ (Cognitive - Emotion Regulation Questionnaire).

Results: Preliminary results in the clinic study lot show a tendency in the 16-18 age group, in both male and female patients, to adopt a variety of coping strategies with an inclination towards the dysfunctional ones, compared to the 13-15 age group, where they seem to use less coping strategies without a significant quantitative differentiation between the adaptive and less adaptive ones. Increased symptom severity has been correlated with increased adoption of dysfunctional coping strategies.

Conclusions: The results observed until now in the clinical study group correlates with those from the literature which mention that Rumination, Catastrophizing and Self-blame are associated with the presence of psychopathological symptoms.

PO-1-095

Therapeutic-Educational Treatment in adolescents with mental disorders

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Background: The prevalence of mental disorders in children and adolescents is 20%. There are Therapeutic-Educational Units aimed at primary school children, with positive results. The adaptation of these resources to Secondary School (ESO) is promising.

Objective: To analyze the possible relationship between the clinical diagnosis and measures of educational success (ESO accreditation and guidance for post-compulsory education), in adolescents with mental disorders schooled in Specific Shared Schooling Unit (UEC-E).

Method: The profile of the patients is young people in the second cycle of ESO with serious mental disorders, who make it difficult to function properly in the ordinary educational center. Between the 2013-2014 and 2021-2022 academic years, a total of 103 young people have gone through the resource. Two clinical psychologists go to these resources in order to offer an intensive psychological intervention in the natural context (individual, group, and family interventions and therapeutic advice to the educational team).

Results: From these 103 young people, 69 (67%) have completed compulsory training and 46 (45%) have accredited ESO. A Chi-square test for independence indicated no significant statistical association between type of diagnosis and ESO accreditation, $X2$ (1, n = 101) = 0.244. In the same way, a Chi-square test for independence indicated no significant statistical association between type of diagnosis and guidance for post-compulsory education, $X2$ (1, n = 91) = 0.567.

Conclusions: It is necessary to enlarge the sample to improve the validity of the results. It would be advisable in future research to make comparisons with a control group.

PO-1-015

ENACT - Enabling parents of children with autism spectrum disorders – a randomized controlled trial of parenting programs

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Autism spectrum disorders (ASD) are disabling and impairing conditions affecting 1% of children. The parent role in ASD is stressful and demanding, as parents are the primary caretakers supporting their child often well into adulthood. Parents are in need of evidence-based support, not only to best help their child, but also for their own health. There is, however, a lack of research on parent guidance and little knowledge on how to best help parents. This motivated the currents study, ENACT, a multicenter randomized controlled trial of parent guidance. Parents of children aged 3-6 years with a diagnosis of ASD are invited to participate. After completion of baseline questionnaires, parents are randomized to receive the Incredible Years – ASD module - or a three-day standardized psychoeducational course (treatment as usual). We aim to include 200 families.

The main outcome measure is the Parent Stress Index-Short Form, with secondary outcome measures including the Pediatric Quality of Life Inventory, the Parent Sense of Competence Scale, the The Vineland Adaptive Behavior Scales as well as a measure of service and resource use. Measures are collected as parental self-report before and after intervention, as well as 12 and 24 months after completed intervention.

To date we have included and randomized 50 families in three sites. Both interventions are feasible and have been well received by clinicians and parents. The project has been successful in increasing the availability of parent guidance and in creating more standardized and equal services for all parents across the participating sites.

PO-1-003

Phenome-wide association study of ADHD genetic liability and ICD-10 medical conditions in the Estonian Biobank

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Background: Attention-deficit hyperactivity disorder (ADHD) is typically a childhood onset disorder which often persists into adulthood, but is extremely underdiagnosed in adults. Moreover, little is known about the medical comorbidities in undiagnosed adult individuals with high ADHD liability. In this study we investigated associations between ADHD genetic liability and electronic health record (EHR)-based ICD-10 diagnoses across all diagnostic categories, in individuals without ADHD diagnosis history.

Methods: We used data from the Estonian Biobank cohort (N=111,261) and generated polygenic risk scores (PRS) for ADHD (PRS_{ADHD}) based on the latest ADHD genome-wide association study. We performed a phenome-wide association study to test for associations between standardized PRS_{ADHD} and 1,515 EHR-based ICD-10 diagnoses in the full and sex-stratified sample. We further ran a causal mediation analysis to explore the effect of depression on the identified phenotypes.

Results: After Bonferroni correction ($p=3.3x10^{-5}$) we identified 80 medical conditions associated with PRS_{ADHD}. The strongest evidence was seen with obesity (OR=1.13, CI=1.11-1.15), type 2 diabetes (OR=1.11, CI=1.09-1.14), mental disorders due to alcohol use (OR=1.13, CI=1.09-1.16) and depressive episode (OR=1.06, CI=1.05-1.08). Sex-stratified analysis generally showed similar associations in males and females. The results from causal mediation analysis indicated that depression was a significant mediator for all medical conditions (except depression diagnosis).

Conclusions: Overall our findings indicate that ADHD genetic liability is associated with an increased risk of a substantial number of medical conditions in undiagnosed individuals. These results highlight the need for timely detection and improved management of ADHD symptoms to reduce the health risks in adulthood.

PO-1-054

Prenatal caregiving representations affects mother-infant interactions at 16 weeks among mothers with severe mental illness

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Motherhood begins during pregnancy, where women develop internal representations of the relationship with their child and self-as-mother. This study investigates the significance of prenatal maternal representations for the quality of mother-infant interactions at 16 weeks after birth among mothers with schizophrenia, bipolar disorder, depression, and non-clinical controls.

Participants are mothers and their infants from the WARM-cohort. Prenatal representations were assessed with the Prenatal Caregiving Experience Questionnaire (PCEQ). The PCEQ is an attachment-based measure assessing four dimensions: Enjoyment (caregiving as joyful), heightened (separation anxiety from the child), helplessness (overwhelmed with caregiving), and role reversal (child taking care of mother). Mother-infant interaction was assessed during the five-minute recovery phase of the Still Face at 16 weeks and coded with the Coding Interactive Behavior Manual.

Future mothers with schizophrenia experienced higher levels of ‘heightened’ caregiving representations while mothers with bipolar disorder experienced higher levels of ‘helpless’ caregiving representations – both compared to other groups. Prenatal representations of ‘role reversal’ predicted lower levels of maternal sensitivity at 16 weeks.

The results suggest that particularly women with schizophrenia and bipolar disorder experience the transformation to motherhood as emotional difficult. They may profit from interventions supporting adaptive emotion regulating strategies. Furthermore, prenatal screening of caregiving representations could help identify less sensitive mothers. As maternal sensitivity is a predictor of infant secure attachment, such initiatives may be an important first step in preventive parenting interventions.

PO-1-066

Cognitive functions in adolescents diagnosed with a first psychotic episode: a five-year longitudinal follow-up study.

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Background: Early onset schizophrenia (EOSZ) and bipolar disorder (EOBD) are considered more severe forms than adult-onset psychotic disorders. Cognitive difficulties are one of the core symptoms in both schizophrenia and bipolar disorder, nevertheless there are very few longitudinal studies that assess the evolution of cognitive functions in these samples.

Methods: 35 patients diagnosed with an EOSZ or EOBD and 50 healthy controls (HC) were included at baseline and at five-year follow-up. Intelligence, verbal memory, working memory, attention and executive functions were assessed in all subjects. Mixed models were conducted with group, time and time x group as fixed factors. Socio-economic status, total PANSS at baseline and age were included in the model if $p<0.05$.

Results: EOSZ (attention: $F= -4.289$, $p<0.001$; working memory: $F=-2.658$, $p=0.007$; verbal memory: $F= -5.606$, $p<0.001$; executive functions: $F=-7.951$, $p<0.001$) and EOBD (attention: $F= -2.814$, $p=0.004$; working memory: $F=-2.173$, $p=0.029$; verbal memory: $F=-4.597$, $p<0.001$; executive functions: $F=-5.993$, $p<0.001$) showed significant difficulties in all cognitive areas compared to HC. Although EOSZ and EOBD increased their scores in all cognitive functions in the first five years of the disorder, difficulties in cognitive functions detected at baseline remain stable at follow-up. No interaction time x group was observed. There was no detectable decline in any cognitive domain.

Conclusions: Cognitive difficulties were detected in EOSZ and EOBD and at least during the first five years of evolution, they seemed to be stable in our sample.

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PO-1-039

The Voice of Anorexia. A Software-based, Multiparametric, Case-control analysis of the voice of children and adolescents with Anorexia Nervosa

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Background: Disturbances in the quality and modulation of the voice (dysphonia) in individuals with Anorexia Nervosa (AN) have occasionally been reported due to organic and psychopathological factors. This study in progress, a collaboration between childhood neuropsychiatrists and speech therapists, aims to provide a software-based analysis of the voice of girls with AN, compared to healthy controls.

Methods: Case-control study. The voice of the involved individuals was studied with the University of Amsterdam's "Praat" ("talk") software. The Acoustic Voice Quality Index (AVQI), Fundamental Frequency (F0), Yanagihara's Spectrographic Dysphonia Classification, and "GIRBAS" perceptual qualitative voice rating were investigated. Assessments for Vocal Fatigue (VFI) and Reflux Symptoms (RSI) Indexes were performed. Puberty-related voice changes were considered. Preliminary data on a pilot sample (age 14.8 +/- 1.1 years) are presented.

Results: Six girls with AN and 12 age- and sex-matched controls (1:2) were enrolled. The VFI revealed a greater impairment for AN patients in the tiredness of voice/voice avoidance (VFI-1, p=0.002) and physical discomfort/pain during phonation (VIF-2, p=0.024). Reflux-related scores were greater in AN as well (p=0.003). AVQI measures (p=0.054), Fundamental Frequency, and GIRBAS scores were comparable between the two groups. Yanagihara's Spectrographic Classification was pathologic in 66% of AN patients, but no statistically significant difference emerged (p=0.793).

Discussion: AN girls showed increased vocal fatigue, pain during phonation, and signs of gastroesophageal reflux. These may reflect reduced chordal mass, insufficient subglottic pressure, or organic chordal pathology. Spectrographic and acoustic measures were provided. Full-sample data, endoscopic studies, and longitudinal research should expand these preliminary findings.

PO-1-053

Case Presentation: Psychiatric comorbidity with Microduplication Chromosome 15q11-q13

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Introduction:

Duplications of the Prader-Willi/Angelman critical region (15q11-q13) are a recognized genomic syndrome, wherein the most commonly observed features include: phenotypic, endocrinological, neurological and psychiatric symptoms (autism, developmental delay, intellectual disability and behavioural difficulties). Mood disorders and Psychosis occur less frequently.

We aim to:

(1) describe a case with comorbid psychosis

(2) discuss the differential diagnosis with functional psychosis

Case:

The evening before admission, the 16-year-old special needs student wore his father's clothes and his mother's sunglasses, took a bucket full of empty bottles and wanted to go to school. Gradual behavioural changes were observed beforehand.

On Mental State Examination he was lightly disoriented, with slow processing speed and increased response latency. He had ideas of reference and delusions of grandeur (e.g. could heal others). Being an only child, he claimed having a twin sister and thought his parents were impostors. He was observed talking to himself (auditory hallucinations).

Previous diagnoses were mixed disorders of conduct and emotions, developmental delay and Microduplication 15q11-q13.

Results and discussion:

MRI and EEG were normal, the blood test showed a mild increase in CRP. No acute organic cause was identified and the symptoms did not wax and wane, ruling out a confusional syndrome. As the microduplication of chromosome 15q11-q13 has been described as a rare risk factor for schizophrenia and other psychoses, we diagnosed an organic psychosis.

Total remission was achieved with Risperidone 5 mg/day. We highlight the importance of ruling out organic causes before diagnosing a functional psychosis.

PO-1-002

Safety and feasibility of home-based tDCS in children and adolescents with ADHD

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Objective: Not all individuals suffering from attention-deficit hyperactivity disorder (ADHD) can benefit from conventional treatment methods, such as stimulant medication and psychotherapy. Moreover, compliance towards treatment can be impaired by side effects. There is a need for further interventions to improve treatment effectiveness while at the same time ensuring the integrability of treatments into everyday life. This double-blind sham-controlled study investigates feasibility and therapeutic potential of home-based transcranial direct current stimulation (tDCS) as a new treatment approach.

Method: Children and adolescents with ADHD (*n* =44, without psychopharmacological treatment) received ten sessions of anodal, multichannel, individualized sham or verum tele-tDCS (2 mA, 20min.) over dorsolateral prefrontal cortex (dlPFC) within three weeks while completing a working memory training. Electrode montage was based on each participant's individual MRI scan or age-typical structural features. Questionnaires on symptom severity, as well as on safety and feasibility of home-based tDCS were used.

Results: Home-based tDCS was well tolerated with mostly transient side effects, most often itching (52%). No serious adverse events occurred. Non-adherence was below 4%. Overall, participants felt well-instructed and were satisfied with the treatment and support. Anodal tDCS over bilateral dlPFC also reduced symptom severity on the ADHD rating total scale (verum vs. $sham_{post\text{-}treatment}$: p=0.05, Cohen's d=0.68).

Conclusion: This is the first double-blind randomized clinical trial of home-based tDCS as a treatment approach for children and adolescents with ADHD. The study results illustrate that home-based use of tDCS is safe and feasible in the everyday life of ADHD-affected children and their families.

PO-1-001

Digitally-assisted parent training intervention for parents of children having ADHD

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Attention-deficit/hyperactivity disorder (ADHD) is one of the most common neuropsychiatric disorders in childhood and the families could benefit from parent training. However, long waiting times and lack of such services are common. Digital interventions may overcome these barriers, such as limited resources, logistic challenges and stigma related to help-seeking. Digitally-assisted programs have high potential to reach parents having a child with ADHD with a timely and inexpensive way. Therefore, our aim was to develop and assess a digitally-assisted parent training program to promote parent-child relationship and child´s behavior by supporting parents with a child recently received an ADHD diagnose. The intervention was a compact, Internet-based parent training program that provided three weekly themes and associated telephone sessions with a healthcare professional trained for a parent training. The themes were related to positive parenting skills and problem-solving abilities, such as noticing good in child, strengthening positive actions, anticipating situations ahead and planning daily situations and routines. The content and structure of the developed program were evidence-based. Pilot study will be conducted in 2023. The pilot study will provide information about the use, acceptability and feasibility of the parenting program, aiming to further improve the outcomes for families of children with ADHD. Overall, we expect a benefit in parent-child relationship and in behavioral difficulties of the child.

PO-1-038

Intensive Outpatient Eating Disorder Services: An enhanced, flexible addition to eating disorder service provision?

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During the pandemic there has been a surge in eating disorder (ED) presentations, with referrals tripling in some areas of England. With this, there has been an increased demand for admissions to acute medical settings, for physical stabilisation, and in psychiatric inpatient units. Although there is no clear difference in outcomes for people with EDs being treated in the inpatient setting in comparison to community/outpatient setting, evidence is emerging of advantages in treating adolescent EDs in specialist community-based ED services, accessible directly from primary care. Community treatment has better young person (YP) and parent/carer acceptability and is more cost effective than inpatient care.

It important to ensure that YP have robust access to community-based treatments that can provide a range of interventions, both physical and psychological, in the community. Keeping young people at home is likely to improve quality of life, and fits with current clinical evidence. However, existing community outpatient models whereby YP contact with services ranges from x1-x2h per week may be sufficient. The purpose of intensive outpatient service (IOS) is to provide enhanced support to YP and their families in a community setting, though scaffolding of care (step-up) and also allow earlier step-down from inpatient services through the more robust enhances care offer they provide.

This presentation presents the findings from a scoping review, young person and carer input and learnings from existing service leads to inform a definition of IOS, eligibility criteria, working models (incl. therapeutic models) and staffing mix/competencies for an IOS for EDs.

PO-1-094

Fairy tales as a transdisciplinary tool for preventing risk and promoting quality of life in early childhood: Findings from preschool settings in Cyprus.

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Quality of life (QoL) in children is often examined with distinct approaches that have rarely been discussed jointly. However, recent findings indicate that QoL in early childhood is a multifactorial concept and it should concern children's physical, mental, social, and emotional development. Failure to prevent risk during early childhood can have impact on individuals' long-term functioning and QoL later in life. This is a case study of the writing and use of science – based fairy tales as a transdisciplinary prevention tool in preschool settings in Cyprus, used by professionals to promote QoL in children by focusing on four health aspects including mental, physical, emotional and social health. Five different preschool settings in Cyprus accommodating children 2-5 years old, have been trained and currently using the fairy tales as an innovative tool to prevent risk and promote QoL in children. Professionals use the fairy tales through interactive activities including: 1) interpretation of the story content, the behaviour of characters and their actions, 2) illustrations, crafts, free play and 3) music-kinetic performances. Current outcomes suggest fairy tales to be an effective way of accessing children's imagination, conflicts, mental health issues, fears and unsettling or painful experiences, and a user-friendly tool to identify transient problems and unmet needs, that might lead to clinical implications in a later stage. We highlight the benefits of developing and using more sustainable and cost-effective tools to prevent risk and promote QoL in early childhood by training professionals to adopt a transdisciplinary approach for advancing children's well-being.

PO-1-074

Problematic Smartphone Use is Associated with Indicators of Mental Wellbeing and Specific Smartphone Activities in Healthy Adults

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Background: Some people may be susceptible to the permanent accessibility of smartphones, as well their applications designed to keep us engaged, resulting in high usage times and even problematic smartphone use. The aim of this study was to examine different factors that may be associated with problematic smartphone use.

Method: In a cross-sectional online study conducted from May 2020 to November 2020 in Switzerland, 226 smartphone users (16.8% male; 83.2% female, 18 to 53 years, *M* = 23.5±5.8 years) were asked about problematic smartphone use,

usage time on different smartphone activities, personality traits, psychopathology symptoms, mindfulness, emotion regulation strategies, early life adversities, and parental bonding.

Results: Participants reported spending most time on their smartphone listening to music, using social media, and video-streaming. LASSO regression indicated that more problematic smartphone use was only robustly predicted by higher levels of neuroticism and lower levels of mindfulness. In bivariate correlations, problematic smartphone use was correlated with more time spent using social media, watching videos, and messaging, and higher levels of psychopathology. Psychopathology symptoms partially mediated the relationship of mindfulness and problematic smartphone use.

Conclusion: Mental wellbeing is an important factor to consider for people with problematic smartphone use patterns. Additionally, some components of smartphone usages are more strongly associated with problematic smartphone use than others. Findings highlight relevant benchmarks for prevention and intervention programs for children and adolescents growing up in the digital age.

PO-1-014

ASSESS THE FIDELITY, VALIDITY AND RESPONSIVENESS OF THE BRIEF OBSERVATION OF SOCIAL COMMUNICATION CHANGE (BOSCC) TO MEASURE CHANGES IN THE SOCIAL INTERACTIONS OF PRESCCHOOL CHILDREN WITH AUTISM SPECTRUM DISORDER

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Measuring the change induced by early intervention in autism spectrum disorders (ASD) is a major challenge. ASD is a complex construct that has led to the development of many tools, often with little validation. The lack of consensus on valid tools to measure change prevents the comparison of the effectiveness of interventions. The Brief Observation of Social Communication Change (BOSCC) is a scale developed to measure the change in social communication behaviors over time in preschool children with ASD. This tool has been promoted as promising, but preliminary studies assessing psychometric properties have failed to demonstrate its responsiveness. The aim of this study is to assess the fidelity, validity, responsiveness, and interpretability of this tool, according to international recommendations outlined by the COSMIN panel.

This study was conducted on a population of 177 autistic children, 31 (IQR 27-34) months age-old with ASD and was part of RCT conducted over a period of 2 years.

The BOSCC scale was applied to the available videos of the 3 times observations planned in the RCT. The results help to confirm the validity of this scale, demonstrating the possibility of achieving high fidelity. Our analyses did not demonstrate a valid sensitivity to change. In a context where there is no tool to assess change in ASD and where there is an urgent need to evaluate therapeutics, it would be interesting to continue research work, particularly by evaluating the BOSCC in different contexts.

PO-1-065

THE RELATIONSHIP BETWEEN OBSTETRIC COMPLICATIONS AND PSYCHOSIS RISK IN CHILDREN AND ADOLESCENTS: RESULTS FROM THE CAPRIS STUDY

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Introduction

Obstetric complications (OC) are environmental factors that help predict early onset of psychosis. Some studies have found a relationship between OC and transition to psychosis in subjects with psychosis risk syndrome (PRS), though none have focused on minors.

Objectives

To assess the prevalence of OC and their impact on transition to psychosis in children and adolescents with PRS and healthy controls (HC).

Methods

An 18-month prospective longitudinal study (CAPRIS) in which help-seeking minors meeting PRS criteria were recruited from two hospitals in Barcelona, Spain. At baseline, the Semistructured Interview for Prodromal Syndromes and Scale (SIPS/SOPS) were administered, as well as a clinical scale battery. To measure OC, the Obstetric Complications Scale (Lewis and Murray, 1988) was used and a sample of age- and gender-matched HCs were also included.

Results:

181 PRS subjects (15.2±1.7 years; 68% females) and 144 HC (15.2±1.9 years; 56.3% females) were included, with significant differences in sex (χ^2=4.702, p=0.037). PRS subjects showed significantly different rates (56.4%) of OC vs. HC (43.8%, χ^2=5.097, p=0.026). Some types of OC such as gestational age and labour duration were also significantly different between samples.

23.2% of PRS and 1.4% of HC subjects with follow-up transitioned to psychosis. Significantly more subjects who transitioned had been in an incubator after birth compared to subjects without psychosis (8 vs. 5.2%, χ^2=8.042, p=0.018).

Conclusions

In children and adolescents with PRS, the prevalence of OC is higher than in HC. Being in an incubator was associated with transition to psychosis, but further study is needed.

PO-1-064

The OPUS YOUNG trial: Efficacy of early intervention versus treatment as usual for children and adolescents with a first episode psychosis. Protocol of a randomized clinical trial.

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Background

The aim of the OPUS YOUNG (OY) trial is to improve the treatment and outcome of first-episode psychosis in children and adolescents. No trials have investigated Early Intervention Services in patients below age 18 years with a randomized controlled design. We will compare the efficacy and cost-effectiveness of OY to treatment as usual (TAU) in adolescents with first-episode psychosis aged 12-17 years.

Methods

We will include 284 participants and randomize them 1:1 to a two-year intervention of OY versus TAU. We will conduct a blinded assessment of treatment effects after 12 months, after 24 months (treatment endpoint), and at 30 months.

The OY builds on the Danish evidenced based intervention for young adults, OPUS, and is adjusted to meet the specific needs of adolescents. The OY intervention consists of 1) support for relatives including siblings; 2) social cognition and interaction treatment; 3) cognitive behavioral case management; 3) school or educational support; 4) prevention and treatment of substance misuse; and 5) individualized psychopharmacologic treatment for adolescents.

Our primary outcome will be a blinded investigator assessment of social functioning. Secondary key outcomes are positive and negative symptoms, client satisfaction and quality of life.

Discussions

The overwhelming individual and socio-economic burdens of psychosis and increasing incidence of child and adolescent psychosis, emphasize the lack of trials in this age group to direct clinical practice.

PO-1-028

The co-occurrence of motor and language impairments in children evaluated for autism spectrum disorder. An explorative study from Norway *. *Note: Results from this study were recently published in Research in Developmental Disabilities (https://doi.org/10.1016/j.ridd.2022.104256).

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INTRODUCTION Current research suggests that motor and language impairments are common in infants with autism spectrum disorder (ASD), and may have downstream effects on other developmental domains. In school-aged children, less is known about how these impairments are related to each other.

METHODS The current study explored the co-occurrence and potential impact of motor and language impairments in a sample of school-aged children evaluated for ASD by Norwegian specialist health services (N=20, mean age 10.7 (SD=3.4) years). Besides clinical evaluation for ASD, all participants underwent a standardized test of motor performance (MABC-2), parent report measures of current motor (DCDQ'07), language (CCC-2), and social (SRS) skills, and a caregiver interview on everyday functioning, providing an overall impairment score (DD-CGAS).

RESULTS The majority (85%) had motor and/or structural language deficits in addition to their current social impairment. All children identified with motor impairment on both measures (39%) also had structural language deficits. Better motor performance was strongly correlated with better structural language skills (Spearman's rho = .618, p = .006). Limited participation in ordinary physical education and out-of-school activities was common.

CONCLUSIONS Although preliminary, our results suggest that co-occurring motor and structural language deficits are common and closely related in school-aged children evaluated for ASD. These deficits may need specific interventions that complement those targeting social skill deficits and other ASD core symptoms. The extent of this co-occurrence, and the potential role and timing of specific interventions should be addressed in future studies.

PO-1-036

Creating a sense of coherence: Kindergarten children's experiences from the COVID-19 pandemic

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Background and Objectives: The current study focused on how kindergarten children have experienced the COVID-19 pandemic. The main goals were understanding children's emotions, coping strategies, and thoughts regarding the presence of the COVID-19 virus in their daily lives, using the salute genic approach to study their sense of coherence and to promote relevant professional instruction.

Design and Method: Semi structured in-depth interviews were held with 130 five- to six-year-old children, with an equal number of boys and girls. All of the children were recruited from kindergartens affiliated with the state's secular education system.

Results: Data were structured into three themes: 1) the child's pandemic perception as **manageable** through meaningful accompanying and missing figures; 2) the child's **comprehension** of the virus as dangerous, age differentiating, and contagious. 3) the child's **emotional processing** of the pandemic as arousing fear of death and, through images, as thorny and as a monster.

Conclusions: Results demonstrate the young children's sense of coherence, characterized as extrapersonal perception, interpersonal coping, and intrapersonal emotional processing, and the need for greater acknowledgement of child-parent educators' informed interventions that could give children a partial feeling of the adult's awareness of their needs.

Keywords: kindergarten children, continuous stress, COVID-19, salutogenic approach, qualitative research

PO-1-013

Pathways to Resilience and Acclimatization in Soldiers With Single or Comorbid SLD and ADHD Disorders

Al-Yagon, Michal

Toren, Orly

Tel-Aviv University Tel-Aviv Israel

Study Objectives

Adjusting to compulsory military service can be especially challenging for young adults with neurodevelopmental disorders. This study explored the role of multisystem risk and protective factors for explaining resilience and acclimatization in four groups of conscripted soldiers: those with ADHD, with SLD, with comorbid SLD+ADHD, or with typical development (TD). Multidimensional risk/protective variables spanned three levels: (a) the individual level, comprising soldiers' disabilities (SLD, ADHD, comorbid), ego-resilience, sense of coherence (SOC), and attachment

patterns; (b) the family level, comprising soldiers' family cohesion/adaptability; and (c) the community/system level, comprising soldiers' appraisal of their commander as a secure base. The five resilience/acclimatization measures comprised: positive affect, negative affect, vocational-institutional satisfaction, vocational-institutional social adjustment, and commander's evaluation of soldiers' overall functioning.

Method

Participants were 904 soldiers (406 females=45.6%) ages 18-25 years (*M*=18.70, *SD*=.77) including 389 with a formal diagnosis (132 with ADHD, 157 with SLD, 100 with comorbid SLD+ADHD) and 515 with TD. Soldiers served in three Israeli Defense Forces professional systems. Data were collected from multiple information sources: IDF database, soldiers, and commanders.

Results and Discussion

MANOVAs yielded significant group differences on soldiers' risk/protective factors and resilience/acclimatization measures. Regression analyses yielded significant risk posed by ADHD/SLD symptoms, alongside protection offered by ego-resilience, SOC, attachment patterns, family cohesion, and appraisal of one's commander as a secure base, in explaining soldiers' resilience/acclimatization. Discussion focused on these risk/protective factors' unique value for explaining adjustment to military service among young adults with and without disabilities.

PO-1-060

Psychotherapy by video versus at the office

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Introduction

The Covideo study is a randomized nationwide multicenter study with non-inferiority design of psychotherapy for social anxiety disorder in youth, delivered online by video or at the clinicians office.

Background

At the start of the Covid pandemic clinicians were locked out from offices, having to learn video systems to reach clients.

In a survey one month later, 73% were quite or very satisfied with video, but there is little empiricalevidence for its use.

Aims

The study aims to provide empirical support for the use of psychotherapy by video for youth in three work packages:

WP1. Effectiveness: Is video therapy non-inferior to office therapy?

WP2. Attractiveness: Is video attractive to youth and therapists?

WP3. Sustainability: Are emissions and costs lower for video?

Sample

Two hundred youth, with a primary diagnosis of social anxiety disorder, 14-18 years, are recruited from clinics or schools. Exclusion criteria are autism, learning disability, severe depression, psychosis and more than 20% absence form school.

Therapists

Twentyfour clinicians are recruited from primary and secondary mental health services at four centers across Norway.

In a pilot stage of the study they receive training and supervision for one patient treated by video and one at the office.

Intervention

The CT-SAD-A has 14 weekly individual 90-minutes sessions and a booster session six months later.

Outcomes

WP1: Response and remission. WP2: Qualitative interviews. WP3: Client reports and registers.

Assessments

WP1: Pre/post and after 2 and 4 years.

Inclusion period

2023 - 2025.

Funding

The national Klinbeforsk program.

PO-1-106

Functional Tic-like behaviours: A Comparison with Tourette syndrome and Functional Symptoms in Children and Adolescents

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Duncan, Morvwen [1], Harrold, Katie [1], Warren, Amy [1], Pearman, Zoe [1], Simpson, Lila [1], Smith, Abbie [2], Wang, Runqi [3], McAllister, Eve [1], Hadji-Michael, Maria [1], Parikh, Nimmi [1], Heyman, Isobel [1], Shavel-Jessop, Sara [1], Murphy, Tara [1], Evans, Sacha [1], Liang, Holan [1]

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Background: Functional tic-like behaviours (FTLB) are characterised by multiple, complex, rapidly evolving tics, with rapid onset, usually in adolescence. Clinical consensus indicates that FTLB are qualitatively different from Tourette Syndrome (TS) and more likely aligned with Functional Symptoms (FS). Few studies have compared these groups, especially in paediatric samples. The aim of this study was to explore whether young people with FTLB have different demographics, family history, and psychiatric co-morbidity to those with TS, and are instead more aligned to those with FS.

Methods: A subset of children (N=144) aged 4 to 17 presenting to a Tic Disorders Service between July 2019 and June 2021 and subsequently diagnosed with TS (N=61), FTLB (N=35), and FS (N=48) are described. Information on demographics, comorbidities and family history was retrospectively collected from electronic health records.

Results: Compared to the TS group, the FTLB group were more likely to identify as female, have co-occurring psychiatric conditions (OR = 5.44) and ASD (OR= 2.44). They were less likely to have a family history of neurodevelopmental disorder (OR=0.40), but more likely to have a first degree relative with an anxiety disorder (OR=2.69). Few differences were noted between the FTLB and FS groups.

Conclusions: Although FTLB can look like TS, there are differences that can be garnered from clinical history. Few differences between the FTLB and FS groups were identified, supporting the idea that FTLB likely represent an FND subtype. Clinicians should gain comprehensive clinical history in adolescents with first presentation of tics to support accurate diagnosis.

PO-1-044

The relationship between duration of untreated eating disorder symptoms and clinical outcomes.

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Flynn, Michaela [1], Richards, Katie [1], Allen, Karina [1], Mountford, Victoria [2], Glennon, Danielle [3], Brown, Amy [4], Grant, Nina [1], Franklin-Smith, Mary [5], Schelhase, Monique [6], Jones, W. Rhys [6], Brady, Gabrielle [7], Connan, Frances [7], Mahony, Kate [8], Serpell, Lucy [9], Schmidt, Ulrike [1]

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Aim: Eating disorders (EDs) are serious psychiatric disorders which respond best when treated swiftly. The relationship between duration of untreated symptoms and later treatment outcomes is still not fully documented. This study aimed to explore whether the duration of prodrome (DOP) or duration of untreated eating disorder (DUED) had an impact on later treatment outcomes.

Methods: A transdiagnostic cohort of emerging adults (*N* = 238), aged 16-25 years, presenting with an early-stage ED (i.e., DUED less than 3 years) were recruited at the outset of evidence-based psychological treatment. A semi-structured interview was used to establish DOP and DUED. Clinical outcomes including body mass index (BMI) and ED psychopathology scores were collected at baseline and at 12-months follow-up.

Results: The average DOP was 33.39 months (*SD* = 44.19). A diagnosable ED, signalling the start of DUED, was established an average of 17.03 months (*SD* = 10.13) prior to the start of treatment. Neither DOP nor DUED were associated with severity of ED psychopathology at any timepoint, nor to BMI (for anorexia nervosa [AN]) at baseline. However, there was a significant association between DUED and BMI at 12-month follow-up for those with AN (p = .038).

Conclusion: Patients with AN who had a shorter DUED were more likely to have increased BMI gains by final 12-month follow-up. The finding that even a relatively homogenous cohort receiving early intervention (i.e., all with a DUED less than 3 years) had variable outcomes depending on length of DUED provides a rationale for even earlier intervention.

PO-1-049

Mood and Resilience in Offspring: Objectives and preliminary findings of the MARIO project

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Children of parents with a mood disorder (depression or bipolar disorder) (COPMD) are two- to threefold more likely to develop a mood disorder themselves. COPMDs not only have a genetic predisposition for mental illness, but also grow up in a vulnerable environment. Of them, 50-65% develop depression before the age of 35. The MARIO consortium, comprising universities, healthcare institutions, patient and other interest groups, has as its central mission to reduce this percentage. The aim is to achieve better health outcomes for this high-risk group by improving the early understanding of mood disorder development in COPMD (Objective 1), recognizing it through screening in clinical practice (Objective 2), and preventing it through intervention (Objective 3).

For Objective 1, a cohort study was set up that aimed to include 550 children (10-25 years) of patients and controls from existing mood disorder cohorts. Psychological symptoms and disorders as well as biological and psychosocial factors are mapped for three years. In Objective 2, the MARIO-check, a short, online instrument consisting of validated questions, will be implemented to screen a new group of 1500 COPMDs (10-25 years) for mood disorder symptoms. Lastly, for Objective 3, an RCT consisting of an online preventive intervention combining psycho-education, peer contact, coping activation, and restructuring negative cognitions, was provided to those of Objective 2 who did not fulfill criteria for a mood disorder.

Presently, we have included 506 participants for Objective 1. Here, we present some of the first findings off the MARIO cohort, including demographics and general psychopathology.

PO-1-056

Diagnostic assessment of developmentally evaluated preschool children in the child psychiatry clinic: a retrospective follow-up study

Ateş, Burçin Özlem [1], Güngör Bağlıcakoğlu, Esra [1], Güleşen, Oya [2], Kılınç, Nevin [1], Cöngöloğlu, Mehmet Ayhan [1]

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Objectives: Screening developmentally risky preschool children is very serious, because implementation of appropriate interventions for the detected delays may enable the patients to catch up with their peers. Additionally, it is essential to decide which children can catch up with their peers with early interventions and which children will need support longer. Therefore, in this study, we examined the diagnosis stability of the cases evaluated in 2019, and we aimed to assess the relationship between the initial developmental test scores with the diagnosis three years later.

Method: The data of preschool children who were referred to the child psychiatry department with a developmental delay in at least one skill were analyzed retrospectively. Language-cognitive, motor, and social developmental scores were analyzed. Initially, 188 cases aged 3-5 years were included in the study. Follow-up data from 59 children were obtained.

Results: It was observed that 54.2% of the cases continued to receive the same diagnosis in the third year. 11.9% of the cases caught up with their peers. It was observed that 33.9% of the cases continued to need support with different diagnoses. In the third year, the most stable diagnosis was ASD(94.7%). General developmental delay(50%) and speech disorders (28.6%) were less stable. No predictive effect of initial developmental screening scores on improvement or change in diagnosis was found.

Conclusion: Developmental diagnostic stability is low in diagnoses other than ASD in the early developmental period, and early diagnosis should be followed closely, and intervention strategies should be changed if necessary.

PO-1-109

How Psychological Safety influences Scientific Work?

Vaz Pinto, Sofia

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Introduction: Psychological safety (PS) refers to the shared belief amongst individuals as to whether it is safe to engage in interpersonal risk taking in the workplace. Collaborative scientific investigation requires a culture of openness and transparency where researchers feel comfortable expressing their ideas, opinions, and concerns without fear of negative consequences. The presence of PS in scientific investigation teams is fundamental in order to improve error prevention, with impact on learning and performance outcomes.

Objective/Methods: This work aims to provide an overview of how PS develops and influences scientific investigation. A non-systematic review of the literature was conducted in PubMed, with the key words “psychological safety”, “scientific investigation”, “mental health”; “health care setting”.

Discussion/Conclusion: PS was identified as the number one characteristic of successful high-performing teams, especially in health care settings. It is particularly important in scientific investigation environments, as it is essential for researchers to be able to share their thoughts and findings in an environment that encourages open dialogue, collaboration, and constructive criticism. When researchers feel psychologically safe, they are more likely to share their ideas and work collaboratively with their colleagues, admit mistakes or uncertainties in their findings, leading to more innovative, effective and reliable scientific outcomes. Understanding the benefits that PS brings to the organizations, the situations in which it is most influential and the factors that may lead to PS development are fundamental aspects to scientific investigation sucess teams.

PO-1-37A

Body Empowerment Project: Eating Disorder Prevention in Youth

Miranda, Christina [1]

Moreno, Amanda [2], Timko, C. Alix [3], Watts, Caroline [4]

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Objectives: Eating disorders have the highest mortality rate of all psychiatric illnesses among adolescents. Adolescents of marginalized identities are especially vulnerable to developing eating disorders and are significantly less likely to receive treatment. This study reports the efficacy of a novel eating disorder prevention intervention implemented in Philadelphia public schools.

Methods: Body Empowerment Project is a ten-week, after-school program for public middle and high school students that aims to prevent eating disorders, developed in collaboration with the Children's Hospital of Philadelphia. Program workshops, which are facilitated by volunteer college students (“near-peer mentors”), are centered around teaching a weight-neutral and health-centered approach to wellness. Scales were administered before and after the intervention to measure body appreciation (BAS-2) and disordered eating risk (EDE-QS).

Results: Data from 166 program participants across 9 Philadelphia public schools during the 2021-2022 academic year revealed a statistically significant decrease in eating disorder symptoms ($p<0.005$) and a significant improvement in body appreciation ($p<0.005$) in program participants. Program participants held diverse identities. 62.7% identified as women, 29.4% identified as men, 5.6% as non-binary or non-conforming, 7% as transgender men, and 7% as other. Regarding racial and ethnic identity, 61% of students identified as Black, 17.4%, as White, and 19.6% as Hispanic.

Conclusions: Prevention and early intervention are key to reducing the disease burden for eating disorders. Body Empowerment Project shows promise as an efficacious intervention for adolescents with diverse identities. This model should continue to be tested and implemented in other clinical, academic, and community settings.

Session: Break -

Date: 29-06-2023 - 10:30 - 10:45

Location: Congress Hall - Ground floor & Harlekin - Ground floor & Columbine - Ground floor & Pjerrot - Ground floor & Lumbye - Lower floor & Carstensen - Lower floor & Arkaden 6 - Second floor & Arkaden 8 - Second floor & Karavanen 6 - First floor & Karavanen 9+10 - First floor & Galop 01 - Second floor /

Session: Clinical Perspectives 03 - CP-03

Date: 29-06-2023 - 10:45 - 11:45

Location: Harlekin - Ground floor /

CP-03-00

Treatment resistant patients – 'Ask the expert' session

Kiss, Enikő

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Four difficult clinical cases will be presented during the session. Psychiatric diagnoses include attention-deficit hyperactivity disorder, personality disorder, Tourette syndrome, learning disorder, autism spectrum disorder and schizophrenia. Therapeutic possibilities – both pharmacological and psychological – will be discussed together with issues about comorbidity, stigmatization, compliance, social isolation and medication side effects. Christoph Correll from Germany and Konstantinos Kotsis from Greece will be offering expert opinion.

CP-03-03

Treatment of complicated paranoid schizophrenia

Bach, Thomas

University of Copenhagen Capital Region of Denmark Denmark

Treatment of complicated paranoid schizophrenia

The case has been anonymized but is based on real experiences.

Introduction: Paranoid schizophrenia is a serious condition often treated with medication, but when the treatment fails what are our options of helping?

Aim: To discuss the possibilities of treatment of complicated schizophrenia, when medication fails. Which strategies can we use?

Case presentation: 15-year-old girl Tina, is known with paranoid schizophrenia and has been treated with 4 different antipsychotics with suboptimal effect/or severe side effects. The latest treatment with clozapine has been discontinued due to severe side effects.

Tina needs help with any ADL function, and apart from psychotic symptoms has been using self-harming strategies lately and has suicidal thoughts.

CP-03-04

Treatment resistant ADHD – a complicated case with efficacy problems, side effects and diagnostic difficulties

Seker, Asilay

King's College London London United Kingdom

This is a fictionalized case based on real life experience to ensure confidentiality is

not compromised. This presentation is part of the symposia by Dr Eniko Kiss, where individual cases will be discussed by symposium discussants Profs Christoph Correll and Konstantinos Kotsis.

Introduction: Neurodevelopmental disorders are frequently comorbid to each other

and affect the efficacy and side effect profile of pharmacological treatments.

Aim: To discuss various treatment and side effect management strategies for

children with a complex neurodevelopmental profile.

Case discussion: This case is about a 12-year-old girl, Lynette, with a diagnosis of

ADHD and borderline functioning, who then receives diagnosis of mild learning

disability and Tourette’s disorder.

Various stimulant, non-stimulant and antipsychotic medications have been tried to

treat ADHD and Tourette’s with efficacy less than %50 and Lynette developed

various side effects to different medications. As treatment options continued to fail

helping Lynette with her difficulties in concentration and impulse control, she has

experienced several harmful consequences such as stigmatization, social isolation,

academic failure, and forensic involvement.

CP-03-02

Treatment-resistant aggression in a patient with autism spectrum disorder

Grujicic, Roberto

Pejovic Milovancevic, Milica

University of Belgrade, Faculty of Medicine Belgrade Serbia

Introduction

Research shows that children with autism spectrum disorder (ASD) have higher rates of aggression compared to the general population and other neurodevelopmental diagnoses. Therapeutic strategies often include behavioral assessment, functional communication training, reinforcement strategies, and/or pharmacologic treatment. However, in some cases, all the above-listed options fail which leads to frustration for the clinician and many negative outcomes for the patients and their families.

Aim

Discuss the treatment possibilities for treatment-resistant aggression in patients with an autism spectrum disorder.

Case description

The patient is a 13-year-old boy with a diagnosis of ASD. The patient is hospitalized 11 times at the inpatient unit due to outbursts of severe aggression towards himself and others. The aggressive behavior started at the age of 5, and gradually worsen over time. All treatment options including multiple pharmacological strategies have failed to work overtime leading only to adverse events such as an increase in appetite, weight gain, drowsiness, insomnia, and loss of consciousness (possible seizures).

Discussion

The non-treated or poorly-treated aggression in patients with autism spectrum disorder is associated with many negative outcomes for the patients and their families. It can lead to the institutionalization of the patients, separation from their families, and social isolation. A structured and well-planned treatment approach is essential in these cases.

CP-03-01

Clinical presentation and treatment management of a case with first episode of psychosis

Kis, Tibor

Kapornai, Krisztina

University of Szeged Szeged Hungary

In protection of anonymity and to ensure confidentiality specific data and events have been changed.

Introduction: The early detection and treatment of the first psychotic episode can improve the prognosis of the disease. Psychosis demands a complex treatment process based on mainly pharmacological treatment, supplemented with psychoeducation, psychosocial and family interventions.

Aim: To discuss the diagnostic process, complex treatment planning and side effect management strategies for children with psychotic disorders and involving their families in the process.

Case description: This case is about the treatment a 16-year-old boy, who presented with various positive and negative psychotic symptoms after several month of an undetected period.

Discussion: After the differential diagnostic process, we encountered difficulties in the effectiveness of the antipsychotic medication, and the side effects. This was the first case of psychiatric illness in the family which probably contributed to problems with the compliance to the pharmacological treatment. Dissimulation of the symptoms with the aim to end hospitalization made the symptom evaluation and finding the effective antipsychotic medication dose difficult.

Session: Symposium 07 - SY-07

Date: 29-06-2023 - 10:45 - 11:45

Location: Pjerrot - Ground floor /

SY-07-00

Novel approaches to the treatment of adolescent eating disorders across four European countries

Bentz, Mette [1], Karwautz, Andreas [2]

Dahmen, Brigitte [3], Simic, Mima [4], Wagner , Gudrun [2], Kopp , Konstantin [2], Zeiler, Michael [2]

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Feeding and Eating Disorders (FED) are chronic and severe disorders with a frequent onset in childhood and adolescence. Although good evidence-based treatments are available for adolescent eating disorders, few new treatment options have been developed in the field in the last ten years. The COVID-19 pandemic has seen a marked increase in referrals to specialist ad non-specialist services and a difficulty in adequately responding to this sudden increase in treatment needs. There is a need for alternative and adjunct treatment options both for partial and non-responders to treatment, and for new models of care that allow easier and faster access to care.

This symposium will rely on 6 presentations, from 4 countries that span a range of novel treatment approaches and service delivery, and adaptations of existing treatments to different FEDs.

We will provide new knowledge and understanding of recently developed treatment approaches that cut across FED and across treatment settings (inpatient, outpatient, etc). As such this symposium will be suitable for both clinicians and researchers in the field of FED.

SY-07-05

Home treatment – a new method of relapse prevention in adolescent anorexia nervosa

Dahmen, Brigitte [1]

Zielinski-Gussen, Ingar [1], Föcker, Manuel [2], Hahn, Freia [3], Legenbauer, Tanja [4], Thiemann, Ulf [5], Dempfle, Astrid [6], Herpertz-Dahlmann, Beate [1]

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Background

Long hospitalizations are still a common part of treatment of adolescent patients with moderate to severe anorexia nervosa (AN) in many European countries. While often successful regarding weight gain and improved psychopathology, long inpatient treatment bears the risks of impeding psychosocial development in adolescents and the adequate involvement of the parents into the treatment process. Also, relapse occurs frequently leading to readmission in approximately a third of previously hospitalized adolescents. New treatment strategies are needed to improve outcome in adolescents with AN. A proposed new method for relapse prevention in adolescent AN is home treatment (HoT). HoT offers treatment for adolescents with AN and their families at their own home by a trained multidisciplinary team actively involving the parents as co-therapists.

Method

We will first present the findings of the pilot phase of home treatment (HoT) in a stepped-care-approach after a short inpatient stabilization of several weeks. Second, we will present the first currently ongoing multi-centre RCT investigating HoT in a stepped-care approach as an alternative treatment to long inpatient treatment for adolescent patients with moderate to severe AN.

Results

Home treatment (HoT) was a feasible treatment method in adolescents with AN regarding treatment goals, and was associated with low rehospitalizations, high treatment motivation, and a strong parental involvement.

Conclusions

Home treatment (HoT), delivered in a stepped-care approach, might help to ameliorate prognosis and outcome in this vulnerable patient group.

SY-07-04

Broadening the reach of family-based treatment: Addressing comorbidity in the context of FBT

Bentz, Mette

University of Copenhagen Copenhagen NV Denmark

Background: While family-based treatment (FBT) is acknowledged as an efficacious treatment for anorexia nervosa in children and adolescents, a substantial subgroup of patients experiences sub-optimal outcomes. Therefore, we manualised add-in modules as an addition to standard FBT when anxiety, depression, or autism hampers FED recovery. Methods: We will present the rationale and overview of all three modules, and present pilot data in the form of case-series data and qualitative interviews with families, in which the young person with anorexia nervosa had a comorbid anxiety disorder, and who were offered an additional module addressing anxiety after several months of standard family-based treatment.

Results: Parents acknowledged the stance of family-based treatment that weight restoration is a necessary first step, but they felt that their daughter´s anxiety spiraled when met with the pressure for weight gain. Families felt that integrating interventions for anxiety and for anorexia nervosa was meaningful and added to the effectiveness of family-based treatment. The intervention gave families a shared language and helped parents support their daughter against anxiety.

Discussion: Addressing comorbid anxiety may improve motivation and perceived self-efficacy in dealing with challenging situations, and in helping patients return to social life. Involving parents in the therapeutic work against anxiety may improve parental empowerment and the communication between parent and child. These effects in turn have the possibility to improve outcomes of treatment for anorexia nervosa. Following a manual may be helpful in dissemination of interventions but carry the risk of not meeting the needs of the individual family.

SY-07-03

Efficacy of MANTRa compared to treatment as usual in adolescents and young adults with anorexia nervosa

Wagner, Gudrun, Zeiler, Michael, Kopp, Konstantin, Ohmann, Susanne, Sackl, Petra, Karwautz, Andreas

Wittek, Tanja, Truttmann, Stefanie, Werneck-Rohrer, Sonja

Medical University Vienna Vienna Austria

Background: The Maudsley Model of Anorexia Nervosa Treatment Adults (MANTRA) is a specialized treatment concept for anorexia nervosa which is highly effective and recommended as treatment option in the NICE guidelines for adults with anorexia nervosa (AN). It has now been adapted for adolescents and the aim of the study was to explore acceptance and efficacy of MANTRA in this age group as compared to standard psychotherapy.

Methods: A total of 92 adolescents with AN aged between 13 and 21 years have been included in the study. 45 have received 24-34 sessions of MANTRa and were compared to standard psychotherapy in Austria. Evaluation was performed before treatment, after 6, 12 and 18 months and included eating disorder symptomatology (Eating Disorder Examination), psychiatric comorbidity, therapeutic alliance and treatment satisfaction.

Results: Significant improvement over time could be achieved in both groups with regards to eating disorders psychopathology ($p<.001$) and comorbid psychiatric symptomatology ($p<.020$) with a better improvement with regards to BMI and EDE total score ($p<.025$) in the MANTRa group. A higher percentage of patients were fully remitted in the Mantra group (46%) compared to TAU (16%, $p=.006$) at 18 months. Treatment satisfaction was high in both groups with a tendency for better therapeutic alliance in the MANTRa group.

Conclusion: MANTRa is highly effective also in adolescents with AN and can be recommended as alternative treatment option.

SY-07-02

Predictors of treatment outcome and quality of life in a sample of female adolescents and young adults with anorexia nervosa receiving outpatient psychotherapy

Kopp, Konstantin [1]

Wittek, Tanja [1], Truttman, Stefanie [1], Zeiler, Michael [1], Krauss, Helene [1], Schneider, Andrea [1], Ohmann, Susanne [1], Werneck-Rohrer, Sonja [1], Schmidt, Ulrike [2], Karwautz, Andreas [1], Wagner, Gudrun [1]

[1] Medical University of Vienna Vienna Austria
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Psychotherapy is the treatment of choice for anorexia nervosa (AN). Especially for the patients, improvement in quality of life is an important therapy goal. The aim of the present study was to identify predictors of the treatment outcome and quality of life for both the MANTRa therapy (Maudsley Model of AN Treatment for Adolescents and Young Adults) and established psychotherapeutic approaches. A total of 92 female adolescents and young adults with AN participated in the present multicenter study. Forty-five patients underwent MANTRa therapy, 47 patients were treated with standard psychotherapy (TAU). Data on eating disorder symptoms and quality of life were collected prior to therapy start and after 18 months. Indicators of eating disorder severity at baseline, treatment motivation and personality traits as well as therapeutic factors were considered as potential predictors. While eating disorder severity was identified as a negative predictor of both treatment outcome and quality of life in TAU, this association was almost absent in the MANTRa group. Similarly, treatment motivation and certain personality aspects were related to the treatment outcome in the TAU group only. Therapeutic factors did not significantly predict the outcome in both groups. Overall, the present results suggest that the MANTRa therapy improves both eating disorder symptoms and quality of life while the effects seem to be almost independent of the eating disorder severity, motivation and personality traits at baseline. Thus, MANTRa holds great promise for a wide range of adolescent patients with anorexia nervosa, also for those with unfavorable characteristics at baseline.

SY-07-01

The caregiver skills training “SUCCEAT” in parents of adolescent patients with anorexia nervosa: Focusing on the role of fathers

Zeiler, Michael [1]

Philipp, Julia [1], Truttmann, Stefanie [1], Wittek, Tanja [1], Kopp, Konstantin [1], Schöfbeck, Gabriele [1], Mairhofer, Dunja [1], Krauss, Helene [1], Auer-Welsbach, Ellen [2], Karwautz, Andreas [1], Wagner, Gudrun [1]

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The Maudsley model of anorexia nervosa (AN) treatment has guided the development of skills trainings for caregivers of patients with AN. The effectiveness of these trainings for caregivers and patients are evident. However, data were mostly based on female caregivers (mothers) so far, while fathers often did not participate in such trainings or had not been included in evaluation studies. Thus, the current study aims to evaluate differences between mothers and fathers regarding their psychological burden and the effectiveness of a caregiver skills training. During the previous years, 287 mothers and 126 fathers (91 mother-father-dyads) of adolescent patients with AN participated in the 8-session workshop program “SUCCEAT”. Outcome variables were assessed in a pre-post longitudinal design. Mothers showed significantly higher levels of psychological and eating disorder related burden as well as high-expressed emotion prior to intervention start. Fathers reported better skills in coping with the child’s AN (self-care behavior, acceptance of the disorder). Both parents showed significant improvements in caregiver skills levels, reductions in psychological and eating disorder related burden as well as reductions in emotional over-involvement, while pre-post effect sizes were similar for mothers and fathers. Intervention acceptance and satisfaction was high for mothers and fathers. However, fathers showed a slightly lower intervention adherence compared to mothers. The present results indicate that both parents can benefit equally from a caregiver skills training. Lower high-expressed emotion and lower levels of burden in fathers also underlie the great resource fathers are to their child on the way to recovery.

Session: Symposium 08 - SY-08

Date: 29-06-2023 - 10:45 - 11:45

Location: Lumbye - Lower floor /

SY-08-00

Advancing our understanding of non-suicidal self-injury: a neurobiological perspective

Mürner-Lavanchy, Ines, Annekatrin, Steinhoff

Michael, Kaess

University of Bern Bern Switzerland

Chairs: Dr. Ines Mürner-Lavanchy, Dr. Annekatrin Steinhoff

Discussant: Prof. Dr. Michael Kaess

Non-suicidal self-injury (NSSI) is a highly prevalent and severe public health problem among adolescents around the globe. Due to its transdiagnostic nature, the study of NSSI is of high clinical importance for child and adolescent psychiatry. During the previous decades, research has revealed important psychological and social risk factors for NSSI. However, the biological factors associated with NSSI are poorly understood. Research on the neurobiological mechanisms underlying NSSI may lead to an increased understanding of the etiology of the behavior as well as predictors of treatment outcome and, thus, facilitate tailored interventions.

This symposium provides new insights into the neurobiological factors associated with NSSI in adolescents. Each presentation centers around a specific (set of) neurobiological factor(s) that could be associated with NSSI, for example functioning of the hypothalamic-pituitary-adrenal axis, the autonomic nervous system, the immune system or brain functional networks. The data that will be presented come from clinical and community representative studies, including experimental and longitudinal data spanning several years. In addition to theoretical considerations and empirical findings, some contributions will also focus on relevant methodological aspects to be considered in future research. The five paper presentations will be discussed with regard to a broader conceptual framework of the neurobiology of adolescent NSSI.

SY-08-02

Biological markers associated with adolescent non-suicidal self-injury

Reichl, Corinna

Mürner-Lavanchy, Ines, Josi, Johannes, Kaess, Michael

University of Bern Bern Switzerland

Introduction: Non-suicidal self-injury (NSSI) is a transdiagnostically relevant phenomenon during adolescence. A better knowledge about underlying biological mechanisms is thus of high interest. The present study aimed at investigating cross-sectional associations between biomarkers and clinical outcomes.

Methods: As part of the “AtR!Sk Bio study”, conducted in Heidelberg, Germany, clinical data and biological markers were collected among adolescents with NSSI (*n*=149) and a healthy control group (*n*=39). Based on a machine learning approach (elastic net regression and gradient boosting classification tree), we tested whether clinical outcomes could be predicted by biomarkers (leukocytes, FT3, oxytocin, beta-endorphins, pain sensitivity, heart rate variability, DHEA). The models have been estimated in a training data set and validated in a test data set.

Results: With NSSI as an outcome variable, results of the training set could be replicated within the test data set. It was possible to predict whether an adolescent belongs to the NSSI group (performance in the test set: elastic net: area under the receiver operating characteristic curve [AUC] = 0.83 [95%-CI: 0.68, 0.98]; gradient boosting: AUC = 0.78 [0.61, 0.95]).) Within the elastic net model, the predictors with the most impact were oxytocin (standardized coefficient = -.36), pain sensitivity (.17), DHEA (.16) and leucocytes (.13). No replication was possible with regard to other clinical outcomes.

Discussion: Results of the present study point to biomarkers being helpful in distinguishing between adolescents with and without NSSI. Future research should try to replicate these findings and test for the specificity of the results regarding NSSI.

SY-08-04

Associations between social stress exposure and hair cortisol in youth with different trajectories of non-suicidal self-injury

Steinhoff, Annekatrin [1]

Johnson-Ferguson, Lydia [2], Kaess, Michael [1], Ribeaud, Denis [2], Eisner, Manuel [3], Quednow, Boris B. [2], Shanahan, Lilly [2]

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The hypothalamic–pituitary–adrenal (HPA) axis plays a key role in the human physiological stress response, for example, by secreting the glucocorticoid hormone cortisol. Alterations of HPA axis functioning are associated with a broad range of psychopathological outcomes but have also been linked to diverse forms of environmental adversity and stress. Little research has included social stress exposure alongside with psychopathology in models testing the role of HPA axis functioning.

Non-suicidal self-injury (NSSI; e.g., self-cutting) is a transdiagnostic marker of stress and emotion dysregulation that is associated with a variety of psychiatric disorders. We examined whether the associations of stressful social experiences (here: bullying victimization) and hair cortisol (i.e., a retrospective measure of cumulative cortisol secretion over months) differed between youth who engaged in NSSI *across* adolescence and young adulthood (i.e., maintenance group, indicating ongoing psychopathology) and those whose NSSI engagement ceased after adolescence (i.e., cessation group, indicating recovery).

Data came from the prospective-longitudinal Zurich Project on Social Development from Childhood to Adulthood (z-proso, *n*=245). Youth self-reported NSSI at ages 13, 15, 17, and 20 years. At age 20, they reported about bullying victimization and donated hair.

Results revealed different associations between bullying victimization and hair cortisol in youth with NSSI maintenance versus NSSI cessation (group difference: $p<0.05$). The association was positive in the cessation group ($p<0.05$), indicating an adaptive up-regulation of HPA axis activity in response to stressful social experiences, and non-significant in the maintenance group, likely indicating a misfit between environmental demands (i.e., stressful experiences) and HPA axis activity.

SY-08-01

Associations between resting-state functional connectivity and changes in clinical outcome in female adolescents with non-suicidal self-injury

Mürner-Lavanchy, Ines [1]

Josi, Johannes [1], Koenig, Julian [2], Reichl, Corinna [1], Brunner, Romuald [3], Kaess, Michael [1]

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Background: Non-suicidal self-injury (NSSI) is highly prevalent among adolescents and predicts future psychopathology including suicide. To improve therapeutic decisions and clinical outcome of patients engaging in NSSI, it seems beneficial to determine neurobiological markers associated with treatment response. The present study investigated whether resting-state functional brain connectivity (RSFC) served to predict clinical improvements following treatment in adolescents engaging in NSSI.

Methods: *N*=27 female adolescents with NSSI took part in a baseline MRI exam and clinical outcome was assessed at follow-ups one, two and three years after baseline. During the follow-up period, patients received in- and/or outpatient treatment. Mixed-effects linear regression models were calculated to examine whether RSFC was associated with clinical improvement.

Results: Patients' clinical outcome improved across time. Lower baseline RSFC between left paracentral gyrus and right anterior cingulate gyrus was associated with clinical improvement from baseline to one-year and from two-year to three-year follow-up. Lower and higher baseline RSFC in several inter- and intrahemispheric cortico-cortical and cortico-subcortical connections of interest were associated with clinical symptomatology and its severity, independent from time.

Conclusions: While there was some evidence that RSFC was associated with clinical improvement following treatment, our findings suggest that functional connectivity is more predictive of severity of psychopathology and global functioning independent of time and treatment. However, a relatively small sample size constrains the generalizability of our findings. With this study, we add to the limited research on neurobiological markers as predictors of clinical outcome after treatment.

SY-08-03

What are you looking at? Attentional bias to NSSI-related online content in adolescents with and without NSSI

Kothgassner, Oswald [1]

Goreis, Andreas [2], Pfeffer, Bettina [2], Hajek-Gross, Carola [2], Plener, Paul [2]

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There is an ongoing debate to what extend NSSI-related online content can elicit an urge to NSSI, however, there is only very scarce evidence that NSSI-related online content directly triggers actual NSSI behavior. Moreover, there is a strong need to understand basal processes of attentional biases in individuals with NSSI and how this contributes to NSSI thoughts and behaviors.

We hypothesized according to the vigilance-avoidance model that individuals with NSSI will shift their attention toward NSSI-related stimuli and NSSI-related content will elicit an actual urge to NSSI after exposure.

We used eye-tracking for an experimental approach exposing 50 participants (25 individuals with NSSI, 25 without a history of NSSI) to NSSI-related online content (pictures of wounds, scars, words related to self-harm). We had 64 trials of stimuli sets (50% NSSI-related, 50% neutral) and each trial consisted of four different simultaneous discrete visual stimuli, presented in different spatial locations of a computer for 1000 milliseconds.

We will report our results from 50 participants regarding attentional bias, stimuli avoidance and autonomic stress reactivity, as well as their urge to NSSI after exposure with the stimuli. We will discuss the implications of this study for social media guidelines and treatment of individuals with NSSI.

Session: Symposium 05 - SY-05

Date: 29-06-2023 - 10:45 - 11:45

Location: Congress Hall - Ground floor /

SY-05-00

Conduct Disorder: New results from the ENIGMA and FemNAT-CD consortia on brain structure and reward processing

Kohls, Gregor [2]

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Chairs: Christine M. Freitag, Frankfurt & Gregor Kohls, Dresden

Discussant: James Blair, Copenhagen

Conduct disorder (CD) is a common and highly impairing mental disorder characterized by aggressive and antisocial behaviour as well as related personality traits, such as callous-unemotional (CU) traits. Neurobiological studies, especially brain imaging studies, have reported several differences between youth with CD and typically developing youth, some of which are moderated by CU traits and sex. We will report results on structural brain differences related to cortical, but also subcortical structures in youth with CD in the first study from the ENIGMA Antisocial working group (Gao et al.), focusing on sex differences and levels of CU traits. Based on the European FemNAT-CD sample, findings on brain network changes will be presented (Sammet et al.), which fit nicely with previous structural and functional results on prefrontal and limbic function differences in CD. In the third talk, the well replicated CD-related risk factor of “childhood maltreatment” is studied in relation to changes in structural connectivity in the FemNAT-CD sample (Townend et al). In the second part of the symposium, a core functional finding in CD (i.e., impaired reward function) is presented in more detail. Testing specific models of either reward dominance or punishment insensitivity underlying impaired decision-making in CD, the specificity of punishment insensitivity is shown (Kohls et al.). Finally, an overview on new approaches testing different aspects of reward function in relation to history of maltreatment and CD as a dimensional trait is given by the discussant (Blair).

SY-05-05

Computational modeling reveals that conduct disorder is associated with impaired probabilistic punishment learning but intact reward learning

Kohls, Gregor [1]

Pauli, Ruth [2], Baumann, Sarah [3], De Brito, Stephane [2], Fairchild, Graeme [4], Freitag, Christine M. [5], Konrad, Kerstin [3], Brazil, Inti [6], Lockwood, Patricia [4], Elster, Erik [1]

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Objective: Conduct disorder (CD) has been repeatedly associated with deficits in the use of punishment to guide reinforcement learning (RL) and decision making. This may explain the poorly planned and often impulsive antisocial and aggressive behavior in affected youths. Here, we used an innovative computational modeling approach to examine differences in RL abilities between youths with CD and typically developing controls (TDCs). Specifically, we tested two competing hypotheses that RL deficits in CD reflect either reward dominance or punishment insensitivity.

Methods: The study included 92 participants with CD and 130 TDCs (ages 9-18, 48% girls) who completed a probabilistic RL task with reward, punishment, and neutral contingencies. Using computational modeling, we investigated the extent to which youths with CD and TDCs differed in their learning abilities to obtain reward and/or avoid punishment.

Results: RL model comparisons showed that a model with separate learning rates for each contingency explained behavioral performance best. Importantly, youths with CD showed lower learning rates than TDCs specifically for punishment, whereas learning rates for reward and neutral contingencies did not differ. Moreover, callous-unemotional (CU) traits did not correlate with learning rates in CD.

Conclusions: Youths with CD have a highly selective impairment in probabilistic punishment learning, regardless of their CU traits, while reward learning appears to be intact. In summary, our data suggest punishment insensitivity rather than reward dominance in CD. Clinically, the use of punishment-based intervention techniques to achieve effective discipline in youths with CD may be a less helpful strategy than reward-based techniques.

SY-05-04

The connectomes of conduct disorder: Novel insight into the neurobiological mechanisms of CD?

Sammet, Joshua [1]

Cubillo, Ana [1], Rogers, Jack [2], Raeschle, Nora [3], Konrad, Kerstin [4], Freitag, Christine M. [5], Fairchild, Graeme [6], De Brito, Stephane [2], Kohls, Gregor [7], Stadler, Christina [1]

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Introduction: Conduct disorder (CD) is associated with structural abnormalities, for example smaller grey matter volume in limbic regions. However, there still is heterogeneity in findings. Most MRI studies focus on differences in pre-defined ROIs, not whole-brain network changes. The current study aims to investigate brain structure using connectomics, applyinggraph theory methods to understand the brain network organization.

Method: Using the femNAT-CD study, we analysed the structural connectomes of N=113 patients diagnosed CD and 156 typically developing adolescents (TD). The Desikan-Killiany atlas regions were used as network nodes and different significance thresholds were applied.

Whole-brain networks of CD and TD were compared, considering age, gender and ICU traits as covariates. Based on the median ICU of CD patients, they were divided into high and low. Network topological measures were used to analyse differences between CD and TD.

Results: We found higher binary local efficiency and cluster coefficients for TD in the left rostral anterior cingulate cortex and hippocampus compared to CD patients with low CU traits, and higher weighted cluster coefficients in the superior

frontal and precentral cortex. In the left insula, for liberal thresholds, higher weighted cluster coefficient and weighted local efficiency have been found.

Comparing CD with TD using liberal thresholds, a higher degree in the pallidum and left precuneus and a higher binary cluster coefficient in the entorhinal cortex were found for CD.

Conclusion: Using structural connectomes, we were able to describe effects that could explain subtle and underlying differences in brain network structure in CD.

SY-05-03

Reinforcement processing in Conduct Disorder: A discussion of previous findings and the new results in this symposium

Blair, Robert

Copenhagen University (Genthofte Hospital) Hellerup Denmark

The goal of this presentation is to discuss the previous series of talks in the context of the existing literature on reinforcement processing, particularly reward processing in youth with conduct disorder. Brief mention will be made to basic science (animal and human neuroimaging work) characterizing the neural systems implicated in reward processing. Then existing data with respect to reward processing will be considered in the context of the new findings presented in this symposium. There will also be brief consideration of reward processing in forms of psychopathology that are highly comorbid with conduct disorder, for example, attention deficit hyperactivity disorder, major depressive disorder and generalized anxiety disorder.

SY-05-02

An ENIGMA mega-analysis of cortical structure and subcortical volumes in youths with conduct disorder: Influence of sex, callous-unemotional traits and age-of-onset

Gao, Yidian [1], Marelene, Staginus [2]

Aghajani, Moji [3], Klapwijk, Eduard [4], Cecil, Charlotte [5], Baskin-Sommers, Arielle [6], Pine, Daniel [7], Sophia, Thomopoulos [8], Jahanshad, Neda [8], Thompson, Paul [8], Walton, Esther [2], Fairchild, Graeme [2], DE BRITO, STEPHANE [1]

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Background

Meta-analyses have shown that conduct disorder (CD) is associated with lower grey matter in cortical and subcortical regions. However, those meta-analyses were limited in sample sizes and their ability to assess how sex and subtypes of CD (e.g., callous-unemotional traits and age-of-onset) were associated with brain structure. Here, through the ENIGMA-

Antisocial Behavior working group, we assembled 20 different cohorts worldwide to conduct a mega-analysis of cortical structure and subcortical volumes in youths with CD and examine how sex and CD subtypes were related to those brain metrics.

Method

T1-weighted MRI scans of ~3487 youths (N_{cases}=1,628, aged 8-21 years) were processed using standardized protocols. Preliminary analyses of seven cohorts (N_{CD}=920, 36% female; $N_{controls}$=1070, 42% female, aged 8-19 years) assessed group differences in regional cortical thickness and surface area and subcortical volumes using linear models, controlling for age, sex and intracranial volume (ICV). False-discovery rate correction was applied and site effects were adjusted for.

Results

Relative to controls, youths with CD showed lower ICV, total surface area and regional surface area across 21 cortical regions (including orbitofrontal cortex and insula; *d*s=0.10-0.26). They also exhibited lower volume in the amygdala, accumbens, thalamus and hippocampus (*d*s=0.10-0.13), but greater caudal anterior cingulate cortex thickness (*d*=0.17).

Conclusion

Preliminary analyses of the largest sample of youths with CD assembled to date indicated widespread small, but robust reductions in surface area and subcortical volumes in this population. Results presented at the conference will include the full sample and subgroup analyses focusing on sex, callous-unemotional traits and age-of-onset.

SY-05-01

Investigating the Ecophenotype Hypothesis: The impact of childhood maltreatment on white matter microstructure in young people with Conduct Disorder

Townend, Sophie [1]

Staginnus, Marlene [1], Rogers, Jack [2], Smaragdi, Areti [3], Martinelli, Anne [4], Raschle, Nora [5], Kohls, Gregor [6], Konrad, Kerstin [6], Stadler, Christina [7], Freitag, Christine M. [8], Walton, Esther [1], De Brito, Stephane [2], Fairchild, Graeme [1]

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[8] Goethe University Frankfurt am Main Germany

Introduction

Childhood maltreatment is a key risk factor for conduct disorder (CD), and there are suggestions that maltreated and non-maltreated youth with CD may be neurobiologically distinct. Referred to as the 'ecophenotype hypothesis', this may explain inconsistent findings in previous studies of white matter microstructure in CD youth.

Methods

Diffusion tensor imaging data were collected from 100 CD participants and 169 healthy controls aged 9–18 years. Using tract-based spatial statistics, we compared fractional anisotropy, and axial, radial and mean diffusivity between CD participants and controls, followed by comparisons between 1) the CD subgroups with (n=39) versus without a history of maltreatment (n=61); and 2) each of these subgroups compared with controls. Analyses were adjusted for sex, age, and site.

Results

The combined CD group had higher fractional anisotropy in the corpus callosum body than controls (*d*=0.44, *p*=.034). When splitting the CD group based on maltreatment history, only the non-maltreated subgroup exhibited higher fractional anisotropy in the corpus callosum body compared to controls (*d*=0.52, *p*=.040), while the maltreated CD subgroup did not differ from controls. Comparing the CD subgroups directly, those with a history of maltreatment displayed higher axial diffusivity in the right superior longitudinal fasciculus than the non-maltreated subgroup (*d*=0.86, *p*=.020).

Conclusion

These findings support the ecophenotype hypothesis by demonstrating neurobiological differences between maltreated and non-maltreated youth with CD, and suggesting that alterations observed in CD youth may be specific to the non-maltreated CD subgroup. This highlights the importance of considering maltreatment history in future studies of CD.

Session: Symposium 12 - SY-12

Date: 29-06-2023 - 10:45 - 11:45

Location: Galop 01 - Second floor /

SY-12-00

Early neural developmental markers and intervention outcome in toddlers with Autism Spectrum Disorder

Freitag, Christine M. [1]

Jones, Emily [2]

[1] Goethe University Frankfurt am Main Germany
[2] Birkbeck London United Kingdom

Chairs: Christine M. Freitag, Frankfurt & Emily Jones, London

Discussant: Nico Bast, Frankfurt

The natural developmental course and the outcome of intervention is highly variable in young children with Autism Spectrum Disorder (ASD). In this symposium, we first present new study results on early developmental markers possibly predicting social attention in infants with ASD, such as sleeping (Beegum-Ali et al.), and eye-tracking pattern (Viktorsson et al.). In the second part, we report on outcomes of early intervention, their variability, and possible moderators of outcome. First results of the randomised-controlled multi-centre A-FFIP trial are reported, which studies efficacy of the low-intensity naturalistic developmental behavioral intervention A-FFIP in changing core ASD symptoms (Freitag et al.). Moderators of outcome of a longitudinal sample receiving high intensity early intervention are shown in comparison (Latreche et al.). In the final talk, both approaches are combined, i.e. early developmental markers and their change by low-intensity NDBI is shown (Bast et al.). In summary, these new study results show, that early biological markers predicting ASD outcome may be changed by targeted early intervention in many children with ASD.

SY-12-04

First results of the Multicentre, randomized controlled trial of the Frankfurt Early Intervention Program for toddlers and preschool children with Autism Spectrum Disorder – A-FFIP

Freitag, Christine M. [1]

Kirchner, Marietta [2], Kleber, Solveig [1], Raji, Naisan [1], Polzer, Leonie [1], Albertowski, Katja [3], Taurines, Regina [4], Fröhlich, Ulrike [5], Kitzerow-Cleven, Janina [1], Kim, Ziyon [1]

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Naturalistic developmental behavioural interventions (NDBI) have been shown to improve autism specific symptoms in toddlers and preschool aged children with Autism Spectrum Disorder (ASD). Studies on early and longitudinal development in children with ASD point to many impaired core domains, which need to be targeted by complex, individualised NDBI approaches focussing on the child's individual strengths and weaknesses. Finally, cost-effective interventions which can easily be implemented in the local health care / social welfare system are necessary.

We established one-year efficacy of the low intensity, complex, manualized NDBI program **A-FFIP** in toddlers and preschool children with ASD by a multi-centre, randomized, observer blind, actively controlled parallel group phase-III trial. We expected A-FFIP to improve core ASD symptoms compared to early intervention as usual (EIAU). A-FFIP secondary effects on additional child, parent and family related competences, psychopathology and quality of life are explored.

We included N=134 toddlers and preschool children with ASD at study centres in Frankfurt, Augsburg, Dresden and Würzburg. The primary outcome measure is the average total score of the BOSCC (Brief Observation of Social Communication Change) to capture change in core ASD symptoms.

Currently, the data are prepared for analysis. At the conference, first data on the efficacy of one year A-FFIP intervention compared to EIAU on changing the child's core ASD symptoms, cognition and behavior will be presented.

Kitzerow J [...] Freitag CM (2020): Study protocol [...]. *Trials* 21 (1), S. 217.

Teufel K [...] Freitag CM (2017): A-FFIP. Autismus-spezifische Therapie im Vorschulalter. Berlin: Springer.

SY-12-03

How infants with later autism look at other children interacting: The timing of gaze allocation

Viktorsson, Charlotte [1]

Bölte, Sven [2], Falck-Ytter, Terje [1]

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[2] Karolinska Institutet Stockholm Sweden

In social interaction, it is essential to look at specific locations at the right time. In this prospective sibling study, we analyzed gaze behavior of 18-month-olds when viewing other children interact. The final sample consisted of 98 infants; 22 in the low-likelihood (LL) group, 60 in the elevated likelihood group who did not receive an autism diagnosis (EL-noASD group), and 16 in the elevated likelihood group who did receive an autism diagnosis (ASD group). We tracked their gaze while they were shown videos of two children interacting, where Child 1 requests a toy from Child 2 using a 'give me' manual gesture. An earlier study using the same stimuli found that typically developing children look at Child 2's face shortly after the Child 1's request (Falck-Ytter et al., 2013), presumably because Child 2 decides what happens next. There was a significant group difference in the ratio of looking at the face of Child 2 after, but not before, the reach ($F(2,91) = 3.698$, $p = .029$), where the ASD group showed a significantly lower ratio of looking at Child 2's face, as compared to the other children. These findings provide new leads on how social gaze may be different in children with autism in everyday life (e.g., kindergarten), and highlight the need of studying the dynamics of gaze on short time scales.

SY-12-02

Predictors and outcomes of Early Start Denver Model in children with Autism Spectrum Disorder in the Geneva Autism Cohort

Latrèche, Kenza [1]

Godel, Michel [1], Robain, François [1], Kojovic, Nada [1], Franchini, Martina [2], Schaer, Marie [1]

[1] University of Geneva Geneva Switzerland
[2] Fondation Pôle Autisme Geneva Switzerland

Background: Early intervention for young children with ASD has the potential to significantly impact their futures and leads to substantial cognitive improvements and better autonomy. However, early intervention also leads to heterogeneous cognitive outcomes. There is however scarce knowledge about other outcome measures, such as the effects on parental well-being and daily life. Another urgent need is to examine predictors of response to treatment, as a first step to individualized early intervention.

Methods: Since 2012, the Geneva Autism Cohort has followed 320 preschool-aged children, about half of whom received an early intervention (Early Start Denver Model, ESDM). Within this large-scale cohort, we explored whether visual attention to social stimuli could predict response to ESDM by using eye-tracking. We also investigated the effects of ESDM both on the children's developmental trajectories and on the parental perceptions associated with such intervention program.

Results: In line with previous literature, we showed that ESDM leads to heterogeneous cognitive gains. Given this heterogeneity, we found that social orienting is an important predictor of response to ESDM. We also found that parents perceive more gains in social and communication skills 6 months after the diagnosis when their child had lower functioning and had access to ESDM.

Conclusion: Given the heterogenous response to early intervention, it is critical to delineate predictors of outcome. We suggest that eye-tracking is a relevant technology to achieve this aim. Moreover, when assessing the effects of intervention, it is also essential to consider parental perceptions on family life and daily functioning.

SY-12-01

Naturalistic developmental behavioral intervention (NDBI) might improve joint attention and associated neurophysiological reactivity in preschoolers with autism spectrum condition

Bast, Nico

Polzer, Leonie, Raji, Naisan, Kleber, Solvejg, Lemler, Christian, Kitzerow, Janina, Kim, Ziyon, Freitag, Christine Margarete

Goethe University Frankfurt / Department of Child and Adolescent Psychiatry Frankfurt Germany

Background: The Frankfurt Early Intervention Program (A-FFIP) is a naturalistic developmental behavioral intervention (NDBI) for preschoolers with autism. Joint attention is an indicator of socio-communicative development that can be quantified in eye-tracking. Pupillary response is currently is discussed as a potential biomarker. We investigated direct effects of the A-FFIP intervention on eye-tracking measures of joint attention and an associated pupillary response as a biomarker of change.

Methods: Autistic preschoolers were assessed at baseline (T2, n=51), after 6-months of A-FFIP (T4, n=44), and after 12-months of A-FFIP (T6, n=31). This was compared to baseline assessments in matched neurotypical controls (K,

n=44). Joint attention is quantified with a validated social video paradigm. We compared the likelihood to RJA between groups (K, T2, T4, T6) in generalized multilevel mixed models on a per-trial level.

Results: A putative intervention effect was observed with a higher RJA likelihood in T6 compared to T2 (β = 0.55 [0.05; 1.05]), but lower compared to K (β = 0.26 [0.05; 0.43]) The putative intervention effect is driven by increased RJA after cueing onset (β = 0.67 [0.16; 1.19]) compared to premature RJA before cueing onset (β = -0.55 [-1.27; 0.17]). Pupillary responses after cueing onset were associated with RJA likelihood (β = 0.21 [0.07; 0.34]) and improved over the intervention.

Conclusions: The A-FFIP program increased the likelihood to exhibit joint attention, which is explained by an improved utilization of social cueing. Associated increased pupillary responses could reflect increased neurophysiological responsivity to social cueing as a biomarker of change.

SY-12-05

Infants with later ASD have less Night Sleep, and this relates to emerging developmental differences in social attention

Begum Ali, Jannath [1]

Gosse, Louisa [1], Mason, Luke [2], Pasco, Greg [2], Charman, Tony [3], Johnson, Mark [1], Jones, Emily [1]

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[3] Kings College London United Kingdom

Sleep problems have been implicated in neurodevelopmental disorders, such as Autism Spectrum Disorder (ASD) and Attention Deficit Hyperactivity Disorder (ADHD), persisting from early development to adulthood. We report findings from a prospective longitudinal infant sibling study (infants with an elevated likelihood of developing ASD, ADHD, ASD+ADHD or neither). We assessed sleep using the Sleep and Settle Questionnaire and the Infant Behaviour Questionnaire at 5, 10 and 14 months of age from a sample of 151 infants. Infants also took part in a number of social attention eye-tracking tasks at the above time points.

Infants with an elevated likelihood of ASD had less Night Sleep than those without a family history of ASD [$F(1, 133) = 10.08$, $p = .002$, $h_p^2 = .07$]. Children with a 36 month ASD-Outcome also had less Night Sleep than those without ASD [$F(1, 109) = 4.6$, $p = .03$, $h_p^2 = .04$]; this varied by age such that the ASD group had less Night Sleep at 14-months [$t(96) = 4.1$, $p < .001$, $d = 1.46$]. Higher levels of Night Sleep at 10 months were associated with more time spent looking to the face during a Face Popout task at 14-months ($\beta = .23$, $p = .01$). Further, lower levels of Night Sleep at 14-months associated with increased ASD symptomatology at 3-years ($\beta = -.48$, $p = .001$).

Our findings show that infants at an elevated likelihood of ASD, and those who go on to have ASD, demonstrate decreased levels of Night Sleep, which relates to later social attention.

Session: Symposium 09 - SY-09

Date: 29-06-2023 - 10:45 - 11:45

Location: Karavanen 6 - First floor /

SY-09-00

Exploring new dimensions of functional somatic symptoms in children and adolescents

Rask, Charlotte Ulrikka

Aarhus University Aarhus Denmark

Children and adolescents with functional somatic symptoms (FSS) like pain and fatigue which are not explained by a well-defined disease are common across health care settings. At a crucial developmental stage FSS can cause high school absence and social withdrawal with a considerable risk of chonicity. It is therefore worrisome that the number of young people reporting FSS has been rising during the past decades across nations in Europe.

FSS are implied to be an indicator for low well-being with different expressions of bodily distress, i.e. various responses to prolonged mental- or physical stress in susceptible individuals. Empirical research has demonstrated considerable heterogeneity in the clinical presentation but also a strong association with especially emotional disorders. Together these findings call for a broader perspective to address how paediatric FSS may develop over time but also how there may be overlapping underlying mechanisms with different types of psychopathology as well as evidence for associated stress responses. This symposium will include four presentations with new research into these dimensions:

1) A qualitative study on everyday physical complaints in children, 2) Developmental course of functional somatic symptoms from pre- to late adolescence and associated internalizing psychopathology, 3) Functional somatic symptoms and autistic-like features: interrelations in adolescence and 4) Hair cortisol and self-perceived stress in adolescents with multi-system functional somatic disorders.

It will be discussed how these recent results may inform new targets for both specific as well as more generic, transdiagnostic interventions for FSS at young age.

SY-09-04

A qualitative study on everyday physical complaints in children

Van der Ziel, Sterre

University of Groningen Groningen Netherlands

Objective: Young children experience physical complaints, like abdominal pain or minor injuries from playing, almost every day. These experiences may shape how they deal with health issues later in life. While models exist to explain illness perception in adults, information is lacking on the perspective of young children. This qualitative study aimed to explore important themes in the experience of everyday physical complaints in four- and five-year-old children, using children as informants.

Study design: 30 semi-structured interviews were performed in which four- and five-year-old children were questioned about their experiences with everyday physical complaints. The interviews were double coded using Atlas.ti and subsequently qualitative content analysis was used to define themes.

Results: All participating children were able to elaborate on their experiences with physical complaints. Three themes emerged from the interviews: causes of complaints, appraisal of complaints, and implications of complaints. In their appraisal of complaints, four- and five-year-old children made a distinction between visible and invisible complaints and real or pretended complaints.

Conclusion: Four- and five-year-old children can already give details about their experiences with everyday physical complaints. They have developed ideas about the causes and implications of complaints and try to make an appraisal.

SY-09-03

Hair cortisol and self-perceived stress in adolescents with multi-system functional somatic disorders

Nyengaard, Rebecca [1]

Kallesøe, Karen Hansen [2], Rimvall, Martin Køster [3], Ørnbøl, Eva [4], Wellnitz, Kaare Bro [4], Olsen, Else Marie [5], Wyller, Vegard Bratholm [6], Rask, Charlotte Ulrikka [2]

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[6] Department of Pediatric and Adolescent Medicine Nordbyhagen Norway

Objective

Long-term stress causing altered hypothalamic-pituitary-adrenal (HPA) axis dynamics with cortisol dysfunction may be involved in the pathophysiology of functional somatic disorders (FSD), but studies on adolescents with multi-system FSD are lacking. Therefore, we investigated: 1) whether hair cortisol concentration (HCC) can differentiate adolescents with multi-system FSD from a) a community-based cohort and b) a cohort-derived subgroup reporting a high physical symptom load, and 2) whether FSD population HCC is associated with a) primary symptom clusters and b) self-perceived stress.

Methods

We used data from two samples: 1) the AHEAD sample including participants with multi-system FSD (N=91, age 15-19 years), and 2) the community-based CCC2000 sample (N=1,450, age 16-17 years). Density plots and multiple linear regression were applied to compare HCC between groups. In AHEAD, multiple linear regression was employed to assess the association between HCC and a) primary symptom cluster or b) self-perceived stress.

Results

In analyses adjusted for sex, age and BMI, median HCC in AHEAD was lower than in CCC2000 (β=0.80 (95%CI: 0.66%, 0.97%)), but not significantly different from the median HCC in the CCC2000 subgroup (β=0.84 (95%CI: 0.66, 1.07%)). In AHEAD, HCC was not significantly associated with primary symptom cluster (F(2, 82)=0.13, p=0.88) or self-perceived stress (F(4, 83)=1.18, p=0.33).

Conclusion

Our findings indicate that HCC in adolescents with multi-system FSD is lowered, but not significantly associated with primary symptom clusters or self-perceived stress. Future studies including multiple measures of HPA axis dynamics alongside psychological stress measures may further elucidate the role of long-term stress in FSD.

SY-09-02

Functional somatic symptoms and autistic-like features: interrelations in adolescence

Hogendoorn, Elske [1]

Hartman, Catharina [1], Burke, Sarah [1], Van Dijk, Marijn [2], Rosmalen, Judith [1]

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Autistic-like features and functional somatic symptoms (FSS) frequently co-occur. It remains unknown how autistic-like features and FSS affect each other and develop throughout adolescence. This study examined reciprocal relations between autistic-like features and FSS in adolescence. Participants were 2772 adolescents (52.5% male) from the Tracking Adolescents' Individual Lives Survey population and clinical cohort. Data from four waves were included, covering the ages between 11 and 19 years. Autistic-like features were measured using the Children's Social Behavior Questionnaire. FSS were assessed using the Youth Self Report and Adult Self Report, respectively. Using the random intercept cross-lagged panel model, a stable positive, moderately strong between-persons association was found between autistic-like features and FSS. No within-persons reciprocal effects from wave to wave were observed. Secondary analyses revealed a consistent relation with FSS for three different domains of autistic-like features (social and communication behaviors, repetitive behaviors, and self-regulatory behaviors), and highly similar interrelations in a subsample of adolescents with a clinical autism spectrum disorder diagnosis. In conclusion, the co-occurrence between autistic-like features and FSS is stable throughout adolescence. Clinicians working with adolescents with autistic-like features should be alert to the presence FSS, and vice versa.

SY-09-01

Developmental course of Functional Somatic Symptoms (FSS) from pre- to late adolescence and associated internalizing psychopathology

Münker, Lina [1]

Rimvall, Martin Køster [2], Frostholm, Lisbeth [1], Ørnbøl, Eva [1], Wellnitz, Kaare Bro [1], Jeppesen, Pia [3], Rosmalen, Judith [4], Rask, Charlotte Ulrikka [1]

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BACKGROUND: Knowledge about FSS progression and co-occurring psychopathology during adolescence is scarce. The current study aims to investigate 1) symptom continuity of pre-adolescent FSS to late adolescence and 2) the effect of pre-adolescent FSS on later internalizing psychopathology.

METHOD: Data from the general population Copenhagen Child Cohort (CCC2000) at age 11/12 (T0) (n = 1890) and 16/17 (T1) (n = 2542) was utilized, including self-reported questionnaire data on FSS (Children's Somatization Inventory; Bodily Distress Syndrome Checklist), internalizing psychopathology (The Strengths and Difficulties Questionnaire; Spence Children's Anxiety Scale; The Mood and Feelings Questionnaire), and chronic medical conditions status (Soma Assessment Interview). The developmental FSS courses was categorized as: persistence (high FSS at T0 & T1), remission (FSS only at T0), incidence (FSS only at T1) or no FSS (no FSS at T0 & T1). We will conduct multiple linear regressions to investigate the FSS/psychopathology association.

RESULTS: Pre-adolescent FSS appears to predict later FSS (b = .057, p < 0.001), anxiety (b = .019, p = .007) and depression (b = .029, p < 0.001). Persistent and incident FSS had a stronger association with anxiety (persistent: b = 2.623, p < 0.001; incident: b = 2.198, p < 0.001) and depression (persistent: b = 2.712, p < 0.001; incident: b = 2.290, p < 0.001) than remittent FSS (anxiety: b = .576, p < 0.001; depression: (b = .669, p < 0.001).

DISCUSSION: Findings could contribute to the understanding of symptom expression patterns during adolescence, which could help in formulating treatment approaches.

Session: Symposium 06 - SY-06

Date: 29-06-2023 - 10:45 - 11:45

Location: Columbine - Ground floor /

SY-06-00

The Intergenerational Transmission of Risk for Severe Mental Illness - an offspring perspective.

Van Haren, Neeltje

Erasmus Medical Center - Sophia Rotterdam Netherlands

Mental illness runs in the family. A family history of mental illness is the most important known risk factor for the development of mental health problems. Up to 50% of children with a mentally-ill parent will develop a mental disorder in their life course, suggesting a transfer of disease risk from affected parents to offspring. Such intergenerational transmission of risk of mental illness is rarely considered in clinical practice, and health care systems do not sufficiently embed family history of mental illness into diagnostics and care, leading to a delay in diagnosing patients and missing the time window for protective actions and resilience strengthening. Furthermore, parents with mental illness are often unaware of how their disorder may impact the well-being of their children, may be less capable of reflecting on their parenting role and style, and seldom discuss the latter with health care professionals.

Despite ample evidence that mental illness runs in families, how and when risk for mental illness is passed from parents to offspring is still poorly understood. By advancing our understanding of the aetiology of mental illness and by uncovering new targets for the development of preventive strategies we can break the intergenerational cycle of mental illness and support strengths and resource building. Here, we will present the work of four familial high-risk offspring cohorts, presenting on (longitudinal) clinical, behavioural, environmental, genetic and neuroimaging analyses. Also, the FAMILY consortium (funded by the European Commission) will be introduced.

SY-06-04

Trajectories of brain development in adolescence at high familial risk for schizophrenia or bipolar disorder

Poortman, Simon [1], Schnack, Hugo [1]

Setiaman, Nikita [1], De Lange , Siemon [2], Van den Heuvel, Martijn [2], Kahn, René [3], Hillegers, Manon [1], Van Haren, Neeltje [1]

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[2] Free University Amsterdam Amsterdam Netherlands
[3] Mount Sinai New York United States

Offspring of parents with bipolar disorder [BD] or schizophrenia [SZ]) are at elevated risk for developing psychiatric illness. We investigated brain development in child and adolescent offspring with at least one parent with schizophrenia (SZo) or bipolar disorder (BDo) and compared them to offspring of parents without mental illness (Co).

82 BDo, 53 SZo, and 54 Co (aged 8-18 years) were included; 109 underwent a follow-up scan after 2-6 years. FreeSurfer was used to segment the brain into global and local measures of brain volume, cortical thickness, and cortical surface area. Anatomical brain networks were reconstructed into structural connectivity matrices. Graph theoretical analysis was performed. Mixed effect modeling was done to compare the association between brain metric and age between groups. Multiple comparisons correction was applied using false discovery rate (FDR) at alpha=0.05.

Results show differential longitudinal trajectories of cortical surface area between BDo and SZo (p=0.003) and of cortical thickness between BDo and Co (p=0.006). In SZo surface area shows a decrease while in BDo it shows an increase with increasing age. Cortical thickness shows a less pronounced decrease in BDo compared to Co with increasing age. No significant differences were found in trajectories of structural brain network metrics between groups.

We find evidence for subtle deviations in brain developmental trajectories in child and adolescent offspring of parents with schizophrenia and bipolar disorder in global brain structural measures, but not in brain network metrics. Familial risk for psychopathology may thus be mapped onto partly distinct (possibly disorder-specific) neurobiological features.

SY-06-03

The Danish High Risk and Resilience Study – VIA 19

Thorup, Anne A.E. [2], Nicoline, Hemager [3], Greve, Aja [4], Mors, Ole [5]

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In 2013-2016, we established the longitudinal Danish High Risk and Resilience Study VIA 7, a representative cohort of 522 7-year-old children born to parents with schizophrenia (202 children), bipolar disorder (120 children) or without these disorders (controls, 200 children). In the comprehensive first and second wave of assessment (the VIA 7 study at age 7, the VIA 11 study at age 11) we found that compared to controls, children of parents with schizophrenia were more likely to have child psychiatric disorders, psychotic experiences, lower cognitive function, poorer understanding of language, poorer motor functioning, more traumatic life events, lower level of physical activity, poorer home environment, and structural brain changes at age 11. Between age 7 and age 11, differences prevailed or increased.

We plan to carry out the fourth wave of assessments in The Danish High Risk and Resilience Study VIA 19, when the adolescents turn 19.

Our aims are:

1. To improve insight into early disease processes of including symptom formation and psychopathology, impairments or delays of maturation in different domains of cognitive functioning, paralleled by changes of brain structure and of patterns of brain activation.

2. To identify the influence of genetic, epigenetic and environmental exposures.

3. To develop a prediction model and a short test battery that allow for identification of early modifiable risk factors and risk markers.

SY-06-02

Determinants of the parent-child transmission of bipolar and major depressive disorders: from familial risk to adverse environmental factors

Vandeleur, Caroline [1]

Strippoli, Marie-Pierre [2], Castelao, Enrique [2], Moulin, Flore [3], Marquet, Pierre [2], Preisig, Martin [2]

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[2] University Hospital of Lausanne Prilly Switzerland
[3] University of Bordeaux Bordeaux France

Studies focusing on the offspring of parents affected by mood disorders provide a powerful design for the identification of risk factors of mood disorders in these offspring. Our study in Lausanne-Geneva, conducted for over 15 years, has highlighted several risk factors for this parent-offspring transmission.

Previous analyses of our cohort have revealed a strong association between early-onset bipolar disorder (BPD) in parents, but not the later onset subtype, and the risk of BPD in offspring. Similarly, the familial aggregation of early onset major depressive disorder (MDD) was modestly associated with the risk of MDD in offspring.

Our findings further suggest that it is not only the affected parent's mood disorder but also that of the same disorder in the co-parent which plays a role in inter-generational transmission. This advocates the need for collecting information on co-parents in high-risk studies and closely monitoring offspring in families with similarly affected parents.

Adverse environmental factors including physical or sexual abuse and stressful life events are also involved in the development of mood disorders. Our data show that childhood adversity is indeed more frequent in families of patients with mood disorders than those of controls, although this adversity was only a mediator of the risk in the parental-offspring transmission of MDD, and not of BPD.

MDD and BPD are likely to have distinct risk factors. Our data confirm the importance of specific family history in each type of mood disorder, whereas the onset of MDD in offspring is further associated with adverse environmental factors.

SY-06-01

Genetic and environmental modulation of the subclinical status in youth at high familial risk for schizophrenia and bipolar disorder

Segura, Alex G [1]

De la Serna, Elena [2], Sugranyes, Gisela [2], Baeza, Inmaculada [2], Valli, Isabel [2], Diaz-Caneja, Covadonga [3], Martin, Nuria [4], Moreno, Dolores M [4], Gassó, Patricia [1], Rodriguez, Natalia [1], Castro-Fornieles, Josefina [2], Mas, Sergi [1]

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Schizophrenia (SZ) and bipolar disorder (BD) show remarkable familial aggregation, possibly explained by their etiological overlap. Subclinical features found exacerbated in individuals at familial high risk (FHR) may have a critical role in illness onset and severity. The present study aims to evaluate the (epi)genetic differences between FHR and controls and assess the role of genetics in the subclinical status.

Young individuals offspring of patients with SZ, BD and controls were recruited. Cognitive performance, subclinical status and environmental risk data were collected at study entry and after 2 years. Epigenetic clocks were constructed for the estimation of the biological age and polygenic risk scores (PRSs) to assess the genetic liability for psychopathological and cognitive phenotypes.

FHR individuals reported a greater biological age deacceleration relative to the controls. SZ and BD PRSs were found increased in the FHR subsample but not associated with any subclinical scales. Depression and cognitive PRSs had an effect on the subclinical measurements, regardless of the parental diagnostic. Gene-environment interactions (GxE) of these PRSs with pre and post-natal environmental risk factors were found to modulate both cognition and functionality.

Although the FHR subsample showed increased SZ and BD PRSs, the subclinical severity was primarily driven by depression and cognitive PRSs, suggesting differential molecular mechanisms between illness onset and severity and independent of the parental diagnostic. The GxE results suggested that the genetic proneness confers susceptibility in different stages of neurodevelopment. The study of the vulnerability factors is key to disentangle the mechanisms underlying psychiatric disorders.

Session: Clinical Perspectives 04 - CP-04

Date: 29-06-2023 - 10:45 - 11:45

Location: Arkaden 6 - Second floor /

CP-04-00

Difficult Diagnostics: irritability, outbursts and mood dysregulation

Hillegers, Manon

Erasmus MC Sophia Rotterdam Netherlands

Overall abstract Clinical Perspective on irritability, outbursts and mood dysregulation:

Presenters with clinical and scientific expertise in attention-deficit/hyperactivity disorder (ADHD), autism spectrum disorder (ASD), bipolar disorder, and SUD/personality disorder discuss cases that illustrate important issues in the identification and treatment of children and adolescents referred for irritability, outbursts, and mood dysregulation. These include unrecognized, untreated, or undertreated ADHD, ASD, and problems with inflexibility, evolving bipolar disorder, aggression and self-injurious behavior. Included in the discussion are diagnostic workup, medication management, psychosocial interventions, and environmental support. The different cases are discussed including recent insights from the literature and taking into account clinical guidelines. These *four* cases provide a comprehensive examination of a complex topic and will be supported with video material. An interactive audience-response mechanism will be used to engage the audience in figuring out the best approach in each case. Learning objectives include a step wise approach of diagnostics and decision making. The developmental perspective in diagnostics and classification is being discussed and includes also the impact of environmental support and psychosocial interventions in the treatment plan. With presenters from the US and The Netherlands a Trans-Atlantic view on diagnostics and treatment in child and adolescent psychiatry will be part of the discussion with the audience.

Presenters

Marijke Hofstra (ASD/ADHD), Boris Birmaher (ADHD/BD), Jon McClellan (Personality Disorder/SUD) & Manon Hillegers (CD/BD).

Discussant

Kerstin von Plessen

CP-04-03

Difficult Diagnostics: irritability, outbursts and mood dysregulation

Birmaher, Boris

BIRMAHER Pittsburgh United States

J is a 10-year-old boy who was referred to the Child and Adolescents Bipolar Spectrum Services (CABS) by his adoptive parents due to severe mood lability and behavior problems since he was 5 years old. J was diagnosed with ADHD manifested by persistent impulsivity, hyperactivity and poor attention at school and home. In addition, he was diagnosed with oppositional defiant disorder (ODD). J was treated with behavior and family therapy and long-acting stimulants with initial excellent response. However, periodically he showed worsening of the ODD and ADHD symptoms, requiring changes in the dose of the stimulants and twice a day dosing because worsening of the ADHD symptoms during late afternoon. The same pattern continued for one year requiring higher dosages of different stimulants with initial response but periodic recurrences. Adding a second generation of antipsychotic reduced the mood lability but only temporarily. After close observation at the clinic and at home (including videos), it became clearer that the worsening of his psychopathology was due to symptoms of mania, which were confounded by the ADHD and ODD. Moreover, further questioning indicated that his biological father had symptoms of bipolar disorder (BD). Pharmacological treatment of BD resulted in persistent improvement of his symptoms and his psychosocial functioning. In this presentation we will discuss the difficulties diagnosing and treating prepubertal BD.

CP-04-02

Difficult Diagnostics: irritability, outbursts and mood dysregulation

McClellan, Jon

University of Washington Seattle United States

The case of a 15-year-old young lady of European ancestry, admitted to long-term hospital in Washington State for a chronic history of mood and behavioral dysregulation, aggression, self-harm, substance abuse, legal problems and running away. She has had mood and behavioral difficulties since at least age 9 years, with multiple acute psychiatric hospitalizations and residential placements for suicidality and aggressive outbursts. Outbursts of aggression occurred frequently, sometimes daily, with assaultive behavior towards staff, peers and law enforcement. Self-harming behaviors include cutting, wrapping items around her neck, ingestion of foreign objects, medication overdoses, head pounding and hunger strikes. Triggers for outbursts generally involve conflicts with peers or demands for access to desired items or disagreements about rules. She has a significant history of trauma and social chaos. She was removed from her biological mother’s care as an infant due to neglect and maternal drug abuse. She was adopted, but then removed from

the adoptive home at age 10 due to allegations of being sexually victimized by a sibling. She subsequently had multiple out of home placements, and also spent time homeless. Diagnostic formulation and intervention strategies will be discussed, supported by video interviews of the child.

CP-04-01

Aggression, irritable and always in trouble: why bipolar disorder is missed.

Hillegers, Manon

Erasmus MC Sophia Rotterdam Netherlands

Abstract of CLINICAL PERSPECTIVE case Hillegers (CD/BD)

The case of 17-year-old young man of Dutch/Indonesian/Antillean origin who was referred for a second opinion, will be presented. He is always in trouble; at school, at home and on the streets. He has been having mood swings for 3 years which alternate from gloomy to manic in periods of several weeks, although unrecognized as such. In periods of disinhibition, Ilay often gets into trouble due to statements on social media, or he actively seeks contact with loiterers, often resulting in physical aggression. At home he periodically shows emotional outburst in interaction with his mother. Cannabis use is an ongoing issue, although he tries to quit using. When he was younger he was referred to youth services because of behavioral problems, a gaming addiction and incidents involving the police. During our diagnostic intake process, Ilay again came into contact with the police because of a serious stabbing incident involving a group of boys. At the police station, a manic state was observed with overvalued ideas, suspicion, decreased need for sleep, rapid speech and motor restlessness. Ilay agreed to voluntary admission and was put on medication. Supported by video interview fragments of this adolescent with bipolar I disorder, the determinants, developmental trajectory problems, diagnostic process and treatment will be discussed. The differential diagnoses, based on the presentation of psychopathology and context, will be explained.

CP-04-04

Difficult Diagnostics: irritability, outbursts and mood dysregulation

Hofstra, Marijke

Erasmus University Rotterdam Rotterdam Netherlands

The case of a 10-year old boy of Dutch origin who was referred for a second opinion, will be presented. He is known with an autism spectrum disorder and also with ADHD. At time of referral he is unable to attend school because of mood dysregulation, with regular outbursts of aggression. At home there are moments of aggression too, but less frequent. When outbursts occur, he shouts, throws with things and tries to kick adults. During the period at our inpatient department the outbursts also occurred, but with the help of nonverbal treatment, educational therapy, parental coaching and medication they diminished. Understanding his strengths and difficulties was very helpful in the process. During the presentation the differential diagnoses, based on the presentation of psychopathology and context, the diagnostic process and treatment will be discussed.

Session: Clinical Perspectives 12 - CP-12

Date: 29-06-2023 - 10:45 - 11:45

Location: Carstensen - Lower floor /

CP-12-00

Understanding and tackling the rising demand of CAP services- from emergency to cowork.

Raynaud, Jean-Philippe

Toulouse University Hospital Toulouse France

This clinical perspectives session, organized by the ESCAP Clinical Division, brings together contributions from four Child and Adolescent Psychiatry teams working in three different European countries. They will present their work, their experiences, with a dimension that is both clinical and research, with the common point of questions concerning emergency requests, access to care devices, organizations and collaborations.

Four contributions will be presented:

- Who are the teenagers urgently received in CAP? What about their trajectories, the social and judicial support? Jean-Philippe Raynaud, Aurélien Chatagner, France.

- Challenges and models to facilitate access to acute psychiatric care in youth- a case study. Kerstin von Plessen, Switzerland.

- Development of an acute inpatient unit during ten years. What's to be learned? Anne Marie Räberg Christensen, Denmark.

- Evaluation of telephone visitation of emergency inquiries during Covid-19. Jimmi Badaway, Denmark.

A good place will be given to discussion, exchanges and sharing of experience.

CP-12-04

Challenges and models to facilitate access to acute psychiatric care in youth- a case study

Plessen, Kerstin Jessica [1]

Kapp, Carole [2], Morisod, Mathilde [2], Montel, Charlotte [2], Tissot, Pascale [2], Sidiropoulou, Olga [2], Voirin, Floriane [2], Stantzos, Alexia [2]

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[2] Lausanne University Hospital Lausanne Switzerland

We herein present the re- organization of child and adolescent psychiatry in our region (Canton de Vaud) that has been suffering from few beds (16 beds/100 000 minors) and long waiting lists and a high number of children hospitalized in pediatrics and in adult psychiatry.

During the last 2 years, we have been taken several measures to improve patientflow:

one single entry for all ambulatory demands, thus improving the access to “crises interventions” in outpatient clinics

a “unit of 5 beds” with a max stay of 5 days, linked to the emergency room, where a nurse in child and adolescent psychiatry is present

a day unit for crises (3-4 places) with a max stay for 3 weeks.

improved the partnership with the child protection services with a medical liaison in an acute “residential home”

The care of patients arriving in the emergency room at the pediatric hospital is improved (in the emergency room, within the hospitalization and downstream orientation), however, with a strong variation in bed occupancy. Better access to beds in CAP and decrease of occupation of beds in pediatrics. Reduction of the waiting list and a reduction of the length of stay (Numbers will be presented).

Focus: the criteria for hospitalization and the length of stay, interaction of CAP and with the pediatric services in the emergency room (first and second line), and between outpatient and inpatient services, as well as the question concerning the “institutional cooperation”.

CP-12-03

Who are the teenagers urgently received in CAP? What about their trajectories, the social and judicial support?

Raynaud, Jean-Philippe [1]

Chatagner, Aurélien [2]

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In recent years, the number of emergency consultations by teenagers in child and adolescent mental healthcare centers/psychiatric facilities has increased significantly worldwide. Minors monitored by child welfare services (both social child care services and youth judicial protection services) are overrepresented among these adolescents consulting in emergency.

Objectives. – We wanted to study the differences between adolescents consulting in emergency and adolescent consulting in routine, programmed consultation, particularly items such as: personal and family psychological history, diagnosis, social and/or legal trajectory. We also wanted toexplore whether adolescents receiving social and/or legal support are overrepresented in this population and show specificities with regard to, for instance, their personal and family history, their clinical manifestations, their health care access and trajectories. . .

Methods. – An unprecedented national multicenterscheme was set up, consisting of 10 teams of public child and adolescent psychiatric departments, well distributed on the French territory and selected on a voluntary basis. During 4 months, after each consultation, trained physicians collected the data, by filling out a computerized grid, titled “Life course and treatment of children and adolescents”, which includes 83 items.

Results. – Four hundred and thirty-three adolescents were included, and we collected complete data for 330 consultations. The data outline the characteristics of adolescents using the psychiatric emergency services in France, which are in keeping with the international literature.

CP-12-02

Evaluation of telephone visitation of emergency inquiries during Covid-19

Badaway, Jimmi [2]

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Objective: Due to numerous societal restrictions during the Covid-19 pandemic an acute telephone visitation was introduced for the child and adolescent psychiatry in 2021. This visitation allowed patients and relatives can be contacted by the psychiatrist on duty. Over the course of three months a study was conducted, with the objective to gather and evaluate information on the usage of the visitation. **Methods:** A registration form was completed for each telephone inquiry in the study period. The data was then structured and analyzed to show relevant results, such as the demographics, the primary contact initiator, outcome of the contact and when the patient themselves was involved in the contact, and the number of previous telephone contacts. **Results:** In the study duration 441 telephone contacts was documented. Calls varied throughout the day, with the greatest frequency from 8am to 8pm peaking at 1pm. The distribution of call initiators was 88.5% parents, 8% other professionals and only 2.5% patients themselves. The outcome of the contacts was 62% got counseling, 20% involved the Social Services and 15,6% was directed to the emergency room. **Conclusions:** The telephone visitation was used in considerable extent by parents seeking counsel in acute psychiatric situations and most of the inquiries led to involvement of the Social Services. It is uncertain whether the telephone visitation brought down the number of inquiries or admissions, but it made acute child and adolescent psychiatric help more accessible to patients and their relatives.

CP-12-01

"Development of an acute inpatient unit during ten years. What's to be learned ?

Christensen, Anne Marie Raaberg

Grønning, Helene, Heurlin, Anne

Mental Health Services of the Capital Region Glostrup Denmark

“Development of an acute inpatient unit during ten years. What have we learned?”

Descriptive study of a new subspeciality: emergency psychiatry for children and adolescents. The acute mental health service for children and adolescents in the Capital Region of Denmark consists of an assessment room in the adult psychiatric department, a 10-beds unit for short stay admissions and a small out-going team for acute cases. This is for a region with 1.900.000 million inhabitants, 370.000 children and adolescents under 18 years of age. In 2022 there were 2100 contacts to the emergency.

Object: to discuss the development of the service over 10 years. Did the number of children and adolescents increase, did the number of contacts and length of admission. Characteristics of the group and patient pathology. Changes in treatment and parent involvement.

Method: Analysis of hospital statistics and yearly status rapports. Statistics of emergency visits, admissions to short term ward and referrals to the acute team. Weekdays, time of day and changes over ten years. Description of technics such as cognitive deescalation, suicide prevention and crises management, agreements patient/parents and various tools and APP's used for psykoeducation.

Results: Number of contacts rose in the beginning but stabilized. The lenght of admissions shortened and complexity of patient’s pathology changed. Methods and tools for treatment of emergency contacts and short stay admissions improved

Discussion: How may we avoid the feeling of there never being enough beds.

Session: Clinical Perspectives 02 - CP-02

Date: 29-06-2023 - 10:45 - 11:45

Location: Karavanen 9+10 - First floor /

CP-02-00

'You treat a person, not a diagnosis.' The role of classifications in CAP

Bansema, Chanel [1], Vermeiren, Robert [2], Van Tilburg, Kaylee [3], Falissard , Bruno [4]

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A growing number of youth deal with severe and enduring mental health problems (SEMHP), which are heterogeneous and complex. They receive one classification after another, do not fit into the boxes of the DSM, and do not recognize themselves in their classifications. By focusing on classifications, these youths’ stories get lost, and we lose connection. Do we lean too much on classifications in child and adolescent psychiatry (CAP)? Is the DSM being used appropriately in both research and practice? How can classifications be helpful without losing the young people's story? What do clinicians need to keep working from the young people's stories, even when their problems seem complex? And how can experts by experience play a role in this? These questions go beyond the Dutch mental health care system since multiple western countries are struggling with the role of classifications for youth with complex mental health problems.

Increasing our understanding of youth with severe and enduring mental health problems internationally is necessary. Our focus should be beyond their classification on the nature of their (mental health) problems. During this clinical perspective, our approach towards youth with SEMHP will be discussed by international presenters with different viewpoints (expert by experience, clinicians, and researcher). Subsequently, presenters will discuss various topics with a panel of international experts. Various statements will structure the discussion, allowing the attendees to participate actively.

CP-02-04

'You treat a person, not a diagnosis.' The role of classifications in CAP

Falissard , Bruno [2]

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[2] Université Paris-Saclay, France Paris France

Psychiatrists, like most physicians, are fascinated by their classifications. Like art critics that distinguish surrealists, cubists, hyperrealists, minimalists, etc. psychiatrists try to reveal patterns of symptoms, emotions, or behaviors from the patients they see in their day-to-day practice. But psychiatric disorders are not used and are determined only by psychiatrists. As pointed out by P. Zachar [1], psychiatric disorders can be considered as biological dysfunction, patterns of symptoms helpful for treatment and prognosis, categories used by health insurance, categories used by judges, words used in the media, concepts used by sociologists [2].

Psychiatrists are fascinated by their classifications because they make it possible to put words on the destabilizing complexity of clinical situations. This is so important for them, so reassuring, that classifications become sacred, that diagnoses become of a crucial importance, sometimes more important than the singular existence of the young human being they have in front of them.

At this point, the least we can do is to face this reality, to understand what motivates it and to act as rational professionals for the best of our patients and their family.

References:

1. Zachar, P. (2015). Psychiatric disorders: natural kinds made by the world or practical kinds made by us? *World Psychiatry*, *14*(3), 288–290. https://doi.org/10.1002/wps.2024

2. Ehrenberg, A. (2010). *Weariness of the Self: Diagnosing the History of Depression in the Contemporary Age*. McGill-Queen's University Press. http://www.jstor.org/stable/j.cttq48ft

CP-02-03

'You treat a person, not a diagnosis.' The role of classifications in CAP

Vermeiren, Robert [2]

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[2] LUMC Curium - Child and Adolescent Psychiatry, Leiden University Medical Center, Oegstgeest Netherlands

Some years ago, LUMC Curium professionals working at the acute department were shocked by the first adolescent suicide in more than 50 years that the clinic existed. The fatal event occurred in a youngster who, for months was unreachable. She completely lost hope in the future. Professionals felt in despair because no treatment seemed possible.

Unfortunately, youngsters whom we fail to reach seem to increase. This is likely the result of our current diagnostic (classification focused) system. Youngsters tell us that they do not feel heard. Similarly, they consider specific treatments following classification diagnostics inadequate. Therefore, they feel no perspective. They ask us to be seen as a person and not a classification.

As a professional, I feel like we have lost connection with youth because we focus too much on the surface, observable symptoms. In order to reach youngsters adequately, we need to reconsider our diagnostic system. At one side, I believe classifications have their role in the interprofessional communication and the broad description of domains the problems are situated in. At the other side, we need to include underlying characteristics in our diagnostic narrative. How to do this needs reconsidering the diagnostic paradigm in our field.

CP-02-02

'You treat a person, not a diagnosis.' The role of classifications in CAP

Van Tilburg, Kaylee [2]

Bansema, Chanel [1], Vermeiren, Robert [3], Nooteboom, Laura [4]

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[2] LUMC Curium - Child and Adolescent Psychiatry, Leiden University Medical Center, Oegstgeest Netherlands
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When life does not turn out the way you planned it as an adolescent, it takes a toll on you. When I was fifteen, I became severely depressed. After years of ignoring my emotional needs my body and mind called me to a halt. Little did I know then that my journey to recovery would be such a complex one. I was referred to a psychiatrist, and in the following years, I received multiple classifications and multiple forms of inpatient and outpatient treatment. During this whole time, I was struggling with multiple problems at the same time (meeting the criteria of multiple classifications), and I often felt ‘stuck’. Most treatments I received were effective for a specific problem, but failed to address the other things I was struggling with. The mental health workers that helped me the most were the ones that saw me and treated me as a person with interacting problems, rather than treating all classifications separately. The more classifications I received, the more me and my team struggled to understand what these classifications meant. The more we focused on the individual problems, the less we knew. We had no effective way of knowing what symptoms treat first and which were most important. All the symptoms were part of a bigger picture, and could not be seen as separate problems. Hence, seeing the person beyond their classifications is crucial in treating youth with complex problems.

CP-02-01

‘You treat a person, not a diagnosis.' The role of classifications in CAP

Bansema, Chanel [1]

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A growing number of youth deal with severe and enduring mental health problems (SEMHP) [Decoene et al., 2018]. For these youth, the current mental health care, including the traditional way of classifying mental health problems, seems unsuitable since their problems often fit many classifications over time [Colizzi et al., 2020]. To better fit their needs, we should further our knowledge of their characteristics and preferences in treatment.

The research project DevelopRoad aims to increase our understanding of the characteristics of youth with SEMHP from multiple perspectives. First, the existing literature about these youth was explored. Subsequently, an exploratory sequential approach was performed. Qualitative findings from semi-structured interviews with ten youth informants and ten psychiatrists were verified in a broad group by conducting Likert-scale questionnaires with 81 youth, 31 caregivers, and 45 practitioners.

The first results indicate key characteristics of these youth, including trauma, suicidality, stagnation in multiple life domains, and deep feelings of hopelessness. We also identified characteristics, including the duration of care, multiple

classifications, parental stressors, high societal pressure, and stigma. Findings suggest an interaction of symptoms with functioning in different areas of life, in which it is not clear which problem is causing which symptoms. Also, for these youth, their care pathway, including long waiting lists, and hospitalization effect, seems essential in understanding their problems. Engaging youths' perspectives in research generates helpful knowledge for various stakeholders and provides opportunities for youth empowerment, leading to benefits for youth and the research process [Powers et al., 2006].

Session: Symposium 10 - SY-10

Date: 29-06-2023 - 10:45 - 11:45

Location: Arkaden 8 - Second floor /

SY-10-00

Effects of prenatal nutrient supplementation and early life exposures on neurodevelopment at age 10: a randomised controlled trial - the COPSYCH study protocol

Mohammadzadeh, Parisa [1], Vinding, Rebecca [1]

Vinding, Rebecca [1], Jepsen, Jens Richardt [1], Lindberg, Ulrich [1], Følsgaard, Nilo [1], Sørensen, Mikkel [1], Sulaiman, Daban [1], Bilenberg, Niels [2], Raghava, Jay [1], Fagerlund, Birgitte [1], Vestergaard, Mark [1], Pantelis, Christos [3], Stokholm, Jakob [1], Chawes, Bo [1], Larsson, Henrik [1], Glenthøj, Birte [1], Bønnelykke, Klaus [1], Ebdrup, Bjørn H [1], Bisgaard, Hans [1]

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Introduction: Nutrient deficiency and immune and inflammatory disturbances in early life may compromise neurodevelopment and be implicated in the aetiology of psychiatric disorders. However, current evidence is limited by its predominantly observational nature. COpenhagen Prospective Study on Neuro-PSYCHiatric Development (COPSYCH) is a research alliance between Copenhagen Prospective Studies on Asthma in Childhood (COPSAC) and Center for Clinical Intervention and Neuropsychiatric Schizophrenia Research with the overall aim to investigate effects of prenatal and early life exposures on neurodevelopment at 10 years. COPSYCH will investigate the impact of prenatal n-3 long-chain polyunsaturated fatty acids (n-3 LCPUFA) and high-dose vitamin D supplementation on neurodevelopment reflected by brain development, neurocognition and psychopathology. Moreover, the neurodevelopmental impact of early life exposures such as infections, low grade inflammation and the gut microbiome will be scrutinised.

Methods and analysis: COPSYCH is based on the prospective and ongoing $COPSAC_{2010}$ birth cohort of 700 mother-child pairs. Randomised controlled trials of supplementation with n-3 LCPUFA and/or high-dose vitamin D or placebo in the third trimester were embedded in a factorial 2×2 design (ClinicalTrials.gov: NCT01233297 *and* NCT00856947). This unique cohort provides deep phenotyping data from 14 previous clinical follow-up visits and exposure assessments since birth. The ongoing 10-year visit is a 2-day visit. Day 1 includes a comprehensive neurocognitive examination, and assessment of psychopathological dimensions, and assessment of categorical psychopathology. Day 2 includes acquisition of brain structural, diffusion and functional sequences using 3 Tesla MRI. Study outcomes are neurocognitive, psychopathological and MRI measures.

SY-10-01

Fish oil in pregnancy and child neurodevelopment at 10 years, a randomized controlled trial in the COPSAC2010 cohort.

Vinding, Rebecca [1]

Sevelsted, Astrid [1], Mohammadzadeh, Parisa [1], Jepsen, Jens Richardt [1], Lindberg, Ulrich [1], Vinding, Rebecca [1], Sulaiman, Daban [1], Sørensen, Mikkel [1], Hernández-Lorca, Maria [1], Fagerlund, Birgitte [1], Pantelis, Christos [2], Bilenberg, Niels [3], Glenthøj, Birte [1], Chawes, Bo [1], Stokholm, Jakob [1], Schoos, Ann-marie [1], Larsson, Henrik [1], Ebdrup, Bjørn H [1], Bønnelykke, Klaus [1]

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Background

Epidemiological data has shown that fish oil is associated with neurodevelopment, but causal evidence requires a randomized controlled trial.

Objective

To evaluate the effect of pregnancy supplementation of fish oil on neurodevelopment.

Methods

The COPSYCH study is nested in the COPSAC2010 mother-child cohort where pregnant women were randomized to 2.4 g daily fish oil (n-3 LCPUFA) or placebo (olive oil) in the third trimester. Neurodevelopment was assessed at age 10 with trained clinician rating of diagnostic and dimensional psychopathology, cognitive assessments, and structural and diffusion weighed (DWI) MRI scans. Associations were investigated in linear and logistic regression models.

Results

604 (86%) of 700 children participated in the COPSYCH evaluation. 88 fulfilled a diagnosis of a neurodevelopmental disorder, the most common being ADHD with 65 (11%). Twenty-nine presented with the predominantly inattentive presentation, and 36 with the combined presentation of ADHD. We found no overall effect of fish-oil supplementation against ADHD; OR 0.79 [0.47; 1.33], p=0.37. However, fish oil protected against the inattentive presentation of ADHD; OR 0.41 [95%CI: 0.17; 0.89], p=0.03. Moreover, fish oil resulted in lower global average fractional anisotropy (-0.0001 (0.00003), p=0.001). We found no effects on gray matter, cognition, other diagnoses or dimensional psychopathology.

Conclusion

In this large RCT of pregnancy supplementation with fish oil, we found protection against inattentive presentation of ADHD, as well as effects on cerebral white matter integrity at age 10. As such these findings support a causal effect of fish oil supplementation in pregnancy and neurodevelopment in middle childhood.

SY-10-02

High-dose vitamin D supplementation in pregnancy and risk of autism spectrum disorder and attention deficit hyperactivity disorder - A randomized clinical trial

Aagaard, Kristina [1]

Jepsen, Jens Richardt [1], Sevelsted, Astrid [1], Horner, David [1], Vinding, Rebecca [1], Vinding, Rebecca [1], Brustad, Nicklas [1], Eliasen, Anders [1], Mohammadzadeh, Parisa [1], Følsgaard, Nilofar [1], Hernández-Lorca , María [1], Arendt Rasmussen, Morten [1], Bilenberg, Niels [2], Stokholm, Jakob [1], Bønnelykke, Klaus [1], Ebdrup, Bjørn H [1], Chawes, Bo [1]

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Introduction: Vitamin D deficiency in pregnancy may increase risk of autism spectrum disorder (ASD) and attention deficit hyperactivity disorder (ADHD).

Methods: This randomized clinical trial was part of the COpenhagen Prospective Study on Neuro-PSYCHiatric Development (COPSYCH) project nested within the COPSAC2010 cohort comprising 700 mother-child pairs enrolled at week 24 of pregnancy. Maternal 25-hydroxy-vitamin D (25(OH)D) was measured at inclusion. 623 mothers were randomized to either 400 IU/d or 2800 IU/d vitamin D until 1 week after birth. At age 10, psychiatric diagnoses and symptom scores were established using the Kiddie-Schedule for Affective Disorders and Schizophrenia for School-Age Children-Present and Lifetime Version.

Results: 593 children completed the psychopathological evaluation: 16 (2.7%) were diagnosed with ASD and 65 (11.0%) with ADHD. Hereof, 496 participated in the vitamin D trial. High-dose vitamin D did not affect risk of ASD or ADHD. However, higher maternal pre-intervention 25(OH)D associated with significantly reduced risk of ASD and ADHD and lower ASD symptom component score. Finally, in analyses stratified on maternal pre-intervention 25(OH)D, high-dose vitamin D supplementation was associated with lower ASD symptom component score in offspring of vitamin D sufficient mothers (≥75 nmol/L): β=-0.14 (95% CI, -0.26;-0.03), p=0.012, but not among offspring of vitamin D insufficient mothers. Within the high-dose vitamin D group, no children of mothers with sufficient pre-intervention 25(OH)D were diagnosed with ASD.

Conclusions: Third trimester high-dose vitamin D supplementation had no effect on risk of ASD or ADHD diagnosis, but may reduce ASD symptoms among offspring of mothers with sufficient pre-intervention 25(OH)D.

SY-10-03

Maternal inflammation during pregnancy is associated with risk of ADHD in children at age 10.

Rosenberg, Julie [1]

Vinding, Rebecca [1], Jepsen, Jens Richardt [1], Mohammadzadeh, Parisa [1], Sevelsted, Astrid [1], Sørensen, Mikkel [1], Horner, David [1], Aagaard, Kristina [1], Fagerlund, Birgitte [1], Stokholm, Jakob [1], Chawes, Bo [1], Pantelis, Christos [2], Dalsgaard, Søren [1], Glenthøj, Birte [1], Bilenberg, Niels [3], Bønnelykke, Klaus [1], Ebdrup, Bjørn H [1]

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Background

Maternal inflammation during pregnancy may affect early neurodevelopment in offspring as suggested by preclinical and register data. However, clinical evidence for risk of long-term aberrant neurodevelopment is scarce.

Method

The $COPSAC_{2010}$ cohort consists of 700 mother-child pairs, who have been followed prospectively since pregnancy week 24. The potential effect of maternal high sensitivity C-Reactive Protein (hs-CRP) measured at week 24 of gestation on child neurodevelopment by age 10 was investigated with multivariate logistic and linear regression with extensive confounder adjustment. The children completed a comprehensive examination of neurodevelopment titled COPSYCH, including categorical (i.e. diagnostic) and dimensional (ADHD symptoms severity) psychopathology using Kiddie Schedule for Affective Disorders and Schizophrenia Present and Lifetime Version (K-SADS-PL) and parental rated ADHD-Rating Scale (ADHD-RS).

Results

A total of 604 children participated in the COPSYCH visit at age 10 (86% of the cohort). Sixty-five (11 %) fulfilled DSM-5 ADHD diagnostic criteria (16 girls and 49 boys). Maternal hs-CRP in pregnancy week 24 (median 5.4 mg/L) was

significantly associated with risk of a diagnosis of ADHD, confounder adjusted OR 1.40, 95%CI (1.16-1.69), p=0.001. Additionally, higher hs-CRP was associated with ADHD symptoms severity in the general male population, reflected by ADHD-RS raw scores.

Conclusion

These thoroughly controlled observational clinical data support prenatal maternal inflammation as a risk factor for a diagnosis of ADHD by age 10. Furthermore, hs-CRP was associated with severity of ADHD symptoms in the general male population. Maternal hs-CRP is a potentially modifiable risk factor for ADHD.

SY-10-04

Low grade in utero inflammation is associated with impaired executive functioning in 10-year-old children

Mohammadzadeh, Parisa [1]

Vinding, Rebecca [1], Jepsen, Jens Richardt [1], Rosenberg, Julie [1], Lemvig, Cecilie [1], Hernández-Lorca, Maria [1], Fagerlund, Birgitte [1], Vinding, Rebecca [1], Horner, David [1], Sørensen, Mikkel [1], Glenthøj, Birte [1], Bilenberg, Niels [2], Aagaard, Kristina [1], Pantelis, Christos [3], Stokholm, Jakob [1], Følsgaard, Nilofar [1], Chawes, Bo [1], Bønnelykke, Klaus [1], Ebdrup, Bjørn H [1]

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Background

Maternal inflammation is associated with the risk of ADHD in offspring, and ADHD is characterized by compromised executive functioning. However, it is unknown if low-grade maternal inflammation during pregnancy is associated with less efficient executive functioning in the general population. We examined associations between inflammatory markers in utero and executive functioning at age 10.

Methods

The COPSYCH study is based on the unselected prospective COPSAC2010 birth cohort of 700 mother-child pairs. At age 10, the children's executive functioning was assessed in the COPSYCH study with neuropsychological tests and parental ratings using the Behavior Rating Inventory of Executive Function (BRIEF-2) questionnaire.

Inflammatory markers, specifically high sensitivity C-Reactive Protein (hs-CRP) and interleukin 6 (IL-6), were collected from the mother during pregnancy week 24 and the COPSAC2010 database allowed us to thoroughly control for multiple covariates.

Multiple regression analyses were applied to estimate associations between maternal inflammation and executive functioning in the offspring.

Results

604 (86% of the cohort) completed the 10 year visit. Higher maternal IL-6 was associated with the severity of impairments of General Executive Function (BRIEF-2) (β=2.45 [0.67-4.22], p=0.007), Cognitive Regulating Index (BRIEF-2) (β= 1.44 [0.37-2.51], p=0.009), and Behavior Regulating Index (BRIEF-2) (β=0.48 [0.09-0.87], p=0.02). Maternal hs-CRP was not significantly associated with executive functioning (General Executive Function (BRIEF-2), p=0.2). All associations with neuropsychological tests were non-significant.

Discussion

Our prospective clinical data support that low-grade maternal inflammation, specifically higher IL6, but not CRP during pregnancy, is associated with impaired executive functioning in middle childhood in the general population.

SY-10-05

A Western Dietary Pattern during Pregnancy is Associated with Neurodevelopmental Disorders in 10-Year-Old Children

Horner, David [1]

Jepsen, Jens Richardt [1], Chawes, Bo [1], Aagaard, Kristina [1], Rosenberg , Julie [1], Mohammadzadeh, Parisa [1], Sevelsted, Astrid [1], Følsgaard, Nilo [1], Vinding, Rebecca [1], Fagerlund, Birgitte [1], Pantelis, Christos [2], Bilenberg, Niels [3], Pedersen, Casper [1], Eliasen, Anders [1], Bønnelykke, Klaus [1], Stokholm, Jakob [1], Rasmussen, Morten [1], Ebdrup, Bjørn H [1]

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Introduction

Neurodevelopmental disorders are prevalent, and maternal dietary composition during pregnancy may impact neurodevelopment. We investigated the relationship between dietary patterns in pregnancy and the risk of child neurodevelopmental outcomes at age 10 years in the COPSAC2010 mother-child cohort of 700 children.

Methods

Neurodevelopmental disorders, attention-deficit/hyperactivity disorder (ADHD) and autism, and their respective symptom loads (ADHD-RS and SRS-2) were assessed at age 10 years. Dietary patterns were modelled from food frequency questionnaires obtained during pregnancy. Regression models were used to assess associations. Additionally, we assessed diet-derived blood metabolome scores and investigated gene-environment interactions with polygenic risk scores for ADHD and autism.

Results

Using principal component analysis, we identified a Western dietary pattern that was significantly associated with ADHD diagnosis (OR 1.57, p=0.003), autism diagnosis (OR 2.31, p=0.002), and neurodevelopmental symptom loads (ADHD p<0.001, autism p<0.001). A pregnancy Western dietary pattern metabolome score increased neurodevelopmental disorder risk, whereas a similar child metabolome score did not, providing evidence for a prenatal programing effect. Finally, we found significant gene-environment interaction suggesting that the effects of a Western dietary pattern are modulated, with a higher score, by genetic predisposition, maternal BMI, and child sex for ADHD and autism symptom loads.

Conclusion

A Western dietary pattern during pregnancy was associated with increased risk of ADHD and autism in 10-year-old children. Effects of a pregnancy Western dietary pattern on offspring neurodevelopmental symptom loads are modulated by higher genetic risk, mothers with higher BMI and male sex. These findings highlight the potential for targeted prenatal dietary prevention.

SY-10-06

Neonatal gut Bifidobacterium associates with indole-3-lactic acid levels in blood and risk of ADHD development

Widdowson, Michael

Shah, Shiraz, Thorsen, Jonathan, Poulsen, Casper, Leal Rodriguez, Cristina, Poulsen, Christina, Jepsen, Jens Richardt , Vinding, Rebecca, Mohammadzadeh, Parisa, Vinding, Rebecca, Chawes, Bo, Bønnelykke, Klaus, Sørensen, Søren, Trivedi, Urvish , Ebdrup, Bjørn H, Stokholm, Jakob

Copenhagen Copenhagen Denmark

BACKGROUND: The infant gut microbiome may influence brain development via metabolites, stimulation of the vagus nerve, or by inflammation. During this window of rapid development, the brain may be particularly sensitive to the composition of the early-life gut microbiome, affecting long-term neurodevelopment and risk for neuropsychiatric disorders.

METHODS: We investigated the early-life gut microbiome of children from the prospective COPSAC$_{2010}$ mother-child cohort using 16S rRNA gene sequencing of fecal samples from 1 week of age. We measured metabolites in neonatal dry blood spots using liquid chromatography-mass spectrometry. Children were extensively assessed for neuropsychiatric outcomes, including ADHD, at age 10 years.

RESULTS: Independent of ADHD genetic risk, an increase in the relative abundance of the genus *Bifidobacterium* in the child's one-week gut microbiome was associated with having a diagnosis of ADHD at age ten (OR 1.17[1.05, 1.33];*p*=0.008). This was primarily driven by the inattentive subtype of ADHD (OR 1.25[1.06, 1.53];*p*=0.016). Moreover, *Bifidobacterium* relative abundance was positively associated with the tryptophan metabolite indole-3-lactic acid (ILA; $p=6.21e^{-9}$), which was in itself also associated with ADHD (OR 1.52[1.01, 2.27];*p*=0.039).

CONCLUSION:

The *Bifido*bacterium-derived metabolite ILA may have adverse consequences within the first week of life on the child's neurodevelopment, especially on attentional neural networks. We speculate that this could be mediated via the cholinergic system of the brain, and perturbed development of this system by high levels of early-life ILA could potentially lead to inattentive symptoms and ADHD.

SY-10-07

Mental health and neurodevelopment in children with overweight at 10 years of age.

Vinding, Rebecca

Horner, David, Aagaard, Kristina, Sevelsted, Astrid, Jepsen, Jens Richardt , Mohammadzadeh, Parisa, Rosenberg, Julie, Hernández-Lorca, Maria, Stokholm, Jakob, Chawes, Bo, Ebdrup, Bjørn H, Bønnelykke, Klaus

Copenhagen Copenhagen Denmark

Background:

The prevalence of overweight and obesity in children have increased over the past decades. The latest research shows that a large part of the genetics risk of increased BMI is explained by gens relevant for the brain function. It could be hypothesized that cognition and behavior plays a part in the development of obesity.

Method:

In the COPSYCH study (n=604) we comprehensively examined the mental health of the COPSAC2010 cohort at age 10, the neurodevelopment was assessed with trained clinician diagnostic assessment and ratings of and dimensional psychopathology and cognitive assessments.

Anthropometrics were assessed at 10 years of age.

We plan to examine the associations between overweight and mental health.

Results:

There was no difference in the risk of having overweight between children with or without ADHD; 15.2%(17) vs 9.7%(47), p-value=0.12. However, when we removed the children which only have ADHD predominantly inattentive presentation and looked at the ADHD combined presentation, we found a significant increased risk of having overweight;10.7%(12)vs4.9%(24), p-value=0.03.

We found that children with overweight had significant lower WISC general index (IQ)

:Estimate 4.17[SE:1.5]p=0.005, this difference sustained after excluding children with a Neuro-developmental disorder:Estimate 3.67[SE:1.2]p=0.03.

The total scores from dimensional psychopathology also showed association between overweight and mental health, regardless of Neuro-developmental disorder.

Discussion and conclusion:

We found that children with overweight are in increased risk of having ADHD combined presentation. Overweight in children is associated with less efficient cognitive performance. This knowledge should be considered, when a child with obesity is examined, and treatment is planned.

SY-10-08

Impact of the COVID-19 Lockdown on Mental Health in 10-year-old Children: Results from the Danish COPSYCH Study

Hernández-Lorca, Maria

Sevelsted, Astrid, Jepsen, Jens Richardt , Vinding, Rebecca, Mohammadzadeh, Parisa, Sørensen, Mikkel, Chawes, Bo, Stokholm, Jakob, Vinding, Rebecca, Ebdrup, Bjørn H, Bønnelykke, Klaus

Copenhagen Copenhagen Denmark

BACKGROUND

In an effort to slow down the spread of the COVID-19 at the beginning of the pandemic, social contact was highly restricted. It has been hypothesized that this social circumstance could have an influence on the mental health of the general pediatric population.

METHODS

The COVID-19 pandemic occurred while neuropsychiatric assessments in the COPSYCH study (n=604) were ongoing. This study comprehensively examined the mental health of the COPSAC2010 cohort at age 10, during the period from 2019 to 2021. Data from the children evaluated before (N=230) and after (N=365) the March 2020 lockdown was compared accounting for putative confounders (i.e., sex, age, gestational age and family income at birth).

RESULTS

Results show that children evaluated after the lockdown had higher odds to be diagnosed with the combined presentation of attention deficit/hyperactivity disorder or oppositional-defiant disorder. The total scales scores of the Child Behavior Checklist, the Attention Deficit/Hyperactivity Disorder-Rating Scale and the Social Responsiveness Scale-2 also yielded statistically higher scores for the children evaluated after the lockdown, and these results in the total scores were mainly driven by the subscales reflecting externalizing and behavioral problems. Additionally, a stratified analysis differentiating neurotypical children with those with a disorder shows how this effect is stronger in the group of children with a disorder.

CONCLUSION

Taken together, these results point towards an exacerbation of behavioral problems, especially in children already suffering from neurodevelopmental conditions, because of the measurements taken to contain the pandemic.

Session: Exhibition -

Date: 29-06-2023 - 11:30 - 16:30

Location: Foyer - Ground Floor /

Session: Lunch - Food & beverage will be available in the Foyer -

Date: 29-06-2023 - 11:45 - 12:30

Location: Congress Hall - Ground floor /

Session: Lunch - Food & beverage will be available in the Foyer - Lunch-01-01

Date: 29-06-2023 - 11:45 - 12:30

Location: Harlekin - Ground floor & Columbine - Ground floor & Pjerrot - Ground floor & Lumbye - Lower floor & Carstensen - Lower floor & Arkaden 6 - Second floor & Arkaden 8 - Second floor & Karavanen 6 - First floor & Karavanen 9+10 - First floor & Galop 01 - Second floor /

Session: Please attend the Opening and Keynote 01 sessions in Congress Hall -

Date: 29-06-2023 - 12:30 - 14:00

Location: Harlekin - Ground floor & Columbine - Ground floor & Pjerrot - Ground floor & Lumbye - Lower floor & Carstensen - Lower floor & Arkaden 6 - Second floor & Arkaden 8 - Second floor & Karavanen 6 - First floor & Karavanen 9+10 - First floor & Galop 01 - Second floor /

Session: Opening Session -

Date: 29-06-2023 - 12:30 - 13:15

Location: Congress Hall - Ground floor /

Session: Keynote Speaker 01 - Genetics: how has it helped conceptualise psychopathology? - KS-01

Date: 29-06-2023 - 13:15 - 14:00

Location: Congress Hall - Ground floor /

KS-01-01

Genetics: how has it helped conceptualise psychopathology?

Thapar, Anita

Cardiff University Cardiff United Kingdom

As clinicians and scientists, our concept of psychopathology is very much shaped around diagnoses and diagnostic criteria -the approach used in DSM-5 and ICD-11.

However, it is increasingly recognised that while there are some benefits, there are many challenges in relation to these current concepts. Clinicians will readily encounter these challenges. In the talk, I will address the following questions:

How well do current concepts of psychopathology map onto biological entities?

How well can we demarcate atypical from typical development and functioning?

And do our current concepts adequately capture developmental change and heterogeneity?

I will finalise the talk by considering the future. This will include discussion on potential ways forward and emerging research areas that may help us in our quest for more useful conceptualisations. I will end with some take home messages for clinicians.

Session: Break - Refreshments will be served in the Foyer -

Date: 29-06-2023 - 14:00 - 14:15

Location: Congress Hall - Ground floor & Harlekin - Ground floor & Columbine - Ground floor & Pjerrot - Ground floor & Lumbye - Lower floor & Carstensen - Lower floor & Arkaden 6 - Second floor & Arkaden 8 - Second floor & Karavanen 6 - First floor & Karavanen 9+10 - First floor & Galop 01 - Second floor /

Session: Keynote Speaker 02 - Biobehavioral Synchrony and the Foundations of Resilience; Affiliative Neuroscience Approach from Science to Intervention - KS-02

Date: 29-06-2023 - 14:15 - 15:00

Location: Congress Hall - Ground floor /

KS-02-01

Biobehavioral Synchrony and the Foundations of Resilience; Affiliative Neuroscience Approach from Science to Intervention

Feldman, Ruth

Reichman University Israel

The talk will present an affiliative neuroscience perspective on resilience, which contends that for mammals, young born with immature brain that require maternal contact and caregiving behavior for maturation of stress management and physiological regulation, systems that participate in bonding are those implicated in resilience. We discuss our conceptual model on *biobehavioral synchrony* that describes how the coordination of brain and behavior emerges within the parent-infant bond during early sensitive periods and expands to include more complex, symbolic, and reciprocal components across time and affiliative bonds. We then detail how synchrony, the brain basis of attachment, and the oxytocin system provide the foundation of attachment and shape maturation of the social brain in health and psychopathology. Studies on mother-child brain-to-brain synchrony will demonstrate how inter-brain synchrony is impacted by aspects of humans' co-presence, including chemosignals and technologically-assisted remote communication. Translational implications will be addressed in a synchrony-based intervention for post-partum depression and its effects on symptom reduction, relational behavior, and inter-brain coordination. The talk will conclude by contemplating how synchrony enables the transfer from the intimacy of the parent-infant bond to life within social groups.

Session: Please attend the Keynote 02 session in Congress Hall -

Date: 29-06-2023 - 14:15 - 15:00

Location: Harlekin - Ground floor & Columbine - Ground floor & Pjerrot - Ground floor & Lumbye - Lower floor & Carstensen - Lower floor & Arkaden 6 - Second floor & Arkaden 8 - Second floor & Karavanen 6 - First floor & Karavanen 9+10 - First floor & Galop 01 - Second floor /

Session: Break - Refreshments will be served in the Foyer -

Date: 29-06-2023 - 15:00 - 15:30

Location: Congress Hall - Ground floor & Harlekin - Ground floor & Columbine - Ground floor & Pjerrot - Ground floor & Lumbye - Lower floor & Carstensen - Lower floor & Arkaden 6 - Second floor & Arkaden 8 - Second floor & Karavanen 6 - First floor & Karavanen 9+10 - First floor & Galop 01 - Second floor /

Session: Workshop 05 - WS-05

Date: 29-06-2023 - 15:30 - 17:00

Location: Arkaden 8 - Second floor /

WS-05-01

Establishing a safe place - Exploring new perspectives through music therapy in a child and adolescent psychiatry setting

Schumann, Thorsten [1], Mark Arge, Egebjerg [2]

[1] Department of Child and Adolescent Psychiatry Southerrn Jutland, Psychiatry Cent Aabenraa Denmark
[2] Department of Child and Adolescent Psychiatry Southern Jutland, Esbjerg Esbjerg N Denmark

Background/Objective

Young people with mental health disorders or self-injurious or suicidal behavior may face challenges expressing themselves in traditional verbal treatment approaches. Music therapy provides an alternative way to create contact and communication with the patient, facilitated by the creative and therapeutic space created through music. Engagement with music in listening and performing, alone and in interaction with others, can create experiences, elicit physiological, emotional and mental responses and make change possible in thoughts, feelings, actions and relationships via reflection.

Method

The workshop will after a short introduction present receptive and active music therapeutical methods (and experiences): Progressive relaxation, guided music journey and clinical improvisation with patients. The purpose of these methods is to allow the patient to focus on inherent resources that can be recognized, released, and developed in music therapy. Further, the concept of "Establishing safe places" will be introduced. In these sessions, the therapist and the patient work with memories that are linked to important experiences in their lives. Case examples will provide practical perspectives and finally participants will be invited to reflect on how to integrate this and similar approaches into their clinical work.

Results

Participants will gain insights into music therapy as a valuable and relevant addition to the standard treatment approaches in child and adolescents psychiatry. Through music therapy, the patient is offered a different form of expression than in verbal therapy, which can support and help the patient reflect on emotions, thoughts, actions and relationships.

Session: Symposium 13 - SY-13

Date: 29-06-2023 - 15:30 - 17:00

Location: Pjerrot - Ground floor /

SY-13-00

Potential parental contributions to prevention and interventions for children's mental health problems.

Schorr Sapir, Irit

Tel-Aviv University Tel Aviv Israel

Much research has shown that parents play a critical role in their children's social-emotional development and adjustment. This symposium focuses on identifying aspects of parenting that could be used to advance the treatment of children with mental health problems and to prevent these problems. The research findings to be presented highlight the role of parental experiences and needs when coping with various child disorders, including behavior difficulties, ADHD, chronic tic disorders and anxiety disorders. Moving away from parent-blaming approaches or from models of exclusive individual child focused therapy, the research emphasizes the need for interventions with new foci. These include targeting parental stress reduction, enhancing self-regulation, self-compassion, positive parenting feelings, parental presence, and use of support networks. The overall implications of these targets for planning innovative clinical models and parenting training programs will be discussed as well as examining three specific interventions and evaluations of their benefits for parents' own well-being and the child's reduced psychopathology.

Main authors and Presenter:

Esther Cohen -ID 489. The Contribution of Mothers' Self-Compassion and Parenting Feelings to their Child's Behavior Problems.

Uri Yatzkar- ID 526 Parenting a child with mental health problems: the role of self-compassion.

Irit Schorr Sapir- ID 433 Parent-Training in Non-Violent Resistance for Children with ADHD: A Controlled Outcome Study.

Noa Benaroya-Milshtein and Ella Yaniv- ID 497 Reducing stress and enhancing well-being of parents of children with chronic tic disorders via virtual groups training.

Yaara Shimshoni- ID 475 SPACE: A Parent-Based Treatment for Child Anxiety and OCD.

SY-13-05

Parenting a Child with Mental Health Problems: the Role of Self Compassion

Yatzkar, Uri [1], Shenaar Golan , Vered [2]

[1] Bar Ilan Zefat Israel
[2] Tel Chai Tel Chai Israel

Abstract

Parenting children with mental health problems poses multiple challenges, including coping with difficult behavior and negative child emotions. The impact on parents includes financial strain, negative social stigma, and negative feelings of guilt or blame, resulting in significant stress and lower levels of well-being. Given findings that self-compassion plays a significant role in reducing stress and improving well-being, the current study examined the role of self-compassion in the experience of parents raising a child with mental health problems.

Three hundred and six mothers and two hundred and fifty-six fathers (562) of children attending a hospital child and adolescent psychiatric center were assessed at admission.

Child behavioral/emotional problem severity was associated with higher parental stress and lower parental wellbeing, and self-compassion was a stronger predictor of parental stress and well-being levels than child behavioral/emotional problem severity. For children with internalizing behavioral/emotional problems, parental self-compassion was the only predictor of parental well-being beyond the severity of child behavioral/emotional problems.

Cultivating self-compassion is important in reducing parental stress and increasing parental well-being, particularly with internalizing presentations, and should be considered when designing therapeutic interventions for parents.

As a result of this research, progress has been made on two levels. The first is an understanding of the meaning of self-compassion for parents, children and teenagers, and opening groups to study and practice mindfulness self-compassion. The second level is follow-up studies that examine the effect of self-compassion on other abilities and conditions such as emotional regulation.

SY-13-04

Reducing stress and enhancing well-being of parents of children with chronic tic disorders via virtual groups training

Benaroya-Milshtein, Noa [1], Feldman, Dana [2], Yaniv, Ella [1]

Timor, Meitar [2], Steinberg, Tamar [3], Apter, Alan [4]

[1] Tel-Aviv University Petah-Tikva Israel
[2] SCMCI Petah-Tikva Israel
[3] Tel-Aviv University Tel-Aviv Israel
[4] Tel Aviv University Petah Tiqwa Israel

Background:

Parents of children and adolescents with chronic tic disorders (CTD) frequently lack knowledge on CTD. They also suffer from caregiver burden, high levels of parenting stress and more psychiatric difficulties compared to parents of children with typical development. We have developed a virtual-open ended training group: "Parents living well with tics". This pilot study evaluated the feasibility of this new intervention.

Methods:

Participants were parents of children and adolescents (age range 6-17) diagnosed with CTD (n=18). An open group, once a week, 60 min, 8-12 participants, with 4 Training modules: Psychoeducation; Normalizing Tics; Medication Management; Psychological Tools. Pre and post participation questionnaires were administered: Tic Severity (YGTSS); Clinical impression (CGI); TS Impairment Scale (CTIM); Beliefs About Tics Scale (BATS); strength and difficulties (SDQ), Parental well-being; Perceived stress scale (PSS-C); Covid impact questions; satisfaction and change in attitudes and knowledge.

Results:

Pre-intervention well-being was 40.67 out of 60 (±8.43), perceived stress was 20 (±10.2) out of 40. Tic impairment was 35 (±8.37) out of 50 while impairment caused by other comorbidities (CTIM) was 15.33 (±7.99) out of 36. Most parents reported gaining new knowledge on CTD and felt more capable in their ability to help their child. Most parents reported high satisfaction from the intervention, and that they would recommend it to other parents of patients with CTD.

Conclusions:

These preliminary results show the necessity and feasibility of the newly developed virtual-open ended training group: "Parents living well with tics". Further study is needed in order to evaluate its efficacy.

SY-13-03

The Contribution of Mothers' Self-Compassion and Parenting Feelings to their Child's Behavior Problems

Cohen, Esther

The Hebrew University of Jerusalem Israel

Objectives This study attempted to deepen the understanding of the nature of the associations between parents' self-compassion and specific parenting feelings, and how they both relate to behavior difficulties in their children. A tentative theoretically constructed pathway model was examined, leading from mothers, through their parenting feelings, to the child's externalizing and internalizing behavior difficulties. An alternative model was also checked examining the role of self-compassion as a mediator of the association between parenting feelings and children's behavior difficulties.

Methods Participants included 453 Israeli mothers and their children, aged 8-17. Mothers completed qu

estionnaires assessing self-compassion, parenting feelings, and their child's behavior difficulties. The children completed self-reports on their behavior difficulties.

Results The main structural equation model indicated a high level of fit with the empirical data; all fit indices exceeded the required threshold. Mothers' self-compassion contributed to each of their parenting feeling. Happiness in parenting contributed significantly to lower ratings of externalizing and internalizing difficulties in the child; anxiety and sadness contributed significantly to higher reports of both internalizing and externalizing behavior difficulties, and feelings of anger contributed to higher ratings of externalizing difficulties.

Conclusions Self-compassion contributes to parenting feelings and these feelings have important implications for their child's psychological difficulties. How can we use these findings for tentative new parenting programs and to new considerations during clinical interventions with parents to reduce children's behavior difficulties?

SY-13-02

SPACE: A Parent-Based Treatment for Child Anxiety and OCD

Lebowitz, Eli [2]

Shimshoni, Yaara [1]

[1] Yale University New Haven United States
[2] Yale New Haven United States

In recent years, there has been rapidly increasing interest in the construct of family accommodation in anxiety disorders, generating data on the underlying theoretical mechanisms, associations with anxiety disorders, and intervention research. Today, family accommodation is considered a key factor impacting child anxiety. Family accommodation of child's anxiety refers to changes that parents make in their own behavior to help their child avoid or alleviate distress related to the anxiety disorder. Although it is intended to reduce anxiety in the short-term, family accommodation is associated with greater symptom severity and functional impairment.

Supporting these theoretical understandings and empirical findings, novel parent-based interventions of child anxiety have shown much promise. SPACE (Supportive Parenting for Anxious Childhood Emotions) is an evidence based, theory-driven intervention informed by research into parental entanglement in the symptoms of childhood anxiety and by the biology of mammalian parental behavior. SPACE is a parent-based treatment that teaches parents to recognize their accommodating behaviors, and to implement specific plans for reducing the accommodation while maintaining an empathic and supportive attitude towards the child.

This presentation will briefly describe associations between family accommodation and child anxiety and provide a brief overview of SPACE. A large randomized controlled trial (*N* = 124, ages 6-14 years) comparing SPACE with CBT will be presented. This clinical trial showed SPACE to be as efficacious as CBT. Additional ongoing research further establishing the efficacy of SPACE as an evidence-based treatment for child anxiety will also be presented.

SY-13-01

Parent-Training in Non-Violent Resistance for Children with ADHD: A Controlled Outcome Study

Schorr Sapir, Irit

Tel-Aviv University Tel Aviv Israel

ADHD is a neurodevelopmental disorder whose development and intensity are closely dependent on the child's environment. This is why parental guidance is considered the most effective psychological treatment for ADHD among children (NICE, 2018).

Current forms of parent training (PT) are often insufficient. Many families drop out of training and treatment gains are often not maintained. Nonviolent Resistance (NVR-PT) focuses on reducing the child's externalizing symptoms and improving child and parent well-being. NVR-PT teaches parent how to serve as an anchoring-function and supporting the child through parental presence, self-regulation, and support network. This study applied a randomized controlled trial to assess the efficacy of NVR-PT in treating ADHD.

Method Participants were parents of children with ADHD (N=101 children; 5-13 years old) randomly assigned to one of two groups. Measures were administered before and after treatment and at follow-up. Outcomes included Conner's and CBCL questionnaires, parental helplessness, emotional regulation, anchoring function, and family-chaos questionnaires.

Results Participants in the NVR-PT group reported significant improvements in the child’s internalizing, externalizing, and ADHD symptoms, as well as parental helplessness, emotional regulation and anchoring-function. Results at follow-up revealed maintenance of almost all changes., and significant improvement in family chaos. Dropout rates in the NVR-PT group were 5%, and fathers’ engagement was close to 100%.

Conclusion NVR-PT is an efficient treatment for childhood ADHD, with benefits extending beyond the child’s symptoms to the entire family. NVR’s special focus on parental distress may have contributed to low dropout, high paternal engagement, and maintenance of change.

Session: Workshop 02 - WS-02

Date: 29-06-2023 - 15:30 - 17:00

Location: Karavanen 6 - First floor /

WS-02-01

Renovating an inhabited home: an organic growth framework to adapt post-graduate teaching modules in CAP.

Deschamps, Peter [1]

Hofstra, Marijke [2], Schumann, Thorsten [3], Purper-Ouakil, Diane [4], Kapornai, Krisztina [5], Haravuori, Henna [6]

[1] Utrecht Medical Centre Utrecht Netherlands
[2] Erasmus Rotterdam Netherlands
[3] University of Southern Denmark Odense Denmark
[4] Centre Hospitalier Universitaire de Montpellier Montpellier France
[5] University Szeged Szeged Hungary
[6] University of Helsinki Helsinki Finland

Background: Post-graduate medical training typically consists of some formal theoretical courses added to a solid base of workplace training. In the smaller (sub) specialties lack of resources may limit offering high-quality theoretical courses that are well- connected with current workplace learning practices and adaptive to change in the field.

Aim: Share experiences with instructional design methods that help innovate teaching in CAP towards adaptation to change for individual trainees as well as the faculty and education system.

Methods: A selection of theoretical courses in several EU countries are introduced (e.g., Hungary, France, Finland). An exemplary instructional design process is reported covering four iterations over 3 years to re-develop teaching modules in the Netherlands. Participants reflect on how a similar approach may apply to their own training practices and discuss potential cooperation in European modules.

Results: Using mainly freely accessible online tools and re-allocation of time and resources already spend on a local level, modular programs can be set up for CAP trainees at a national level. These allow trainees to make personal choices of content that fit their current clinical rotations with active and blended learning methods. Faculty development can be lifted from a regional to an (inter-) national level and by organic co-production with trainees in brief iterative cycles.

Conclusion: Theoretical modules for post-graduate medical teaching in smaller medical specialties with limited resources can be re-redesigned using an instructional design method based on an organic growth model applied in regional, national, and international networks.

Session: Workshop 03 - WS-03

Date: 29-06-2023 - 15:30 - 17:00

Location: Karavanen 9+10 - First floor /

WS-03-01

Standardized Tools to Screen for Delirium: Structuring the Role of the CAP in the Critical Care Environment

Gangopadhyay, Maalobeeka [1], Fuchs, Catherine [2], Silver, Gabrielle [3]

[1] Columbia University New york United States
[2] Vanderbilt University Nashville United States
[3] Cornell University New York United States

Delirium recognition and its contribution to morbidity and mortality is a rapidly evolving field in Pediatric Critical Care Medicine. Child and adolescent psychiatrists (CAPs) have variable exposure to pediatric delirium based on their training and practice. CAPs in medical settings may increasingly be involved in discussions of sedation management, recognition of medical traumatic stress, and impact of delirium and critical care on brain development and function. CAPs should implement standardized assessments to facilitate a common language for collaboration with critical care team members. Three experts in pediatric delirium will present on the assessment and management of delirium in a collaborative model. We will 1) provide an introduction to pediatric delirium, 2) review standardized tools such as the Cornell Assessment for Pediatric Delirium and the Preschool Confusion Assessment Method in the ICU, and 3) model a bedside discussion with trainees, intensivists, nurses, and families. Breakout groups will be provided handouts of tools. Each breakout group will discuss a case and apply the tools to guide diagnosis and management. We will examine the emotional impact of team collaboration. Attendees and presenters will then come together to reflect on patient outcomes and challenges in implementing delirium screening and management. Participants will be able to apply the knowledge to effective management of critical illness and team dynamics in varied cultural contexts and diverse clinical settings.

Session: Symposium 14 - SY-14

Date: 29-06-2023 - 15:30 - 17:00

Location: Carstensen - Lower floor /

SY-14-00

Developmental Epigenetics - Bridging the Gap between environmental adversity, the genome, and behaviour

Murgatroyd, Chris [1], Freitag, Christine M. [2], Schechter, Daniel [3], Unternaehrer, Eva [4], Meier, Maria [5], Plosch, Torsten [6], Clemens, Vera [7], Golub, Yulia [8]

[1] Manchester Metropolitan University Manchester United Kingdom
[2] Goethe University Frankfurt am Main Germany
[3] Lausanne University Hospital & Faculty of Biology and Medicine Lausanne Switzerland
[4] University Psychiatric Hospitals Basel Basel Switzerland
[5] University of Basel Basel Switzerland
[6] University of Groningen Groningen Netherlands
[7] Ulm Ulm Germany
[8] University of Oldenburg Oldenburg Germany

Adverse environmental exposures during childhood and adolescence are a key risk factor for mental disorders later in life. This effect might depend on gene-environment interactions and may be mediated through epigenetic modifications that establish trajectories to the development of emotional and behavioral dysregulations. Epigenetic modifications, such

as DNA methylation, play a vital role in gene regulation and subsequent neuronal development and functioning. Thus, epigenetic changes may be seen as a cellular and molecular “memory” transmitting environmental adversity to alterations in neural functions, emotional processing, and behavior.

In this symposium, we will present results from studies on associations between adverse life experience across different developmental stages, epigenetic patterns and behavioural alterations in children and adolescents.

We will begin with early life adversity in form of maternal post-traumatic stress, pre- and neonatal stress and continue with studies on adverse parenting, childhood trauma experience, out of home placement in childhood and substance abuse in adolescence.

Our speakers will discuss the key questions of clinical epigenetic research: How can epigenetic research complement other approaches in clinical child psychiatry? How will research in high-risk samples help us move forward? To what extent can methylation signatures measured in blood serve as surrogate markers for brain function? What role might methylation biomarkers have in diagnostic procedures, treatment monitoring, and prevention of child psychiatric disorders?

SY-14-04

Methylation changes associated with depressive symptoms and cognitive impairments in adolescents with chronic cannabis use

Golub, Yulia

University of Oldenburg Oldenburg Germany

Background. Chronic cannabis use (CCU) is associated with methylation changes. Here, we investigate methylation alterations associated with depressiveness and cognitive impairments in adolescents with CCU.

Methods. Blood samples were collected from CCU patients (n = 13) and matched controls (n = 15). Genome-wide DNA methylation was assessed with Illumina Infinium 850k EPIC BeadChip; Beck-Depressions-Inventar (BDI-II) and Verbal Learning Memory Task (VLMT) were performed. Single CpGs were correlated with CCU in an explorative manner and corrected for alpha inflation, methylation of k = 10 target genes for depression were correlated with depressiveness while controlling for substance use.

Results. We found a trend towards decreased whole genome methylation in the CCU sample (p = .087). K = 6 CpGs were associated with CCU (p = 3.78^{-8} to 1.20^{-9}), all k = 6 CpGs mediated the relationship between CCU (p = .045 to .004) and VLMT scores. K = 1 CpG (cg11338426, *CRHR1*) was negatively associated with depressive symptoms (p = 7.66E-05). Methylation of this CpG mediated the relationship between CCU and depressive symptoms ($p_{(Z)}$ = .035).

Conclusions. CCU may directly be associated with DNA hypomethylation. The six CCU associated CpGs are located in genes previously described in the context of neurodegeneration, hippocampal dependent learning and neurogenesis. Further, decreased methylation of *CRHR1* and increased CRH receptor 1 expression (*CRHR1*) could be one mechanism by which HPA axis activity is altered in adolescents with depression and CCU. These results have to be carefully interpreted due to a small sample size.

SY-14-03

Early environmental factors may influence epigenetic pattern and related brain imaging findings in females with Conduct disorder

Freitag, Christine M. [2]

[1] University of Oldenburg Oldenburg Germany
[2] Goethe University Frankfurt am Main Germany

Conduct Disorder (CD) is an impairing mental disorder of childhood and adolescence characterized by aggressive and dissocial behavior. Many environmental factors are associated with CD. In the first study, we explored the methylome of 50 girls and 50 matched controls and compared epigenetic signatures to gene-networks of brain development. Hyper-methylated loci were enriched among gene-networks active in neocortical regions, thalamus and striatum, while hypo-methylated loci were associated with the steroid hormone system and related to genes expressed in amygdala and hippocampus. Mediation of adverse parenting and trauma on CD status was observed for genes expressed in these specific brain developmental networks. We combined epigenome-wide association with structural neuroimaging in 51 females with CD and 59 typically developing (TD) females to examine DNA methylation in relation to CD, callous-unemotional (CU) traits, and gray matter volume (GMV). We demonstrate an inverse pattern of correlation between CU traits and methylation of a chromosome 1 region in CD females (positive) as compared to TD females (negative). The identified region spans exon 1 of the SLC25A24 gene, central to energy metabolism due to its role in mitochondrial function. Increased SLC25A24 methylation was related to lower GMV in multiple brain regions in the overall cohort. In conclusion, the differential methylation patterns observed in female CD affect genes that are expressed in brain regions previously indicated in CD. Long-term effects of adverse parenting and trauma exposure are likely mediated by these epigenetic mechanisms impairing CD-specific brain developmental networks and thus exerting a long-term effect on neural function.

SY-14-02

Neonatal stress exposure and DNA methylation of stress-related and neurodevelopmentally important genes: a pilot study

Plosch, Torsten [2]

[1] University of Oldenburg Oldenburg Germany
[2] University of Groningen Groningen Netherlands

Neonatal stress exposure may have long-lasting effects on neurodevelopmental outcome in extremely preterm infants. DNA methylation of stress-related and neurodevelopmentally important genes may be an underlying mechanism. This pilot study aimed to investigate the association between neonatal stress exposure and DNA methylation in nine target genes at 7-14 days after birth and at discharge from the NICU. 45 extremely preterm infants were included in this prospective cohort study. We quantified neonatal stress exposure using the Neonatal Infant Stressor Scale between birth and discharge. Using fecal samples collected at days 7-14 after birth and upon discharge, we determined DNA methylation status in predefined regions of *NR3C1, SLC6A4, OPRM1, SLC7A5, SLC1A2, IGF2, NNAT, BDNF* and *GABRA6*. Because of low DNA concentrations in the fecal samples, approximately 25% to 50% were appropriate for pyrosequencing. Most of the genes showed a different percentage of methylation between day 7-14 and discharge. Even though associations between neonatal stress exposure and DNA methylation did not reach statistical significance, possibly due to lack of statistical power, we found large and mostly negative correlation coefficients upon discharge for the *NR3C1*, *SLC6A4*, *SLC1A2*, *IGF2*, *BDNF* and *OPRM1* genes. This pilot study therefore suggests that several stress-related and neurodevelopmentally important genes may be upregulated following higher neonatal stress exposure. Future large-scale studies should confirm the findings of this study and ideally test the effects on gene expression.

SY-14-01

Epigenetic Programming in Maternal and Early-Life Adversity

Murgatroyd, Chris [2]

[1] University of Oldenburg Oldenburg Germany
[2] Manchester Metropolitan University Manchester United Kingdom

Studies in both animal models and humans show that stress during early life can increase risks of developing stress-related behaviours and mood disorders later in life. It is hypothesized that levels of environmental adversity in early developmental periods are able to shape the experience-dependent maturation of stress-regulating pathways leading to long-lasting alterations in stress reactivity during adulthood. Research is addressing the molecular mechanisms underlying this programming by which gene-environment interactions can predispose individuals toward psychopathology. Here I review key findings from our animal and clinical studies examining the effects of maternal stress and prenatal and postnatal maternal care and stress in shaping development of the neuroendocrine regulation of stress and the role of epigenetic mechanisms in translating early-life conditions into long-lasting gene regulatory changes underpinning stress-related behaviours.

SY-14-002

Early Life Adversities and Epigenetic Age Acceleration in Young Adults with Previous Youth Residential Care Placements

Unternaehrer, Eva [4]

Meier, Maria [1], Kantelhardt, Sina [2], Gurri, Laura [1], Stadler, Christina [3], Schmid, Marc [3], Buergin, David [1]

[1] University of Basel Basel Switzerland
[2] Friedrich-Schiller-University of Jena Jena Germany
[3] University Psychiatric Clinics Basel Basel Switzerland
[4] University Psychiatric Hospitals Basel Basel Switzerland

Adverse experiences in childhood and adolescence (early life adversity, ELA) increase the risk for mental and physical disorders as well as mortality. Epigenetic processes, like altered epigenetic aging, may mediate these effects. In some yet not all previous studies, ELA has been linked to accelerated epigenetic aging. This inconsistency might be due to limitations of potentially biased, retrospectively assessed, self-reported ELA measures and operationalizations. High-risk samples like populations raised in out-of-home placements might remedy this limitation, as their biography validates their exposure to ELA. The aim of this study was therefore, to explore the link between ELA and epigenetic aging in a high-risk sample of formerly institutionalized children and adolescents.

N=117 young adults (32% women, age mean=26.3, SD=3.6 years) who participated in a prospective, longitudinal study completed the Childhood Trauma Questionnaire and the Life-Events-Checklist. Further, they provided blood samples for the analysis of DNA methylation using the Illumina Infinium MethylationEPIC BeadChip Microarray. Epigenetic age was operationalized using Hovarth's epigenetic clock. The results of our preregistered analyses that explore the links between ELA and epigenetic aging (https://osf.io/b9ev8) will be presented and discussed in light of the adaptive calibration model.

SY-14-003

Early life adversity and DNA methylation of genes involved in the oxytocinergic system in young adults with previous out-of-home placement

Unternaehrer, Eva [1]

Meier, Maria [2], Varghese, Nimmy [2], Gurri, Laura [2], Stadler, Christina [3], Schmid, Marc [3], Buergin, David [2]

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Children and adolescents with out-of-home placement are at a particularly high risk to experience early life adversity (ELA) with consequences for neurodevelopmental trajectories. These effects might further depend on gene-environment interactions and are probably mediated through epigenetic modifications, including DNA methylation. However, studies integrating psychosocial risk with genetics, epigenetics and circulating protein levels of these biomarkers are still lacking. Thus, the aim of this study was to investigate the interplay of ELA with the oxytocinergic system – a promising candidate system due to its essential role in mitigating the neurological impacts of traumas, promoting social and physical bonding, and enhancing resilience – in a high-risk sample of young Swiss adults with a history of residential youth care.

A sample of 117 young adults (32% women, MAge=26.3±3.6 years) who participated in a prospective, longitudinal study of adolescents with previous youth residential care placements provided blood samples for genetic and epigenetic analyzes. Blood samples were genotyped and epigenotyped using the Illumina GSA Beadchip GSA MD and Illumina Infinium MethylationEPIC BeadChip Microarray, respectively. Childhood abuse and neglect was measured using the Childhood Trauma Questionnaire. Data is currently preprocessed and analyzed.

Out-of-home placed children and adolescents and those leaving care are at a particularly high risk for adverse outcomes. However, this vulnerable group is still underrepresented in research, and in behavioral epigenetic research in particular. Therefore, the findings will generate novel insight into how a high psychosocial risk interacts with genetic risk to shape psychobiological systems.

SY-14-001

Violence-exposed mother and child methylation of the glucocorticoid receptor NR3C1 during early childhood and subsequent child psychopathology at school-age

Schechter, Daniel [1], Cordero, Maria Isabel [2], Stenz, Ludwig [3]

Moser, Dominik A [4], Rusconi Serpa, Sandra [3], Paoloni-Giacobino, Ariane [3]

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Introduction: This prospective, longitudinal study examined the relationship of methylation of the promoter region of the gene coding for the glucocorticoid receptor (NR3C1) methylation among mothers with interpersonal violence (IPV)-related posttraumatic stress disorder (PTSD) and their toddlers and then looked at the relationship of maternal NR3C1 methylation and child psychopathology at school age.

Methods: Forty-eight mothers suffering from IPV-PTSD were evaluated when their children were ages 12-42 months (mean age 26.7 months, SD 8.8). Percentage of methylation for the NR3C1 gene promoter region was assessed from DNA extracted from maternal and child saliva using bisulfite pyrosequencing. Data analysis involved multiple linear and logistic regression modeling.

Results: Logistic regression models using child NR3C1 methylation as the dependent variable and maternal NR3C1 methylation and PTSD group status as predictors, as well as the interaction indicated that all three of these significantly predicted child NR3C1 methylation. These findings remained significant when controlling for child age, sex and maternal child abuse history. Overall, maternal NR3C1 methylation when children were toddlers was negatively and significantly associated with child externalizing behavior severity at school age.

Discussion: Correlations between mothers and their children of NR3C1 methylation levels overall and at all individual CpG sites of interest were significant only in the IPV-PTSD group. Findings support that maternal NR3C1 methylation positively and significantly correlates with NR3C1 methylation in their children only in presence of maternal IPV-PTSD. Links to previous research involving maternal neural activity associated to methylation patterns will be discussed along with clinical implications.

Session: Oral 06 - OR-06

Date: 29-06-2023 - 15:30 - 17:00

Location: Galop 01 - Second floor /

OR-06-01

Pharmacological treatment polymorbid mental and behavioral disorders in children and adolescents with autism spectrum disorders (ASD) with some variants of genetic polymorphism (GP).

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Martsenkovska, Inna, Makarenko, Hanna

Institute of Psychiatry, Forensic Psychiatric Examination and Drug Monitoring Kyiv Ukraine

Typical and rare genetic mutations, acting in an additive manner, can increase the risk of manifestation of comorbid psychiatric disorders and low drug sensitivity. The study aims: to analyze the clinical polymorphism (CP) of ASD. To prospective study of the influence of GP on the increased risk of manifestation of comorbid mental disorders (CMD) and to assess their sensitivity to pharmacotherapy. 400 children with ASD, aged 47.3 ± 21.8 months, were genotyped by chromosomal microarray analysis. 25 patients with Early Childhood Epileptic Encephalopathy (developmental encephalopathies - DE) (sample I), 38 - with GP for 5-HT and DA receptors (sample II), and 337 children with ASD in the control group (sample III) were recruited and underwent clinical screening every six months. Patients with ASD and CMD received one of the variants of randomized pharmacotherapy. Individuals with a reduction in ABC-2, BPRS, and YCTSS scores by more than 2SD were considered responders to therapy. The study was completed by 211 patients (aged 168.9 ± 21.3 months), and 225 episodes of CMD. 45 episodes with psychotic symptoms (6 children with delirium, and 19 with a polymorphic psychotic disorder) in the sample I were described. Samples II and III registered 43 and 137 episodes of disorders with psychotic symptoms. Guanfacine, aripiprazole, risperidone, atomoxetine, methylphenidate, lamotrigine, and fluoxetine have been effective in several GP. New evidence has been obtained for the effectiveness of adjunctive therapy with valproic acid salts and lamotrigine in the absence of a therapeutic response to antipsychotic treatment.

OR-06-02

Psychotropic medication use and psychiatric disorders during the COVID-19 pandemic among Danish children, adolescents, and young adults

Bliddal, Mette

Rasmussen, Lotte, Harbo Andersen, Jacob, Bjødstrup Jensen, Peter, Pottegård, Anton, Munk-Olsen, Trine, Kildegaard, Helene, Wesselhoeft, Rikke

University of Southern Denmark Odense C Denmark

Introduction

Mental well-being of youths has been negatively affected by the COVID-19 pandemic, however, little is known about its impact on the use of psychotropics.

Objective

To examine incident psychotropic drug use in Danish children, adolescents, and young adults during the pandemic.

Methods

We conducted a drug utilization study of all Danes 5-24 years between January, 2017 and June, 2022, using individual-level data from healthcare registries. Rates of filled prescriptions of psychotropic drugs including antipsychotics, anxiolytics, hypnotics and sedatives, antidepressants, and psychostimulants and all in- and outpatient contacts with mental and behavioural disorders.

Rates of incident and prevalent psychotropic drug use and psychiatric diagnoses were estimated. We assessed rate ratios (RR) between observed and expected numbers of incident psychotropic drug use or psychiatric diagnoses from March 2020 to June, 2022, comparing observed numbers to expected numbers predicted from the modelled pre-pandemic trend.

Results

From March 2020 (first national lockdown) to June 2022, the rate of incident users of any psychotropic drug showed a relative increase of 18% (RR 1.18, CI 1.17-1.20) compared to expected numbers, primarily driven by an increase among 12-17 year-olds of 37% (RR 1.37, 95% CI 1.34-1.41). Similarly, there was an overall relative increase of incident psychiatric disorders of 5% (IR 1.05, CI 1.04-1.07), driven by an increase in hyperkinetic disorders (RR 1.13, CI 1.09-1.18) and anxiety disorders (RR 1.04, CI 1.02-1.06).

Conclusions

Danish youths have experienced an increase in rates of both psychotropic treatment and psychiatric disorder diagnoses during the COVID-19 pandemic, most pronounced among 12-17-year-olds.

OR-06-03

The benefits and harms of methylphenidate for children and adolescents with ADHD

Storebø, Ole Jakob [1]

Rosenberg Overby Storm, Maja [2], Pereira Ribeiro, Johanne [3], Skoog, Maria [4], Groth, Camilla [5], Callesen, Henriette [6], Perrine Schaug, Julie [6], Rasmussen, Pernille Darling [6], Lykke-Huus, Christel-Mie [6], Zwi, Morris [7], Kirubakaran, Richard [8], Simonsen, Erik [2], Gluud, Christian [3]

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Objective: To update the first comprehensive systematic Cochrane review on the topic conducted in 2015, investigating the benefits and harms of methylphenidate treatment for children with ADHD.

Methods: We conducted a comprehensive literature screening, data extraction, risk of bias assessment and analyses according to Cochrane standards.

Results: The average duration of methylphenidate treatment was 28.8 days. Methylphenidate was compared to placebo (200 trials), or no intervention (12 trials). All 212 trials compromised 16302 participants and were assessed to be at high risk of bias. Methylphenidate may reduce teacher rated ADHD symptoms (SMD -0.74, 95% CI -0.88 to -0.61; I^2 = 38%, p < 0.00001, 1728 participants, 21 trials) and teacher rated general behavior (SMD -0.62, 95% CI -0.91 to -0.33; I^2 = 68%, p < 0.0001, 792 participants, 7 trials). Methylphenidate does not seem to affect quality of life. There were no differences between groups regarding the number of serious adverse events. Data for this outcome, however, were only available in 37 of the 212 included trials (17%). Participants receiving methylphenidate were significantly more likely to experience non-serious adverse events overall (RR 1.23, 95% CI 1.11 to 1.37; I^2 = 72%, p = 0.0003, 5342 participants, 35 trials). The certainty of evidence was very low.

Conclusions: Methylphenidate may improve teacher-rated ADHD symptoms and general behavior; however, the evidence is of very low certainty, therefore true effect sizes remain unclear. There is no evidence for long-term efficacy or long-term serious adverse events. Methylphenidate may be associated with several non-serious adverse events.

OR-06-04

Youth with first-episode psychosis: Treatment and clinical outcomes at one year follow-up of the Tolerability and Efficacy of Antipsychotics (TEA) trial.

Galling, Britta [1]

Keller, Amanda [2], Von Hardenberg, Laura [1], Jeppesen, Pia [3], Klauber, Dea Gowers [4], Jensen, Karsten Gjessing [4], Rudå, Ditte [4], Decara, Marie Stentebjerg [5], Jepsen, Jens Richardt M [4], Fagerlund, Birgitte [4], Correll, Christoph U. [6], Fink-Jensen, Anders [5], Pagsberg, Anne Katrine [4]

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Objective: To investigate the one-year illness course and antipsychotic treatment response and persistence in youth with first-episode psychosis.

Methods: Analyses of naturalistic one-year follow-up data following a 12-week randomized trial (quetiapine-ER vs. aripiprazole) in youth with first-episode psychosis. The primary outcome was positive symptom severity at week-52 (PANSS-positive). Secondary outcomes were time to treatment discontinuation of investigational or any antipsychotic. Other outcomes were total, negative, and depressive symptoms, functioning, treatment after discontinuation of investigational drug, frequency of polypharmacy, adverse effects, and suicidality. Analysis of the follow-up sample included repeated measures ANOVA, Kaplan-Meier product-limit method, non-parametric tests, and log-rank test.

Results: 64 of 113 randomized patients participated at the single post-randomized trial 52-week follow-up (male=37.5%; age=16.7±1.4 years). Baseline characteristics were similar between follow-up participants vs. non-participants. Positive, negative, and depressive symptoms decreased significantly until week-52 with both investigational drugs. Antipsychotic discontinuation was high, being 81.3% for the investigational drugs and 64.1% for any antipsychotic and median times to

antipsychotic discontinuation of 16 [14.7, 50.7] and 16 [15.0, 52.0] weeks, respectively, without significant differences between quetiapine-ER and aripiprazole for randomized antipsychotic (p=0.187) or any antipsychotic (p=0.087). Symptoms decreased irrespective of antipsychotic treatment duration. Adverse effects were common, including early weight gain and high insulin levels.

Conclusion: After effective acute symptom reduction, antipsychotic persistence was low, with reasons for this result requiring further investigation. To allow better understanding of symptom development, treatment response, tolerability, and antipsychotic treatment persistence, future research should in depth assess complete study samples, ideally including longer follow-up periods.

OR-06-05

Therapeutic drug monitoring of antipsychotic drugs in children and adolescents: the international multicentre SPACe 2: STAR randomised controlled trial protocol

Hermans, Rebecca

Ringeling, Lisa, Liang, Kajie, Kloosterboer, Sanne, Winter, de, Brenda, Hillegers, Manon, Koch, Birgit, Dierckx, Bram

Erasmus University Medical Center Rotterdam Netherlands

Background

Antipsychotic drugs are an important part of the treatment of irritability and aggression in children with an autism spectrum disorder (ASD). However, significant weight gain and metabolic disturbances are clinically relevant side effects of antipsychotic use in children. In the SPACe study, we showed positive correlations between both risperidone and aripiprazole plasma trough concentrations and weight gain over a 6-month period. In the follow-up trial SPACe 2: STAR, we aim to research whether therapeutic drug monitoring in clinical practice can prevent severe weight gain, while retaining clinical effectiveness.

Methods

SPACe 2: STAR is an international, multicentre, randomised controlled trial (RCT). 140 children aged 6 to 18 who are about to start risperidone or aripiprazole treatment for ASD related behavioural problems will be randomised into a therapeutic drug monitoring (TDM) group or a care as usual (CAU) group. Participants will be assessed at baseline and 4, 10, 24, and 52 weeks follow-up. In the TDM group, physicians will receive dosing advice based on plasma levels of risperidone and aripiprazole and their metabolites at 4 and 10 weeks. Plasma levels will be measured in dried blood spots. The primary outcome will be BMI z-score at 24 weeks follow-up. Among the secondary outcomes are effectiveness, metabolic and endocrine laboratory measurements, extrapyramidal side effects, and quality of life.

Discussion

This will be the first RCT evaluating the effect of TDM of antipsychotic drugs in children and adolescents. Thus, our findings will be of great value in optimising treatment in this vulnerable population.

OR-06-06

" De-prescribing practices for Child and Adolescent Psychiatrists"

Van Deusen, Timothy

Yale University School of Medicine West Haven United States

Deprescribing can be defined as the process of withdrawal or dose reduction of medications which are considered inappropriate in an individual. The process of deprescribing includes a review of all medications, identification of medications that could be ceased or reduced, collaborative planning of the deprescribing regimen, and providing guidance and support to the patient and caregivers. Deprescribing is especially relevant in child and adolescent psychiatry since neurodevelopment can increase patient's cognitive skills to manage their issues. Also, environmental factors are important given that youth interact with multiple social systems including peers, family, and school. Scarce data are available pertaining to the safety of long-term use of medications in youth which is concerning since atypical antipsychotics are known to be associated with weight gain, development of diabetes, and metabolic syndrome. Approximately one third of children in foster care in the U.S. receive psychotropic medication; however, few studies have evaluated the extent to which either the number or dosage of drugs changes across time. Most evidence for effectiveness of psychotropics is based on short-term trials (6–8 weeks), but the treatment often involves longer-term prescribing. Also, consider that medications are only a part of a complete treatment plan necessary for recovery. This presentation will review current deprescribing practices and offer some guidelines that have been proposed in the literature.

OR-06-07

Treatment with methylphenidate and the risk of all-cause poisoning in children and adolescents

Man, Kenneth [2], Chan, Esther [1], Chui, Celine [1], Li, Xue [1], Coghill, David [3], Hon, Kam Lun [4], Tse, Man Li [5], Lum, Terry [1], Wong, Kirstie [2], Ip, Patrick [1], Wong, Ian [1]

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Background Children and adolescents with attention deficit hyperactivity disorder (ADHD) are at higher risk of all-cause poisoning. Currently, there is limited data on whether medication treatment for ADHD can reduce the risk of all-cause poisoning.

Methods Patients aged 5-18 years with a methylphenidate (MPH) prescription and an incident poisoning diagnosis between Jan 2001 and June 2020 were identified in Hong Kong. A self-controlled case series study design was used to compare the incidence rate ratios (IRRs) of all-cause poisoning during different risk windows (30 days before the first MPH prescription, exposure periods within 30 days of the first prescription, and periods of subsequent exposure) compared to the reference window (other non-exposure periods).

Results 42,203 patients were prescribed ADHD medication in Hong Kong. 417 patients who had both an MPH prescription and poisoning incident recorded were included in the main analysis. Compared to other non-exposed periods, a higher risk of poisoning was found in the 30 days before the first prescription (IRR=2.64, 95% confidence interval [CI] 1.33-5.22), and exposure periods within 30 days of the first prescription (IRR=2.18, 95% CI 1.06-4.48), but not during prolonged exposure. However, compared with 30 days before and after the first prescription, there was a lower risk during the subsequent exposure (IRRs=0.49 and 0.60, respectively).

ConclusionsThe risk of all-cause poisoning was higher shortly before and after the first MPH prescription and became lower during the subsequent prescription period. Our results do not support an association between MPH treatment and increased risk of all-cause poisoning.

Session: Symposium 24 - SY-24

Date: 29-06-2023 - 15:30 - 17:00

Location: Columbine - Ground floor /

SY-24-000

Adapting institutions to improve the quality of psychiatric care for adolescents

Spodenkiewicz, Michel [1], Lachal, Jonathan [2], Lambert, Mathilde [3], Renaud, Johanne [4]

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Taking the user's perspective into account has become a requirement in healthcare providing services. The paradigm has shifted over time with the demand for our institutions to adapt to the new needs of patients and their families: services and caregivers have to adapt to the new demands of patients, not the other way around. The emergence of psychiatric disorders in adolescence is a highly emotional situation that challenge both families and health care teams. How can we adapt to new demands, life events or cultural contexts while preserving the quality of care? How to change while remaining the same? This symposium will introduce different perspectives of integrating patients' and their parents' lives context, history or culture, their own perspectives and needs addressed to adolescent health care services. It will focus on the effects of culture, history and life context on prevention and care of suicidal adolescents: integration of adolescents and parental perspectives on the suicidal risk screening strategies in pediatric emergency departments; transferring knowledge about prevention of youth suicidal ideation and behavior from high to low- and middle-income countries; parental experiences of their involvement in care after an adolescent's suicidal attempt; taking into account the effects of family history in cultural minorities and their perception of psychiatric care. Presentations will aim at illustrating the implications of recent studies for prevention and clinical practice in adolescent psychiatry.

SY-24-00

How to empower professionals in the field of domestic violence services and primary care? An analysis of challenges and needs in child protection

Gossmann, Emily, Magiera, Kim, Rassenhofer, Miriam, Grau, Katharina, Lange, Stephanie

University Hospital of Ulm Ulm Germany

The empowerment of professionals in the field of primary care and domestic violence services does not likely affect the employees' quality of work, but also the support and safety of those children seeking help and protection. Professional qualification, networks and structural support are therefore important success factors in this work area. The following three contributions address this topic in qualitative and quantitative terms.

The first contribution with the title "Bring it up – or rather not?" E-Learning to empower care providers for child protection issues" presents initial results in the development of an online curriculum for general practitioners on psychosocial

problems with a focus on child welfare risks. Results from a needs assessment indicate that there is uncertainty among primary care providers regarding the issue of child welfare risks.

The second contribution "Family-oriented prevention of domestic violence Germany – an interdisciplinary approach" aims at addressing the different care and support needs of family members by developing an interdisciplinary strategy for preventing domestic violence in the state of Baden-Württemberg in Germany. Together with experts, for example difficulties were identified that have so far hindered early support for children and parents affected by domestic violence.

The third presentation entitled "The influence of organizational factors on employee stress in German domestic violence services during the COVID-19 pandemic" analyzes the impact of personnel, financial and process standardization aspects on professionals' stress level. Data on shelters and domestic violence services provide evidence for the assumption that organizational factors may foster employees' stress level.

SY-24-001

Parental experiences of their involvement in care after an adolescent's suicidal attempt

LACHAL, Jonathan [1]

SIBUT, Romain [1], COUTAREL, Benoit [2]

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Parents play a central role in the adolescents' suicidal crisis, in its genesis and in the elements precipitating the act. They are also at the heart of the care plans at multiple levels: they are most often involved in the decision to provide care, in its modalities, and in its implementation, even more so when the adolescent is a younger one; they are key stakeholders of the care, for example in the context of family or multi-family therapies, or in therapeutic education modalities. Parental trust in professionals, and their involvement in the accompaniment and support of the adolescent are the main factors favoring adolescents' adherence to care. Finally, supporting parents in their own suffering allows them to regain their position as caregivers, often undermined by the emotional breakdown provoked by the suicidal attempt.

Surprisingly, few studies explored the involvement of the parents in care following their adolescent's suicidal attempt. We will present the preliminary results of a qualitative study exploring the experience of parents regarding their involvement in care following their adolescent's suicidal attempt: what was their place in the medical interviews? Were they involved in treatment decisions? What will they expect to change in order to give them an appropriate position as partners of the care while supporting the adolescent autonomy?

SY-24-002

Algerian French teenagers' subjective experience of psychiatric care: An individual and historical perspective.

Lambert, Mathilde [1]

Lachal, Jonathan [2], Mansouri, Malika [1], Moro, Marie-Rose [1], Radjack, Rahmeth [1]

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Psychiatric care is impacted by the individual as well as the collective, and the consequences of History on families can be reflected in the clinic and the relationship with medical institutions. In this respect, Algerian-French adolescents carry, in spite of themselves, an unfinished past and are, like other minorities across countries, often bearers of a vulnerability

that must be taken into account as a child psychiatrist. In this qualitative and phenomenological study, the results of which we will present, the experience of adolescents followed in child psychiatry and having Algerian ancestry was questioned, finding in particular an internal experience of shame and guilt concerning mental disorders. The taboo of psychiatric illness, religion and identity construction, as well as the evoked parental reluctance to hospitalize their children, and their fear of deprivation of their rights, question the different ways of relating to care. What clinical assumptions can be made with the help of History? And how can we be more aware of and responsive to these avenues in order to help the adolescents concerned to appropriate and transcend their history? The societal violence sometimes expressed against these same young people could represent a reactivation of the collective trauma, also impacting psychiatric care and marking the need for a stronger awareness of the medical world and of the implicit biases in everyone.

SY-24-003

Suicide Risk Screening for Adolescents in Pediatric Emergency Departments: Acceptability from Adolescents and Parental Perspectives

Spodenkiewicz, Michel

CHU de La Réunion Saint-Pierre Canada

Adolescents who regularly visit pediatric emergency departments (PED) are more likely to have a high suicide risk. Some teams advocate for a systematic screening of suicidal risk for all adolescents consulting in PED. This qualitative study described the acceptability of a suicide risk screening in two French PED from adolescents and parental perspectives. We included adolescents ranging from ages 10 to 17 years, and their parents, after a suicide risk screening regardless of the reason for consultation. An interpretative phenomenological analysis of semi-structured interviews explored how they accept, perceive and make sense of the experience of a systematic suicidal risk screening. 20 adolescents and 16 parents from 247 adolescent-parent dyads were selected to complete a semi-structured interview. Suicide screening was generally well accepted by both the adolescents and their parents. They were all concerned by teenage suicide and perceived the potential benefits of the screening: detection of most vulnerable adolescents; opportunity for getting information and the use of the questionnaire as a mediator between the adolescent, their parents and the health-care providers. Some participants questioned the validity of the questionnaire because of possible inauthentic answers or feared the potential iatrogenic risk of a systematic screening. Parents preferred a targeted rather than a universal screening. Even if the evidence of the usefulness of a systematic suicidal screening in PED remains uncertain, it is important to address societal expectations. Qualitative studies provide a new perspective on the acceptability and expectations of adolescents and their parents regarding suicide prevention strategies in PED.

SY-24-004

Suicidal Ideation and Behavior in Youth in Low- and Middle-Income Countries: A Brief Review of Current Evidence and Implications for Prevention

Renaud, Johanne

Johanne Renaud M.D. INC. Mont-Royal Canada

Although global rates of suicide have dropped in the last 30 years, youth in low- and middle-income countries (LMICs) continue to be highly represented in suicide statistics yet underrepresented in research. In this review we present the epidemiology of suicide, suicidal ideation, and suicide attempts among youth in LMICs. We also describe population-level (attitudes towards suicide, socioeconomic, and societal factors) and individual-level clinical and psychosocial risk factors and outline specific considerations pertaining to youth in LMICs. These specific considerations in risk factors within this population highlight how multi-level prevention strategies may be targeted to meet their specific needs. Prevention and intervention strategies relying on the stepped-care framework focusing on population-, community-, and individual level targets while considering locally- and culturally relevant practices are key in LMICs. In addition, systemic approaches favoring school-based and family-based interventions are important among youth. Cross-cultural adapted multimodal prevention strategies targeting the heterogeneity that exists in healthcare systems, suicide rates and risk factors in these countries should be accorded a high priority to reduce the burden of suicide among youth in LMICs. In this communication we will focus on the opportunities and limitations of transferring prevention strategies developed in high income countries to low and middle income countries.

SY-24-01

The influence of organizational factors on employee stress in German domestic violence services during the COVID-19 pandemic

Lange, Stephanie

Jud, Andreas

University Hospital of Ulm Ulm Germany

Shelters and domestic violence services have faced a number of organizational challenges during the COVID-19 pandemic, like e.g. the short-term availability of qualified personnel and financial resources to meet digitalization requirements. In addition, hygiene measures had to be implemented. The aim of this study is to analyze the influence of personnel, financial and process standardization aspects on employees' stress level in shelters and domestic violence services in Germany. Data from a sample of 232 domestic violence service organizations and shelters are used for analysis. Results from a negative binomial regression model show that both a poor human resource structure and the degree of standardization of processes fosters employees' stress level – on top of the already generally heightened stress level during the pandemic. In contrast, the need for additional financial resources to meet digitalization requirements does not seem to have an impact. These initial findings indicate an urgent need to expand the very small body of research on the influence of organizational factors on the mental health of social work employees.

SY-24-02

"Bring it up - or rather not?" – E-Learning to empower primary care providers for child protection issues

Rassenhofer, Miriam [2], Grau, Katharina [3]

Rothermund, Eva [2], Oexle, Nathalie [2], Clemens, Vera [4]

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Objective: In primary care, general practitioners as family physicians play a key role in child protection. This topic however, as well as other psychosocial issues, often leads to uncertainties among practitioners and requires sufficient

knowledge and skills for a targeted communication with affected families. Aim was therefore to develop an online-curriculum for general practitioners on psychosocial problems with a focus on child welfare risks.

Method: Prior to the development of the curriculum, a needs assessment was carried out by means of an online survey as well as qualitative interviews. Physicians working in primary care were surveyed (online survey: n=103; interviews: n=15) about the topic of child endangerment. The accordingly developed online curriculum was evaluated using a pre-post design.

Results: The results of the needs assessment indicated that there is uncertainty among primary care providers regarding the issue of child welfare risks. The majority stated that the topic had rarely or never been addressed in their studies and further training. Uncertainties also existed regarding the legal framework of child protection. Preliminary results of the online curriculum's evaluation are expected in spring 2023.

Conclusions: The continuing education and further training of general practitioners on child protection issues appears necessary in order to increase their knowledge of child welfare risks and their confidence in dealing with potential threats to children's well-being. An e-learning curriculum on psychosocial topics may be an adequate offer addressing this issue, empowering primary care providers and thus contributing to improve the quality of care and prevention.

SY-24-03

Family-oriented prevention of domestic violence in Germany – an interdisciplinary approach

Gossmann, Emily

Magiera, Kim

University Hospital of Ulm Ulm Germany

Objective: In most cases of domestic violence, classic prevention and intervention programs focus on the specific target group of those harmed by violence or perpetrators. However, in order to sustainably reduce violence in families and prevent sequelae, it is important to focus on the entire family and, in particular, to promote the healthy development of children. The aim is to address the different care and support needs of the various family members by developing an interdisciplinary strategy for preventing domestic violence in the state of Baden-Württemberg in Germany.

Method: Professionals in the field of domestic violence were surveyed in qualitative interviews (n=20) and two focus groups in 2022/2023. The focus was on important actors in the help and intervention system, e.g. the police, women's shelters, courts, youth welfare, perpetrator programs, violence outpatient clinics, child programs and child protection centers.

Results: Together with the experts, difficulties were identified that have so far hindered early support for children and parents affected by domestic violence or made access to and cooperation in care more difficult in Germany. Together, ideas were developed on how difficulties can be overcome to design an interdisciplinary family-oriented support strategy.

Conclusions: The results indicate that a family-oriented prevention strategy for domestic violence in Germany needs to address different levels. Important steps are to promote the interdisciplinary cooperation of all professionals in the help and intervention system, to develop new low-threshold offers of assistance at the family level and to disseminate more knowledge regarding the topic of domestic violence.

Session: Symposium 32 - SY-32

Date: 29-06-2023 - 15:30 - 17:00

Location: Lumbye - Lower floor /

SY-32-00

Gender-differences (and diversity) in internalising and personality disorders

Plessen, Kerstin Jessica [1], Hillegers, Manon [2], Sund Morken, Ida [3], Cavelti , Marialuisa [4], Schillinger, Zoe [5]

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Adolescents with anxiety, depression and personality disorder are highly heterogeneous in terms of their risk factors and trajectories. Little systematic research has been performed on risk profiles and underlying etiology, however, an improved knowledge of these aspects would facilitate identification and early intervention, as well as the individualization of therapeutic approaches. This symposium focuses on gender-differences in the presentation of internalizing and in personality disorders in adolescents and will take the outset on recent epidemiological data showing a steep increase in the percentage of help-seeking young girls for serious mental problems, such as depression, self-harm and suicidal ideations. To address the questions of gender-identity that has emerged in the recent years, we will present gender diversity, as well as associations between gender-variant experience and mental health problems in a large Dutch cohort, the Generation R study. Further on, we will attempt to explain the female preponderance in depression by focusing on body dissatisfaction, stressful life events, as well as bullying victimization in two Norwegian cohorts. Moreover, taking the outset in a large clinical sample, gender differences in personality functioning, among adolescent patients will be presented, with higher impairment in intrapersonal functioning among girls and in interpersonal functioning among boys. Lastly, in the “Mindfulteen” study, we will focus on sex-differences in brain development during adolescence and their relationship to internalizing symptoms. These different epidemiological, clinical and neurobiological approaches may help to elucidate further understanding of this raising clinical problem.

SY-32-05

Changes of genderproportions in the hospitalizations of adolescents, associated behavioral patterns and lived experiences

Plessen, Kerstin Jessica [1]

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In our service we have noticed a steep increase in the number of young girls presenting for hospitalization over the last few years. More specifically, from 2018 to 2022, the proportion of girls addressed for inpatient treatment has increased from 52% to 71%. In the whole of Switzerland, hospital admissions for mental and behavioral disorders increased between 2020 and 2021 by 26% for girls and young women aged 10-24 and by 6% for men of the same age. Young women aged 15-19 were most likely to display auto aggressive behaviors, but the largest increase was for girls aged 10-14 (+60%). At the same time, referrals to "transgender clinics" have seen an increase in adolescents with female gender assigned at birth. Moreover, as shown in numerous studies, the COVID crisis, seem to have affected girls differently than boys. This may be related to differences in social relationships, as well as the specific ways of using of the internet, with

girls being more likely to be active on social media and boys more likely to be active in gameplaying activities. Beyond the pure epidemiological and demographic figures, in this part of the symposium we will also include the perspective of young girls in a more qualitative way to improve knowledge through lived experience.

SY-32-04

Gender differences in personality functioning among adolescent patients

Cavelti, Marialuisa [1]

Lerch, Stefan [1], Reichl, Corinna [1], Mürner-Lavanchy, Ines [1], Koenig, Julian [2], Kaess, Michael [1]

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Background: The classification of personality disorders (PD) is currently undergoing a shift toward dimensional approaches in order to overcome shortcomings of the traditional categorical models. Criterion A from the DSM–5 Alternative Model for PD (AMPD) is one example of the dimensional conceptualisation of PD, and defines PD by the degree of impairment in self- and interpersonal functioning. This study examined gender differences in personality functioning in a clinical adolescent sample.

Methods: N=498 adolescents were consecutively recruited from a University Psychiatric Hospital (inpatient 48.8%, outpatient 51.2%). Gender, age, and personality functioning (STiP-5.1) were assessed. Logistic regressions were conducted to examine the associations between the STiP-5.1 total score or facets, respectively, and gender, controlling for age.

Results: Participants were on average 15.41 years old (SD=1.53), and 79.12% (n=394) were female. Being older (OR=1.16, p=.043) and higher scores on the STiP-5.1 total score (OR=0.62, p=0.006) were associated with an increased likelihood of being female. In addition, on the level of facets impaired self-esteem (identity) was associated with an increased likelihood of being female (OR=0.70, p=.0.012), while impaired understanding of others (empathy) was associated with an increased likelihood of being male (OR=1.33, p=0.037).

*Discussion:*The study revealed gender differences in personality functioning among adolescent patients, with higher impairment in intrapersonal functioning among girls and in interpersonal functioning among boys. This finding mirrors gender differences in internalizing versus externalizing problems. Clinically, it indicates that early intervention for PD should be gender-sensitive, with interventions addressing self-evaluation in girls and interventions improving mentalization capacities in boys.

SY-32-03

Adolescent gender diversity: sociodemographic correlates and mental health outcomes in the general population

Ghassabian, Akhgar [2]

Hillegers, Manon [1], Suleri, Anna [3], Blok, Elisabet [3], Franch, Berta [3], White, Tonya [3]

[1] Erasmus MC Sophia Rotterdam Netherlands
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Background: We investigated gender diversity in an urban, ethnically diverse sample of adolescents from the general population and examined predictors and associated mental health outcomes.

Methods: The study was embedded in Generation R, a population-based cohort of children born between 2002 and 2006 in Rotterdam, the Netherlands (n = 5727). At ages 9-11 and 13-15 years, adolescents and/or their parents responded to two questions addressing children's contentedness with their assigned gender, whether they (a) 'wished to be the opposite sex' and (b) 'would rather be treated as someone from the opposite sex'. We defined 'gender-variant experience' when either the parent or child responded with 'somewhat or sometimes true' or 'very or often true'. Mental health was assessed at 13-15 years, using the ASEBA.

Results: Less than 1% of the parents reported that their child had gender-variant experience. In contrast, 4% of children reported gender-variant experience at 13-15 years. Adolescents who were assigned female at birth reported more gender-variant experience than those assigned male. There were positive associations between gender-variant experience and symptoms of anxiety, depression, somatic complaints, rule-breaking, and aggressive behavior as well as attention, social, and thought problems. Similar associations were observed for autistic traits, independent of other mental difficulties. These associations did not differ by assigned sex at birth.

Conclusions: Within this population-based study, adolescents assigned females were more likely to have gender-variant experience than males. Parents may not be aware of gender diversity. Associations between gender diversity and mental health symptoms were present in adolescents.

SY-32-02

Between-sex brain development differences and internalizing symptoms during adolescence: findings from the Mindfulteen study"

Schilliger, Zoé [1]

Palix, Julie [2], Urben, Sebastien [2], Do Cuenod, Kim Quang [2], Conus, Philippe [2], Merglen, Arnaud [3], Piguet, Camille [3], Dwir, Daniella [2], Klauser, Paul [2]

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Introduction: Adolescence is marked by sex-specific developmental trajectories of cerebral structures and systems involved in affect-regulation. In parallel, adolescence witnesses a dramatic increase in the incidence of internalizing disorders, disadvantaging females. Several biological/physiological factors, such as hypothalamic-pituitary-adrenal (HPA) stress-axis activity, the autonomic nervous system and the oxidoreductive balance have been associated with internalizing disorders and may represent critical factors potentially underlying sexual dimorphism in the expression of internalizing disorders. However, sex-specific interactions between these factors and internalizing symptoms and their link with brain maturation remain unexplored.

Material and Methods: In adolescents from the general population aged 13 to 15 (Mindfulteen study, n=69), we investigated the sex-specific associations between internalizing symptoms, peripheral glutathione (GSH)-antioxidant balance and HPA-axis function and their link with brain white matter microstructure.

Results: Female adolescents displayed higher levels of internalizing symptoms, glutathione-peroxidase (GPx) activity and cortisol/11-deoxycortisol ratio than males. The cortisol/11-deoxycortisol ratio, related to HPA-axis activity, was associated with internalizing symptoms in both sexes, whereas GPx activity was associated with internalizing symptoms in females specifically. The cortisol/11-deoxycortisol ratio mediated sex-differences in internalizing symptoms and the association between anxiety and GPx activity in females specifically. In females, GPx activity was positively associated with generalized fractional anisotropy in widespread white matter brain regions.

Conclusion: In summary, we found that higher levels of internalizing symptoms in female adolescents than in males relate to sex-differences in HPA-axis function. In females, our results suggest an important interplay between HPA-axis function and GSH-antioxidant balance, a parameter strongly associated with brain white matter microstructure.

SY-32-01

Explaining the female preponderance in depression: body dissatisfaction, stressful life events (SLEs) and bullying victimization

Morken, Ida Sund

Norwegian University of Science and Technology Trondheim Norway

Background

In the transition from childhood into adolescence, a female preponderance in depression emerges. Whether body dissatisfaction, stressful life events (SLEs) and bullying victimization contribute to this gender difference is undetermined and was thus investigated herein; Study 1: body dissatisfaction, Study 2: SLEs and bullying victimization.

Methods

Study 1: Adolescents (45% boys; n = 547; M_{age} = 12.58) from a population-based sample from Oslo, Norway, self-reported depressive symptoms and body dissatisfaction. Multiple regression analyses were performed on cross-sectional data. Study 2: Children (49.9% boys; n = 748) and parents from two birth cohorts in Trondheim, Norway, were followed biennially from ages 8 to 14 with clinical interviews about symptoms of depressive disorders and self-reports on SLEs. Teachers reported on bullying victimization. Prospective associations were investigated using an autoregressive latent trajectory model with structured residuals, examining within-person longitudinal associations while accounting for all time-invariant confounding effects.

Results

The gender difference in adolescent depression emerged when measured by self-report questionnaire (Study 1) and clinical interview (Study 2). Study 1: The gender difference in depression turned non-significant when controlling for an increased level of body dissatisfaction in girls. Study 2: Increased SLEs and bullying victimization at age 12 predicted increased depression at age 14 more strongly among girls than boys.

Conclusion

Study 1: The findings indicate that increased levels of body dissatisfaction in girls partly explain the gender difference in depression. Study 2: Results indicate that increased impact of SLEs and bullying victimization in girls might explain the emerging female preponderance in depression.

Session: ESCAP Policy Division: Debate about mental health policies and mental health plans. - ESCAP-01

Date: 29-06-2023 - 15:30 - 17:00

Location: Congress Hall - Ground floor /

Session: Workshop 01 - WS-01

Date: 29-06-2023 - 15:30 - 17:00

Location: Arkaden 6 - Second floor /

WS-01-01

Workshop on metacognitive therapy for pediatric obsessive-compulsive disorder

Reinholdt-Dunne, Marie Louise

Tolstrup, Marie, Svenstrup, Kira

Forskningsenheden MODIG København K Denmark

OBJECTIVE: The primary focus of the workshop will be to familiarize the attendee with the metacognitive theory and intervention techniques used in the treatment of pediatric OCD. This will include a brief presentation of metacognition, maladaptive metacognitive beliefs, the cognitive attentional syndrome, though-fusion beliefs, detached mindfulness, and the metacognitive caseformulation for OCD.

METHOD: This knowledge is disseminated to the attendee using the same thought/behavioral exercises that we use in psychotherapy, so the attendee will get a chance themselves to experience the metacognitive change that is part of the intervention. Exercises will be hands on and include traditional detached mindfulness techniques along with specific methods to challenge thought-fusion beliefs in pediatric OCD. The exercises and methods presented are adapted from the original manual by Adrian Wells to fit the developmental levels of children and adolescents. Slides and exercise handouts are distributed to the attendees at the beginning of the workshop. Psychologist Marie Louise Reinholdt-Dunne, PhD and associate professor in child psychology and psychologist Marie Tolstrup, specialist and supervisor in pediatric psychotherapy will teach the workshop. Marie Louise and Marie are both specialist in metacognitive theory and intervention, and they have published several research studies on the feasibility and effect of metacognitive therapy in pediatric samples. Kira Svenstrup, child psychologist trainee, will assist with the demonstration of metacognitive exercises and methods.

RESULTS: The knowledge obtained at the workshop will enable the attendee to appreciate the metacognitive theory and intervention techniques used in the treatment of pediatric OCD.

Session: Oral 05 - OR-05

Date: 29-06-2023 - 15:30 - 17:00

Location: Harlekin - Ground floor /

OR-05-01

The potential role of the C&A psychiatrist in public education about youth mental health. Dr Simmons' discusses her experience, reflections and learning following publishing a book about children and young people's mental health.

Simmons , Meinou

Oxford Health NHS Foundation Trust Oxford United Kingdom

Dr Simmons is a UK C&A psychiatrist and Training Programme Director with a passion for mental health education which she is keen to share. She has written a book called ‘A Guide to the Mental Health of Children and Young People: Q and A for Parents, Caregivers and Teachers’ which has just been published through Cambridge University Press in association with the Royal College of Psychiatrists. Dr Simmons would like to generate discussion around the potential role of the child psychiatrist as a public educator and explore ways to engage with others in our community about youth mental health issues. She would like to explore some of the following questions: -Can we use our expertise and experience to write for the public in a way that helps generate better understanding of youth mental health issues?

- How can we get across key principles around looking after the mental health of the next generation?

-What are the best ways to direct people to reliable sources of information? We know there is a lot of misinformation and confusion in this area.

-Can we usefully use our positions to advocate for better funding and resources for youth mental health? In the UK, for example, we know that only about a third of young people who need mental health services can access them. It is hoped this will be an interesting and engaging workshop which will allow for an opportunity to reflect on our positions as potential public educators as well as clinicians.

OR-05-02

Paternity leave uptake and parental post-partum depression: findings from the ELFE cohort study

Barry, Katharine

Inserm DR Paris IdF Centre Est PARIS United States

Several countries are expanding their paternity leave policies, which can have positive effects on parental mental health. Using data from the French nationally representative longitudinal birth cohort study (ELFE), we examined whether 2 weeks of paid paternity leave are associated with post-partum depression in mothers and fathers at 2 months after the birth of their child.). Logistic regression models, using survey-weighted data and adjusted for confounders using inverse probability weights, yielded odds ratios (ORs). We included 10975 fathers and 13075 mothers with reported information on paternity leave and post-partum depression at 2 months in the statistical analyses. Fathers who took paternity leave had reduced odds of post-partum depression (OR 0·74 [95% CI 0·70–0·78]) as did fathers who intended to take paternity leave (0·76 [0·70–0·82]) compared with fathers who did not take paternity leave. However, we did not find such beneficial effects for mothers whose partners took (1·13 [1·05–1·20]) or intended to take paternity leave (1·02 [0·96–1·08]). Taking and intending to take 2-weeks’ paid paternity leave was associated with a reduced likelihood of reporting post-partum depression in fathers. However, offering 2-weeks’ paternity leave might place mothers at a greater risk of post-partum depression, suggesting that optimal length and timing of the leave, among other factors, need further investigation. The full article was recently published in the *Lancet Public Health* which can be found here: https://doi.org/10.1016/S2468-2667(22)00288-2

OR-05-03

Prevalence and correlates of restrictive interventions in an Irish child and adolescent psychiatric unit: a 4-year retrospective study

Haran, Maeve [1]

Killeen, David [2], Healy, Mike [3], Brophy, Peadar [3], Donohue, Aoife [3], Whyte, Imelda [3], Doody, Brendan [3]

[1] University College Dublin, Dublin, Ireland Dublin Ireland
[2] Dublin North City and County CAMHS - Ballymun CAMHS, Ballymun Civic Centre Dublin Ireland
[3] Linn Dara Child & Adolescent Mental Health Services Dublin Ireland

Background: There has been a global effort to reduce the use of restrictive interventions (RIs) in healthcare settings. In order to reduce unnecessary RIs, it is essential to understand their use in mental health settings. To-date there have been few studies examining the use of RIs in child and adolescent mental health settings, with no such studies in Ireland.

Aims: The purpose of this study is to examine prevalence and frequency of physical restraints and seclusion and to identify any associated demographic and clinical characteristics.

Methods: This is a 4-year retrospective study of the use of seclusion and physical restraint in an Irish child and adolescent psychiatric inpatient unit from 2018 to 2021. Computer-based data collection sheets and patient records were retrospectively reviewed. Comparisons were made between eating disorder and non-eating disorder samples.

Results: Of 499 hospital admissions from 2018-2021, 6% (n=29) had at least one episode of seclusion and 18% (n=88) had at least one episode of physical restraint. Age, gender and ethnicity were not significantly associated with rates of RI. Unemployment, prior hospitalization, involuntary legal status, and longer length of stay were significantly associated with higher rates of RIs in the non-eating disorder group. Involuntary status was associated with higher rates of physical restraint in the eating disorder group. Patients with a diagnosis of eating disorder and psychosis had the highest prevalence of physical restraints and seclusions respectively.

Conclusions: Identifying youth who are at greater risk of requiring restrictive interventions may allow early intervention and prevention.

OR-05-04

Latent classes of victimization in adolescents in the digital era

Power, Emmet, Gallo, Katelyn

Cotter, David, Cannon, Mary

RCSI University of Medicine and Healthcare Science Dublin Ireland

Almost all teenagers aged 13-17 reportedly use at least one major social media platform and with the increasing use of social media comes potential benefits of increased social connection and potential harms. One potential underexplored harm is increased rates of cyberbullying and image-based sexual abuse. The current study aims to extend previous research by focusing on patterns of adolescent victimisation experiences that may lead to an increased risk of adverse outcomes.

We utilised data from the Planet Youth study for secondary analysis purposes (planetyouthpartner.ie). Data were collected in October–December 2021 with a 79% response rate yielding N=4404 responses (N=4117 included in analysis). We used six indicators to derive latent classes and used generalised structural equation modelling specifying a log link function and Poisson distribution. We then selected the point at which the decline in Bayesian Information Criteria became monotonic to find the optimal number of classes.

Four classes were identified: 1) Adolescents with a low vulnerability risk. 2) Adolescents who reported only in-person and online bullying. 3) Adolescents who reported online sexual harassment only. 4) Adolescents who displayed a high probability of being victims of online sexual harassment, bullying (online and in-person), physical violence, and pressure to engage in sexual activities.

This research shows that image-based sexual harassment occurs in two subgroups; youth with multiple types of victimisation experiences and youth who report minimal types of other victimisation experiences. Our findings suggest that image-based sexual harassment is a discrete type of abuse experienced by the commonly in the adolescent population.

OR-05-05

Assertive Community Care in Child and Adolescent Psychiatry in Vienna

Plener, Paul [2]

Frottier, Patrick [1]

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Abstract

The resources in child and adolescent psychiatric care in Austria for patients who require inpatient or daycare treatment are limited. While mobile outpatient treatments, such as Assertive Community Care (ACC), are already widespread in other European countries, the current HTA report on ACC in Austria concluded that the implementation of such a model in Austria is still pending. Within the framework of a project of the Viennese Landeszielsteuerung-Commission, two ACC-teams in Vienna supervised 54 patients and their families between March 2021 and March 2023. The results of the evaluation as well as the structure of the intervention will be presented.

Session: Thanks for today -

Date: 29-06-2023 - 17:00 - 17:30

Location: Congress Hall - Ground floor & Harlekin - Ground floor & Columbine - Ground floor & Pjerrot - Ground floor & Lumbye - Lower floor & Carstensen - Lower floor & Arkaden 6 - Second floor & Arkaden 8 - Second floor & Karavanen 6 - First floor & Karavanen 9+10 - First floor & Galop 01 - Second floor & Foyer - Ground Floor /

Session: Mounting of posters -

Date: 30-06-2023 - 08:00 - 10:00

Location: Vandsalen - Ground Floor /

Session: Speakers Lounge -

Date: 30-06-2023 - 08:00 - 16:15

Location: Akvariet 4+5 - Ground Floor /

Session: Onsite registration in the Foyer Area -

Date: 30-06-2023 - 08:00 - 08:15

Location: Congress Hall - Ground floor & Harlekin - Ground floor & Columbine - Ground floor & Pjerrot - Ground floor & Lumbye - Lower floor & Carstensen - Lower floor & Arkaden 6 - Second floor & Arkaden 8 - Second floor & Karavanen 6 - First floor & Karavanen 9+10 - First floor & Galop 01 - Second floor & Foyer - Ground Floor /

Session: Please proceed to your next session -

Date: 30-06-2023 - 08:15 - 09:00

Location: Columbine - Ground floor /

Session: Symposium 15A - SY-15A

Date: 30-06-2023 - 08:15 - 09:15

Location: Arkaden 6 - Second floor /

SY-15A-00

Common genetic deletion but multiple disease pathways? Understanding complexity of psychosis pathophysiology through the lens of 22q11.2 Deletion Syndrome.

Sandini, Corrado [1], Gothelf, Doron [2]

[1] University of Geneva Geneva Switzerland
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Psychotic disorders and highly complex. Indeed, researchers have struggled to link the clinical manifestations of psychosis to a single underlying disease mechanism. In particular, alterations in excitatory/inhibitory balance, hippocampal connectivity, neuro-inflammation, sleep quality and stress reactivity, have all been consistently associated to psychosis vulnerability. The impression of a multifactorial pathophysiology could arise from underlying genetic heterogeneity, with differential mechanisms acting in subsets of patients. However, others have proposed that psychosis is inherently multifactorial, emerging from the interaction of multiple mechanisms, even in individual patients. In this symposium we propose to address this fundamental question through the lens of 22q11.2 Deletion Syndrome. Using a variety of techniques, we show that a multitude of factors contribute to the emergence of psychotic symptoms, even in the context of a uniquely homogenous genetic model.

Dr Kulikova, will discuss the role of immunological and inflammatory alterations in psychosis vulnerability, using a longitudinal design. Dr Vingerhoets, will discuss the contribution of excitatory/inhibitory imbalance measured using 7T MRI-spectroscopy . Ms Reich will discuss the clinical and neurobiological mechanisms linking sleep alterations, measured with EEG and actigraphy, to subsequent vulnerability to psychosis. Dr Delavari will discuss how the dynamic interactions between amygdala and hippocampus, measured using fMRI, could link emotional dysregulation to psychotic symptoms. Finally, Dr Sandini will discuss dynamic pathways linking environmental factors to psychotic experiences, as they occur in daily life.

We propose that 22q11.2 Deletion Syndrome represents a unique case-study of the value of considering an integrated multidimensional view of the pathophysiology of psychotic disorders.

SY-15A-05

Distinct dynamic signatures of reactivity to social context differentiate 22q11DS from ASD and relate to positive and negative psychotic symptoms.

Sandini, Corrado, Imparato, Andrea, Schneider, Maude

Feller , Clemence

University of Geneva Geneva Switzerland

Difficulties in adapting to environmental and social context are a key feature of both psychotic disorders and autism spectrum disorders (ASD). Indeed, in both psychosis and ASD, social difficulties are among the strongest contributors to overall functioning and mental health outcomes. It remains however unclear whether social impairment is more a cause or a consequence of psychological dysfunction, and whether the underlying mechanism and impact of social difficulties differ in psychosis and autism.

Here we address these questions using a digital phenotyping approach measuring distress, well-being and environmental context in the flow of daily life in 22q11DS, ASD and healthy controls. We use a dedicated dynamic network analysis approach to dissect pathways of interaction between contextual and psychological variables.

We confirm that social difficulties including social isolation, loneliness, and negative social experiences are tightly related to psychological distress and reduced well-being, in both ASD and 22q11DS. However, the dynamic mechanisms through social difficulties interact with mental health were significantly different across samples. In particular, social difficulties played a key role in preventing recovery from previous psychotic symptoms in 22q11DS whereas social isolation actively predisposed to subsequent distress in ASD.

These results suggest that social difficulties are a clinical priority in both psychosis and ASD, but might emerge from differential underlying mechanisms, warranting distinct personalized treatment strategies.

SY-15A-04

7-TESLA IN-VIVO 1H-MAGNETIC RESONANCE SPECTROSCOPY OF GLUTAMATE AND GABA IN 22Q11.2 COPY NUMBER VARIANTS

Vingerhoets, Claudia [1]

Serrarens, Chaira [1], Tse, Desmond [2], Steijvers-Peeters, Esther [2], Brouwers, Kim [2], Linden, David [1], Van Amelsvoort, Therese [1]

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Introduction: 22q11.2 copy number variants (22q11.2 CNVs) are genetic disorders caused by a microdeletion (22q11.2DEL) or microduplication (22q11.2DUP) at chromosome 22. 22q11.2DEL individuals are at increased risk of developing psychotic disorders and impaired cognitive functioning, while it has been suggested that 22q11.2DUP individuals may have a reduced risk of developing psychotic disorders[1]. Psychosis and cognitive impairments have been linked with glutamatergic and GABA-ergic dysregulation[2]. Here, we examined glutamate and GABA concentrations in the anterior cingulate cortex (ACC) in patients with 22q11.2 CNVs.

Methods: Eight 22q11.2DEL patients (mean age =36.75; M/F = 3/5; mean IQ =81.63) and 3 22q11.2 22q11.2DUP patients (mean age = 32.67; M/F = 2/1; mean IQ = 100.67) without a psychiatric history and 14 matched healthy controls (mean age =30.71; M/F = 7/7; mean IQ =109.36) were enrolled in this study. We collected glutamate and GABA concentrations in the ACC using 7-Tesla magnetic resonance spectroscopy (^{1}H-MRS).

Results: We did not find significant differences in glutamate concentrations between groups (F (2,21) =0.657; p=0.528; η^2=0.059). Additionally, we did not find significant differences in GABA concentrations between groups (F (2,13) =0.592; p=0.567; η^2=0.083).

Discussion and conclusion: These findings are in line with previous studies in 22q11.2DEL patients, showing no glutamatergic alterations in this population compared to controls[3,4]. Given that our sample size was relatively small, resulting in decreased power to detect statistically significant differences, we cannot exclude the possibility of an altered glutamate/GABA balance in 22q11.2 CNVs. More and larger studies are required to replicate these findings in 22q11.2 CNVs.

SY-15A03

Dynamic functional interaction of subcortical structures in patients with 22q11DS: insight into neurobiological underlay of psychotic symptoms.

Delavari, Farnaz [1]

Sandini, Corrado [1], Van de ville , Dimitri [2], Eliez, Stephan [1]

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Amygdala (AMG) and hippocampus (HIP) are interconnected structures that are critical in emotional regulation, learning and memory and are often impaired in psychosis. However, how these structures functionally interact to form emotional pathways to psychotic symptoms remains unclear. We studied dynamic functional activity of AMG and HIP of adults with 22q11.2DS, a known genetic model for psychosis susceptibility to investigate how networks centered on AMG and HIP can result in one another and how these dynamic transitions could contribute to symptoms of psychopathology.

Resting state fMRI scans from 50 patients with 22q11.2DS (24 at high-risk for psychosis and 26 with impaired tolerance to stress) and 56 HC above 18 years old were included. We opted for a data-driven parcellating co-activation pattern analysis to assess the networks centered on HIP and AMG and assessed the occurrence and temporal transition of these networks.

The resulted AMG-prefrontal network was composed of centromedial AMG. Patients with 22q11.2DS presented a lower occurrence of networks with HIP and AMG co-active with prefrontal cortex. While, higher co-activation of HIP and Striatum was observed in patients with 22q11.2DS and more so in patients with mild to moderate positive psychotic symptoms. Additionally, patients with 22q11.2DS had higher transition rate from AMG-prefrontal network HIP-Striatal network.

Distinct patterns of co-activation for AMG and HIP occur in patients with 22q11.2DS that differ from HC and contribute to positive psychotic symptoms. Pathological co-activation of HIP-dopaminergic network was meaningfully initiated by centromedial AMG networks which may be indicative of emotional pathway to psychotic symptoms.

SY-15A-02

Longitudinal multimodal study of the contribution of sleep disturbances to psychosis vulnerability in 22q11.2 deletion syndrome

Reich, Natacha

Thillainathan, Niveettha , Eliez, Stephan, Sandini, Corrado

University of Geneva Geneva Switzerland

22q11.2 deletion syndrome (22q11DS) is associated with increased risk for psychopathology, including schizophrenia. Sleep disorders, including obstructive sleep apnea (OSA), are also frequent in this population, making 22q11DS a unique model to explore their impact on psychosis vulnerability. Until now, little is known about the sleep phenotype of 22q11DS and its relationship with psychiatric symptoms.

We measured sleep patterns with a combination of Actigraphy and sleep questionnaires in a total of 107 participants, 69 affected by 22q11.2 and 38 healthy controls (HC). Additionally, we measured sleep architecture using polysomnography, for a total of 50 participants, 27 22q11.2 and 23 HC. Symptoms of psychosis vulnerability were measured at baseline and at second longitudinal follow-up after 3 years, using the Structured Interview for Prodromal Syndromes (SIPS). We use a multivariate Partial Least Square Correlation (PLS) approach to identify patterns of sleep disturbances that differentiated individuals with 22q11DS from HC and that correlated with psychiatric symptoms.

Actigraphy analysis revealed that 22q11DS was characterized by a non-restorative sleep pattern, combining daytime fatigue despite longer sleep duration. Non-restorative sleep combined with OSA symptoms correlated with both emotional and psychotic symptoms at baseline and predicted longitudinal worsening of psychosis 3 years later. Polysomnography revealed altered sleep architecture in 22q11DS characterized mainly by higher sleep pressure, increased wake-after-sleep-onset and reduced percentage of deep sleep. Collectively these results show that 22q11DS is characterized by fragmented non-restorative sleep that significantly contributes to psychosis vulnerability. Sleep quality might hence represent a novel promising treatment target in 22q11DS.

SY-15A-01

Association between proinflammatory markers and psychosis in 22q11.2 deletion syndrome – a follow-up study

Kulikova, Katerina [1]

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The 22q11.2 deletion syndrome (22q11.2DS) is a neurogenetic disorder with high rates of schizophrenia-like psychotic disorders and immune-system abnormalities. Thus, 22q11.2DS is a good model for studying the relationship between psychosis and inflammation. This research is a follow-up study. In the previous study, we identified inflammatory markers that were associated with psychosis and cognitive deficits in 22q11.2DS. We found that interleukin 6 (IL-6) was higher in 22q11.2DS individuals with psychotic disorders and negatively correlated with cognitive abilities in 22q11.2DS. In the present study, we are re-evaluating the same biological and clinical parameters in the participants from the previous study. Our aim is to identify the changes that occurred during those years, especially in patients that were not psychotic at baseline evaluation and converted to psychosis. To achieve this goal, we are following 46 individuals with 22q11.2DS from the previous cohort- 17 with psychotic disorders (age at time1 assessment 28.27±9.84 years) and 29 without psychotic disorders (age at time1 assessment 22.9±8.18 years) and 30 age- and sex-matched healthy controls. Time interval between Time1 and Time2 assessments (7.61±0.64 years). Blood samples from all participants are analyzed for CRP, IL-6, IL-10, tumor-necrosis-factor alpha (TNFα), and IL-1 receptor antagonist levels – all were measured in the previous study. All participants will repeat The Penn Computerized Neurocognitive Battery (CNB) and Structured Interview for Psychosis-risk Symptoms (SIPS). To the best of our knowledge, this is the first longitudinal study looking into the association between immune markers and psychosis in 22q11.2DS.

Session: Symposium 25 - SY-25

Date: 30-06-2023 - 08:15 - 09:15

Location: Harlekin - Ground floor /

SY-25-00

Psychotropic drug utilization studies in the Scandinavian countries

Wesselhoeft, Rikke

University of Southern Denmark Odense M Denmark

Introduction

The Scandinavian countries hold nationwide health registers that collect data on all individuals from birth onwards. Therefore, these countries constitute an extraordinary cohort suited for pharmaco-epidemiological studies.

Methods

The Scandinavian national prescription registers provide detailed information on prescribed medicine, e.g., date, product, defined daily dose (DDD), and prescriber information.

The following studies are included:

Differences in psychotropic drug use among children and adolescents in Scandinavia

Use of ADHD medication among Danish children and adolescents from 2010-2020 - a nationwide study

Melatonin use among children, adolescents, and young adults. A Danish nationwide drug utilization study

Antidepressant treatment patterns in Scandinavian children and adolescents

Results

This symposium describes the use of psychotropic drugs among children and adolescents in the Scandinavian countries. The utilization of psychotropic drugs among youths differs markedly between the countries with Sweden having a higher use of antidepressants, hypnotics and ADHD medication.

We also present detailed individual-level information from the specific countries. Swedish antidepressant users were characterized by longer treatment duration, more comorbid psychopathology, and treatment was more likely to be initiated by psychiatrists.

The Danish studies showed a sex variation in onset of ADHD medication treatment with girls initiating treatment later than boys. Also, young Danish melatonin users were likely to have psychopathology and half of all prescriptions were authorized by general practitioners.

Conclusions

The symposium outlines the variation in psychotropic drug use between the Scandinavian countries and contributes with a broader knowledge of the potential of the Scandinavian registers.

SY-25-01

Melatonin use among children, adolescents, and young adults. A Danish nationwide drug utilization study

Bliddal, Mette [1]

Kildegaard, Helene [1], Rasmussen, Lotte [1], Ernst, Martin [1], Jennum, Poul Jørgen [2], Hasling Mogensen, Stine [3], Pottegård, Anton [1], Wesselhoeft, Rikke [1]

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Background

Melatonin was formally approved for treatment of insomnia in Danish children and adolescents with specific disorders in 2018 and is available by prescription only. Potential long-term consequences of melatonin use in this age group are unknown, yet melatonin use has increased over the last decades.

Objectives

We aimed to describe melatonin use in Danish youths and provide a detailed description of users.

Methods

Using nationwide health registers, we identified all individuals aged ≤24 years, who filled at least one melatonin prescription during 2012-2019. For each individual, we extracted data on filled psychotropic prescriptions, diagnoses of psychiatric disorders, and contacts to private practicing psychiatrists.

Results

We identified 34,652 melatonin users. The incidence of use increased from 2.4 to 3.9/1,000 person-years during 2012-2019. In 2019, 53% of incident users filled only a single prescription within the first 6 months after initiation. Long-term use of melatonin was most common among the younger age groups, with 17% of 5-9-year-olds and 14% of 10-13-year-olds being in continued treatment 12 months after first prescription.

Among melatonin users, 75% were registered with either a psychiatric disorder diagnosis, a filled prescription for another psychotropic, or a contact to a private practice psychiatrist ±12 months of melatonin initiation.

Conclusions

The incidence of melatonin use increased in Denmark from 2012-2019. A substantial proportion of melatonin users had concurrent psychopathology most likely explaining their use. Long-term melatonin use was more common among the youngest age groups, which should be a focus of interest due to limited safety data.

SY-25-02

Differences in psychotropic drug use among children and adolescents in Scandinavia

Wesselhoeft, Rikke [1]

Sørensen, Anne Mette Skov [2], Jensen, Peter [1], Andersen, Jacob [1], Reutfors, Johan [3], Skurtveit, Svetlana [4], Hartz, Ingeborg [5], Furu, Kari [4], Jennum, Poul [2], Cesta, Carolyn [3], Strandberg-Larsen, Katrine [2], Talati, Ardesheer [6], Damkier, Per [1], Pottegård, Anton [1], Bliddal, Mette [1], Rasmussen, Lotte [1]

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Background

Sweden, Norway and Denmark have similar health care systems and clinical guidelines for psychotropic treatment in childhood.

Objectives

We compared use of antidepressants, hypnotics and ADHD medications between Scandinavians aged 5-19 years.

Methods

We conducted three separate studies using nationwide aggregate-level data from national prescription databases. Drug use was defined as ≥1 filled prescription within each year. Study 1) examined antidepressant use in 2007-2017. Study 2) examined hypnotic use in 2012-2018. Study 3) examined use of ADHD medications in 2010-2020. We calculated annual prevalence (users/1,000 inhabitants) stratified by sex, age group and country.

Results

The annual prevalence of antidepressant use, particularly SSRIs, increased markedly from 2007 to 2017 among youths in Sweden (from 9.3 to 18/1,000). Conversely, antidepressant use was quite stable in Norway (5.1 to 7.6/1,000) and decreased in Denmark (9.3 to 7.5/1,000). The annual prevalence of hypnotic use, particularly melatonin, increased during 2012-2018 in all countries, but was pronounced in Sweden (6.5 to 25/1,000) compared to Norway (10 to 20/1,000) and Denmark (5.7 to 12/1,000). The annual prevalent use of ADHD medication, particularly lisdexamfetamine, increased from 2010-2020, with a higher increase in Sweden (16 to 35/1,000) than in Norway (19 to 22/1,000) and Denmark (16 to 22/1,000).

The Swedish predominance in use of all three drug groups applied to both sexes and all age groups.

Conclusions

Swedish youths are more likely to be treated with antidepressants, hypnotics or ADHD medications than Norwegian and Danish youths.

SY-25-03

Antidepressant treatment patterns in Scandinavian children and adolescents

Wesselhoeft, Rikke [1]

Rasmussen, Lotte [1], Jensen, Peter [1], Reutfors, Johan [2], Brandt, Lena [2], Furu, Kari [3], Skurtveit, Svetlana [3], Damkier, Per [1], Bliddal, Mette [1], Selmer, Randi [3]

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[3] Norwegian Institute of Public Health Oslo Norway

Introduction

The aim of the study was to examine variations in patterns of antidepressant use among children and adolescents in Sweden, Norway, and Denmark.

Methods

We identified new users of antidepressants aged 5-17 years during 2007-2018 in Scandinavia, using individual-level data on filled prescriptions. We described incidence, treatment duration, treatment shifts, concurrent psychotropic drug use, and specialty of prescribing physician.

Results

From 2007-2018, the incidence of use increased in Sweden (from 3.0 to 5.8/1,000 persons) and Norway (from 2.0 to 2.5/1,000) and decreased in Denmark (from 2.7 to 1.7/1,000). In 2018, 14-17-year-old girls had the highest incidence, especially in Sweden (20/1,000), compared to Norway (9.9/ 1,000) and Denmark (6.2/1,000). More children were in treatment in Sweden (58%) compared to Norway (40%) and Denmark (49%) after 12 months, also when limiting to treatment without breaks: 34% in Sweden, 25% in Norway, and 31% in Denmark. More Swedish youths had concurrent use of other psychotropics (57%) compared to Norwegian (37%) and Danish (27%) youths. In recent years, antidepressants were primarily initiated by psychiatrists in Sweden (76%) and Denmark (69%), while general practicians initiated the majority in Norway (52%).

Conclusion

The incidence of antidepressants varied across Scandinavia and was highest in Swedish adolescent girls. Swedish users of antidepressants had more concurrent psychotropic drug use, used antidepressants for a longer time, and psychiatrists more commonly initiated their treatment compared to Denmark and Norway.

SY-25-04

Use of ADHD medication among Danish children and adolescents from 2010-2020 - a nationwide study

Stoltz-Andersen, Maria [1]

Ernst, Martin [2], Dalsgaard, Søren [3], Rikke, Wesselhöft [2], Rasmussen, Lotte [2]

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Background

Given the sex- and age-related differences in the expression of attention deficit hyperactivity disorder (ADHD) among children and adolescents, this study investigated the utilization patterns of ADHD medication among Danish children and adolescents between 2010 and 2020.

Methods

Population-based data on filled prescriptions for ADHD medication to young individuals living in Denmark aged 5-17 years from 2010 through 2020 were extracted from national health registers. Measures of drug utilization were characterized using descriptive statistics.

Results

The overall incidence of ADHD medication use followed a u-shaped pattern starting at 4.1/1,000 children and adolescents in 2010, decreasing to 2.6/1,000 in 2013, and rising to 4.2/1,000 in 2020. The prevalence increased during the entire period among girls from 6.8/1,000 to 10/1,000 and in the last six years among boys from 22/1,000 in 2014 to 28/1,000 in 2020. For girls, the prevalence peaked at 17 years of age in both 2010 and 2020. For boys, the prevalence peaked at 10 years of age in 2010 and at 13 years of age in 2020. Child- and adolescent psychiatrists prescribed 90% of the initial prescriptions. Prescriptions authorized by general practitioners decreased over time. 67% of 5-9-years-olds and 49% of 10-13-years-olds continued treatment four years after initiation, whereas it was only 31% of 14-17-years-olds. Concurrent use of other psychotropic medication applied to 20% of users, with melatonin being most common.

Conclusion

Sex and age gaps in the use of ADHD medication were observed among young Danes. This calls for continued future monitoring.

Session: Please proceed to your next session -

Date: 30-06-2023 - 08:15 - 09:00

Location: Karavanen 9+10 - First floor /

Session: Oral 11 - OR-11

Date: 30-06-2023 - 08:15 - 09:15

Location: Karavanen 6 - First floor /

OR-11-01

Comparison of clinical characteristics of voluntary and involuntary emergency admissions to a child and adolescent inpatient psychiatry setting in Germany

Kandsperger, Stephanie

Ecker, Angelika, Schleicher, Daniel, Wirth, Michael, Brunner, Romuald, Jarvers, Irina

University of Regensburg Regensburg Germany

It is more challenging to manage emergency inpatient admissions in child and adolescent psychiatry when the children and adolescents are involuntarily admitted and/or the caregivers or custodians of institutional care are not present. The aim of the study was to distinguish voluntary and involuntary admissions by exploring the reasons for presentation and their related clinical factors.

A retrospective analysis was performed on patients presenting to the emergency department of a child and adolescent psychiatry in Bavaria, Germany, who were admitted emergently as inpatients in the 4th quarter of 2014-2018. Among 431 inpatient emergency admissions, reasons for presentation, sociodemographic and clinical factors, and admission type (voluntary or involuntary) were studied.

Almost one-fourth (106 patients, 24.6%) of all patients were admitted involuntarily. The likelihood of involuntary admission was positively related to alcohol consumption, deviant social behavior, and psychosocial burden. In contrast, difficulties in school and depression were negatively associated with the likelihood of involuntary admission. Of 123 unaccompanied patients, 58.5% of admissions were involuntary. Unaccompanied and voluntary inpatient admissions presented with the reasons of suicidal thoughts, psychosocial burden, and externalized aggression.

A considerable proportion of child and adolescent psychiatric admissions are on an emergency basis. Patients admitted involuntarily and/or unaccompanied represent a substantial portion of routine clinical care that cannot be ignored, and the legal and clinical contextual factors should be adressed in future studies.

OR-11-02

Acute inpatient care of adolescents with suicide attempts: Creative application of available evidence.

Stanton, Josephine

Starship Auckland New Zealand

Acute inpatient care of adolescents with suicide attempts: Creative application of available evidence.

Aim: To present the practice we have developed over 20 years clinical application of principles of evidence based therapies such as DBT Dialectical Behaviour Therapy), SDT (Self-determination Theory), Mentalization, Motivational Interviewing, positive psychology, compassion based therapy and CBT to acute inpatient care of adolescents with repeated suicide attempts.

Context: Eighteen bed unit providing the only available adolescent inpatient care for a widely spread population of 2.5 million people with 20+ referrers providing over 300 admissions a year, mostly young people with diagnoses of psychotic illness or emerging borderline dynamics.

Practice Developed: Day to day interactions such as supporting young people to get out of bed or their rooms and providing activities optimised to enable experiences of autonomy, relatedness and competence. Close involvement of family in care. Power over strategies and level of surveillance minimised. Focus on bringing forward resource and competence of young people and families. Level of care available and length of admission not contingent on or increased in the context of self harm and other unskilful behaviours. Routine sensory profiling and exploration of effectiveness of sensory strategies. Group and individual teaching of distress tolerance skills, mindfulness, diffusion and self compassion techniques.

Further Directions: Formal teaching of staff in FACT, chain analysis skills, Collaborative Problem Solving Therapy and Mentalization Based Family Therapy.

OR-11-03

Rivers of Experience (Qualitative Summation of a Service user and families inpatient experience)

Pavlovic, Alla, Bedford, Katie, Anand, Subeksha

Northamptonshiree NHS Foundation trust Northampton United Kingdom

To discuss and present innovative ways in helping service users and their families talk about their inpatient journeys. Rivers of Experience is a yearly focus group held by the East Midland Provider Collaborative which brings together service users that have completed their journey i.e. discharged to reflect and talk about their inpatient journeys to look at parts which help them with their recovery and must be retained and expanded as well as the parts of their inpatient experience that they found negative and needs improvement.

The service users and their families draw their inpatient journey like a river , the beginning being the preadmission and then followed by the admission and the issues there off. leading on to the end of their journey and discharge and problems they has after that.

This provides an easy understandable snap shot of their journey as a graphic representation when difficulties often represented as rocks in the stream and positive experiences as sunshine and flowers.

The authors then discuss the themes that have come up and ask the service users and their families solutions to the problems.

These discussions then form the core of the Quality Improvement Programme for the following year.

to provide a method a of looking at and understanding service users journey in inpatient CAMHS.

To provide a patient centric approach to quality improvement.

To provide the service users vehicle to discuss their experiences.

OR-11-04

Plea for a work policy aiming autonomy and recovery in child and adolescent psychiatry

Pelzer, Anne, .

Reinier van Arkel Vught Netherlands

When a child or adolescent is admitted to a High & Intensive Care (HIC) unit for adolescents, this implies that they find themselves in a severe psychiatric crisis.The HIC model was developed within adult care and is intended to prevent prolonged admissions, restraint measures and iatrogenic harm as much as possible. Within adult psychiatry, and later also within child and adolescent psychiatry, the aim was to reduce the use of pressure and coercion interventions. The work policy aiming autonomy and recovery is a vision that has been implemented in the treatment method at the HIC unit for adolescents (age 12-18). This policy focuses on the recovery of young people, in which learning to understand their own story and learning taking responsibility, are essential components. Sharing these experiences from doctors and patients aims to increase knowledge about this policy. The consistent implementation of this vision and method will result in high-quality care, more recovery and reduction of urge and coercive interventions. Calls are made for a broad-based implementation of a work policy aiming autonomy and recovery in Europe. During the presentation, the most important experiences, results and dilemmas will be highlighted.

OR-11-05

The youth voice: how to make mental health services more youth-friendly in the transition age? A multi-method approach.

Wittevrongel, Eline [1]

Danckaerts, Marina [1], Kessels, Roselinde [2], Baeyens, Dieter [1], Van Winkel, Ruud [1]

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Although prevalence rates of mental health disorders are high in young people (YP), i.e. in late adolescence and young adulthood, a large proportion does not find their way into mental health care or prematurely disengages from their care trajectory. Both attitudinal barriers e.g. stigma and practical barriers e.g. long wait times are at play and services are challenged to improve accessibility and embody a youth-friendly culture.

We conducted a multi-method research project to understand the needs of YP and translate the concept of youth-friendliness into more explicit characteristics. Here we report on two studies: 1) Multiple stakeholder groups (i.e. 37 young people aged 16-24 years, 5 parents and 32 professionals) were consulted in a four-stage Delphi study to explore themes of consensus and disagreement on specific characteristics, considered important for youth-friendliness and 2) a discrete choice experiment (n = 258 YP) was carried out, a method in which forced choices between combinations of service characteristics solicit preferences for these service attributes.

The Delphi study provided clear suggestions on what youth-friendliness specifically means to YP and whether or not consensus could be reached with professionals on these themes. The choice experiment provided guidance for which characteristics to prioritize as recommendations for future service implementation.

Session: Symposium 22 - SY-22

Date: 30-06-2023 - 08:15 - 09:15

Location: Lumbye - Lower floor /

SY-22-00

Health anxiety in children and adolescents- new research perspectives

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Health anxiety (HA) is a serious and costly public health problem which is likely to develop a chronic course if left untreated. HA is characterized by excessive concern about one's health or a preoccupation with the notion that one has or will get a serious disease including some degree of bodily symptoms that are interpreted as signs of disease or illness.

Children and adolescents commonly experience HA symptoms with recent research suggesting that these symptoms at young age are associated with impairment, psychological distress and increased healthcare expenditure comparable to

the characteristics seen in adults. However, it is unclear whether HA in young people should be considered a distinct disorder or better be considered as part of other anxiety disorders or psychopathology.

This symposium will present novel research perspectives on HA in children and adolescents based on both qualitative, epidemiological and clinical studies. Two presentations regards HA in relation to other psychopathology: 1) Differentiating HA from other anxiety phenomena in adolescence and 2) Exploring the longitudinal interplay between HA, functional somatic symptoms and psychosis vulnerability in a general population cohort. These are followed by two presentations on HA in a family perspective: 3) Pandemic life in families with HA symptoms, parental perspectives, 4) Internet treatment of HA by proxy – results from at single-case experimental design.

The discussion of the findings will include how we can conceptualize and understand the phenomenology of HA at young age but also the potential role of intergenerational transmission as an important target for intervention.

SY-22-02

Pandemic life in families with health anxiety symptoms, parental perspectives

Dalgaard, Ida Kathrine [1]

Bilenberg, Niels [2], Rask, Charlotte Ulrikka [3], Hulgaard, Ditte Roth [1]

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Background:

The covid-19 pandemic and its consequences has influenced children worldwide and the focus on possible negative mental health outcomes has increased.

We conducted two consecutive cross-sectional studies exploring health anxiety (HA) symptoms during covid-19 pandemic in a Danish prospective birth cohort. The studies found that high levels of HA symptoms in children were associated with high parental HA symptoms and identified a small group with continuously high levels of HA symptoms in parents and children.

The current study aimed at expanding on the findings of these two studies through qualitative inquiry.

Method and material:

Using interpretative phenomenological analysis, the current study expanded on the knowledge of how the pandemic and its consequences were experienced in families where both parents and children reported high levels of HA symptoms. Six parents participated in qualitative individual semi-structured interviews. Interviews were transcribed verbatim and analysed according to interpretative phenomenological analysis principals.

Results:

The qualitative analysis identified three main themes. The first one, "*Living with pandemic guidelines and restrictions"*, described how the guidelines and restrictions could influence anxiety while the second theme, *"How parental thoughts and fears may affect child anxiety"* presented parental reflections on how their worries might influence child worries. The third theme, *"Being an anxious child during the pandemic"*, described how child factors including pre-pandemic anxiety influenced the child pandemic experience.

Conclusion:

The study provided new specific knowledge about how families with HA symptoms in children and parents experienced the pandemic and its consequences e.g., information provided, lockdown life and vaccines.

SY-22-03

Differentiating health anxiety from other anxiety phenomena in adolescence

Duholm, Charlotte Steen [1]

Højgaard, David R.M.A [1], Rimvall, Martin Køster [2], Wellnitz, Kaare Bro [1], Ørnbøl , Eva [1], Rask, Charlotte Ulrikka [1]

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Background: Health anxiety (HA) is characterized by ruminations concerning the possibility of having a serious disease. There is a substantial phenomenological overlap between HA and other anxiety disorders. This study explores if HA can be differentiated from other anxiety phenomena in adolescents based on the use of health care services, overall health, bodily dissatisfaction, somatic symptoms, and symptoms of depression.

Methods: We will use data from the 16/17-year follow-up (*N* = 2521, age 16/17) from the general population-based Copenhagen Child Cohort CCC2000. Self-report questionnaires assessing health anxiety (Whiteley Index), anxiety (Spence Children's Anxiety Scale), depression (The Mood and Feelings Questionnaire), somatic symptoms (Bodily Distress Syndrome-25 Checklist), body dissatisfaction (EAT-10), and health-related quality of life (KIDSCREEN-10) together with register data on health utilization will be used. Latent profile analysis will be used to identify possible cluster profiles of different anxiety symptoms. Associations between profiles and somatic symptoms, depression, body dissatisfaction and overall health will be examined using linear normal models. The associations with health care use will be examined using linear regression analyses applying non-parametric bootstrap procedures.

Results and conclusion: Preliminary results will be presented. The study results will assist in deciding whether HA should be classified as a distinct phenomenon in adolescence. This can have relevant and important clinical implications in terms of targeted prevention, diagnostics, and treatment for HA in this age group.

SY-22-01

Exploring the interplay between psychosis vulnerability, functional somatic symptoms and health anxiety in childhood and adolescence – a longitudinal cohort study

Rimvall, Martin Køster [1]

Rask, Charlotte Ulrikka [2], Jensen, Jens Søndergaard [2], Clemmensen, Lars [3], Olsen, Else Marie [4], Skovgaard, Anne Mette [5], Verhulst, Frank [6], van Os, Jim [7], Jeppesen, Pia [1]

[1] Psychiatry Zealand, Copenhagen University Hospital Roskilde Denmark
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[6] Erasmus University Medical Center Rotterdam Netherlands
[7] University Medical Center Utrecht Utrecht Netherlands

Background: Similarities exist between contemporary explanatory models underlying psychosis development, functional somatic symptoms and health anxiety. In a prospective general population birth cohort, the current study aimed to examine the potential interplay between functional somatic symptoms and psychosis vulnerability on the outcome of health anxiety in youths. **Methods:** Data on 1,122 youths from the Copenhagen Child Cohort 2000 were available for the longitudinal analyses from two follow-ups at ages 11 and 16 years, respectively. We examined if health anxiety was associated cross-sectionally and longitudinally with a number of measures for psychosis vulnerability (i.e. psychotic

experiences, anomalous self-experiences, and aberrant attribution of salience) and functional somatic symptoms, and a potential interaction between psychosis vulnerability and functional somatic symptoms on the outcome of HA was assessed. **Results:** Functional somatic symptoms and psychosis vulnerability were strongly cross-sectionally associated with health anxiety at both ages 11 and 16, even after adjustment for general psychopathology. In the longitudinal analyses, functional somatic symptoms and psychotic experiences at age 11 were not individually statistically significantly associated with health anxiety at age 16, but the combined group was: OR 3.90, 95%CI 1.7-8.9, suggesting some evidence for interaction. This association was attenuated after adjustment for general psychopathology: OR 2.6, 95%CI 1.0-6.4. **Discussion:** The notion of overlapping mechanisms underlying psychosis vulnerability, functional somatic symptoms and health anxiety is supported by strong associations between the domains. Such an overlap could suggest common targets for unified, transdiagnostic interventions.

SY-22-04

Internet treatment of health anxiety by proxy – results from a single-case experimental design

Ingeman, Katrine [1]

Bro Wellnitz, Kaare [2], Frostholm, Lisbeth [2], Wright, Kristi [3], Hoffmann Frydendal, Ditte [2], Onghena, Patrick [4], Rask, Charlotte Ulrikka [2]

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Background

Health anxiety by proxy is described as parents' excessive worries about their child's health and fear that a serious illness is overlooked. Currently, there is no specialized treatment for this condition. PROXY is a newly developed 8-week psychological internet treatment for parents with health anxiety by proxy. It is based on Acceptance and Commitment Therapy with written material, videos, audio and written therapist contact. Health anxiety by proxy is a novel research area and prevalence is unknown. The single-case experimental approach enables a trial with very few participants that still investigates effect.

The study aims to test the effect of PROXY on parents' worries about their children's health. Degree of worries and impact of anxiety is expected to decrease from baseline to post treatment.

Method

A single-case experimental design with replicated randomized AB-phases is being conducted. Each participant is randomized to a baseline period between 7-26 days before entering treatment and they will report daily anxiety level by SMS throughout the study.

Data will be submitted to visual analysis, and randomization tests will be conducted for each participant to test the null hypothesis that PROXY will have no effect on participants' anxiety.

Results

The study is currently being conducted and four participants are included (3 women, age range: 34-52, mean health anxiety by proxy score at entrance: 72,25/104, duration of health anxiety by proxy: > 6 months). Final results will be presented at the conference.

Intervention is important and may prevent transmission of health anxiety from parent to child.

Session: Please proceed to your next session -

Date: 30-06-2023 - 08:15 - 09:00

Location: Galop 01 - Second floor /

Session: Symposium 19 - SY-19

Date: 30-06-2023 - 08:15 - 09:15

Location: Carstensen - Lower floor /

SY-19-00

Bidirectional perspectives on high-risk dyads: Child wellbeing and relationship quality in mother-child dyads with mental disorders and early life maltreatment

Bödeker, Katja [1], Dittmann, Denise [2], Fleck, Leonie [3], Williams, Katharina [3]

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[2] Universitätsklinik Aachen Aachen Germany
[3] Universitätsklinikum Heidelberg Heidelberg Germany

The symposium explores the impact of maternal as well as child mental disorders and history of abuse on the mother-child relationship and on child wellbeing. Though bidirectional approaches in developmental science have evidenced a mutual influence of both mother and child on their relationship and on developmental outcomes, the contribution of the child has mostly received insufficient attention in clinical research. The cross-sectional and longitudinal studies to be presented in this symposium address psychopathology (depression, borderline personality disorder), personality variables (temperament), and early life maltreatment (ELM) on the part of both mother and child.

The main focus of the symposium is the quality of mother-child interaction, which will be examined within the framework of emotional availability and bio-behavioral synchrony.

Based on data from a case-control study, Bödeker et al. attempt to disentangle the effects of maternal depression, borderline personality disorder, attachment and ELM on emotional availability in mother-child-interactions. Based on data from a longitudinal study, Dittmann et al. examine the role of maternal depression and its timing for explaining transgenerational effects of maternal ELM on child wellbeing. The presentations of Fleck et al. and Williams et al. focus on the child's contribution to bio-behavioral synchrony in mother-child interactions. Using results from a longitudinal study, Fleck et al. demonstrate how childhood temperament and the adolescent’s current psychopathology affect behavioral and biological synchrony. Williams et al. compare bio-behavioral synchrony in mothers and adolescents with elevated levels of borderline personality traits and their mothers with healthy control dyads.

SY-19-01

The impact of psychopathology, history of abuse and attachment on maternal emotional availability: Findings from a case-control study on risk dyads

Bödeker, Katja [1]

Dittrich, Katja [1], Fuchs, Anna [2], Kluczniok, Dorothea [1], Brunner, Romuald [3], Herpertz, Sabine [1], Winter, Sibylle [1], Bermpohl, Felix [1]

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[2] Universitätsklinikum Heidelberg Heidelberg Germany
[3] University of Regensburg Regensburg Germany

Background: Parental mental disorders are known to negatively affect mother-child relationships. Early life maltreatment (ELM) and attachment insecurity are further risk factors for impairments in mother-child interactions. As they have often not been considered separately in previous research, the contribution of each risk factor on mother-child interactions remains poorly understood. The study aims at disentangling effects of depression, borderline personality disorder (BPD), ELM and attachment on emotional availability in mother-child interactions.

Method: The talk presents data from the UBICA-I-study on transgenerational transmission of maternal ELM and psychopathology. The sample comprises 253 mothers and their children (5-12 years). We included subgroups of mothers with remitted depression, BPD and healthy control groups with or without experiences of ELM. Mother-child interaction was assessed by scoring a videotaped interaction sequence of mother and child. Interaction was analyzed using the Emotional Availability Scales.

Results: Mothers with remitted depression or BPD showed lower sensitivity compared to healthy controls. In addition, mothers with BPD were more hostile towards their children. While an additional effect of severe ELM on maternal sensitivity was found in mothers with remitted depression, healthy control mothers with ELM did not show any impairments in emotional availability. In addition to the effect of mental disorders, we found a negative association between attachment insecurity and sensitivity.

Discussion: The results confirm previous evidence demonstrating associations between parental mental disorders and impairments in parenting. Thus, programs to support parenting should be integrated in the psychiatric treatment of mental disorders in parents.

SY-19-02

Challenging the Sensitive Window Hypothesis: Timing effects of Maternal Depressive Symptoms on the Intergenerational Transmission of Maltreatment and Psychopathology in the Next Generation

Dittmann, Denise [2]

Reindl, Vanessa [3], Herpertz-Dahlmann, Beate [3], Dahmen, Brigitte [3], Firk, Christine [4], Borzikowsky, Christoph [5], Konrad, Kerstin [3]

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[5] Universität Kiel Kiel Germany

Theoretical Background: Findings from the UBICA-I study on transgenerational transmission of early life maltreatment (ELM) and psychopathology have shown that ELM and depressive symptomatology in mothers lead to a higher occurrence of psychopathology in their offspring. Both have been associated with impairments of parental behaviour, harming the dyadic interaction with the child. In order to investigate the underlying mechanisms more precisely, timing effects of maternal depression were investigated as mediators. Therefore, the effects of earlier versus later maternal depression symptoms on child development were analysed.

Method: 99 dyads, 65% of which had high-risk teenage mothers, participated in a longitudinal study. Using serial mediation analyses, we tested whether the relationship between the mother's own maltreatment history (Childhood Experience of Care and Abuse Questionnaire) and the child's psychopathological outcome at preschool age was mediated in a causal effect chain by maternal depression in the first 2 years of life, by current maternal depression (Beck Depression Inventory-II) and by current maternal child abuse potential (Child Abuse Potential Inventory). The child's psychopathology was assessed by parent or teacher Strengths and Difficulties Questionnaire ratings.

Results: The results indicated that especially later maternal depression mediated the relationship between maternal childhood maltreatment and negative developmental outcomes in the next generation, but the impact varied by rater.

Discussion: The present findings suggest that early maternal depression followed by ongoing maternal depression plays a mediating role in the intergenerational cycle of maltreatment. Clinical implications will be discussed.

SY-19-03

Mother-child interaction in the context of child temperament and personality pathology: data from a community cohort

Fleck, Leonie [2]

Fuchs, Anna [2], Moehler, Eva [3], Williams, Katharina [2], Parzer, Peter [2], Lerch, Stefan [4], König, Julian [2], Resch, Franz [2], Kaess, Michael [4]

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Background: Caregiver-child interactions play a central role in child development. The theory of biobehavioral synchrony assumes that coregulation takes place on both behavioral and physiological levels. Studies often find that parental mental illness is related to less adaptive interaction patterns which bear a risk for child mental health. In turn, transactional models pose that children and their characteristics shape caregiver-child interaction and coregulatory processes as well.

Method: This talk presents longitudinal and cross-sectional data from a 14-year old community cohort comprising N = 76 mother-adolescent dyads at the most recent follow-up. Data include questionnaire and interview data as well as behavioral and physiological data collected during a mother-adolescent interaction task.

Results: Postpartum maternal bonding impairment (2 weeks after birth) together with child temperament (age 5) longitudinally predict adolescent personality functioning. In turn, another longitudinal investigation shows that child temperamental features at age 5 predict observed mother-adolescent interaction quality. Cross-sectional analyses reveal that adolescent borderline personality disorder features relate to more negative interaction patterns, and that the interplay of adolescent borderline personality disorder features and dyadic interaction quality shapes how mothers and adolescents synchronize their cortisol during interaction.

Discussion: The presented data show that child characteristics play a major role in shaping caregiver-child interactions, cross-sectionally and long-term. Even subthreshold personality pathology in a community sample relates to altered interactions patterns and physiological synchrony. These results help identifying dyads at risk for insufficient coregulation and encourage further research about the interplay of child, caregiver and dyadic factors.

SY-19-04

Behavioral and Physiological Synchrony in Adolescent Patients with Borderline Personality Traits and their Mothers: A Case-Control Study

Williams, Katharina [2]

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Theoretical Background: Adolescents with Borderline Personality Disorder (BPD) often display emotion dysregulation in social interactions, especially those with caregivers. Surprisingly, studies shedding light on real-time individual and dyadic behavioral and physiological regulation in this population are largely lacking. Our study aimed at closing this gap and providing knowledge about underlying behavioral and physiological mechanisms that might be relevant in the development of BPD. The study also considered early life maltreatment (ELM) as a potential risk factor for dysregulated interactive processes.

Method: 38 adolescent patients with ≥3BPD traits and their mothers (BP) were compared to 35 healthy dyads (HC). Dyads were videotaped during a positive and a stressful interaction. Adolescent, maternal and dyadic behavior was coded with the Coding Interactive Behavior Manual (CIB; Feldman, 1998). Heart rate variability (HRV) was measured during interactions and resting phases. ELM was assessed using the Childhood Trauma Questionnaire (CTQ; Bernstein & Fink, 1999). Behavioral data were analyzed via mixed ANOVAs and regression analyses, HRV data using multilevel modeling.

Results: In both interactions, BP scored lower than HC on all behavioral scales. Whilst BP decreased reciprocity during stress, HC increased it. Positive HRV-synchrony was found during stress in BP and dyads with lower behavioral synchrony. HC and dyads with higher behavioral synchrony showed positive HRV-synchrony during rest after dyadic interactions. ELM additionally influenced physiology but not behavior.

Discussion: Our study is the first to suggest altered behavioral and physiological synchrony in adolescents with BPD traits and their mothers. Clinical implications will be discussed.

Session: Oral 15 - OR-15

Date: 30-06-2023 - 08:15 - 09:15

Location: Arkaden 8 - Second floor /

OR-15-02

Mental health problems in childhood and later diagnosed mental disorders and mental health problems in youth: a prospective child cohort study

Pant, Sofie Weber

Pommerencke, Lis Marie, Jørgensen, Sanne Ellegård , Skovgaard, Anne Mette, Trine, Trine Pagh, Madsen, Katrine Rich

University of Southern Denmark Copenhagen Denmark

Background: Poor mental health and mental disorders in youth are important public health issues. We aimed to examine the prospective association between mental health problems among primary school children and later diagnosed mental disorders and mental health problems in youth.

Methods: A prospective cohort study of all children participating in school health nurse examination during first year of primary school (approx. 6 years) from 17 municipalities in the capital region of Copenhagen, Denmark, with follow-up until their 16th birthday. Baseline data included information from national population registers and school health nurse records. Outcome variables: mental disorders diagnosed at hospital from approx. age six until 16 years, retrieved from national population registers (N = 6 930) and school health nurse records of mental health problems at approx. age 16 (N=11 250).

Results: Problematic relations to peers in early primary school was associated with later neurodevelopmental disorders (AOR=4.14, 95% CI 2.15-7.97) and poor home related well-being in youth (AOR=1.67, 95% CI 1.02-2.74). Poor school well-being was associated with poor school well-being ten years later (AOR=1.67, 95% CI 1.19-2.34) as well as problematic relations to peers (AOR=1.83, 95% CI 1.08-3.10). Further poor general well-being was associated with problematic relations to peers in youth (AOR=2.21, 95% CI 1.17-4.18).

Conclusions: School health nurses identify a group of children during their first years of primary school with mental health problems and an increased risk of later mental health problems and disorders and therefore play an important role in early identification of children in risk.

OR-15-03

The longitudinal trajectories of mental health symptoms of young children in care

Rizeq, Jala

Fiona, Turner, Kainth, Gary, McConnachie, Alex, Minnis, Helen

University of Glasgow Glasgow United Kingdom

The current study aimed to examine the trajectories of mental health problems in young children while in care following maltreatment and possible factors impacting change in mental health.

Data were available from a sample of 213 children who had been placed in foster care. Participants' mental health was assessed at three time points over a period of 2.5 years in care. Mental health was assessed using the Strengths and Difficulties Questionnaire (SDQ; Goodman, 2001). Age at entry to care, gender, carer initial levels of commitment, number of placements, and the presence of a compulsory placement order were also available.

Mental health showed stability over time with significant individual variation in initial SDQ scores and in the trajectories for SDQ total, conduct, and hyperactivity scores, but not SDQ emotion or peer problem scores. When gender and age at entry to care were included, mean slopes (i.e., average change over time) for the SDQ total and peer problems scores were significant. Age at entry to care was significantly negatively correlated with change in SDQ peer problems scores, such that with higher age at entry to care, there was a weaker increase in peer problems over time ($p = 0.004$). In the SDQ total and hyperactivity models, higher carer commitment score predicted a stronger rate of decrease in SDQ total and hyperactivity problem scores ($p = 0.045$ and $p = 0.009$, respectively).

These results explicate changes in mental health of children in care and identify important areas for possible prevention and intervention.

OR-15-04

Differential effects of prenatal and postnatal early-life stress on internalizing symptoms, adiposity and their comorbidity in adolescence

Defina, Serena [1]

Woofenden, Tom [2], Baltramonaityte, Vilte [2], Pariante, Carmine [3], Lekadir, Karim [4], Vincent, Jaddoe [1], Fadila, Serdarevic [1], Tiemeier, Henning [5], Walton, Esther [2], Felix, Janine [1], Cecil, Charlotte [6]

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Depression and obesity are two highly prevalent and often comorbid conditions. Exposure to early-life stress (ELS) has been associated with both depression and obesity in adulthood, as well as their preclinical manifestations during development. However, it remains unclear whether: *(i)* associations differ depending on the timing of stress exposure (prenatal vs postnatal) and *(ii)* ELS is a shared risk factor underlying the comorbidity between the two conditions.

Leveraging data from two large population-based birth cohorts (ALSPAC: *N*=8428; Generation R: *N*=4268), we constructed comprehensive cumulative measures of prenatal (*in utero*) and postnatal (from birth to 10 years) ELS, comprising multiple stress domains. We used causal mediation analysis and multiple linear regression to isolate the contribution of pre- and postnatal stress to: *a)* internalizing symptoms and *b)* fat mass percentage at age 13. Pre- and postnatal stress were then modelled as independent predictors of comorbidity, defined as the co-occurrence of high internalizing and high adiposity.

Both prenatal (*total effect* [95%CI]=0.20 [0.16;0.22]) and postnatal stress (*β*[95%CI]=0.22 [0.17;0.25]) were associated with higher internalizing symptoms, with evidence of a more prominent role of postnatal stress. A weaker association (primarily driven by prenatal stress) was observed between stress and adiposity (prenatal: 0.07 [0.05;0.09]; postnatal: 0.04 [0.01;0.07]). Both pre- (OR[95%CI]=1.70 [1.47;1.97]) and postnatal stress (1.87 [1.61;2.17]) were associated with an increased risk of developing comorbidity.

In conclusion, we found evidence of timing and shared causal effects of ELS on mental and physical health, but future research is warranted to clarify how these associations may unfold over time.

OR-15-05

The mediating role of placental DNA methylation in the relationship between prenatal tobacco exposure and child behavior

Nakamura, Aurélie [1], Lepeule, Johanna [1]

Broséus, Lucile [2], Seyve, Emie [1], Guilbert, Ariane [1], Tost, Jorg [3], Vaiman, Daniel [4], Fekom, Mathilde [5], Strandberg-Larsen, Katrine [6], Martins, Silvia [7], Keyes, Katherine [7], Heude, Barbara [5], Melchior, Maria [5], Francois, Olivier [8]

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Background Many studies have observed an association between maternal smoking during pregnancy and child behavior. However, the underlying biological mechanisms remain poorly known and understood. In this study, we test placental DNA methylation as a potential mechanism in the relationship between maternal smoking during pregnancy and child behavior at 3 years of age.

Methods This study is based on a sample of 638 mother-child dyads from the EDEN birth cohort. Tobacco smoking was assessed by the average number of cigarettes smoked daily by the mother during pregnancy and the behavior of the child, via a French validation of the Strengths and Difficulties Questionnaire (SDQ). A high-dimensional latent factor mediation analysis was conducted to test the mediating effect of placental DNA methylation in the relationship between maternal tobacco smoking during pregnancy and child behaviour.

Results Within the EDEN cohort, maternal and paternal smoking rates during pregnancy are 30% and 35% respectively. Tobacco smoking during pregnancy is associated with specific placental methylation marks as well as child behavior which is also associated with the presence of differentially methylated regions, which differ according to the sex of the child.

Conclusions Placental DNA methylation is therefore a candidate and sex-specific mechanism for explaining the effects of prenatal tobacco exposure on later child behavior.

OR-15-06

Can a warm and supportive adult protect against mental health problems amongst children with experience of adversity? A twin differences study

Stock, Sarah [1]

Lacey, Rebecca [1], Fisher, Helen [2], Baldwin , Jessie [1]

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Adverse childhood experiences (ACEs) are associated with mental health difficulties at the population level, however there are individual differences and many exposed children do not develop mental health problems. The presence of warm and supportive adult is a potential protective factor; however it has not been explored using methods to account for genetic confounding.

We studied data from the Environmental Risk (E-Risk) Longitudinal Twin Study, a representative cohort of 2,232 same-sex twins from the UK. We examined associations between maternal warmth and adult involvement and emotional and behavioural problems at age 12 and a general measure of psychopathology (p-factor) at age 18. Firstly, associations were studied amongst all E-Risk participants with experience of ACEs (phenotypic level). Then twin difference models examined whether a warm and supportive adult presence is protective independent of familial confounding.

Phenotypic analyses suggested a protective effect of maternal warmth and supportive adult involvement on mental health outcomes after ACEs. In the twin differences analyses for maternal warmth, monozygotic (MZ) twins who experienced more warmth had slightly less behavioural difficulties and lower p-factor scores compared to their co-twins who experienced less warmth. Associations were fully attenuated when controlling for psychopathology at age 5. In the MZ twin analysis for adult support, all associations were fully attenuated.

The perceived protective effect of adult warmth and support appears to be largely explained by familial confounding and thus may not causally protect against mental health difficulties following adversity.

Session: ESCAP General Assembly - ESCAP-02

Date: 30-06-2023 - 08:15 - 10:15

Location: Congress Hall - Ground floor /

ESCAP-02-01

Items 1, 2 & 3 on the agenda

1. Opening and welcome by the President D. Anagnostopoulos 2. Minutes of the General Assembly June 2022 3. Presidential report (D. Anagnostopoulos) – incl all reports: ATT1 Summary of ESCAP activities since the last General Assembly in June 2022. Specific reports: • Policy division – Jörg Fegert • Academic division – Johannes Hebebrand • Clinical division – Eniko Kiss & Anne Marie Råberg Christensen • Early Career Trainees – Kostas Kotsis • ECAP – Johannes Hebebrand & Pieter Hoekstra • ECAP Communications - Milica Pejovic-Milovancevic • Treasurer – Jean Philippe Raynaud • Communications Editor – Karen Schlaegel

ESCAP-02-02

Item 4 on the agenda

4. Election of four new Board members

· Selection of election Committee – 5

· Presentation of the applicants and vote:

- Prof. Andrea Danese ATT
- Assist. Prof. Maja Drobnič Radobuljac ATT3
- Prof. Paul Klauser ATT4
- Prof. Carmen Schröder ATT5

ESCAP-02-03

Item 5 on the agenda

5. Proposals for the host for the ESCAP 2029 congress

· Bid by the Hungarian Society ATT6

· Bid by the Turkish Society ATT7

ESCAP-02-04

Item 6 on the agenda

6. New Member applications

· Luxembourg (LPPP) – represented by Dr. Salima Aarab

· North Macedonia – represented by Prof. Marija Raleva

ESCAP-02-05

Items 7-11 on the agenda

7. Update of ESCAP 2023 congress in Copenhagen

By Anne Marie Råberg Christensen and Stephan Eliez

8. Update of ESCAP 2025 congress in Strasbourg

By Carmen Schröder

9. Presentation by incoming President Jörg Fegert

10. Any other business

11. Final comments and closure of meeting

Session: Symposium 18 - SY-18

Date: 30-06-2023 - 08:15 - 09:15

Location: Pjerrot - Ground floor /

SY-18-00

ADHD research network: Evidence-based, stepped care of ADHD along the life-span (ESCAlife)

Brandeis, Daniel [1], Becker, Katja [2], Dose, Christina [3], Romanos, Marcel [4]

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ESCA*life* is a multicenter research project on the treatment of children, adolescents and adults with attention-deficit/hyperactivity disorder (ADHD) funded by the Federal Ministry of Education and Research (BMBF; PI: Prof. Dr. Dr. Tobias Banaschewski). The aim is to improve treatment success for ADHD patients on individualized treatment steps of increasing intensity using evidence-based interventions for ADHD. The selection of interventions takes into account the nature and severity of the symptomatology as well as the response to the previous study-treatment step. ESCA*life* comprises four clinical treatment studies that focus on one of four age groups: ESCA*preschool* (3-6 years), ESCA*school* (6-11 years), ESCAadol (12-17 years) and ESCA*late* (16-45 years), each focusing on the different special needs in the respective life phase.

The three clinical trials on children and adolescents are conducted in 12 different study centers in total (Aachen, Bochum/Hamm, Essen, Frankfurt, Göttingen, Köln, Mainz, Mannheim, Neuruppin, Marburg, Tübingen, Würzburg) and are supervised by Prof. Dr. Katja Becker (ESCA*preschool*), Prof. Dr. Manfred Döpfner (ESCA*school*) and Prof. Dr. Marcel Romanos (ESCA*adol*). Within a further subproject, ESCA*brain* (Prof. Dr. Daniel Brandeis), the aim is to determine biological parameters (based on individual data on brain structure and function) that can be used to predict treatment outcomes (especially, neurofeedback treatment and behavioral therapy) in advance.

SY-18-03

ESCApreschool: Effects of stepped care interventions in 3 to 6 year old preschool-children with ADHD

Becker, Katja [1]

Ketter, Johanna [1], Banaschewski, Tobias [2], ESCA-Consortium, ESCA-Consortium [1]

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Objective: ESCApreschool addresses an adaptive stepped-care treatment of preschool-children with attention-deficit/hyperactivity disorder (ADHD) and/or oppositional defiant disorder (ODD) in a multicentre trial. ESCApreschool aims to determine the effectiveness of an individualised stepwise intensifying treatment program based on evidence-based psychosocial interventions by combining two randomized controlled trials (RCT).

Method: 190 three to six years-old preschool children (152 boys), diagnosed with ADHD or ODD plus substantial ADHD-symptoms, underwent two adaptive treatment steps. The first step was a waiting-list RCT which provided the parents of all participants with a three-month program of a telephone-assisted self-help (TASH). Fully-responding children received TASH booster sessions in step 2. Children without or only partial response to TASH were randomized to receive either a Parent Management and Preschool Teacher Training (PMPTT) or treatment as usual (TAU) in step 2 (6 months). Primary outcome was the change in the combined ADHD/ODD symptom score on the blinded clinician-rated ADHD/ODD-Checklist based on parent interview.

Results: Separate mixed-effect models for repeated measures were used for primary and secondary outcome variables. Results show that TASH significantly reduced ADHD symptoms (blinded clinician rated) as well as ADHD/ODD symptoms (parent rated) and that PMPTT reduced ADHD and ODD symptoms (blinded clinician rated) and improved functioning.

Conclusion: The study provides evidence-based answers to several important questions for clinical practice following a stepped-care approach. The interventions contributed to a reduced level of ADHD symptoms in participating children and improved their social functioning. ESCAstudy results might contribute to improve ADHD treatment guidelines in preschool-children.

SY-18-01

ESCAschool-moderate: Effects of telephone-assisted self-help and changes during subsequent adaptive treatment in school-age children with moderate ADHD

Dose, Christina [1]

Döpfner, Manfred [1], Jendreizik, Lea [1], Banaschewski, Tobias [2], ., ESCA study group [1]

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Both European and German guidelines recommend stepwise intensifying treatment for children with ADHD, which should be adapted to the age and symptom severity of the patient. The present study examined a stepped-care approach in 163 children (6–12 years) with moderate ADHD. Study step 1 comprised a randomized controlled trial on the efficacy of a three-month parent-directed, telephone-assisted self-help intervention (TASH; eight booklets plus ten 30-minute telephone consultations). The participants' teachers were also offered to participate (four booklets plus four 60-minute telephone consultations). Treatment in study step 2 (6 months) depended on the participants' response to TASH (full response: booster TASH, partial response: behavior therapy, non-response: pharmacotherapy plus behavior therapy/counseling). Intention-to-treat analyses of linear mixed models for repeated measures did not yield any significant effects of the TASH intervention on child ADHD symptoms as rated by a blinded clinician (primary outcome). However, effects on child ADHD symptoms as rated by an unblinded clinician as well as on parent-rated functional impairment and negative parenting behavior were detected. Eight percent of the participants were classified as full responders to TASH, 29% were partial responders, and 63% demonstrated non-response. On a descriptive level, the improvement in clinician-rated ADHD symptoms of the full responders to TASH remained stable during booster TASH, the partial responders did not demonstrate any meaningful change during behavior therapy, and the non-responders demonstrated a symptom reduction during pharmacological treatment plus behavior therapy/counseling. The results are supposed to inform the further development of guidelines for the treatment of ADHD.

SY-18-04

ESCAadol: Effects of an individualized modular psychotherapeutic treatment program for ADHD in adolescence

Romanos, Marcel [1]

Jans, Thomas [2], Banaschewski, Tobias [3], Consortium, ESCAlife [3]

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[3] Heidelberg University, Central Institute of Mental Health Mannheim Germany

There is a high demand for individualised psychosocial interventions for adolescent ADHD within the framework of a multimodal treatment concept. The randomised controlled ESCAadol trial addressed adolescents with insufficient benefit from previous treatments, evaluating the efficacy of adolescent-centred short-term behavioural therapy (individualised modular treatment program, IMTP).

156 adolescents (12-17 years) were enrolled in the study (T0/T1). All participants underwent a 4-week treatment-as-usual phase, after which ADHD symptoms were re-evaluated (T2). If impairment persisted participants were randomised to 12 weeks of treatment in the intervention group (IMTP) or the active control group (telephone-assisted parent coaching, TASH). IMTP comprised 10 individual sessions on e.g. organisation and planning, emotion regulation or family communication. TASH combined bibliotherapy with telephone counselling. After the intervention phase, the change in ADHD symptoms as the primary outcome was assessed by blinded clinician raters (T3). A follow-up was conducted 12 weeks after the end of the intervention (T4).

Mixed-effects model for repeated measures showed no group differences at T3 in the baseline-corrected intention-to-treat analysis of blind-clinician-rated symptoms of ADHD (DCL-ADHS) or conduct and oppositional defiant disorder (DCL-SSV).

The aim of the study was to evaluate the efficacy of two cost-effective non-pharmacological short-term interventions and to contribute to personalised medicine by addressing the specific needs of adolescents with ADHD. Results are in line with literature pointing to a limited efficacy of behavioural interventions for ADHD core symptoms.

This work is supported by the research consortium on ADHD (ESCAlife), funded by the German Federal Ministry of Education and Research (FKZ 01EE1408C).

SY-18-02

Evidence-based, stepped-care in ADHD: Towards predicting treatment response from brain structure and function (ESCAbrain)

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Kaiser, Anna [1], Banaschewski, Tobias [2], ESCAlife, Consortium [1]

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For effectively planning optimized personalized treatment of Attention-Deficit/Hyperactivity Disorder (ADHD), it would be important to identify biological factors that help stratifying the heterogeneous neurodevelopmental disorder and predict individual treatment-related clinical changes. So far, despite some encouraging preliminary findings, little is known about brain characteristics influencing treatment response to (non-pharmacological) interventions in patients with ADHD.

ESCAbrain aims at brain-based prediction of treatment response to intense neurofeedback and behavioral treatment. About 220 children, adolescents and adults (6-45 years) with ADHD were tested before and after the second treatment phase of stepped-care intervention programs. Resting-state (eyes open/closed) and task-related (preparatory, attentional and inhibitory components) electroencephalogram (EEG) activity, magnetic resonance (MR) data and transcranial sonography (TCS) data were collected as potential markers of brain structure and function. Mixed-effects models were fitted to analyze predictive effects of pre-treatment neurophysiological brain markers.

Results of the EEG analyses show that ADHD-symptom levels after intense treatments are partly predicted by EEG-derived biomarkers assessed before treatment: for the resting-EEG, delta eyes-closed activity at central locations

predicts symptoms of inattention and general disease severity; furthermore, faster eyes-open activity predicts symptoms of impulsivity/hyperactivity post-treatment. Regarding ERPs, especially the P300 evolved as a relevant predictive marker for symptom severity. For pre-treatment associations between ADHD symptom-levels and EEG indices, we found inattention positively correlated with alpha eyes-closed activity.

Results indicate that other EEG indices might be relevant for predicting intense non-pharmacological treatment response than for the identification of neurophysiological markers of ADHD before such treatments. Further analyses are needed combining multimodal information.

Session: Workshop 06 - WS-06

Date: 30-06-2023 - 09:00 - 10:30

Location: Karavanen 9+10 - First floor /

WS-06-01

Co-Constructive Patient Simulation (CCPS) in Child Psychiatry: Live Demonstration of a New Approach to Reflective Practice and Supervision

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Objectives: In simulation sessions using standardized patients (SPs), it is the instructors, rather than the learners, who traditionally identify learning goals. We will describe and implement in real time co-constructive patient simulation (CCPS), an experiential method in which learners address self-identified goals. We will also introduce the alliterating "9R" framework for reflective practice and supervision (see https://doi.org/10.1016/j.jaac.2022.07.770).

Methods: In CCPS, a designated learner creates a case script based on a challenging clinical encounter. The script is then shared with a professional actor who is experienced working as a SP in medical settings. An instructor with experience in the model is involved in creating, editing, and practicing role play of the case. After co-creation of the case, learners with no prior knowledge of the case (peers or supervisors) interview the SP. The clinical encounter is followed by a structured group debriefing session using the "9R" framework.

Results: We will conduct a CCPS session in real time, encouraging the participation of trainees and educators in CAP. Topics that are difficult to openly talk about may be especially appropriate for the CCPS model, e.g. racial tensions, transphobia; sharing of vulnerability, medical errors. We will model the live session along the lines our three-year experience developing, refining, and applying the CCPS model to CAP.

Conclusions: CCPS holds promise to foster autonomous, meaningful, and relevant reflective experiences that are in alignment with trainees' (and other lifelong learners') self-identified learning goals.

Session: Oral 14 - OR-14

Date: 30-06-2023 - 09:00 - 10:30

Location: Galop 01 - Second floor /

OR-14-01

Who are these youth with the most complex mental health problems?

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Adequate support for youth who suffer from complex mental health problems is currently lacking. These youth seem to experience severe and enduring mental health problems (SEMHP), which are heterogeneous. For these youth, the current mental health care, including the traditional way of classifying mental health problems, seems unsuitable since their problems often fit many classifications over time. To better fit their needs, we should further our knowledge of their characteristics.

This study aims to increase our understanding of youth with SEMHP from youths' and clinician perspective. Semi-structured interviews were performed with ten youth experts by experience and ten chief clinicians from child and adolescent psychiatry (CAP) regarding the meaning of *severe* and *enduring*; and how one would characterize youth with SEMHP. A thematic and content analysis was conducted to identify the themes associated with youth with SEMHP.

Multiple classifications, hospitalization, stagnation in multiple life domains, and duration of care defined the concepts of severe and enduring. Subsequently, key characteristics were identified, including trauma, elusiveness, masking, self-destructive behavior, hopelessness, parental stressors, lack of support, and stigma.

The masking and self-destructive behavior of youth, in combination with interpersonal distrust, could be seen in the light of avoidance. This behavior makes it less likely that help will be sought and increases the risk of enduring problems.

Findings indicate that to recognize these youth timely, more attention is needed to the underlying stressors, such as their environment and the mental health care system, causing the behavior on the surface.

OR-14-02

The use of machine learning to predict the persistence of psychopathological traits during adolescence: a clusters analysis study

Mauri, Maddalena [1]

Silvia , Grazioli [1], Eleonora, Rosi [1], Federica, Tizzoni [1], Tarabelloni, Arianna [1], Paolo, Brambilla [2], Bonati, Maurizio [3], Clavenna, Antonio [3], Frigerio, Alessandra [1], Bonivento, Carolina [1], Molteni, Massimo [1], Nobile, Maria [1]

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The majority of adult disorders have roots in childhood (Pinto et al., 2015). Within these trajectories, it is important to focus on psychopathological traits in adolescence, a challenging life moment, often characterized by a decrease in psychological well-being.

This study aimed to evaluate the presence of different outcomes, using a machine learning (ML) algorithm, a cluster analysis, in a sample of 205 adolescents (mean age 14.45±2.16, male:female=47:153) who have been help-seeking children for emotional/behavioral problems.

The ML was implemented on the Child Behavior Checklist/6-18 (Achenbach & Rescorla, 2001) T scores of Internalizing and Externalizing scales. We used $\chi 2$ and t tests, corrected for multiple comparisons, to evaluate the differences in psychopathological, sociodemographic, presence of environmental risk and methylation characteristics between the identified clusters.

The results identified 2 independent clusters, differently characterized for psychopathological traits: LOW (51% of sample) presented subclinical values (means INT=51.0±6.91; EXT=47.1±6.51); HIGH (49%) presented high psychopathology (means INT=63.7±5.97; EXT=58.9±7.10). The HIGH cluster presented a higher proportion of perinatal risk factors and a lower percentage of methylation in specific BDNF, IGF2 and OXTR CpGs.

One half of our sample belonged to the HIGH cluster, suggesting that adolescence remains a critical period for individuals who experienced difficulties during childhood. The worst outcome might be linked to the presence of environmental risk factors and peculiarities in methylation profiles. Further analysis is needed to disentangle the relationship between these variables.

OR-14-03

Self-regulatory control processes and violence in male adolescents: A micro-level approach

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Plessen, Kerstin Jessica

Lausanne University Hospital (CHUV) and University of Lausanne Lausanne Switzerland

Aims: Examine the interrelationships of self-regulatory control processes (e.g., self-control, states of anger or anger rumination) and its role for the emergence of violence (i.e., behaviors as well as ideas) in adolescents, integrating the within- and between-person level. **Methods:** Sixty-two male adolescents with various degree of behavioral and emotional undertook a baseline assessment and an ambulatory assessment over 9 days (4x/ day experiences sampling and 2x/day a cognitive ambulatory measure). **Results:** Network analyses revealed at the within-person level (a) stability within the day for self-control (self-report), cognitive control (task performance), as well as for anger rumination; (b) temporal dynamic within the day (from cognitive control to self-control and from anger rumination to states of anger); and (c) a cross-sectional (in real time) inverse relationship between states of anger and self-control. Moreover, at the between-person level, we observed negative relationships between states of anger and cognitive control and self-control and a positive relationship with anger rumination. In addition, violent ideations and behaviors at the same measurement were related to lower self-control and higher anger rumination, at the within-person level. Interestingly, violent ideation led to violent behaviors in the next time-point (next measure) and states of anger lead to violent ideations the next day. **Conclusion:** Our original approach combining within- and between-person level gives important insights on the interrelationships of self-regulatory control processes and their role in violence in male adolescents. Notice that part of these results are already published.

OR-14-04

Psychopathology and Mental Health Service Use Among Youth in Foster Care: A 4-Year Retrospective Controlled Study

Mireia, Solerdelcoll

Universitat de Barcelona Barcelona Spain

Objectives: The aim of this study was to assess psychopathology and mental health service use among youth living in FC who require psychiatric hospitalisation.

Methods: All individuals admitted to our Children and Adolescent Inpatient Psychiatry Unit between 2014 and 2017 who were in FC were systematically reviewed. The control group was defined as all youth living with their immediate family and hospitalised in our unit throughout 2016. We identified 89 patients placed in FC and 247 controls. Socio-demographic and clinical data were retrospectively collected from computerised charts. A survival analysis of emergency department visits and readmission to hospital was conducted.

Results: Compared to controls, the FC group presented significantly higher rates of conduct disorder (78.7% vs 14.6%; $p < .001$) and substance use disorder (49.4% vs 27.5%; $p < .001$), mainly cannabis use (34.8% vs 16.6%; $p < .001$); higher rates of comorbidity (96.6% vs 55.9%; $p < .001$) and mean number of comorbid diagnoses (3.3 ± 1.1 vs 2.3 ± 0.5; $p < .001$). The FC group had a higher number of emergency room visits before and after admission than controls. FC youth were also 2.77 times more likely to visit the emergency department after discharge, and in a shorter time period, than controls ($p = .004$).

Conclusions: Disruptive behaviours, substance use disorder, and comorbid psychopathology were all more prevalent among FC youth than controls. Specific strategies are needed to optimize community mental health resources and address the increased use of emergency services by these youth before and after hospitalisation.

OR-14-05

Prevalence and incidence of personality disorders among children and adolescents in Danish mental health services: A nationwide register study

Ingeholm Klinkby, Ida Maria [1], Halling Hastrup, Lene [2], Bo, Sune [3], Storebø, Ole Jakob [2], Simonsen, Erik [4], Kongerslev, Mickey [2]

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[4] University of Copenhagen Roskilde Denmark

Few epidemiological studies are available regarding personality disorders (PD) among children and adolescents in secondary mental health services. This study aims to describe the prevalence and incidence of PD among children and adolescents in contact with Danish child and adolescent psychiatric services (CAPS). Using register-based data we studied all patients under the age of 18 years admitted to in –and outpatient CAPS (N=115,121) in Denmark from 2007 to 2017. A total of 4,952 were diagnosed with a PD during the study period. The mean prevalence was 859 patients per year and the mean incidence 274 patients per year. The number of patients diagnosed with PDs increased from 700 to 851 per year but the proportion of patients with PD compared to all other psychiatric diagnoses decreased from 4.2% to 2.8% over the study period. The PD population had higher age (14.8 years vs. 11.3 years; p<0.001), more girls (74% vs. 44%; p<0.001) and four times more contacts with the psychiatric emergency departments than other patients with a psychiatric diagnosis. Future studies should focus on a) tracking diagnostic practices to facilitate comparisons and provide feedback for training of clinicians and raising awareness, and b) estimating trajectories of PDs including costs within the CAPS to facilitate informed decision-making regarding future organization and provision of services towards these children, adolescents and their families.

OR-14-06

CALLOUS UNEMOTIONAL TRAITS AND MORAL DISENGAGEMENT IN THE CONTEXT OF NEURODEVELOPMENTAL DISORDERS: A CROSS SECTIONAL STUDY

Bruno, Ginevra [1]

Buonanno, Carlo [2], Porfirio, Maria Cristina [3], Grossi, Giuseppe [2], Iuliano, Enrico [2], Pizzini, Barbara [4], Mazzone, Luigi [5]

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Individuals with Callous-Unemotional Traits (CU) traits exhibit aggressive behaviors characterized by lack of empathy and guilt. The Moral Disengagement (MD) process deactivates moral emotions (guilt, shame, empathy) and could be the causal model of such aggressive behaviors. Previous studies show that in the context of Disruptive Behavior Disorders these characteristics determine a more severe phenotype and are predictive factors for an Antisocial Personality Disorder; only few studies explored their presence within Neurodevelopmental Disorders: recognizing these two dimensions as transcategorical constructs would allow us to define clinical subgroups of patients.

The first aim was to investigate the presence of CU traits and MD in a Attention Deficit Hyperactivity Disorder (ADHD) group compared to an Autism Spectrum Disorder (ASD) group and with a control group of neurotypical adolescents.

Second aim was to evaluate whether there are clinical (aggressive behaviors) and environmental (parenting styles) factors associated with MD and CU traits.

We evaluated 121 subject aged 12-16, with an IQ above 80 (51 ADHD, M:F=3:1; 35 ASD, M:F=4:1 and 35 neurotypical, M:F=1:1) and their parents with a testological assessment: CBCL 6-18, MD, ICU-T, PSDQ.

The MD dimension resulted significantly higher in both the clinical groups than in the control group and the CU trait significantly higher in the ADHD group than in the other two. These dimensions showed a positive correlation with a negative parenting style and aggressive behaviors in the ADHD group.

This study could help to stratify the heterogeneous category of Neurodevelopmental Disorders and to improve the quality of therapeutic interventions.

Session: Symposium 29 - SY-29

Date: 30-06-2023 - 09:00 - 10:30

Location: Columbine - Ground floor /

SY-29-00

Obsessive-Compulsive Disorder in childhood and adolescence. New insights into potential aetiological factors, treatment effects, and the importance of clinical guidelines.

Pagsberg, Anne Katrine [1], Ritter, Melanie [1], Thoustrup, Christine Lykke [1], Mora-Jensen, Anna-Rosa Cecilie [1], Smigielski, Lukasz [2], Walitza, Susanne [2], Tini, Elvira [2]

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Obsessive-compulsive disorder (OCD) affects 0.5-3% of children and adolescents, is associated with reduced quality of life and social impairment, and is likely to persist into adulthood. Limited insight into the aetiology underlying OCD hampers efforts to understand the nature of the condition and treatment responses and thus limits the ability to improve current interventions and develop new treatments. Cognitive behavioural therapy (CBT) and/or selective serotonin reuptake inhibitors (SSRIs) are first-line treatments for OCD, yet more than 40% of patients experience no or only partial benefits. The evidence base for the effectiveness of CBT lacks trials with a low risk-of-bias, and more information about effects on outcomes other than symptom severity is needed. Furthermore, the relationship between pharmacokinetics, pharmacodynamics, efficacy, and tolerability of SSRIs is not fully clarified.

This symposium presents new data from the Danish TECTO Study highlighting the effects of family-based CBT compared to a family-based control intervention for OCD in youth (Anne Katrine Pagsberg) and data from promising areas of research including the role of neurocognitive function (Melanie Ritter), emotion regulation (Christine Thoustrup), and oxytocin (Anna-Rosa Cecilie Mora Jensen) in OCD, which may help elucidate the pathophysiology and advance treatment.

A naturalistic flexible dose study using therapeutic drug monitoring (TDM) showed for the first time in pediatric OCD evidence supporting dosage recommendations for sertraline ("TDM-VIGIL" Project, Lukasz Smigielski and Elvira Tini).

The most recent guidelines for the diagnostic assessment and treatment of pediatric OCD, the German-speaking and Canadian guidelines, will be presented (Susanne Walitza, guidelines coordinator and co-coordinator).

SY-29-01

Family-Based Cognitive Behavioural Therapy With Exposure and Response Prevention Versus Family-Based Relaxation Therapy for Obsessive-Compulsive Disorder in Children and Adolescents: A 16-week single-centre, parallel-group, single-blind, randomised clinical trial (the TECTO trial)

Pagsberg, Anne Katrine [1]

Christiensen, Sofie Heidenheim [1], Clemmensen, Line K.H. [2], Gluud, Christian [1], Hagstrøm, Julie [1], Katja, Hybel [3], Jakobsen, Janus Christian [1], Jeppesen, Pia [1], Jepsen, Jens Richardt M [1], Korsbjerg, Nicoline Lykke J [1], Lindschou, Jane [1], Lønfeldt, Nicole Nadine [1], Moltke, Birgitte Borgbjerg [1], Mora-Jensen, Anna-Rosa Cecilie [1], Olsen, Markus Harboe [1], Linea, Pretzmann [1], Ritter, Melanie [1], Siebner, Hartwig Roman [1], Thomsen, Per Hove [3], Thoustrup, Christine Lykke [1], Uhre, Camilla Funch [1], Uhre, Valdemar [1], Verhulst, Frank C [1], Vangkilde, Signe [1], Von Plessen, Kerstin [4]

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Background: Few randomised clinical trials (RCT) have compared cognitive behavioural therapy (CBT) with active control interventions for paediatric obsessive-compulsive disorder (OCD). We investigated the benefits and harms of family-based CBT (FCBT) versus family-based psychoeducation and relaxation training (FPRT) in youths with OCD.

Methods: We conducted an investigator-initiated, independently funded, single-centre, single-blinded, parallel group, superiority RCT in a Danish hospital setting (ClinicalTrials.gov NCT0359). Participants aged 8 to 17 years with OCD and a Children's Yale-Brown Obsessive-Compulsive Scale (CY-BOCS) entry score ≥16 were randomised 1:1 to 14 sessions of FCBT versus FPRT, stratified by age (8-12 or 13-17 years) and CY-BOCS entry score (16-23 or 24-40). The primary outcome was CY-BOCS end-of-treatment score at week-16. We assessed adverse events with the Negative Effects Questionnaire (NEQ). A broad range of additional outcomes included health-related quality-of-life, response, remission,

symptom impact, clinical global impression, psychosocial function, suicidality, family accommodation, parental stress, and therapy factors.

Major findings: We assessed 359 patients for eligibility and 130 were randomised (52% females; mean age 12**.**8 (SD 2**.**8) years; mean entry CY-BOCS score 25**.**8 (SD 4**.**9)), 66 to FPRT versus 64 to FCBT. The mean CY-BOCS score at end-of-treatment was lower for FCBT versus FPRT. Median NEQ scores were comparable between groups.

Interpretation: FCBT appears superior to FPRT in reducing OCD symptom severity in youth. We found no difference between FCBT versus FPRT on adverse events. A key trial strength was a rigorous trial methodology while limitations were missing data and the inability to perform double blinding.

SY-29-02

Exploring Executive Functioning in Children and Adolescents with Obsessive-Compulsive Disorder – A study of Self- and Parent-Reported Functioning and Association with OCD Symptom Severity

Ritter, Melanie [1]

Pagsberg, Anne Katrine [1], Vangkilde, Signe Allerup [2], Jepsen, Jens Richardt M. [2], Uhre, Camilla Funch [2], Blair, Robert James [1]

[1] University of Copenhagen Hellerup Denmark
[2] University of Copenhagen København Denmark

Background: Executive functioning impairments are hypothesized to underlie core symptoms and be central to the development and maintenance of obsessive-compulsive disorder (OCD). While there is evidence of executive functioning impairments in adults with OCD, limited research exists on executive functioning in children and adolescents with OCD. In addition, previous findings on executive functioning in youth with OCD have been inconsistent and criticized for a lack of ecological validity, and it has been questioned whether the findings are even clinically meaningful. Thus, it is relevant to gain insight into the executive functioning of these youth, as observed in daily life.

Methods: In this study, we present preliminary results on self- and parent-reported daily-life executive functioning in 130 children and adolescents with OCD (aged 8-17 years), 90 healthy controls (matched on age and sex), and their parents. We assessed executive functioning with The Behavior Rating Inventory of Executive Function, Second Edition (BRIEF-II) questionnaire, which was completed by the children aged 11-17 and all parents. Furthermore, we assessed patient OCD symptom severity, using the Children's Yale-Brown Obsessive-Compulsive Scale (CY-BOCS).

Hypotheses and Implications: We hypothesize that children and adolescents with OCD will show significant difficulties within several executive domains, compared to healthy controls, and that executive functioning abilities will be negatively associated with OCD symptom severity. This research will provide ecologically valid insight into the executive functioning of children and adolescents with OCD, potentially leading to a better understanding of whether and how executive functions are associated with the symptomatology of the disorder.

SY-29-03

Emotion Regulation in Children and Adolescents with Obsessive-Compulsive Disorder

Thoustrup, Christine Lykke [1]

Mora-Jensen, Anna-Rosa Cecilie [1], Vangkilde, Signe Allerup [2], Hagstrøm, Julie [2], Pagsberg, Anne Katrine [2], Blair, Robert James [3], Sajadieh, Ahmad [4], Thomsen, Jakob Hartvig [4]

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Background

A growing body of evidence suggests a link between emotion regulation (ER) difficulties and the onset and maintenance of obsessive-compulsive disorder (OCD) in adults. Recent research also implicates ER deficits in pediatric OCD, however, as ER abilities change across the lifespan, empirical findings cannot be extrapolated from adult to pediatric samples highlighting the importance of new research within pediatric OCD. Furthermore, ER difficulties are evident across multiple systems, i.e. physiological, behavioral, and cognitive, calling for a multi-method approach when examining the construct. To our knowledge, our study is the first to utilize a multi-method and multiple informant design to directly evaluate associations between ER difficulties and pediatric OCD across multiple systems.

Methods

We examined ER difficulties in 130 newly diagnosed, untreated, and medication-naïve youths with OCD aged 11-17 years and 91 typically developing youths matched on age and sex. Our multi-method approach comprised a self- and parent-report questionnaire, an experimental frustration task, a subjective measure of frustration directly prior to and following the task, and a physiological measure of ER (heart-rate-variability) measured with an electrocardiogram monitor.

Results

We are currently analyzing our data and will present results examining differences in ER difficulties between youths with and without OCD. Furthermore, the associations between ER difficulties and pediatric OCD symptom severity will be explored.

Conclusion

We expect that our multi-method approach will provide important insights into the role of ER in pediatric OCD with the potential to improve diagnostic assessment and guide treatment optimization.

SY-29-04

The Role of Oxytocin in Children and Adolescents with Obsessive-Compulsive Disorder

Mora-Jensen, Cecilie [1]

Pagsberg, Anne Katrine [1], Plessen, Kerstin Jessica [2], Lønfeldt, Nicole Nadine [3], Clemmensen, Line K.H. [4], Lebowitz, Eli R. [5], Rye Jørgensen, Niklas [3]

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Background: Families of children with obsessive-compulsive disorder (OCD) are often burdened by stress and anxiety. Much of the family impairment seen in OCD stems from family accommodation. Studies show that family accommodation is also associated with poorer response to therapy. Oxytocin is a neurohormone with multiple complex functions in humans including facilitation of childbirth and lactation, as well as psychological functions such as regulation of anxiety and interpersonal behavior. Oxytocin levels in children with clinical anxiety have been associated with aspects of family accommodation (family accommodation related distress and consequences). Thus, oxytocin may impact interpersonal behaviors in families that may maintain or ameliorate OCD symptoms.

Aim: To investigate if oxytocin is related to family social functioning in healthy children and children with OCD.

Method: Data for this study was collected through the TECTO trial, a randomized clinical trial and case-control study of 130 children (8-17 year) with OCD and 90 age- and sex-matched healthy controls. Children and their parents completed questionnaires on family social functioning and salivary oxytocin was collected at baseline.

Results: Associations between child oxytocin and measures of family social functioning, will be estimated in children with and without OCD and their parents' using correlations and hierarchical multiple regression analyses.

Conclusions: This study has the potential to deepen the understanding of the neurobiological and family processes in pediatric OCD. We will also discuss potential implications for prevention and treatment.

SY-29-05

Therapeutic Drug Monitoring of Sertraline in Children and Adolescents

Smigielski, Lukasz, Tini, Elvira

Psychiatric University Hospital Zurich, University of Zurich Zurich Switzerland

Therapeutic Drug Monitoring (TDM) applies the methods of clinical pharmacology to identify the drug concentration in blood to make informed therapeutic choices. After a short introduction to TDM in psychiatry, this presentation will discuss the results of a naturalistic prospective flexible-dose TDM study (TDM-Vigil Project) conducted in a transdiagnostic sample of children and adolescents (n = 78; mean age, 14.22 ± 2.39 years) treated with sertraline. The study examined the associations between dosage, steady-state drug serum concentration, treatment outcome and adverse effects (Tini & Smigielski et al., 2022). The OCD-specific results will be interpreted in the context of potential biological mechanisms. TDM, especially if coupled with other methods, such as pharmacogenetics, may become a valuable discovery tool in psychiatric research and practice.

SY-29-06

Update of recent guidelines for assessment and treatment of OCD in children and adolescents

Walitza, Susanne

University of Zurich Zurich Switzerland

At the end of the symposium, an overview and update of the most recent guidelines (AWMF S3 evidence- and consensus-based guidelines of the DGKJPP, coordinator S. Walitza and T. Renner and the Canadian Guidelines for children and adolescents not published now) for the assessment and treatment of obsessive-compulsive disorder in children and adolescents will be given by Susanne Walitza and Lukasz Smigielski. A focus of the presentation will be on prevention, early detection and early intervention. The evidence of psychological and pharmacological interventions will be shortly presented and also discussed focusing new developments and in regard to the most recent consensus statements of the International College of Obsessive Compulsive Spectrum Disorders.

Session: Please proceed to your next session -

Date: 30-06-2023 - 09:15 - 09:30

Location: Harlekin - Ground floor & Pjerrot - Ground floor & Lumbye - Lower floor & Carstensen - Lower floor & Arkaden 6 - Second floor & Arkaden 8 - Second floor & Karavanen 6 - First floor /

Session: Clinical Perspectives 10 - CP-10

Date: 30-06-2023 - 09:30 - 10:30

Location: Karavanen 6 - First floor /

CP-10-00

What do I do next? - Ask the experts

Seker, Asilay [1]

Konstantinos, Kotsis [2]

[1] King's College London London United Kingdom
[2] University of Ioannina Ioannina Greece

International congresses are rare opportunities for early careers to come together with many experts from different countries and learn from them. Although plenary lectures and symposia are important to discuss state of the art and most recent research, case and career discussion with experts interactively is useful for career development.

In this case discussion session proposed by the ESCAP Early Career and Trainee CAP Committee, we would like to bring together 3 prominent experts from in their fileds to interactively discuss cases with participating early careers (and others interested).

We kindly ask the session to be scheduled on 30th June 2023 (Friday) as Prof Thapar would otherwise be unavailable.

The proposed experts are as follows:

1) Prof Anita Thapar (Neurodevelopmental Disorders, UK)

2) Prof Johannes Hebebrand (Eating Disorders, Germany)

3) Prof Argyris Stringaris (Mood Disorders, Greece-UK)

Session: Oral 10 - OR-10

Date: 30-06-2023 - 09:30 - 10:30

Location: Harlekin - Ground floor /

OR-10-01

Linking the Level of Personality Functioning with Childhood Maltreatment Types: A Study of Lithuanian Adolescents

Gaudiešiūtė, Elena

Barkauskienė, Rasa, Skabeikytė-Norkienė, Gabrielė

Vilnius University Vilnius Lithuania

Background/Objective

Research over the last decade has established adolescence as a sensitive period for the development of personality disorder (PD), mainly borderline type, and suggested its link with childhood maltreatment. The present study aims to investigate this association using the dimensional model of PD introduced in the ICD-11 by analyzing the level of personality functioning in adolescents who have experienced a range of childhood maltreatment.

Method

The study sample consisted of 1048 adolescents reached through schools (n = 855) and clinical settings (n = 193). Levels and domains of personality functioning were assessed using the Levels of Personality Functioning Questionnaire (LoPF-Q 12-18), Childhood Experiences Questionnaire (Gervinskaite-Paulaitiene & Barkauskiene, 2018) was used to evaluate childhood maltreatment.

Results

Results of the study revealed that four clusters can be distinguished in our study sample according to different rates of childhood maltreatment: (1) no maltreatment (56.5%), (2) sexual abuse (5.4%), (3) emotional abuse and neglect (18.55%), and (4) polly-traumatisation (13.7%). Sexual abuse (2), emotional abuse and neglect (3), and polly-traumatisation group (4) had significantly higher scores of overall personality functioning impairment compared to the no maltreatment group (1). The association of the domains of personality functioning with different types of childhood maltreatment will also be presented.

Conclusion.

Analysis of personality functioning and its domains between groups of differing childhood maltreatment can deepen the understanding of adolescents' personality functioning and related risk factors. The study was funded by a grant (No S-MIP-21-20) from the Research Council of Lithuania.

OR-10-02

The transgenerational transmission of violence. Effect of intimate partner violence on offspring's stress reactivity

Schechter, Daniel [1], Cordero, Maria Isabel [3]

Urben, Sebastien [2], Moser, Dominik A [4], Rusconi Serpa, Sandra [5], Rossier, Michel [6]

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[2] CHUV Lausanne Switzerland
[3] Manchester Metropolitan University Manchester United Kingdom
[4] University of Bern Bern Switzerland
[5] University of Geneva Geneva Switzerland
[6] Valais Cantonal Medical Center Sion Switzerland

Individual differences in cortisol levels have been associated with aggressive behavior. Thus, this study aimed to assess the intergenerational transmission of violence by examining the aggressive behaviors as well as cortisol regulation in offspring of aggressive fathers. We hypothesized that offspring of aggressive fathers i) will display increased aggressive behavior, and ii) will have reduced glucocorticoid stress responses. Children aged 5–9 years from the Geneva Early Childhood Stress Project cohort (children with healthy control mothers, HC, n=23; children with mothers with PTSD who experienced interpersonal violence, IPV-PTSD, N=42) participated in a laboratory session where salivary cortisol in response to the Children's Trier Social Stress Test was collected, and aggressive behavior, assessed with the School Life Survey. IPV-PTSD boys (but not girls) had significantly lower cortisol levels than HC boys at baseline. In boys, but not in girls, low cortisol area under the curve (AUC) during the laboratory session was related to more aggression. Our results provide first-time support for IPV-PTSD-related transgenerational transmission of aggressive behavior linked to HPA hypoactivity. Clinical implications will be discussed.

OR-10-03

Factors mitigating the harmful effects of intimate partner violence on adolescents' depressive symptoms – a longitudinal birth cohort study

Gondek, Dawid

FORS Lausanne Switzerland

Background: Preventing parental intimate partner violence (IPV) or mitigating its negative effects early in the lifecourse is likely to improve population mental health. This study assessed the extent to which positive experiences were associated with depressive symptoms among children with and without experience of IPV.

Method: This study used data from the Avon Longitudinal Study of Parents and Children, a population-based birth cohort. The final sample comprised 4,490 participants. Parental intimate partner violence when the cohort child was aged 2-9 years. Depressive symptoms were measured with the Short Mood and Feelings Questionnaire (SMFQ) at age 18 years.

Results: Each additional report of parental intimate partner violence (over six reports) was associated with 0.047 (95% CI 0.027 to 0.066), or 4.7%, higher SMFQ score. Conversely, each additional positive experience (over 11 domains) was linked with -0.042 (95% CI -0.060 to -0.025) or 4.1%, lower SMFQ score. Among those with parental intimate partner violence (19.6% of participants), relationship with peers (effect size=3.5%), school enjoyment (effect size=1.2%), neighbourhood safety and cohesion (effect size=1.8%) were associated with lower levels of depressive symptoms.

Conclusions: Most positive experiences were linked with lower levels of depressive symptoms regardless of parental intimate partner violence exposure. However, among those with parental IPV, this association was found only for relationships with peers, school enjoyment, neighbourhood safety and cohesion on depressive symptoms. If our findings

are assumed to be causal, nurturing these factors may mitigate the harmful effects of parental intimate partner violence on depressive symptoms in adolescence.

OR-10-04

Can extreme deprivation lead to autism? The latest evidence from the English & Romanian Adoptees study

Rodriguez, Maria [1], Sonuga-Barke, Edmund [1]

Kennedy, Mark [1], Barker, Edward D [1], Kreppner, Jana [2], Solerdelcoll, Mireia [1]

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Abstract

Background – Rutter and colleagues' seminal observation that extended early life exposure to extreme institutional deprivation can result in what he termed quasi-autism (QA), both informed our understanding of the effects of adversity on development, and the nature of autism. Here we provide the first detailed analysis of the adult outcomes of the group of institutionally deprived-then-adopted children identified as displaying QA.

Methods – Twenty-six adult adoptees identified with QA in childhood (*Childhood QA+)* were compared to 75 adoptees who experienced extended institutional deprivation (>6 months) but no QA (*Childhood QA-*), and 116 adoptees exposed to *Low/No institutional deprivation*. The outcomes were child-to-adult developmental trajectories of neuro-developmental symptoms (autism, attention-deficit/hyperactivity disorder (ADHD), disinhibited social engagement (DSE), cognitive impairment), adult functioning, life satisfaction and mental health.

Results – *Childhood QA+* was associated with elevated and persistent trajectories of broad-based autism-related difficulties, ADHD and DSE symptoms and low IQ, as well as adult mental health difficulties and functional impairment, including high rates of low educational attainment and unemployment. Self-reported life satisfaction and self-esteem were unaffected. Autism-related communication problems, in particular, predicted negative adult outcomes. *Childhood QA+* was still associated with poor outcomes even when ADHD, DSE and IQ were controlled.

Conclusions – Early and time-limited institutional deprivation has a critical impact on adult functioning, in part via its association with an early established and persistent variant of autism, especially related to communication difficulties. Apparent similarities and differences to non-deprivation related autism are discussed.

OR-10-05

Prospective associations between neuro-developmental problems, bullying victimization, and mental health

Rizeq, Jala [1]

Kennedy, Mark [2], Kreppner, Jana [3], Maughan, Barbara [2], Sonuga-Barke, Edmund [2]

[1] University of Glasgow Glasgow United Kingdom
[2] King's College London London United Kingdom
[3] University of Southampton Southhampton United Kingdom

The purpose of the published study (Rizeq et al., 2022) was to delineate the longitudinal associations between neurodevelopmental problems and peer victimization during childhood and adolescence as a function of early deprivation and their impact on mental health and functional outcomes in young adulthood.

We extended research suggesting that children who have experienced neglect are at risk for bullying which in turn increases the risk for poor mental health by examining whether this risk extends to the neglect associated with severe institutional deprivation. The extent to which these effects were mediated by prior deprivation-related neuro-developmental problems was examined.

Data were available from a sample of 165 adoptees who experienced up to 43 months of deprivation in Romanian Orphanages in 1980s and 52 non-deprived UK adoptees (N = 217; 50.23% females) at ages 6, 11, 15, and young adulthood (22–25 years).

Deprivation was associated with elevated levels of bullying and neuro-developmental symptoms at ages 6 through 15 and young adult depression and anxiety symptoms. Paths from deprivation to poor adult mental health via cross lagged effects from earlier neuro-developmental problems to later bullying were significant. Specifically, ADHD and autism symptoms played dissociable age-related roles vis-à-vis bullying; ADHD symptoms having an early effect at age 6 and autism symptoms at age 11. Bullying related paths linking deprivation to adult functional outcomes (i.e., education and unemployment) were not significant.

These results demonstrate how deep-seated neuro-developmental impacts of institutional neglect can cascade across development to impact social functioning and mental health.

Session: Symposium 21 - SY-21

Date: 30-06-2023 - 09:30 - 10:30

Location: Pjerrot - Ground floor /

SY-21-00

Studies on maternal depression, parent training, and parents' attitudes toward improved care of children with autism spectrum and neurodevelopmental disorders

Munir, Kerim [1]

Siracusano, Martina [2], Mazzone, Luigi [2], Naheed, Aliya [3], Motavalli Mukaddes, Nahit [4], Salayev, Kamran [5], Guliyeva, Narmin [5]

[1] Harvard Medical School, Boston Children's Hospital Boston United States
[2] University of Rome Rome Italy
[3] Icddr,b Dhaka Bangladesh
[4] University of Istanbul Istanbul Turkey
[5] Azerbaijan Medical University Baku Azerbaijan

Overarching Abstract

Background/Objectives

This symposium highlights and integrates contributions from investigators across 5 countries on research questions on childhood neurodevelopmental disorders. The presentations include: 1) a study of maternal perinatal depression and risk of neurodevelopmental disorders in offspring (Italy); 2) implementing a school-based mental health program to improve the status of depression and quality of life of mothers of children with autism spectrum disorders (ASD) (Bangladesh and USA); 3) development of parent training program in the context of special education in low resource settings for children

with ASD (Turkey); and 4) assessment of parental and cultural attitudes on clinical genetic testing (CGT) for children with developmental delays and co-occurring neurological disorders (Azerbaijan).

Methods

The discussant will provide commentary on the presentations and explore how the results presented (in relation to each other) help advance the topic.

Results:

The symposium includes 1) Maternal perinatal depression and risk of neurodevelopmental disorders in offspring; 2) Implementing a school-based mental health program implementation to improve the status of depression and quality of life of mothers of children with autism spectrum disorders; 3) Implementing a parent training program in the context of special education programming for children with an autism spectrum disorder in low resource settings; and 4) Study of attitudes on clinical genetic testing (CGT) among parents of children with developmental delays and co-occurring disorders

Conclusion

The unifying theme is prevention and intervention involving the critical role and needs for support of parents as key caregivers for children with autism spectrum and neurodevelopmental disorders.

SY-21-01

Maternal perinatal depression and risk of neurodevelopmental disorders in offspring: Preliminary results from the SOS MOOD Project

Mazzone, Luigi [2], Siracusano, Martina [2]

[1] Harvard Medical School, Boston Children's Hospital Boston United States
[2] University of Rome Rome Italy

(This is the first individual presentation of the Overarching Symposium - submitted by Pr. Munir)

Background/Objectives

The latest research is attempting to define whether there may be an association between maternal Perinatal Depression (PD), the use of psychotropic medications during pregnancy, and a higher risk of neurodevelopmental disorders in children, including autism spectrum disorder (ASD). This comes from the evidence that prenatal immune environment modification induced by psychological factors represents a promising area for ASD research. The MOOD of Mothers and Offspring's Development (SOS MOOD) project is a mental health safeguard project aimed to investigate the impact of maternal PD on offspring's cognitive and behavioural phenotype with a focus on ASD.

Methods

Women included were screened during pregnancy (1st, 2nd trimester) for PD—categorized as affected or not—and if necessary were prescribed pharmacological therapy; offspring of both groups of women underwent at a mean age of 43 months a standardized neuropsychiatric evaluation of developmental, cognitive, and adaptive skills, behavioural problems, autism symptoms and parental stress.

Results

Preliminary results on 59 women (mean age 36 yrs.) and 59 children (mean age 3.5 yrs.) do not suggest significant long-term effects of maternal PD on offspring's development and behaviour.

Conclusions

The SOS MOOD project's preliminary results on a limited sample size suggest that maternal PD, whether pharmacologically treated or not, is not significantly associated with an increased risk of autism in offspring and does not significantly impair children's cognitive and behavioural development.

Co-author:

Cinzia Niolu, Adult Psychiatry Division, University of Rome Tor Vergata, Italy

SY-21-02

Implementing a school-based mental health program implementation to improve the status of depression and quality of life of mothers of children with autism spectrum disorders

Naheed, Aliya [1]

Munir, Kerim [2]

[1] Icddr,b Dhaka Bangladesh
[2] Harvard Medical School, Boston Children's Hospital Boston United States

(This is the second individual presentation of the Overarching Symposium - Pr. Munir)

Background/Objectives:

In LMICs, the prevalence of depression among mothers of children with neurodevelopmental disorders ranges from 50% to 75%, and the burden is highest among mothers of children with ASD. We implemented psychological counseling services (PCS) for mothers of children with ASD integrated within special education settings in urban Bangladesh.

Method

In two special education schools for ASD, we screened mothers using the Patient Health Questionnaire (PHQ-9). Mothers with a PHQ-9 score >4 who met the criteria for a major depressive episode (MDE) based on the DSM-IV SCID-I were also administered. The level of depression was assessed by the Depression Measurement Scale (DMS), and quality of life (QoL) was measured by the Visual Analogue Scale (VAS) of EQ5D5L before and after PCS.

Result

Among 188 mothers enrolled in the study, 43% received PCS, and 27% had MDE. The mean DMS score decreased from 79.5 to 60 ($p=0.004$) and was significantly higher among mothers with MDE (97.8 v. 69.9; $p<0.001$) compared to those without MDE (72.7 v. 56.1; $p=0.003$). The mean VAS score improved from 70.3 to 80.2 ($p=0.001$). Changes in DMS were negatively correlated with changes in VAS scores (95% CI 0.37 to −0.056).

Conclusion

Within special education schools for ASD in urban Bangladesh, it was feasible to administer an integrated program of PCS for mothers of children with ASD and reduce their level of depression and improve their quality of life.

SY-21-03

A parent training program in the context of special education programming for children with an autism spectrum disorder in low-resource settings

Motavalli Mukaddes, Nahit [2]

[1] Harvard Medical School, Boston Children's Hospital Boston United States
[2] University of Istanbul Istanbul Turkey

[3rd presentation of the overarching symposium - Pr. Munir]

Background/Objectives

The rising prevalence of ASD demands urgent action for developing appropriate early intervention programs. Behavioral and developmental intervention models are considered effective in improving social-communicative and cognitive abilities in children with ASD. Nevertheless, there is a lack of resources in many LMICs with limited access to intensive and appropriate intervention programs. This program aimed to increase the parental ability to acquire and implement specific new skills in improving interactions with their children with ASD.

Methods

This program included: 1) information on the development of children and signs of developmental problems; and 2) practical advice and training sessions for improving parent-child interactions with a specific focus on the children's social-communicative, self-care abilities and helping parents in managing unwanted behavior. The practice modules were: 2.1) sessions to help parents to improve children's social abilities (eye contact, joint attention, imitative behavior, pretend play, and symbolic play); 2.2) sessions to improve children's receptive and expressive language; 2.3) management of unwanted behaviors (stereotypies/aggressions); 2.4) teaching self-care abilities; and 2.5) supporting gross and fine motor abilities. Visual materials illustrated and facilitated practicum sessions.

Result

The improvements in children's abilities assessed in consecutive sessions are demonstrated with videos. The program provided the potential for the generalization of children's newly acquired skills

Conclusion

Because of the limitation in access to high-quality special educational programs in Turkey, a culturally grounded parent training program with the potential for improvement in children's newly acquired skills is an important resource.

SY-21-04

Attitudes on clinical genetic testing (CGT) among parents of children with developmental delays and co-occurring neurological disorders

Salayev, Kamran [2], Guliyeva, Narmin [2]

[1] Harvard Medical School, Boston Children's Hospital Boston United States
[2] Azerbaijan Medical University Baku Azerbaijan

[This is the 4th presentation - Pr. Munir Overarching Symposium submission]

Background/Objectives

Clinical genetic testing (CGT) of children with developmental delay and co-occurring neurological conditions (e.g., epilepsy and cerebral palsy) can both have positive and negative consequences on parent attitudes, especially important since parents serve as key figures in making decisions in the care of their children.

Methods

Parents' attitudes on CGT for children with developmental delay in the setting of the largest genetic study in Azerbaijan (n=400) were assessed. We administered a structured parent questionnaire consisting of statements on different aspects of CGT. The correlations of individual questionnaire statements with variables (e.g., demographics, disorder severity, result status) were examined and grouped under 1) "positive effects," in terms of causal relevance, treatment relevance, parental support of research, preventive genetic counseling, and family planning; and 2) "negative effects," in terms of discrimination, parental concerns, and anxieties for the future of their children and family conflicts.

Results:

The child and parent (mother, father) demographic characteristics with respect to parents' attitudinal responses, as well as clinical disease and CGT-related variables are discussed. As noted in prior studies parental attitudes toward CGT tend to be positive in response to the causal contribution, and guidance on interventions. Negative effects include discrimination and family conflicts.

Conclusion:

CGT of children with ASD may have both positive and negative effects. Knowledge about parents' attitudes is needed to ensure their involvement and improved management.

Co-author:

Ulviyya Aslanova, Department of Pediatrics, Azerbaijan Medical University, Baku, AZERBAIJAN

Session: Oral 12 - OR-12

Date: 30-06-2023 - 09:30 - 10:30

Location: Lumbye - Lower floor /

OR-12-01

Maternal and Paternal Personality Disorders and Risk of Mental Disorders in Offspring – a Danish Nationwide Register Study

Gjøde, Ida

University of Copenhagen Hellerup Denmark

Aims: We expected children of mothers or fathers diagnosed with personality disorder to be at increased risk of mental disorders compared to children in the general population. Further, we expected emotional unstable personality disorder (EUPD) and dissocial personality disorder (DPD) to be associated with higher risks of mental disorders in offspring than other subtypes of parental personality disorders.

Methods We produced a nationwide cohort by linking Danish health registers. Children born from January 1, 1995, were included in the study, and followed until either 18th birthday, diagnosis set, emigration, death, or until December 31, 2016.

Exposures: Parental personality disorders according to the International Classification of Diseases (ICD), 8th, and 10th revisions. Main outcomes: Full spectrum mental disorders in offspring (age 0-17) according to the ICD, 10th revision.

Results: 1,406,965 children were followed. The absolute risk of any mental disorder diagnosed in children (age 0-17-years) born to one or two parents with personality disorders were: 34.06 % (95% CI: 33.02 - 35.10, P<.001). Approximately twice the estimate in the general population: 15.160 % (95% CI: 15.07 – 15.26, P<.001). Children of parents with EUPD or DPD did not have a significantly higher incidence of metal disorders compared to children of parents with other types of personality disorders, except for both maternal and paternal anxious-avoidant personality disorder.

Conclusions: Children of parents with personality disorders are in high risk of developing mental disorders throughout childhood and adolescence. This calls for early interventions for children of both mothers and fathers with personality disorders.

OR-12-02

Psychiatric outcomes among parents of children with mental disorders: A population-based matched cohort study

Chatwin, Hannah [1]

Holde, Katrine [1], Wimberley Böttger, Maria Theresa [1], Dalsgaard, Søren [2], Petersen, Liselotte Vogdrup [1]

[1] Aarhus University Aarhus Denmark
[2] University of Copenhagen Copenhagen Denmark

Aim: Estimate the risk of mental disorders and psychotropic medication use in parents of children with mental disorders; Examine the temporal relationship between the child's diagnosis and incident parental psychopathology

Methods: Population-based cohort study using Danish national register data, including all individuals born in Denmark between 1981-2013. Cases included individuals diagnosed with attention-deficit/hyperactivity disorder (ADHD), autism spectrum disorder (ASD), anxiety disorder, intellectual disability, eating disorder, mood disorder, and substance use disorder (SUD) before 18 years. Age- and sex-matched controls (1:10) without the disorder of interest were selected. We examined the annual incidence of mental disorders and prevalence of psychotropic medication among parents in the four years before to four years after the case child's diagnosis.

Results: The incidence of parental anxiety and neurodevelopmental disorders in parents of children with ADHD and ASD peaked one year *after* the child's diagnosis. The incidence of parental mood disorders peaked 1-2 years *before* the child's diagnosis in parents of children with ADHD, ASD, intellectual disability, and anxiety and mood disorders, and 1-2 years *after* in parents of children with SUD. Antidepressant use sharply increased during the four years preceding the child's diagnosis, and sleep medication use peaked the year the child was diagnosis. Antipsychotic and ADHD medication use increased until the child's diagnosis, after which prescription rates stabilised.

Conclusions: While the child's diagnosis may offer some relief, parents likely need intensified support early on. Clinicians working with parents of children with mental health problems should remain aware of co-occurring mental disorders in parents.

OR-12-03

Intergenerational transmission of psychopathology across three generations: The role of social support

Xerxa, Yllza [1]

Hillegers, Manon [1], Mesman, Esther [1], Tiemeier, Henning [2], Jansen, Pauline [1]

[1] Erasmus University Medical Center Rotterdam Netherlands
[2] Harvard TH Chan School of Public Health Boston United States

Background: Psychopathology is common and often recurring, with clinical symptoms affecting functioning of individuals and their family members. The transmission of psychopathology from parents to children is a transactional process that unfolds in individuals over time through several social interactions, as well as via strong biological mechanisms. Whether psychopathology is transmitted across three generations (grandparents-G1, parents-G2 and children-G3), and to what extent social factors buffer the effects of psychopathology risk is unclear.

Methods: This study was embedded in Generation R, a multi-ethnic population-based cohort from fetal life onwards. Lifetime psychiatric disorders of grandparents' were assessed with Family Informant Schedule Criteria. Parental psychopathology was measured by the Brief-Symptom-Inventory. Offspring psychopathology was assessed with the Brief-Problem-Monitor. Maternal and child social factors were assessed using a questionnaire and a computerized peer nomination assessment, respectively.

Results: Independent effects of both grandparental and repeatedly measured pre- and postnatal parental psychopathology on the child were 23% greater than the dependent effect. The independent effects of both grandparental and parental psychopathology and the combinations of the three maternal and child social support factors was 13% less than the observed psychopathology risk.

Conclusions: Psychopathology of grandparents' is associated not only with more psychopathology in their own children, but is independently transmitted to their grandchildren as well. Social support factors decreased the vulnerability to the effects of grandparents' and parents' psychopathology on adolescents' psychopathology. This study underscores the importance of the identification of buffering factors associated with good mental health in adolescents who are at high familial risk.

OR-12-04

The Relationships between Parental Emotion Regulation and their Children's Mental Ill-Health

Sahib, Aseel [1]

Sun, Tingyue [2], Junwen, Chen [1], Calear, Alison [1]

[1] Australian National University Canberra Australia
[2] Monash University Melbourne Australia

Parental psychopathology is a key contributor to children's mental ill-health where poorer parental mental ill-health has been shown to be linked to worse mental health outcomes for the child. Mental ill-health is often accompanied by difficulties in regulating emotional distress. Research has revealed that parents' own maladaptive emotion regulation is associated with their mental ill-health. However, it is unclear whether maladaptive parental emotion regulation is associated with child mental ill-health. The current study investigated the relationships between parental emotion regulation and child's mental ill-health by specifically focusing on depression and social anxiety, given their high prevalence in both adults and children. Three hundred parents were recruited from the Australian community and participated in an online survey. A hierarchical regression found that parental emotion regulation scores contributed to a modest amount of the variance in the child's depression and social anxiety scores, respectively, after controlling for parental mental ill-health and parental emotion regulation literacy scores. In particular, the subscales of emotion-focused responses, problem-focused responses, and difficulty engaging in goal-directed behaviour were significantly associated with child depression and social anxiety scores, while the distress response subscale was significantly associated with child depression scores only. These findings not only highlight the effect that parental emotion regulation has on child mental health, but specify which responses and strategies are the most relevant to child's social anxiety and depression. Thus, the current study can serve as the first step towards developing an emotion regulation training program for parents, to promote their children's mental health development.

Session: Symposium 71 - SY-71

Date: 30-06-2023 - 09:30 - 10:30

Location: Galop 02 - Second floor /

SY-71-00

Offspring of parents with SMI: Pre- to postnatal indicators of risk and resilience. The WARM study

Harder, Susanne [1], Stender, Sofie [1], Davidsen, Kirstine D. [2], Røhder, Katrine [1]

[1] University of Copenhagen Copenhagen C Denmark
[2] University of Southern Denmark and Region of Southern Denmark Odense Denmark

Children of parents diagnosed with severe mental health problems (SMI), including schizophrenia, bipolar disorder and depression, are at increased risk of developing mental health problems compared to the general population. However, little is known regarding the early developmental trajectories of these infants and if signs of non-optimal development are present already during pregnancy and the first year of life.

The WARM study seeks to investigate early risk and protective factors in the parents, the infant, the social environment, and their interaction over time. A cohort of pregnant women with a lifetime diagnosis of schizophrenia, bipolar disorder, major depressive disorder, and a non-psychiatric control group has been established and followed from pregnancy until one year after birth with five assessment points: during pregnancy, and at 1, 4, 16, and 52 weeks. Parental mental health, attachment organization and/or caregiver representation, caregiver-infant interaction, stress sensitivity, and cognitive-motor development were assessed at all time points.

The symposium consists of four studies presenting new data from the WARM study. The first three studies examine differences in infant development between SMI-offsprings and infants of control mothers in relation to sample characteristics and attachment classification (SH), neurodevelopmental status (KD), and disinhibited attachment behavior (SS). The final study examines the significance of prenatal caregiving representations for infant attachment at one year (KR). The results can inform understanding of early development among SMI-offspring and areas of concern for targeted early interventions.

SY-71-05

Disinhibited Attachment Behavior among Infants Reared at Home: Relations to Maternal Severe Mental Illness and Personality Disorder Symptoms

Stender, Sofie [1]

Davidsen, Kirstine D. [2], Harder, Susanne [1]

[1] University of Copenhagen Copenhagen C Denmark
[2] University of Southern Denmark and Region of Southern Denmark Odense Denmark

Disinhibited attachment behaviour (DAB) among young children is persistent and associated with behavioral and relational problems throughout childhood and adolescence. However, it has been studied most often as a disturbance among infants who have experienced institutional rearing. Much less is known about risk factors for DAB among infants reared at home, although studies have linked DAB with maternal psychiatric hospitalization and maternal borderline personality disorder. The aim of the current study was to further assess the association of maternal severe mental illness (SMI; schizophrenia, bipolar disorder, depression) and maternal personality disorder symptoms in relation to DAB.

Ninety-six mothers and their infants participated in the study: 46.2 % with SMI (severe mental illness) and 53.8 % with no diagnosis. Maternal psychopathology was assessed during pregnancy and infant´s DAB was assesed at one year using the Rating of Infant Stranger Engagement (RISE) during the Strange Situation Procedure (SSP).

Infants of mothers with high PD symptoms were significantly more likely to display disinhibited attachment behavior compared to infants of mothers with low PD symptoms. Neither maternal SMI nor the mothers' level of symptoms was significantly associated with infant DAB.

Infant reared at home by mothers with high PD symptoms were at risk for disinhibited attachment behavior. Because most mothers with high PD symptoms also had comorbid diagnoses in this study, further work is needed to understand the role of comorbidity. These results add to the literature suggesting that maternal personality disorder may be a risk factor for disinhibited attachment behavior among home-reared infants.

SY-71-04

Infants of Mothers with Severe Mental Illness: Neurobehavioral Functioning at 1 and 4 Weeks of Age

Davidsen, Kirstine D. [2]

Røhder, Katrine [1], Harder, Susanne [1], Stender, Sofie [1]

[1] University of Copenhagen Copenhagen C Denmark
[2] University of Southern Denmark and Region of Southern Denmark Odense Denmark

Background: Parental severe mental illness (SMI) is a strong risk factor of later psychopathology in the offspring. Already during the earliest years of childhood, these children have a higher risk of child psychiatric disorders than children of parents without SMI. However, the developmental trajectories of these children are characterized by multi-finality and affected by a complex interaction between risk and protective factors.

Aim: In order to understand early child risk factors, we will investigate the neurodevelopmental status and development of infants of mothers with SMI during their first month of life. Participants are 84 infants from the WARM-cohort (n=39 infants of mothers with SMI and n=45 infants of control mothers). Neurodevelopmental status is assessed at age 1 and 4 weeks with the NICU Network Neurobehavioral Scale (NNNS). The NNNS is a comprehensive evaluation of the neurobehavioral performance of the infant summarized in 13 summary scores.

Results and conclusion: After adjustment for gestational age, child sex and maternal age, infants of mothers with SMI showed more deviant neurodevelopmental behavior and more stress signs compared to infants of control mothers at 1 week, and more stress signs at 4 weeks. Hence, infants of mothers with SMI are more vulnerable already in the postnatal period and especially during the first week. The meaning of our results will be discussed in relation to the parent-child dyad and child development.

SY-71-03

The WARM sample. Sample characteristics and transgenerational transmission of attachment from mother to child.

Harder, Susanne [1]

Rohder, Katrine [1], Stender, Sofie [1], Davidsen, Kirstine Agnete [2]

[1] University of Copenhagen Copenhagen Denmark
[2] University of Southern Denmark Odense Denmark

Background: Insecure attachment in childhood is a risk factor for later psychopathology and the degree of insecure attachment is higher in adult clinical groups. In addition. Meta-analyses have found a transgenerational transmission of attachment pattern from parent to child in nonclinical samples, and in clinical samples even to a lesser degree. Thus, both psychopathology and insecure attachment in the parent are possible risk factors for risk development in the child.

Aim: In this paper we present the WARM sample characteristics and the attachment status in a group of mothers with SMI (Schizophrenia, Bipolar disorder and Major depressive disorder) and their one year old infants. We expect the mothers within the SMI group to have higher degree of insecure attachment. Furthermore we explore if maternal diagnosis and maternal attachment status are predictors for infant attachment at 1 year of age.

Results: The WARM sample (N=93) consists of 43 mothers with a lifetime diagnosis of SMI and 50 non-clinical controls, their infants and their partner. The mothers with SMI diagnoses experienced symptoms at a borderline level and that their level of education and occupation was significantly lower than in the non-clinical control group. In addition, the degree of insecure attachment was significantly higher for the mothers in the SMI group. The study found no difference in degree of insecure attachment between infants of mothers with SMI and infants of nonclinical controls. No significant transmission of attachment from mother to child was found. Possible explanations for these findings will be discussed.

SY-71-02

Infants of Mothers with Severe Mental Illness: Neurobehavioral Functioning at 1 and 4 Weeks of Age

Davidsen, Kirstine [1]

Røhder, Katrine [2], Stender, Sofie [2], Harder, Susanne [2]

[1] University of Southern Denmark Odense C Denmark
[2] University of Copenhagen Copenhagen Denmark

Background: Parental severe mental illness (SMI) is a strong risk factor of later psychopathology in the offspring. Already during the earliest years of childhood, these children have a higher risk of child psychiatric disorders than children of parents without SMI. However, the developmental trajectories of these children are characterized by multi-finality and affected by a complex interaction between risk and protective factors.

Aim: In order to understand early child risk factors, we will investigate the neurodevelopmental status and development of infants of mothers with SMI during their first month of life. Participants are 84 infants from the WARM-cohort (n=39 infants of mothers with SMI and n=45 infants of control mothers). Neurodevelopmental status is assessed at age 1 and 4 weeks with the NICU Network Neurobehavioral Scale (NNNS). The NNNS is a comprehensive evaluation of the neurobehavioral performance of the infant summarized in 13 summary scores.

Results and conclusion: After adjustment for gestational age, child sex and maternal age, infants of mothers with SMI showed more deviant neurodevelopmental behavior and more stress signs compared to infants of control mothers at 1 week, and more stress signs at 4 weeks. Hence, infants of mothers with SMI are more vulnerable already in the postnatal period and especially during the first week. The meaning of our results will be discussed in relation to the parent-child dyad and child development.

SY-71-01

Caregiving and Attachment among Mothers with SMI and their infants: The Significance of Prenatal caregiving representations for infant attachment classification at one year

Røhder, Katrine [1]

Davidsen, Kirstine D. [2], Harder, Susanne [1]

[1] University of Copenhagen Copenhagen C Denmark
[2] University of Southern Denmark and Region of Southern Denmark Odense Denmark

Maternal severe mental illness (SMI) poses a risk factor for infant attachment. So far, research has demonstrated that maternal behavior mediates the association between maternal SMI and offspring attachment. The study expands this research by investigating the role of maternal prenatal representations (internal thoughts and feelings) in predicting infant attachment at one year. Furthermore, as research has mostly involved mothers with depression, the study includes mothers with schizophrenia, bipolar disorder, depression, and a non-clinical control group.

Participants are mothers and their infants from the WARM-cohort. Prenatal representations were assessed with the Prenatal Caregiving Experience Questionnaire (PCEQ). The PCEQ is an attachment-based measure assessing four dimensions: Enjoyment (caregiving as joyful), heightened (separation anxiety from the child), helplessness (overwhelmed with caregiving), and role reversal (child taking care of mother). Infant attachment is assessed as secure, insecure-avoidant, insecure-ambivalent, or insecure-disorganized with the Strange Situation Procedure (SSP) at one year.

Infants with secure attachment at one year had mothers expressed higher expectations of caregiving ‘enjoyment’ and lower levels of ‘helpless’ caregiving compared to mothers of infants with insecure attachment.

The results suggest that prenatal screening of caregiving representations could help directly and at the earliest possible timepoint to identify families with infants at risk of developing insecure-attachment. Interventions should assess and support development of more enjoyment and less helpless expectations of caregiving already during pregnancy.

Session: Symposium 15B - SY-15B

Date: 30-06-2023 - 09:30 - 10:30

Location: Arkaden 6 - Second floor /

SY-15B-00

Investigating the phenotype of neuropsychiatric symptoms and implementing novel interventions in 22q11.2 deletion syndrome

Selten, Iris [1], Gothelf, Doron [2], Mancini, Valentina [3], Latreche, Caren [3]

[1] Utrecht University Utrecht Netherlands
[2] University of Tel Aviv Tel Aviv Israel
[3] University of Geneva Geneva Switzerland

The 22q11.2 deletion syndrome (22q11.2DS) is a neurogenetic condition that has attracted significant interest over the last decades given its 30% risk of developing psychosis. The presentation of psychosis in 22q11.2DS is comparable to idiopathic psychosis, implying that findings in 22q11DS may contribute to understanding the development of psychosis in the general population. The present symposium aims to provide a deeper understanding of the phenotypic expression of

psychiatric symptoms in 22q11DS, with a focus on early clinical markers of psychosis. Moreover, this symposium will discuss the effects of interventions targeting cognitive impairments, that ultimately may reduce the burden of psychosis in 22q11.2DS.

Firstly, Iris Selten of Utrecht University will present evidence suggesting the importance of using a dimensional perspective to capture the expression of neuropsychiatric symptoms in adolescents with 22q11.2DS. Secondly, Doron Gothelf of the University of Tel Aviv will explore the clinical course of deletion carriers and identify specific predictors of conversion to psychosis prodromal symptoms in a longitudinal multi-center study. Thirdly, Valentina Mancini of the University of Geneva will provide results on the promising neuroprotective effect of treatment with SSRIs on cognition and brain development in 22q11.2DS. Finally, Caren Latrèche of the University of Geneva will present evidence of using non-invasive brain stimulation to enhance working memory in youths with 22q11.2DS.

Together, this symposium provides leads for the study of psychiatric risk factors, and for the development of novel treatments to improve cognitive functioning in 22q11DS, that might also be of relevance to idiopathic conditions.

SY-15B-03

A comprehensive overview of neuropsychiatric symptoms in adolescents with 22q11.2 deletion syndrome: a dimensional approach

Selten, Iris [1]

Blok, Jill [2], Djelantik, Manik [3], Boerma, Tessel [4], Houben, Michiel [3], Wijnen, Frank [4], Zinkstok, Janneke [5], Fiksinski, Ania [3], Vorstman, Jacob [6]

[1] Utrecht University / UMC Utrecht / University of Amsterdam Netherlands
[2] University of Amsterdam Amsterdam Netherlands
[3] University Medical Center Utrecht Utrecht Netherlands
[4] Utrecht University Utrecht Netherlands
[5] Radboud University Medical Center Nijmegen Netherlands
[6] The Hospital for Sick Children Toronto Canada

Introduction

The 22q11.2 deletion syndrome (22q11DS) is associated with an increased risk for developing neuropsychiatric disorders. Previous descriptions of neuropsychiatric phenotypic expression in 22q11DS relied on prevalence rates of DSM-based diagnostic categories. Such a categorical perspective likely does not capture the breadth and depth of the inter-individual variability in the expression of neuropsychiatric symptoms in 22q11DS. Here, we adopt a dimensional approach to describe neuropsychiatric symptom expression in adolescents with 22q11DS.

Method

Participants were 208 adolescents with 22q11DS aged 10-19 years old. We used standardized instruments that measure neuropsychiatric symptoms within multiple major DSM-IV diagnostic domains, including the Kiddie-SADS. We investigated inter-individual variation in the severity of symptom expression.

Results

Severity of neuropsychiatric symptom expression varied among participants, both between and within neuropsychiatric domains. On most symptom dimensions, more than 50% of adolescents expressed at least one clinically relevant symptom. A significant proportion of youth without a formal DSM-IV diagnosis had at least one clinical symptom in the corresponding dimension (*e.g., >85% of those without an ADHD-diagnosis reported ADHD-symptoms*).

Conclusion

A dimensional perspective captured a wider range of inter-individual variation in neuropsychiatric symptom expression in 22q11DS, than a categorical approach. The finding that most adolescents with 22q11DS expressed neuropsychiatric symptoms, even in the absence of a DSM-IV classification, has substantial ramifications for tailoring support. Future studies adopting a dimensional perspective are recommended to elucidate the mechanisms underlying symptom expression in 22q11DS. Ultimately, those studies may be relevant to understand phenotypical variation in other high-risk genetic variants or the general population.

SY-15B-01

The clinical course of individuals with 22q11.2 deletion syndrome converting to psychotic disorders: a long-term multi-center retrospective follow-up

Gothelf, Doron

Tel Aviv University Ramat Gan Israel

Introduction: 22q11.2 deletion syndrome (22q11.2DS) is the most common microdeletion in humans occurring in 1/2148 live births. 22q11.2DS is associated with extremely high rates of psychotic disorders and schizophrenia.

Objectives: This longitudinal study aims to investigate the clinical course of an international combined cohort (from Israel, USA, and Switzerland) with 22q11.2DS from years before the onset to years following the onset of psychosis including baseline psychiatric disorders and cognitive deficits associated with the later onset of psychosis and changes in psychiatric symptoms (prodrome) close to the conversion to psychotic disorders. We also aim to describe the course of psychosis and cognitive deficits after the conversion.

Methods: We examined clinical records on 42 men and 46 women with 22q11.2DS from the three centers abstracting demographic data, social functioning, psychiatric symptoms, medication use and hospitalization rate at all stages. We also evaluated a global assessment of functioning score and IQ scores for each participant.

Results: Preliminary results suggest that before conversion 67% of patients met criteria for an anxiety disorder, 34% for ADHD and 30% for depressive disorders. The most common prodromal symptoms were social avoidance, anxiety, and suspiciousness. Most common psychotic symptoms were delusions, hallucinations, and grandiosity. Following conversion, most individuals were unemployed, unmarried, and residing with their parents. We will also present data regarding the decline in cognition after conversion.

Conclusions: This longitudinal study examines patients prior to the onset of psychosis through to the present, shedding light on the precursors and course of psychosis in 22q.11DS.

SY-15B-02

Investigating the effects of interventions to improve cognition in individuals with 22q11.2 deletion syndrome

Latreche, Caren

Mancini, Valentina, Rochas, Vincent, Maeder, Johanna, Schneider, Maude, Michel, Christoph, Eliez, Stephan

University of Geneva Geneva Switzerland

Abnormal cognitive development is one of the first apparent manifestations of psychosis. Not only are cognitive impairments associated with functional outcomes, but they also show limited response to antipsychotic treatment.

Additionally, abnormal brain development is known to predate clinical manifestations of psychosis. Therefore, critical developmental stages may be the best period for early interventions expected to prevent cognitive decline and protect brain maturation. We have investigated the effects of both pharmacological and nonpharmacological interventions in individuals at higher risk for psychosis, namely carriers of 22q11.2 deletion syndrome. First, in a retrospective cohort study, we aimed to establish if early treatment with SSRIs in children and adolescents with 22q11DS was associated with long-term effects on cognition and brain development. Our findings show an increase in IQ scores in participants treated with SSRIs, even those with psychotic symptoms. The thickness of frontal regions and hippocampal volume were also relatively increased. Second, we conducted a non-invasive brain stimulation (NIBS) study to improve working memory (WM) in 34 deletion carriers. Based on EEG and MRI acquisitions, we personalized the stimulation parameters considering the anatomical and functional variability. Participants were randomized to sham or real stimulation on two consecutive days and then completed a WM task and a control task. After real stimulation, we found a significantly increased performance in the WM task only, compared to the sham condition. Altogether, our results provide preliminary evidence that the cognitive deficits associated with psychosis may be attenuated with early SSRI treatment and with NIBS.

Session: Symposium 23 - SY-23

Date: 30-06-2023 - 09:30 - 10:30

Location: Carstensen - Lower floor /

SY-23-00

Psychosis on a Continuum in Youths: Risk Factors and Clinical Impact

Rimvall, Martin Køster

Jeppesen, Pia

Psychiatry Zealand, Copenhagen University Hospital Roskilde Denmark

Psychotic experiences, such as hallucinations, delusional ideas and thought disturbances, commonly occur in the general population, especially in children and adolescents. Psychotic experiences are viewed as the behavioral expression of underlying vulnerabilities occurring on a continuum ranging from subclinical and transient phenomena to severe psychotic disorders. The growing literature in the field has demonstrated, that although psychotic experiences might often be part of normal development, they are strongly associated with concurrent mental distress and mental health problems including suicidality, as well an increased risk of psychotic and non-psychotic mental disorders well into adulthood. These findings have led to considerations that psychotic experiences are important markers for predicting development of severe mental illness, as well as potential targets for early intervention.

The current symposium will explore early life- and familial risk factors of PEs in youths (abstracts 1 & 2), associations between PEs and self-harm behaviors (abstract 4) and help-seeking behaviors including transition into adult psychiatry (abstracts 5), as well presenting findings from a meta-analysis of the occurrence and persistence of psychotic experiences across the lifespan (abstract 3).

The symposium will gather speakers from three European countries, aiming to describe ongoing research shedding light on multiple clinically important aspects of PEs in young people.

SY-23-01

Examining psychotic experiences in two generations – findings from a rural household-based cohort study

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Simonsen, Erik [2], Zhang, Jiawei [2], Hastrup, Lene Halling [3], Jeppesen, Pia [1], Stephen F., Austin [3], Susanne, Koch [1]

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Background: While there is strong evidence that psychotic disorders are highly heritable, the findings are less clear for outcomes of subclinical psychosis expression, such as psychotic experiences (PEs). We examined if PEs in mothers were associated with PEs in their children. **Methods:** We present preliminary results from a cross-sectional Danish household-based cohort study. A total of 701 mothers and 902 11–17-year-old youths (mean age 14.3 [SD 2.0]) completed PEs-questionnaires. Individuals were considered as having PEs if they rated at least one PE as "definitely present" according to the Psychotic Like Experiences Questionnaire. We included information on other maternal psychopathology (depressive symptoms, anxiety, and mental wellbeing) and sociodemographic characteristics as covariates. The associations between maternal and child PEs were estimated using generalized estimating equations with an exchangeable correlation structure to account for the clustering of observations within families. **Results:** A total of 155 (17.2%) of children and 50 (7.1%) of mothers reported PEs. Children of mothers with PEs were at an increased risk of reporting PEs themselves (OR 3.43, 95%CI 2.03-5.79), after adjustment for sociodemographic factors. Maternal PEs remained associated with child PEs in a multivariate model that also included maternal depressive symptoms, anxiety and mental wellbeing (OR 3.17 95%CI 1.85-5.41), whereas other maternal mental health problems were not individually associated with PEs in offspring. **Discussion:** The robust association between maternal and offspring PEs, over and above other common maternal mental health problems, suggests that psychosis vulnerability in families might also be expressed at the lower end of the psychosis continuum.

SY-23-02

Psychotic experiences, suicidality and non-suicidal self-injury in adolescents: Independent findings from a general population and a risk-enriched cohort

Bolhuis, Koen

Steenkamp, Lisa, De Neve-Enthoven, Nita, Grootendorst-van Mil, Nina

Erasmus Medical Centre Rotterdam Netherlands

Background. Studies have shown that psychotic experiences are prospectively associated with an increased risk of suicidality. However, it is unclear whether this association is causal or arises from shared risk factors. Furthermore, little is known about the association between psychotic experiences and non-suicidal self-injury (NSSI).

Methods. In this study, we used data from two samples of young adolescents, which we analyzed separately. In a population-based cohort, data on hallucinatory experiences and suicidality were collected at ages 10 and 14 years (*N*=3,435). In a cross-sectional study of a population oversampled for elevated psychopathology levels, psychotic experiences, suicidality, and NSSI were assessed at age 15 years (*N*=910). Analyses were adjusted for sociodemographic covariates, maternal psychopathology, intelligence, childhood adversity, and mental health problems.

Results. Psychotic experiences were prospectively associated with an increased risk of suicidality, even when considering self-harm ideation at baseline. Furthermore, persistent and incident, but not remittent, patterns of psychotic experiences were related to an increased burden of suicidality. Self-harm ideation was also prospectively associated with the risk for psychotic experiences, although of smaller magnitude and only by self-report. Among at-risk adolescents, psychotic experiences were cross-sectionally associated with a greater burden of suicidality and a higher frequency of NSSI events, with more extensive tissue damage.

Conclusion. Psychotic experiences are longitudinally associated with suicidality beyond the effects of shared risk factors. We also found modest support for reverse temporality, which warrants further investigation. Overall, our findings highlight the importance of assessing psychotic experiences as an index of risk for suicidality and NSSI.

SY-23-03

Trajectories of psychotic experiences and continuity of mental health care services in a longitudinal cohort of adolescents in transition to adulthood

Gerritsen, Suzanne

Dieleman, Gwen, Bolhuis, Koen, Mesman, Esther

Erasmus MC Sophia Children's Hospital Rotterdam Netherlands

Objective. Young people with psychotic experiences (PE) have an increased risk for developing severe mental illness, but may be at risk because of disruption in psychiatric care during the transition from adolescence into adulthood. Here, we explore longitudinal PE trajectories and service use among child and adolescent mental health care service (CAMHS) users reaching the service's upper age limit.

Methods. Interviews and questionnaires were used to assess PE (Youth/Adult Self-Report), mental health and service use in 763 youth in 8 European countries (MILESTONES). Trajectories of self-reported PE from baseline to 24 months follow-up were determined using Growth Mixture Modelling.

Results. The following trajectories were identified: medium increasing (5.2%), medium stable (11.7%), medium decreasing (6.5%), high decreasing (4.2%) and low stable (72.4%). Young people with medium or high levels of PE at baseline had more mental health problems than young people with low stable PE. PE trajectories were not associated with continuity of care or transition to adult mental health services (AMHS). At follow-up, young people with persisting PE reported more mental health problems and less quality of life.

Conclusion. Despite the increased risk for severe mental illness and poorer mental health outcomes, CAMHS users with persistent PE are not more likely to receive continued care after reaching the CAMHS upper age limit. This study identifies a potential gap in transition psychiatry.

SY-23-04

Incidence and persistence of psychotic experiences in the general population: Systematic review and meta-analysis.

Staines, Lorna

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Background: Psychotic experiences are associated with increased risk for psychotic disorders, mental disorders, and suicidal behaviour. Incidence is an important measure to inform future intervention design, and resource allocation. Previous reviews were not able to get a large sample of studies. Persistent psychotic experiences are associated with greater psychiatric risk than transient psychotic experiences. No systematic review has focused specifically on persistence of psychotic experiences.

Method: Two independent reviewers conducted a double-blind search of databases. Incidence rate per-person-year and persistent psychotic experiences rate per-year were calculated. Random effects models were conducted to calculate pooled incidence rate per-person year, and proportion of persistent psychotic experiences.

Results: A double-blind screening method was used for abstract (k=5763) and full text (k=198) were screened. In total 39 samples from 35 studies were included, of which 31 were included in a meta-analysis (incidence k=15, n=46,554; persistence k=16,n=83,870). Overall, for every 100 people, 2.5 reported first onset psychotic experiences each year. However, this was much higher in adolescence, with 5 new cases each year, for every 100 people age 13-17. Overall persistence in the population was 33.95%. This was also highest in adolescence, at 42.78% reporting persistent psychotic experiences per year.

Conclusions: The findings highlight that adolescence is the time period when psychotic experiences are most likely to first occur, and most likely to persist. Our findings provide the incidence rates needed to develop interventions & prevention strategies, and illustrate that psychotic experiences as a screening/intervention tool may be particularly valuable in adolescent services

SY-23-05

Examining the association between prenatal & perinatal adversity and the psychosis continuum in childhood.

Cannon, Mary [1]

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Background: Prenatal & perinatal complications are a well-established risk factor for psychotic disorder in adults but less is known about psychotic experiences, despite their higher prevalence. We decided to investigate pre-and perinatal risk factors in relation to the psychosis continuum in childhood.

Methods: The Adolescent Brain Cognitive Development (ABCD) is a large cohort study of children (age 9-10 at baseline; n=11872). Psychotic experiences were measured longitudinally at 3 time-points using the Prodromal Questionnaire-Brief, Child version. Childhood psychotic disorder was assessed at baseline using the Kiddie - SADS. We examined a range of risk factors including; the cumulative risk of prenatal and perinatal complications, foetal growth size, and maternal risk behaviours (alcohol consumption, substance use, smoking).Mixed effect models were used for analysis.

Results: Cumulative risk of prenatal complications, and maternal smoking showed increased risk for psychotic phenomena across the spectrum. For every additional prenatal complication, there was an 8% increased risk of persistent psychotic experiences, and a 16% increased risk of psychotic disorder. Maternal smoking was associated with a 31% increased risk of persistent psychotic experiences, and a 2-fold increased risk for psychotic disorder. Maternal substance use and alcohol consumption showed moderate to large effect on the psychosis continuum measures. Perinatal complications and foetal growth showed no effect.

Conclusions: Our research provides evidence of the cumulative effect of prenatal complications and maternal smoking as risk factors for the psychosis spectrum. It highlights the continued need for better maternal healthcare and education for the long-term mental health of the population.

Session: Poster Session 02 - PO-02

Date: 30-06-2023 - 10:00 - 17:00

Location: Vandsalen - Ground Floor /

PO-2-024

Sex differences in psychiatric diagnoses preceding and following a diagnosis of autism and their association with age of autism diagnosis

Martini, Miriam [1]

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Background: Autistic individuals, particularly women, often receive psychiatric diagnoses prior to their autism diagnosis. Whether these diagnoses reflect true co-occurrence and how they impact age of diagnosis for autistic males and females is unclear.

Objectives: Exploring sex differences in psychiatric diagnoses received prior to being diagnosed as autistic, their stability over 5 years following autism diagnosis, and their association with age of autism diagnosis.

Methods: Using Swedish nationwide registers we identified 19,223 males and 7,881 females with a clinical autism diagnosis. We obtained diagnoses of 12 psychiatric disorders received prior to and following an autism diagnosis which we compared between autistic males and females using logistic regression. We examined the influence of sex on the association of prior psychiatric diagnoses with age of autism diagnosis using generalized estimating equations.

Results: We observed higher odds among autistic females for most psychiatric disorders (OR_{range}=1.40[1.05,1.87]-20.38[9.37,44.31]). Autistic females were more likely than autistic males to retain their psychiatric diagnosis in the 5 years after autism diagnosis, indicating stability (OR_{range}=1.48[1.16,1.90]-29.82[9.27,95.95]). A prior psychiatric diagnosis was associated with later age at autism diagnosis (2.72[2.62,2.81] years). The interaction with sex was not statistically significant (β=.06[-.10,.21]), indicating that prior diagnoses delay autism diagnosis for both sexes.

Conclusions: Autistic females are more likely to receive psychiatric diagnoses prior to their autism diagnosis and keep their psychiatric diagnosis after being diagnosed as autistic compared to autistic males; suggesting true comorbidity rather than diagnostic bias. Prior psychiatric diagnoses appear to delay autism diagnosis for both sexes, and to a similar extent.

PO-2-090

Developing Novel Diagnostic Strategies to Assess Early Risks and Associated Regulatory Disorders in Childhood

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Psychosocial and toxicological risks during pregnancy affect the intrauterine and postnatal development: Maternal stress, depressive symptoms or substance abuse during pregnancy are related to later emotional and behavioral problems in children. A common consequence of the exposure to early risks is the development of regulatory problems in children which in turn play a crucial role in developing later, more severe psychiatric disorders. For that reason, diagnostic strategies to reliably and economically assess prenatal risks in child and adolescent psychiatry are needed.

Our project aims to develop a *Prenatal Risk Index* to retrospectively identify early risks and predict regulatory disorders during childhood. Besides objective measures of risk factors, especially the subjective experience of early risks will be assessed. Furthermore, we aim to develop a *Regulation Index* consisting of pre-existing questionnaires to reliably diagnose regulatory disorders in children. Therefore, we are planning to examine a cohort of 200 pregnant women from the general population using the Prenatal Risk Index via an online survey in SoSci Survey. Two - three years later we will examine the same cohort of women again to validate the Prenatal Risk Index: Mothers' retrospective and prenatal risk assessments will be compared and combined questionnaire data on infant regulation problems will be associated.

We will present the constructs of the Prenatal Risk Index and the Regulation Index and the methods of evaluating the validity of the Prenatal Risk Index.

PO-2-089

Risk of psychopathology and prodromal psychotic symptoms in child and adolescent offspring of patients diagnosed with schizophrenia or bipolar disorder: a longitudinal study

De la Serna, Elena [1]

Camprodon-Boadas, Patricia [2], Sugranyes, Gisela [3], Moreno, Dolores [4], Baeza, Inmaculada [5], Ilzarbe, Daniel [3], Martinez-Caneja, Covadonga [4], Martin, Nuria [4], Castro-Fornieles, Josefina [6]

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Background: Offspring of patients with schizophrenia (SZoff) or bipolar disorder (BDoff) have a two-fold risk of developing psychiatric disorders. The aim of this study is to analyze the risk of psychopathology in SZoff and BDoff compared with a community control sample (CCoff).

Methods: The 'Bipolar And Schizophrenia Young offspring Study' (BASYS) is a longitudinal, naturalistic study which aims to assess clinical, cognitive, genetic and neuroimaging characteristics of SZoff, BDoff and CCoff. Psychopathology was evaluated with the K-SADS-PL (Kaufman et al., 1997). Prodromal psychotic symptoms were assessed with the SIPS/SOPS (Miller et al., 2002). The cumulative incidence of psychiatric disorders and prodromal psychotic symptoms at four-year follow-up were assessed with the Kaplan-Meier and Cox regression method.

Results: SZoff had almost three times the likelihood of developing any psychiatric disorder compared with CCoff (HR 2.82; 95% CI 1.71-4.65), whereas BDoff had almost twice the risk compared with the CCoff (HR 1.82; 95% CI 1.18-2.82). SZoff showed higher incidence of ADHD (HR 7.07; 95% CI 3.34-14.94), disruptive disorders (HR 11.70; 95% CI 2.48-55.25) and prodromal psychotic symptoms (HR 4.64; 95% CI 1.89-11.59) than CCoff. BDoff only displayed higher risk of mood disorder (HR 2.96; 95% CI 1.34-6.51) and ADHD (HR 2.73; 95% CI 1.29-5.77) than CCoff.

Conclusions: SZoff and BDoff had a high incidence of psychiatric disorders. Specifically, SZoff showed high risk of ADHD, disruptive disorders and prodromal psychotic symptoms and BDoff high risk of mood disorder and ADHD.

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PO-2-088

Cognitive changes over 18-months in children and adolescents at risk who did not developed psychosis

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Children and adolescents (CAD) at clinical high risk for psychosis (CHR-P) shows baseline cognitive deficits, whether or not they develop a psychotic disorder (Tor et al 2022). As 78% of them do not develop psychosis (Fusar-Poli et al 2020), studying that group could contribute to improve clinical knowledge of CHR-P. Our aim is to analyze cognitive changes in a group of CAD at CHR-P who did not developed psychosis, depending on their clinical outcome (remitted or non-remitted) compared to a healthy control group (HC). Method: Two-site, naturalistic, longitudinal study. Cognitive assessment was performed at baseline and 18-months follow-up. A neuropsychological battery assesses general intelligence, verbal, visual and working memory, verbal learning, visuospatial ability, speed processing, attention and executive functions. A total of 55 CHR-P participants, 24 remitted (CHR-R) and 31 non-remitted (CHR-NR), and 74 HC were analyzed. Mean age of the sample at baseline was 15.44±1.66. Results: No differences in age were observed. The CHR-NR group has more females compared to the other groups (Chi^2=(129)=6.802,p=0.033). Mixed design analysis shows significant differences in verbal logical memory, immediate (F_{within}(2,122)=2.749,p=0.068;$F_{between}$(2,122)=4.453, p=0.014) and delayed (F_{within}(2,119)=3.224,p=0.043; $F_{between}$(2,119)=3.868,p=0.024) with an improvement in the CHR-R, a decline in the CHR-NR (CHR-NR<HC, CHR-R=HC, CHR-NR=CHR-R); and a difference in visuospatial memory (F_{within}(2,115)=4.646,p=0.011; $F_{between}$(2,115)=13.139,p<0.001) with an improvement in the CHR-R group (CHR-NR<HC,CHR-R<HC,CHR-NR=CHR-R). When sex was introduced as covariable, all the differences remain significant. Conclusion: CHR-P group who recover from CHR-P, shows improvement along time in memory (verbal and visuospatial), while these domains remain impaired or worse in the CHR-NR.

PO-2-023

Ecological assessment of parent-child interaction in autism spectrum disorder. A comparison of home-based and center-based outcomes.

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Parent-child interaction and communication are a key factor in early language development. As language development is frequently impaired in children with Autism Spectrum Disorder (ASD), the parental language addressed to the child is particularly important. It is then necessary to have easy-to-use and ecological measurement tools in the field of autism spectrum disorders. The Dyadic Communication Measure for Autism (DCMA) is validated and has shown interesting results in measuring parent-child communication and in particular what is called parent-child synchrony. In synchronous communication, the parent follows the proposals of the child, whereas in asynchronous communication, the parent directs the interaction.

In this study, we wanted to know if the communication assessed with this tool would be different when the test was administered at home or at the center. The population for this study was drawn from an ongoing randomized controlled trial and included 30 parent-child dyads. The measures were based on short 8 minutes videos of free parent-child interaction conducted at home and at the centre.

Preliminary results show no significant difference between familiar and unfamiliar places (p=0.736).

In our study, synchronicity measured by DCMA was similar in a familiar and unfamiliar place. Remote assessment on free play videos at home could therefore be an option to facilitate children's assessment.

PO-2-087

Prenatal vitamin D levels of immigrant mothers and language, scholastic and coordination disorders in offspring

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Background: Previous studies have found that prenatal vitamin D deficiency is common among immigrant mothers. Further, children to immigrants are diagnosed more frequently with certain developmental disorders than children to Finnish controls. No previous studies have examined the associations between prenatal vitamin D levels and developmental disorders of language, scholastic skills, and coordination in an immigrant sample.

Methods: Out of all 612,315 children born in Finland 1996–2006, we identified a nested case-control sample from national registers. A total of 553 cases with language, scholastic, coordination, or mixed developmental disorders born to immigrant mothers were matched with 553 populations controls and 443 immigrant controls. Maternal vitamin D samples were collected during early pregnancy and stored in a national biobank.

Results: This study found significant associations between low maternal vitamin D levels during pregnancy and the selected developmental disorders in offspring when immigrant cases were compared to Finnish populations controls (adjusted OR for the lowest quintile 34.36, 95 % CI 16.25–72.68, p <0.001, compared to the highest quintile), but no association in the vitamin D quintile comparison of immigrant cases and immigrant controls (adjusted OR 0.93, 95 % CI 0.57–1.51, p = 0.74).

Conclusions: This study found no evidence that the higher prevalence of language, scholastic, coordination, and mixed developmental disorders among children to immigrant mothers would be related to prenatal vitamin D deficiency. However, the high prevalence of both prenatal vitamin D deficiency and certain developmental disorders among immigrants should be acknowledged in maternity and child health care.

PO-2-086

Effect of cognitive reserve on structural MRI measures in children and adolescent's offspring of patients with schizophrenia or bipolar disorder.

Camprodon-Boadas, Patricia [1]

De la Serna, Elena [1], Torrent, Carla [1], Ilzarbe, Daniel [1], Solé, Brisa [1], Montejo, Laura [1], Baeza, Inmaculada [2], Castro-Fornieles, Josefina [1], Sugranyes, Gisela [1]

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Background: Cognitive reserve (CR) is the individual capacity of the brain to deal with pathology that minimizes symptoms. This study aims to analyze the relationship between CR and brain structural imaging measures in a sample of children and adolescents with familial high risk (FHR) for psychosis relative to a community control group (CC).

Methods: The study included 35 child and adolescent offspring of patients with schizophrenia or bipolar disorder and 42 age and gender matched offspring of CC. All participants completed assessments of CR using the Cognitive Reserve Questionnaire for Adolescents, and underwent a structural magnetic resonance imaging scan. Cortical thickness, gray matter volume, and surface area were measured for each cortical lobe.

Results: CC participants showed significantly higher levels of CR compared to FHR offspring ($F = 20.056$; $p < 0.001$). Across the whole sample, higher levels of CR were related to a greater surface area in the right ($F = 4.697$; $p = 0.034$) and left ($F = 7.515$; $p = 0.008$) occipital lobes, and greater gray matter volume in left frontal lobe ($F = 4.780$; $p = 0.032$), left ($F = 9.436$; $p = 0.003$) and right ($F = 5.364$; $p = 0.024$) occipital lobes. No significant relationship was observed between CR and cortical thickness measures.

Conclusions: Our findings suggest that CR may be a useful measure for predicting neuroimaging outcomes in offspring of patients with bipolar disorder or schizophrenia. This has the potential to help tailor interventions targeting structural brain changes characterising FHR youth.

PO-2-009

Can we detect sensory processing anomalies in children with ADHD and ASD using electroencephalography?

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Sensory processing dysfunction has been suggested as a cardinal symptom of attention deficit-hyperactivity disorder (ADHD) and autism spectrum disorder (ASD). Researchers has long hypothesized that behavioral anomalies from sensory experiences could be related to excitatory/inhibitory imbalances in the brain. However, a limited number of studies have directly tested these hypotheses across sensory modalities within the same individual. Additionally, prior studies have omitted direct comparisons of ASD and ADHD in the same experimental setting. Finally, brain-behavior correlates are scarce due to a monodisciplinary focus on either neuroimaging or behavioral observations and not a combination. This ongoing study aims to elucidate the neurophysiological substrates of abnormal sensory processing by comparing a caregiver-reported questionnaire (i.e., the Child Sensory Profile 2), with electroencephalography (EEG) recorded during unimodal auditory and tactile stimuli using a repetition suppression paradigm. Here, sensory gating, defined as the difference between the EEG response to two consecutive sensory stimuli, is computed. In this ongoing study, we include children (8-14 years old) with ADHD, ASD and typically developing children (TDC) to participate. We will share the preliminary results from the Child Sensory Profile 2, as well as preliminary results from the EEG measurements. In line with prior studies, we expect increased caregiver-reported sensory processing anomalies in the ADHD and ASD groups, compared to the TDC. In addition, we expect a brain-behavior correlation between the reported modality-specific sensory profile and the degree of sensory gating. Finally, we explore whether having sensory anomalies in one domain is associated with anomalies in other domains.

PO-2-115

Development and validation of the Mini Youth OCD Scale for children and adolescents

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Objectives

The aim of the current study is to develop and validate the Mini Youth OCD Scale (MY-OCD). MY-OCD is a clinical requested short self-report questionnaire used to measure symptoms and severity of obsessive-compulsive disorder (OCD) in children and adolescents. The questionnaire enables frequent tracking of OCD symptoms and severity during and after treatment, strengthening the initial clinical assessment as well as the tracking of symptoms and recovery across time.

Methods

For validation of MY-OCD, one hundred children and adolescents with OCD (aged 7 to 17 years) were assessed with The Children's Yale Brown Obsessive-Compulsive Scale (CY-BOCS) and asked to fill in the MY-OCD. Concurrent validity was assessed by comparing CY-BOCS scores to self-ratings on MY-OCD for the sample as well as subgroups of age and gender. This assessment was carried out at several time-points to evaluate if MY-OCD is equally sensitive to change as the CY-BOCS.

Results

Inclusion is still ongoing and preliminary findings will therefore be presented at the conference.

Conclusions

We expect the MY-OCD to yield reliable and valid subscales and total scores for obsessive-compulsive symptom severity in children and adolescents with OCD. Further, we expect MY-OCD to be equally sensitive to change as the CY-BOCS.

PO-2-085

Socio-emotional development among infants at high risk of CP: The mediating role of parental childbirth-PTSD symptoms

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INTRODUCTION: Cerebral Palsy (CP) is the most common physical disability in childhood and affect motor and other developmental aspects. Little is known about the socio-emotional development of infants at high risk of CP and may be directly affected by adverse perinatal events and indirectly by parental distress. Socio-emotional difficulties can lead to impairments in later psychological functioning and pose a risk for psychopathology.

AIM of the STUDY: The present study examines the prevalence of early socio-emotional difficulties among infants at high risk of CP and the possible mediating role of parental childbirth-post traumatic stress syndrome (CB-PTSD) symptoms.

MATERIAL and METHODs: Participants are infants at high risk of CP and their parents that are part of a longitudinal study. High risk of CP is defined as suspected brain lesion based on medical assessment and/or absence of fidgety movements at 9–17 weeks corrected age (CA). Infants at high risk (n=30) are compared to a control group of infants with low neurological risk (n=30).

Social-emotional behavior is measured with the Ages and Stages: Social-Emotional-2 questionnaire (ASQ:SE-2), a 26-items questionnaire assessing infant socio-emotional behaviors. Parents fill out the questionnaire at 15 weeks infant CA.

CB-PTSD symptoms are measured with the City Birth Trauma Scale, a 29-item questionnaire assessing birth-related trauma using DSM-5 diagnostic criteria for PTSD. Both parents fill out the questionnaire at 15 weeks infant CA.

CONCLUSIONS: A regression model investigating the association between CP risk and socio-emotional development with paternal and maternal postnatal CB-PTSD symptoms as possible mediators will be presented.

PO-2-041

Refeeding syndrome and psychopharmacological interventions in children and adolescents with Anorexia Nervosa. An observational, 1-year follow-up study

Pruccoli, Jacopo [1]

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Background: The Refeeding Syndrome (RS) represents a potentially lethal complication of Anorexia Nervosa (AN). Recently published criteria define RS as a decrease of serum phosphorus, potassium, and/or magnesium levels by at least 10%, occurring within 5 days of reinitiating caloric intake. To date, the literature lacks data concerning the relationship between psychopharmacological treatments, RS, and AN.

Methods: Naturalistic, observational study, reporting the occurrence of RS in a sample of children and adolescents with AN, treated or untreated psychopharmacologically. Demographic, clinical, and treatment variables were compared between RS and no-RS patients. The rate of rehospitalization at 1-year follow-up was compared with a Kaplan-Meier Analysis.

Results: Overall, 205 patients (15.6±3.0 years, F=191, 91.8%) were enrolled, including 78 (38.0%) who developed an RS. Mild (87.2%), moderate (8.9%), and severe (3.8%) RS was described, at an average intake of 1476.2 ± 344.4 kcal/day (39.2 ± 10.3 kcal/kg/die), frequently associated with nasogastric-tube (34.6%) or parenteral (1.3%) nutrition. After multiple-comparisons correction, no drug treatment was more frequent in the RS group, and sertraline was more frequent in the no-RS group (X^2=7.383, p=0.007). At 1 year of follow-up, patients with an RS due only to altered potassium showed significantly lower freedom from rehospitalization (hazard ratio: 0.370; Log-rank test: p=0.011).

Discussion: The paper described a 1-year follow-up of a wide sample of children and adolescents with AN and RS. Psychopharmacological treatments were not associated with a higher frequency of RS, but patients with an RS due to low potassium levels experienced a worse outcome. Further studies are required.

PO-2-040

The Experience of Caregivers of children and adolescents hospitalized for Feeding and Eating Disorders. An Observational Study

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Background: Despite clinical guidelines recommending parental involvement in the treatment of Feeding and Eating Disorders (FED) in young individuals, the literature concerning the relationship between caregivers' well-being and the clinical course of hospitalized patients is scanty.

Methods: Observational, retrospective study, involving young patients with FED admitted to inpatient treatment in a third-level Italian Center and their caregivers. Both at admission and discharge, EDI-3 was administered to the patients and PWB to their caregivers. Parentals' PWB scores were assessed for differences (1) between self-identified mothers and fathers, (2) between admission and discharge, and (3) for associations with patients' clinical variables.

Results: Thirty-six patients (mean age 15.0+/-2.2 years) and their 61 caregivers were enrolled. Only in the mothers' group was documented a reached clinical threshold on PWB (low *self-acceptance*), and significant admission-discharge changes (increased *positive relationships* p=0.016, reduced *personal growth* p=0.004, and *purpose in life* p=0.015).

Higher paternal *personal growth* scores were associated with a longer Duration of Untreated Illness (p=0.008). EDI-3 Body Dissatisfaction positively correlated with maternal *positive relationships* (rho=0,490, p=0,021), while Drive For Thinness positively correlated with maternal *purpose in life* (rho=0,521, p=0,013) and paternal *environmental mastery* (rho=0,483, p=0,042). Patients receiving nasogastric tube had maternal lower PWB-*autonomy* (p=0,044) and *purpose in life* (p=0,003). Patients receiving antipsychotics showed lower paternal *purpose in life* (p=0,046).

Conclusion: Caregivers of young FED patients showed Personal Well-Being scores significantly associated with FED-specific measures of psychopathology and treatment intensity. Mothers showed a particular psychological burden and potential reactivity to hospitalization. Longitudinal and disease-specific studies are required.

PO-2-039

Rehospitalization rates in Children and Adolescents with Anorexia Nervosa treated with Second-Generation Antipsychotics. A Propensity Score-Matched study

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Background: Despite the absence of disease-specific indications, Second-Generation Antipsychotics (SGAs) are increasingly being used in the treatment of Anorexia Nervosa (AN). SGAs have been associated with reduced risks of rehospitalization for other psychiatric conditions, but no evidence for AN is available.

Methods: Observational, naturalistic, propensity-score matched (PSM) study, assessing rehospitalization rates at post-discharge, with a 6-months (secondary endpoint) and 12-months (primary endpoint) follow-up in children and adolescents hospitalized for AN. Individuals treated with SGAs during hospitalization were matched (PSM) with untreated patients. The PSM balanced four covariates (age, sex, admission BMI, concurrent antidepressants). The rate of rehospitalizations was calculated by the Kaplan–Meier method.

Results: We enrolled 260 patients (15.1+/-3.4 years, F=92.3%), including 165 treated with SGAs. After PSM, 78 SGA individuals were matched with 78 non-SGA patients. Different SGAs were switched in 8 cases (10.3%) (olanzapine = 43; aripiprazole = 27; risperidone = 16; quetiapine = 5). The Kaplan-Meier analysis showed a modest association between SGA treatments with lower rehospitalizations at 6 months was documented (Cox hazards: B=0.652, hazard ratio=2.590, p=0.043). No significant association emerged with rehospitalization rates at 12 months (B=0.671, hazard ratio=1.955, p=0.106).

Conclusions: Despite AN individuals receiving SGAs showing a modestly lower risk of rehospitalizations, this was not evident at a long-term follow-up. Given their side-effect profile and scarce supporting indications, clinicians should weigh carefully therapeutic options before prescribing AN with SGAs. Longitudinal studies are required.

PO-2-100

Clinical guidelines in child and adolescent psychiatry

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Introduction: Clinical guidelines are aimed for the dissemination and implementation of evidence based medical practices. They inform clinical decision-making professionals and patients about effective assessment and treatment strategies.

Methods: A survey was launched in 2022 by the Clinical Division of ESCAP inquiring about national guidelines in child and adolescent psychiatry and the opinion about the need for common European guidelines. A literature review was also done about standards of clinical practice guidelines.

Results: The survey was completed by 62 child psychiatrists from 12 countries until the beginning of January. National clinical guidelines are in use in 66% of the countries in various topics. Guidelines are mostly organized by psychiatric disorders but there are some others on psychiatric emergencies or genetic investigation in autism spectrum disorders. National guidelines are in use, 56% used it from time to time, 40% read it from beginning to end. There is an almost 100% agreement about the need for common European guidelines on various topics.

Discussion: Results of the survey showed that clinical guidelines are important in clinical decisions. There is a strong opinion about the need for common European guidelines. Proposed standards of guideline development include transparency, establishing evidence foundation and strength of recommendations, and updating among others.

PO-2-114

Metacognition in children and adolescents with obsessive-compulsive disorder treated with cognitive behavioral therapy

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Background: The metacognitive theory suggests that metacognitive biases (e.g. positive beliefs about worry, negative beliefs about worry, beliefs about the need to control thoughts, and cognitive self-consciousness) are important components in development and maintenance of emotional disorders including obsessive-compulsive disorder (OCD). As a logical implication treatment should modify these biases to reduce obsessive compulsive symptoms.

Aim: This study is the first to explore metacognitive biases in children and adolescents with OCD treated with cognitive behavioral therapy (CBT). The study aims to examine whether: 1) metacognitive biases decrease after CBT; 2) changes in metacognitive biases are associated with CBT outcome; and 3) pre-treatment metacognitive biases predict CBT outcome.

Method: The study includes 56 pediatric OCD patients (7-17 years) recruited from a specialised OCD outpatient clinic in Denmark. All participants were assessed on metacognitive biases using the Metacognitions Questionnaire – Child

Version and OCD symptom severity using the Children's Yale-Brown Obsessive Compulsive Scale. Assessments were conducted before and after treatment with 14 sessions of CBT.

Results: The results are currently being reviewed for publication and will be presented at the Congress.

Perspectives: The study will provide an important step in understanding the role of metacognition in pediatric OCD and CBT. If results show that treatment outcome is associated with reduction in metacognitive biases, treatment resistance might indicate that metacognitive biases need to be targeted specifically. Furthermore, if pre-treatment metacognitive biases predict treatment outcome this could guide future decisions about individualized treatment initiatives.

PO-2-038

Emotional Dysregulation and Social Withdrawal: Disentangling the Psychopathology of Children and Adolescents with Atypical Anorexia Nervosa

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Background: Atypical Anorexia Nervosa (AAN) is a recently described Feeding and Eating Disorder (FED) characterized by fear of gaining weight and body image disturbance, in the absence of being underweight. Both Binge-Purging (BP) and Restrictive profiles are described. Emotional Dysregulation and Social Withdrawal represent two distinct clinical domains involved in the psychopathology of “typical” Anorexia Nervosa, but no description relating to AAN has been provided so far.

Methods: Prospective, cross-sectional study, involving children and adolescents with AAN. All the patients were assessed for FED psychopathology (Eating Disorders Examination-Questionnaire, EDE-Q), Emotional Dysregulation (Difficulties in Emotion Regulation Scale, DERS), and Social Withdrawal (Hikikomori Questionnaire, HQ-25). Patients with a restrictive or BP condition (assessed with EDE-Q items 15-17) were compared. Then, potential roles for Emotional Dysregulation and Social Withdrawal in predicting FED-psychopathology (EDE-Q-total) and a restrictive/BP condition were assessed with, respectively, linear and logistic regressions.

Results: Seventy-five patients (F=89.3%, 15.2+/-2.0 years) were enrolled. Patients with BP (n=43, 57.3%), when compared to restrictive individuals, presented significantly ($p<0.001$) more pathologic DERS scores for Nonacceptance of Emotional Responses, Engaging in Goal-directed Behavior, Impulse Control, Regulation Strategies. A predictive model for a restrictive/BP condition was documented, with DERS-“Nonacceptance” predicting BP ($R2=0.243$, OR=1.136, CI=0.057-0.199, $p<0.001$). A predictive model for FED-psychopathology was documented as well, with DERS-“goals” predicting EDE-Q-total ($R2=0.434$, $F=57.732$, $p<0.001$). HQ-25 correlated with but not predicted EDE-Q-total.

Conclusions: Emotional Dysregulation, but not Social Withdrawal, was found to predict FED-psychopathology and BP in children and adolescents with AAN, with potential therapeutic implications. Longitudinal studies are required.

PO-2-119

Turkish Validity and Reliability of the Preschool Age Psychiatric Assessment and Adaptation to Turkish Society

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Increasing scientific evidence reveals that the development of the brain at preschool age affects mental health, behavior, and learning later in life. Currently, a structured tool that can be used to screen and diagnose mental illnesses in preschool children is not available in Turkish. In this study, it was aimed to investigate the validity and reliability of the Preschool Age Psychiatric Assessment (PAPA) ;which provides effective and comprehensive screening and diagnosis of mental disorders in the preschool period, by adapting it to the Turkish language and society. This study was conducted in the Ankara University Faculty of Medicine Child and Adolescent Psychiatry Clinic and a total of 300 children and their families were included in the study. After the PAPA formal training was received from the authorized trainer, the interview was translated into Turkish by a group of child and adolescent psychiatrists. The Turkish-English back-translation of PAPA was made by professional translators and sent back to the developers of the interview and their approval was obtained. Since it is the scale used for comparison in PAPA's adaptation studies, CBCL was used in our research to compare behavioral and emotional problems between the two tools. The comparison between the CBCL scale against the PAPA interview resulted in different values for sensitivity and specificity for different diagnoses. The Kappa coefficient was 0.247 and the area under the ROC curve was 0.6 for ADHD and the Kappa coefficient was 0.269 and the area under the ROC curve was 0.6 for emotional reactivity.

PO-2-033

Impact of the COVID19 measures on children with ASD: a parent-reported longitudinal study

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COVID-19 pandemic has prompted multiple stressors in child and adolescent, with a significant impact on Autism Spectrum Disorder (ASD) population. Objective: To analyze the longitudinal trajectories of behavioral alterations in patients with ASD (with/without intellectual disability-ID), and changes in communication skills and routines. Methods:3 online surveys were conducted through RedCap to parents/legal guardians (N=81) of patients aged 5-17 years (M=10.4) with ASD diagnosis (38.3% with-ID) at the specialized ASD Unit (UnimTEA) at Sant Joan de Déu Barcelona Children's Hospital. Variables of behavioral disturbances were measured by the Aberrant Behavior Checklist-Community (ABC) scale and by ad-hoc questionnaires. Survey1 collected retrospective data from the Spanish lockdown in March-2020(T0) followed by prospective data from July 2020(T1), Survey2 data (n=64) in September 2020(T2) and Survey3 data (n=47) from December 2020(T3). Results: Parents reported up to 40.7% of increase in behavioral agitations in T0. We found significant decrease (p=.04) in the ABC total score between T0-T3. Children with ASD-with-ID show a greater score decrease (12-points), compared to children with ASD-without-ID (5-points). This trend was also observed with an increase of communication skills between T0-T3 with greater changes in the ASD-with-ID group. We found a significant (p=.007) differential improvement in the establishment of routines among both groups, with a worsening among children with ASD-with-ID. Conclusions: Our results offer empirical data on the differential behavioral response in children with and without ID with an ASD, and may offer clinical clues to how to better adapt our care for these two sub-groups with ASD in similar epidemiological situations.

PO-2-106

Interdisciplinary cooperation in child protection procedures – evaluation of an online-course to increase knowledge and competencies

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Child protection procedures include decisions that influence the future lives of children and their families. Whereas the assistance and expertise of professionals serve as a basis for family judges, insufficient or faulty cooperation between all involved professions can have an extremely negative impact on the well-being of the concerned child. To advance interdisciplinary understanding and encourage cooperation through increased knowledge and enhanced competencies, the online-course “Good child protection procedures” was developed and evaluated. The course addressed primarily health care, youth welfare and judiciary professionals working in Germany. The evaluation of the program assessed the effectiveness of the course in terms of gained knowledge, competencies and relevance of the content in the working context.

First results show that professionals’ interdisciplinary competencies and practical skills as well as knowledge increased significantly through participating in the online course. The majority of graduates stated that their understanding of others’ professional limitations and responsibilities (96.9%, n=599) as well as networking (81,7%, n=599) had been increased. Over 90 % of the graduates (n=599) agreed that e-learning is a suitable form of further education on this topic.

As child protection procedures can heavily impact children’s lives, all involved professionals need to aim to advance the process by increasing knowledge and improving cooperation. The online course “Good child protection procedures” offers a flexible, innovative and low-level approach to effectively train a broad target group. This shows that e-Learning can play an important role in training professionals in the field of child protection procedures.

PO-2-008

Remarkable high frequency of insecure attachment in children with ADHD persists in a three-year follow-up

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Background

Studies have pointed to a complicated and mutual relationship between attention deficit hyperactivity disorder (ADHD) and attachment. In an observational follow-up study conducted in 2015, 60 children from 7 years to 12 years recently diagnosed with ADHD were included and assessed according to attachment representation showing 85% of the children to be insecurely attached.

Aim

The aim of this study was to investigate the stability of this remarkably high frequency of insecure attachment in the same cohort of children.

Methods

Children previously assessed using the child attachment interview (CAI) when diagnosed with ADHD were contacted three years later for a follow-up CAI assessment.

Results

At follow-up, 31 children participated in the CAI interviews. Since their diagnosis of ADHD, the children have received treatment as usual. The CAI interviews showed a continued high rate of insecure attachment with 90% of the children classifying as insecurely attached compared to the expected 38% in the average population. Of these, the majority of children (77%) were classified as dismissing.

Conclusion

Our findings suggest that targeting ADHD symptoms with our current treatment strategies does not in itself improve attachment security. Attachment security may in turn be a factor of importance when evaluating general functioning and prognosis.

PO-2-084

Epigenetic implications in Adverse Childhood Experiences, Positive Childhood Experiences and Resilience: A critical review of risk and protective factors in child and adolescent mental health

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INTRODUCTION: Adverse Childhood Experiences (ACEs) represent a great risk factor for developing mental disorders with considerable repercussions on neurocognitive development, mainly in the synaptogenesis process. Resilience has been defined as an individual capacity to adapt positively and overcome stressful life situations, finding ways to bounce back and thrive. ACEs may predispose to mental pathologies, but inversely the promotion of resilient factors and Positive Childhood Experiences (PCEs) may prevent the development of these disorders.

OBJECTIVE:

Determine through a critical review focused on child and adolescent mental health whether promoting resilience factors and PCEs could help avoid epigenetic vulnerabilities that develop during mental illness linked to ACEs.

METHODOLOGY:

This review includes studies focused on specific ACEs and their main consequences on child and adolescent mental health as well as genetic and environment interactions (GxE) and resilience as protective factors for mental health disorders.The measurement of resilience methods in targeted populations will also be considered and PCEs.

RESULTS:

Recent discoveries in epigenetics about ACEs, Resilience and PCEs demonstrate that even if several epigenetic modifications could indeed be implicated in mental disorders, another kind of epigenetic change might be related to a resilient phenotype.

CONCLUSIONS:

The eradication of ACEs remains almost unlikely, however knowing their devastating consequences, policy public implementing actions to strengthen PCEs and community resilience assets may partially offset their impact promoting lifelong health benefits.

Epigenetic modifications in ACEs induce alterations in the Hypothalamic-Pituitary-Adrenal (HPA) axis, glucocorticoid receptors, FKBP5 gene or ΔFosB, constituting toxic stress as well as pathways to psychopharmacological treatment.

PO-2-127

SUICIDAL CRISIS: A COMMON CAUSE OF HOSPITALISATION IN ADOLESCENTS. INNOVATIONS IN A PROGRAM.

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Introduction:

Attempts at suicide and suicidal tendencies have been among the most frequent reasons for adolescent inpatient treatments since the last Covid-19 pandemic. Indeed, the WHO has reported that the second most frequent cause of mortality in adolescents is related to suicidal acts. Dysfunctional family models, bullying both at school and through new technologies are some of the major aggravators of this health phenomenon. New programs focused on this psychopathological condition have shown good results in children and adolescents.

Objectif and Methodology:

The Sun Project is a pilot research program aimed at finding a comprehensive set of steps for treatment. It has been developed at a Child and Adolescent Health Service providing multidisciplinary tools to tackle this phenomenon.

This observational research with a cohort of fifty patients between pre-teen and adolescence has taken advantage of different elements of specific psychotherapeutical approaches such as Acceptance and Commitment Therapy, Interpersonal Psychotherapy, Narrative, Dialectical and Cognitive Behavioural Therapies in addition to Family-Based-Therapy, Emotional Freedom Techniques as well as the CESAR program (Cognitive, Emotional and psycho-Social Avatar Reinforcement program), Positive Motivation Interviewing and Assessing Managing Suicidal Risk-adaptation in adolescents.

Results & Conclusions:

Results have been very positive and this is attributed to the transdisciplinary network around each patient, family inclusion and the multi-pronged psychotherapeutic approach based on functional analysis of risk and state in every patient’s situation.

In short, The Sun Project has shown that these approaches and interventions give excellent and rapid outcomes in pre-teens and adolescents suffering from suicide-related thoughts and acts.

PO-2-098

Self-determination theory in the acute adolescent mental health inpatient unit: A qualitative study of young people's experiences.

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Introduction

There is a dearth of research to guide acute adolescent mental health inpatient care. Selfdetermination

Theory provides evidence that meeting needs for relatedness, autonomy and

competence is likely to increase wellbeing and intrinsic motivation. This study explored meeting these needs in the inpatient environment.

Method

This qualitative study aimed to explore young people's experience of acute mental health

inpatient care with particular attention to meeting of these three needs. Fifteen young people

were interviewed. The importance of relatedness with staff, other young people and families

was identified.

Results

Relatedness with staff and peers were valued parts of admission. Some young people

describe enhanced relatedness with family. They described loss of autonomy as a negative

experience but appreciated opportunities to be involved in choices around their care and

having more freedom. Coming into hospital was associated with loss of competence but

they described building competence during the admission. Engaging in activities was experienced

positively and appeared to enhance meeting of all three needs. Meeting of the three

needs was associated with an experience of increased safety.

Conclusions

Engaging young people in activities with a focus on relatedness, autonomy and competence

may have specific therapeutic potential. Autonomy, experience of competence and connection

with staff may enhance safety more effectively than physical containment. Peer contact

may have untapped therapeutic value we understand little of. This study supports the value of Self-determination Theory as a guide day to day inpatient care to meet the needs of adolescents

for relatedness, autonomy and competence.

PO-2-007

ADHD children with interictal epileptiform discharges (IEDs), epilepsy and the use of antiepileptic (AEDs) and methylphenidate (MPH)

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Purpose: to investigate the use of AEDs and MPH in ADHD children, their effects on ADHD symptoms and risk for epileptic seizure (SZ). Whether these drugs would improve ADHD symptoms in cases with IEDs with or without previous history of epilepsy?

Method: Over a period of 6 years 602 ADHD children, age 6-17 years, performed awake EEG at ADHD assessment. We examined occurrence of IEDs, epilepsy, initial positive response to AEDs, and MPH treatment (if significant reduction in ADHD symptoms scores assessed with ADHD IV rating scale was found). Some cases with IEDs without epilepsy were treated with AED, and had opportunity to use of MPH. All cases with epilepsy were treated with AEDs and had opportunity the use of MPH.

Results: 42 (7 %) patients had EEG with IEDs, 28 cases with only IEDs. 16 (2.7%) had epilepsy, 2 without IEDs. There was no positive response observed in significant reduction of ADHD symptoms to AEDs treatment in the IEDs group (10 patients with only IEDs, 14 patients with epilepsy). 24 of 28 children with IEDs without epilepsy were treated with MPH, positive response was achieved in 19/24 (79%). 12/16 (75%) children with epilepsy had positive response to MPH. None of the children developed SZ during follow-up of one year.

Conclusions: Our data did not support the use of AEDs as treatment option for ADHD in cases with IEDs. ADHD children with IEDs with or without epilepsy comorbidity had similar positive response to MPH with no increased risk for SZ.

PO-2-031

NSSI-how we stop the pandemia

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Introduction

Non-suicidal self-injury (NSSI) is defined as behavior that is self-directed and deliberate, resulting in injury or potential injury to oneself, without suicidal intent. In recent years, the number of studies investigating NSSI is constantly growing, especially since the NSSI was included in the Diagnostic and Statistical Manual of Mental Disorders. It often co-occurs with some mental illnesses, most frequently with depression and anxiety. Help seeking is not a simple process of experiencing psychological distress and seeking help. Although awareness of a problem is a starting point, the symptoms of mental health problems and mental disorders play a smaller role than might expect in prompting help seeking.

Aim of this research was to identify reasons for NSSI in adolescents and find out more about their feelings during and after self-injury.

Sample consisted of 3 case rapports (adolescent age 15 to 17 years old) that illustrate the different reasons for NSSI.

Results showed that dominant reasons for thinking about NSSI are related to conflicts (verbal or physical) with family members or peers. Furthermore, majority of participants seek different information about NSSI on internet but also some tv cartoons with different cultural back grounds **.**

Conclusion: Stigma and negative attitudes toward seeking help from professionals are further barriers to professional help seeking. Young people are particularly concerned about being seen as mental by their friends and others, and the stigma of mental illness is associated with less intention to seek help.

PO-2-030

SUPPORTING PARENTING IN TIMES OF CRISIS: COVID-19 PARENTING IN NORTH MACEDONIA

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The Institute Alternativa is partnering with Parenting for Lifelong Health (PLH) to deliver evidence-informed parenting tools in North Macedonia to support parents and caregivers during COVID-19.

Through provision of psychosocial support to parents with the COVID-19 Parenting Toolkit on social media we have reached approximately 31,000 of people reached through these resources. A citizen science approach was used to engage with parents and caregivers through digital technology to support positive parenting and reduce child abuse and violence to improve health and well-being.

The retrospective survey was completed by a total of 57 caregivers, 98.25% were female. Most parents 71.93%, received the parenting tips from social media platforms, followed by SMS 22.81%, and parenting webinars (12.28%).

The tips of one-on-one Time, Routine, and Child Behavior were learned by the highest numbers of parents (84.21%, 68.42%, 61.40%). They were followed by Stress Management (52.63%), Family Harmony (47.37%), and COVID-19 Talk (47.37%). Nearly all of the caregivers reported that they were more confident in building positive parent-child relationships (96.49%). More than 80% of them agreed that they used less physical discipline (84.21%) and spent more time playing with children (80.70%). There were 75.44% reporting being more able to manage stress and 68.42% being less verbally aggressive towards their children.

PLH-Covid Parenting proved to be effective and promising in reducing child maltreatment and child behavior problems, reducing parental stress and improving family wellbeing.

PO-2-097

“Corp-Osa-Mente”, a Combined Psychosocial – Neuropsycho-logical Intervention for Adolescents and Young Adults with Fragile X Syndrome: An Explorative Study

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Fragile X Syndrome is the most known inherited form of intellectual disability due to an expansion in the full mutation range (>200 CGG repeats) of the promoter region of the *FMR1* gene located on X chromosome leading to gene silencing. Despite to the clear knowledge of the cognitive-behavioral phenotype of FXS and the necessity of tailored interventions, empirical research on the effectiveness of behavioral treatments among patients with FXS is still lacking, with studies on adolescents and young adults even more insufficient. Here we present “Corposamente”, a combined psychosocial – neuropsychological intervention conducted with a group of ten adolescents/young adults with FXS, non-ASD and without significant behavioral problems. In total, 20 sessions were performed, alternating online to face-to-face meetings. At the end of the intervention, participants, family members and participants ‘educators anonymously completed a survey that was designed around key areas of improvement as well as treatment satisfaction. Survey’s

results indicated that participants improved mostly in their ability to cope with negative emotions and that occupational intervention was considered the most effective technique both from families and participants. Our exploratory study suggests that group therapy to the management of FXS cognitive-behavioral phenotype may be a promising approach to continue to pursue, mostly in adolescence when the environmental demands increase.

PO-2-118

Recovery of treatment resistant autoimmune psychosis with IVIG : two cases

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The presence of various immunological and inflammatory abnormalities has been demonstrated in individuals diagnosed with a variety of severe psychiatric disorders, including new-onset psychosis and schizophrenia.

We present two adolescent cases who were admitted to our outpatient clinic with sudden onset psychotic symptoms, paranoid/reference delusions, and social withdrawal.

After the second generation antipsychotic treatment within eight months, there was no response for the two cases. Both cases were consulted to the pediatric neurology department and diagnosed as probable antibody negative autoimmune encephalitis related psychosis although there were no immune parameter abnormalities in serum/CSF and neuroimaging findings. Immunomodulateur treatments including pulse corticosteroid and IVIG treatment were started. Psychotic symptoms improved at the sixth session of IVIG for Case A, and the fifth session of IVIG for case B. Diagnosing Autoimmune encephalitis is a complicated and challenging process. It depends on a combination of a clinical history consistent with pediatric autoimmune encephalitis and supportive diagnostic testing, which includes, but is not dependent on, antibody testing. Clinical observation, sudden onset of neuropsychiatric symptoms, and psychopharmacologic treatment resistance are more important than laboratory and neuroimaging findings to diagnose autoimmune mediated psychosis. First attack of psychotic conditions or any other psychiatric manifestations (drug resistance or abrupt onset) should be evaluated for autoimmune related neuropsychiatric syndromes.

Immunomodulateur treatments have promising efficacy even without evidence of inflammation (negativity of blood serum and CSF negative autoantibodies) in psychopharmacological treatment resistance psychosis for all age group patients. We need to collaborate as a multidisciplinary team to manage such cases.

PO-2-020

Title: Emotional and behavioral problems of children with autism spectrum disorder; teachers vs parents report

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Objectives: Children with autism spectrum disorders experience beyond the core symptoms, relatively high rates of co-occurring internalizing and externalizing problems**.**

Methods: Parents and teachers of 142 children participated in the study. Cross informant reporting of behavioral problems was filled out by parents (CBCL 1 ½ -5 and CBCL 6-18) and teachers (C-TRF 1 ½-5 and TRF 6-18). Shapiro-

Wilk test showed that the distribution of the t-scores was not normal. Since the distribution of scale scores was not normal, median values (and interquartile range, IQR) were reported, and the Wilcoxon test was performed to compare the appearance of behavioral problems.

Results: Comparison of assessments by scale for younger children indicated that teachers reported higher scores than parents in Emotionally Reactive, Aggressive Behavior, Depressive Problems, Anxiety, Attention Deficit Hyperactivity and Oppositional Defiant Problems scales. Hence, teachers reported higher Internalizing (p=0.006), Externalizing (p<.001) and Total Problems (p<.001) compared to parents of preschool children. For the 106 older children, teachers reported more problems in the Anxious Depressed, Social Problems, Aggressive Behavior, Anxiety, Oppositional Defiant, Stress and Obsession-Compulsion. Therefore, teachers reported higher Internalizing (p<.001), Externalizing (p=0.008) and Total Problems (p=0.021) compared to parents of older children.

Conclusion: Gathering information across multiple settings is important, as each informant provide unique and useful information to the clinicians' front line about children's functioning in different contexts. Children with ASD may be exhibiting different behaviors perhaps due to differences in contextual factors between home and school.

PO-2-117

FMR1 PREMUTATION: PRELIMINARY RESULTS FROM A SURVEY ON TREATMENT PRIORITIES

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Background: Fragile X Syndrome (FXS) is an X-linked neurodevelopmental disorder, in which >200 CGG repeats in the 5"UTR of the *FMR1* gene leads to silencing and consequent absence of the encoded product, FMRP. Individuals carrying an *FMR1* allele harboring between 55 and 200 CGG (PM), are at risk for a range of clinical conditions, including primary ovarian insufficiency (FXPOI), fragile X-associated neuropsychiatric disorders (FXAND) and fragile X-associated tremor/ataxia syndrome (FXTAS). Although there is no a current cure for *FMR1*-associated conditions, timely diagnosis as well as the implementation of treatment strategies, psychoeducation and behavioral intervention may improve the quality of life (QoL) of people carrying the PM. *Method:* In order to investigate the main areas of concerns and the priorities of treatment in this population, the Italian National Fragile X Association in collaboration with Bambino Gesù Children's Hospital, conducted a survey among Italian participants. The survey is based on a previous study aimed to investigate the main symptoms and challenges in American individuals with FXS [Weber et al., 2019] and has been translated in Italian in order to explore FXS needs of treatment also among Italian individuals affected by FXS, family members, caretakers and professionals. Additionally, we added a section designated only to people carrying the FMR1 PM. *Results:* Italian survey was launched in November 2022 and original results will be presented at the conference. *Conclusion:* Giving voice to carriers will help clinicians to better understand this condition and eventually to implement therapeutic approaches to improve the QoL of carriers.

PO-2-096

Empowering teams and families to keep discharge in mind: a quality improvement project for a community Neurodevelopmental CAMHS team

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Background

Child and adolescent mental health services across Europe are facing increased demand with reduced resources. In neurodevelopmental teams, where individuals with enduring conditions are seen, families remain on our caseloads 'just-in-case' for considerable periods of time, despite not always receiving active treatment. In turn, clinicians develop ever growing caseloads, restricting their time to spend on those that are most in need of our input.

Aims and objectives:

To improve discharge processes involving young people, parents, and the whole teamTo increase the team's weekly discharge by June 2023.Methods

Quality Improvement methodology was used to understand the issue from a variety of perspectives, taking account patient, staff and systemic factors. Plan Do Study Act methodology was then used to iteratively identify, implement, and evaluate change ideas. These included: regularly discussing the project at team meetings; fortnightly team discharge clinics, Mapping community resources, developing consultation tools to facilitate goal-based care plans

Measures: primary- Weekly discharge rate; Secondary - Total team caseload; Balancing measures- Weekly referrals to NDT

Conclusion

Weekly discharge rates increased following project discussions at our MDT meetingEarly whole team involvement, including parents and young people has ensured continuous momentum for the projectIt is hoped that by setting up effective systems of high-quality discharges, there will be improvements in other aspects of care for example: greater clarity of the goals for CAMHS input for families and staff, reduced staff caseload, improved staff satisfaction and well-being, increased accessibility of the service for the wider community

PO-2-083

Emotional and behavioural symptoms in children aged 8 to 14 as predictors of severe mental illness in young adults: a retrospective observational study

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Objectives: This study aimed to investigate the prevalence of documented emotional and behavioural dysregulation symptoms in childhood/early adolescence among young adults with mental illness.

Methods: Observational population-based study using electronic health records from general practices of young adults aged 18-24 years with a diagnosis of mental disorder (either common or severe), and at least one primary care consultation for any reason while they were aged 8 to 14 years. Using logistic regression, we examined the association between emotional and behavioural dysregulation symptoms in childhood/early adolescence and mental illness in early adulthood.

Results: 161,654 young adults aged 18-24 with mental disorder were included in the analysis (63.9% females). 19.0% had consultations for emotional and behavioural dysregulation symptoms at age 8-14. Emotional and behavioural dysregulation symptoms in childhood/early adolescence increased the likelihood of later severe rather than common mental illness (OR=1.30, CI: 1.20-1.41), as well as an increased likelihood of risk behaviours such as self-harm or attempted suicide (OR=1.22, CI: 1.13-1.32). Among symptoms which predicted a higher likelihood of severe mental illness were self-harm (OR=3.05, CI: 2.06-4.73), suicidal ideation (OR=2.34 CI: 1.15-4.76), behavioural problems (1.43,

CI: 1.22-1.67) and mood symptoms (OR=1.39, CI: 1.08-1.80). Anxiety, sleep difficulties, eating symptoms and hyperactive behaviours in childhood were not significantly associated with severe mental illness in young adults.

Conclusion: Primary care consultations for mood and behavioural symptoms, self-harm and suicidal ideation in childhood/early adolescence are associated with increased later risk of severe mental illness in early adulthood.

PO-2-113

Tourette Syndrome and rage attacks in children and adolescents: A longitudinal study.

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Background: Rage attacks (RA) are prevalent in patients with Tourette syndrome (TS) and affect their quality of life severely. Due to TS's relationship with attention deficit hyperactivity disorder (ADHD) and obsessive-compulsive disorder (OCD) a genetic reason or an increased level of irritability from early in life could be hypothesized.

Aim and hypothesis: This longitudinal study aims to examine the correlation between tic severity and comorbidities and RA at baseline and 6 years later. We hypothesize that a higher symptom load of TS and comorbidities results in more RA.

Methods: We examined 313 TS-patients (age 5-19) at baseline and 227 6 years later together with a matched control group using various instruments to assess severity of tics, ADHD, OCD, and presence of RA.

Results: TS-patients experienced more RA than control subjects at both timepoints. TS-patients with RA at baseline had more compulsions and higher ADHD-scores at baseline than patients without RA but this difference was not seen at follow-up. Patients with RA at follow-up had higher ADHD-scores at baseline. There was no difference in severity of tics between TS patients with or without RA at baseline or follow-up.

Conclusion: TS-patients had significantly more RA than control subjects. The severity of compulsions and ADHD correlated with the presence of RA, and higher ADHD-scores early in life correlated with presence of RA in adolescence. This suggests that it is important to screen for the presence of RA in patients with TS – especially in patients who also have comorbid ADHD and/or OCD.

PO-2-082

Are you worried? Parents' perspectives on their children's neurodevelopmental disorders and delinquency.

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Objective: Children diagnosed with neurodevelopmental disorders may present delinquent behaviours at some point in their life. To our knowledge, there is a literature gap about relevant parental concerns.

Method: The total sample consisted of 152 parents. 76 parents had offspring who had been diagnosed with Attention Deficit Hyperactivity Disorder, Autism Spectrum Disorder or Intellectual Disability, whereas the remaining 76 parents had typically-developed children (control group). Data were collected using self-completed questionnaires filled by the parents, which were constructed based on questions from CBCL and SDQ-Hel. Mann-Whitney U-tests and Kruskal-Wallis tests were used when necessary. A p-value <.05 was considered to indicate statistical significance.

Results: The research group's parents were more concerned about the potential development of delinquent behaviours than parents of typically-developed children (p<.001). Additionally, no statistically significant differences were found between parents in the clinical group, who were split into four groups according to how well informed they were about their child's condition (p=.598). Furthermore, parents appeared to be equally concerned about whether their child's gender was male (p=.139) or female (p=.931). Finally, the gender of the child and the gender of the caregiver did not influence the level of parental concern.

Conclusion: Parents of children with neurodevelopmental disorders are concerned that their offspring may develop delinquent behaviours. Future research may contribute to parental support and consultation in dealing with stressors afflicting them by learning and applying various techniques to reduce their stress and anxiety.

PO-2-081

The Relationship Between Psychological Resilience Characteristics of Children Victims of Sexual Abuse and Their Caregivers and Children's Psychopathology

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Objective: The primary aim of our study is to examine the relationship between the psychological resilience characteristics of children who are victims of sexual abuse and their caregivers, and their relationship with mental disorders of children.In addition,it was aimed to evaluate the relationship between the psychological resilience of children and their temperament and character traits, emotion regulation skills and family attitudes.

Method: 56 children between the ages of 11-18 who were victims of sexual abuse and their caregivers participated. A semi-structured interview was conducted with children for diagnostic purposes.Child and Adolescent Resilience Form, Junior Temperament and Character Inventory, the Regulation of Emotions Questionnaire were given to children. The caregivers were given the Adult Resilience Scale, the Parental Attitude Research Instrument, and the Brief Symptom Inventory.

Results:A negative correlation was found between the presence of non-neurodevelopmental active psychopathology in children and the resilience scores of caregivers.A positive correlation was found between the resilience of children and the resilience of caregivers.A positive correlation was found between children's resilience and functional sub-dimensions of emotion regulation, and a negative significant relationship was found between dysfunctional sub-dimensions.A positive relationship was found between the resilience of children and reward dependence with perseverance as temperament sub-dimension and self-directedness as the character sub-dimension.A negative correlation was found between the presence of psychopathology in children and their resilience levels.

Conclusions: Psychological support should also be given to caregivers of children who are victims of sexual abuse. Interventions to increase the resilience of these children and caregivers should be expanded.

PO-2-045

Preliminary evidence for effectiveness of a single educational group in improving outcomes in non-epileptic seizures in young people.

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Rationale: Poor knowledge about the diagnosis and management of functional neurological symptoms contributes to unhelpful behaviours and unnecessary use of healthcare. The aim of this study was to evaluate the effectiveness of a three-hour education group in improving understanding of non-epileptic seizures (NES), and impact on health outcomes and quality of life in young people with NES.

Background: There have been no studies in young people examining the effects of a single session of education for NES. Multi-session educational groups for adults with NES have reported improved psychosocial functioning and reduced NES compared to those who do not receive educational interventions.

Method: 15 young people with NES and their families referred to a specialist psychological medicine team for functional symptoms disorders attended an educational group following their assessment. The group's effectiveness was evaluated in terms of perceptions of seizure controllability, seizure severity, the management of the condition and health-related quality of life measures.

Results: A significant decrease in emergency department visits and ambulance call-outs was observed following the education group. Young people reported increased knowledge of NES and ability to cope with the condition, maintained at 6-week follow-up. There was no significant reduction in NES occurrence or quality of life.

Conclusion: Single session group education has the potential to increase child and family understanding of NES and reduce inappropriate healthcare usage. Education is an initial component of stepped care for NES, and more work is needed to define full, evidence-based treatment packages for NES in children and young people.

PO-2-080

The impact of crying, sleeping and eating problems in infants on childhood behavioral outcomes: A meta-analysis

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Background: There is increasing evidence that Regulatory Problems (RPs) as excessive crying, sleeping, or feeding problems in infancy could be associated with the development of behavioral problems in childhood.

Methods: Systematic literature search (PubMed/PsycInfo, until 15/08/2021) and meta-analysis of longitudinal prospective studies of infants with RPs and at least one follow-up assessment reporting incidence and/or severity of behavioral problems. The primary outcomes were (i) the cumulative incidence of behavioral problems in children (2-14 years) with previous RPs and (ii) the difference between children with/without previous RPs regarding the incidence and severity of externalizing, internalizing and/or attention-deficit/hyperactivity disorder (ADHD) symptoms. We analyzed

behavioral problems of children with previous single, multiple and no RPs, and regarding age at follow-up. Subgroup- and meta-regression-analyses were added.

Results: 30 meta-analyzed studies reported on 34582 participants (n_{RP}=5091, $n_{control}$=29491; age: baseline=6.5±4.5 months, follow-up=5.5±2.8 years) with excessive crying (studies=13, n=1577), sleeping problems (studies=9, n=2014), eating problems (studies=3, n=105), any single (studies=2, n=201) and multiple RPs (studies=9, n=1194). The cumulative incidence for behavioral problems during childhood was 23.3% in children with previous RPs. Behavioral problems were significantly more pronounced in infants with RPs compared to healthy controls (SMD=0.381, 95%CI=0.296-0.466, p<.001), particularly with multiple RPs (SMD=0.291, *p*=0.018).

Conclusions: Findings suggest that RPs in infancy are associated with behavioral problems (externalizing/internalizing/ADHD) in childhood. Our data cannot explain linked developmental trajectories and underlying factors. However, detection of affected infants may help adapting supportive measures to the individual familiar needs to promote the parent-child-relationship and prevent the development of child behavioral problems.

PO-2-037

It would help if we knew earlier: Traumatisation in eating disordered patients

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To find out whether, in hindsight, there is a traumatisation, a direct connection of this with the eating disorder-specific symptom expression, treatment discontinuations and the occurrence of further comorbid disorders, in particular depression.

69 (17.3% of n=399) former eating disorder patients - aged 26.9 (18.2-34.5) years - who were treated in the period 2001-2014 were followed up in an online survey, 9 of whom agreed to be interviewed again in person. A specially compiled test battery (CECA-Q, LEQ, ADS, CTQ) was used to collect socio-demographic data as well as information on current well-being, social functioning and possible effects of stressors and trauma.

A total of 30 subjects had been retrospectively traumatised in childhood or adolescence, mainly in the domains of emotional abuse (n=18, 26.9%) and emotional neglect (n=17, 25.4%). Traumatisation in the areas of emotional and sexual abuse and emotional neglect appeared to correlate with the occurrence of certain secondary diagnoses.

In the largest subgroup suffering from anorexia nervosa at the time of treatment (52.1%), no specific correlation between trauma and symptom severity in relation to weight could be established retrospectively.

At follow-up, 18 individuals (26.1%) with previous depression according to ADS were still depressed or depressed again, while 24 (34.8%) of the 69 participants had self-harmed at the time, 27 had suicidal thoughts before or during therapy, and six attempted suicide. In retrospect, these attempts can be linked to traumatisation by name.

Treatment discontinuations occurred predominantly in connection with exclusive eating disorder diagnoses.

PO-2-079

Parental anxiety and emotional and behavioral problems in early adolescents: The mediating role of mindful parenting

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It has been widely studied the risk of transmitting psychological symptoms from parents to offspring. However, little is known about the mediating mechanisms of parenting practices in the transmission of psychological symptoms. One of the parenting practices that has sparked a huge interest in the last decades is mindful parenting. Despite the emerging research focus on the role of mindful parenting in the parent–child relationship, little is known about its mediating role. Therefore, this study aimed to study the mediating mechanism of mindful parenting on the relationship between parental anxiety and emotional and behavioral problems in early adolescents. Participants were 692 early adolescents (54% girls) between 9- and 15-years Mage = 12.84, SD = 1.22 at Wave 1) and their parents (290 mothers and 241 fathers) who participated in a three-wave longitudinal study separated by six months. Path analysis showed that maternal mindful parenting mediated the relationship between maternal anxiety and emotional and behavioral problems in early adolescents. No mediating effect was found concerning fathers, but marginal bidirectional relationships were obtained between paternal mindful parenting and offspring's problems. This study contributes to one of the central questions in the theory of intergenerational transmission about the mediating mechanism of mindful parenting in the transmission of psychological symptoms from parents to offspring. Likewise, it provides interesting results on the differences between mothers and fathers and it gives rise to the study of the family context from a multi-informat and longitudinal design.

PO-2-078

The Moderating Role of Dispositional Mindfulness in the reciprocal relationships between parents´ anxiety symptoms and children´s negative affect

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Psychological symptoms in parents have been associated with children´s negative affect. More recently, it has been proposed that this relationship may be bidirectional, so that anxiety symptoms of parents may affect the negative affect of their children and in turn, this temperament of the children may generate more anxiety in the parents. Moreover, these relationships could be moderated by parents' mindfulness trait. Therefore, the aim of this longitudinal study was to evaluate the reciprocal relationships between parents' anxiety symptoms and children's negative affect and in addition, to study the moderating role of mindfulness in those relationships. Participants included 568 parents (with a child between the ages 3-5 years) who completed questionnaires on parent´s anxiety, children´s negative affect, and parent´s dispositional mindfulness at baseline and six months later. The results showed that parents´ ability not to react (a mindfulness dimension) led to less negative affect of children. In addition, children's negative affect predicted parental anxiety when parents scored low on acting with awareness and describing (mindfulness dimensions). However, the results indicated that parental anxiety did not predict children's negative affect. These results suggest that some parental traits influence the children and in turn the temperament of the children affects the parents. These results highlight the importance of working with all the family members to improve the mental health of the whole family.

PO-2-077

Patterns of parent screen use, child screen time, and child socioemotional problems at 5 years

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Digital media screens have become an essential part of our family life. While most studies focus on children's screen use, we know less about parental screen use patterns and how these affect children's socio-emotional development.

867 Canadian parents of 5-year-old children from the TARGet Kids! Cohort (73.1% mothers, mean age=38.88±4.45 years) participated from 2014 to 2020. Parents reported parental and child time on TV and handheld devices and completed the Strengths and Difficulties Questionnaire (SDQ). Latent profile analysis (LPA) was used to identify groups of parents with similar patterns of screen use and link these profiles with child screen time and SDQ.

We identified six latent profiles of parent screen use: low handheld users (P1, reference; n=323), more TV than handheld (P2; n=261), equal TV and handheld (P3; n=177), more handheld than TV (P4; n=57), high TV and handheld (P5; n=38) and extremely high TV and handheld (P6; n=11). P6 were more likely to be living in single-parent households compared to P1 (estimate=-1.49(0.70), p=0.03). P2 (estimate=-0.67(0.32), p=0.04) and P4 (estimate=-1.42(0.40), p<0.001) were more likely to have lower household income compared to P1. P4 (χ^2=12.32, p<0.001) and P5 (χ^2=9.54, p=0.002) have higher total child screen time compared to P1. P6 (χ^2=6.82, p=0.009) had a higher total SDQ compared to P1.

Patterns of parent screen use were associated with child screen use and child socioemotional problems. The link between parental screen use profiles and child behaviors suggests a need for guidelines on parental screen time.

PO-2-019

A study protocol on olfactory function: a comparison among individuals with Autism Spectrum Disorder (ASD), Anorexia Nervosa (AN) and typical development peers

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Background

Sensory abnormalities, such as hypo-/hyper-responsiveness to sensorial inputs, are characteristic features of neurodevelopmental and psychiatric disorders. ASD and AN are conditions that present overlapping symptomatology and defining sensorially common patterns such as olfactory function can be useful in order to discriminate different clinical profile. Previous studies investigating the relationship between ASD and food selectivity reported a peculiar role of sensory profile. Within AN individuals the olfactory function has been hypothesized to play a role in food restriction; furthermore other evidence showed that olfactory sensitivity is impaired over the course of the disease and is regained when recovering.

Aim

To analyze olfactory function within ASD subjects in comparison to AN and typical development peers.

To evaluate relationship among olfactory function, hypo-/hyper-sensoriality, food selectivity in ASD population.

To investigate the relationship between olfactory function and autistic traits within AN sample.

Materials&Methods

3 groups of participants will be enrolled: ASD (N=30), AN (N=30) and typical development individuals (N=30) of 3-18yrs with IQ >70.

All participants will undergo an:

- objective olfactory function's evaluation, determination, discrimination, identification and pleasantness, (Sniffin' Sticks);

- subjective sensory processing abnormalities' analysis (Short Sensory Profile-2).

Within the ASD sample the level of autistic symptoms (ADOS-2) and food selectivity (Brief Autism Mealtime Behavior Inventory) will be measured.

Evaluation of autistic traits (Autism Quotient) will provided for AN group.

Discussion

Delineation of olfactory profiles (related to autistic symptoms level/traits, food selectivity, sensory alterations) may be useful to understand the clinical evolution, treatment and outcome of the two aforesaid conditions.

PO-2-128

SOTOS SYNDROME, COGNITIVE, ADAPTIVE SKILLS AND BEHAVIORAL PHENOTYPE: A LONGITUDINAL STUDY PROTOCOL ON A PEDIATRIC SAMPLE

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BACKGROUND:

The uncertainty concerning the possible cognitive and behavioral evolution of a genetic syndrome, already implying medical and instrumental follow-up, represents a crucial point for families with an individual affected by a genetic, thus chronic condition.

Sotos Syndrome (SoS) is a congenital overgrowth syndrome caused in the 90% by pathogenetic variants of the Nuclear receptor binding SET Domain protein1 (*NSD1*) gene. *NSD1* gene functions can be abrogated by different genetic alterations. The cognitive, adaptive and behavioral profile of SoS has not yet been defined in the long term through longitudinal studies.

OBJECTIVES:

Overall aim of the study is to longitudinally characterize the developmental profile (cognitive, adaptive and socio-behavioral phenotype) of a pediatric sample of individuals affected by SoS, performing a standardized neuropsychological evaluation. Secondary objective is to compare developmental changes (from first evaluation to follow-up examination) between SoS individuals carrying and not carrying the 5q35 microdeletion.

METHODS:

40 children and adolescents (2-18 years) clinically and genetically diagnosed with SoS have been enrolled. Participants will undergo a standardized assessment of cognitive (Leiter-R), adaptive (ABAS-II) and socio-behavioral (Conners' parents, CBCL, ADOS-2) profile at two timepoints (T0, T1) with a mean range distance of 12-24 months.

CONCLUSION:

We present a protocol whose innovative characters are represented by the longitudinal nature of the project, the investigation of a possible genotype-phenotype relation and the employment of standardized instruments evaluating neuropsychological profile.

PO-2-018

Communication Program for minimally verbal children with Autism Spectrum Disorder from an interdisciplinary approach

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Around 30-40% children with Autism Spectrum Disorder (ASD) are minimally verbal and will not develop functional language (1). Research shows that this population benefits from Alternative/Augmentative Communication (AAC ; 2), behavior strategies (3) and parent training (4). This project aims to describe an interdisciplinary program to promote functional communication in children with ASD and to report preliminar data from a pilot study.

The program involves 16 sessions: four group psychoeducative sessions with parents, 10 individual sessions (parents and child) and two sessions at school (natural context). Sessions are administered in a public mental health unit by an interdisciplinary team (speech therapist, teacher, psychologist, psychiatrist), using evidence based practices: AAC (mainly PECS; Picture Exchange Communication System), PROMT, TEACCH and behavior techniques.

To measure the effect of the program, communicative skills are evaluated with an observational instrument and questionnaires of parent stress are administered before and after the intervention. Data from 14 participants (3-8 years old) is provided. Results show a significant increase in the use of AAC ($p<.001$) ; 100% consolidate the use of pictograms to make requests (giving a pictogram to another person) and 71% reach PECS stage IV (requesting objects by using a sentence with several words). Results from measures of parent stress show a significant decrease for father ($p=0.028$) and a marginally significant decrease for mother ($p=0.08$).

These results support the administration of interdisciplinary communication programs using evidence based practices in collaboration with parents and teachers at school (natural context). Further research is needed to establish definitive conclusions.

PO-2-036

ANOREXIA NERVOSA IN THE TIMES OF COVID-19 PANDEMIC IS IT DIFFERENT THAN BEFORE?

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Introduction: The COVID-19 pandemic control measures;isolation and social restrictions are related to an increase in the incidence of Anorexia Nervosa(AN) and deteriorating symptoms by increased social media exposure,limited access to psychiatric services,disruptions in relationships between families and adolescents.

Objectives: Aim of study was to investigate psychosocial impacts and clinical changes in AN patients,who applied to the Ege University Child and Adolescent Psychiatry for the first time in 2018,during the 2019-2022 pandemic.

Methods: Our study was carried out 35 AN patients.Voluntary written informed consent,self-report form;using Visual Analog Scale(VAS),Screen for Child Anxiety Related Disorders Scale(SCARED),Eating Attitudes Test(EAT),The Quality of Life Scale(QOLS),The Difficulties in Emotion Regulation Scale(DERS),The Autism Spectrum Screening Questionnaire(ASSQ),forms filled out online.Clinical diagnosis and progress are obtained through archieve records by Kiddie Schedule for Affective Disorders and Schizophrenia(K-SADS) and Clinical Global Impression(CGI)scales.

Results: In 35patients;15female patients completed forms.The mean age was 16.67±1.63 years.11(73.33%)patients have at least one comorbidity;7(46.66%)patients have major depressive disorder,3(20.00%) anxiety disorder,2(13.33%)ADHD,1(6.66%) mood disorder.TheSCARED score was 37.23±12.67,and the CDI score was 17.23±10.85.When comparing the pre-pandemic period,obsession level(z=-2.254,p=.024),exercise level(z=-2.508,p=.012),technology exposure(z=-2.290,p=.022)is increased;level of social activity(z=-2.206, p=.027),the quality of education (z=-2.167,p=.030),and the perception of learning(z=-3.301,p=.008)decreased during pandemic.Quality of life scores was inversely correlated with eating attitudes scores(r=-.601,p=.039).Number of admissions from the first appointments was higher in participants,compared to the patients who didn't participate in the study(n=20)(p=.033).The first admission BMI values were negatively correlated with CGI scores of the patients(r=-.743,p=.002).

Conclusions: As a result,Covid-19 negatively effected AN symptoms;increased excercise and technology exposure;decreased social activity.Clinical experiences are beneficial in planning treatment processes and approach for further unexpected extraordinary situations.

PO-2-013

Post-Traumatic Stress Disorder Subscale of the Child Behaviour Checklist (PTSD-CBCL): Screening for Post-Traumatic Stress Disorder or Attention Deficit Hyperactivity Disorder?

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Aim: to study whether the PTSD-CBCL is an acceptable assessment tool for detecting witnesses of domestic violence (WDVs) in the general and clinical population.

Method: the psychometric properties of PTSD/CBCL were evaluated using a sample of 192 parents of children aged 4-16 at the Child and Adolescent Mental Health Service of the Sant Joan de Déu Barcelona's Children Hospital and one primary school. This sample was divided into: 1) WDV group (n=104); 2) attention deficit/hyperactivity disorder (ADHD) group (n=28); and 3) primary school group from general population (GP) (n=62).

Results: The PTSD-CBCL reliability score was high (Cronbach's alpha=0.87). PTSD-CBCL mean scores varied significantly for WDV vs. GP (MD=8.57;p<0.001), with higher mean scores in WDV (M=13.3;SD=6.7) than in GP (M=4.7;SD=4.3). We also found significant differences for ADHD vs. GP (MD=6.91;p<0.001), with higher mean scores in

ADHD (M=11.6;SD=4.9) than in GP (M=4.7;SD=4.3). We observed good discriminatory power indices in the following group comparisons: WDV vs. GP, ADHD vs. GP, WDV vs. ADHD+GP, and GP vs. WDV+ADHD. Nonetheless, the PTSD-CBCL did not discriminate between WDV and ADHD.

Conclusion: The PTSD-CBCL is a useful instrument to detect WDVs in general and clinical populations and could be implemented for early assessment of trauma.

PO-2-017

Optimising risperidone treatment in children with autism spectrum disorder: a therapeutic drug monitoring simulation study

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Storm, Alaya, Kloosterboer, Sanne, Hillegers, Manon, Koch, Birgit, Dierckx, Bram, Winter, de, Brenda

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Introduction

Risperidone is often prescribed children and adolescents with autism spectrum disorder (ASD) and comorbid irritability and aggression. In the SPACe study, we showed that sum trough concentrations of risperidone and its metabolite (9-hydroxyrisperidone) are positively correlated to weight gain and effectiveness. In the current study, we aim to determine a target range for risperidone sum trough concentrations that balances weight gain with effectiveness. In addition we will simulate the effect of therapeutic drug monitoring (TDM) to optimise treatment.

Methods

In a retrospective cohort (n=24 patients) from the SPACe study, the target window for risperidone leading to the least amount of increase in body mass index z-scores (BMIz) while still retaining effectiveness as measured by the irritability subscale of the Aberrant Behavior Checklist (ABC-I) was determined. This target range was used to simulate the effect of TDM using a population PK model implemented in the software InsightRX. Dosing advice was based on blood concentration levels and administered dose at 12 weeks, to simulate if more patients would be on target at 24 weeks after start of treatment.

Results

We found that a risperidone sum trough target range of 3.5-7 µg/L would minimise increase in BMIz and optimise effectiveness. Dosing advice using TDM and a population PK model would lead to a larger proportion of patients achieving a concentration within the target range (62.5% vs 16.7%).

Conclusion

Based on this simulation study, TDM could be a useful tool in optimising risperidone treatment for children and adolescents with ASD.

PO-2-044

Can The Whiteley Index be used to assess health anxiety symptoms in adolescents?

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Background: Health anxiety (HA) is characterized by excessive worry and preoccupation about being or becoming ill and is commonly experienced in adolescence. The Whiteley Index (WI) is an 8-item self-reported screening tool used for assessing HA symptoms in adults. Different versions of the WI have been proposed, but recently a new one-factor 6-item version of the WI (Whiteley-6-R), including a new item regarding obsessive illness rumination, was introduced in adults. In this study the psychometric properties of the WI in a population-based sample of adolescents were examined.

Methods: Data from the 16/17-year follow-up (*N* = 2521, age 16/17) of the general population-based Copenhagen Child Cohort was used. The response distributions of the 8 WI items were calculated and construct validity was examined using confirmatory factor analysis (CFA). In addition to assessing health anxiety, self-reported emotional psychopathology (Spence Children's Anxiety Scale; The Mood and Feelings Questionnaire), somatic symptoms (Bodily Distress Syndrome-25 Checklist) and overall health (KIDSCREEN-10) were examined in order to assess convergent validity.

Results: The CFA of one-factor models with 6, 7, and 8 items showed that the Whiteley-6-R model displayed the best fit. Results regarding convergent validity showed the expected correlations between the WI and anxiety, depression, somatic symptoms, and overall health.

Conclusion: Our findings indicate that the Whiteley-6-R is a valid self-report measure in screening for HA in adolescence.

PO-2-095

N-acetylcysteine (NAC) administration in youth psychiatric services in Denmark

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Deliberate self-harm by paracetamol overdose is common especially among female adolescents bearing lethal risk for hepatoxicity. In spite, restrictions in age and pack size of non-opioid analgesics in Danish pharmacies paracetamol overdose is still the most frequent self-harming method among adolescents. *N*-acetylcysteine (NAC) is widely used to treat paracetamol overdose by increasing the concentration of glutathione to prevent liver failure. In 2021 an estimated number of approximately 1.900 administrations of NAC were provided in Danish hospitals (preliminary estimate). The same year there were 3.154 inquiries about paracetamol overdose to the Poison Information Center. Usually, the antidot treatment is administered in somatic wards also when provided to psychiatric patients in suicidal crisis. A recent survey among psychiatrists in the five Danish regions showed that this is still the case in adult mental health services and in four child and adolescents mental health centres. However, in Region South Denmark new procedures have been implemented. Patients admitted to hospital with an uncomplicated paracetamol overdose, and an underlying mental disorder are received and treated in the psychiatric department after initial triage. The first NAC bolus is initiated in the somatic setting whereafter the patients are transferred to the psychiatric ward. All subsequent NAC-treatment including blood samples and monitoring is handled by the psychiatric nursing staff in collaboration with a somatic floor master (medical doctor) on call. This new procedure makes psychiatric patients feel safer, it has enhanced the collaboration between psychiatric and somatic services and increased the work and competence satisfaction among nursing staff.

PO-2-111

Effectiveness of Tackle your Tics

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Tourette syndrome and chronic tic disorders are prevalent neurodevelopmental disorders, characterised by the presence of sudden motor movements (e.g., eye blinking, head jerking, throwing) or vocalizations (e.g., throat clearing, screaming, repeating words: echolalia). Tics and comorbid problems can have considerable impact on the daily lives of children and their families. Behavioural treatment is the first-line treatment for tic disorders, but tic reduction and treatment availability remain relatively low.

Results will be presented of a large randomised controlled trial (2020-2022; N=106) studying the efficacy of the Tackle your Tics (TyT) programme. Tackle Your Tics is a four-day intensive group-based intervention for youth (9-17 years) with Tourette syndrome or chronic tic disorder. Tackle Your Tics offers exposure and response prevention treatment and coping strategies workshops by experts by experience, relaxation exercises, active parent involvement and additional components (e.g. an app).

106 youngsters with Tourette Syndrome or chronic tic disorder (age M=12.59, SD=2.11) were randomised to direct treatment (n=52) or waiting list control group (n=54).

Children and parents were interviewed and completed questionnaires pre-treatment (T1), directly post-treatment (T2), and at three- and six-months follow-up (T3, T4).

At post treatment Tackle Your Tics had no superior effect compared to the waiting list. However, importantly, on longer term TYT showed benefits on tic impairment, quality of life and emotional/behavioural functioning and favourable treatment satisfaction.

In conclusion, Tackle Your Tics appeared a worthwhile intervention to reduce tic impairment and improve quality of life at longer term.

PO-2-110

“Dad, can you please stop breathing?” Trial design of an innovative group treatment protocol for misophonia in children and adolescents

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Feeling irritated when your sister snores or angry when your dad chews loudly is something we might all experience from time to time. However, in individuals with misophonia these events elicit extreme feelings of anger and disgust.

Misophonia is a disorder of decreased tolerance to specific sounds or stimuli associated with such sounds, such as breathing, eating or coughing. Misophonia often originates in childhood and it might lead to serious social and educational consequences for children and their families. There is an urgent need for treatment. However, currently, no evidence-based treatment protocol for misophonia in children and adolescents exists worldwide.

In this presentation, we discuss the design of a randomized controlled trial (RCT) testing the effectiveness of an innovative group treatment protocol for misophonia, specifically for children and adolescents (aged 8-18). In earlier research in adults, this protocol resulted in clinical improvement of misophonia symptoms in 56% of the patients. The current protocol, combining cognitive behavioral therapy with psychomotor therapy, has been adjusted to fit the needs of children/adolescents and stimulates active parental involvement. Inclusion for the current study has just been finished (total N= 96, 74 girls [77.1%], 8-17 years old). Assessments will last until the end of June 2023. During the congress, results will be presented on characteristics of our sample and our innovative misophonia screening tools (funding: Fonds Stichting Gezondheidszorg Spaarneland).

PO-2-104

Virtual Reality as “add on” in treatment for selective mutism in children at school

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Background: Selective mutism (SM) is a low prevalent (0.2-1.9%) anxiety disorder, characterized by consistent refusal of children to speak in certain situations (e.g. at school) while they speak freely in other situations (e.g. at home). SM profoundly affects daily functioning of children and their families. Few studies have been performed into the effectiveness of behavioral treatment for SM.

We performed a large randomized controlled trial (RCT, ages 3-18 years) into the effectiveness of an innovative Dutch behavioral treatment protocol, having as important feature that treatment was provided in school, by licensed psychologists.

Innovation: during the COVID pandemic, schools were closed. We had to change to online treatment (a challenge with young, selective mutistic children!). Due to this experience, we developed a pilot Virtual Reality Exposure (VRE) tool as “add on” to help children gradually daring to speak in a virtual classroom. It encompasses stepwise shaping, enabling therapists to coach the child in-session. It is an easy-to-use child friendly tool to exercise at home, strengthening generalization of learned skills.

RCT design/results. Assessments were: T1: at baseline, T2: after 12 weeks, T3: post treatment.

School-based behavioral treatment (N= 41) was superior compared to waiting list control (WLCG: N=42); it improved the clinician rated severity of SM and parent rated impairments of SM for the child and family significantly.

The first pilot findings of this VRE tool as add on for SM will be discussed (funding:

Fonds Stichting Gezondheidszorg Spaarneland/Unilever).

PO-2-006

Teachers' perceptions on the sustainability of the Incredible Years Teacher Classroom Management programme: a one-year qualitative follow-up study.

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The Incredible Years Teacher Classroom Management (TCM) training is a prevention and early intervention program with reports of improved teachers' classroom management strategies and children's mental health. However, programme effectiveness alone does not ensure its sustainment, necessary to achieve lasting outcomes for teachers and pupils.

The aim of this study was to explore teachers' views on the sustainability of the TCM programme. Twenty-five UK primary school teachers, who attended the TCM training as part of the STARS trial, participated in three focus groups and ten individual interviews, one year after the end of the training. Transcripts of audio recordings were entered into NVivo 12 and thematically analysed using the Framework Method.

One year after the end of the training, the TCM approach was embedded into teachers' practice. Teachers were using the TCM strategies with their new cohort of pupils and still reported a positive impact of the programme in children, teacher-parent relationships, and themselves. However, school-level changes involving the introduction of incompatible behaviour management practices or higher academic demands hindered teachers' intended use of TCM strategies. Over the past year, teachers shared the TCM strategies with their colleagues, but their responses were mixed. Finally, refresher sessions were endorsed by teachers, but also a whole-school training approach.

One year after the end of the training, teachers were still using the TCM approach and benefiting from it. However, barriers related to inner organizational and outer contextual changes and the need for ongoing training need to be addressed to promote sustainability.

PO-2-074

Stronger Together – randomized controlled trial of a population-based iCBT -intervention for antenatal depression

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Background: Studies have shown that 15% of pregnant women suffer from depressive symptoms. Antenatal depression is related to postpartum depression and may be associated with severe mother and child outcomes. Therefore, developing psychosocial interventions for the antenatal period is important. Cognitive behavioral therapy (CBT) is effective for antenatal depression. Internet-assisted CBT (iCBT) is a promising treatment format. There is lack of evidence on iCBT for antenatal depression. The evidence is mostly based on small clinical samples. Prior studies have mainly focused on unguided interventions, which are related to large dropout rates, and have not examined offspring or mother-child interaction outcomes. **Aims:** The aim is to test the efficacy of an iCBT intervention (Stronger Together) with

seven themes and weekly phone coaching. The data about mother –child- interaction, mother´s and child´s wellbeing, mental health, child´s socio-emotional and cognitive development will be collected. **Methods:** This ongoing population based randomized controlled trial is conducted in six study sites in Finland. Finnish maternity clinic services cover 99.8 % of pregnant women. Edinburgh Postnatal Depression Scale (EPDS) is used as a screening tool (cut off point 10) in maternity clinics. The eligible mothers will be randomized either in intervention (n=400) or in the control (n=400) group. **Conclusion:** The results of the study will have remarkable public health relevance and it will indicate the potential to use of a new, easy-access and effective method for the treatment of depression for pregnant women.

PO-2-073

Childhood adversity and emerging psychotic symptoms: network approach reveals a central role for anxiety and depression

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Childhood adversity is associated with a myriad of psychiatric symptoms, including psychosis, and with multiple psychological processes that may all mediate these associations. Pathways linking childhood adversity to psychosis are thus likely complex, with multi-faceted psychological and symptom-symptom interactions. Understanding these interactions and identifying key mediators is crucial to develop the most effective intervention and prevention strategies. Using a network approach, the present study examined the complex interactions between childhood adversity, psychotic symptoms, other psychiatric symptoms, and multiple psychological mediators (i.e., activity-related and social stress, negative affect, loneliness, threat anticipation, maladaptive cognitive emotion regulation, attachment insecurity) in a general population, adolescent sample (n = 865, age 12 to 20, 67% female). Strength centrality analyses revealed a pivotal role of depression and anxiety in this network. Bridging strength centrality analyses demonstrated a bridging role of threat anticipation between childhood adversity and maladaptive cognitive emotion regulation, potentially hinting at a role in the negative cascades following childhood adversity. By constructing shortest path networks, we found multiple existing paths between different categories of childhood adversity and psychotic symptoms, with symptoms of general psychopathology (i.e., anxiety, hostility and somatization) as the main connective component. Sensitivity analyses confirmed the robustness and stability of the networks. Together, these findings suggest a central role of anxiety and depression in linking psychotic symptoms to childhood adversity. They highlight the importance of a broad, holistic approach to symptomatology rather than a narrow ‘at risk for psychosis’ approach in the prevention of psychotic symptoms in this population.

PO-2-072

Sex-related white matter alterations in adolescents with clinical high risk for psychosis of the CAPRIS cohort study

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Background: Disruptions of white matter (WM) support the dysconnectivity hypothesis in psychosis, with some evidence in subjects at clinical high risk for psychosis (CHR-P). Although sex-related differences are known in the area, in CHR-P adolescents, sex effects are overlooked, which we aimed to elucidate.

Methods: Two CHR-P and healthy control (HC) samples (10-18 y/o) were recruited from the CAPRIS multicenter study, Sample-1 refers to Hospital Clinic data collection and Sample-2 concerns the Hospital Sant Joan de Déu one. 31-direction diffusion-weighted sequences obtained during a 3T and a 1.5T-MRI session were standardly preprocessed. Sample-1 WM fractional anisotropy (FA) maps were analyzed in a SPM12 interaction model (factors: group, sex), cluster-level $p_{FWE}<0.05$, kE>10, and replicated for Sample-2.

Results: Sample-1: 69 CHR-P (68,11% females), 42 HC (64,28% females); Sample-2: 20 CHR-P (70% females), 30 HC (30% females). Sample-1 FA interaction results were located at the cingulum bundle, WM surrounding inferior frontal cortex and precuneus. Post-hoc SPSS analyses showed a general pattern of sex-differences in HC not replicated in CHR-P, at expense of male CHR-P. Sample-2 analyses replicated results at the cingulum bundle, despite showing fewer voxels per cluster.

Discussion: Results suggest a sex-related pattern of alterations for CHR-P in regions typically reported in psychosis notably, the anterior cingulate bundle. These findings point to the importance of considering the sex-effects in CHR-P research. Investigating biological changes in sample who convers to psychosis to understand how the current changes will evolve is needed.

PO-2-071

Pubertal timing and associations with early life adversity among children born to parents with schizophrenia or bipolar disorder

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Background

Children of parents with schizophrenia or bipolar disorder have an increased risk of having the same illness as their parent, compared to controls. Altered pubertal timing has previously been found to increase risk of problem behavior and mental illness and may thus contribute to the increased risk among this group. Further, a range of risk factors related to early life adversity, and known to be more prevalent among such children compared to controls, has been associated with altered pubertal timing. Therefore, we aimed to examine if pubertal development in the two groups differed from that of controls and to examine if early life adversity affected the pubertal timing.

Methods

In a nation-wide cohort of children of parents with schizophrenia, bipolar disorder and controls (N=465), Tanner stage and blood samples including sex hormone levels were collected. Level of stimulation and support in the child's home, placement out of home, psychiatric diagnoses and problem behavior was examined.

Results

No difference in Tanner stage was found between groups. Few hormone levels differed between the schizophrenia high-risk group and controls for girls. Children at familial risk of schizophrenia or bipolar disorder who had been placed out of home had higher Tanner stages than at-risk children living at home.

Conclusions

The pubertal timing of children of parents with schizophrenia or bipolar disorder does not differ from that of controls. For a subgroup of children of parents with schizophrenia or bipolar disorder placed out of home, timing may be accelerated.

PO-2-070

Threat discrimination and attention allocation in childhood adversity victims with the admixture of psychiatric symptoms

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Childhood adversity (CA) is associated with a myriad of psychiatric symptoms, especially with the admixture of, rather than isolated, symptoms, suggesting that the multilevel trans-diagnostic approaches are needed to advance knowledge of the root causes of psychopathology in CA victims. Combining Fast Periodic Visual Stimulation with frequency-tagging electroencephalography (FT-EEG), our study investigated threat processing, one of the central mechanisms underlying the link between CA and psychopathology, from two levels: threat discrimination and attentional allocation, in young adults (age 16 to 25). For threat discrimination, we used a frequency-tagging oddball paradigm: a stream of neutral faces with different identities were presented at 6 Hz, periodically inter-leaved with an angry face every fifth image (i.e., 1.2 Hz). These distinctive frequency tags allow unambiguously disentangling and objective quantification of the neural expression-discrimination responses. To measure attentional preferences, two streams of angry and neutral faces were presented alongside each other, with each stream of stimuli tagged with a particular presentation rate (i.e., 6 and 7.5 Hz or vice versa). In combination with eye tracking, it allows us to quantify both attentional neural responses and looking preferences for each category of stimuli. We will compare these responses between a group with (sub)clinical symptoms with/without exposure to CA (n=62) and a healthy control group without exposure to CA (n=47). To examine whether such a mechanism may be specifically implicated in CA victims or may be more generally implicated in psychiatric symptomatology, we will use mixed model to investigate the predicting effect of CA and symptoms.

PO-2-094

Prismatic Adaptation coupled with cognitive training for the treatment of Developmental Dyslexia in adolescents

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Background/Objective: Developmental dyslexia (DD) is a common neurodevelopmental disorder characterized by impaired reading acquisition [1]. Despite intense and costly treatments, many aspects of DD persist into adulthood and result in major disadvantages in educational and occupational attainment [2]. Rightward prismatic adaptation (RPA) allows a lateral shift of visual inputs while wearing prismatic goggles [3]. This technique may enhance visuospatial perception and attention [4]-[5] and could represent a promising treatment for DD in children and adolescents.

Methods: Seventy adolescents (aged 13-17) with DD were assigned to treatment (N=35) or waitlist (N=35) groups, with balanced demographic and neuropsychological characteristics. Working memory index (WMI), processing speed index (PSI), text reading speed, and word/non-word reading accuracy were used as outcome measures to evaluate treatment efficacy. Treatment consisted of ten weekly sessions of RPA followed by tablet-delivered neurocognitive training. Repeated-measures ANOVA with post-hoc tests were performed to evaluate changes in outcomes between groups and within groups over time.

Results: RPA treatment resulted significantly more effective than waitlist on outcome measures (p= <.001; η_p^2=.815). WMI, PSI, and text reading speed significantly increased (p=<.001, η_p^2=.64; p=<.001, η_p^2=.56; p=<.001, η_p^2=.29, respectively) in the RPA but not in the waitlist group from pre- to post-test. No significant variation was found in word/non-word reading accuracy in the RPA group, while modest change was detected in the waitlist group (words: p< .001, d= 0.17, non-words: p= .028; d= 0.27).

Conclusions: PA-coupled cognitive training enhances cognitive and reading abilities and could represent an effective, non-invasive, and innovative treatment for adolescents with DD.

PO-2-069

Cognitive and psychophysiological responses to infant signals in mothers with mood disorders and implications for infant development

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Atypical neurocognitive responses to emotional stimuli are core features of bipolar disorder (BD) and major depression disorder (MDD). For mothers with these mood disorders, this may influence interactions with their infants. The focus of this talk will be on findings from our study of cognitive and psychophysiological responses to infant signals, and their relation to mother-infant interaction and infant development in symptomatically stable mothers with pre-existing mood disorders.

Mothers of four months old infants were exposed to various infant stimuli on a computer, while their facial expressions, galvanic skin responses (GSR), gazes and fixations, and cognitive responses were recorded. Infant development and mother-infant-interactions were assessed.

We included 27 BD mothers, 13 MDD mothers and 36 mothers without known psychiatric disorders, and their infants. Mothers with BD and MDD showed blunted GSR and spent less time looking at infant stimuli (p-values<0.03). Mothers with BD and MDD showed positive and negative neurocognitive biases, respectively (BD: p-values<0.04; MDD: p-values<0.02). Across mothers with mood disorders, measures of atypical infant signal processing correlated with measures of delays in infant development and difficulties in mother-infant interaction (p-values<0.04).

Mothers with mood disorders showed atypical cognitive and psychophysiological responses to infant stimuli, even when symptomatically stable. This could have a subtle but persistent negative impact on mother-infant interactions. A clinical implication of the findings includes targeting biased neurocognitive responses to infant signals in early interventions.

Due to a small sample size, the study is explorative, hypothesis generating and should be replicated in a larger sample.

PO-2-068

Risk and protective profiles for maternal sensitivity in the context of postpartum depression: A machine-learning approach

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Maternal sensitivity, i.e., the ability to identify and respond promptly and appropriately to infant signals, has consistently been associated with child psychosocial outcomes, including child attachment security and social competence. Maternal postpartum depression can have an adverse effect on maternal sensitivity, but findings are inconsistent, as some also indicates it has no effect. This indicates that other factors may be more salient or interact with postpartum depression in affecting maternal sensitivity. The present study aims to identify risk and protective profiles for maternal sensitivity using a range of different factors, which previous studies have found to be associated with sensitivity. The sample consisted of 238 mothers with major depression disorder with peripartum onset and a subclinical sample of 315 mothers with elevated symptoms of depression but who did not meet criteria for a diagnosis. Maternal sensitivity was assessed based on video recordings of 5-minute mother-infant free-play interactions in the home using the Coding Interactive Behavior (CIB) instrument. The predictors include depression diagnosis and self-report measures of anxiety, personality disorder, parental mentalizing, parenting stress, family functioning, adult attachment style, and adverse childhood experiences. Random forests are used to predict individual outcomes through a randomized machine learning process. Data is currently being analysed, and results will be presented at the conference. The results will contribute with knowledge of possible risk and protective profiles apart from postpartum psychiatric illness that may affect maternal sensitivity. The strengths and limitations of using random forests to predict outcomes are discussed.

PO-2-126

Suicide attempts during Covid-19 lockdown in children and the young.

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Abstract:

Background:

The Covid-19 pandemic and its consequences had significant impact on the general population across the lifespan and around the Globe. Young people have been severely affected by government interventions, e.g., school lockdowns and social isolation. Several Nordic studies have suggested negative mental health outcomes, including depression and anxiety, in children and young adults. However, little research has focused on suicidal behavior in children.

This study aims to investigate the prevalence of suicidal attempts, as measured by non-accidental paracetamol poisoning, among children aged 0-17 during the Danish covid-19 lockdowns.

Material and methods:

This is a national retrospective register-based study. We will use Danish register data to estimate incidence of poisoning with weak painkillers for the period 2017-2021. All analyses are stratified by gender, age and socio-economic status, in

order to compare differences between groups. Observed suicide rates during lockdowns are compared to pre- pandemic suicide rates.

Results:

Data are scheduled to be obtained in between January of 2023 with the results ready for presentation at the ESCAP 2023 Congress.

PO-2-067

A latent profile analysis of depressed mothers' interactive behavior: A more nuanced understandings of the effects of depression on maternal caregiving

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Although maternal postpartum depression on a group-level is associated with impaired caregiving, such as less sensitivity, there are individual differences between depressed mothers' interactive behaviors. Therefore, the aim of this study is to examine depressed mothers' interactive behaviors using a person-centered approach. First, we identify different profiles in depressed mothers' interactive behaviors using latent profile analysis. We expect to find sensitive (high acknowledgement, low overriding), intrusive (low acknowledgement, high overriding), and withdrawn (low acknowledgement, low overriding) interaction profiles. Second, we examine whether levels of depressive symptoms and parenting stress predict the interaction profiles. We expect that mothers with the intrusive and withdrawn interaction profiles have higher levels of depressive symptoms and parenting stress than mothers with the sensitive interaction profile. We will also explore whether depressive symptoms and parenting stress differentiate between mothers with intrusive and withdrawn interaction profiles. Participants were 258 mothers diagnosed with Major Depressive Disorder with Peripartum Onset according to DSM-5 and their 2-6 month old infants. Five-minute mother-infant interactions were recorded in the home and coded using the Coding Interactive Behavior (CIB) coding system which assesses a range of different parental behaviors (e.g., forcing, overriding, imitating, and acknowledging). Depressive symptoms were measured using the Edinburgh Postnatal Depression Scale and parenting stress was measured using the Parenting Stress Index. The results are currently being analyzed and will be presented at the conference. The results will be discussed in relation to how we understand and capture differences in interactive behaviors among depressed mothers.

PO-2-005

REHAB a Better Life with ADHD - a feasibility study

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This study entails the development, implementation and process evaluation of a cross-sectoral model of collaboration targeted children and adolescents referred to assessment for ADHD. REHAB is a goal-oriented model of collaboration ensuring autonomy for the individual and collaboration across sectors. It differentiates from standard care by adding additional cross-sectoral network meetings and individual goalsetting.

ADHD is the most prevalent neurodevelopmental disorder in children worldwide subsequently leading to impairment on an individual as well as societal level. It is well documented that patients and their families affected, feel stuck between sectors. REHAB is developed to overcome this barrier and to ensure a coordinated path through systems.

This study entails a process evaluation of model implementation and integration, and trial feasibility. This design enables understanding of model acceptance, adaption of REHAB and effect estimation through a “pilot” clinical study with outcome measures: Weiss functional impairment scale (WFIRS), Quality of life (Kidscreen) and ADHD-RS.

Data are being collected through qualitative semi-structured interviews with professionals from primary and secondary sector, as well as patients and their families. Analysis will follow the framework method with a pragmatic abductive approach. Second, PRO-ratings will be assessed by pre/post assessment to investigate if the REHAB model can quantify change and to what extent. An overall study outline and preliminary results from the qualitative evaluation will be presented.

We aim to achieve a higher quality of life and a decrease in ADHD symptoms for the affected patient. Further, we aim to improve workflows and information transfer between sectors.

PO-2-060

Cultural competence for Mental Health Care in work with children and adolescents

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Culture plays major role in the expression and experience of mental health and illness, but also culture affects the way people approach mental health services, how they use them, what they expect of them.

Culture refers to integrated patterns of human behavior including language, thoughts, actions, customs, beliefs, and institutions of racial, ethnic, social or religious groups. Cultural competence be defined as a set of behaviors knowledge and attitudes that enable the health professionals to effectively work in cross cultural situations.

Cultural competence is the acceptance and respect of diversity and the continuous assessment of one's own behaviors in terms of culture. Therefore, mental health is paradigm for the need to build culturally sensitive health services.

This paper will present several examples from psychiatric practice from the territory of the Republic of Serbia, which include cultural differences in the treatment of psychiatric symptomatology. Cultural sensitivity enables a better understanding and differentiation of pathological from normal behavior in the community in which the patient lives.

PO-2-066

Youth-to-parent physical aggression in adolescence and associations with parenting behaviors

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Violence in families is not always parent-initiated. Youth-to-parent aggression is relatively common, but remains one of the most understudied forms of family violence. Longitudinal data that document the prevalence and risk factors of youth-to-parent violence in the general population are lacking.

This poster presents preliminary results from a prospective-longitudinal cohort study on 1) prevalence of youth-to-parent aggression from ages 11 to 24; 2) parenting risk factors for youth-to-parent aggression; and 3) potential reciprocal associations of corporal punishment and youth-to-parent aggression.

We followed ~1500 youth from Zurich, Switzerland, from ages 7 to 24. Youth-to-parent aggression was self-reported with two items at ages 11, 13, 15, 17, 20, and 24, asking whether youth hit or kicked their parents or threw things at them in anger in the past year. From ages 11 to 17, youth also reported their parents' parenting behavior, including exposure to corporal punishment.

Preliminary results suggest that more than 1 in 8 youth were physically aggressive against their parents from ages 11 to 15; this rate drops across late adolescence to 1 in 20 at age 24. One third of young people reported youth-to-parent aggression in the past year at least once during the study period. Corporal punishment and poor monitoring were the parenting behaviors most consistently associated with youth-to-parent aggression. Future analyses will consider the temporal order of the association of corporal punishment and youth-to-parent aggression. These preliminary results show the high prevalence of youth-to-parent aggression in the general population and suggest an association with parenting behavior.

PO-2-125

The role of physical activity in reducing adolescents' suicidal thoughts and behaviors

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Evidences regarding the effectiveness of treatments for suicidal thoughts and behaviours (STB) in adolescents are still lacking. To date, psychotherapeutic treatments for STB (i.e., cognitive behavioural therapy, CBT, and dialectical behavioural therapy for adolescents, DBT-A) have shown only limited and short-term efficacy, and their effectiveness is further limited by lack of resources, long waiting lists and reluctance of adolescents to enrol in treatment, with high dropout rates. As such, there is an urgent need for innovative preventive and complementary therapeutic strategies that are cost-efficient and well tolerated. Preliminary studies suggests that physical activity (PA) may be an alternative adaptive strategy to for the treatment of young people presenting STB. However, only a few study, mainly on adults, demonstrated whether PA has a protective effect on STB in adolescents and young adults, and specific knowledge would be necessary to develop effective interventions. Moreover, more specific knowledge on the role of PA in promoting mental health and STB prevention among youth is necessary to develop guidelines and effective preventive interventions. Findings indirectly suggest that PA would be beneficial to reduce STB, but current state-of-the-art does not include evidences on the protective role of PA on STB in adolescents. The presented work aims to investigate the contribution of PA in reducing the risk of STB in youth, providing a comprehensive overview on the topic. In addition, a novel intervention for treating STB with the use of PA will be presented.

PO-2-124

Italian media adherence to the WHO guidelines for suicide media reporting: relevance to youth suicide

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Introduction

International research consistently points to an association between sensationalized media reporting and subsequent increase in suicidal behaviors. Media guidelines for reporting of suicide are considered an important component of suicide prevention. This study examined, for the first time, the quality of the major Italian newspaper reporting of suicide and their adherence to media guidelines.

Methods

We used content analysis to assess the quality of suicide reporting of the three most highly read daily newspapers in Italy between July 2022-Jaunuary 2023. A target sample of 250 articles will be read and coded for their adherence to the WHO (World Health Organization) media guidelines for reporting suicide.

Results

An interim analysis based on 113 articles revealed that harmful reporting practices were very common (for example, a photo or detailed suicide method were reported respectively in 70% and 50%of articles) while helpful reporting practices were very limited (for example, no articles gave contact details for a suicide support service). All the articles (100%) breached at least one guideline and 98.1% of articles three or more guidelines. Specific analyses will be provided comparing suicide news regarding adults vs children and adolescents.

Limitations: The findings are limited to print newspapers.

Conclusion

This study documents generally limited adherence of the newspapers to the WHO media reporting guideline. The results indicate specific need for improvement in responsible reporting of suicide. Attempts should be made to understand the perspectives of journalists in reporting suicide and increase the positive contribution that the media can offer in suicide prevention.

PO-2-029

Suicide and suicidal attempts in Vienna: the impact of the CoVid-19 pandemic

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While the latest available comparisons of global suicide data have so far provided a stable picture, reports on rising numbers of suicidal ideation and suicide attempts in minors have been published from different locations around the globe. We aim to provide a picture of recent developments in Vienna by integrating municipial and clinical data. In 2022, following two years of decreased suicide rates, an increase in suicide numbers of all age groups above pre-pandemic levels was noted. By including data from child and adolescent psychiatric admissions, we were also able to show an increase in adolescents, who presented after a suicide attempt for child and adolescent psychiatric emergency assessment. Given the time lag in increased suicide rates, that has been reported in earlier societal crisis, it is crucial to react to these first warning signs by implementing suicide prevention strategies.

PO-2-051

Nursing care for young transgender patients

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Introduction

This presentation examines why the need for a specialized nursing practice for young transgender patients is of the utmost importance in children's and adolescent psychiatry, while it also questions the lack of mandatory education for healthcare professionals and why it isn't provided, when there is a high demand for such. Healthcare professionals must always be attentive to the fact that this group of patients may have been exposed to stigmatisation, trauma and stressors due to their divergent, non-conforming gender identity. There is a high risk that healthcare professionals without proper education might expose patients to re-traumatisation.

Methods

Semi-structured, qualitative interviews were conducted with five patients to gather empirical data about their personal experiences with healthcare professionals. Patients were either outpatients at a gender clinic or inpatients at a child and adolescent psychiatric ward in Copenhagen. The structure of the interview was based on a prior pilot study carried out at the same ward. Interviews with two clinical nursing specialists were also conducted. Mandatory educational classes about transgender healthcare were then carried out afterwards for staff at the previously mentioned psychiatric ward.

Results

Patients felt more respected by staff after the introduction of mandatory classes in transgender healthcare. The overall improvement of quality in nursing care resulted better communication, improvement of interpersonal relations between staff and patient and lowered the incidents of patients exposed to re-traumatisation.

Conclusion

The study highlights why mandatory education about transgender healthcare should be implemented as part of the basic educational programme for healthcare staff.

PO-2-123

Suicidality among young people affected by Autism spectrum disorders

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Suicide is one of the leading causes of death among autistic people. Suicidal behaviors in adolescence and young adulthood are six times higher than in neurotypical peers. Other data show that in one case out of six the autistic person will consider the possibility of committing suicide even at a very early age. In recent years, many studies of suicidal behavior in autism have focused largely on autistic adults, and little research has been done on developmental age and associated risk factors, including sleep disorders. The relationship between specific mental health problems, sleep disturbances, and suicidal behavior has been extensively studied in the neurotypical population. For example, some

studies have shown that sleep works indirectly to increase the risk of suicide in in a bidirectional relationship as sleep problems increase the likelihood of depression and depression, in turn, increases the risk of suicidal thoughts and behaviors. However at the moment there are few studies investigating this correlation in the autistic population. Furthermore, objective sleep assessment with polysomnography is still limited, and many studies report subjective sleep via self/parental reports or actigraphy without, for example, screening for specific sleep disorders or using polysomnography. In this context we report the data of a study investigating the correlation between suicidal behaviors and sleep quality, also studied through polysomnography in a population of young people with autism spectrum disorder.

PO-2-065

Risk and protective factors for caregiving behavior in the postpartum period among mothers with psychiatric disorders

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It is well-established that caregiving behaviors, such as sensitivity and intrusiveness, have large impacts on child development in a range of areas, e.g., language and socioemotional development. Research shows that a history of or present parental psychiatric disorders may negatively impact caregiving behaviors. However, not all parents affected by psychiatric disorders have impaired caregiving behaviors. Therefore, the aim of this symposium is to discuss protective and risk factors for caregiving behaviors in the context of parental psychiatric disorder. The presentations include a range of both different psychiatric disorders (e.g., schizophrenia, bipolar disorder (BD), and major depressive disorder (MDD)) and risk and protective factors (e.g., prenatal representations, cognitive biases, parenting stress, and mentalization) in mothers with both present and a history of psychiatric disorders. The first presentation focuses on how prenatal caregiving representations differ between mothers with schizophrenia, BD, and MDD, and associations between prenatal representations and postpartum caregiving behaviors. The second presentation focuses on how cognitive and psychophysiological responses to infant signals are associated with caregiving behaviors among mothers with BD and recurrent MDD. In the third presentation, a person-centered approach is used to identify different interaction profiles among mothers with MDD with peripartum onset, and depressive symptoms and parenting stress are examined as predictors of these profiles. Finally, in the last presentation, a range of different risk and protective factors are included in a machine-learning approach to identify risk and protective profiles for caregiving behavior in mothers with MDD with peripartum onset.

PO-2-108

ECT as treatment for adolescents with mood disorder in the manic phase

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Introduction:

Electro convulsive therapy (ECT) is a well-established treatment for adults with mood-disorders. However, the use of ECT in child and adolescent psychiatry is less common. We speculate whether lack of knowledge about ECT and lack of practicale experience is the reason.

Given the need for effective treatment of mania when medical treatment have been exhausted, this study was made to elaborate on the experiences from a clinical department. The focus was on the effectiveness of ECT in treatment-resistant mania.

Methods:

The literature on the use of ECT for manic symptoms in children and adolescents was reviewed and two cases of ECT in adolescents with manic symptoms presented.

A literature searches was conducted in PudMed and PsycInfo using search terms related to children and adolescents, manic symptoms/mania, and electro convulsive therapy. Five articles were selected.

Results:

Both cases responded quickly and effectively to acute ECT treatment, measured by both subjective and objective symptoms and with very few side effects. These results are supported in the literature, where overall treatment response rate ranged from 75-93%, side effects are reported as minor and transient. One of the challenges is the lack of systematic evaluation tools to measure the effect. Furthermore, cognitive tests should be considered, before and after ECT. Controlled studies with objective measures are needed to advance the evidence base.

Conclusion:

Data suggests that ECT is safe and effective treatment of manic symptoms in children and adolescents. ECT should be considered in severe and treatment-refractory cases.

PO-2-122

Prevalence of psychotic symptoms in a population of adolescents hospitalized for suicidal thoughts and behavior

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It is well established that psychotic-like experiences (PLEs) are common in adolescents, with the prevalence reported to be 7.2%. Recent studies suggests that PLEs are associated with suicidal thoughts and behaviors (STBs) in both clinical and general population adolescent samples, regardless of the presence of comorbid mental health problems. However, available findings still don't clarify whether specific types of PLEs are more strongly associated with STBs. Therefore, clarifying the association between PLEs and STBs, with a focused approach on different subtypes of PLEs, may provide more reliable markers of vulnerability and help clinicians to timely identify patients at higher risk of suicidal behavior. In a retrospective study on 326 adolescent inpatients, hospitalized in a psychiatric unit, we aimed to 1) compare the prevalence of PLEs, co-occurring with a range of non-psychotic psychiatric disorders, in patients with and without STBs 2) explore the interplay between PLEs, PLEs associated mental distress and STBs by a multiple regression model analysis, considering mental distress as a putative confounding factor of the association 3) investigate whether specific patterns of PLEs, as well as their related distress, are more closely associated to STBs than others. PLEs and related mental distress were assessed by the Prodromal Questionnaire-16 (PQ-16), considering a cut-off of 6 or more for identifying the presence of clinically relevant PLEs in the last month. To assess suicidality, we used the HoNOSCA, i.e. a score of 3 or more indicating the presence or suicidal behaviors in the last week.

PO-2-004

Hub-sPATIALS3 Project: a randomized controlled interventional study evaluating the intestinal inflammation and the effect of supplementation in children with ADHD

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In recent years, international research has explored the hypothesis that gut microbiota plays a key role in the pathogenesis of neurodevelopmental disorders via the gut–brain axis [Ojeda et al, 2021].

Specifically Attention Deficit and Hyperactivity Disorders (ADHD) manifestations have been linked to shifts in gut microbiota composition, suggesting a link between the microbiota and the disorder [Cenit et al, 2017]. The effect of pre/probiotic supplementations remains little explored as possible intervention on children with ADHD [Rosi et al., 2020].

Project “Hub-sPATIALS3” fits within this lack of scientific literature. The objective is to understand the state of intestinal inflammation in children with ADHD and if a supplementation with an active symbiotic can reduce the intestinal inflammation and improve the absorption, intestinal motility and bowel habit in children with ADHD. This is a preventive intervention, which has the purpose to evaluate a possible overall improvement.

Within the project, we recruited children between 6-16 years old with a diagnosis of ADHD. The subjects, drug naive, were randomly assigned within two groups. To the first group was administered an active symbiotic preparation, to the second group a passive symbiotic. All participants were evaluated at T0, before the start of supplementation and at T3, after 3 months of supplementation. At T0 and T3, children were evaluated through behavioral, neuropsychological, hemodynamic and physiological assessment, with focus on the profile of the intestinal and inflammatory microbiota/mycobiota.

Future preliminary analyzes could assess the characteristic of intestinal inflammation and the effect of pre/probiotic supplementation on psychological variables.

PO-2-003

Case Study: Impact of the Slenyto treatment for sleeping problems on attentional and hyperactivity symptoms in a child with ADHD diagnosis.

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Introduction.

Attention Deficit and Hyperactivity Disorder (ADHD) is a neurodevelopmental disorder that affects the children´s behavior with hyperactivity, trouble concentration and may act on impulsive. Epidemic studies have documented high rates of

concurrent psychiatric and learning disorder among children with ADHD, includes conduct, autism spectrum (ASD), mood, anxiety and sleeping disorders.

Method

A boy participant 10 years old “A” attends an appointment with a new psychiatrist after the lack of efficacy with different treatments for ADHD. After the initial assessment the psychiatrist conclude that “A” has the comorbidity with ASD level 1 and sleeping maintaining problems. The patient starts with Slenyto treatment 5mg.

Results.

The case study was based on a pretest -posttest design, where a range of measurements were taken before and after 3 months of the treatment with Slenyto 5 mg.

Pre-test: ADHD Rating Scale:

23/27 8/9

25/27 9/9

Post-test: ADHD Rating Scale:

16/27 6/9

17/27 7/9

Pretest sleeping latency: 30 minutes.

Pretest maintenance sleeping problems: 2-3 awakes during the night.

Pretest sleeping latency: less than 15 minutes.

Pretest maintenance sleeping problems: one awake occasionally.

Conclusion:

Improving the quality of sleeping can contribute to the improvement of ADHD symptoms. For this reason, we recommend a deep assessment of sleeping problems in children with neurodevelopmental disorders.

PO-2-002

Identifying Symptoms of ADHD and Disruptive Behavior Disorders Most Strongly Associated with Functional Impairment in Children: A Symptom-Level Approach

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To enhance the understanding of how symptoms of attention-deficit/hyperactivity disorder (ADHD) and disruptive behavior disorders, such as oppositional defiant disorder (ODD), conduct disorder (CD), and callous-unemotional (CU) traits, differentially relate to functional impairment (FI). Participants were 474 German school-age children (age: *M* = 8.90, *SD* = 1.49, 81% male) registered for participation in a multicenter trial for ADHD treatment (ESCAschool). Clinicians assessed the severity of individual symptoms and five FI domains using a semi-structured clinical interview. We conducted two multiple linear regression analyses to determine the impact of individual symptoms on global FI associated with ADHD and ODD/CD/CU symptoms, respectively. Then, we estimated two networks and identified the strongest associations of ADHD symptoms or ODD/CD/CU symptoms, respectively, with the five FI domains. Symptoms varied substantially in their associations with global FI, with the ADHD symptom *Easily Distracted* (15%) and the ODD symptom *Argues with Adults* (10%) contributing most strongly to the total explained variance. FI related to academic

performance, home life and family members, and psychological strain were most strongly associated with ADHD inattention symptoms, whereas FI related to adult relationships, child relationships, and recreational activities were most strongly associated with hyperactivity-impulsivity symptoms. By comparison, the ODD/CD/CU symptoms most closely linked to the FI domains originated from the ODD and CD dimensions. Our findings contribute to a growing body of literature on the importance of considering both individual symptoms and FI domains. Symptom-based approaches can be clinically useful, e.g., in the context of clinical assessment or treatment planning in psychotherapy.

PO-2-012

Looking into the shattered mirror: Linking narrative incoherence to symptoms of post-traumatic stress disorder and dissociation

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Early detection of trauma-spectrum disorders is challenging for mental health professionals. A crucial feature for the psychological assessment of adult trauma-spectrum disorders is narrative incoherence, an inability to give a verbal account of stressful experiences in connection to rest of personal experiences with emotions and cognitions reflected and contextualized (e.g., pathological trauma memory). A decade of experimental research in our laboratory indicates the importance of neurocognitive underpinning, i.e., atypical cognitive disengagement and self-referential processing, in linking pathological trauma memory to trauma-spectrum disorders. This finding, which stresses the essential role of neurocognitive footing, provides an alternative model to predict the individual differences in the recovery from traumatic stress. To devise an assessment useful for the diagnosis of child trauma-spectrum disorders, we launched a pioneer study in children aged 8-12 from ordinary and high-risk families. In this initial analysis, we explored the applicability of narrative incoherence to the assessment of child trauma-spectrum disorders. We designed a new measure, affect-centric narrative incoherence, to quantify the reflectivity in children's narratives in response to affects elicited toward drawings of family interaction. PTSD symptoms and dissociation were assessed through a clinician-assisted self-report scale. Our results showed a negative correlation between affect-centric narrative incoherence and PTSD symptoms. Intriguingly, a positive correlation was evident with dissociation when PTSD symptoms were controlled for. The results provided preliminary support for the predictive validity of affect-centric narrative incoherence.

PO-2-059

Everyone can sing. A feasibility study of class choir as a mental health promoting intervention among 0-3rd grade students in Denmark

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Background. There is an urgent need for feasible and effective mental health promoting interventions from early childhood. High-quality music education can promote well-being, inclusion and positive relations in school, which are key

prerequisites for children's mental health. The *Alle Kan Synge* initiative (AKS; in English: *Everyone Can Sing*) is a class-based singing intervention, developed 2018-22 in a Danish primary school. It includes co-teaching between teachers and educated choir leaders. Students in 0 to 3rd grade have two weekly scheduled lessons of class-choir, with performances in and outside school. However, implementation and potential benefits of this type of intervention have not yet been evaluated in the Nordic countries.

Aim is to explore feasibility of implementing the AKS intervention and assess feasibility of the evaluation design for a future RCT study.

Methods. In 2023, AKS will be implemented among 0 to 3rd grade students in three Danish elementary schools. The study is designed according to a mixed methods methodology and involves data from questionnaires combined with interviews and observations among students, parents, teachers and management.

Findings will be used to decide whether the AKS study should proceed to a future, full-size effectiveness trial, return to refinement of the intervention or the evaluation design, or stop.

Implications. The vision is to implement AKS in Danish primary schools and contribute to strengthening children's mental health through class coherence and school thriving in Denmark, and eventually lower the burden of mental health problems.

PO-2-001

Predictors of pharmacological ADHD treatment outcome in children with ADHD

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Background/Objective

The number of children and adolescents diagnosed with and treated for ADHD is continuously on the rise. In clinical trials, response rate to ADHD medication is 70-90%, but study results varies and response rates seem lower in naturalistic clinical samples. This prospective observational study aims to investigate factors predicting response to ADHD medication in a relatively large clinical cohort (n=638).

Method

The cohort includes individuals aged 6-17 years, from different regions in Sweden, initiating ADHD medication. Outcome for pharmacological treatment effect will be measured as percentage of symptom reduction, at 3 months follow-up, using the SNAP-IV rating scale. We intend to study a wide range of possible factors and modifiers, e.g. the SCAS, ASSQ and P-SEC scales, as well as data from the National Quality register, BUSA, which contains information about comorbid diseases, psychosocial factors, education, community efforts and non-pharmacological interventions. Sex differences will be examined.

Results

Study cohort mean age was 11.6 years (median 12.0). At the 3 months follow-up, 67.5% medicated with methylphenidate. Preliminary data suggests about 30% responders (≥40% symptom reduction), 40% non-responders (<20% symptom reduction) and 30% intermediate responders (<40% - ≥20% symptom reduction). The result seems to differ depending on ADHD subtype. Further analyses will be performed and presented.

Conclusions

This study will bring more clarity to factors affecting treatment effect of ADHD medication. The area of factors predicting treatment outcome is unexplored. The presence of several potentially predictive measures, will be hypothesis generating. Our well-characterized clinical study population, enables potential generalizability.

PO-2-093

Learning Support in an In-Hospital Classroom: Through the Relationship with a Boy With School Refusal.

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Problem and Objective : Children with school refusal(SR) in elementary and junior high schools in Japan is one of social issues about of child mental health. Many hospitalized children suffered from their school activities, and many are unable to attend in-hospital school. Therefore, our aim was that learning support by psychologists and teachers, reduce their anxiety and fear of education.

Methods : The subjects were four boys attending an in-hospital elementary school. The psychologist provides learning support at the in-hospital school twice a week. The content of the assignments incorporated many of the skills that form the basis of learning, such as listening and writing.

Results : Boy A, was severe anxious and had low self-esteem. By exposing his anxiety step by step, he was able to experience that "I could do it" and his anxiety about school and classes gradually decreased, and he was able to attend in-hospital school every day.

Discussion: We praised A when he went to his assignments and had him present what he had done. Our learning support plan was that the positive experience of receiving praise not only from the psychologist but also from other children boosted A's self-esteem. It is important to assess each child's individual cognitive characteristics and psychological symptoms, and to set individual Individualized educational tasks. He had changed to think that "I can do it with a little effort".

PO-2-043

Treatment provided in children and adolescents with functional seizures - A Danish nationwide cohort study

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Rationale and background: Functional seizures (FS) in children and adolescents have been increasingly diagnosed during recent decades. A multidisciplinary and cross-sectoral treatment approach is regarded as the golden standard in

the management of FS. This study aimed to gain knowledge regarding the management and treatment modalities provided after a diagnosis of FS in the hospital setting.

Method: A Danish nationwide subcohort consisting of 334 children and adolescents, aged 5-17 years, with a previously validated diagnosis of FS during the period 2004-2014, and with medical record data available from diagnosing hospital departments. Management and treatment modalities from time of diagnosis up to three months after diagnosis were explored.

Results: Psychoeducation regarding FS (n=289, 86.5%) and a follow-up consultation in outpatient care (n=192, 70.6% of 272 patients) were offered most often. Around half of the patients received psychotherapy (n=148, 44.3%). In contrast, a cross-sectoral collaboration consisting of either guidance to school staff (n=<67, <20.1%), contact to social services (n=<26, <7.8%) or facilitation of network meetings (n=<24, 7.2%) were used for a minority of patients. The highest fraction of patients received a combination of four of the examined treatment or management modalities (n=85, 25.4%).

Conclusion: These findings highlight that initiatives to engage in a multidisciplinary and cross-sectoral treatment approach are still warranted for young people diagnosed with functional seizures in the hospital setting.

PO-2-058

Where have the boys with a psychiatric crisis gone?

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Background: Teenagers in urgent psychiatric crisis can be admitted to a psychiatric youth High Intensive Care (youth HIC) in the Netherlands. Waiting lists and workloads are currently very high at these units.

Aim: The aim of this study was to evaluate the amount of boys and girls who have been admitted to a youth HIC and to compare these numbers with other youth facilities.

Methods: A single centre, retrospective study was performed among patients who have been admitted to a Dutch youth HIC care between January 2020 and January 2023. The sex assigned to a child at birth was used to determine whether there was a significant difference in admissions between the sexes.

Results: There were 432 patients admitted to the youth HIC between 2020 and 2023. Median age was 16 years. There were significantly more girls admitted to the psychiatric unit (79% versus 21%) ($p<0.001$). Interestingly, reports of youth rehabilitation and reports of forced admittance to orthopaedics education/housing show bigger numbers of boys.

Conclusions: Boys tend to be referred to youth rehabilitation and forced admittance to orthopaedics education/housing instead psychiatric care units which is possibly leading to undertreatment of psychiatric disorders in this group of boys.

PO-2-050

Sex-specific interactions between stress axis and redox balance are associated with internalizing symptoms and brain white matter microstructure in adolescents

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Adolescence is marked by the maturation of systems involved in emotional regulation and by an increased risk for internalizing disorders, especially in females. Hypothalamic-pituitary-adrenal (HPA)-axis function and pro-oxidant/antioxidant balance have both been associated with internalizing disorders and may represent critical factors for the development of emotional regulation during this sensitive time period. However, sex-specific interactions between these factors and internalizing symptoms and their link with brain maturation remain unexplored. We investigated in a cohort of adolescents aged 13 to 15 from the general population (n = 69) whether sex-differences in internalizing symptoms were associated with peripheral glutathione redox homeostasis and HPA-axis function and if these parameters were associated with brain white matter development.

Female adolescents displayed higher levels of internalizing symptoms, GSH-peroxidase (GPx) activity and cortisol/11-deoxycortisol ratio than males. There was a strong correlation between GPx and GSH-reductase (Gred) activities in females only. The cortisol/11-deoxycortisol ratio, related to HPA-axis activity, was associated with internalizing symptoms in both sexes, whereas GPx activity was associated with internalizing symptoms in females specifically. The cortisol/11-deoxycortisol ratio mediated sex-differences in internalizing symptoms and the association between anxiety and GPx activity in females specifically. In females, GPx activity was positively associated with generalized fractional anisotropy in widespread white matter brain regions.

In summary, we found that higher levels of internalizing symptoms in female adolescents than in males relate to sex-differences in HPA-axis function. In females, our results suggest an important interplay between HPA-axis function and GSH-homeostasis, a parameter strongly associated with brain white matter microstructure.

PO-2-049

Meta-analysis study on changing gender roles and impacts on child and adolescent mental health

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The concept and construct of “family” has been ever evolving and often mirrored by societal changes which have included, changing gender roles with women entering the workforce, economic and technological developments, rise in separated families and broader acceptance of sexuality (i.e., same gender parent families). (1)

In developing countries like Sub Sharan Africa (SSA) , empowerment of women studies shown to help increasing shared caregiving, building caregiver capacity, and improving family support (2). It is predictive of better child health, nutrition, and growth, however, less is known about the relationship between women’s empowerment and child development and early learning outcomes. (2) Another study involving 26 SSA countries over 10 years showed a strong association between women empowerment indicators and the uptake of child health services. (3).

Another study showed emancipation of women has led to triple burden/ roles for women eg productive, reproductive and community role (4) leading to increased exhaustion, marital dissatisfaction and potentially higher divorce rates. parental divorces are associated with increased anxiety, depression and adjustment disorders in children. (4) Another study showed that good adolescent mental health is dependent on the closed family connection with both paternal and maternal relationships with the adolescent, hence divorce effects the adolescent mental health adversely (5).

This study looks at exploring the changing roles of female gender and the impact on child and adolescent mental health and wellbeing through use of metanalysis study. The aim is to Explore the protective and risk factors of family dynamics, interventions and future considerations.

PO-2-048

Clinical utility of the Thematic Apperception Test in assessing gender dysphoric adolescents.

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Background: The clinical utility of the Thematic Apperception Test (TAT), as a projective nonthreatening technique, lies mainly in its potential for elucidating dynamic aspects of personality functioning.

Aim and Method: To elucidate the clinical utility of TAT in diagnostic process of gender dysphoria (GD) in young people. Eight adolescents (5 natal females and 3 natal males), aged 14-17 years old, with GD emerging in adolescence who attended Adolescent Psychiatry Clinic requesting help following endocrinologist's advice, were administered TAT as part of a comprehensive psychiatric assessment.

Results: The content analysis of the TAT stories identified the following common features: (a) the central figure revealed an individual with a weak identity structure in terms of gender identity differentiation and/or confusion (not specified or variable gender), negative self-image and low self-esteem, and need for social recognition, (b) emotional themes reflected fatigue, both physical and mental, feelings of emptiness and guilt, depressed mood, and anger, (c) interpersonal relational styles included avoidance of emotional closeness and need for isolation, short-lived superficial relationships, and underestimating others, particularly the mother figure, and (d) the view of the world was seen as threatening and hurtful.

Conclusion: The findings highlight that administration of TAT can provide clinically useful information shedding light on how young people are likely to think, feel and act, which in turn contributes to the facilitation of the psychosocial assessment of young people with GD emerging in adolescence.

PO-2-057

Psychopathological developmental trajectories from childhood to early adulthood, through adolescence, in Clinical and General population samples: preliminary results from clusters analysis

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Although several researches addressed longitudinal psychopathological trajectories, most studies focused on categorical diagnoses or general symptoms severity courses. We aimed at identifying specific clusters of symptom trajectories in internalizing and externalizing areas and evaluating their different exposure to risk factors.

96 subjects (50% males) from general and help-seeking (46%) population were evaluated at pre-adolescence (T0 11±2 y), adolescence (T1 16±2 y), young adulthood (T2 26±4 y). Psychopathological symptoms were measured through ASEBA questionnaires at the 3 T. A Multivariate Finite Mixture Model (MFMM) was estimated on specific symptoms considering T1 and T2 scores. Then, we evaluated whether belonging to a cluster was associated with sociodemographic characteristics, environmental risks (i.e., perinatal complications and stressful life events), psychopathological symptoms measured at T0.

Externalizing scores resulted in overall stability; internalizing showed homogeneous variations identified as independent clusters of subjects: Anxious-Depressed scale showed 3 clusters (“stable high”, “stable low”, “low-to-high”), Withdrawn-Depressed 2 clusters (“stable high”, “stable low”), Somatic 3 clusters (“stable high”, “stable low”, “high-to-low”). No sociodemographic or environmental variable was associated with clusters belonging, whilst the presence of T0 internalizing and externalizing problems was a predictor of belonging to “stable high” clusters.

Our data suggested the presence of specific internalizing manifestations trajectories from adolescence to adulthood. Individuals belonging to stable high internalizing clusters, during preadolescence presented higher emotional/behavioral dysregulation during preadolescence, with higher internalizing and externalizing problems. Our preliminary evidence suggested the importance of accounting for both homotypic and heterotypic continuity in psychopathological traits when planning interventions.

PO-2-016

Risperidone-induced weight gain and alterations in appetite hormones in children and adolescents with autism spectrum disorder

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Background/Objective

Risperidone, while efficacious in reducing irritability and hyperactivity in children with autism spectrum disorder (ASD), is associated with significant weight gain. Although weight gain is multifactorial, metabolic and endocrine changes may play an essential role in this process. This study explores the association between appetite hormones and weight gain over time in relation to risperidone exposure.

Method

In the prospective SPACe study, we collected blood samples in risperidone-treated children with ASD. In addition to the risperidone and 9-OH-risperidone levels (sum C_{trough}), we determined the appetite hormones leptin, bioleptin, neuropeptide-Y (NPY), gastric inhibitory peptide (GIP), insulin, and glucose levels at the fasting state, before the start, and at 12 and 24 weeks of treatment. We used Wilcoxon's two-tailed signed-rank test to evaluate the differences in the parameters between distinctive time points.

Results

Sixteen patients (68.75% boys, mean age 11.4 yr, and mean body weight 42.8 kg) were included. Significantly elevated levels of bioleptin and insulin, and homeostasis model assessment insulin resistance (HOMA-IR) index ($p<0.05$) were found in the first 12 weeks, followed by a trend toward a plateau at 24 weeks. The levels of leptin ($p=0.06$) and NPY

(p>0.1) increased between baseline and 12 weeks. GIP levels showed a downward trend (p>0.1) in the first 12 weeks followed by a normalization at 24 weeks. A concomitant increase in the risperidone sum C_{trough}, and BMI z-score was observed (p<0.05).

Conclusion

In risperidone-treated children and adolescents, we have observed alterations in certain appetite hormones, despite a relatively small sample size.

PO-2-064

Methylation profile and perinatal complications significantly predict persistence of psychopathological traits during adolescence: a machine learning decision tree analysis

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Epigenetics, of which DNA methylation is the most studied, is defined as mechanisms that explain how environmental experiences, which an individual may have faced pre birth as well as during childhood, might influence the development of psychopathology later in life (Provenzi et al., 2018).

This study aimed to evaluate the roles of environmental risk factors and epigenetic profiles, using a decision tree (DT) classifier, in the causation of HIGH *vs* LOW psychopathology clusters, previously identified in a sample of a sample of 205 adolescents (mean age 14.45±2.16, male:female=47:153) who have been help-seeking children for emotional/behavioral problems. HIGH cluster presented above mean psychopathology in both Internalizing and Externalizing areas (T scores means INT=63.7±5.97; EXT=58.9±7.10), whilst LOW had below mean values (INT=51.0±6.91; EXT=47.1±6.51) evaluated with Child Behavior Checklist/6-18 (Achenbach & Rescorla, 2001).

The environmental factors evaluated were: presence of stressful life events, of pre- and postnatal risk factors, socioeconomic and demographic characteristics; the epigenetic profile comprehended: DNA methylation in BDNF, FKBP5, IGF2 and OXTR.

The DT showed that the most discriminant information was represented by the presence of more than one perinatal risk factor, followed by methylation levels in specific BDNFCpGs.

Our results helped in the identification of future research directions in the study of the etiopathogenesis of psychopathological traits, confirming the importance of both early environmental experience and epigenetics in causing presence of higher psychopathology during adolescence.

PO-2-028

The impact of the two-year Covid-19 pandemic on hospitalization and readmissions to a child and adolescent neuropsychiatric unit

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Purpose: (a) to study the population of patients admitted to a Neuropsychiatric Hospital Unit of North Italy during the pandemic two-year period, throughout a comparison with the population of patients hospitalized in the previous two years, according to socio-demographic and clinical variables. (b) To analyse the hospital readmission phenomenon, which has apparently increased its frequency during the first pandemic year according to recent studies.

Participants and methods: This is an observational retrospective cohort study about 375 hospitalised patients from February 2018 to March 2022 due to neuropsychiatric problems, they were divided in a pre and a covid group. Data were analysed through mean, standard deviation, percentages, t-tests, chi-squared test, Fischer's and non-parametric Mann-Whitney U-test. The level of statistical significance was set at $p \leq 0.05$.

Results: Risk factors for mental health disorders were similar between the two groups, except for the significantly increased use of electronic devices in the COVID-19 one. Patients suffering from eating disorders tripled over time. Hospital readmissions almost doubled between the pre-COVID-19 two-year period and the COVID-19 period. The comparison between the two groups of patients readmitted before and during the COVID-19 pandemic didn't show any differences in terms of socio-demographic and clinical characteristics.

Conclusion: Besides a major clinical severity, these results suggest the inadequacy of local neuropsychiatric services in managing the complexity of clinical situations and the necessity to implement prevention strategies and services.

PO-2-056

Nature Matters for Young People

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Young people across the world are becoming increasingly concerned about the impact of climate change and the ecological crisis on their lives. Equally there has been growing interest in the therapeutic aspects of nature on mental health across different sectors from healthcare to schools to urban planning. There are now many opportunities to integrate nature within clinical mental health services to improve both patient and staff wellbeing, with a burgeoning evidence-base to support the change. Nature based interventions also have the advantage of being environmentally sustainable and will be a vital component of Greener health services of the future.

This workshop will give attendants an opportunity to:

Learn more about the evidence around nature, nature connection and nature deficit and the impact on the mental health of young people Reflect on their own relationship to nature both in their everyday lives and in clinical practice Be introduced to UK examples of nature-based practice in child and adolescent mental health services and to think about how they can apply to their own contexts The workshop is developed by Dr Shuo Zhang and Dr Catriona Mellor using the experience they have gained as Nature Matter's Leads for the Planetary Health and Sustainability Committee of the Royal College of Psychiatrists.

PO-2-055

Bubble-Technique: a method to tackle the black box of emotion recognition and emotion regulation

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Up to 18-22% of adolescents self-injure without intention to die. Adolescents use this non-suicidal self-injuring (NSSI) behavior primarily to regulate their emotional state. NSSI reduces negative affect, increases positive affect, and is therefore to some extent functional for the patients. Although in literature the consequences of NSSI are well described, the emotion regulation process that patients go through prior to NSSI needs further investigation. Without the possibility to look inside the patients' heads, this emotion regulation process is similar to an impenetrable black box. While we cannot objectively measure how adolescents regulate their emotions in specific situations, we can specifically control what information enters the emotion regulation process, e.g., only part of the information from emotionally charged facial expressions are made available for adolescent's emotion categorization. This way the so-called bubble technique reveals what kind of information adolescents use to identify different types of emotions. If the visual information that enters patients' emotion regulation process differs from healthy controls, the emotion regulation process is already altered at perception. In our sample, the emotion perception differs between patients with NSSI and healthy controls and using machine learning it is possible to identify an altered emotion regulation process via the bubble-technique. This technique can serve early detection of emotion regulation alterations and direct the therapeutic focus on preventive emotion perception strategies.

PO-2-047

Are Social Cognition and Emotion Dysregulation The Same or Different in Child and Adolescents with Gender Dysphoria and Congenital Adrenal Hyperplasia?

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Introduction: Social cognition is a concept that represents mental processes related to interpersonal social interaction. Prenatal androgens may have mascunizing effects on fetal brain and may be precursors of autistic traits. In this study, patients with a diagnosis of congenital adrenal hyperplasia(CAH) and patients with a diagnosis of gender dysphoria(GD) who were assigned female at birth but identified as male, with no hormonal imbalance and healthy controls(HC) were compared regarding social cognition skills and autistic characteristics.

Method: Our study included 94 female cases aged 11 to 18 with GD(n=27), CAH(n=29), and HC(=31). After an interview with Kiddie Schedule for Affective Disorders and Schizophrenia (KSAD-S), Reading the Mind in the Eyes Test(RMET), Faces Test, and Comprehension Test (CT) were applied. The cases also completed the Difficulties in Emotion Regulation Scale(DERS) and Children's Depression Inventory(CDI). Autism Spectrum Quotient(AQ), Autism Spectrum Screening Questionnaire(ASSQ), *Empathy* Quotient(EQ), and Systemising Quotient(SQ) were filled in by parents.

Results: There was a significant difference in terms of ASSQ($p<0.001$; GD>HC) and AQ score ($p=0.002$;GD>HC,CAH>HC). Significant differences were detected in RMET score ($p=0.009$;HC>CAH) and CT score($p<0.001$;HC>GD>CAH). EQ($p=0.005$;HC>CAH,GD) and SQ scores ($p=0.011$; HC>GD) were statistically significantly higher in the HC. DERS total score ($p=0.005$) and CDI total score($p=0.002$) were statistically significantly higher in the GD.

Conclusion: Androgen exposure may be related to social cognition skills and autistic traits. It may be important for professionals working in the field of child endocrinology and child psychiatry to work together to intervene in such cases.

PO-2-011

In-vivo Manipulation of Locus Coeruleus-Norepinephrine Activity in Humans

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Autism Spectrum Disorder (ASD) is characterized by a variety of cognitive and behavioral attention symptoms. As an underlying pathophysiological mechanism, correlative studies indicate attenuated LC-NE phasic activity and increased LC-NE tonic activity, which may explain atypical sensory selectivity. However, this ASD model requires experimental validation. Here, we present the implementation and preliminary results of a study design using an oddball paradigm to in-vivo manipulate LC-NE activity.

N = 10 non-autistic controls completed a passive auditory and an active visual oddball task while pupillometry was recorded with baseline pupil size (BPS) assessing LC-NE tonic activity and stimulus evoked pupillary response (SEPR) representing LC-NE phasic activity. In the auditory task, LC-NE activity was manipulated by an isometric handgrip exercise. The visual task requiered participants keypresses for oddball stimuli and included independent manipulations of task utility and stimulus salience.In the auditory oddball task, BPS decreased after manipulation while SEPR to oddballs was enhanced. In the visual oddball task, SEPR to oddballs also increased, further enhanced by an interaction of stimulus salience and task utility.

Our preliminary results indicate a successful in-vivo manipulation of LC-NE activity in humans. The study design will now be extended to a group comparison of ASD and non-autistic controls. In combination with mismatch-negativity, a measure for sensory selectivity, we seek to shed light on how LC-NE activity relates to sensory selectivity. This study design would also allow us to discriminate whether the different LC-NE functioning in ASD results from superordinate cognitive functions or a different nucleus functioning itself.

PO-2-010

Anatomical correlates of panic disorder in adolescents: first evidence of anterior cingulate involvement and changes after CBT.

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Background: Structural prefronto-limbic and prefronto-striatal alterations are found in panic disorder (PD) in adults. Despite such circuits are under development in adolescence, no studies are conducted in youth. We aim to investigate

global/regional gray matter volume (GMV) alterations in adolescent PD and putative changes after cognitive-hebaviour therapy.

Methods: Two groups (12-17 years old) of PD and age-matched healthy controls (HC) underwent a clinical evaluation and a 1.5T magnetic resonance session. Preprocessing and between-group analyses (T student) of the structural sequence were conducted on SPM12 software. Depressive/anxiety symptoms were correlated with extracted eigenvariates of regions with significant differences. A PFWE<0.05 cluster-corrected threshold was settled. Significant baseline results were evaluated at follow-up.

Results: 19 PD patients (9 males; mean age 15,3 +/-1,6 years) and 12 HC (6 males; mean age 14,9 +/-1,8 years) were included baseline; 13 PD and 12 HC at follow-up. There were no global GMV differences. Regional GMV was increased in PD at the right dorsal anterior cingulate cortex (dACC) (T=4.49, P_{FWE} cluster=.002) and decreased (trend) at the anterior insular cortex (T=5.44, P_{FWE} cluster=.05). No significant correlations emerged. None of the regions survived at follow-up.

Conclusions: dACC is relevant for emotional appraisal, cognitive control, and error monitoring. Alterations in ACC are extensively replicated in anxiety studies in adults but increases in adolescents -as opposed to decreases in adults- might indicate an early compensatory mechanism, which may improve with treatment. Replication studies will be required.

PO-2-035

Alexithymia – Relevance for diagnostics and therapy in anorexia nervosa

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Alexithymia is a cluster of emotional processing deficits that is often described as a dimensional, normally distributed trait with a prevalence around 10%. It describes the difficulty to identify and describe one's own emotions (appraisal) and an externally oriented thinking style (attention). In clinical populations, the prevalence of alexithymia ranges from 11 to 80 % and is strongly associated with psychological distress. Mental health conditions with the highest prevalence rates are depressive disorders, non-suicidal self-injury, addictive disorders, the autism spectrum condition and eating disorders.

As a trait, alexithymia constitutes a transdiagnostic risk factor for later mental health conditions and deserves more attention in the clinical context. Alexithymic patients have higher psychological distress, more comorbidities and worse therapy outcomes if alexithymia is not addressed.

To present an example of the benefits of an alexithymia assessment, n = 20 youths with anorexia nervosa and n = 20 controls were assessed on their alexithymia, eating disorder symptomatology, psychological distress and duration of illness. Alexithymia was significantly positively associated with higher psychological distress and higher eating disorder symptomatology. Furthermore, difficulties appraising positive emotions was associated with higher eating disorder symptomatology in the past.

PO-2-054

"Degree-of-Quiz-Difficulty-Paradigm": Measuring Proactive Aggression in Youth and Young Adulthood

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Aggression refers to attacking behavior and can be divided into a proactive (out of instrumental motivation) and reactive component (out of frustration). Experimental measures of proactive aggression, especially in adolescence, are rare and insufficiently validated. Therefore, the goal of the present study was to develop and validate an experimental paradigm for assessing proactive aggression in adolescence and young adulthood. Thus, 54 participants between the ages of 12 and 19 were enrolled into the study. All participants had to divide quiz questions of varying difficulty between themselves and a supposedly "opposing" subject. The incentive for participants to be proactively aggressive was that winning the quiz was associated with an additional monetary prize. The degree of difficulty selected for the "opponent" was to be used as a measure of proactive aggression. For successful validation of the paradigm, correlations of the difficulty index with proactive aggression (positive) and with empathy scores (negative) were expected. Due to response biases caused by social desirability and distorted self-perception, questionnaires regarding child rule-breaking and (proactive) aggressive behavior were also given to caregivers of adolescent participants for completion. Especially third-party reports seem to be more appropriate in validly capturing externalizing behaviors. Therefore, an objective assessment of proactive aggression – as it should be possible with such a paradigm – is profitable and necessary.

PO-2-053

Associations between perceived coparenting and emotion regulation in adolescents during a family conflict discussion task

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Theory and empirical evidence suggest that family-level relational processes (involving two parents and their child(ren)) play a significant role in the development of emotion regulation (ER) skills in childhood. Very few studies, however, have investigated the links between the quality of the coparenting relationship and ER in adolescence. The present study aimed to explore the links between coparenting (as reported by the adolescent) and adolescent physiological ER. We collected electrocardiogram data in adolescents (aged 10-13) before, during and after a 12-minute family conflict discussion task (N = 74 father-mother-adolescent triads from a community sample). We derived ER indices from the computation of root mean square of successive differences between heartbeats (RMSSD), with high RMSSD indicating higher ER capacities. Adolescents completed a questionnaire assessing coparenting along three dimensions (cooperation, conflict and triangulation); parents' individual contribution to each dimension is rated, as well as the contribution of the dyad itself. We performed generalized linear models to test how coparenting dimensions predicted RMSSD values, while controlling for adolescent gender, age, and body mass index. The paternal contribution to the dimension of conflict was negatively associated with RMSSD measured during the pre-task resting period. In addition, triangulation by the father was positively associated with RMSSD during the pre- and post-task resting periods. Clinical and methodological implications of these results will be discussed.

PO-2-052

Unmet needs in adolescents mental health in the transition to adulthood, How will fill the gap?

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Adolescence is defined as a period of transition from childhood to adulthood marked by multiple physical, psychological and social changes. Although the World Health Organization (WHO) defines adolescence as the stage between the ages of 10 and 19, functional maturity is not always reached at this age and neuroscience and studies of prefrontal maturation, as well as functional analyses, should make us rethink these limits. On the other hand, this stage of life is key for mental health, as up to 70% of mental disorders will make their debut between the ages of 13 and 25, a key decade, to which we are paying relative attention and which, after the pandemic, has increased in terms of needs and incidences of mental health.Current care models establish the difference between child and adolescent psychiatry and the leap to general or adult psychiatry. Many of the disorders that start in childhood seem silenced with this model, when they will have repercussions throughout the life span and on the specific needs of functional adolescents, even though they are formally considered as adults.

The purpose of this workshop is to share the experience of the last 5 years of the transition program at the Hospital Universitario Infanta Leonor in Madrid, as opening a debate on the most appropriate care and conceptual model to meet these needs, which was already there before the pandemic, but which the pandemic has increased.

PO-2-103

A chatbot on depression and suicidality in youths - study protocol on development

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Major depressive disorder is one of the most common mental illnesses in youths and the third leading cause of death among adolescents. Depressive symptoms increase the risk of suicide, so early help is crucial. Adolescents report more depressive symptoms compared to their parents, which is why relying solely on parental information results in depressed adolescents being overlooked. Therefore, youth should be given a way to anonymously self-report their depressive symptoms in order to get psychiatric help easily and early.

The aim of this study is to generate a data basis to construct a chatbot as a simplified and low threshold screening to assess depressiveness and suicidality in youths. In the future, a chatbot could be used for early assessment and pre-diagnosis, to provide children and adolescents with a simple screening tool, but also to initiate a suitable form of treatment.

Forty youths aged 12 and 19 years will be investigated, of which *n*=30 have a depressive disorder and *n*=10 are healthy controls. Typical statements and descriptions of youths about depressive and suicidal symptoms will be collected with a recorded semi-structured interview. Transcripts of conducted interviews will be used for linguistic evaluation.

We expect linguistic differences in description and expression between youths with and without depressive disorder. In a next step, a neural network can be trained that reliably distinguishes between the groups based on the existing linguistic differences. With this basis, a chatbot can be programmed that can analyse youths' answers and descriptions.

PO-2-027

COVID-19 pandemic beyond lockdown, is there an increased risk for psychopathology in Children and Adolescents? A Longitudinal Study in Spain.

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Background: COVID-19 pandemic prompted multiple stressors. We aimed at evaluating the impact of COVID-19 and resulting stressors on youth mental health during Spanish lockdown and in the following months.

Methods: 1,502 caregivers answered an online questionnaire about emotional and behavioral symptoms of youths (4-17 years old) using the Pediatric Symptom Checklist (PSC) monthly from May-2020 to February-2021. A retrospective last year PSC, caregiver's stress/anxiety (DASS-21) and stressful life events (SLE) were among collected variables.

Results: Percentage of positive PSC (PSC+) between retrospective and first baseline assessment significatively increased from 13.1% to 35% (McNemar X^2=218.34; p<.001;Cramer's V=0.40). Baseline PSC+ was higher in children compared to adolescents (39.7% vs 25.4%; X^2(1)=23.55; p<.001;OR=1.92;IC 95%(1.47-2.52). Generalized linear mixed-effects models showed decreased probability of PSC+ along time for the entire sample (β=-0.05;z=7.29;p<.001). Other predictors of longitudinal PSC+ were last year's PSC(β=0.6;z=11.57;p<.001), DASS-21(β=0.87;z=7.58;p=.03) and SLE(β=0.77;z=5.04;p<.001). Subsequent stratified sub-group analyses revealed a smaller effect of time in adolescents (β=-0.03;z=1.08;p=.02).

Conclusions: These findings show an increased emotional and behavioral impact on youth at first pandemic periods, particularly in children. They also highlight the influence of caregiver's stress/anxiety, and of the number and type of stressors on such symptoms. Despite the expected along time improvement, adolescents might have a slower recovery.

PO-2-015

Testing a Cognitive Behavioural Therapy program for Anxiety in Teenagers on the Autism Spectrum: A feasibility study.

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Autism spectrum disorder (ASD) includes core symptoms affecting general and social development. Up to 60% of adolescents with ASD suffer from comorbid anxiety disorders which can negatively influence educational, social and general development together with quality of life. This study is the first to investigate the feasibility of adapting the manualised cognitive behavioural therapy (CBT) group programme 'Cool Kids ASA' in to a version suited for teens targeting topics related to this age group.

Methods: Fifteen adolescents, aged 14–17 years, with ASD were enrolled in the study. Outcome measures were collected from both teens and parents pre- and post-treatment and at 3-month follow-up and included evaluation and satisfaction with the program, school attendance, scores from a semi-structured anxiety interview, together with questionnaires on anxiety symptoms, life interference, and children's automatic thoughts.

Results: 92% of the families who completed the program found it useful and would recommend it to other families in a similar situation. All families attended 7 or more sessions – the minimum requirement for completing the program. At

follow-up, 36% of teens were free of all anxiety diagnoses and 45% no longer met the criteria for their primary anxiety diagnosis. Of the five teens who did not attend school before treatment only two remained school absent after treatment.

Conclusion: This study suggests that the adaptation of the group programme 'Cool Kids ASA' into a teen version is feasible creating important and satisfactory treatment for this age group and enhancing possibility of education, development and independence in future life.

PO-2-026

Exploring the impact of the second pandemic-related lockdown on preschool children in Greece: The VYronas KIds (VYKI) Study

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The COVID-19 pandemic affected youth everyday life and wellbeing across all age groups in an unprecedented way. Younger children had possibly been disproportionately affected due to their developing cognitive capacities and their dependence on caregivers. In Greece a national lockdown was imposed in November 2020 in response to the second pandemic wave and involved childcare services closure. The aim of the present study is to explore the impact of the second pandemic-related lockdown on preschool children in Greece. All parents of preschool children attending childcare services were invited to complete an online questionnaire during the last two months of the November 2020 lockdown. Parents of preschool children residing in the area and not currently enrolled in a childcare facility were also invited to participate. The questionnaire included sociodemographic information and variables about children's emotional and behavioral symptoms. Our sample were 226 children (boys: 53.8%, mean age: 3 years) attending mostly public childcare services (97.3%). Half of the parents (49.6%) reported significant family income reduction, while 23% reported job loss during the pandemic. Children's psychological health was identified to have been affected by 43.8% of parents. Parents reported no significant change in children's psychological health from before the outbreak of the pandemic to before the November 2020 lockdown. Some children experienced infection with COVID-19 worry, separation anxiety, sadness and negative thoughts. The design of policies and interventions in response to stressful events should take into account age specific differences and related parental needs.

PO-2-116

Borderline Personality Disorder: Adolescent subtype?

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Borderline personality disorder (BPD) is characterized by pervasive and persistent pattern of instability and impulsivity. Whilst BPD diagnosis in teenagers is acknowledged in child psychiatry and frequently used, its use in the young remains controversial and some specialists are still reluctant to diagnose patients with BPD, therefore, its public health significance is under-recognized and undertreated. Covid pandemic has seen a dramatic increase in number of adolescents with BPD symptoms; many of them required care in inpatient settings.

Aim: Investigate clinical profile and features in adolescents with BPD.

Methods: Clinical assessment of adolescents, 11-17 years, meting DSM-5 (ICD-11) criteria for BPD, admitted to child&adolescent inpatient department in 2021-2022.

Results: All observed 76 patients (74 girls) with BPD experienced comorbid disorders, 46% - complex comorbidity. Self-harm and suicidal attempts were observed in 68% of cases; anxiety disorders - 86%; bullying - 62%; affective disorders - 85%; bipolar affective fluctuations - 36%; dissociative symptoms - 42% (25% of which had symptoms like auditory “hallucinations” and 10% - dissociative identity disorder); eating disorders - 28%; self-identification difficulties - 72%. Clinically significant improvement (short-term outcome) was noted in 76% of patients, notably in self-harm impulses and comorbidities, based on routine treatment (symptomatic medication, crisis and case management, psychoeducation) without using DBT.

Discussions: BPD in adolescence is one of the most acute issues in child psychiatry with challenging diagnosis and treatment. Specific profile of clinical features, comorbidity and response to treatment (different to that of adults) allowed considering BPD in adolescents as a separate BPD subtype.

PO-2-034

HOSPITAL AT HOME UNIT FOR CHILDREN AND ADOLESCENTS WITH EATING DISORDERS: DESCRIPTIVE STUDY OF THE FIRST YEAR OF ACTIVITY

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Objective: To describe the first year of activity of a novel hospital at home (HaH) service for children and adolescents with moderate to severe eating disorders (ED).

Method: The study includes all ED patients admitted to the Hospital at Home (HaH) program during its first year of implementation. HaH is conceived as a home – based intensive hospital care program provided by a multidisciplinary ED team with the family's active involvement. Socio-demographic and clinical variables were collected retrospectively from chart review.

Results: Fifty-nine patients, 100% female, with a mean age of 14.69 (SD 1.67), were admitted to the program from July 1st, 2021, to June 30th, 2022. The mean stay was 39.14 days (SD 14.47). On admission, 32.2% presented non-suicidal self-injury, significantly reduced at discharge (t = 5.046; p<0.001). Mental disorders comorbidity was present in 28 (47.5%) patients. The objectives set at the beginning of the treatment were achieved in 91.53% (n=54) of patients. Those admitted with a BMI<P15 and thus needing weight recovery have significantly larger lengths of stay (*t = -3.093, p = 0.003*). In this subsample, a weekly weight gain of 1.11kg on average was achieved, with a clinically and statistically significant weight improvement in terms of BMI observed at discharge (z= –5.373, p< 0.001; ***Cohen's d*** = 3.08).

Conclusion: The HaH program is realistic and reliable in adolescents with severe ED and comorbidities. Probably is a new choice to empower patients and their families in the treatment of ED. Further effectiveness studies should be performed.

PO-2-042

Telomere lengths in Anorexia nervosa

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Anorexia nervosa (AN) is a life-threatening eating disorder characterized by severely low body weight. The prevalence of AN is higher in females than males. The average age of onset is early to middle of adolescence. As a complex disease, AN is influenced by genetic and environmental factors. Inpatient treatment in patients with AN is accompanied by a major gain in body weight. Telomere lengths (TLs), considered a measurement for aging and stressors, were reported to be associated with body weight regulation. A recent study implied longer TL in patients with AN compared to healthy controls. Linkage Disequilibrium score (LD-score) was utilized to analyze the genetic correlation between TL (Codd et al. PMID: 34611362) and AN (Watson et al. PMID: 31308545). We recruited 57 young females with acute AN (age < 18) at the time points of admission to and discharge from the hospital. Twenty-six patients were also included in a 2.5-year follow-up. We measured the relative telomere length using by Cawthon et al. method (PMID: 12000852) and Pfaffl et al. (PMID: 11328886) calculation method. We found a negative LD correlation between TL and AN ($p = 0.03$, $rg = -0.0669$). Thus, based on post-GWAS analyses, patients with AN might have reduced TL. However, our data do not show altered TL after weight gain.

PO-2-101

PATIENT-ADMITTED BEDS IN AN ADOLESCENT PSYCHIATRIC SETTING

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Reducing coercion in psychiatry has been the focus for many years. Every time coercion is administered personal boundaries are violated. For every individual, it is of outmost importance to maintain integrity, basic human rights, and to decide over your own life.

Many attempts have been launched to minimize coercion and patient-admitted beds is one of them. Hereby, the patient is given back the control over his/her needs, and is able to be admitted immediately for a given number of days.

Since march 2019 patient admitted-beds have been initiated at Aarhus University Hospital, psychiatric department for young persons between 14-21 years. In the beginning patient-admitted beds were offered to patients with schizophrenia,

but has later been expanded to a broader set of diagnoses. A contract is made with the patient describing the circumstances for the admission.

In the initial analyses in April 2022, 18 women aged 15-20 years have had a contract. After signing the contract the patients total number of hospital admissions fell as well as ambulatory contacts. Before having a contract of a patient-admitted bed admissions with coercion were seven times higher.

Data will be up-dated in 2023.

The results imply that patient-admitted beds have a positive effect in the reduction of coercion for young patients.

PO-2-025

Real life course and effectiveness of melatonin treatment for sleep disorders in children with ASD

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Introduction: Sleep disturbances are reported in >50% of children with autism spectrum disorder (ASD). Melatonin is considered the most effective pharmacological treatment for sleep disturbances however, real life data about the course and effectiveness of melatonin in children with ASD is lacking.

Methods: We evaluated the course and effectiveness of immediate-release melatonin treatment among 78 children with ASD from the Israeli National Center for Autism Research. Parents of these children completed a phone-questionnaire about the course of treatment and its effectiveness (in a scale of 1-5) on sleep quality and behavior. Key demographic and clinical characteristics were compared between melatonin “responders” ("overall effectiveness score">3) and "non-responders".

Results: Overall, 72% of the children who were treated with melatonin, were defined as responders. Of these, 86% had an improved sleep onset while only 43% reported its effectiveness on night awakenings. Furthermore, 32% of these children discontinued treatment, mostly due to lack of effectiveness (31%). Melatonin responders required more “very substantial support” according to the DSM5-A criteria (60% vs. 32%; p-value=0.04), and had higher tendency to have comorbid ADHD and to be prescribed other psychoactive drugs.

Conclusions: Our findings suggest that melatonin treatment is mostly effective in children with more severe symptomatology. This may be due to greater melatonin deficiency in these children, a factor that has been shown to be associated with more severe autistic symptoms. Further studies are needed to validate these findings in larger samples and explore additional biological and clinical factors associated with melatonin effectiveness in children with ASD.

PO-2-120

Safeguarding measures in the medical field in Europe: A systematic literature review

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Child protection is an important issue in the medical field. Due to the high prevalence of child abuse in Europe, it is likely that health professionals will meet abuse at some point. In addition to the help medical institutions can provide for those affected, they can also be scenes of child (sexual) abuse. Results of research indicate specific risk factors for medical institutions, like steep hierarchies and lack of time. In Germany hospitals are obliged to develop safeguarding measures against child abuse. Safeguarding measures are defined measures like preventive elements, intervention guidelines or a complaint system, and aim reducing institutional risk factors. The aim of this work is to present the implementation of safeguarding measures in Europe.We have conducted a systematic review of the literature on safeguarding measures in medical institutions in Europe published until September 2022. The search was conducted via PubMed. Based on the inclusion criteria 89 studies were accepted for review.

Results of the study show that so far only few hospitals in Europe have initiated measures to reduce the risk of child (sexual) abuse. The most common measures found were prevention strategies, Security arrangements for the patients and training. A complete set of institution-specific measures, which is continuously updated and meets the German quality criteria, is only available in a few individual cases.

The results of this study clearly show that there is still a high need for safeguarding measures in medical institutions to adequately protect and support children when they experienced abuse.

PO-2-091

Prevalence and consequences for health-related quality of life of child maltreatment in institutions: A Representative Survey in Germany

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Child maltreatment (CM) is a major public health problem, associated with enormous societal and individual consequences, including impairments health-related quality of life (HRQOL). Most cases of CM take place in the family context. However, in recent years, cases of institutional CM in school, educational and medical settings have become increasingly apparent in Germany. However, studies consequences of institutional CM are lacking to date. Thus, the objective of this analysis is to assess the prevalence and association of CM with HRQOL in institutions.

In a cross-sectional survey, a representative sample of the German population (N=2,516) was assessed regarding socioeconomic information, HRQOL, measured by the five dimensions questionnaire EQ-5D-5L, and CM experiences in school and medical as well as educational institutions were obtained.

Of the 2,516 participants, 834 (33.14 %) reported institutional CM and 1.194 (47.46 %) reported impairments in HRQOL. Participants who have reported CM in institutions were more likely to have HRQOL impairments compared to participants who have been in the respective institutions but have not experienced CM in the respective institution. In the case of CM in medical institutions, the risk for HRQOL impairments was increased by 2.1-3.9-fold. If CM in school was reported, impairments in HRQOL were increased by 1.6-2.0-fold and for CM in educational institutions by 2.1-2.7-fold.

CM in institutions is associated with increased likelihood for impairments in HRQOL in Germany. To prevent CM in institutions and their serious consequences, all institutions caring for children and adolescents should be obliged to develop safeguarding measures.

PO-2-046

Hospital utilization in childhood-onset functional seizures – a Danish nationwide cohort study.

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Introduction: Functional seizures (FS) in children and adolescents can lead to emergency room visits or hospital admission. This study aimed to explore hospital utilization in children and adolescents with FS as compared with children and adolescents with epilepsy (ES) and children and adolescents with no FS or epilepsy, termed healthy controls (HC).

Methods: A Danish population-based matched cohort study using data from nationwide healthcare registries between 1994 and 2016. The study population consisted of 3,456 children and adolescents (FS: n = 384, ES: n = 1,152, HC: n = 1,920). Outcomes were somatic and psychiatric hospital utilization during four periods: 24-13 and 12-0 months before the FS diagnosis, and 0-12 and 13-24 months after the FS diagnosis.

Results: The FS cases displayed higher incidence rates (IRs) of both somatic and psychiatric hospital utilization (emergency room visits, inpatient admissions, and outpatient care) than the ES and HC groups with incidence rate ratios (IRRs) showing a statistically significant difference in all periods. The FS cases had higher IRs of somatic hospital utilization than of psychiatric hospital utilization in all periods. A total of 61.5% had no registered psychiatric hospital use after the FS diagnosis.

Conclusion: Children and adolescents with FS had a higher use of hospital services than children and adolescents with epilepsy and healthy controls. Health care services were provided mainly by somatic hospitals. The findings highlight that childhood-onset functional seizures impose a considerable burden to hospital-based care.

PO-2-107

”Bipolar Prodrome Symptom Scale Abbreviated Screen (BPSS-AS): Scores and their association with later bipolar disorder in Danish Youth”

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Project poster

Introduction:

This project aims to investigate if the BPSS-AS-P can be used successfully in children and adolescents to identify those at risk of later being diagnosed with bipolar disorder (BD).

Methods:

The predictive validity of the BPSS-AS-P will be investigated by a prospective study.

Data is collected using questionnaires send out to youth and their parents at baseline and a register-based follow-up after 5 years. Questionnaires focus on symptoms, suicidal- and self-injurious behavior and substance use.

The study population consist of two groups; a randomly selected population-based sample age 12-18 years, and an enriched sample age 12-18 years who have been in contact with Child and Adolescent Mental Health Services (CAHMS) within the past 5 years of the baseline assessment.

Hypothesis:

At baseline, children and adolescents who have been in contact with CAMHS will score higher on the BPSS-AS-P than those who have not.

For those with a register-based diagnosis of BD withing the 5-year follow-up period, higher BPSS-AS-P scores at baseline are associated with shorter time to incident BD.

The BPSS-AS-P can discriminate between individuals with a register-based BD during follow-up and those without.

Perspective:

Studies have shown that early identification and treatment of BD improves long-term outcomes, especially in late adolescents and younger adults. Therefore, this project will investigate the BPSS-AS-P in a broad sample for clinical utility, hopefully contributing to the field of recognizing symptoms of the bipolar prodrome, and predicting later BD. Thereby, targeting and facilitating earlier interventions.

PO-2-063

Exploring trajectories of different types of maltreatment across childhood – Findings from the Swiss cohort study 'Youth welfare trajectories: Learning from experience'

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Background: Children placed in out-of-home care report high rates of childhood maltreatment, trauma, and accumulate additional stressors (Fischer et al., 2016; Rebbe et al., 2017). Research has shown distinct trajectories of age-of-prevalence for different types of childhood maltreatment exposures (Teicher & Parigger, 2015).

Objective: The aim of this study was, first, to report the prevalence of childhood maltreatment in early childhood (<6y), middle childhood (6–12y), and adolescence (12–18y) in a sample of young adult care-leaver. Second, to explore the trajectory of age-of-prevalence of different types of childhood maltreatment.

Methods: The Maltreatment-and-Abuse-Chronology-of-Exposure (MACE) scale was assessed in 184 young adult Swiss care-leaver (M_{age} = 26.6, 33.2% women). The MACE scale allows to retrospectively examine exposure to ten types of maltreatment throughout childhood.

Results: Overall, 87.5% of participants reported at least one type of childhood maltreatment before the age of 18; 61.4% reported exposure in early childhood, 76.1% in middle childhood, and 72.8% in adolescence. Overall severity of maltreatment was highest at the age of 12. Different types of maltreatment showed distinct trajectories over time. For instance, emotional and physical neglect showed the highest stability. Witnessing intra-familiar violence peaked at age 8, whereas peer abuse was more prevalent in the ages of 12-14.

Conclusion: Childhood maltreatment is common in children placed in out-of-home care, underlining the need for prevention and early intervention targeted towards healthy family-functioning, but also addressing children's needs transitioning into adolescence.

PO-2-014

What To Do When Your Anxiety Dwells in Your 'Belly': A Mind-Body Based Mindfulness Group Therapy for Children and Adolescents in a Psychiatric Outpatient Clinic.

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We present a novel integrative treatment implemented in our public outpatient clinic, which is situated in Emek Medical Center, a general hospital in northern Israel.

The psychiatric services in our medical center promote an integrative approach that takes into account the inherent connections between mind and body, as related to all forms of psychopathology. Our services combine Chinese medicine, reflexology, yoga-therapy, and mindfulness therapy, and standard biological and psychological therapies, and our center is a pioneer in evaluating the contribution of this approach to the well-being of our patients.

Specifically, we will present a mind-body group therapy based on mindfulness techniques, aimig to reduce and alleviate anxiety and depressive symptoms, and to promote emotional regulation. The efficacy of mindfulness therapy in these situations is high in children and adolescents, and recent studies show a good influence on cognition, attention span, decision-making, empathic capability and self-compassion.

We will describe and demonstrate our work with children and adolescents coping with anxiety, social problems and emotional dysregulation. In this group, we promote awareness of breath, and practice movement, relaxation, guided imagination, drawing and play, and also self-compassion exercises. we will also bring examples and patients' descriptions of the influence of the experience over their self-regulatory abilities, level of anxiety and distress and their social abilities.

PO-2-092

Involuntary hospitalization for treatment purpose: A qualitative interview study with patients with schizophrenia

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BACKGROUND: Involuntary hospitalization for purpose of treatment (IH) is a major intervention intending to provide care for individuals, who, during psychotic episodes, are not immanently dangerous to self or others but at risk of significant deterioration. The intervention is debated and not yet fully examined from patients' perspectives. IH is more often used in adult psychiatry but the ethical dilemmas are also relevant in child- and adolocent psychiatry.

METHOD: Nine patients (age 18-65) were interviewed at discharge with a semi-structured instrument on the following: Can IH be justified in general or in the case of their own admission, how can IH be prevented, and do they consider themselves psychotic or in need of help.

RESULTS: None of the patients considered their involuntary hospitalization necessary in its entirety or as an act of caregiving. They believed that more community support could have prevented IH. They did not view their condition at the time of IH as psychotic, but rather as anxious, stressed, or even entirely well. They stressed that psychiatric patients should be able to refuse treatment as somatic patients.

DISCUSSION: We discussed the patients' experiences and negative view of IH, how their opinions can be related to the concept of psychosis and insight, possibilities of increased community support, and ethical issues concerning caregiving when the person does not feel a need.

CONCLUSION: A better understanding of the role of psychopathology and patients' subjective experiences may provide a foundation for a patient-doctor dialogue on joint interventions in the future.

PO-2-121

A Latent Profile Analysis on Adolescents' Self-Harm Behavior in South Korea

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Self-harm behavior among adolescents continues to be a significant public health concern worldwide. A recent systematic review and meta-analysis found that the global prevalence of self-harm in adolescents aged 12-18 years was 17.2%, with higher rates reported among females (19.7%) than males (14.8%) (Madge et al., 2021). In South Korea, a national survey reported a prevalence rate of 13.4% among adolescents aged 12-18 years (Kim et al., 2020). Self-injurious behavior has been linked to several negative outcomes, such as depression, anxiety, substance abuse, and suicidal ideation. The present study aimed to classify adolescents based on factors associated with self-injurious behavior, including cognitive bias, emotional vulnerability, poor coping skill, peer-victimization, family adaptability, and perceived stress, in order to identify the characteristics of each cluster and develop tailored intervention programs targeting specific risk factors. A total of 881 adolescents aged 11-16 years in South Korea completed self-reported questionnaires, and latent profile analysis (LPA) was conducted to identify different patterns of self-injurious behavior among participants. The results revealed the presence of three distinct classes, with Class 3 (*N = 127*) exhibiting greater severity in all self-harm behavior factors than class 1 (*N = 416*) and class 2 (*N= 338*). These findings can be utilized to develop interventions aimed at reducing the prevalence and severity of self-injury behavior among adolescents.

PO-2-109

Dealing with trichotillomania in early childhood: case review

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Trichotillomania (TTM) is an disorder characterised by repetitive hair pulling, causing significant distress. Hair pulling may function to provide short-term relief from stress and other emotional states, as a method of emotion regulation.

We describe a 2-year and 7-month-old boy, referred to the Child Psychiatry outpatient unit by a dermatologist for alopecia. He was born at 33 weeks of gestation, requiring a short stay at the Neonatal Intensive Care. His birth mother had a history of drug abuse throughout the pregnancy, and she consented to an adoption process. He was adopted at 8 months, after staying in residential care. At 18 months the parents noted hair pulling particularly when frustrated or falling asleep, sometimes also pulling his mother's hair. At kindergarten, he soon began to pull hair from other kids, which he also proceeded to eat. The physical exam showed areas of alopecia on both temples and the frontal area. After excluding dermatologic and other medical conditions, a diagnosis of Trichotillomania with episodes of trichophagia was made. After psychoeducational introduction, habit reversal training (HRT) was started. At 7-month follow-up, he showed a resolution of trichophagia and a dramatic reduction of hair pulling.

Behavioural therapy with HRT components (BT-HRT) has demonstrated the strongest evidence for TTM symptoms. This case required adaptations given the developmental stage of the child, including more responsibility from parents and teacher, in the different stages of intervention. A token table was also introduced. This case represents a successful approach to TTM in infancy.

PO-2-032

A Feasibility Study of Online Psychological First Aid for adolescents during COVID-19 pandemic

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Background: Taiwanese adolescents have less opportunity to access adequate mental health interventions, in particular during COVID-19 pandemic. Psychological First Aid (PFA) is a psychological intervention developed by WHO (2011), which allows participants to understand how to "help others" during crisis and to achieve "self-help".

Purpose: To evaluate the feasibility and acceptability of an online PFA intervention for adolescents during COVID-19 pandemic.

Method: A pretest-posttest study design combined with qualitative interview was conducted with a convenience sample of 31 adolescents in junior and senior high schools in southern Taiwan between September 2021 and June 2022. Participants were assessed with mental health literacy (MHLS), Chinese health questionnaire (CHQ-12), and satisfaction survey before and after the PFA intervention. The online PFA intervention was provided in four weekly sessions.

Results: Quantitative data showed that although there was no significant difference between pre-test and post-test of MHLS and CHQ-12, more than 60% of participants were very satisfied with the intercention content, host performance, course arrangement, time arrangement and overall satisfaction, and other students were also satisfied. Qualitative data suggested that the online PFA intervention were easily accessible as only one hour per week is required, and regardless of distance problem.

Implication and Conclusion: This easy takeaway online psychological intervention is feasible and acceptable. However, future study is needed to fully understand how the intervention can be applied.

Keywords: Adolescent, Mental Health, COVID-19, Psychological First Aid (PFA)

PO-2-021

Autism Spectrum Disorder in Children and Young People with Functional Tic-Like Behaviours

Wu, Gai Hei Chelsea [1]

Catanzano, Matteo [2], Duncan, Morvwen [2], Simpson, Lila [2], Smith, Abbie [3], Harold, Katie [2], Pearman, Zoe [2], Warren, Amy [4], Heyman, Isobel [1], Evans, Sacha [1], Liang, Holan [1]

[1] University College London London United Kingdom
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[4] Great Ormond Street Hospital London United Kingdom

Background:

Functional tic-like behaviours (FTLBs) are characterised by multiple, complex, vocal, and motor tics, with rapid onset, usually in adolescence. Emerging research highlights neurodevelopmental disorders as potential vulnerability markers for FTLBs development. International studies reported rates of autism spectrum disorder (ASD) in FTLBs as 24%, yet, no studies have characterised this subgroup. This study aims to estimate (1) the prevalence of ASD in a group of young people with FTLBs (2) the differences in demographic and clinical characteristics between a sample of young people with FTLBs and ASD compared to those without ASD.

Methods:

63 children aged 8-17 presenting to GOSH Tic Disorders Service between August 2020 and May 2022 and diagnosed with FTLBs were included. Demographic and clinical variables were determined through retrospective chart review of referral and assessment letters.

Results:

47 (75%) of the sample with FTLBs, were diagnosed with ASD. Compared to the FTLBs-ASD (FTLBs without ASD) group, FTLBs+ASD group were more likely to have attention-deficit/hyperactivity disorder (ADHD) (31% versus 62%, p = .035). FTLBs+ASD group had higher rates of parent-reported impairment, measured using the Strengths and Difficulties Questionnaire (M = 7.53, SD = 2.97) compared to FTLBs-ASD group (M = 4.30, SD = 3.20), p = .004. A sensitivity analysis excluding patients with comorbid Tourette Syndrome showed similar results.

Conclusions:

Those with ASD and FTLBs are more likely to have ADHD and severe impairment compared to those with FTLBs only. Screening for neurodevelopmental disorders is essential in patients presenting with FTLBs, especially those with severe impairment.

PO-2-061

The effect of integrating the Experts by Experience and Psychological First Aid into a general course upon undergraduates' mental health literacy

Gao, Ruei-Yong

Chiou, Mei-Shiuan, Esther, Ching-Lan, Lin

National Cheng Kung University Tainan Taiwan

Background: Undergraduates are often challenged by multiple life stressors or even crisis in such a developmental and transitional stage, which might lead to the onset of mental illness.

Purpose: To increase the mental health literacy of undergraduates, an 18-week general course was developed by integrating the Experts by Experience (EBE) and Psychological First Aid (PFA). EBE are people with schizophrenia or bipolar who have undergone their stable clinical status at least 2 years.

Method: A one-group pretest-posttest design was conducted with a convenience sample of 23 undergraduates in southern Taiwan. Mental health literacy was assessed with mental health literacy scale (MHLS).

Results: The majority were female (n=14, 60.9%), no experience of contacting people with mental illness (n=12, 52.2%), and no mental distress (n=13, 56.5%). Through Wilcoxon signed rank test, significant differences in MHLS total score (p=0.001), and the subscale scores of maintaining positive mental health (p=0.001), attitude to mental illness stigma (p=0.043), and help-seeking attitude (p=0.008) were found.

Implication and Conclusion: The result supported that the general course integrating EBE and PFA could enhance undergraduates' mental health literacy and help-seeking. Such a preliminary study is promising for assisting undergraduates as emergent adults to better coping their psychological stressors and being aware of mental illness at risks.

Keywords: Undergraduates, Mental health literacy, Psychological First Aid (PFA), Experts by Experience (EBE)

PO-2-105

New project presentation: Digital Detox, a 3-week treatment programme for digital technology addiction in adolescents

Maček, Jerneja

Švigelj, Marjetka, Švigelj, Marjetka, Bunderla, Vanja, Kuzman, Martina, Mal, Boštjan

Youth Climatic Health Resort Rakitna Preserje Slovenia

Introduction:

The rise of digital technology has brought many benefits to our society. However, the excessive use of digital devices has been associated with various negative consequences, such as addiction, anxiety, and depression. The Youth Climatic Health Resort Rakitna has, in cooperation with an organisation Logout, recently established a multidisciplinary programme called Digital Detox for the early treatment of adolescents with digital technology addiction.

Our programme:

Eligible participants are adolescents aged 13 to 19 with excessive use of digital screens. Lasting three weeks, the programme includes various activities aimed at promoting healthy behaviours such as group therapy sessions, psychoeducation, outdoor activities, art therapy, animal-assisted therapy including equine therapy, mindfulness exercises, journal writing, as well as therapy sessions with their parents. The effects are being qualitatively assessed with an aim to develop an appropriate questionnaire for future objectification of our findings.

Findings and observations:

The group follow-up showed a reported reduction in participants' screen time and increased engagement in healthy activities such as exercise, reading, socialising, and family activities. The participants also reported feeling more connected to themselves, and a sense of relief from the constant pressure of being online.

Conclusion:

Our observations so far suggest that the Digital Detox programme provides a structured and supportive environment as a promising intervention for adolescents addicted to digital technology. However, a larger sample of participants is needed to evaluate the effectiveness of the programme and possibilities for improvement, drawing from our own growing experience as well as the feedback from the international community.

PO-2-112

Comparing functional-tic like behaviours in young people with and without additional functional symptoms: preliminary data analysis

Smith, Abbie [1]

Catanzano, Matteo [2], Frankland, Miles [2], Duncan, Morvwen [3], McAllister, Eve [3], Hadji-Michael, Maria [3], Parikh, Nimmi [3], Shavel-Jessop, Sara [3], Murphy, Tara [3], Simpson, Lila [3], Heyman, Isobel [2], Liang, Holan [2], Evans, Sacha [3]

[1] The Tic Disorder Service, Great Ormond Street Hospital London United Kingdom
[2] University College London, Great Ormond Street Institute of Child Health London United Kingdom
[3] Tic Disorder Service, Great Ormond Street Hospital London United Kingdom

Background:

Functional tic-like behaviours (FTLB) are characterised by multiple complex, vocal and motor tics with rapid onset, usually beginning in adolescence. Clinically distinct from classic tics, FTLB are classified under the motor symptoms subgroup of Functional Neurological Disorder. Prior research generally has not addressed FTLB presentation in young people with additional functional symptoms such as functional seizures, pain or limb weakness (FTLB-FS). This study therefore aims to compare tic severity and impact on functioning in young people with FTLB-FS and FTLB alone.

Methods:

Young people (n=64) aged 9 to 17 diagnosed with FTLB (n=38) or FTLB-FS (n=26) by a specialist tic clinic between October 2021 and December 2022 are compared. Tic severity was assessed via the Yale Global Tic Severity Scale (YGTSS). Impact on functioning was assessed using the Children's Global Assessment Scale (CGAS), school attendance and adjunct use (e.g., wheelchairs, crutches). Data was retrospectively extracted from clinical records.

Results:

The FTLB-FS group were significantly more likely to use adjuncts (38.5% vs 0%,p<.001), less likely to attend school full-time (42% vs 68%, p=.046) and had higher YGTSS total tic severity scores on average (M(SD): 37.1(10.6) vs 29.3(10.5), p=.015). There were no significant differences on CGAS or YGTSS impairment scores.

Discussion:

Whilst the presence of additional functional symptoms does not appear to impact functioning when considering CGAS alone, other indicators of functioning reveal higher levels of impairment, as well as increased tic severity, in the FTLB-FS subset. This suggests the FTLB-FS group may need additional interventions focused on restoring functioning.

PO-2-102

Establishing a Physical Health Monitoring Clinic for CAMHS Patients Prescribed Antipsychotic Medication: A Feasibility and Acceptability Study.

Walsh, Aoife [2], Gallagher, Margaret [2], Munro, Simon [2], McGuinness, Delia [2]

[1] NUIGalway Dublin 24 Ireland
[2] NUIGalway Galway Ireland

Background: Irish CAMHS services have recently come under unprecedented scrutiny, particularly in relation to prescribing and monitoring of antipsychotic medication. This focus on clinical practice and patient safety has highlighted the need for development and implementation of protocols and structures around safe prescribing at a local and national level.

Method: An audit of antipsychotic monitoring was completed in addition to a survey of CAMHS doctors to exploring knowledge and awareness of antipsychotic monitoring guidelines as well as barriers and obstacles to compliance. A nurse led, physical health monitoring clinic was piloted, accepting referrals from six CAMHS teams for monitoring of young people prescribed antipsychotic medication. Acceptability and feasibility were assessed based on referral and attendance rates, and feedback from young people and parents. A re-audit of monitoring was completed to determine the impact on compliance with best practice.

Results: To date, fifty-one young people have been referred to the clinic. Despite high rates of missed appointments, timely and comprehensive monitoring has been facilitated for all young people referred. Re-audit of monitoring has shown improved compliance with best practice. Feedback from young people and parents has been very positive.

Conclusion: This pilot study suggests that the described model of antipsychotic side-effects monitoring is both feasible and effective in improving standards of clinical care, as well as widely acceptable to parents and young people.

PO-2-088B

Sleep disturbances in adolescents as a risk factor in psychosis.

DURAN-CRISTOBAL, INES, NOGUERO-ALEGRE, ALEXANDRA

UNIVESITY HOSPITAL INFANTA LEONOR MADRID Spain

Introduction. We do not know all the details of sleep process. Researches have demonstrated that sleep is not a passive event but an active physiological process. The quality of our waking lives are deeply affected by the way we sleep. One of the most important functions of sleep may be the promotion of brain development. Consequently, ensuring a good sleep pattern in the adolescent period must be crucial. Sleep disturbances are increasingly recognized and are associated with significant morbidity.

Objetive. The present study aims to exam if sleep disturbances during adolescent period could be a risk factor to develop a psychotic disorder in the future.

Materials and methods. We carried out a retrospective observational study with a sample (N=20) of young patients with a diagnosis within the psychotic spectrum. Participants were asked to remember how their sleep was like during adolescence. Athens Insomnia Scale was filled for this purpose. Studies published in the Pubmed database in the last ten years were reviewed.

Results. We observed that a high percentage of patients described having problems with night rest. The items that appeared to be most frequently altered were: induction of sleep, awakening during the night, early awakening and unsatisfactory quality. However, patients did not report problems in daytime functioning.

Conclusions. Sleep hygiene should be a crucial part of primary prevention programs in adolescence. More prospective studies should be carried out to elucidate how sleep disturbances relate to mental health.

PO-2-129

“Mindcraft”– Piloting a Personalised Mental Health Support App for Adolescents

Bellido Bel, Teresa

Kadirvelu, Balasundaram, Girela Serrano, Braulio Manuel, Burmester, Victoria, Ananth, Shayma, Toledano, Mireille , Gledhill, Julia, Faisal, Aldo, Di Simplicio, Martina, Nicholls, Dasha

Imperial College London London United Kingdom

Background: The pandemic has been challenging for young people (YP) who may be particularly vulnerable to mental health symptoms. However, it has also allowed technology to advance as a means of psychosocial support. This provides an opportunity to further develop online resources to address unmet mental health needs of YP.

Aims: To develop and assess the acceptability and utility of a smartphone app called “MindCraft” that tracks mental wellbeing, using active and passive data and focuses on YP's emotional regulation.

Methods: The study will be conducted in two phases. First, a pilot to record active and passive data through the app and to collect sociodemographic data through baseline questionnaires: Strengths and Difficulties Questionnaire (SDQ), a Deliberate Self-Harm Questionnaire, Eating Disorder Questionnaire-15 (ED-15) and Sleep Condition Indicator Questionnaire. We will assess YP's feedback through focus groups. Second, personalized recommendations will be provided within the app using machine learning and artificial intelligence.

Results: We are currently conducting phase 1. So far, 46 participants have completed the baseline questionnaires of whom 41% (19/46) have also downloaded the app. The most enabled passive and active trackers have been steps/battery status and leisure, respectively. The mean ED-15 score is 2.1/6, 17.4% describe their sleep as poor or very poor, 36.7% of users score above threshold on the SDQ, and 34.7% struggle with suicidal symptoms.

Conclusions: Advances in mobile technologies will allow active and passive sensing of mental state and will provide a means of delivering recommendations to support YP's mental health.

Session: Session has ended -

Date: 30-06-2023 - 10:15 - 10:30

Location: Congress Hall - Ground floor /

Session: Reserved for ESCAP General Assembly -

Date: 30-06-2023 - 10:30 - 12:15

Location: Harlekin - Ground floor /

Session: Break - Refreshments will be served in the Foyer -

Date: 30-06-2023 - 10:30 - 10:45

Location: Congress Hall - Ground floor & Columbine - Ground floor & Pjerrot - Ground floor & Lumbye - Lower floor & Carstensen - Lower floor & Arkaden 6 - Second floor & Arkaden 8 - Second floor & Karavanen 6 - First floor & Karavanen 9+10 - First floor & Galop 01 - Second floor /

Session: Please attend the Keynote 03 in the Congress Hall -

Date: 30-06-2023 - 10:45 - 11:30

Location: Columbine - Ground floor & Pjerrot - Ground floor & Lumbye - Lower floor & Carstensen - Lower floor & Arkaden 6 - Second floor & Arkaden 8 - Second floor & Karavanen 6 - First floor & Karavanen 9+10 - First floor /

Session: Keynote Speaker 03 - Population Neuroscience: Psychiatric epidemiological research in children that matters for Policy, Public Health, and Clinical Practice - KS-03

Date: 30-06-2023 - 10:45 - 11:30

Location: Congress Hall - Ground floor /

KS-03-01

Population Neuroscience: Psychiatric epidemiological research in children that matters for Policy, Public Health, and Clinical Practice

Tiemeier, Henning

Harvard T.H. Chan School of Public Health Boston United States

Background: Although brain imaging studies have advanced our understanding of the neurobiological underpinnings of child and adolescent psychiatric problems, clinical applications have not materialized. Here, I will address the questions if child brain imaging studies can have public health implications.

Methods: Generation R, a large prospective, pre-birth cohort of nearly 5,000 children with structural imaging data that began in 2002 in Rotterdam, the Netherlands is uniquely suited to study common intrauterine and environmental adversities. I will provide an overview of results from my lab focusing on structural and diffusion-tensor imaging assessments at age 10 and 13 years. Maternal psychopathology, trans-fatty-acid exposure, thyroid status was assessed prenatally, family poverty and child physical activity in childhood.

Results: Intra-uterine exposure to maternal depression was not associated with structural brain changes in the offspring after careful control for confounders, a curve-linear association between prenatal maternal thyroid levels and offspring gray matter development was consistent with results for IQ. An instrumental variable approach showed that the Dutch policy change regarding trans-fatty acids in food contributed to better brain growth in fetuses after 2004. Finally, associations between poverty and brain development differed between majority and minority groups, experiencing poverty and discrimination may selectively impact amygdala volume in minority groups.

Conclusions: I will discuss three aspects. Firstly, how environmental adversities shape brain and cognitive development. Secondly, I will highlight methodological challenges to obtain valid and public health relevant results, such as the difficulty of identifying sensitive periods. Finally, I will comment on the public health relevance of all results.

Session: Please proceed to your next session -

Date: 30-06-2023 - 10:45 - 13:15

Location: Galop 01 - Second floor /

Session: Please attend the Keynote 04 in the Congress Hall -

Date: 30-06-2023 - 11:30 - 12:15

Location: Columbine - Ground floor & Pjerrot - Ground floor & Lumbye - Lower floor & Carstensen - Lower floor & Arkaden 6 - Second floor & Arkaden 8 - Second floor & Karavanen 6 - First floor & Karavanen 9+10 - First floor /

Session: Keynote Speaker 04 - Pharmacologic Treatment and Research in Youth with Severe Mental Illness in Europe: Current Status and Next Steps - KS-04

Date: 30-06-2023 - 11:30 - 12:15

Location: Congress Hall - Ground floor /

KS-04-01

Pharmacologic Treatment and Research in Youth with Severe Mental Illness in Europe: Current Status and Next Steps

Corell, Christoph

Charité University Medicine Berlin Germany

Mental disorders all too often have their origin in childhood or adolescents. Although pharmacotherapy is a key component of multimodal strategies managing mental health conditions in youth, high quality and sufficiently large efficacy, effectiveness and tolerability/safety data often lag behind clinical need. Multiple unmet needs as well as opportunities and potential risks exist that require consideration and tackling, both globally and in Europe. Some of these issues are general, structural or mental health related, others are specific to the developmental and life situation/experience of youth. Opportunities and risks relate to funding, regulatory pathways, trial designs, research participation and alternatives, caregiver involvement, assessment tools and strategies, diagnostic specificity vs syndromal transdiagnosticity, innovation pipelines, developmental differentiation, biomarkers and precision psychiatry, as well as translation from research into clinical care. These aspects and potential ways to address them in productive ways that can positively influence the timely diagnosis and successful treatment of mental disorders in youth with diverse presentations and needs will be discussed

Session: Symposium Medice - The Health Family -

Date: 30-06-2023 - 12:15 - 13:15

Location: Pjerrot - Ground floor /

Welcome and introduction.

Per Hove Thomsen, Professor at the Department of Clinical Medicine - Psychiatric Hospital for Children and Adolescents, Aarhus

Neurobiology, ADHD and Melatonin.

Jesper Andreasen, Associate Professor at Department of Drug Design and Pharmacology, University of Copenhagen

Sleep difficulties in children with ADHD, is there a psychological alternative to melatonin?

David Daley, Professor of Psychological Intervention and Behavior Change at the University of Nottingham

Summary and closing

Per Hove Thomsen

Session: Lunch - Food & beverage will be available in the Foyer -

Date: 30-06-2023 - 12:15 - 13:15

Location: Congress Hall - Ground floor & Harlekin - Ground floor & Columbine - Ground floor & Lumbye - Lower floor & Arkaden 6 - Second floor & Arkaden 8 - Second floor & Karavanen 6 - First floor & Karavanen 9+10 - First floor /

Session: Industry Symposium (Neurim Gold Sponsor): Addressing Ongoing Clinical Challenges of Insomnia in Children with Psychiatric Disorders -

Date: 30-06-2023 - 12:15 - 13:45

Location: Carstensen - Lower floor /

Welcome and introduction.

Prof. Carmen Schroder, MD. PhD, France

How to differentiate pediatric insomnia in CAP from other sleep disorders.

Dr. Anne Virring Sørensen, MD. PhD, Denmark

What are the somatic components to take into account when addressing insomnia in CAP?

Prof. Oliviero Bruni, MD. PhD, Italy

Insomnia in our daily CAP practice: how to develop synergistic treatment strategies - (an interactive lecture).

Prof. Carmen Schroder, MD. PhD, France

Summary and closing remarks.

Prof. Carmen Schroder, Dr. Anne Virring Sørensen & Prof. Oliviero Bruni

Session: Please proceed to your next session -

Date: 30-06-2023 - 13:15 - 13:45

Location: Harlekin - Ground floor & Columbine - Ground floor & Karavanen 9+10 - First floor /

Session: Symposium 33 - SY-33

Date: 30-06-2023 - 13:15 - 14:45

Location: Arkaden 8 - Second floor /

SY-33-00

Training and continuous education in child and adolescent psychiatry: challenges and opportunities

Revet, Alexis [1], Klauser, Paul [2], Mazzone, Luigi [3], Schroder, Carmen M. [4], Deschamps, Peter [5]

[1] Toulouse University Hospital TOULOUSE France
[2] Lausanne university hospital and the University of Lausanne Lausanne Switzerland
[3] Tor Vergata University Hospital Rome Italy
[4] Strasbourg University Hospitals & University of Strasbourg Medical School Strasbourg France
[5] University Medical Centre Utrecht Utrecht Netherlands

The aim of this symposium is to present four innovative programmes for international training and continuous education in child and adolescent psychiatry (CAP).

Paul Klauser and Alexis Revet will present the ESCAP Research Academy, which they have co-coordinated with Johannes Hebebrand. They will highlight the history of this Europe-wide collaborative research and training programme, under the patronage of the ESCAP Research Division, and present examples of research conducted by the ESCAP Research Academy.

Luigi Mazzone and Marco Armando will present the ESCAP-endorsed residential course in CAP that they have set up with Samuele Cortese in Catania, Sicily. They will detail their experience in setting up this workshop, the aim of which is to contribute to an international network of clinicians and researchers at the beginning of their careers in the field, by offering them high-level clinical and research training.

Carmen M. Schroder, IACAPAP Treasurer and Board Member, will give an overview of existing IACAPAP global training initiatives for CAP and affiliated professions, as well as outlining IACAPAP's agenda for extending these initiatives world-wide, in collaboration with WHO and institutes such as the Child Mind Institute.

Finally, Peter Deschamps, President of the UEMS Board of Education, will present the UEMS-CAP seminar for CAP trainers, an annual seminar to support international CAP trainers, supervisors and training programme managers in their personal development.

SY-33-05

The ESCAP Research Academy meetings: promoting collaborative work

Revet, Alexis [1]

Hebebrand, Johannes [2], Klauser, Paul [3]

[1] Toulouse University Hospital TOULOUSE France
[2] University of Duisburg-Essen Essen Germany
[3] Lausanne university hospital and the University of Lausanne Lausanne Switzerland

The ESCAP Research Academy aims to promote dual career as clinician-scientists in child and adolescent psychiatry (CAP), not only by organizing biennial meetings but also by offering the opportunity for collaborative writing and research projects. It started in 2015 with the "The child and adolescent psychiatry: study of training in Europe (CAP-STATE)" project that highlighted the diversity in postgraduate training in our specialty across Europe. During the pandemic, the network of the Research Academy fellows, allowed the rapid and effective distribution of a questionnaire to heads of CAP services across Europe. This led to a longitudinal survey about the effects of the COVID-19 pandemic on the health and care of our patients and to the publication of 2 scientific articles in the ECAP journal. Finally, we will present the ongoing First Assessment in Child and Adolescent Psychiatry (FAiCAP) survey, which aims to get a picture of the heterogeneity of initial clinical assessments in CAP and make recommendations on how to perform an initial assessment in our specialty.

SY-33-04

The ESCAP Research Academy meetings: encouraging early career clinician-scientists

Klauser, Paul [1]

Hebebrand, Johannes [2], Revet, Alexis [3]

[1] Lausanne university hospital and the University of Lausanne Lausanne Switzerland
[2] University Hospital Essen, University of Duisburg-Essen, Essen, Essen Germany
[3] Toulouse University Hospital TOULOUSE France

For 8 years, the ESCAP Research Academy has been encouraging young clinician-scientists at the beginning of their careers. Through biennial meetings taking place before ESCAP congresses, the Research Academy meetings aim to promote training, encourage collaborations, and provide a forum for exchange with senior world-leading clinicians and researchers in child and adolescent psychiatry (CAP). Since 2015, the Research Academy Committee has successfully organized six meetings: Madrid 2015, Geneva 2017, Vienna 2019, Virtual 2020, Maastricht 2022 and Copenhagen 2023. During these years, the Research Academy has enrolled over 120 fellows from more than 20 countries and covered several topics including research methodology, the place of new technologies in research and clinical practice, as well as the promises of translational research to improve diagnostic and treatment in CAP. We will therefore review the history of the ESCAP Research Academy, its construction, the difficulties encountered, its successes and the development prospects for the years to come.

SY-33-03

Teaching scholarship and faculty development: the UEMS-CAP seminar for CAP trainers

Deschamps, Peter [2]

Schroder, Carmen M. [1], Schumann, Thorsten [3], Kumperščak, Hojka [4], Kapornai, Krisztina [5], Dubicka, Bernadka [6], Hansen, Anna Sofie [7]

[1] Strasbourg University Hospitals & University of Strasbourg Medical School Strasbourg France
[2] University Medical Centre Utrecht Utrecht Netherlands
[3] University of Southern Denmark Odense Denmark
[4] University Medical Centre Maribor Maribor Slovenia
[5] Szeged University Szeged Hungary
[6] Hull and York Medical School Manchester United Kingdom
[7] Aalborg University Aalborg Denmark

BACKGROUND: Those who seek a career in training and education in CAP are likely to find that not all needed skills and knowledge come naturally. To support international CAP trainers, supervisors, and training program directors in their personal development, from 2018 onwards, an annual seminar for European trainers is being organized by the UEMS-CAP section.

METHODS: To broaden the network and explore commonalities and differences between European countries, a cycle of five annual trainers' seminars was offered. This symposium reflects and evaluates on what has been learned and looks at future opportunities.

RESULTS: By sending the invitations out through the UEMS-CAP, ESCAP and EFPT networks, child and adolescent psychiatrists concerned with training, supervising and mentoring CAP trainees were brought together. After two live seminars, the format was changed to online out of necessity, but continued for reasons of environmental impact and democratization. Both formats allowed for an international perspective on new developments and fresh ideas for CAP training balancing general plenary presentations with working groups and interactive sessions. An overview of the topics offers participants to this ESCAP-symposium the chance to reflect on what was learned. Those interested will be invited to join in future seminars and help build the international training network.

Conclusion: Evaluation of the five annual trainers' seminars show that there is a substantial international interested group of trainers who still find themselves learning every day and wondering how to be an even more inspiring and balanced trainer.

SY-33-02

Global availability and democratization of educational resources: an overview of IACAPAP initiatives

Schroder, Carmen M. [1]

Rohde , Luis Augusto [2], Fung Shuen Sheng, Daniel [3], Oshodi, Yewande [4]

[1] Strasbourg University Hospitals & University of Strasbourg Medical School Strasbourg France
[2] Federal University of Rio Grande do Sul Porto Alegre Brazil
[3] National University of Singapore Singapore Singapore
[4] College of Medicine University of Lagos Lagos Nigeria

Introduction: CAP is built upon a central medical perspective combined with a developmental psychology perspective. Both inform us on the importance of similarities between people as well as individual differences in health behaviour. This interplay extends to a delicate balance between harmonization on the one hand and respect for cultural and individual differences on the other hand that are both essential for successful international training in CAP and CAMH.

Materials and methods: IACAPAP has a long history of advocacy for the promotion of mental health and development of children and adolescents through policy, practice and research, and has been able to significantly improve accessibility to training materials throughout the world, free of cost. These materials concern child psychiatric disorders but also preventive programs supporting overall CAMH throughout the world.

Results: IACAPAP's goal in terms of training is to further support the delicate balance between harmonization on the one hand and respect for cultural and individual differences on the other hand through providing access to free teaching and training material not only to CAP specialists but also to related disciplines such as psychology, social work, pediatrics, public health, nursing and social sciences throughout the world; these materials should integrate expert patients and user group contributions from different countries whenever possible.

Conclusion: This presentation will give an overview on existing IACAPAP global training initiatives for CAP and affiliated professions, as well as outlining IACAPAP's agenda for extending these initiatives world-wide, in collaboration with WHO and institutes such as the Child Mind Institute.

SY-33-01

The residential course in child and adolescent psychiatry in Catania, Sicily, endorsed by the ESCAP Research Academy

Mazzone, Luigi [1], Armando, Marco [2]

Riccioni, Assia [1], Siracusano, Martina [1], Davico, Chiara [3], Cortese, Samuele [4]

[1] University of Rome Tor Vergata Rome Italy
[2] Lausanne University Hospital Lausanne Switzerland
[3] University of Turin Turin Italy
[4] University of Southampton Southampton United Kingdom

In the past decades, the major academic societies in the field of child and adolescent mental health have been promoting scientific courses focused on strengthening clinical and research skills of trainees and early career child and adolescent psychiatrists from all over Europe and beyond. From September 2019, we set up a residential course in Catania (Italy) addressed to early career colleagues in the field (trainees, PhD students or consultants within the first 3 years of substantive post). Specific aims of the four days residential course were to encourage an international network of early career clinicians and researchers in the field, strengthening both clinical (diagnosis, treatment, and prevention) and research (research methods and presentation of scientific work) skills related to the most relevant mental health

conditions in children and adolescents, including Attention-Deficit/Hyperactivity Disorder, Autism Spectrum Disorder, Obsessive Compulsive Disorder (OCD) and Tourette Syndrome, eating disorders, psychosis, mood disorders, as well as the management of self-harm and suicidal ideation.

Session: Symposium 26 - SY-26

Date: 30-06-2023 - 13:15 - 14:45

Location: Pjerrot - Ground floor /

SY-26-00

How can trauma and adverse life events affect children at familial risk for mental illness – and how can resilience be supported

Thorup, Anne Amalie Elgaard

University of Copenhagen Hellerup Denmark

The single most potent risk factor for developing a severe mental illness is having a parent being diagnosed with one, e.g. schizophrenia or bipolar disorder. But this ‘single risk factor’ consists of many complex and interacting, underlying risk factors. We know that both genes and biology play a role and that the interaction with environmental factors decide the developmental process and outcomes.

For children growing up in families with parental mental illness, it has been shown that traumatic life events and lower levels of support and stimulation in the home environment occur more frequently than in families without parental mental health problems.

Several familial high risk studies following well defined longitudinal cohorts by careful, regular assessments are investigating these aspects and the potential for intervening in time.

At this symposium, the Spanish BASYS study, the Dutch Bipolar Offspring Study study, the German COMPARE intervention Study and the Danish High Risk and Resilience Study will share their newest results on familial high risk, trauma, adverse life events and potential for intervention and support of resilience will be discussed.

Abstract no

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1289,

SY-26-05

Perceived Social Support in Parents with Schizophrenia or Bipolar Disorder and their Co-Parents: The Danish High Risk and Resilience Study VIA 7

Greve, Aja [1]

Hemager, Nicoline [2], Gantriis, Ditte [1], Burton, Birgitte [2], Ellersgaard, Ditte [2], Spang, Katrine [2], Christiani, Camilla Austa [2], Bliksted, Vibeke [3], Jepsen, Jens Richardt [2], Mors, Ole [1], Plessen, Kerstin [4], Nordentoft, Merete [2], Piche, Genevieve [5], Thorup, Anne [2]

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Objectives: Lack of social support is a risk factor for symptom recurrence and can results in poor prognoses for individuals with severe mental illnesses. Individuals with schizophrenia or bipolar disorder are more likely to perceive a lower level of social support than individuals from the general population. Lower levels of perceived social support in families with parental schizophrenia or bipolar disorder may potentially also affect the children in these families. We aimed to compare perceived social support in parents with schizophrenia or bipolar disorder, their co-parents, and controls.

Methods: The Danish High Risk and Resilience Study – VIA 7 is a population-based cohort study. This study focuses on parents diagnosed with schizophrenia (n=148), their co-parents (n=157), parents with bipolar disorder (n=98), their co-parents (n=89), and population-based control parents (n=359). The Social Provisions Scale (SPS) was used to measure the provisions of social relationships.

Results: We found significantly lower levels of perceived social support in parents with schizophrenia and bipolar disorder compared with controls. Co-parents to parents with schizophrenia had significantly lower levels of perceived social support compared to controls but no significant difference was found between co-parents to parents with bipolar disorder and controls.

Conclusion: The lower levels of perceived social support for parents with schizophrenia and bipolar disorder and their co-parents may be an additional risk factor for their offspring in addition to the effects of genetic risk. Our results may inform future intervention studies and highlight the need for support for families with parental schizophrenia or bipolar disorder.

SY-26-04

Cognitive reserve as a resilience factor in offspring of patients with schizophrenia or bipolar disorder

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Background: The term cognitive reserve (CR), coined in the field of neurology, referred to individual differences in the ability of the brain to cope with neural pathology. In psychiatry it has been used to describe one's capacity to use their cognitive, affective and social skills to sustain psychological stability following exposure to stressful or traumatic events. CR has been found to act as a moderator between adverse exposures and clinical symptoms, and is considered a protective factor against psychiatric disease.

Methods: We will present a study assessing CR, measured using a proxy derived from individual and parental clinical, cognitive and sociodemographic ratings, in a sample of 151 young offspring of patients with schizophrenia (SzO) or bipolar disorder (BpO) relative to 102 controls.

Results: Higher levels of CR were associated with less lifetime psychopathology, fewer attenuated psychotic symptoms, higher psychosocial functioning, and better cognitive performance in high risk offspring. In a subsample (n=35) which underwent MRI scanning, lower CR was associated with less gray matter volume in the left frontal lobe and bilateral occipital lobes. Preliminary data will be provided from an add-on trial assessing the effectiveness of a psychological intervention enhancing CR and resilience in SzO and BpO.

Conclusions: In conclusion, differences in CR could mediate the capacity of youth for coping with traumatic experiences and determine risk for future mental health disorders. This is especially relevant in SzO and BpO who are at increased genetic and environmental risk of developing mental illness. CR is potentially modifiable through psychological intervention.

SY-26-03

Adverse life events in early childhood and their relation to middle childhood psychotic experiences in preadolescent children at familial high risk of schizophrenia, bipolar disorder, and population-based controls – The Danish High Risk and Resilience Study.

Hemager, Nicoline [1]

Brandt, Julie Marie [2], Gregersen, Maja [1], Søndergaard, Anne [1], Krantz, Mette Falkenberg [1], Knudsen, Christina Bruun [3], Andreasen, Anna Krogh [4], Veddum, Lotte [3], Ohland, Jessica [1], Hjorthøj, Carsten [1], Wilms, Martin [1], Rohd, Sinnika Birkehøj [1], Greve, Aja [3], Spang, Katrine Søborg [1], Christiani, Camilla Austa [1], Ellersgaard, Ditte [1], Burton, Birgitte Klee [2], Gantriis, Ditte Lou [3], Bliksted, Vibeke [4], Mors, Ole [3], Plessen, Kerstin Jessica [5], Jepsen, Jens Richardt M. [1], Nordentoft, Merete [1], Thorup, Anne Amalie Elgaard [1]

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Background/Objective

Adverse life events in early childhood increase the risk of psychotic experiences and disorders in adulthood. We aimed to examine adverse life events in early childhood and their relation to psychotic experiences in middle childhood among children at familial high risk of schizophrenia (FHR-SZ), bipolar disorder (FHR-BP), and populations-based controls.

Method

In a population-based cohort study we examined 446 children (FHR-SZ: N=170; FHR-BP: N=103; controls: N=173). We used a semi-structured face to face interview, the Kiddie Schedule for Affective Disorders and Schizophrenia – Present and Lifetime Version, to assess adverse life events and psychotic experiences at age 7 and 11.

Results

The lifetime risk of exposure to interpersonal adverse life events was significantly increased in both high risk groups compared with controls (FHR-SZ: OR 3.773, 95%CI 2.122–6.710, $p < .001$; FHR-BP: OR 3.602, 95%CI 1.913–6.783, $p <$

.001). Interpersonal adverse life events were significantly associated with increased risk of any psychotic experiences in middle childhood (OR 1.8, 95% CI 1.0-3.1, *p* = .05) across study groups.

Conclusions

Young children at FHR-SZ and FHR-BP are at increased risk of exposure to interpersonal adverse life events. Interpersonal adverse life events in early childhood are related to an elevated risk of psychotic experiences in middle childhood irrespective of risk status. Future studies, including an ongoing second follow-up study within our own cohort, are needed to investigate whether interpersonal adverse life events in early childhood are differentially associated with psychotic experiences in adolescence in children at FHR-SZ, FHR-BP, and controls.

SY-26-02

Children of Parents with a Mental Illness At Risk Evaluation – The COMPARE Study

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Background/objective: COMPARE is based on the fact that a parental mental disorder launches a wave of risk factors for the children and parental treatment is an important factor to reduce those risks. As parenting skills are often reduced in such families, we assume that increasing parenting skills will have incremental positive effects above and beyond parental treatment. COMPARE thus builds on the central clinical trial COMPARE-family with four research projects (COMPARE-interaction/-emotion/-school/-work) to test the transgenerational transmission of mental disorders.

Method: COMPARE-family is a multicenter randomized controlled trial comparing effects of parental gold standard cognitive behavioral therapy (CBT) with CBT plus the Positive Parenting Program (CBT+PPP) on the children.

Results: Here we present results of the COMPARE-family trial. A total of 348 families with 461 children and 198 partners participated. Participating patients were on averae 38.91 years of age (SD 7.18) with 78.7 % being female. Depression was most common with 37.9 % followed by anxiety (27 %) and adjustment disorders (12.1 %). Overall, 58 % of the participants had one or more comorbid disorders. Participating children were on average 7.36 years of age (SD 3.9), with 52.1 % being female. Data collection terminates in March 2023 and first pre-post results will be presented.

Conclusions: COMPARE focuses on the transgenerational transmission of mental disorders and targets parenting skills, emotion regulation as well as social exclusion/stigma as significant mechanisms contributing to transmission.

Keywords: child parent mental illness, transgenerational transmission of disorders

SY-26-01

Childhood trauma, family functioning and mood disorder onset in offspring of parents with bipolar disorders.

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Objectives: Children of patients affected with bipolar disorder (BD; bipolar offspring) are at high risk to develop mood disorders. Susceptibility to environmental stress (childhood trauma and family functioning) may also significantly contribute to this vulnerability for mood disorders.

Methods: As part of the longitudinal Dutch Bipolar Offspring Study, 140 offspring were evaluated at baseline and at 1-, 5-, 12 and 22-year follow-up. Childhood trauma was measured with the Childhood Trauma Questionnaire (CTQ) and Family functioning was reported by the mother with the 130-item Questionnaire for Family Problems (QFP).

Results: At 12-year follow up we found that Emotional maltreatment was significantly associated (HR = 1.82, CI 1.18-2.82, p = .007) with mood disorder onset in bipolar offspring. No association was found with the family functioning total score (HR = 1.04, CI 0.94-15, p = .085) nor its subscales. At 22 year follow-up (mean age 38) the prevalence of MDD has doubled from 17% to 36% compared to the 12 year (mean age 28). New data regarding the association between CTQ emotional maltreatment and MDD will be presented.

Conclusions: At 12 year follow up we found that emotional maltreatment is associated with mood disorder development in bipolar offspring. Remarkably, the association of offspring-reported emotional maltreatment and mood disorder onset was not reflected in parent-reported family functioning (e.g., support and communication, openness or involvement). New data from the 22 year follow-up regarding the association between MDD and childhood trauma in this cohort at familial high risk will be presented and discussed.

Session: Workshop 07 - WS-07

Date: 30-06-2023 - 13:15 - 14:45

Location: Karavanen 6 - First floor /

WS-07-01

How to get published: developing research and publication skills

Dubicka, Bernadka [1]

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Developing research skills during CAP specialist training is important for evidence-based practice and high quality clinical care, as well as nurturing research interests and promoting life-long learning. The CAP-UEMS (Union European Medical Specialists) section emphasises the importance of research skills in their Curriculum Framework. Sharing experience around best practice in training, including research initiatives, is a central focus of the Section. However, opportunities to acquire research skills, publish, and to build a research career can be limited to varying degrees in different countries. This workshop will provide practical tips on how to write systematic reviews and get published, and discuss opportunities and challenges in developing a research network.

Objectives

Learn how to write a systematic review.

Understand how to optimise the chances of getting published.

Understand the challenges that trainees, early career clinicians and trainers may face in acquiring research skills, as well as the opportunities and examples of good practice.

Methods

Dr Eleni Frisira will share guidance on conducting reviews and offer insights as an early career researcher. Materials will be shared and individual participant experiences discussed.

Prof Bernadka Dubicka, editor in chief, will share tips on ‘dos’ and ‘donts’ of publication, with small group working.

Dr Krisztina Kapornai and a trainee will present lessons learned in developing a Hungarian research network, with small group discussions regarding participants experience.

Results

Participants will increase their understanding of publication and opportunities in research, and how to navigate challenges, including through local and international cooperation, knowledge-sharing, and collaborative grant activities.

Session: Symposium 62 - SY-62

Date: 30-06-2023 - 13:15 - 14:45

Location: Congress Hall - Ground floor /

SY-62-00

E-mental health interventions for children and adolescents – lessons learned for future advance

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E-health approaches are strongly emerging in child and adolescent mental health, especially since the use of mobile devices and communication via social media have become integral elements of daily life in this age group. However, although the SARS-CoV2-pandemy has at least temporarily propelled the use of telemedicine in mental health and studies focusing on specific mental disorders are emerging, there still is a strong need for research on key aspects including usability, acceptance and efficacy. Currently it is vividly discussed how to design e-mental health interventions for children and adolescents and their families. This symposium provides insight from studies using different e-mental health interventions. Aspects of usability of telepsychiatry in remote areas in Greece are reflected by a study in terms of parental satisfaction. Further, acceptance and efficacy of an intervention using solely telepsychotherapy in a German pediatric OCD cohort is analyzed, while a third study describes the design and outcome of a blended treatment design in adolescents with depression. Finally, a thorough overview based on an international expert consensus will summarize the current methodological state-of-the-art on how to design studies in e-mental health, using its advantages and avoiding pitfalls. By addressing the range from methodology to practical clinical application this symposium spans the relevant topics for the further discourse on advances in e-mental health for children and adolescents.

SY-62-04

Integrating smart sensory technology in tele-psychotherapy for children and adolescents with obsessive-compulsive disorder: usability, patient satisfaction and acceptance

Hollmann, Karsten

Hohnecker, Carolin S., Renner, Tobias J., Alt, Annika K., Kühnhausen, Jan, Pascher, Anja

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Objective: Recent studies support the efficacy of CBT for pediatric OCD via videoconferencing. At the same time, it became apparent that it is more difficult to identify and assess stress-related body signals in patients during videoconference-based therapy sessions. The use of sensor technology can potentially help reduce this limitation, but little is yet known about patient acceptance of such an approach.

Methods: It is planned that adolescents with OCD will wear different sensors during 14 weekly CBT sessions. An eye tracker is used to record the patient´s gaze and pupillometry, heart rate is captured by an ECG chest belt to identify stress responses, and inertial sensors on the wrists and chest capture movements to detect behavioral patterns. Usability, as well as patient acceptance and satisfaction with this approach, will be assessed at various measurement time points. These results are compared with those of "pure" video-based interventions.

Results: Treatments will be completed in April 2023. It is assumed that this approach is technically feasible, although observations to date suggest that it may well be challenging for participants to use the complex technology in the home environment.

Discussion: The integration of sensory technology into treatment offers the opportunity to learn more about physiological processes, that occur during therapeutic interventions. Whether such an approach can be transferred into standard care depends largely on its acceptance by the children and adolescents themselves. It is therefore of central importance to evaluate it and to consider critical comments in further development.

SY-62-03

Parental satisfaction from telepsychiatry services

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Background: The rapid evolution of technology has allowed the development of telemedicine services to deliver care in rural and remote areas. In Greek NHS telemental health services in are limited and they recently developed through National Telemedicine Network.

Aims and Methods: The aims of the study were the description of a telemental health service and the evaluation of parents' satisfaction. We aimed also to estimate the reliability and the dimensional structure of the Parent-Reported Satisfaction with Telepsychiatry Scale. 53 parents living in islands of the Aegean Sea whose their children were assessed and followed-up by the telemental health service, completed a demographic and clinical questionnaire, as well as the Parent-Reported Satisfaction with Telepsychiatry Scale.

Results: Parents endorsed high satisfaction with their children's telepsychiatric care, with minimal differential satisfaction according to demographic and clinical variables. Factor analysis of the scale revealed 5 dimensions and internal consistency reliability was moderate.

Conclusion: Telemental health for children and adolescents seems a realistic satisfactory approach for the parents when there is lack of mental health services in rural and remote areas. Further research is needed to identify the factors associated with parental as well as children's satisfaction to inform the design of new teleservices.

SY-62-02

How to e-mental health? A practical guideline for developing, conducting, and evaluating e-mental health assessment and intervention studies

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How to *e-mental health*? A practical guideline for developing, conducting, and evaluating e-mental health assessment and intervention studies

Objective. Digital technology is promising to overcome deficits in the low-threshold supply of mental health assessment and intervention. Despite an exponentially growing number of digital or e-mental health services, methodological guidelines for research and practical implementation are needed. The aim of this article is to promote methodological quality, evidence, and long-term implementation of technical innovations in the healthcare system focussing on the needs of the target group.

Method. This expert consensus is based on an iterative Delphi adapted process and provides an overview of the current state-of-the-art guidelines and practical recommendations of the most relevant topics in e-mental health assessment and intervention.

Results. Covering three objectives i) development, ii) study specifics, iii) intervention evaluation, 11 topics were addressed and co-reviewed by 25 international experts and 1 think tank in the field of e-mental health. The topics are: 1) Where to start, 2) Content development, 3) Participatory research and target group 4) Managing suicidality, 5) Data protection and data security, 6) Artificial intelligence in assessment and intervention, 7) Sensing and wearables, 8) Efficacy evaluation, 9) Ecological Momentary Assessment, 10) Transfer into (clinical) practice, 11) App evaluation frameworks.

Conclusion. As the first of its kind, this expert consensus provides a comprehensive essence of scientific knowledge and practical recommendations for e-mental health researchers and clinicians. This way, we aim to enhance the promise of e-mental health: a low-threshold access to mental health treatment worldwide.

SY-62-01

eMICHI – blended therapy for adolescents with depression

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Bienioschek, Stefanie [2], Schroth, Jennifer [2], Nolkemper, Daria [2], Schüller, Anne [2], Reinhardt, Martin [1], Daunke, Andrea [1], Lincke, Lena [1]

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There is meta-analytical evidence supporting the effectiveness of digital health interventions (DHIs) for childhood and adolescent depression. Interventions that involve contact with a therapist (“blended interventions”) are associated with higher effectiveness, adherence and lower drop-out rates. The results of a feasibility study on a blended DHI for the treatment of depressive disorders in adolescents (eMICHI) will be presented. The MICHI app was developed for adolescents between the ages of 12 and 18 and is based on an evidence-based group therapy program.

Adolescents with depression (BDI-II ≥ 14; diagnostic criteria of at least a mild depressive episode were met) used the MICHI app on their smartphone over a period of six weeks. They were continuously supported by a therapist via a chat function integrated into the app and personal contacts. The therapists documented the frequency of contact and adherence of their patients on a weekly basis. The satisfaction of the patients and therapists with the app was surveyed using a questionnaire. Before, during and after using the app (T1, Interim, T2) and three months later (T3), the severity of the depressive symptoms was assessed using questionnaires (self-assessment and external assessment) and diagnostic interviews.

The results of the presented study show which contents of a DHI for the treatment of depression are considered particularly useful by the patients themselves, how satisfied patients and therapists are with an app-supported treatment in general, what patient adherence is like and what possibilities exist to optimize this type of intervention.

Session: Oral 16 - OR-16

Date: 30-06-2023 - 13:15 - 14:45

Location: Arkaden 6 - Second floor /

OR-16-01

Adolescents with ADHD: A follow up study of a group CBT-program

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Adolescents with ADHD are at increased risk of adverse outcomes and a negative life trajectory into adulthood. Pharmacological treatment has proven effective on core symptoms for most patients but is often not enough to normalize function. High drop-out rates, treatment discontinuation and resistance are also common issues in this population. More knowledge on psychosocial treatment options for this population is needed. We conducted a follow-up study of adolescents participating in a Randomized Controlled Trial of a group intervention based on cognitive behavioural therapy. Participants were 100 adolescents aged 14-18 years (mean 15.8, SD 1.3) diagnosed with ADHD and still impaired by their symptoms after standard treatment including psychoeducation and medication. We investigated treatment satisfaction, feasibility, and long-term efficacy of the program. Participants were interviewed by telephone one year after inclusion, and outcome measures included both quantitative and qualitative measures. We found no significant differences between treatment and control group on measures of ADHD-symptoms, self-efficacy, overall problems, global psychosocial functioning, or symptom severity. Despite our failure to show that this program was more effective than control conditions, participants were very satisfied with the program, overall attendance was high and there were few dropouts. Participants reported on positive gains and felt they learned a lot from participating in the program. More research is needed to explore how the program and delivery of treatment might be improved, and which patients might benefit the most from this type of interventions.

OR-16-02

Metacognitive group therapy for pediatric OCD - Preliminary findings from the MeTOC study

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Objectives: OCD is an extremely debilitating disorder that affects 0.5-3% of children. OCD is characterized by intrusive thoughts that induce anxiety (obsessions) and/or by repetitive behaviors (compulsions) believed to reduce anxiety. CBT is first choice psychotherapy in the treatment of pediatric OCD. However, clinical trials report an effect averaging around 60% - leaving room for improvement. Metacognitive therapy is an effective treatment for OCD in adults, but very few studies have investigated metacognitive therapy in pediatric samples. The main goals of the present study were therefore i) to adapt metacognitive therapy to children with OCD and ii) to explore the effect of this treatment method in a child sample using a group format.

Method: Participants (*n*=24; aged 9-17) were interviewed with the Anxiety Disorders Interview Schedule − child version (ADIS-c) and the Children Yale-Brown Obsessive Compulsive Scale (CY-BOCS). Questionnaires reporting on anxiety, depression, and metacognitions were also completed pre and post treatment. Treatment consisted of eight sessions of two hours held weekly and two parent workshops – one before treatment started and one after the forth group session.

Results: Preliminary results indicate that by the end of treatment 82% of participants no longer met the diagnostic criteria for OCD. Results also showed significant decreases in symptoms of obsessions, compulsions, worry, anxiety/depression, and metacognitive beliefs.

Discussion: The present study suggests that metacognitive therapy may be a feasible and promising treatment method for pediatric OCD. However, findings need to be further investigated before any firm conclusions should be drawn.

OR-16-03

Impact evaluation of Trauma-focused cognitive behavioral therapy for children exposed to sexual abuse

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Child sexual abuse can seriously impact physical and mental health, including post-traumatic stress disorder (PTSD), depression, and anxiety. Trauma-focused cognitive behavioral therapy (TF-CBT) has demonstrated effects in reducing PTSD symptoms and other emotional problems in children.

This project aims to conduct an impact evaluation of TF-CBT offered to Danish children aged 6-17 who have experienced sexual abuse.

We recruited 31 children to participate in a 15-session TF-CBT intervention. Children and caregivers were assessed at baseline, post-intervention, and 3-month follow-up. Outcomes included PTSD symptoms (Darryl and ITQ-CA), depression (MFQ), negative cognitions (PTCI), mental health (SDQ), and well-being (KIDSCREEN).

A post-intervention, we find a significant reduction in PTSD symptoms for children 13 years and older but not for children aged 8-12. We also find significant improvement in depression symptoms, negative cognitions, mental health, and well-being. The results align with a Norwegian randomized controlled trial of TF-CBT offered to children and youth.

OR-16-04

A Randomized-Controlled Trial on the Effectiveness of an Emotion Regulation Training for Adolescents with Major Depression

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Theoretical background: Difficulties in emotion regulation (ER) play an important role in the development and maintenance of major depression (MD) in adolescents. In adults with MD, a training of ER has been shown to reduce negative affect. However, the effectiveness of such training has not yet been investigated in an adolescent population.

Methods: Adolescents with MD were randomly assigned to a task-based ER training (n = 36) or a control training (n = 34). Across four sessions, the training group down-regulated negative affect to negative images via reappraisal while the control group solely attended the images. Stress- and affect-related measures, as well as behavioral and neurophysiological parameters, i.e. the late positive potential (LPP), were assessed as outcomes. The trial was preregistered at clinicaltrials.gov (NCT03957850).

Results: We found no significant effects of the ER training on stress- or affect-related measures. The training group showed behavioral ER success. This, however, did not improve over the training course. During reappraisal, the training group showed an unexpected increase of the late LPP at the beginning of the training, but not at later sessions.

Discussion: Four sessions of ER training apparently were not sufficient to elicit changes in stress- or affect-related measures. The LPP increase at the first session could represent cognitive effort needed to perform the task, which was successfully reduced over the sessions. This offers important first insights that ER training can lead to less effortful ER. Future studies should examine whether beneficial effects can be achieved through training of greater intensity.

OR-16-05

Clinical effectiveness of Training for Awareness, Resilience and Action (TARA) for adolescents and young adults with depression: Results from the pilot-phase of a multi-center randomized controlled trial.

Ekbäck, Erik

Rådmark, Lina, Granåsen, Gabriel, Svärling, Rachel, Sörlin, Matilda, Schönbeck, Caspar, Henje, Eva

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Depression is a top-ranking global health concern increasing in magnitude. Available treatments for young people are not convincingly effective and relapse rates remain high. Training for Awareness, Resilience and Action (TARA) is a group-

treatment program targeting specific pathophysiological mechanisms, and it affects postulated brain-circuitry. TARA is feasible, acceptable, and preliminarily efficacious in depressed American adolescents.

As an initial step of a randomized controlled trial (RCT) we performed a single-arm multi-center pilot-study on TARA. Thirty-five depressed individuals (15-23 years old, 28 females) received TARA for 12-weeks face-to-face or online. Data was collected before (T0), and after the intervention (T1). Clinicaltrials.gov registration identifier: [NCT04747340].

Feasibility outcomes included recruitment, attendance rates, and session-ratings. Adverse events were recorded weekly and also extracted from medical records. Primary effectiveness outcome was self-rated depression severity on Reynolds Adolescent Depression scale 2nded. (RADS-2) at T1. Secondary outcomes were Children's depression Rating Scale-revised (CDRS-R) and Multidimensional Anxiety Scale for Children (MASC) at T1.

TARA was feasible and safe in the present trial. No significant RADS-2-change was seen (adjusted mean difference -3.31, 95% CI –8.45 to 1.82; p=0.20), however a decrease in CDRS-R-scores is reported (-9.85, 95% CI –14.70 to -5.00; p<0.001). MASC-scores did not change significantly (1.47, 95% CI –4.11 to 7.04; p=0.60). Some participants were lost to follow-up and this needs to be addressed in the RCT.

Conclusion: The initiated RCT will be safe and worthwhile to conduct, and it will provide more definite data on TARA's effectiveness. Important learnings from the pilot-phase are presented and discussed.

OR-16-06

Psychotherapy Training in Child and Adolescent Psychiatry

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Őri, Dorottya [2], Dashi, Elona [3], Jovanovic, Ana Munjiza [4], Gnanavel, Sundar [5]

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Background/Objective

Psychotherapy is suggested as a 1st line treatment for many childhood mental health disorders.

However, it is not easy to say that all European countries have a fully equipping curriculum for emerging

Child and Adolescent Psychiatry (CAP) specialists in terms of Psychotherapy. The CAP Working Group

of the European Federation of Psychiatric Trainees (EFPT) designed and disseminated the

Psychotherapy in CAP Training Survey as a project to explore the training and practice conditions of

psychotherapy among European CAP trainees and early career specialists. The aim is to identify needs

in this area for CAP training and contribute to improvement in this field for CAPs.

Method

Psychotherapy in CAP survey was designed as an online survey with 39 questions in total. It was

disseminated via the EFPT and other early career psychiatry networks starting from June 2020. The

following topics are explored in this survey; - Demographics - Interest and knowledge about psychotherapy

training - Psychotherapy training in training curriculum - Level of Psychotherapy Training - Practicing

Psychotherapy - Influence of the Covid-19 pandemic

Results

Data collection for this survey has ended in December 2022. Responses were collected from over 20 countries in and outside of Europe.

Conclusions

EFPT Psychotherapy in CAP Training survey is the most comprehensive project so far to specifically

explore the situation of psychotherapy in CAP training on a European scale. The findings will also shed

light on how the Covid-19 pandemic affected the psychotherapy training and practice for CAP trainees

and early career specialists.

OR-16-07

Evaluation of a training preventing sexual abuse for girls with intellectual disabilities

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Background: Prevalence of sexual abuse tends to be increased among youngsters with intellectual disabilities (ID) making prevention a pervasive challenge. Earlier prevention studies on this group suffer from methodical shortcomings, such as small sample sizes or invalid outcome measures. For the study presented here a training program for girls with ID was developed and evaluated.

Methods: 103 girls aged 8-12 (Mean 10.31, SD 1.66) with mild to borderline ID (Mean 83, SD 11.46) recruited at special schools were enrolled in the study and trained. Outcome measures contained verbal reports on anticipated behavior, pretended behavior in role plays, and actual behavior in staged real-life-situations. All assessments were videotaped and rated by three blind raters.

Results: Girls from the intervention group (*n* = 64) showed significant improvements in preventive knowledge compared with the control group (*n* = 39) but showed non-significant improvements for preventive behavior. *In situ* tests with realistic seduction situations revealed no improvement.

Discussion: This study is the first application of a randomized controlled trial on the benefits of sex prevention using valid outcome measures on a large sample of girls with ID. Group interventions empowering girls with ID to recognize abuse situations are suitable to enhance sexual preventive knowledge but are less suitable to enhance preventive behavior. Naturalistic settings are indispensable for providing evidence for preventive interventions in children with ID.

Session: Workshop 13 - WS-13

Date: 30-06-2023 - 13:15 - 14:45

Location: Galop 01 - Second floor /

WS-13-01

Career opportunities for child and adolescent psychiatrists - stepping outside the beaten path

Hansen, Anna Sofie [1]

Døssing, Erik [2], Ingeholm Klinkby, Ida Maria [3], Wesselhöft, Rikke [4]

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Difficulties with recruitment and retention of doctors in child and adolescent psychiatry (CAP) are common across Europe. This has led to many initiatives aimed at alleviating this challenge. Standardized training schemes rarely expose trainees to career opportunities outside of normal clinical practice. There are, however, a range of career opportunities within the CAP specialty, and increasing the awareness of these among junior CAPs might improve recruitment and retention.

The workshop is modelled over a concept tested by the Danish National CAP Association as part of a national career path project. Through personal narratives from 3 senior CAP specialists (Jörg Fegert (D), Anne Marie Christensen (DK) and "to be announced"), workshop participants will be introduced to potential career paths. Following the initial presentations, participants will split into groups with a senior CAP specialist and discuss potential steppingstones and key elements essential to succeeding in pursuing alternative career paths. Finally, attendees will be challenged to construct a personal plan of their next steps in steering their career path in the direction they desire.At the end of the workshop attendees should have a clearer picture of what steps they can take to pursue career opportunities outside of everyday clinical practice.

CAP is a medical specialty with many exciting career opportunities. Exposing trainees and early career psychiatrist to the wider span of career opportunities and providing guidance on what steps to take to follow a desired career path could positively contribute to recruitment and retention.

Session: Symposium 34 - SY-34

Date: 30-06-2023 - 13:15 - 14:45

Location: Lumbye - Lower floor /

SY-34-00

How countries' legislations can sustainably impact children's mental health

OGRIZEK, Anaïs [1], DOZIO, Elisabetta [3], Papazian-Zohrabian , Garine [4], Teicher , Martin [5], Maldonado-Duran , Jesus-Martin [6], Baubet, Thierry [7]

MORO, Marie-Rose [2], ATTIAS , Dominique [2], Radjack, Rahmeth [2]

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In a new era where, more and more children are standing up against governments concerning important subjects like climate change that will impact their health permanently in a near future, it is time to question ourselves on all the other decisions that are being taken and that could have a sustainable impact on some children's health. Unfortunately, many of those children are forced to remain silent - unable to express themselves - or are just not being heard – unable to gain international medias' attention - because of their social condition, cultural background, age or religion. But more sadly, most of them remain silent because they are just unaware of the consequences their living conditions or hardships might have on their future mental health. Therefore, it is our responsibility as childhood experts and professionals to speak for them and promote the importance of putting their interest first no matter what. We have chosen different studies led in different contexts of struggle for children all around the world to illustrate the potentiel consequences: we will communicate on the situations of children living in refugee camps, living with their mothers in prison cells, being forcibly separated from their mothers returning from Daesh territories in France or from their migrant mothers at the US border, we will describe the hardships but also the effective support provided to unaccompanied minors in Canada. we will especially like to describe how these different situations are orchestrated by government legislation, and highlight how this must be reconsidered.

SY-34-06

Association of Prepubertal and Postpubertal Exposure to Childhood Maltreatment With Adult Amygdala Function

Teicher , Martin [2]

[1] Paris university Paris France
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Maltreatment is a major risk factor for anxiety and Inhibition vs risk taking and inappropriate social behaviors and is associated with abnormal amygdala function.

Our research aims to identify using the Maltreatment and Abuse Chronology of Exposure (MACE) scale the type and age of exposure to childhood maltreatment and to assess how it is associated with hyperactive and hypoactive amygdala responses in young adulthood using functional magnetic resonance imaging .

It was a retrospective cohort study that took place from November 8, 2010, to August 23, 2012 in urban and suburban Boston vicinity.

The findings suggest that prepubertal vs postpubertal developmental differences in the association between maltreatment and amygdala response to threatening or salient stimuli exist. Understanding the role of adversity in different sensitive exposure periods and the potential adaptive significance of attenuated vs enhanced amygdala response may help explain why maltreatment may be a risk factor for many different disorders and foster creation of targeted interventions to preempt the emergence of psychopathology in at-risk youths.

SY-34-05

Post migration path among a student population of young refugees or seeking asylum who arrived in Quebec between 2015 and 2018: a mixt study.

Papazian-Zohrabian , Garine [2]

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The immigration of Syrian refugees, followed by the asylum seekers coming from the US, have impacted Quebec institutions these last years. Since the beginning of the Syrian crisis, Quebec has hosted 7583 Syrian refugees in between 2015 and 2016, 47% of them were minors. Moreover, from January 2017 to august 2018, 42 925 people have been asking asylum in Quebec. Education institutions have been urged to answer the multiples and specifics needs of these children who had been living in condition of adversity. Multiple researchers have showed that the migratory path can directly impact these children mental health as well as their social and educational experience, and their inclusion in the Canadian community. In our communication we would like to present our results from a mixte research (quantitative and qualitative) led in partnership with 4 researchers and 4 CSS, financed by the CRSH (partnership development 2019-2023). The main objective was to developpe a research partnership in order to obtain school curriculum of children refugees and asylum seekers who arrived in Quebec between September 2015 and June 2018 in order to redraw their post-migration paths and put forward the holistic variables (psychological, social, educational and legal) that might have been risk factors or positive factors regarding their global experience. Indeed, analyzing the qualitative and quantitative data helps us to highlight the multiple school curriculums and paths that might have led to a feeling of inclusion among the Quebec community or at the contrary to a feeling of exclusion and mental distress.

SY-34-04

Mother–child attachment challenged by prison

OGRIZEK, Anaïs [1]

ATTIAS , Dominique [2], MORO, Marie-Rose [2]

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A society is judged by how it treats its children. Nonetheless, the protection of children and the punishment of adults are often conflated. In some cases, incarcerated mothers are separated from their children from the outset of their detention, assumed to neglect, if not endanger them. In more general cases, incarcerated mothers are allowed to keep their children with them in prison. However, this situation is always only for a limited period of time: children will be placed in foster care as early as the age of 18 months in many European countries, including France. This premature separation of babies from their mothers in prison is again justified by the need to protect children—this time, from the violence of the prison environment. However, the States themselves have created the environment in which mothers and children are housed and are, therefore, themselves responsible for this danger! This is a tragic situation for these babies of imprisoned mothers, always at risk: kept with their mothers in potentially harmful conditions or separated from them, which endangers their development and infringes their rights. Governments' claimed rationale of protecting the child in both of these situations appears to be conflated in reality with that of punishing the adult. And the punishment of the mother necessarily punishes her child. Yet putting children's health first is acting for tomorrow's society.

SY-34-03

Latino-American teenagers and secondary education in the United States : risk and protecting factors

Maldonado-Duran , Jesus-Martin [2]

MORO, Marie-Rose [3]

[1] Paris university Paris France
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This article analyses the difficulties experienced by newly immigrated Latino-American teenagers in High School in the United States after crossing the border. The authors describe factors that may explain school dropout, among which the transformation of their family and social background and the discrepancy between school rules and customs in their home country and in the United States. The authors highlight the potential psychopathological risks that may result from such a situation, and suggest several intervention leads, which may enable schools to have a better understanding of these teenagers and their cultural background, as well as the consequences of traumatic immigration conditions.

SY-34-02

Treating the psychological distress of children in refugee camps

DOZIO, Elisabetta [2]

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[2] Paris University Paris France

Wars as well as natural disasters force entire populations to move by leaving their country abruptly and children are not spared from these traumatic ruptures. Refugee camps aim to welcome them and ensure their safety and basic needs

In these "out of place" situations, as defined by M. Agier, the challenges for children are numerous: in addition to the traumas accumulated in the country of origin or during displacement, there are the psychological difficulties of readjusting to the new living situation, which should be temporary, but all too often the stay is prolonged for an indefinite period.

How to be babies, children and adolescents in these places? What kind of support is necessary to help them overcome the challenges of each age?

Proposals for the psychic care of the distress of children in refugee camps will be proposed and discussed.

SY-34-01

Children of jihadists: a medical framework for returnees in France

Baubet, Thierry [2]

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In March, 2017, the French Government established a unique framework to assess the medical and psychological state of children coming to France from the operation zones of terrorist groups. The children mainly arrive with only their mother; however, we are also seeing an increasing number of children return alone because their families have died or become incarcerated. On arrival, the children are immediately separated from their parents and entrusted to child welfare, and their parents are taken into custody and are usually held in detention. Within 3 months of arrival, a medical

assessment is done, and a psychological assessment is done. We have found children to have post-traumatic stress disorder, attachment disorders, developmental delays, dissociative episodes, depression, anxiety, and eating and sleeping disorders. Improving the medical and psychological health of these children presents numerous challenges. First, children need to be given time to build a trust-based relationship with caregivers and the mental health professionals. Second, psychotherapeutic treatment is needed, but therapists have no access to the primary caregivers or the children's anamnesis. Third, it is important to determine who will ensure the children are informed about their own life story. Fourth, how professionals will help these children return to ordinary life needs to be considered. Fifth, continuity of care is required so that once the children return to their family, someone will be responsible for the follow-up care of these children. These challenges need to be addressed urgently.

Session: Clinical Perspectives 05 - CP-05

Date: 30-06-2023 - 13:45 - 14:45

Location: Harlekin - Ground floor /

CP-05-00

Interventions supporting authoritative care for transdiagnostic and specific care challenges across arenas

Shimshoni, Yaara

Yale University New Haven United States

Interventions supporting authoritative care for transdiagnostic and specific care challenges across arenas

Non-Violent Resistant (NVR) as a form of parent-training was originally developed to help parents cope with externalizing problems such as violent and self-destructive behaviors. Early applications of NVR-informed treatments focused on parents of children with ADHD, oppositional-defiant and conduct disorder. Studies have shown NVR-informed treatments to improve child symptoms, parent-child escalation, parental helplessness, parental punitiveness and power struggles, increase the frequency of positive parental gestures and parents' emotional regulation. In recent years, there has been growing interest in developing applications and adaptations of NVR-informed interventions to additional problem areas. This presentation will briefly describe central NVR principals and demonstrate four different interventions informed by NVR: a parent-group for dealing with youth suicidal behavior, the concept of Family Accommodation and how NVR principals can help reduce family accommodation in child anxiety (SPACE), a parent-based treatment for dealing with child ADHD, and an innovative intervention component for unacceptable behavior (Turning Back the Clock).

Presenters:

Kathelijne Van Dongen: "An innovative parent group based on NVR, Connecting Authority and DBT". ID: 719

Yaara Shimshoni: "Non-violent resistance and family accommodation: A trans-diagnostic solution to a highly prevalent problem" ID: 718

Irit Schorr Sapir:

"Parent-Training in Non-Violent Resistance for Children with ADHD, ODD and externalize symptoms". ID: 937

Tormod Rimehaug: Turning Back the Clock (TBC) – an innovative intervention component against unacceptable behaviour. ID: 705

CP-05-03

Parent-Training in Non-Violent Resistance for Children with ADHD, ODD and externalize symptoms

Schorr Sapir, Irit

Tel-Aviv University Tel Aviv Israel

Parent-Training in Non-Violent Resistance for Children with ADHD, ODD and externalize symptoms

Irit Schorr Sapir

ADHD is a neurodevelopmental disorder whose development and intensity are closely dependent on the child's environment. Over and beyond their attention deficits, children with ADHD have a wide range of behavioral problems. They have more problematic relationships with peers and family. And considerable comorbidity with ODD, anxiety and depression.

Parents of children with ADHD suffer from particularly high levels of frustration and stress, conflicts with the child, depression and anxiety. Many of these parents experience a deep lack of support. The relationship between these factors and the child's problems is probably circular

Most parent-training programs focus almost exclusively on improving the child's condition, with only a few targeting also the parents' difficulties and distress. We believe this limitation may contribute to the high dropout rates observed in most parent-training programs.

NVR parent-training (NVR-PT) is one of the few approaches that put the wellbeing of parents (and siblings) at the center of attention, no less than the child's difficulties. Moreover, it is unique in that it strongly emphasizes the engagement of fathers.

A number of studies showed the efficacy of NVR-PT with children with a variety of externalizing symptoms. In our study, designed to assess the efficacy of NVR in the treatment of childhood ADHD, we found that NVR-PT demonstrate significant improvements in both child and parent condition.

We believe that NVR's special focus on parental distress, contributed high paternal engagement to low dropout.

CP-05-02

Non-violent resistance and family accommodation: A trans-diagnostic solution to a highly prevalent problem

Shimshoni, Yaara

Yale University New Haven United States

This presentation will aim to integrate two areas in recent clinical theory, research and practice: family accommodation and non-violent resistance (NVR). Family accommodation describes changes that family members make to their own behavior, to help their relative who is dealing with psychopathology to avoid or alleviate distress related to the disorder. Rapidly growing research on family accommodation has established its high prevalence and negative impact across

disorders and the life span. NVR is a trans-diagnostic treatment approach that helps parents to cope with child externalizing, internalizing and other problems in non-escalatory ways.

This presentation will review empirical research on family accommodation and NVR, and demonstrate how the anchoring function of NVR, a central concept reflecting the stabilization of the parent-child relationship, may provide a uniquely suited framework for reducing family accommodation across disorders and development. The presentation will also demonstrate how the anchoring function may be applied to promote accommodation reduction through a brief description of SPACE (Supportive Parenting for Anxious Childhood Emotions), an NVR-informed, evidence-based treatment for childhood anxiety and obsessive-compulsive disorder

CP-05-01

Turning Back the Clock (TBC) – an innovative intervention component against unacceptable behaviour.

Rimehaug, Tormod

Singstad, Marianne Tevik

Norwegian University of Science and Tehnology Trondheim Norway

Our history of negative behaviour inevitably stick with humans, youths or adolescents, and correcting errors is only possible in hypothetically future situations. Are there ways to escape this vicious cycle?

TBC is a manualized intervention strategy inspired by a discomfort with the use of punishment and consequences as an instrument for growth, and inspired by the NonViolent Resistance approach. The effectiveness of TBC is not documented beyond promising clinical experimentation. TBC is presented to encourage empirical testing of its usability and effect. TBC is a transdiagnostic strategy that can be combined with problem specific effective treatment or broader NVR interventions tailored to child and parent challenges.

TBC builds on modelling, clear direct feedback, reenactment and negotiation of social reality including time and history. Based on this its purpose is to establish a general culture for admitting errors or unwise acts, and for being allowed a new chance immediately, without waiting for the next event or situation.

The three consecutive stages of the TBC intervention; *Parent TBC, Youth TBC* and *Disqualification* are tailored to this end, in accordance with the NVR spirit: To believe in positive possibilities, invite cooperation, and encourage reconciliation and behaviour improvement without instructing specific change.

CP-05-04

An innovative parent group based on NVR, Connecting Authority and Dialectical Behavioral Therapy

Van Dongen, Kathelijne [1], Van Dongen, Kathelijne [2]

[1] LUMC-Curium Leiden Netherlands
[2] LUMC-Curium Oegstgeest Netherlands

Symposium title:

Interventions supporting authoritative care for transdiagnostic and specific care challenges across arenas

Abstract title:

An innovative parent group based on NVR, Connecting Authority and DBT

Suicide is one of the leading causes of death in young people worldwide. According to Joiner (2007), the most frequently reported underlying thoughts are: 'I am all alone' and 'I am a burden to others". Not surprisingly, the most successful interventions aim to challenge these destructive thoughts, yet validate the feelings that come with them (DBT, McCauley et al., 2018)

We believe that parents of young people with suicidal behavior could play a crucial role in in this process. Therefore, we introduced the principles of NVR to our regular DBT program, by offering parents groups that focused on increasing a sense of 'together' and debunking the feelings of being a burden. NVR aims to provide parents with hope, strength and clear tools how to find ways to rediscover connectedness and belongingness in the face of threatened relationships.

The pilot was evaluated in a small-scale study where parents indicated that relationships in the family had become closer, there was less struggle, more open communication, more cooperation, difficult topics were discussed, and an increased understanding, support and validation. Moreover, parents who took a stand against the self-harming behavior reported that the behaviors had stopped. It seemed that reading the announcement letter had a major impact on stopping suicidal and self-harming behavior.

Key words: Suicidality, NVR, Connecting Authority, DBT

Session: Symposium 58 - SY-58

Date: 30-06-2023 - 13:45 - 14:45

Location: Karavanen 9+10 - First floor /

SY-58-00

The DREAMS symposium: studying long-term child mental health in psychiatry

Zijlmans, Josjan [1]

Consortium, DREAMS [2], Polderman, Tinca [2]

[1] Amsterdam University Medical Center Amsterdam Netherlands
[2] DREAMS Amsterdam, Leiden, Groningen, Nijmegen Netherlands

The DREAMS (Dutch Research in Child and Adolescent Mental health) consortium is a collaboration between four academic child and adolescent psychiatry centers covering most of the Netherlands. Together, Accare (Groningen), Karakter (Nijmegen), Levvel (Amsterdam), and LUMC Curium (Leiden) provide psychiatric care for over 25,000 children and families each year. DREAMS uses data collected in clinical practice to study long-term child mental health in psychiatry and sets up novel research projects that benefit from the large, nation-wide population that the centers treat.

This symposium provides an overview of the DREAMS consortium and covers current research projects of DREAMS. In the first talk, DREAMS and its goals are introduced, and the integration of DREAMS into clinical practice will be discussed. The second talk concerns the analysis of a retrospective analysis of all children who received care between

2015 and 2019 (N>70,000) and focuses on comorbidity patterns. The third talk discusses the first DREAMS research project that studied child mental health in psychiatry assessed at six time points during the COVID-19 pandemic. The fourth talk presents results of a study on the prevalence of sleep problems in youth with psychiatric disorders. The final talk introduces a novel study that investigates medication use before and during treatment in Dutch youth mental health care.

The five talks give an overview of the size and scope of the DREAMS consortium, cover burdens and benefits of large-scale cohorts based in clinical practice, and will be of interest to both researchers and clinicians.

Discussant: Prof. dr. Sven Bölte

SY-58-05

Sweet DREAMS: a study on the prevalence of sleep problems in children and youth with psychiatric disorders

Van Tetering, Emilie [1], Mies, Gabry [1], Pieters, Sara [5]

Van der Doelen, Daniël [1], Muskens, Jet [1], Staal, Wouter [1], Wildschut, Marleen [2], Van der Mheen, Malindi [3], Zijlmans, Josjan [4], Polderman, Tinca [4], Klip, Helen [1]

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Worldwide, sleep difficulties in youth are perceived as an increasing concern. The prevalence of sleep problems in normatively developing children and adolescents has been estimated at approximately 25%. Prevalence rates in children and adolescents with psychiatric problems are considered to be even higher. Sleep problems may play an important role in the complex etiology of psychiatric disorders, and might be regarded as a transdiagnostic factor. The main aim of the current study is to examine the prevalence of sleep problems in children and adolescents referred for specialized mental health care. In addition, we investigate the relationship between sleep problems and both internalizing and externalizing problems in children and adolescents with psychiatric disorders.We used parental reports of the DREAMS intake questionnaire (N ~ 10.000) to investigate the prevalence rates of sleep problems, and the Child Behavior Checklist (N~ 6.000) to examine the relation with internalizing and externalizing problems, and to get a better understanding of the transdiagnostic element of sleep.Sleep problems such as waking up in the night, or wake up before 6 a.m. were prevalent in ~30% of the children but the prevalence rates differed significantly between infants (1-5 years), young children (6-11 years) and older children (12-18 years). The association between sleeping problems differed for internalizing and externalizing problems but the association also depended on age and sex.Our study provides the first descriptives of sleep difficulties in a large child and adolescent psychiatric population. Implications for mental health care will be discussed.

SY-58-04

DREAMS: harmonizing youth mental health data

Tieskens, Jacintha [1]

Van der Mheen, Malindi [2], Zijlmans, Josjan [3], Wildschut, Marleen [4], Klip, Helen [5], Van der Doelen, Daniel [5], Broek, Emma [1], Nijland, Lian [1], Vermeiren, Robert [1], Poldermand, Tinca [3]

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Mental health in childhood is strongly associated with later life outcomes, and appropriate care is therefore of significant importance. To optimize quality of care for children and adolescents with psychiatric problems, new developments in care suggest that a more personalized approach is required. That is, knowledge regarding risk factors and factors predicting treatment success at the level of individual children and adolescents is key. Currently, such information is limited.

DREAMS (Dutch Research in Child and Adolescent Mental health) is a collaboration between four academic child and adolescent psychiatry centers in the Netherlands. By harmonizing and sharing data, DREAMS aims to provide the information that is needed to obtain more insight into the factors that are associated with the development of mental health problems in children, and into factors that contribute to treatment outcomes. Given the four centers provide psychiatric care for over 25,000 children and families per year, a rich dataset with sufficient statistical power is guaranteed.

As a first step, DREAMS has developed a harmonized youth mental health intake form that is now used in all four DREAMS centers. The form includes demographic characteristics such as age, gender, and nationality and also encompasses topics such as lifestyle, school, medication use, and adverse experiences.

We will present the first descriptives of these unique data (N ~10.000), and discuss how these data can be used to optimize psychiatric care for children and adolescents in the future.

SY-58-03

Pharmacological treatment patterns before and during treatment in Dutch youth mental health care

De Vries, Ymkje Anna [1]

Wildschut, Marleen [2], Hoekstra, Pieter [2], Klip, Helen [3], Van der Doelen, Daniël [3], Zijlmans, Josjan [4], Van der Mheen, Malindi [4], Polderman, Tinca [5], Consortium, DREAMS [2]

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Medications are considered effective treatments for common child mental disorders such as ADHD, but it is unclear how often medication is actually utilized in clinical practice. We therefore investigated pharmacological treatment patterns in DREAMS, a collaboration between four Dutch academic youth mental health care centers.

Of 3,178 youth referred to a DREAMS center recently, 19.8% reported taking psychotropic medication prior to intake, including ADHD medication (53.6%), antipsychotics (31.2%), and sleep medication (17.0%, usually melatonin) – note that percentages sum to >100 as youth may be prescribed multiple medications. Commonly reported reasons for taking medication were ADHD (49.3%), sleeping problems (21.0%), depression (11.8%), and anxiety (11.3%). Of 45,842 youth receiving care in a DREAMS center in 2015 to 2019, 10,258 (22.4%) were prescribed psychotropic medication by the center. Most commonly prescribed were ADHD medications (76.3% of medication-treated youth), antipsychotics (24.5%) and antidepressants (16.5%). Of youth prescribed medication, 4,070 (39.7%) received 2+ different medications in 5

years and 3,598 (35.1%) within the same year (of whom 51.8% were prescribed two different medication classes and 20.1% 3+ medication classes).

These findings show that ADHD medication is by far most commonly prescribed within academic mental health care. Youth are usually prescribed a single medication, but a substantial minority are prescribed multiple medications, either simultaneously or consecutively. Moreover, about a quarter of youth referred to DREAMS centers are already taking psychotropic medication, most commonly ADHD medication or antipsychotics. During the conference, I will present updated and extended results from the DREAMS database.

SY-58-02

Prevalence and comorbidity patterns of mental health problems within the DREAMS cohort (N=71,119)

Van der Mheen, Malindi [1]

Zijlmans, Josjan [2], Consortium, DREAMS [3], Klip, Helen [4], Van der Doelen, Daniël [4], Ruisch, Hyun [5], Van der Lans, Rikkert [6], Buitelaar, Jan [4], Hoekstra, Pieter [5], Lindauer, Ramón [7], Popma, Arne [7], Vermeiren, Robert [6], Staal, Wouter [4], Polderman, Tinca [8]

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Psychiatric comorbidity has implications for prognosis, clinical presentation, and type of treatment. However, representative overviews of psychiatric comorbidity patterns in children and adolescents are lacking. Here, we aimed to provide a systematic overview of psychiatric comorbidities in a large sample of children and adolescents who received psychiatric care between 2015 and 2019.

Data were derived from medical records of child and adolescent psychiatric care centers that are part of DREAMS. Psychiatric classifications were assigned in regular clinical practice according to DSM-5 criteria. We defined prevalence as the proportion of youths who received care for a specific primary psychiatric classification. We defined comorbidity as all psychiatric classifications for which an individual received care between 2015-2019.

In total, 71,119 youths received care (mean age at admission = 10.8 years, SD = 4.2; 62% male). Psychiatric classifications of 53,043 youths (75%) were available. The most prevalent primary psychiatric classifications were autism spectrum disorders (32%), attention deficit/hyperactivity disorder (23%), and trauma and stressor-related disorders (9%). 71% of individuals had at least one comorbid psychiatric classification. The most common comorbidity was a primary classification of a schizophrenia spectrum/psychotic disorder with a comorbid intellectual disorder (30%), followed by a primary classification of a substance-related/addictive disorder with a comorbid disruptive/impulse-control/conduct disorder (28%).

The high percentage of psychiatric comorbidities in our large and representative DREAMS sample underlines the importance of taking comorbidity into account regarding diagnosis, treatment and outcome predictions in child and adolescent psychiatric care.

SY-58-01

Mental health problems during the COVID-19 pandemic in Dutch children who receive psychiatric care and children from the general population

Zijlmans, Josjan [1]

Tieskens, Jacintha [2], Van Oers, Hedy [1], Alrouh, Hekmat [3], Luijten, Michiel [1], Consortium, DREAMS [4], Haverman, Lotte [1], Popma, Arne [5], Bartels, Meike [3], Polderman, Tinca [4]

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Mental health problems in children have increased during the COVID-19 pandemic. It is unclear what the long-term effects of the pandemic are.

We assessed mental health five times*, from April 2020 until April 2022, in children who receive psychiatric care (N=334-748 per moment) utilizing DREAMS, which is a collaboration between four academic child psychiatry centers, and in children from the general population (N=222-1,333 per moment). Outcome measures were Patient-Reported Outcomes Measurement Information System (PROMIS®) domains: Global Health, Peer Relationships, Anxiety, Depressive Symptoms, Anger, and Sleep-Related Impairment (self-report); and Brief Problem Monitor (BPM) internalizing and externalizing problems (parent-report). We differentiated by sex, and between ages 8 to 11 and 12 to 18.

Children from the general population reported an increase in mental health problems from before to during the pandemic on all PROMIS domains, with worst scores in April 2021. Scores improved toward April 2022, but not to pre-pandemic norms. Children in psychiatric care reported increased mental health problems, with worst scores in April 2021 or April 2022, and no improvement. Parents reported an increase in internalizing problems in their children. We found evidence of small age effects and no sex effects.

Child mental health in the general population deteriorated during the first phase of the pandemic, has improved since April 2021, but has not yet returned to pre-pandemic levels. Children in psychiatric care show worsening problems during the pandemic, which has not improved since then.

*During the conference, data from additional assessments up to April 2023 will be available.

Session: Symposium 28 - SY-28

Date: 30-06-2023 - 13:45 - 14:45

Location: Carstensen - Lower floor /

SY-28-00

Working with parents and carers to help autism development: The Paediatric Autism Communication Therapy (PACT) intervention

Jeppesen, Pia [1]

Bilenberg, Niels [2]

[1] University of Copenhagen Copenhagen Denmark
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Autism is an enduring condition affecting 2 % of people in the world, and yet there continues to be a lack of evidenced therapy to improve the developmental impairments. Paediatric Autism Communication Therapy (PACT) is an early social communication intervention working through parents and other caregivers. The one-year PACT intervention has demonstrated long-term improvement of autism core symptoms within the context of a randomised clinical trial. This relatively low intensity approach is also referenced in UK national guidance for autism treatment and is being disseminated in countries around the world through a highly structured training programme.

The symposia will present updated research findings from ongoing studies in Denmark, France, and England. The objectives are to evaluate the effectiveness of PACT and the model for implementation and dissemination of PACT, and furthermore to explore the effect mediators and moderators of the long-term outcomes of PACT compared to treatment as usual.

SY-28-06

Feasibility of a Parent-mediated communication-focused treatment in toddlers with autism (PACT) delivered via videoconferencing: A mixed-methods analysis.

GEOFFRAY, Marie-Maude [1], JUREK, Lucie [1]

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PACT is one of the few parent-mediated therapies to have shown evidence of short- and medium-term effectiveness in reducing autism by training parents. To facilitate the use of this intervention in more remote geographical areas, we test this model when parents are trained via videoconference. Feasibility was assessed using a mixed-model study design.

Parents were guided in PACT with a professional one session every 15 days for six months and once a month for the six following months. Before each session, parents sent a video of a 10-minute playtime with their child to the therapist on a secure cloud. Parents are advised to use the PACT techniques every day between sessions.

At inclusion, nine children with a mean age of 37.7 (8.0) months were evaluated over 3-time points (0, 6, and 12 months). Evaluators were blinded to the intervention time. Results showed a decrease in the CGI-S score and the BOSCC over time. In addition, the rate of parent-child synchrony and the child's communication initiatives improved over the 12 months (DCMA). The technical feasibility was satisfactory (score >15) in more than 95% of sessions.

A qualitative study was carried out, and 8 professionals were interviewed. Professionals' perspectives of the barriers and facilitators to parent guidance in PACT by videoconferencing also supported the feasibility of this intervention. A French multicenter randomized controlled trial including 212 children (Jurek et al. 2021) is underway to validate these different hypotheses and further explore the parent's perspective (Jurek et al. 2022).

SY-28-05

Mediation of the long-term effects of PACT

Carruthers, Sophie [2]

Green, Jonathan [1], Aldred, Catherine [1], Pickles, Andrew [3], Charman, Tony [2], McConachie, Helen [4], Le Couteur, Ann [4], Slonims, Vicky [2], Howlin, Pat [2], Salomone, Erica [5], Leadbitter, Kathy [1]

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Background: Mechanistic studies are important to identify 'active processes' within interventions, and give insights into developmental processes. The Paediatric Autism Communication Therapy (PACT) delivered pre-school demonstrates significant endpoint effects to reduce symptom severity on ADOS (Pickles et al 2016; Carruthers et al. 2021). Follow-up, 6 years after endpoint, shows sustained treatment effects on child symptom and adaptive outcomes and child initiations with parent (Pickles et al 2016).

Objectives: To investigate the mechanism for this sustained effect.

Methods: 121/152 (79.6%) of the trial children were followed 5-6 years after endpoint (mean age 10.5 years). Autism Diagnostic Observation Scale (ADOS CSS) and Teacher Vineland (TVABS) were assessed blind to original trial groups. Hypothesised mediator was child dyadic communication initiations with caregiver (Dyadic Communication Measure for Autism, DCMA). Baseline child non-verbal DQ, communication (CSBS) and 'insistence on sameness' (IS) were proposed moderators. A repeated measures mediation design used structural equation modelling.

Results: Increased child initiation at treatment midpoint mediated the majority (73%) of the treatment effect on follow-up ADOS CSS. A combination of midpoint child initiation and direct effect of treatment mediated a near-significant effect on follow-up TVABS. No moderation of this mediation was found for DQ, CSBS or IS.

Conclusions: These mediation results support the theoretical logic model of PACT therapy, but also demonstrate important causal processes at work in autistic development. In pre-school autism, positive early child social engagement initiates long-term generalised beneficial outcomes on phenotype and adaptation. Such social engagement can be improved by targeted early parent-mediated intervention using video-feedback.

SY-28-04

Exploring the relationship between child attachment and parent-child communication in children with autism spectrum disorder: results from the DAN-PACT pilot study

Conrad, Charlotte Engberg [1], Fagerlund, Birgitte [4], Vestergaard, Martin [7]

Bilenberg, Niels [2], Christiansen, Jens [3], Jeppesen, Pia [5], Kilburn, Tina R. [6], Thomsen, Per Hove [6], Lauritsen, Marlene B. [1]

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Background

Social communication problems in children with autism may negatively impact quality of parent-child interactions. More research is needed on the relationships between attachment in children with autism and parent-child interaction measures in dyadic communication.

Objectives

This study aims to explore the relationship between parents perceived child attachment and parent-child communication in children with autism.

Methods

Data were taken from baseline assessments used in a DAN-PACT pilot study (Danish-Paediatric Autism Communication Therapy). Participants were 18 parents and their autistic children. Mean age of the children (17 boys/ 1 girl) was 4.4 years (range 2.7-6.4 years). Parents completed the Maternal Perception of Child Attachment (MPCA) questionnaire. Twelve-minute playtime sessions between parent and child were videotaped to assess parent-child interactions using the Dyadic Communication Measure of Autism (DCMA). The two areas of interest were: parental synchronicity in communication and child initiations.

Results

In this underpowered pilot-sample we found a positive correlation with a moderate effect size of 0.36, 95% CI (-0.132:0.706), p=0.15 between parental synchronicity in DCMA and MPCA. Furthermore, correlation was seen with a moderate effect size of 0.46, 95% CI (-0.011:0.762), p=0.06 between child initiations and MPCA results.

Conclusion

The study indicated a correlation between child attachment and respectively parental synchronicity and child initiations in dyadic communication. We look forward to gaining deeper insights into these explored relationships in a larger sample of the randomized controlled DAN-PACT trial.

SY-28-03

Scalability of early evidence-based autism intervention -PACT

Jonathan, Green

University of Manchester Manchester United Kingdom

Background

Autism is universal independently of country, culture, socio-economic factors, or context making scalability of early evidence-based intervention a global health priority.

Implementation trials test the cascade of evidence-based PACT (Paediatric Autism Communication Therapy) for maximum dissemination.

Methods

International Implementation trials test the feasibility, cultural acceptability, and adaptation of PACT implementation. Feedback of video methods, context of delivery and country-specific implementation is gained through implementation trials. The DAN-PACT trial in Denmark is the first step in the implementation of a nationwide, publicly funded, evidence-based practice with equal and easy access to PACT for all autistic children and their families.

Implementation trials involve professional certification, supervised practice and feedback with 5 PACT families. Lead professionals co-fidelity rate 2 PACT videos and co-train a live training course and translate the PACT manual with back translation for accuracy of terminology.

The PACT leads train second-generation professionals in their spoken language with support from UK trainers. 15% of post-course videos are co-fidelity rated.

Certified professionals from the second and third-generation training become lead or co-lead PACT trainers to cascade PACT training in their language and country.

Results

1000 professionals have received PACT training to date, cascading PACT in 26 countries with 6 implementation trials. Implementation trials are analyzed, presented, and published demonstrating high acceptability and feasibility across diverse cultures, countries, and contexts.

Conclusions

PACT is universally acceptable and feasible for implementation in different countries and cultures enhancing autism care pathways from early identification, and pre-diagnostic to post-diagnostic and education support.

SY-28-02

Paediatric Autism Communication Therapy (PACT) combined with management as usual compared to management as usual alone in Children with Autism spectrum disorder – a pragmatic, national, randomised clinical trial

Bilenberg, Niels [1]

Christiansen, Jens [2], Conrad, Charlotte Engberg [3], Davidsen, Kirstine [1], Fagerlund, Birgitte [4], Goetzsche, Martin [4], Jeppesen, Pia [4], Kilburn, Tina [5], Lauritsen, Malene [6], Thomsen, Per Hove [5], Varenne, Manon [4], Ziegler, Sonja [1]

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Background: Autism spectrum disorder (ASD) is a neurodevelopmental disorder affecting approximately 2% of the population. ASD is considered a lifelong disorder and interventions significantly reducing the core autistic symptoms have been sparse. Paediatric Autism Communication Therapy (PACT) is among the first naturalistic developmental behavioural interventions to show promising results for reduction in autism symptoms.

The aim of this trial is to assess the beneficial and harmful effects of PACT in 2-6 year-old children with a recent diagnosis of ASD, and prime a national implementation.

Material and methods: A total of 280 2-6 year old children diagnosed with ASD (DSM-5), and with an Autism Diagnostic Observation Schedule, 2nd Edition, Calibrated Severity Score (ADOS-2 CSS) ≥ 4 will be invited, and after informed consent randomized 1:1 to PACT combined with management as usual (MAU) and MAU alone.

Primary outcome is ASD symptom severity as measured by the ADOS-2 CSS, which will be rated by independent raters blinded to allocation and based on video-taped ADOS assessments at baseline and follow-up. Secondary outcomes are, among others, child personal and social skills needed for everyday living as measured by the Vineland Adaptive Behavior Scale, 3rd Edition (Vineland-3) and parents' assessment of their child's and own quality of life.

A number of exploratory outcomes and possible effect-mediators will also be measured.

Perspectives: DAN-PACT also include a health economic assessment and if the intervention is superior to MAU and cost-effective, the study will be followed by a national implementation.

SY-28-01

Perceived Attachment in Danish Children with Autism Spectrum Disorder associated with Parents' Quality of Life and use of Naturalistic Developmental Behavioral Intervention Strategies before a Parent-Mediated Autism Intervention

Ziegler, Sonja [1]

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Background/Objectives: Securely attached autistic children can display more social competence, language skills, joint attention, and less disruptive behavior than insecurely attached peers. Some parent-mediated interventions have shown improvements in autistic children's attachment security and parent-mediated Naturalistic Developmental Behavioral Interventions (NDBI) can affect significant improvements in child language, play, cognition, and symptomatology. However, knowledge is lacking on how perceived attachment of autistic children, their parents' quality of life (QoL), and spontaneous use of NDBI strategies, before commencing a NDBI, are related.

Methods: This cross-sectional investigation assessed parental Qol using the WHOQOL-BREF, perception of child attachment using the MPCA, and NDBI strategy use with the MONSI-CC in 18 Danish parents (11 mothers, 7 fathers) of 2.7-6.4 year old (M_{age}=4.4) children with ASD according to ICD-10 PDD criteria, before their participation in a parent-mediated NDBI. The MONSI-CC was applied to a 10-minute video-recorded free-play interaction using a standardised toy set, in which the parent was instructed to play with their child as they "normally would".

Results: Two-tailed Pearson correlation coefficients showed significant positive relationships between MPCA Total Scores and social relationships QoL (r(17)=.73, p<.001), psychological QoL (r(17)=.54, p=.001), environmental QoL (r(17)=.73, p=.02), and MONSI-CC Active Teaching and Learning Scores (r(17)=.49, p=.04).

Conclusions: Danish parents' perception of their young autistic child's attachment are associated with their experienced quality of life and implementation of active teaching strategies that support their child's learning. These findings may predict future parent and child outcomes after participation in a parent-mediated NDBI.

Session: Symposium 20 - SY-20

Date: 30-06-2023 - 13:45 - 14:45

Location: Columbine - Ground floor /

SY-20-00

Time trends in youth mental health, findings from three countries

Armitage, Jessica [1], Anthony, Rebecca [2], Sourander, Andre [3], Mishina, Kaisa [3], Newlove-Delgado, Tamsin [4]

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Child and adolescent psychiatric disorders are common and increasing. Mental health disorders typically have their origins in the child and adolescent years, and collectively, are projected to cost the global economy an estimated US$ 16 trillion between 2011 and 2030. The increase in prevalence of common mental health disorders is concerning due to the

vast and devasting implications that having a mental health problem can bring, including an increased risk for later mental health difficulties, impaired social relationships, education, and health. Understanding and preventing further secular increases in youth mental health problems is therefore crucial to not only alleviating immediate symptoms, but to also preventing future negative outcomes. This symposium brings together researchers across England, Wales, and Finland, to discuss progress with research on time trends in relation to youth mental health, and developmental differences. The first two presentations will discuss secular change in mental health symptoms in the UK, with the first considering cohort differences in developmental trajectories and the second exploring explanatory factors for changes in youth mental health. The following two talks will explore changes in mental health symptoms among children and young people in Finland, and the final talk will address evidence on child and adolescent psychiatric diagnoses over time. The symposium will conclude with a discussion on the different cross-cohort study designs, and on the interplay between secular and developmental change in mental health. It will also reflect on future directions to advance research on time trends in relation to youth mental health.

SY-20-01

Time trends in mental health trajectories across childhood and adolescence, findings from two UK cohorts.

Armitage, Jessica

Cardiff University Cardiff United Kingdom

Over the past three decades, epidemiological studies have documented rises in emotional problems for individuals born in more recent generations. These increases have tended to be more prominent for adolescents compared to younger children, however, no study has directly tested secular trends in the developmental course of emotional problems. The current study uses data from two longitudinal population-based UK cohorts born ten years apart, the Avon Longitudinal Study of Parents and Children (ALSPAC) and the Millennium Cohort Study (MCS), to assess for the first time, whether emotional symptom trajectories have changed over time in the UK. Emotional symptoms were examined across childhood and adolescence using the parent-rated emotional subscale of the Strengths and Difficulties Questionnaire (SDQ), and trajectories were generated using multi-level growth curve models. Results revealed that individuals born a decade apart follow different trajectories of emotional problems. Those born in the early 2000s experienced higher emotional symptom trajectories from approximately 8 years compared to those born in early 1990s, with female adolescents in the more recent cohort experiencing steeper increases of symptoms across adolescence. Differences across cohorts were greatest at 14 years of age, suggesting future research on what has changed at this age is warranted. Overall our study provides further evidence of worsening mental health for more recent generations, and suggests problems are earlier than previous, and especially heightened for female adolescents. Such findings have implication for public health planning and in the delivery of policy changes and interventions to prevent further secular increases.

SY-20-02

Population trends in youth depressive symptoms between 2013 and 2019: examining the contribution of peer relationships

Anthony, Rebecca

Cardiff University Cardiff United Kingdom

Background

Adolescent depressive symptoms are common, associated with wide-ranging impairments, and often continue into adult life. We compared rates of adolescent depressive symptoms in a nationally representative of young people in Wales, UK across three surveys using identical symptom screens.

Methods

The present study includes 11–16 year olds who completed the School Health Research Network (SHRN) surveys between 2013 to 2019. Linear regression models were used to assess change in mood symptoms stratified by gender, age, and family affluence. Regression models assessed changes in social relationships and these models were further stratified by gender, age and family affluence. A total of 230,735 student responses were assessed.

Results

There was a significant increase in mean depressive symptom scores between 2013 and 2019 (*b* = .630, 95% CI[.546, .714]), which was more marked for girls than boys (*b*=0.392, 95% CI[.310, .473]). Young people from higher family affluent groups had lower symptom scores, and trends over time were less pronounced for those from high affluent backgrounds (*b*=-.163, 95% CI -.216, -.109). Bullying was common, with 34.6% of young people reporting face to face bullying, and 18.56% reporting cyberbullying. Friendship quality and experiences of bullying were fairly stable over time and did not explain the population level increases in depressive symptoms.

Conclusions

This study provides evidence of an increase in the depressive symptoms of young people in Wales over the past decade, particularly among girls and those from lower affluent families, with evidence of widening inequalities.

SY-20-03

Changes in mental health symptoms among Finnish 8-year-olds – A multi-informant time-trend study spanning over 32 years

Sourander, Andre

Mishina, Kaisa, Lempinen, Lotta, Heikkinen, Annika, Gilbert, Sonja, Gyllenberg, David

University of Turku Turku Finland

There are concerns that children are experiencing increasing levels of mental health problems and that social crisis, such as COVID-19, has decreased their mental health. Time-trend studies, as cross-sectional studies collected using similar study design, recruitment methods and measures at different time points can provide important and reliable information on population level changes in children's mental health and related problems. The Child Study assess temporal changes in mental health problems among Finnish 8-year-old children using multiple informants. The Child Study used six cross-sectional assessment points in 1989, 1999, 2005, 2013, 2019 and 2021 with similar designs, methodologies, and geographical recruitment areas. Data was collected in schools from the 8-year-old children themselves, their parents and their teachers. There were minor prevalence changes, as parent reported conduct and emotional problems among boys and emotional problems among girls decreased during 24 years. When comparing only two last assessment points in 2019 and 2021, before and after the COVID-19, parent reported mental health symptoms did not worsen. Our findings suggest that mental health among children has not increased during the study period and that the problems has not worsened despite the COVID-19 pandemic.

SY-20-04

Changes in mental health symptoms among 18-year-old males at military call-up in Finland

Mishina, Kaisa

Gyllenberg, David, Parkkola, Kai, Heikkinen, Annika, Gilbert, Sonja, Sourander, Andre

University of Turku Turku Finland

Mental health problems had worsened during the COVID-19 pandemic. However, most studies on temporal changes in mental health before and during COVID-19 have focused on the early phase of the pandemic and there are only few large-scale, repeated, cross-sectional designs with clear sampling frames. In addition, the COVID-19 pandemic has not completely levelled off and there are also other social crises on their way, such as increased costs of living, that could lead to further changes in mental health. The Military Call-Up Study assess temporal changes in mental health problems among Finnish adolescent males before and during the COVID-19 pandemic, using repeated cross-sectional studies with similar designs, methodologies, and geographical recruitment areas. The study used three cross-sectional assessment points in 1999, 2009 and 2021. The data was collected at military call-up when the males were 18-year-olds. Mental health was assessed using the Young Adult Self Report (YASR). The target populations were demographically representative, with response rates over 80%. Among adolescent males between 2009 and 2021, increased rates of anxiety and depressive symptoms and withdraw behavior were detected, but externalizing symptoms and delinquent behavior decreased. Our findings suggest that symptoms of anxiety and depression has increased for adolescent males compared to twelve years prior. Implications of the findings are discussed.

SY-20-05

Characteristics of children with a psychiatric disorder in the 1999, 2004 and 2017 national child mental health surveys in England

Newlove-Delgado, Tamsin [1]

Armitage, Jessica [2], McManus, Sally [3], Ford, Tamsin [4], Collishaw, Stephan [2]

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A range of studies point towards an increase in prevalence over time in child psychiatric disorders, yet few have examined whether the characteristics of those with a disorder have changed over time, and whether the impact on functioning has worsened. This study uses unique data from the three nationally representative child mental health surveys undertaken in England in 1999, 2004, and 2017. These are the only series of population-based, probability cross-sectional surveys in England to include identical, multi-informant, and clinically validated assessments of psychiatric diagnoses (the Development and Wellbeing Assessment (DAWBA)) at baseline. Children in the five to 15 age group were included in all three baseline surveys. This study will compare the profiles of children meeting criteria for an ICD-10 psychiatric diagnosis in all three cohorts. We will examine the correlates of psychiatric disorder in the three surveys and test whether these have changed over time. Specifically, we will characterise and compare the following: socio-demographic characteristics, total difficulties score on the Strengths and Difficulties Questionnaire (SDQ), peer relationships and prosocial behaviours (using SDQ subscales), and impact on the child and family (using the SDQ impact supplement). We will present and discuss these findings as part of a wider symposium on time trends.

Session: Symposium 72 - SY-72

Date: 30-06-2023 - 13:45 - 14:45

Location: Galop 02 - Second floor /

SY-72-00

See me, hear me

Bongers, Ilja L. [1], Van Nieuwenhuizen, Chijs [1], Rutten, Alexa X. [2]

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Involvement of youngsters in treatment and research is key to achieve real impact on the life of youngsters with behavioural problems. Treatments that are not properly matched with the underlying problems and preferences of youngsters, are not as effective as they could be.This symposium covers three studies that investigate stepping-stones in which way youngsters with behavioural problems can be involved in treatment. The first presentation focuses on whether a self-report questionnaire about autistic traits can be used within youngsters with severe behavioral problems. Due to the overlap of symptoms between ASD and severe behavioural problems - particularly in male juveniles low on empathy - the screening capacity of autistic traits might be constrained. The second presentation emphasizes the importance of the underlying problems in treatment planning. Therefore, in a group of clinically referred adolescents with behavioural problems, the general underlying vulnerability for psychopathology and specific aspects of behavioural expression are described. Finally, the third presentation addresses the psychometric properties and preliminary evaluation of a self-report instrument that directly involves youngsters in risk assessment.

Presentations in symposium:

1. Neurodiversity, there is more than meets the eye. Likelihood of identifying autistic traits with the Autism Spectrum Quotient (AQ) in male juveniles with autism spectrum disorder (ASD) and severe behavioural problems

2. Beyond psychiatric classifications: a probe of the general underlying vulnerability factor in a clinical sample of adolescents with behavioural problems

3. Ask them first! Actively involving youngsters in risk assessment

SY-72-03

Ask them first! Actively involving youngsters in risk assessment

Van Nieuwenhuizen, Chijs [1]

Parren, Ashley [2]

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Youngsters in youth forensic psychiatry in the Netherlands are generally not actively involved in risk assessment. This is a missed opportunity as active involvement may lead to an improved working alliance, more engagement and stronger predictive validity (Kroner et al., 2020). The Transition Inventory is a self-report instrument that directly involves

youngsters in risk assessment (Kroner & Mills, 2015). In this presentation the psychometric properties and preliminary results of the evaluation of the Dutch version of the Transition Inventory are discussed.

To investigate the psychometric properties of the Transition Inventory, fifty youngsters aged 14 up to and including 22 years old admitted to the Catamaran, a hospital for youth forensic psychiatry and orthopsychiatry or to a Juvenile Justice Institution filled out the Transition Inventory. In addition, demographic information and results on conventional risk-assessment instruments were collected. In twenty youngsters the effectiveness of the Transition Inventory on alliance, engagement and motivation is investigated with a visual analysis.

The reliability of the total score of the Transition Inventory is 0.88. The divergent validity shows that the more risk in life after discharge the youngsters expects the lower the empowerment, satisfaction with life and general well-being is. The preliminary results of the visual analysis will be outlined and discussed.

Based on the results regarding the psychometric properties, the Transition Inventory is a reliable questionnaire that can be used in clinical practice to involve youngster in risk assessment. In addition, we expect that the Transition Inventory strengthens shared decision making in forensic youth psychiatry.

SY-72-02

Neurodiversity, there is more than meets the eye. Likelihood of identifying autistic traits with the Autism Spectrum Quotient (AQ) in male juveniles with autism spectrum disorder (ASD) and severe behavioural problems

Rutten, Alexa X. [1]

Bongers, Ilja L. [2], Vermeiren, Robert R.J.M. [3], Van Nieuwenhuizen, Chijs [2]

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When screening for autism spectrum disorders (ASD), the Autism Spectrum Quotient (AQ) is generally considered to be useful. Due to the overlap of symptoms between ASD and severe behavioural problems (SBPs) - particularly in male juveniles low on empathy - the screening capacity of the AQ might be constrained. The aim of the present study was to investigate whether (comorbid) SBPs affect the screening capacity of the AQ. The hypothesis was that male juveniles with SBPs - but without a diagnosis of ASD - will score higher than male juveniles without both SBPs and ASD.

The AQ was completed by 216 male juveniles aged 15–18 years treated at an outpatient department of child and adolescent psychiatry. Background characteristics, such as DSM-IV-TR classification and delinquent behaviour, were retrieved from the electronic files of the patients. The 216 participants were categorized into four groups according to a clinical diagnosis of ASD and SBPs (defined as disruptive behaviour disorder and/or delinquent behaviour). Using multinomial logistic regression, we investigated whether the four identified groups, based on a diagnosis of ASD and SBPs, scored differently for the total score and subscales of the AQ.

The presence of SBPs did not affect the screening capacity of the AQ. In spite of the well-known overlap of symptoms between ASD and SBPs, male juveniles with SBPs but without a diagnosis of ASD, do not score higher on the AQ than male juveniles without SBPs and without a diagnosis of ASD.

SY-72-01

Beyond psychiatric classifications: a probe of the general underlying vulnerability factor in a clinical sample of adolescents with behavioural problems

Kampkes-Meijer, Anne Rose [2]

Bongers, Ilja L. [1], Van Nieuwenhuizen, Chijs [1]

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Adolescence is a period of high risk for the development of psychopathology in adulthood. Although impairments in daily life functioning for adolescents with psychopathology and behavioural problems, and the burden on them and their surroundings are ubiquitous, little is known about their structure of psychopathology. In this presentation, we present the best model to describe the structure of psychopathology in a group of clinically referred adolescents with behavioural problems.

Data from the Child Behavior Checklist (CBCL), completed by 353 adolescents admitted to a hospital for youth forensic psychiatry and orthopsychiatry, were analysed. Three structural models were tested to disentangle the general underlying vulnerability and specific aspects of behavioural expression in the structure of psychopathology in this group.The general factor explained more than half of the total of the participants' behavioural problems. Most of the CBCL items pertaining to internalizing behaviour were explained by the general factor, where items regarding externalizing behaviour were mostly explained by the specific factor externalizing problems.

The underlying vulnerability for impairments in daily life in this clinical group of adolescents consists of a combination of affective dysregulation, disordered thoughts, and disinhibition. To successfully treat psychopathology in clinical practice, it is essential to focus on transdiagnostic underlying factors instead of (only) on behavioural problems. The necessity of focusing on transdiagnostic underlying factors is equal in all groups of adolescents, regardless of the nature and severity of their problematic behaviour.

Session: Please proceed to your next session -

Date: 30-06-2023 - 14:45 - 15:00

Location: Congress Hall - Ground floor & Harlekin - Ground floor & Columbine - Ground floor & Pjerrot - Ground floor & Lumbye - Lower floor & Carstensen - Lower floor & Arkaden 6 - Second floor & Arkaden 8 - Second floor & Karavanen 6 - First floor & Karavanen 9+10 - First floor & Galop 01 - Second floor /

Session: State of the art Speaker 05 - Affective Phenomena: Moods, Emotions, Feelings: How are they generated and Maintained? - SA-05

Date: 30-06-2023 - 15:00 - 15:45

Location: Pjerrot - Ground floor /

SA-05-01

Affective Phenomena: Moods, Emotions, Feelings: How are they generated and Maintained?

Stringaris, Argyris

University of Athens Athens Greece

Session: State of the art Speaker 06 - Childhood adversity and psychopathology: bridging from population science to clinical practice - SA-06

Date: 30-06-2023 - 15:00 - 15:45

Location: Carstensen - Lower floor /

SA-06-01

Childhood adversity and psychopathology: bridging from population science to clinical practice

Danese, Andrea

King's College London London United Kingdom

Childhood adversities are major preventable risk factors for poor mental and physical health. Over the years, research has generated a rich set of theories to explain why children exposed to adversity are more likely to develop poor health outcomes. However, we have struggled to use these theories to produce tangible clinical gains. The talk will discuss the need to rethink how we measure childhood adversity, how we investigate the mechanisms through which childhood adversity affects health, and how we model risk linked with childhood adversity to identify the most vulnerable individuals.

Session: Please proceed to your next session -

Date: 30-06-2023 - 15:00 - 15:45

Location: Galop 01 - Second floor /

Session: Please attende the State of the Art speeches -

Date: 30-06-2023 - 15:00 - 15:45

Location: Harlekin - Ground floor & Columbine - Ground floor & Lumbye - Lower floor & Arkaden 6 - Second floor & Arkaden 8 - Second floor & Karavanen 6 - First floor & Karavanen 9+10 - First floor /

Session: State of the art Speaker 04 - Weight gain crucial for mental and somatic improvement in anorexia nervosa: Alleviation of hypoleptinemia as a central underlying mechanism - SA-04

Date: 30-06-2023 - 15:00 - 15:45

Location: Congress Hall - Ground floor /

SA-04-01

The symptomological overlap between anorexia nervosa and starvation: clinical implications

Hebebrand, Johannes

Psychosomatics and Psychotherapy of the University of Duisburg-Essen Essen Germany

Anorexia nervosa (AN) is an eating disorder that primarily manifests in females aged between 10 and 25 years. Underweight, weight phobia and body image disturbances represent cardinal features. The underweight is typically associated with somatic and mental symptoms of starvation. Preoccupation with food, tiredness, exhaustion, depression, rigidity, and loss of libido represent some of the symptoms common to both AN and starvation. All treatment guidelines point to the necessity to normalize body weight to allow recovery. Indeed, patients are much improved upon attainment of their target weights. Because prolonged starvation entails structural changes as for example the shrinkage of the gonads to pre-pubertal size, it takes time for patients to regain complete somatic and mental functioning. The adipocyte derived hormone leptin is the major endocrine signal for the adaptation to starvation. In AN, hypoleptinemia ensues as a result of the reduced fat mass. Rodent models indicate that hypoleptinemia triggers semi-starvation induced hyperactivity and depression. We pursued the hypothesis that patients with AN profit from human recombinant leptin. We treated fourteen patients off-label with human recombinant leptin (metreleptin), which has been approved for treatment of generalized lipodystrophy. We observed a rapid onset of improvements related to AN specific cognitions, emotions and behaviors. These results require confirmation in double-blind randomized controlled trials. The entrapment in AN is seemingly linked to this hormone deficiency. Based on current knowledge of the sex and developmental stage dependent regulation of leptin secretion we analyze implications for both female predominance and the early manifestation.

Session: Break -

Date: 30-06-2023 - 15:45 - 16:15

Location: Harlekin - Ground floor & Columbine - Ground floor & Pjerrot - Ground floor & Lumbye - Lower floor & Carstensen - Lower floor & Arkaden 6 - Second floor & Arkaden 8 - Second floor & Karavanen 6 - First floor & Karavanen 9+10 - First floor & Galop 01 - Second floor /

Session: The future of Child and Adolescent Psychiatry - ESCAP-03

Date: 30-06-2023 - 15:45 - 17:45

Location: Congress Hall - Ground floor /

ESCAP-03-00

The future of Child and Adolescent Psychiatry

Anagnostopoulos, Dimitris [2], Fegert, Jörg [3]

[1] Past-President, IACAPAP Singapore Singapore
[2] President, European Society for Child and Adolescent Psychiatry (ESCAP) Athens Greece
[3] President-Elect, European Society for Child and Adolescent Psychiatry (ESCAP) Ulm Germany

We live in a world of rapid change as well as many challenges that affect us globally. Our patients and therefore our professions are affected and we would like to discuss how we can best adapt to these. Together with our colleagues from IACAPAP, ISAPP, WAIMH, WPA, UEMS, AEPEA and AACAP, we want to present and discuss our ideas on the future of our specialty. Taking into account current (global) challenges such as the impact of war, migration, Covid and its effects, new technologies in therapy and education, new pathologies, rapid change and its impact on mental health, how training and practice need to change to take account of those changes or the change in patients from previously early childhood to adolescents. Every organization will give a presentation and we will then discuss these themes. We will strongly encourage audience participation.

ESCAP-03-01

The future of CAP – ESCAP's perspective

Anagnostopoulos, Dimitris [2], Fegert, Jörg [3]

[1] Past-President, IACAPAP Singapore Singapore
[2] President, European Society for Child and Adolescent Psychiatry (ESCAP) Athens Greece
[3] President-Elect, European Society for Child and Adolescent Psychiatry (ESCAP) Ulm Germany

The world is in crisis: War, pandemic, natural disasters, climate change – to name a few - all impact our mental health and of course, children and adolescents are amongst the most vulnerable. In fact, we have seen a huge rise in the prevalence of child and adolescent mental disorders and a significant increase of adolescent psycho-pathologies as well as "new pathologies".

We have also seen a lot of progress in the research of CAP disorders. Those scientific advances are informing and improving our clinical practice. This newfound knowledge is also putting us in a better position to advocate for mental health policies. As we gain a better understanding of treatment options, it will be important to take our role seriously in advising governments on creating mental health policies that not only support treatment but also prevention.

Given these developments, another crucial question is how they feed into the education and training of the new generation of child and adolescent psychiatrists. As an example, tele-medicine and tele-education has been on the rise, partly due to the pandemic. While they offer opportunities, they also have limitations and are not always the most appropriate tool.

Last but not least, despite the communalities we experience, we also need to acknowledge the diversity at the global level, assess the specific needs and tackle them appropriately.

Times are challenging and as Child and Adolescent Psychiatrists, we need to combine our efforts and collectively take an active role for the greater good of all.

ESCAP-03-02

Training the next generation of CAP: some clue on where to go

Schroeder, Carmen [2], Deschamps, Peter [3]

[1] Past-President, IACAPAP Singapore Singapore
[2] President, Child & Adolescent section of the Union European Medical Specialists Strasbourg France
[3] Child & Adolescent section of the Union European Medical Specialists (UEMS-CAP) Utrecht Netherlands

Training and educating child and adolescent psychiatrists in the past decades has professionalized out of a mainly master-apprentice model. The number of well-trained CAP specialists increased. But CAP is facing a tremendous increase in demand for child and adolescent mental health services. Therefore, our current models of care and training need to adapt to future challenges.

UEMS-CAP's missions are to ensure high quality and availability of care for CAP in Europe, and to facilitate free mobility for CAP specialists across Europe. One of its main focuses is thus training, going from selection and pre-graduate training to specialist training. To provide guidance to trainers and trainees - in collaboration with EFPT - we are reviewing European resources including the curriculum framework for initial graduate CAP training, resources aimed at continuing professional CAP development, and international network initiatives. All these facilitate:

a) basic and in-depth competencies needed to attend to the most severely mentally ill young people;

b) new scientific knowledge and advances in the field with daily clinical practice;

c) modest but firm approach in advocacy to assist in mental health and resilience for all young people;

d) teaching scholarship to co-explore with the next generation of CAP, doctors, (mental) health professionals and experts by experience what is needed for future generations.

A career as a CAP is an exciting and stimulating quest for young physicians. The broad skill sets required to help future CAP face the challenges throughout their careers can prosper from scaffolding European and international training networks.

ESCAP-03-03

The Future of Child and Adolescent Psychiatry - IACAPAP

Fung, Daniel

Past-President, IACAPAP Singapore Singapore

The Practice of child psychiatry needs to be evolved into reducing the need to rely on high cost specialists but to use physician extenders and automation and information technology to extend expertise and reach. This will require new ways of diagnosing and treatment of children, youths and their families.

Providers of child mental health services will need to extend clinical services beyond the traditional hospital and clinics using existing settings that children congregate, be it schools or community services.

Populations will have in built preventative programmes from pregnancy and birth to help infants, children and adolescents and their families self navigate for help before seeing mental health services. Mental health promotion should become incorporated into educational curriculum and competencies that the young will need.

ESCAP-03-04

Infant, child and adolescent mental health reaching further into the mind of the child within our very complex world

Paul, Campbell [2]

[1] Past-President, IACAPAP Singapore Singapore
[2] President, World Association for Infant Mental Health (WAIMH) Melbourne Australia

Our understanding of the mental health needs of infants, children and adolescents and their families has come a long way over the last 60 years. The field has become creatively transdisciplinary and as we engage systemically and learn from families and children with lived experience of mental ill-health. What learnings have we retained from this our pioneering colleagues from the middle of the last century? It is crucial to retain the art of psychiatry with our skills in exploring and understanding the inner worlds of the infant, child or adolescent in the complex interactions that occur within families and social networks. The pre-eminent challenge however remains the question as to how we can scale up our interventions to reach the huge number of children in the midst of conflict, poverty and man-made and natural disasters who have no access to child and adolescent mental health services.

Researchers and clinicians need to continue to reach out to and work creatively with primary health and social service agencies responsible for vulnerable children and families. We must collaborate further with our colleagues in adult mental health and welfare services, whilst keeping the developing mind and spirit of the infant and young child at the centre. We need new ways to inspire and train our young mental health colleagues in clinical skills arising from the exciting new learnings in the developmental neurosciences yet maintaining a real passion for understanding the child's complex inner world.

ESCAP-03-05

Issues and challenges of adolescent psychiatry in troubled times

Speranza, Mario [2]

[1] Past-President, IACAPAP Singapore Singapore
[2] President, International Society of Adolescent Psychiatry and Psychology (ISAPP) Versailles France

The current era, characterized by major societal changes (modification of traditional cultural and societal reference points; global environmental crisis; financial crises) and exceptional events (COVID pandemic; war in Ukraine), exposes

adolescents to unusual emotional pressure at a period of development when the issue of identity construction is particularly sensitive.

The increase in psychological suffering and psychiatric disorders (anxiety, depression, self-damaging behaviors) among adolescents has been widely documented in the literature. However, periods of crisis are also periods of transformation that make it possible to envisage new ways of living together especially carried by adolescents and young adults (see the example of the commitment to changing lifestyles mobilized by the eco-anxiety).

More generally, it is important, especially during adolescence, not only to be attentive to risk factors, but also to reflect on protective factors that promote health and resilience in the face of stress, according to the salutogenesis model. This perspective implies orienting interventions as much on prevention as on health promotion with the identification and mobilization of positive resources that exist in individuals as in communities, such as mentalization capacities, social support and positive relationships or the ability to find meaning in life. The presentation will reflect on the implications of these models for our intervention strategies in adolescent psychiatry.

ESCAP-03-06

The future of CAP - AACAP perspective

Ng, Warren [2]

[1] Past-President, IACAPAP Singapore Singapore
[2] President, American Academy of Child and Adolescent Psychiatry (AACAP) New York United States

The COVID-19 pandemic has revealed and worsened the silent mental health pandemic for children and adolescents. Even before the pandemic, 1/5 children and adolescents were living with behavioral and/or developmental disorders and many youth and families suffered in silence. Thirteen percent of adolescents aged 10-19 live with a mental disorder as defined by the WHO. The prevalence of mental disorders varies throughout the world with the highest rates seen in the Middle East, North Africa and North American and Europe. The most common mental disorders are anxiety and depression, accounting for 40% of diagnoses. An estimated 45,800 adolescents die from suicide annually and is the 5th leading cause of death for adolescents 15-19. There has also been a disproportionate impact on indigenous, racial/ethnic minoritized, marginalized and vulnerable groups globally. The COVID-19 pandemic exacerbated the social determinants of mental health and risk factors including family mental health and substance use issues, adverse childhood experiences, racial disparities, social isolation, trauma, food and housing insecurity, economic stress, and poverty. Racial and ethnic minoritized youth are disproportionately impacted. There are strategies to address this crisis and it will require collaboration across child serving institutions. Services critical to youth and families, including health, mental health, education, poverty, social services and foundational needs will have to be addressed. Maximizing protective factors and working in partnership with government, communities and professional organizations, child and adolescent psychiatrists contribute to strategies such as integrated mental health services with pediatricians, school based mental health, and coordinated crisis response services.

ESCAP-03-07

The future of CAP - AEPEA's perspective

Fava Vizziello, Graziella [2]

[1] Past-President, IACAPAP Singapore Singapore
[2] Association Européenne de Psychopathologie de l'Enfant et de l'Adolescent (AEPEA Padova Italy

Thank you for accepting me here and for giving me the possibility to understand what you would like to obtain by working together, possibly with a different beginning and methodology, but always with the goal of attempting to reduce suffering.

The AEPEA fields are broadly the same as those mentioned in the overarching symposium abstract.

At the beginning of pandemic, we tried to address emergencies and, when impossible, we tried new ways of intervening. The lack of in person school socialisation for children and adolescents was novel during the first month of confinement, but later, demonstrated how difficult it was for young people to interrupt their routines: they showed unknown difficulties in usual situations, revealing a lack of interest in almost everything and suicidal ideas, uncertainty, and anger.

During the COVID outbreak, we immediately had the troubles of "anti-vax groups" with "work-at-home rules" that created uneasy relationships between parents and major problems, hitherto unnoticed, with children.

Many doctors and nurses with the enormous hours of presence requested, started to be burned out or sick and some decided to go abroad and didn't come back and they will not.

AEPEA tries to create groups of professionals very attended from different regions and to share protocols and results about follow up with big new participation.

ESCAP-03-08

The future of CAP - WPA-CAP perspective

Skokauskas, Norbert [2], Guerrero, Anthony [3], Boričević Maršanić, Vlatka [4]

[1] Past-President, IACAPAP Singapore Singapore
[2] Chair, CAP Section of World Psychiatric Association (WPA) Trondheim Norway
[3] Co-Chair, CAP-Section of World Psychiatric Association (WPA) Honolulu United States
[4] Secretary General, CAP-Section of World Psychiatric Association (WPA) Zagreb Croatia

The World Psychiatric Association Child and Adolescent Psychiatry (WPA-CAP) section, supports the overall mission and goals of the WPA, in:

working with its members and partners around the world to promote child and adolescent mental health and to encourage the highest possible standards of clinical practice and ethical behavior in child and adolescent psychiatry.

contributing to education programs and research, meetings, and publications to increase knowledge about child and adolescent mental disorders and skills in addressing them.

disseminating knowledge about evidence-based therapy and values-based practice in child and adolescent psychiatry.

being a voice for the dignity and human rights of young patients and their families

upholding the rights of child and adolescent psychiatrists where they may be challenged.

One of the most important activities of the section is a peer-reviewed e-journal, World Child and Adolescent Psychiatry (World CAP), which welcomes all international submissions and which is completely free to submit to, publish in, and read. World CAP has provided a forum for trainees throughout the world, for specialists in other disciplines, and for internationally renowned thought leaders in child and adolescent psychiatry to make their voices heard to the

membership. It has published articles on child and adolescent psychiatric practice in the midst of scarce resources, on the mental health of indigenous youth, and on many other urgent and important topics.

ESCAP-03-09

The future of Child and Adolescent Psychiatry – the role of the European Federation of Psychiatric Trainees

Seker, Asilay [2]

[1] Past-President, IACAPAP Singapore Singapore
[2] Past-President, European Federation of Psychiatric Trainees (EFPT) London United Kingdom

The European Federation of Psychiatric Trainees (EFPT) is the representative organization of the national psychiatric trainee associations/committees in Europe, including trainees in child and adolescent psychiatry. The EFPT supports trainees in networking, professional development and having a representative voice in international initiatives; it reinforces cooperation between different psychiatry specialties while creating space for individual specialties and related activities.

To this end the EFPT is an official stakeholder in projects such as the European Board Examination of Psychiatry. The EFPT also has various awards including the Porto Research Award to encourage scientific engagement, the Award of Excellence to reward trainee-led projects to improve training and the StandOut Award to recognize the output of the EFPT Working Groups.

Through the European Journal of Psychiatric Trainees, the EFPT enables trainees to convey their work and perspective to wider audiences. In line with the improvements on the service user involvement, the inclusion of trainees and their representative bodies in key initiatives will be increasingly important to shape and better the future of Child and Adolescent Psychiatry.

Session: Oral 18 - O-18

Date: 30-06-2023 - 16:15 - 17:45

Location: Arkaden 8 - Second floor /

OR-18-01

Adaptation of children and their families during COVID-19 confinement - a cross sectional study of a clinical population

Barradas, Nádia, Rodrigues, Madalena

Joana , Correia, Pimenta, Sílvia, Marques, Cristina

Centro Hospitalar Universitário de Lisboa Central Lisboa Portugal

INTRODUCTION: Pandemics are associated with high levels of mental stress, particularly in those with previous mental illness. Children and adolescents can be a vulnerable population, with less ability to understand circumstances surrounding them and to express their feelings and concerns.

OBJECTIVE: Investigate the adaptation of a child-adolescent psychiatric population of a tertiary care center during COVID-19 pandemic.

METHOD: This research was designed as a cross-sectional study during the spread of COVID-19 in Portugal (April-May 2020). Data were collected through a telephonic questionnaire, 237 patients aged between 3-17 years were included.

RESULTS: Mean age of sample was 10.55 years and majority were boys (163, 70%). Previous clinical condition worsened in 44 cases (18.9%) and was stabilized or ameliorated in 189 cases (81.1%). For 168 of the caregivers, the child appeared calm or well adapted (72.1%), 44 reported increased agitation (18.9%) and 21 more sadness (9%). Anxiety levels rose in 102 caregivers (43.8%) and 50 of the children were regarded as more anxious (21.5%). There was an association between the stabilization of clinical condition and child's age, contact with friends, mental illness in the family, level of family conflict and anxiety in the caregiver ($p<0.05$).

DISCUSSION: The majority of patients in our sample were stable or ameliorated, despite the changes associated with confinement. Our results highlight the importance of strengthening contact with friends and providing additional support to families with higher levels of anxiety and conflict.

OR-18-02

The impact of confinement in parent-child relationship - a cross-sectional study of portuguese families during the COVID-19 pandemic

Rodrigues, Madalena [1], Barradas, Nádia [1]

Correia, Joana [2], Pimenta, Silvia [2], Marques, Cristina [2]

[1] Child and Adolescent Psychiatry Department, Hospital Dona Estefânia, CHULC Lisboa Portugal
[2] Child and Adolescent Psychiatry Department, Hospital Dona Estefânia, CHULC Lisboa Portugal

INTRODUCTION: The COVID-19 pandemic posed numerous challenges to families: school closure, job insecurity, housework load and failure of support networks due to social distancing represented additional stress with unknown impact. Intra-family relationships were potentially strained, with children representing an especially vulnerable population.

OBJECTIVE: To examine the impact of confinement in parent-child relationship - family functioning, family conflict, parental stress, routine disruption/adaptation were subject to analysis.

METHODS: This study was aimed at parents with children aged 6 to 12 years old. Data was collected through an online survey designed by our team, available from july-september 2020. 870 participations were included.

RESULTS: Participants reported on children with a mean age of 8.88 years, with a male prevalence (54%). Almost half the parents (53%) reported an increase in family conflict and the majority (72%) highlighted that attending to school demands during confinement negatively impacted their emotional well-being. Participants (82%) reported more shared experiences with their children, 62% envisioning a positive impact of confinement on family functioning in the future. Only 9% reported that confinement had a negative impact on parent-child relationship. There was an association between promoting changes in family functioning (either positive or negative) and the perceived impact of confinement on parent-child relationship.

DISCUSSION: Parent-child relationship was not negatively impacted by lockdown experience, according to our sample. Rise in family conflict and schoolwork burden were highlighted as negative dimensions, but families faced this new reality by promoting positive changes in family functioning and seizing the opportunity for closeness and experience sharing.

OR-18-03

Impact of the pandemic crisis on the therapist and the setting- a qualitative study

El Husseini, Mayssa [1], Nassif, Rose Marie [3]

ZERROUK, Assia [2], Moro, Marie Rose [4]

[1] University of Picardie Jules Verne Paris France
[2] Université de Lorraine Lorraine France
[3] Paris Sorbonne nord Paris France
[4] Université paris cité Boulogne France

The pandemic along with economic crisis and other collective disruptions (eg 4th of august 2020 port blast in Beirut), have created a strained and insecure environment for both therapists and patients in many countries around the world. An international research in collaboration with universities in France, Lebanon and Brazil, is conducted to explore the interference of common potentially traumatic reality between patients and therapists on the therapeutic relationship and the setting.

This qualitative research is designed upon the principals of the interpretative phenomenological analysis (Smith & al 2009). 35 Semi-structured interviews are conducted with participants (psychologists and psychiatrists) from France, Lebanon, Italy, USA and Brazil. The average time for the interviews is 90 minutes. Interviews are recorded, transcribed and analysed by two researchers then submitted to inter-jury validation.

Four themes emerged from the preliminary results:

Collision between the family and the professional spheres for therapists

Jeopardized professional identity in therapists

Resurgence of past traumatic experiences in therapists and patients

Inventing ways to provide therapy in a disrupted context

This research sheds light on the therapists containing and listening capacity in a traumatic context. External dimension of the setting can undermine its internal dimension threatening the ability of the therapists to provide therapy at times where patients are in utter distress. The results provide us with important insights on the activities and trainings to implement in order to help therapists work in severe stressful conditions that they share with their patients.

OR-18-04

A troubled past with a brighter future? Children's and adolescents' Covid-19 related memories and future projections

Hjuler, Tirill F. [1]

Watson, Lynn A. [2], Bohn, Annette [2], Hoyle, Rick H. [3]

[1] Department of Child and Adolescent Psychiatry Aarhus Denmark
[2] Aarhus University Aarhus Denmark
[3] Duke University Durham United States

Background: This study investigated autobiographical memories (AM) of Covid-19 lockdowns and future projections (FP) in children and adolescents. AM forms a foundation for psychological well-being; providing a sense of continuity, supporting emotion regulation and personal meaning-making. Lockdowns caused extensive disruption to the daily lives of children and adolescents. Understanding how young people remember lockdown experiences informs our understanding of the impact of the pandemic on their AM and FP.

Method: 201 9- to 16-year-olds recruited from schools in Denmark completed a survey during school time in June 2021. Students reported one AM from two lockdowns, one AM *unrelated* to lockdowns, and one future projection. Emotional,

cognitive, and social characteristics of the events were assessed via participant self-report (valence, importance, vividness, distinct emotions, and rehearsal) and blind rater coding (emotional tone, episodicity, corona-semanticity).

Results: Quantitative analyses assess differences in the emotional, cognitive, and social characteristics of lockdown AMs, 'other' AMs, and future projections. Preliminary findings show that lockdown AMs are more negative in objective ratings, $F(3, 176) = 12.84$, $p < .001$, and self-ratings $F(3, 137) = 18.14$, $p < .001$, than 'other' AMs and FPs. Age and gender differences are also investigated, and results will be presented at ESCAP 2023.

Perspectives: The study provides unique insights into children's and adolescents' memories of difficult times. Preliminary findings indicate that, though AMs of COVID-19 lockdowns were more negative than typical AMs, school-children's expectations for the future are optimistic.

OR-18-05

Utilisation and acceptability of formal and informal support for UK adolescents following self-harm before and during the first COVID-19 lockdown

Geulayov, Galit [2], Karen, Mansfield [2], Moran, Paul [3], Hawton, Keith [2], Fazel, Mina [2]

[1] University Of Melbourne Melbourne Australia
[2] University of Oxford Oxford United Kingdom
[3] University of Bristol Bristol United Kingdom

Background: Little is known about the perceived acceptability and usefulness of supports that adolescents access following self-harm, especially since the onset of the COVID-19 pandemic. We examined the utilisation and acceptability of formal, informal, and online support accessed by adolescents following self-harm before and during the pandemic.

Methods: Cross-sectional survey (OxWell) of 10,560 secondary school students aged 12-18 years in the south of England. Information on self-harm, support(s) accessed after self-harm, and satisfaction with support received were obtained via a structured, self-report questionnaire.

Results: 1,457 (12.5%) students reported having ever self-harmed and 789 (6.7%) reported self-harming during the first national lockdown. Informal sources of support were accessed by the greatest proportion of respondents (friends: 35.9%; parents: 25.0%). Formal sources of support were accessed by considerably fewer respondents (Child and Adolescent Mental Health Services: 12.1%; psychologist/ psychiatrist: 10.2%; general practitioner: 7.4%). Online support was accessed by 8.6% of respondents, and 38.3% reported accessing no support at all. Informal sources of support were rated as most helpful, followed by formal sources, and online support. Of the respondents who sought no support, 11.3% reported this as being helpful.

Conclusions: More than a third of secondary school students in this sample did not seek any help following self-harm. The majority of those not seeking help did not find this to be a helpful way of coping. Further work needs to determine effective ways of overcoming barriers to help-seeking among adolescents who self-harm and improving perceived helpfulness of the supports accessed.

OR-18-06

Three years into the pandemic: Results of the longitudinal German COPSY study on youth mental health and lessons learnt for future crises

Kaman, Anne [1]

Böcker, Maren [1], Napp, Ann-Kathrin [1], Erhart, Michael [1], Devine, Janine [1], Reiß, Franziska [1], Topf, Sabine [1], Orban, Ester [1], Stuhrmann, Lydia [1], Schlack, Robert [2], Hölling, Heike [2], Ravens-Sieberer, Ulrike [1]

[1] Universitätsklinikum Hamburg-Eppendorf Hamburg Germany
[2] Robert Koch-Institut Berlin Germany

The German longitudinal *COPSY* (**CO**VID-19 and **Psy**chological Health) study has monitored changes in health-related quality of life (HRQoL) and mental health of children and adolescents during the COVID-19 pandemic. Starting in May 2020, a nationwide, population-based survey was conducted during (partial) national lockdowns (T1 & T2), and since restrictions have been loosened (T3-T5). The next survey (T6) is planned for summer 2023. In total, *n* = 2,471 children and adolescents aged 7 to 17 years (*n* = 1,673 aged 11-17 years with self-reports) were assessed using internationally established measures of HRQoL (KIDSCREEN-10), mental health problems (SDQ), anxiety (SCARED), depressive symptoms (CES-DC, PHQ-2), psychosomatic complaints (HBSC-SCL), and fears about the future (DFS-K). Findings were compared to pre-pandemic population-based data. While the prevalence of low HRQoL more than trebled from pre-pandemic levels at T2 (Winter 2020/21), it improved again by T5 (Autumn 2022), although it has not recovered to pre-pandemic levels. Similarly, the levels of overall mental health problems, anxiety and depressive symptoms rose at the beginning of the pandemic compared to pre-pandemic levels, and have slowly decreased since. Psychosomatic complaints, however, were on the rise throughout (T1-T5). Worries related to the pandemic have recently fallen behind more urgent fears related to other current crises (e.g., climate change). To harness the lessons learnt about the situation of youths and their families during the pandemic, the project *coverCHILD* – a network of pediatric and child psychiatric units at German university hospitals – currently develops strategies to protect children and adolescents in future crises.

Session: Symposium 30 - SY-30

Date: 30-06-2023 - 16:15 - 17:45

Location: Lumbye - Lower floor /

SY-30-00

New approaches to prevention of mental illness: identifying high risk groups and targets for intervention in youth

Cannon, Mary [1]

Kelleher, Ian [2]

[1] RCSI Dublin Ireland
[2] University of Edinburgh Edinburgh United Kingdom

Prevention is the new ”grand challenge” for psychiatry. The dividends of prevention are potentially much greater for mental health than for physical health because mental illness onsets in youth and the “knock-on” effects on psychosocial outcomes are substantial.

This symposium will show how longitudinal data can identify (1) at-risk groups in youth for later mental illness and (2) targets for preventive interventions. We will present results from cohort studies in the UK, Ireland, Denmark and Finland. Presenters will comprise both early career and established researchers. Our discussant Professor Ian Kelleher will provide a synthesis of the diverse findings and point to further directions for preventive psychiatry.

Presenters:

Niamh Dooley (Ireland and London) ID 1433 ”*Are targets for intervention age dependent?”*

Anne Dorothee Müller (Denmark) ID: 1420 *"Lack of Evidence for Superior Efficacy of a Family-Based Early Intervention for Children of Parents with Severe Mental Illness over Treatment as Usual: A Randomized Clinical Trial"*

Ulla Lang (Finland) ID 1070, "*Non-Normative School Progress in Adolescence as a Marker of Risk for Psychotic and Bipolar Disorders*"

Lorna Staines (Ireland) ID 1416 "*Investigating the effectiveness of three*

school based interventions to prevent psychotic experiences."

David Cotter (Ireland) ID 1358: "*Plasma polyunsaturated fatty acids and mental disorders in adolescence and early adulthood"*

Jonah Byrne (Ireland) "*Mental Health Facility Stays and Preceding Suicidal Ideation: Results from the National Longitudinal Study of Adolescent to Adult Health"*

David Mongan (UK) ID 1386: "*Thoughts of self-harm in late adolescence as a risk indicator for mental disorders in early adulthood"*

SY-30-06

Lack of Evidence for Superior Efficacy of a Family-Based Early Intervention for Children of Parents with Severe Mental Illness over Treatment as Usual: A Randomized Clinical Trial

Müller, Anne Dorothee [1], Gjøde, Ida [1]

Thams, Nikolaj [1], Moszkowicz, Mala [1], Hjorthøj, Carsten [1], Nielsen, Signe [1], Mikkelsen, Lisbeth [1], Ingversen, Sidsel [1], Hemager, Nicoline [1], Christensen, Sofie Heidenheim [2], Nordentoft, Merete [1], Thorup, Anne [1]

[1] University of Copenhagen Copenhagen Denmark
[2] Copenhagen University Hospital Hellerup Denmark

Aims: Children of parents diagnosed with a severe mental illness (i.e., schizophrenia spectrum disorder, bipolar disorder, or recurrent major depression) have an increased risk of developing a lifetime mental illness compared to children with no predisposition. We aimed to study the potential effects of a family-based early intervention for these children compared to treatment as usual.

Methods: We conducted a randomized clinical trial in a two-armed parallel-group design. The study period was 18 months. Eligible families had a) one or several children aged 6 to 12, b) at least one biological parent diagnosed with a severe mental illness during the child's life, and c) were living in the Capital Region of Denmark. The intervention was family-based, individual-tailored, and based on case management within a multidisciplinary team. Blinded assessors used surveys, tests, and clinical interviews. The primary outcome was a change in children's psychosocial functioning. Secondary outcomes were changes in children's mental health problems, days absent from school, global family functioning, and home environment. We analyzed data blinded to allocation.

Results: We included 95 families at baseline; 83 families participated in the post-intervention assessment. Both the intervention group and the treatment-as-usual group improved during the study period. We found no statistically significant differences in change between the groups.

Conclusions: We did not find a superior effect of the intervention compared with TAU. Despite these findings, the potential long-term preventive effects of the intervention on mental health problems are yet to be explored.

SY-30-05

Investigating the effectiveness of three school based interventions to prevent psychotic experiences over a year period – a secondary data analysis study.

Staines, Lorna

Royal College of Surgeons in Ireland Dublin Ireland

Prevention is a key step to improving public mental health. Psychotic experiences are relatively common in the general population. They are also significantly associated with high psychopathology and mental disorders. Therefore, psychotic experiences are well-placed to be used as a “marker” for prevention studies to test efficacy. Current knowledge on prevention of psychotic experiences is extremely limited, and so we opted to conduct a secondary data analysis to test 3 types of school based interventions on psychotic experiences.

This study used the Saving and Empowering Lives in Europe study, Irish site (n=1096). Three intervention arms were included; a universal teacher training course, a universal educational tool, and a universal mental health screener and integrated referral system, and a control arm. Schools were randomly assigned to one of the 4 arms, and the students were followed over a year period. Psychotic experiences were measured at baseline, 3-month & 12-month follow up.

The universal mental health screener and integrated referral intervention showed a 12-month reduction in point prevalence in psychotic experiences. This intervention arm was also associated with a reduction in depression and anxiety scores in those who reported psychotic experiences.

This is the first study to look at school based interventions for psychotic experiences, and examine prevention interventions for psychotic experiences in school students. The results offer promising evidence for the value of universal screening and selective referral strategies for improving psychotic experience rates, & psychopathology.

SY-30-04

Mental Health Facility Stays and Preceding Suicidal Ideation: Results from the National Longitudinal Study of Adolescent to Adult Health

Byrne, Jonah [1]

Mongan, David [2], Healy, Colm [1], Cannon, Mary [1], Cotter, David [1]

[1] Royal College of Surgeons in Ireland Dublin Ireland
[2] Queen's University Belfast Belfast United Kingdom

Aims:

To investigate what proportion of mental health facility stays are preceded by suicidal ideation.

Methods:

This study analysed data from wave II and III of the US National Longitudinal Survey of Adolescent to Adult Health. The proportion of mental health facility stays (for a day or more) that were preceded by suicidal ideation was calculated. The longitudinal association between suicidal ideation and subsequent stay in a mental health facility was investigated using logistic regression. All analyses accounted for population sampling weights.

Results and Conclusions:

3,821 individuals had data available at both time points. Individuals at wave II and III had a mean age of 15.9 (SD 1.64) and 21.4 (SD 1.63) respectively. 11.1% of young persons had suicidal thoughts at wave II. 7.2% of individuals with suicidal thoughts subsequently stayed at a mental health facility. Individuals with suicidal thoughts were more likely than

their peers to have a subsequent stay at a mental health facility (OR = 5.17, CI 2.96-9.01). 37.9% of mental health facility stays were preceded by suicidal thoughts. 13.8% of individuals who stayed at a mental health facility previously had suicidal thoughts but had not attempted suicide. Of these individuals, 61.8% received psychological counselling the same year they had suicidal thoughts. A substantial proportion of mental health facility stays are preceded by thoughts of suicide up to six years prior. Increased resource allocation to those with suicidal thoughts and encouraging their help-seeking may help prevent subsequent mental illness severe enough to require mental health facility stays.

SY-30-03

Thoughts of self-harm in late adolescence as a risk indicator for mental disorders in early adulthood

Mongan, David [1]

Healy, Colm [2], Power, Emmet [2], Byrne, Jonah F [2], Zammit, Stan [3], Kelleher, Ian [4], Cannon, Mary [2], Cotter, David [5]

[1] Queen's University Belfast Belfast United Kingdom
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[4] University of Edinburgh Edinburgh United Kingdom
[5] RCSI University of Medicine and Healthcare Science Dublin Ireland

Background and Aims: Identification of high-risk subgroups may inform preventative strategies for mental disorders. We investigated whether reporting thoughts of self-harm in late adolescence was associated with development of psychotic disorder, depressive disorder or generalised anxiety disorder in early adulthood.

Methods: The study sample (*n*=2591–2628 depending on the outcome) was drawn from the Avon Longitudinal Study of Parents and Children, a UK-based cohort study. At age 17, participants were asked whether they experienced thoughts of self-harm in the past week. At age 24, participants completed assessments to determine whether they met criteria for psychotic disorder, depressive disorder or generalised anxiety disorder. Longitudinal associations between thoughts of self-harm at age 17 and mental disorders at age 24 were measured using logistic regression.

Results: 44.4% of individuals who developed psychotic disorder by age 24 had reported thoughts of self-harm at age 17, compared to 21.7% of individuals who developed depressive disorder and 24.4% of individuals who developed generalised anxiety disorder. The absolute risk of psychotic disorder by age 24 among those with thoughts of self-harm at age 17 was 3.0% (odds ratio [OR] 7.15, 95% confidence interval [CI] 2.80 – 18.27), compared to 14.5% for depressive disorder (OR 3.19, 95% CI 2.12 – 4.78) and 20.2% for GAD (OR 3.64, 95% CI 2.57 – 5.17).

Conclusions: Psychotic disorders in early adulthood are frequently preceded by thoughts of self-harm in adolescence. Having thoughts of self-harm in late adolescence may be a potential risk indicator for mental disorders, particularly psychotic disorder, in early adulthood.

SY-30-02

Plasma polyunsaturated fatty acids and mental disorders in adolescence and early adulthood: cross-sectional and longitudinal associations in a general population cohort

Cannon, Mary [2], Stan, Zammit [3], Healy, Colm [2], Mongan, David [4]

[1] Royal College of Surgeons in Ireland Dublin Ireland
[2] RCSI Dublin Ireland
[3] Cardiff Cardiff United Kingdom
[4] Queens University Belfast Belfast Ireland

Polyunsaturated fatty acids (PUFAs) may be pertinent to the development of mental disorders, for example via modulation of inflammation and synaptogenesis. We wished to examine cross-sectional and longitudinal associations between PUFAs and mental disorders in a large cohort of young people. Participants in the Avon Longitudinal Study of Parents and Children were interviewed and provided blood samples at two sampling periods when approximately 17 and 24 years old. Plasma PUFA measures (total omega-6 [n-6], total omega-3 [n-3], n-6:n-3 ratio and docosahexaenoic acid [DHA] percentage of total fatty acids) were assessed. Cross-sectional and longitudinal associations between standardised PUFA measures and three mental disorders (psychotic disorder, moderate/severe depressive disorder and generalised anxiety disorder [GAD]) were measured by logistic regression, adjusting for age, sex, body mass index and cigarette smoking. There was little evidence of cross-sectional associations between PUFA measures and mental disorders at age 17. At age 24, the n-6:n-3 ratio was positively associated with psychotic disorder, depressive disorder and GAD, while DHA was inversely associated with psychotic disorder. In longitudinal analyses, there was evidence of a inverse association between DHA at age 17 and incident psychotic disorder at age 24 (adjusted odds ratio 0.44, 95% confidence interval 0.22-0.87) with little such evidence for depressive disorder or GAD. These findings provide support for associations between PUFAs and mental disorders in early adulthood, and in particular, for DHA in adolescence in relation to prevention of psychosis.

SY-30-01

Non-Normative School Progress in Adolescence as a Marker of Risk for Psychotic and Bipolar Disorders

Lång, Ulla

Finnish National Institute of Health and Welfare Helsinki Finland

The identification of individuals at risk of severe mental illness, such as psychosis and bipolar affective disorder (BPAD), is a clinical and research priority. Current high risk approaches, however, detect only a limited number of all cases. Additional high risk strategies are needed. Given that population research has shown that adolescent educational attainment is associated with risk for psychosis and BPAD, we wished to investigate non-normative school progress as a risk marker for later psychosis and BPAD in the general population.

We identified a cohort of all individuals turning 16 years old in 2003, the age at which individuals apply to upper secondary school in Finland. We identified all individuals who did (n = 51,615) and did not (n = 4,260) apply to upper secondary school at age 16. We then compared their risk of psychosis and bipolar disorder over a 12-year follow-up period.

In total, 7.6% of young people had non-normative school progress at age 16. This group, however, accounted for 14% of all psychosis and BPAD diagnoses over the 12 year follow-up (OR 2.1 95% CI 1.8-2.4).

Individuals with non-normative school progress in their teenage years are at substantially elevated risk of psychosis and BPAD when followed into early adulthood. Further research will look at characteristics of this group that help to identify those at greatest risk of psychosis and BPAD.

Session: Workshop 09 - WS-09

Date: 30-06-2023 - 16:15 - 17:45

Location: Karavanen 9+10 - First floor /

WS-09-01

The mixed role of new technologies in mental health outcomes of Generation Z

Hillegers, Manon [1], Enomoto, Kana [3]

Popma, Arne [2], Aurora, Lea [3], Eliez, Stephan [4]

[1] Erasmus MC Sophia Rotterdam Netherlands
[2] Amsterdam UMC Amsterdam Netherlands
[3] McKinsey Health Institute Washington United States
[4] University of Geneva Geneva Switzerland

Objective: We will share and discuss key insights from a consumer survey on the state of Gen Z mental health across 26 countries from 6 different continents, developed with guidance from mental health experts associated with ESCAP. The workshop will incorporate the voice of those with lived experience, shedding light on the experience of youth and practitioners with eHealth during COVID-19 to then explore and discuss opportunities related to digital mental health.

Method: The McKinsey Health Institute will present and provide (including handouts) the survey outcomes indicating that around 16% of Gen Z respondents reported poor mental health, and 25% reported it has worsened over the past 3 years. Child and Adolescent psychiatrists (MH & AP) will put these results into perspective of own eHealth related research and discuss interactively with the audience in small groups 1) the observed global differences in GenZ, 2) the current and future role of eHealth in their practice and 3) the need for co-creation with youngsters in order technology to have a positive impact.

Results: While Gen Z is considered “digital natives”, technology has played a mixed role in mental health: Gen Z respondents cited Technology / Social media and school / work / career as the top factors most negatively impacting their mental health. However, technology also offers potential for innovation to positively impact mental health.

Conclusion: Workshop participants will be challenged to discuss how they envision future mental health services for the young, enabled by digital technologies.

Session: Symposium 27 - SY-27

Date: 30-06-2023 - 16:15 - 17:45

Location: Karavanen 6 - First floor /

SY-27-00

Early signs of Personality Disorders in children and adolescents – The role of impairments in personality functioning, personality structure and maladaptive traits in self and informant report

Goth, Kirstin [1]

Moehler, Eva [2], Dixius, Andrea [3], Sarrar, Lea [4], D´Huart, Delfine [1]

[1] Psychiatric University Clinics Basel Basel Switzerland
[2] University Clinics Saarland uks Homburg Germany
[3] SHG-Clinic Saarbruecken Germany
[4] Medical School Berlin Berlin Germany

In ICD-11, the guidelines for diagnosing Personality Disorders (PD) have changed fundamentally. A unifying linear severity dimension varying from „no personality pathology" over „personality difficulties" to „mild/moderate/severe personality disorder" is replacing the former criteria catalogue along several PD-types. The decision on severity is to be based on impairments in basic domains of personality functioning: aspects of the self (e.g. identity, capacity for self-direction) and/or problems in interpersonal functioning (e.g. close relationships, understanding others' perspectives). This corresponds closely to the alternative approach (AMPD) in the DSM-5 with an overall measure of PD severity (Criterion A) based on impairments in self (identity, self-direction) and interpersonal (empathy, intimacy) functioning. Similarly, the Operationalised Psychodynamic Diagnostics (OPD-CA-2) uses a model of severity of a patients' structural impairment with four dimensions: Control, Identity, Interpersonality, and Attachment.

Moreover, the ICD-11 promotes a "lifespan psychiatry". Each psychiatric disorder should be conceptualized with respect to early signs and precursors in childhood, also personality disorders.

In this symposium, various results around dimensional assessment of functioning and structure in adolescents from 12 years up (self-report, parent-report, interview) and in children from 6 years up (parent-report, therapist-report) in different settings are presented.

In the light of the empirical results we want to discuss a) whether the assessed levels of impairment are comparable between different informants, especially in their relation to psychopathology (personality disorders) and b) if it is truly possible to assess and interprete those concepts with regard to emerging personality disorders already in childhood.

SY-27-03

"Personality functioning assessed by therapist report (LoPF-Q Therap) and parent report (LoPF-Q Parent) in children from 6 years up in a pre-post child treatment (START-Kids)

Dixius, Andrea [1]

Goth, Kirstin [2], Moehler, Eva [2]

[1] SHG-Clinic Saarbruecken Germany
[2] Saarland University Hospital Homburg Germany

Background/Objective

The 'Stress-Trauma-Symptoms-Regulation-Treatment' for Kids (START-Kids) is a manualized short-term treatment program for stabilization and stress resilience in emotionally dysregulated children between 6 and 12 years, based on an approach of stress and management and emotional regulation. The current pilot trial aims to assess the feasibility and effectiveness of the START-Kids intervention program for improvement of emotion regulation and early characteristics of personality functioning.

Method

Child psychiatric patients aged 6-12 years took part in this 8 week program with 2 group sessions a 60 min per week. Immediately before and after treatment personality functioning was assessed with the Levels of Personality Functioning Questionnaire LoPF-Q E u. OPD-KJ2-SF E. The intervention proved feasible with a low dropout rate.

Results

Pre and post intervention and START-Kids demonstrates preliminary evidence for improvement of behavioral dimensions after an 8-weeks treatment course. There was low drop-out. Significant positive changes could be found after treatment with regard to therapists' and a trend for parent's ratings. Limitations are small sample size and lack of a treatment-as -usual-control group.

Conclusions

START-Kids is an innovative program with high amount of feasibility and a positive influence on aspects of personality functions in children.

Therefore, this short-term intervention can possibly be regarded as a tool to improve stability in children with a high load of emotional dysregulation. The results are promising and warrant future studies, specifically randomized controlled trials on the effectiveness of START-Kids for strengthening resilience in children at severe risk for social disintegration.

SY-27-01

Personality disorders and impaired personality functioning in young adults with a history of residential child welfare and juvenile justice placements

D'Huart, Delfine [1]

Seker, Süheyla [2], Bürgin, David [3], Boonmann, Cyril [4], Schmid, Marc [3], Schmeck, Klaus [3]

[1] University of Basel Basel Switzerland
[2] University of Basel Basel Switzerland
[3] University of Basel Basel Switzerland
[4] LUMC Curium Leiden Netherlands

Background: With the 11th edition of the International Classification of Diseases (ICD-11) the conceptualization and diagnosis of PDs is currently in transition, shifting from a categorical to a dimensional approach. In criterion A of the ICD-11, PDs are perceived as core impairments in self- (i.e., identity and self-direction) and interpersonal functioning (i.e., empathy and intimacy), classified according to a degree of severity (i.e., personality difficulty, mild, moderate, and severe PD).

Aim: In this talk we will illustrate the course of PDs from adolescence to adulthood and discuss specific impairments in personality functioning in a high-risk sample.

Methods: 179 young adults (mean age = 26.3 years) with a history of residential child welfare and juvenile justice placements in Switzerland were included in the present study. PDs were assessed using the Structured Clinical Interview for DSM-IV (SCID-II) at baseline and at a 10-year follow-up. Impairments in personality functioning were assessed only at follow-up, using the Levels of Personality Functioning Questionnaire (LoPF-Q).

Results: The prevalence rate for any PD was 25% (N=35) at baseline and 35% (N=63) at follow-up. The most frequently diagnosed disorders were antisocial, borderline, and obsessive- compulsive PDs, both at baseline and at follow-up. More than half of participants reported significant impairments in identity, self-direction, and intimacy at follow-up.

Conclusion: Most PDs increased from adolescence to adulthood and impairments in personality functioning were high. This highlights the need for early prevention and tailor-made treatments among institutionalized youth.

SY-27-04

A psychodynamic approach to personality functioning: Personality structure in children and adolescents - multi-perspective findings

Sarrar, Lea [1]

Goth, Kirstin [2]

[1] Medical School Berlin Berlin Germany
[2] Psychiatric University Hospitals Basel Basel Switzerland

Objective: Impairments in personality structure are associated with mental illness already in childhood and adolescence. It has clear parallels to the concept of personality functioning according to the dimensional classification of PD (ICD-11/AMPD DSM-5). Accordingly, diagnostic inventories are needed to assess personality structure at earlier ages.

Methods: 397 children/adolescents of a school sample and 201 children/adolescents of a clinical sample participated. Personality structure was assessed with the OPD-CA2-SQ. The inventory was extended to parent-report (OPD-CA2-SQ parent) for children aged 6+ and currently refined to a version with 38 items by statistical item analysis (item pool: OPD-CA-2, OPD-CA2-SQ, LoPF-Q).

Results: The results showed significant differences regarding overall structure and structural dimensions between the school and clinical sample (self-report; $p < .001$). The scale reliability of the refined OPD-CA2-SQ parent was .96 for the total scale and .89, .88, .87, and .83 for the main scales Control, Identity, Interpersonality, and Attachment, respectively. The scales showed a very high intercorrelation of $r = .76$ to .90. Mean scores on the total scale differed highly significantly ($p = .000$) and with a large effect size ($d = 2.3$ to 2.4) between school and clinical samples.

*Conclusion*s: The findings indicate a successful assessment of "impairment in personality structure". A good clinical validity can be expected for the refined OPD-CA2-SQ parent. Implications regarding the clinical utility will be discussed. Additional findings on sex and age, correlations to other clinical diagnostic inventories as well as self-reports and comparison to parent reports will be presented.

Session: Workshop 10 - WS-10

Date: 30-06-2023 - 16:15 - 17:45

Location: Galop 01 - Second floor /

WS-10-01

The Edges of Therapy: Creativity with Adolescent Treatment

Bates, Hisla

Long, Kristin, Palyo, Scott, Nanda, Simret, Foster, Heather, Landy, Georgie, Adges, Jamie, Fedele, Callum

Harris and Long Psychotherapy New York United States

This interactive workshop will provide the modern child psychiatrist some new tools for working and engaging adolescents in creative psychotherapy. In a collaborative, engaging presentation, child psychiatrists and creative arts therapists will demonstrate how to integrate art, movement, and drama into therapy sessions. This workshop will provide the child psychiatrist more comfort in the use of art in their work with children and adolescents.

Much research has shown how play and art are integral for child development and often these crucial components are missing in children's lives. The World Health Organization (WHO) has researched and published 146-page report that demonstrates the benefits of the arts on overall mental and physical health for children and adults. Art can help to improve self-esteem, and cope with a physical disability, trauma, neglect, depression, and anxiety as shown by art therapists and is well-researched. The three child psychiatrists will present on how art has been instrumental in their own work with patients which is not common in the field and not taught in training programs. They will introduce the importance of creative therapies and present vignettes. There will be small group interactions where interactive demonstrations will utilize gratitude journaling, sewing, embodied experiences and altered booking. All of these can be integrated in clinicians work with all patients, especially children. The workshop will conclude with a discussion with attendees about the process and ways to utilize these skills in every day clinical work.

Session: Clinical Perspectives 07 - CP-07

Date: 30-06-2023 - 16:15 - 17:45

Location: Columbine - Ground floor /

CP-07-00

Co-creating Research and Treatments. Learnings from 10 years of shared experiments on sessions and meetings creating therapeutic effects for professionals and families struggling with psychiatric problems

Bredahl-Jacobsen, Charlotte [2], Jørring, Nina Tejs [3]

Holbak, Agnete [1], Dinsen, Anders [1], Ejbye-Ernst, Ditte [1], Jørgensen, Janni Juhl [1], Hoffmeyer, Kirsten [1], Javed, Meryam [1], Madsen, Sarah [1]

[1] Child and Adolescent Mental Health Center, Copenhagen University Hospital Glostrup Denmark
[2] University College Copenhagen Humletorvet 3 Denmark
[3] Child and Adolescent Mental Health Center, Copenhagen University Hospital Brøndby Denmark

We will introduce a new more collaborative way of thinking about and performing research in Child- and Adolescent Mental Health: Combining the best from two different worlds: The bio-psycho-social model from mental health and the collaborative-constructionist-design model to create co-research models based on ethical values of mutual respect, curiosity, trust and hope.

Our focus will be on how to do & therapeutic effects of the complex relational practices empowering both professionals and families struggling with complex psychiatric problems.

Each presentation will focus on a specific aspect, such as designing, implementing, evaluating, or revising the manual: collaborative family therapy for families with complex psychiatric problems. Presenters: An anthropologist who initiated the research project, parents with children with psychiatric disorders receiving help, psychologist and psychiatrist trainees doing research, clinicians participating in the practical design, implementation and revision of their clinical work, and a child- and adolescent psychiatrist leading the project.

Each presentation will describe both professional and personal visions for participating in the project, obstacles encountered, supports found, and effects experienced. The presentations will include case-stories co-presented by a parent and a professional with reflections on what effects the co-research part of the treatment has on their (work-)life today. Some are employed at the therapeutic unit others carry their knowledge into other jobs within the mental health systems.

Our aim is to show the effects of collaboration in all contexts of our work, being pragmatic and combining different theories, knowledges, and experiences when addressing psychiatric problems.

CP-07-05

To give recognition and to be recognized in narrative Family therapy

Javed, Meryam [2], Madsen, Sarah [2]

[1] Child and Adolescent Mental Health Center, Copenhagen University Hospital Brøndby Denmark
[2] Child and Adolescent Mental Health Center, Copenhagen University Hospital Glostrup Denmark

Meryam Javed and Sarah Madsen, child- and adolescent psychiatrists at the Child- and Adolescent Mental Health Center Capital region will talk about a qualitative research project of medical journals regarding families evaluation of a treatment course. Sarah Madsen og Meryam Javed: *To give recognition and to be recognized in narrative Family therapy.* Unpublished dissertation.

CP-07-04

Doing it collaboratively! Addressing the dilemmas of designing quantitative effects studies on narrative family therapy in a local clinical context.

Jørring, Nina Tejs [1], Hoffmeyer, Kirsten [2], Ejbye-Ernst, Ditte [2]

[1] Child and Adolescent Mental Health Center, Copenhagen University Hospital Brøndby Denmark
[2] Child and Adolescent Mental Health Center, Copenhagen University Hospital Glostrup Denmark

Ditte Ejbye-Ernst, psychologist at Primacare will talk about doing qualitative interviews to explore families' experiences of being enrolled in a quantitative research project and addressing clinicians initial concerns regarding being part of a research project and helping the revision of the first draft of the manual. Ejbye-Ernst, D, Jørring, N. T., Jacobsen, C. B. (2015). Klientperspektiver på anvendelse af spørgeskemaer i opstartsfasen af et psykoterapeutisk behandlingsforløb (*Client perspectives on the use of questionnaires in the start-up phase of a psychotherapeutic course of treatment).* Fokus på Familien, 2, 109-125. Ejbye-Ernst, D, Jørring, N. T. (2017): Doing it collaboratively. Addressing the Dilemmas of Designing Quantitative Effect Studies on Narrative Family Therapy in a Local Clinical Context. Journal of systemic therapies. Vol. 36, iss1.

CP-07-03

Creating multistoried Treatments in CAMHS. Introducing pragmatism and narrative theory to offer means to speak about and co-create collaborative and evidence-based practices.

Bredahl-Jacobsen, Charlotte [2]

[1] Child and Adolescent Mental Health Center, Copenhagen University Hospital Brøndby Denmark
[2] University College Copenhagen Humletorvet 3 Denmark

Charlotte Bredahl-Jacobsen, PhD, anthropologist, Head of Research and Development, University College Copenhagen, cbrj@kp.dk will talk about starting a research project using pragmatism and the anthropological approach to designing a research project and writing a manual. Nina Tejs Jørring, Charlotte Bredahl- Jacobsen (2014): Narrative Therapy in CAMHS –Multistoried Treatments. Journal of Systemic Therapies, Vol 33, No.1, 2014, pp.89-101

CP-07-02

Parental perspectives on child- and adolescent mental health services: Being met with parent blame or parent-respect, positioned in the help-receiving or consultant role.

Dinsen, Anders [2]

[1] Child and Adolescent Mental Health Center, Copenhagen University Hospital Brøndby Denmark
[2] Child and Adolescent Mental Health Center, Copenhagen University Hospital Glostrup Denmark

Anders Dinsen, father, IT QA manager, member of the board of the Danish ADHD-Association, deputy chair of The Handicap Council, Capital Region will talk about being a parent receiving and collaborating in family therapy, the changes and transformations necessary from being met as a parent being blamed for the children's maladies to a resourceful employer of wisdom and competences helping their children and family, and participating in analyzing the long standing effects on the family now years after therapy.

CP-07-01

Parental perspectives on child- and adolescent mental health services: the journey from receiving family therapy to helping other parents as employed peer parent-mentor

Holbak, Agnete [2]

[1] Child and Adolescent Mental Health Center, Copenhagen University Hospital Brøndby Denmark
[2] Child and Adolescent Mental Health Center, Copenhagen University Hospital – Ment Glostrup Denmark

Presenter:

Agnete Holbak, mother, parent-mentor at child- and adolescent psychiatrist at the Child- and Adolescent Mental Health Center Capital region, Chair for regional board of the NGO: Better Psychiatry will talk about being a parent receiving and collaborating in family therapy and how family therapy brought empowerment, that she now uses as a parent-mentor as peer to peer at the child & adolescent mental health center.

Session: Oral 17 - OR-17

Date: 30-06-2023 - 16:15 - 17:45

Location: Arkaden 6 - Second floor /

OR-17-01

Does Kindergarten quality moderate the effects of early risk on later childhood behavioural and academic outcomes?

Katharina, Haag [1]

Vaage Wang, Mari [1], Ask, Helga [1], Alexandersen, Nina [1], Daae Zachrisson, Henrik [2], Watts, Tyler [3], Eek Brandlistuen, Ragnhild [1]

[1] Norwegian Institute of Public Health Oslo Norway
[2] University of Oslo Oslo Norway
[3] Colombia University New York United States

Previous, mainly US-based, studies have established various types of latent classes based on child early risk factors, and have linked these differentially to later behavioural and academic outcomes. Our study aims to replicate such associations in a Nordic welfare context, and to investigate potential moderating roles of experiences in Kindergarten, with previous research inconclusive on whether all children profit equally from attending high-quality Kindergarten. Using data from the Norwegian Mother, Father and Child Cohort (*n*= 7478), latent classes will be established using demographic, pregnancy, family and child factors up to age 3, as well as polygenic scores for mental health and academic outcomes. These classes will then be linked to parent-rated internalising and externalising behaviours and academic performance at 8 years, as well as Norwegian registry data on the same constructs at age 11. Preliminary analyses indicate the presence of 1) a low risk class with few later life academic and behavioural problems, 2) a class with parents with low education and socio-economic status, demonstrating poorer academic performance than the low risk group, 2) a class with family psychological risk, showing poorer mental health outcomes, and 3) a class with developmental difficulties, struggling both academically and behaviourally. Latent class moderation analyses will be performed to investigate whether student-teacher closeness and extent of structured pre-academic activties in Kindergarten differentially moderate such associations. The implications of the presence of different risk classes even in a strong welfare state and factors that may be able to buffer negative early experiences will be discussed.

OR-17-02

Screentime at the age of 18 months is related to worse language development at five years

Asikainen, Marja [2]

Lehto, Ulriika [3], Kylliäinen, Anneli [2], Saarenpää-Heikkilä, Outi [2], Kiviruusu, Olli [4]

[1] Helsinki and Uusimaa Hospital District Vantaa Finland
[2] University of Tampere Tampere Finland
[3] Finnish Instiute of Health and Welfare Helsinki Finland
[4] Finnish Institute for Health and Welfare Helsinki Finland

Aim: Screentime associates with language development, but longitudinal studies concerning screentime in early childhood are a few. This study aimed at evaluating how screentime at 18 months of age relates to speech and language development at five years.

Method: The study is based on the CHILD-SLEEP birth cohort of 1,667 Finnish-speaking families, who were randomly recruited in 2011-2013 during routine visits to maternity clinics in the Pirkanmaa Hospital District of Finland. The women were approximately 32 weeks' pregnant at enrolment. The parents reported the child's and their own screentime when the child was 18 months of age (N=1163), and the 5 to 15- questionnaire was gathered at the child's age of five years (N=686). Screentime was dichotomised at ≥1 hour at 18 months (75^{th} percentile) and family screentime at ≥3hours/day (75^{th} percentile). The association between screentime and language development was analysed using X^2 tests and logistic regression models to control for confounding factors (age, sex and parental education).

Results: Screentime at 18 months increased risk for overall language problems at 5 years (OR 2.00, 95% CI 1.14-3.49, p<0.014) and verbal expression (OR 1.89, 1.09-3.30, p=0.022), but not for communication (p=0.352) or understanding (p=0.264). In addition, screentime in the family was related to more language problems overall (OR 1.87, 1.02-3.40, p=0.040), and understanding (OR 2.01, 1.10-3.69, p=0.022), but not verbal expression (p=0.118) and communication (P=0.214).

Conclusion: Increased child and parental exposure to electronic media were negatively associated with the child's language development at 5 years.

OR-17-03

Minding the Baby versus usual care: a quasi-cluster-randomized controlled study in Denmark of an early interdisciplinary home-visiting intervention for families at increased risk for adversity

Pontoppidan, Maiken [1]

Slade, Arietta [2], Sadler, Lois [2]

[1] VIVE Copenhagen Denmark
[2] Yale University New Haven United States

Health inequities early in life can profoundly affect a child's health and opportunities later in life. Minding the Baby® (MTB) is an attachment-based, interdisciplinary home visiting intervention aimed at improving developmental, health, and relationship outcomes in families experiencing adversity and trauma. A team of highly skilled practitioners with health and social work experience delivers the manualized MTB intervention to families from pregnancy until the child is 2 years old. An RCT conducted in the USA found positive effects on a range of outcomes, but similar findings were not found in a study in the UK.

The study examines the effects of MTB in a Danish community sample of families at increased risk of adversity. This presentation focuses on findings when the infant is 3 months old.

The study is a pragmatic, prospective, cluster-randomized controlled trial in which seven Danish municipalities were randomized to receive MTB training in either 2018 or 2019. 255 pregnant women were recruited from 2018-2022. Control families received care as usual. All participants are assessed at baseline, and when the infants are 3, 12, and 24 months old. The primary outcome is maternal sensitivity measured by the Coding Interactive Behavior scale applied to video recordings of mother-infant interactions when the child is 12 and 24 months old.

In this presentation, we will present the preliminary results of the analyses of maternal well-being, postnatal depression, maternal satisfaction, child motor development, child socio-emotional development, child health, and number of out-of-home placements when the child is 3 months old.

OR-17-04

THE ASSOCIATION BETWEEN SCREEN TIME AND EXTERNALIZING SYMPTOMS IN PRESCHOOLERS AND THE ROLE OF PARENTING

Bikic , Aida [1]

Veldt Larsen , Pia [2], Grøntved, Anders [3], Bilenberg, Niels [4]

[1] Syddansk Universitet Aabenraa Denmark
[2] Region of Southern Denmark Vejle Denmark
[3] Syddansk Universitet Odense Denmark
[4] University of Southern Denmark Odense Denmark

Background: To date there is limited research on the effects of the increased exposure to screen media in preschoolers. WHO is recommending 1 hour of screen time per day for preschoolers age 2-5 years, but in reality many children exceed this amount.

Objectives: We investigated the relationship between children's psychiatric symptoms and screen time in a sample of Danish preschoolers in the Odense Child Cohort including parenting behaviors and parental emotional well-being.

Methods: Children's symptoms were measured with the Children's Behavioral Scale (CBCL) and parental report on the use of electronical devices (TV and mobile devices) at age 2.7 (n=1424) and 5 (n=995). Questions about parental supervision of children and limit setting were collected.We used linear and logistic regression with adjustment for potential confounding variables.

Results: Children of mothers who suffered postnatal depression have significantly higher odds for higher screen time at age 2.7 years (OR 2.10 (95% CI: 1.11-3.98)).

Boys, with a high score of externalizing symptoms at age 2.7 show three times higher risk for persistent high screen time throughout age 2.7 and 5 years than persistent low screen time (OR: 3.02 (95% CI: 1.34-6.81).

Parental supervision and limit setting show significantly protective effects lowering the risk of high screen time exposure of children at age 5, especially for preschoolers with screen time above 2 hours per day.

Discussion: Parental emotional well-being and parental limit setting are significantly associated with preschoolers screen time. Boys with early externalizing symptoms show high screen time exposure throughout the preschool years.

OR-17-05

Detection of Infant Social Withdrawal Using the Alarm Distress Baby Scale in Primary Care

Egmose, Ida, Smith-Nielsen, Johanne, Stougård, Maria, Stuart, Anne

Københavns universitet København K Denmark

Early identification of infants at-risk is imperative for proper referral to intervention programs. The Alarm Distress Baby Scale (ADBB) is a screening tool for detecting social withdrawal in infants. To date, no studies have examined the validity and cut-off score of ADBB after implementation as a universal screening tool in primary care.

We used Item Response Theory (IRT) to examine the construct validity of the ADBB and validated the cut-off score on the ADBB in comparison with the public health visitors' clinical assessment of social development.

For the IRT analyses, the sample consisted of 24,752 infants aged 2-3, 4-7, and 8-12 months from Copenhagen. For the cut-off validation, the sample was 7,481 infants aged 2-3 months. We used the public health visitors' ADBB screening scores.

IRT analyses showed that items showed similar patterns across the three waves and fulfilled most of the assumptions. Items 7 and 8 were locally dependent and had nearly identical ICC, suggesting that they discriminate equally well at the same level of social withdrawal. Item 4 and 6 discriminated best at very high levels of social withdrawal. ROC analyses indicated that a cut-off of 2 would be the optimal balance of sensitivity (78.4%) and specificity (86.7%). When comparing our prevalence-rates to other countries' findings, a cut-off of 3 would be more suitable (8.4%). Results are discussed in the light of mental health promotion.

Session: Symposium 31 - SY-31

Date: 30-06-2023 - 16:15 - 17:45

Location: Harlekin - Ground floor /

SY-31-00

Examining Occupational Stress in a Range of Professions

Minihan , Elisha [1], Doody, Niamh [2], McNicholas, Fiona [1]

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[2] University College Dublin Dublin 4 Ireland

Occupational stress manifests when the demands of someone's work do not match their mental, financial, or physical capacity to meet those demands. Work-related stress incurs an annual cost of €20 billion for organisation, result in staff shortages or high levels of staff substitutions due to sick leave, low staff retention and recruitment to the profession, and early retirement for some. Certain occupations, including teachers, doctors, and police officers, are at an increased risk of occupational stress. The introduction of the global Covid-19 pandemic and related changes to everyday work life has only further exacerbated the stress felt by these essential workers. This symposium will examine occupational stress in a range of clinical and non-clinical professionals, including teachers, psychiatrists, paediatricians, and medical students.

Each presenter will outline their research and related findings, and Professor Fiona McNicholas will chair the symposium and facilitate a Q&A portion. A discussant will also be present and facilitate further discussion around the research topics presented.

Symposium Content:

1. Examining the impact of Covid-19 related occupational stress on teachers and their wellbeing in Ireland. Miss Elisha Minihan

2. Consultant psychiatrists' perspectives on occupational stress in child and adolescent mental health services (CAMHS). Miss Niamh Doody

3. Occupational stress in clinical and non-clinical staff in Child and Adolescent Mental Health Services (CAMHS): a cross-sectional study. Miss Niamh Doody

4. Covid-19 Occupational stress in paediatric tertiary hospital. Professor Fiona McNicholas

SY-31-04

COVID-19 related occupational stress in staff in community and hospital settings in Ireland

McNicholas, Fiona [1]

Adamis, Dimitrios [2], Murray, Johanna [3]

[1] University College Dublin Dublin 4 Ireland
[2] National University of Ireland Galway Galway Ireland
[3] Lucena Clinic Services Dublin Ireland

Background: The COVID-19 pandemic has resulted in major strains for health care staff.

Objectives: This study aims to assess prevalence of occupational burnout (BO) during COVID-19 in staff working in an acute paediatric hospital setting.

Method: The Copenhagen Burnout Inventory (CBI) was used as the main outcome measure. Additional questions examined the impact of COVID-19 and restrictions on work setting and personal health.

Participants: One hundred and thirty-three staff, 89 % clinical, completed an online or paper and pencil survey.

Results: The majority of respondents reported moderate or higher levels of burnout for personal (n=93; 70%) and work domains (n=83; 62%). Rates of patient-related burnout were lower (n=18;13%). Higher rates of BO were found in staff with self-rated COVID-19 adverse effects on physical (n=50, 38%) and mental health (n=88, 66%); [F (2, 13.019) = 16.019, p< .001]. The majority of staff had no stress reduction training at any stage in their career, either professional (60%), on the job (62%) or post pandemic (59%) work. Although most (82%) were aware of occupational health supports, few (30%) reported an intention to access these if needed. 65% (n=86) of the respondents seriously considered changing jobs in the last 6-12 months.

Conclusion: High level of occupational stress among hospital staff during COVID-19, in the absence of stress reduction training is a risk factor for burnout. Interventions, acceptable to the employee, are urgently needed given the likelihood of additional work demands as COVID-19 continues.

SY-31-03

Occupational stress in clinical and non-clinical staff in Child and Adolescent Mental Health Services (CAMHS): a cross-sectional study.

McNicholas, Fiona [1]

Adamis, Dimitrios [2], Minihan , Elisha [1], Doody, Niamh [1], Gavin, Blanaid [1]

[1] University College Dublin Dublin 4 Ireland
[2] National University of Ireland Galway Galway Ireland

Background:

High rates of burnout have been well-documented among doctors and nurses in clinical settings. The rates of burnout in non-clinical staff, including administrative, housekeeping, and managerial staff, working within the same environment, are less well documented. The research aimed to examine occupational stress experienced by all clinical and non-clinical staff working in an Irish Child and Adolescent Mental Health Service (CAMHS) while concurrently identifying risk and protective factors.

Method:

Fifty-nine clinical and non-clinical staff (44% response rate) completed the survey, which comprised the Copenhagen Burnout Inventory (CBI), the Effort Reward Imbalance scale and survey-specific questions.

Results:

Clinical and non-clinical staff reported experiencing moderate to high work-related, personal, and patient-related burnout (57.6%, 52.2% and 50.8%, respectively). Univariate general linear modelling showed an association between total CBI scores and effort-reward index (B = 64 306, t = 3.430, p = 0.001); overcommitment (B = 1.963, t = 3.061, p = 0.003); and an unwillingness to work in CAMHS (B = 28.429, t = 3.247, p = 0.002).

Conclusions:

Occupational stress was high among clinical and non-clinical staff before the onset of the Covid-19 pandemic. In light of the pandemic, the demands on CAMHS have increased alongside the severity and complexity of the presentations seeking specialist support. Actions that offset the high levels of stress are urgently required to protect the mental and physical well-being of the clinical and non-clinical staff who are essential to running these services.

SY-31-02

Consultant psychiatrists' perspectives on occupational stress in child and adolescent mental health services (CAMHS)

Doody, Niamh [2]

O'Connor, Cliodhna [1], McNicholas, Fiona [1]

[1] University College Dublin Dublin 4 Ireland
[2] University College Dublin Dublin 4 Ireland

Background:

Clinicians are at an elevated risk of occupational stress, a factor increasingly recognised as negatively impacting service quality, safety, and the overall wellbeing of employees.

Method:

Factors contributing to occupational stress in Irish Child and Adolescent Mental Health Services (CAMHS) were elicited through an online questionnaire comprised of study-specific questions, where respondents provided free-text accounts. Fifty-two Consultant psychiatrists completed the survey.

Results:

Content analysis indicated that consultants' perception of working conditions revolved around six factors: organisational factors, human resources, adequacy of services, professional relationships, socio-political factors, and public perception. Both adequate skilled staff and funding, identified by 54% and 34% of respondents, respectively, were viewed as essential factors associated with occupational wellbeing; the most often cited concern (raised by 56% of consultants) which contributed to occupational stress was a widespread public misunderstanding of CAMHS' remit.

Conclusions:

Longstanding under-resourcing of CAMHS in Ireland has resulted in services being ill-equipped to meet the ever-growing demands placed on over-stretched and under-staffed services for young people with moderate to severe mental health difficulties. In light of the Covid-19 pandemic, ensuring adequate levels and staffing expertise must become a reality. Additionally, it is essential to educate the public on the role of CAMHS to avoid misperceptions and to ensure scarce resources are utilised effectively, which may help reduce staff stress levels. To achieve this, active engagement between service users, providers and planners must be undertaken.

SY-31-01

Examining the Impact of Covid-19 related Occupational Stress on Teachers and their Wellbeing in Ireland.

Minihan , Elisha [1]

Adamis, Dimitrios [2], Begley, Aoife [1], Dunleavy, Michele [3], Martin , Angela [3], Gavin, Blanaid [1], McNicholas, Fiona [1]

[1] University College Dublin Dublin 4 Ireland
[2] National University of Ireland Galway Galway Ireland
[3] Mary Immaculate College Limerick Ireland

Background

The teaching profession was dramatically affected by Covid-19 with sporadic school closures and a shift to online teaching. These significant changes introduced to teachers work life brought additional stress to an already demanding profession.

Method

This study examined occupational stress levels during Covid-19 in a sample of 245 teachers in Ireland using a mixed-method approach. A study-specific questionnaire was devised with the Copenhagen Burnout Inventory, Covid-19 and work-related questions including three questions offering free text responses.

Results

The study revealed, 82% (n=202) reported moderate or high levels of personal burnout. While, 79% (n=193) reported moderate or high work burnout. Adverse effects on both mental and physical health were described, with 67% (n=159) reporting a deterioration in their mental health, while 43% (n=101) reported a deterioration in their physical health since Covid-19. The majority, 58% (n=142), had seriously considered changing jobs in the previous 6-12 months. Thematic analysis of the free text responses revealed 98 initial codes. These were subsequently reduced to 41 final codes. The codes representing Covid-19 related occupational stress in teachers were arranged into three final themes; Overburdened, Abandoned, and Consequences.

Conclusion

Interventions aimed at improving the occupational environment for teachers is necessary to prevent the deleterious impact of burnout on teacher and to minimise the likelihood of increased staff turnover and early retirement.

Session: Oral 13 - OR-13

Date: 30-06-2023 - 16:15 - 17:45

Location: Carstensen - Lower floor /

OR-13-01

The relationship between ADHD symptoms, functional impairment, and psychosocial quality of life: Categorical or dimensional?

Wigh Arildskov, Trine [1]

Sonuga-Barke, Edmund J.S. [2], Virring, Anne [1], Lambek, Rikke [3], Østergaard, Søren D. [1], Thomsen, Per Hove [1]

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[2] King's College London London United Kingdom
[3] Aarhus University Aarhus Denmark

Background: Attention-deficit/hyperactivity disorder (ADHD) seems better conceptualized dimensionally as the extreme end of a continuum rather than as a discrete category. Here, we examined for the first time whether the relationship between ADHD symptoms and (1) functional impairment and (2) quality of life (QoL) is categorical or dimensional in nature. Specifically, we examined whether the relationship is non-linear marked by an abrupt increase/decline in impairment/QoL at any given (high) symptom level, or whether these constructs increase/decline in a linear and continuous way over the symptom continuum.

Methods: Parents of 1914-1991 schoolchildren aged 6-11 from the general population completed the ADHD-Rating Scale IV, the Weiss Functional Impairment Rating Scale, and the Pediatric Quality of Life Inventory.

Results: Piecewise linear regression and non-linear regression analyses suggested that the relationship between functional impairment and symptom severity was consistent with linearity with a gradual increase in impairment with increasing symptom severity. No evidence was found for non-linearity or abrupt changes in the rate of increase in impairment at any given symptom level. Furthermore, 33% of children with clinically significant symptom severity did not

experience high levels of impairment, while 2% with no/low symptom severity experienced impairment. Preliminary analyses regarding QoL will be presented at the congress.

Conclusions: The level of ADHD symptoms appears difficult to delineate in terms of their impact on functioning providing further support for the dimensional model. The findings highlight the importance of evaluating both symptoms and functional impairment in the diagnosis of ADHD as they are related yet different constructs.

OR-13-02

Are Pragmatic Language Deficits Manifested as Pronoun Comprehension Problems in Attention Deficit Hyperactivity Disorder

Temeltürk, Rahime Duygu [1]

Aydın, Özgür [2], Kılıç, Birim Günay [1]

[1] Ankara University Faculty of Medicine Ankara Turkey
[2] Ankara University Ankara Turkey

There is an increasing evidence that children with Attention Deficit Hyperactivity Disorder (ADHD) have higher rates of pragmatic language difficulties than their typically developing (TD) peers. The current study examined comprehension of quantified and non-quantified subjects in relation to pragmatic language among children with ADHD and TD peers using a truth-value judgement tasks in a sentence-picture matching paradigm using eye-tracking. A total number of 48 school-age male children (M*age*=8.23, SD=1.33) were asked to read 24 sentences in two conditions of non-quantified (NP) and quantified (QP) subject noun phrases. In sentence materials, different anaphoric variables in object positions were controlled for (pronoun and reflective). Child participants were asked to decide whether the visual depiction which were presented to them was correctly described the sentence content or not. A set of mixed-effect regression models were utilized using the accuracy rate and the eye-movement measures (first pass reading time, regression path duration) as the dependent variables and the following predictors: Group (ADHD, TD) and NP (Pronoun, Reflective, and R-expression). While examining the accuracy of children's responses, group main effect was found to be significant when antecedent is NP (ß = 1.00, SE = 0.48, z = 2.04, $p < .05$). There was no statistically significant differences between groups in terms of eye-movement variables. As the global performance and eye-tracking metrics were similar for children with ADHD and TD, this suggests that pragmatic language deficits are not related to core features of ADHD, which may not observed in these children.

OR-13-03

Early treatment response as predictor of long-term outcome in a clinical cohort of children with ADHD

Houmann, Tine [1]

Kaalund-Brok, Kristine [2], Clemmensen, Lars [3], Plessen, Kerstin Jessica [4], Bilenberg, Niels [5], Verhulst, Frank [2], Jeppesen, Pia [1]

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[4] University of Lausanne, Lausanne Switzerland
[5] University of Southern Denmark Odense Denmark

Objective: This study investigates early onset of treatment response as predictor of symptomatic and functional outcome three years after initiation of Methylphenidate (MPH) administration in a naturalistic, clinical cohort of children and adolescents with ADHD.

Methods: Children were followed across an initial 12-week MPH treatment trial and after 3 years, with ratings of symptoms and impairment. Associations between a clinically significant MPH treatment response in week three (defined as ≥ 20% reduction in clinician rated symptoms) and in week 12 (defined as ≥ 40% reduction), and 3-year outcome were tested in multivariate linear regression models, adjusting for sex, age, comorbidity, IQ, maternal education, parental psychiatric disorder, and baseline symptoms and function. We did not have information on treatment adherence beyond 12 weeks.

Results: A total of 148 children, mean age 12.4 years (range 10-16 years), 77 % males, participated in the follow-up. We found a significant decrease in symptom score from baseline (M=41.9 (SD=13.2)) to 3-year-follow up (M=27.5 (SD=12.7), p<0.001, and in impairment score from baseline (M=41.6 (SD=19.4)) to 3-year follow-up (M=35.6 (SD=20.2), p=0.005). Treatment response in week three and in week 12 were significant predictors of the long-term outcome of symptoms, but not of impairment at 3-year follow-up, when adjusting for other well-known predictors.

Conclusions: Early treatment response predicts long-term outcome over and above other well-known predictors. Clinicians should follow-up patients carefully, during the first months of treatment, and detect non-responders, since there might be a window of opportunity to alter the outcome, by changing the treatment strategy.

OR-13-04

The use of ADHD medication and the risk of suicide attempt: A multinational self-controlled case series study

Chan, Adrienne YL [1], Man, Kenneth KC [8], Wong, Ian CK [2]

Au Yeung, Shiu Lun [2], Beyene, Kebede [3], Chan, Amy HY [3], Xue , Li [4], Lum, Terry [4], Luo, Hao [4], Park, So-Hee [5], Rao, Nirmala [4], Chin-Yao , Shen [6], Shin, Ju-Young [5], Wing, Yun K [7], Lee, Tatia MC [4], Wei, Li [8], Wong, Kirstie HTW [8], Crystal, Stephen [9], Cook, Sharon [9], Lai, Edward CC [6], Chui, Celine SL [4], Ip, Patrick [4], Chan, Esther W [4]

[1] The University of Hong Kong The University of Hong Kong Hong Kong
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[6] National Cheng Kung University Tainan Taiwan
[7] Chinese University of Hong Kong Hong Kong Hong Kong
[8] UCL School of Pharmacy London United Kingdom
[9] Rutgers University New Jersey United States

Introduction There have been rising concerns regarding the risk of suicide attempt upon use of attention-deficit/ hyperactivity disorder (ADHD) pharmacological treatments.

Methods This multinational self-controlled case series study examined the risk of suicide attempt among individuals treated with ADHD medication using electronic health records from population-based databases across Hong Kong, South Korea, and the United Kingdom. We included individuals who initiated ADHD medication and had a recorded suicide attempt during the study period (2001-2020). We calculated incidence rates for suicide attempt events in each predetermined exposure risk periods. Incidence rate ratios (IRR) in periods of exposure to ADHD medication compared with unexposed periods were calculated with conditional Poisson regression. The IRRs and their 95% confidence intervals (CIs) were estimated for each exposure risk periods.

Results We identified 452, 313, and 1058 patients from Hong Kong, South Korea, and the United Kingdom, respectively. Risk of suicide attempt was the highest during the pre-exposure period in all populations: Hong Kong, 90-days-pre-exposure (IRR 4.10, 95%CI 2.61-6.46), first-90-days-exposure (3.21, 1.95-5.28), post-90-days-exposure (1.24, 0.93-1.67); South Korea, 90-days-pre-exposure (2.67, 1.61-4.44), first-90-days-exposure (1.35, 0.70-2.62), post-90-days-

exposure (2.22, 1.30-3.79); and United Kingdom, 90-days-pre-exposure (2.07, 1.41-3.03), first-90-days-exposure (1.47, 0.80-2.69), post-90-days-exposure (1.45, 1.08-1.94).

Conclusions Although initiation of ADHD medication was associated with suicide attempt, the risk was the highest in the period immediately before ADHD medication initiation. Thus, the results of this multinational study do not support a causal association between ADHD medication use and suicide attempt.

OR-13-05

Attention deficit hyperactivity disorder, physical abuse, and methylphenidate treatment in children

Wong, Ian [1]

Gao, Le [1], Patrick, Ip [1], Man, Kenneth [2], Wong, Kirstie [3]

[1] The University of Hong Kong Pokfulam Hong Kong
[2] UCL School of Pharmacy London United Kingdom
[3] The University of Hong Kong London Hong Kong

Background: A growing number of studies show an association between attention deficit hyperactivity disorder (ADHD) and physical abuse in childhood. We examined temporal associations of physical abuse risk with methylphenidate (MPH) treatment in children with ADHD.

Methods and results: Using Hong Kong electronic medical records, we conducted a self-controlled case series study in 1,064 children (5-16-years old) who were treated with MPH and also experienced physical abuse. Compared with non-medicated periods, a higher risk of abuse was observed shortly before treatment initiation (IRR=4.49; 95% CI=3.76-5.36). After treatment initiation, the risk was comparable to levels during the other non-medicated period (IRR=0.90; 95% CI=0.63-1.29) and followed by a 37% reduction during subsequent treatment. Sensitivity analyses were conducted and confirmed the validity and robustness of the initial study results.

Discussion and conclusion: After initiation of MPH treatment, it is possible that the initial reduction in recorded child physical abuse is related to reduced contact with parents because of the disclosure or close monitoring by social care, education or healthcare professionals, rather than from the direct beneficial effects of MPH. However, we observed that the IRR of child physical abuse was lower with a longer duration of use (>90 days) beyond the initial separation period. Therefore, it is unlikely that our results are fully explained by the increased monitoring associated with the initiation of MPH. These findings are consistent with the hypothesis that MPH treatment in children with ADHD is associated with a reduced risk of becoming a victim of physical abuse.

OR-13-06

Is there an orthodontic risk profile for ADHD?

Dück, Alexander

Reis, Olaf, Kölch, Michael, Michelsen, Anna

Rostock University Medical Center Rostock Germany

In his lecture we will try to answer the question whether there is an orthodontic risk profile for the development of ADHD. The results of an interdisciplinary study on n=59 children with ADHD will be presented. Influences on the neuropsychological characteristics of ADHD and the role of sleep within the potential connection between orthodontic and psychiatric symptoms will be discussed.

Session: Clinical Perspectives 13 - CP-13

Date: 30-06-2023 - 16:15 - 17:45

Location: Pjerrot - Ground floor /

CP-13-00

Acceptance and effectiveness of virtually delivered mental health care for children and adolescents

Von Wirth, Elena [1], Willis, David [2]

Döpfner, Manfred [1]

[1] University of Cologne Cologne Germany
[2] Keystone Child, Youth and Family Services Owen Sound Canada

Virtually delivered mental health care provided a unique opportunity to provide care during the early phases of the COVID-10 pandemic and many clinicians intent to use teletherapy in the future. This symposium presents evidence regarding the acceptance and effectiveness of 1) videoconference-delivered psychotherapy for children and adolescents with mental health problems, 2) online-coaching for children with obsessive compulsive disorders and tic disorders, and 3) psychiatric telemedicine consultations for referrals to university clinics for child and adolescent psychiatry and psychotherapy in Germany, and 4) the transformation of tele-mental health from hospitals to community based service models in Canada.

CP-13-04

Feasibility and satisfaction of routine telemedicine consultation in child and adolescent psychiatry and psychotherapy

Döpfner, Manfred

Goldbeck, Carolina, Tempo Consortium, -

University of Cologne Cologne Germany

During the early phases of the COVID-19 pandemic, telemedicine consultation offered a unique opportunity to provide mental health care without the risk of spreading the COVID-19 virus. The aim of the present study was to assess the feasibility of conducting psychiatric telemedicine consultations at university clinics for child and adolescent psychiatry and psychotherapy. Four university clinics in Germany (Aachen, Berlin, Cologne, Göttingen, Berlin) participated in the study. Clinicians indicated that for 59% of referrals (n = 621 of n = 1.046), there was no contraindication for a telemedicine consultation. Of the patients who received a telemedicine consultation, n = 267 agreed to participate in a more detailed assessment. We will present data regarding satisfaction with telemedicine consultations and clinicians ratings' of goal attainment and the therapeutic alliance.

CP-13-03

Effectiveness of videoconference-delivered psychotherapy for children and adolescents: Results of a meta-analysis

Von Wirth, Elena

University of Cologne Cologne Germany

Videoconferencing psychotherapy (VCP) is an innovative way of delivering psychotherapy that has the potential to overcome many of the regularly cited barriers to psychotherapeutic treatment (e.g., travel time and costs, physical disability, concerns about social stigma). There is evidence that VCP is an effective treatment for adult patients, but evidence regarding its effectiveness as a treatment option for children and adolescents is sparse. To systematically review and analyze the existing evidence, we conducted a systematic search. We identified 12 RCTs that evaluated videoconference-delivered psychotherapeutic or psychological intervention for children or adolescents with mental health problems. Mean effect sizes and results of subgroup analyses will be presented.

CP-13-02

The influence of patient preferences on the effectiveness of videoconference-delivered CBT for children and adolescents: Results from a partially randomized patient preferences (PRPP) trial

Willems, Sarah

Von Wirth, Elena, Döpfner, Manfred

University Hospital Cologne Cologne Germany

This study investigated the feasibility of applying a partially randomized patient preference (PRPP) design to evaluate the efficacy of videoconference-delivered cognitive behavior therapy (CBT) for children and adolescents with internalizing or externalizing disorders. Participants (11;0 – 18;11 years, n = 50) were allocated to either videoconference or in-person delivery of six psychotherapeutic sessions. Participants were only be randomized if they agreed to randomization. Changes in child problems were assessed with the standardized parent-rated Brief Problem Monitor (BPM-P) and an individualized parent-rated Individual Problem Checklist (IPC). Treatment retention, therapeutic alliance, treatment satisfaction and acceptability of videoconference-delivered CBT were investigated as well. We will present data on the flow of participants through the study, the feasibility of conducting a PRPP design, the effectiveness of video-conference delivered CBT for children and adolescents and predictors of treatment outcome.

CP-13-01

Feasibility and effectiveness of online coaching for children and adolescents with obsessive-compulsive disorders and tic disorders

Adam, Julia

Goletz, Hildegard, Viefhaus, Paula, Woitecki, Katrin, Döpfner, Manfred

University of Cologne Cologne Germany

Cognitive-behavioral therapy (CBT) interventions can be difficult to implement in daily routine, which is often essential for generalizing treatment effects to natural settings. Furthermore, there is a lack of adequate care options concerning exposure-based CBT for children and adolescents with obsessive-compulsive disorder (OCD) as well as habit reversal training (HRT) for children and adolescents with Tourette's disorder. These studies aimed to evaluate an intensive therapist-administered online coaching program consisting of exposure with response prevention and HRT, respectively, via video teleconferencing as an add-on to outpatient CBT (blended therapy).The blended therapy was examined in n = 5 children and adolescents each, diagnosed with OCD and Tourette's disorder, respectively, using an AB design and multi-informant ratings. These single-case studies showed promising results, indicating that a decrease in OCD severity and tic symptoms, respectively, and related functional impairment can be attributed to blended therapy. Moreover, satisfaction with the online coaching was high. Despite some principal limitations, the results support the effectiveness and feasibility of the blended therapy.

CP-13-05

The transformation of Tele-Mental Health in Canada. From Hospitals to Community - the successes and learnings

Willis, David

Keystone Child, Youth and Family Services Owen Sound Canada

Within the Canadian experience of delivering child and adolescent psychiatry virtually, we have experienced tremendous progression over the past 25 years. Originally deployed to facilitate access to specialized consultative services for rural and remote communities it is now broadly used across the entire spectrum of mental health treatment and programming. Through this workshop we will discuss and compare the technological and treatment trajectories of child and adolescent e-services. Once the domain of large academic tertiary hospitals, e-services have transformed how providers, clients and families interact. Community based child and youth mental health agencies have successfully partnered with psychiatry to expand the approach to assessment, stabilization and treatment. From the farthest reaches of the Canadian Artic to the large urban areas of the country we have witnessed the enormous successes and failures in usage and applications. We will examine how the Canadian experience has moved away from hospitals to community based service models and the results of that shift. We will discuss how models have evolved into seamless virtual walk-in services that divert up to 80% of clients away from more intensive services. We will examine the applicability of emerging Canadian models that integrate primary care, psychiatry and the social determinants of health into hub models supported by virtual services. We will examine and compare the contributing factors in the successes and the failures of these models. We will explore and discuss what may be on the horizon for our sector, from Artificial Intelligence, Virtual and Augmented Reality treatment supports.

Session: Thanks for today - Please remember that the Congress Dinner starts at hrs. 19:30 at Kayak Bar -

Date: 30-06-2023 - 17:45 - 18:00

Location: Congress Hall - Ground floor & Harlekin - Ground floor & Columbine - Ground floor & Pjerrot - Ground floor & Lumbye - Lower floor & Carstensen - Lower floor & Arkaden 6 - Second floor & Arkaden 8 - Second floor & Karavanen 6 - First floor & Karavanen 9+10 - First floor & Galop 01 - Second floor & Foyer - Ground Floor /

Session: Registration and arrivals -

Date: 01-07-2023 - 08:00 - 08:15

Location: Congress Hall - Ground floor & Harlekin - Ground floor & Columbine - Ground floor & Pjerrot - Ground floor & Lumbye - Lower floor & Carstensen - Lower floor & Arkaden 6 - Second floor & Arkaden 8 - Second floor & Karavanen 6 - First floor & Karavanen 9+10 - First floor & Galop 01 - Second floor & Vandsalen - Ground Floor & Akvariet 4+5 - Ground Floor & Foyer - Ground Floor & Galop 02 - Second floor /

Session: Clinical Perspectives 16 - CP-16

Date: 01-07-2023 - 08:15 - 09:45

Location: Karavanen 9+10 - First floor /

CP-16-00

Young people in residential youth care – burdens, needs and interventional targets

Rassenhofer, Miriam [2]

[1] University of Basel Basel Switzerland
[2] University Hospital Ulm Germany

Children and adolescents in residential youth care are a vulnerable, highly burdened population cumulating a multitude of risk factors with an evidenced long-lasting impact on their mental health and social participation. These risk factors include child maltreatment as well as further traumatic and critical life events. In this symposium, we will address the long-term consequences of these adversities and trajectories in a cohort of children and adolescents in out of home placement as well as two intervention programs within the youth welfare system.

In the first talk Dr. David Bürgin will present on trajectories and long-term consequences of child maltreatment in the sample of a swiss-wide cohort study of young adults who were formerly in youth residential care. The second and third presentations will focus on two intervention programs for youth in residential care. Dr. Andreas Witt will provide an overview of the life-story-work-based intervention ANKOMMEN (engl.: arriving) as well as results of its evaluating pilot study. ANKOMMEN was developed by child and adolescent psychotherapists together with professionals in residential youth care. It focusses on the critical event of out-of-home placement and aims to contribute to the positive development of adolescents in residential care. Subsequently Dr. Donja Brunner will present on the evidence-based, manual guided skills training START NOW. This program aims to promote resilience and emotion regulation of adolescents and young adults as well as of professionals in residential youth care. Finally, Prof. Dr. Jörg M. Fegert will integrate, comment and discuss the findings of the three presentations.

CP-16-02

Setting the Political Course for Child Protection in Institutions in Europe - What We Can Learn from Each Other

Anagnostopoulos, Dimitris [1], Kotsis, Konstantinos [2], Anagnostopoulou, Nefeli [3]

[1] National and Kapodistrian University of Athens Athens Greece
[2] University of Ioannina Ioannina Greece
[3] Hellenic Educational and Therapeutic Centre for the Mental Health of Children Athens Greece

Children are full-fledged holders of rights.

Millions of children from all socio-economic backgrounds, across all ages, religions and cultures suffer violence, exploitation and abuse every day. Children continue to be targets of war and face grave dangers including sexual exploitation, gender-based violence, poverty and forced migration.

The protection of children for many centuries, it was a matter of religious charity and other civil society organizations. Children are housed in institutions or orphanages in huge numbers, stigmatized, isolated.

In Europe, the structure started to change at the end of the nineteenth century. All 47 members of the CoE have adopted the European Convention for the Protection of Human Rights and Fundamental Freedoms and have ratified the UN Convention on the Rights of the Child. Still hundreds of thousands of children with disabilities, in the child protection system, migrant, unaccompanied are growing up in institutional care. Most of these children have parents and their separation could have been prevented if the right services were in place to support vulnerable families.

Child protection has historically focused on specific issues or groups of vulnerable children. This approach may serve the needs of a targeted group, but has limitations. Fragmented child protection responses deal with a single problem but fail to provide a comprehensive solution for the diverse needs of children.

The child protection system's reform purpose is much broader than the closure of institutional facilities; its goal is to achieve a comprehensive transformation of the care system, changing the nature of service provision.

CP-16-01

Institutional child protection - Needs and Developments in Sweden

Korhonen, Laura

Linköping university Linköping Sweden

In 2021, 26,200 Swedish children and youth were placed in family homes, care homes (HVB), support housing, and special supervisory homes (SIS). More than half of them were aged 15 and over. Apart from SIS placements, the majority of measures were voluntary.

In the national *Violence against children 2016* survey, 83% of school-aged children in out-of-home care had at least one exposure to violence and 39% reported being exposed to 4-5 different types of violence compared to 2% of non-placed. Apart from exposure at home and in schools, violence also occurs in units responsible for out-of-home and residential care. A report from The Health and Social Care Inspectorate (IVO, 2021) showed that one in five children and youth experience insecurity in HVB and SIS. The interviewees reported repeated violence, such as pushing, lying down on the floor, and threats by the staff. There were also indications of abuse due to sexual orientation and staff encouraging self-harming behavior. IVO found problems related to safety and security in 29% of the evaluated units.

Keeping with the stated problems, the current needs in Sweden include a) systematic and detailed analysis of violence exposures among those placed outside their own homes, b) capacity building for staff and family homes, including measures for violence prevention and child safeguarding, c) strengthened supervision, and d) child participatory approaches in R&D projects aiming to improve institutional child protection. The needs and developments are discussed considering the National Strategy *A childhood free from violence*.

CP-16-05

START NOW – Experiences and Perspectives

Brunner, Donja

Weiss, Stefan, Chilla, Chiara, Kapoor, Madlaina, Von Planta, Beryll, Lanz, Lelia, Schwartz, Lyla, Papageorgiou, Andreas, Savary, Valentine, Unternaehrer, Eva, Stadler, Christina

University of Basel Basel Switzerland

Background: Young people living in youth welfare institutions often struggle with stress and emotion regulation. In addition, professionals caring for and working with them face recurring challenges, resulting in stress among employees and vice versa. Despite this, there is a lack of evidence-based interventions aiming to improve the situation, or in other terms resilience, on both sides.

START NOW is an evidence-based, manual-guided, skills training for group settings based on cognitive behavioral therapy, integrating aspects of dialectical behavior therapy, motivational interviewing, and trauma-informed care. The aim of the skills training is not only to promote resilience and emotion regulation among adolescents and young adults but also among professionals in residential youth care.

Objective: This contribution aims to take a closer look at START NOW – from research to practice – and resulting applications in clinical settings as well as in the everyday care of youth welfare, schools, and refugee settings. In addition, the aim is to stimulate a discussion on how resilience can be promoted in an evidence-based way in hard-to-reach populations and what role multimodal approaches and digitalization play in this.

CP-16-03

Childhood maltreatment and social participation of young adults formerly in youth residential care – Results from the Swiss-wide cohort study 'Youth Welfare Trajectories: Learning from Experience (JAEL)'

Bürgin, David [1]

Boonman, Cyril [2], Jenkel, Nils [1], Schmeck, Klaus [1], Fegert, Jörg M. [3], Schmid, Marc [1]

[1] University of Basel Basel Switzerland
[2] University Medical Cente Leiden Netherlands
[3] University Hospital Ulm Germany

Background: Diverse studies show the serious social consequences of adverse childhood experiences including childhood maltreatment and trauma across the life-course (Copeland et al., 2018; Hughes et al., 2017). Children and adolescents placed out-of-home accumulate many of these and other risk factors, which leaves them vulnerable at the transition to young adulthood (Osgood et al., 2010).

Objective: This contribution aims to examine the long-term effects of childhood maltreatment on social participation and functioning in a sample of formerly out-of-home placed young adults in Switzerland, to learn from the experience of these youth care trajectories.

Methods: In the JAEL study, 231 former out-of-home placed young adults (1/3 female) with an average age of 26 years were comprehensively assessed with a psychometric test battery. Experiences of maltreatment, as well as social participation in terms of mental health, legal probation, socioeconomic status, and relationships were assessed.

Results: Results highlight the high prevalence and negative consequences of cumulative maltreatment experiences, both abuse and neglect. A higher number of maltreatment experiences was associated with significantly more problems in health, financial, and social life domains. Across different domains of functioning and considering their complex biographies many young-adult care-leaver showed high levels of functioning.

Conclusion: The consequences of childhood maltreatment for social integration and participation in young adulthood underline the importance of prevention and early intervention, as well as concrete and practical help to enable young people to partake in society. A targeted promotion of resilience and expectations of self-efficacy will be discussed.

Session: Clinical Perspectives 15 - CP-15

Date: 01-07-2023 - 08:15 - 09:45

Location: Arkaden 6 - Second floor /

CP-15-00

Mental Health Disparities in Marginalized Youth in the United States

Caraballo, Angel

Private Practice New York United States

Racial, ethnic and gender diverse youth are faced with disparities in accessing mental health care in the United States of America. Because of these disparities young people from these underserved groups are in many instances not able to access and receive any form of mental health care. Our objective during this clinical perspective is, after discussing the factors that contribute to these disparities in all of these groups, to provide possible solutions to the injustices faced by the members of these groups.

Our first presenter will provide an overall overview of the factors that contribute to the disparities faced by these groups. This will be followed by a more detailed account of disparities in diagnosis and treatment in these youths. Our third presenter will discuss over diagnoses and over treatment in BIPOC youth. The following speaker will present on the overall gap in care for gender diverse youth and will in particular focus on the disparity in increasing eating disorder diagnosis in this group. And the final speaker will then focus on exploring the factors that make it difficult for children and adolescents from all of these groups to access different forms of psychotherapy.

CP-15-05

Racial Disparities in Diagnosis and Treatment in Child and Adolescent Psychiatry

Oatis, Melvin [2]

[1] Private Practice New York United States
[2] NYU Grossman School of Medicine New York United States

Increasingly the importance of preserving good mental health has extended beyond psychiatry and academic medicine into news outlets and social media as rates of psychiatric diagnoses in children have risen following a worldwide pandemic.

The Researchers who have enumerated factors contributing to this rise have noted differences in treatment and diagnosis related to racial and ethnic backgrounds.

A number of studies have shown lower rates of treatment in non-white children even when notable mental health concerns have been identified.

This presentation will focus on identifying factors contributing to disparities including access, location, barriers and bias.

References:

Merikangas KR, He JP, Burstein M, Swanson SA, Avenevoli S, Cui L, et al. Lifetime prevalence of mental disorders in U.S. adolescents: results from the National Comorbidity Survey Replication—Adolescent Supplement (NCS-A). J Am Acad Child Adolesc Psychiatry. 2010;49:980-9.

CP-15-04

Factors Leading to Disparities in Marginalized Groups

Watkins, Khadijah [2]

[1] Private Practice New York United States
[2] Massachusetts General Hospital/Harvard University Boston United States

A state of emergency has been declared as it relates to the mental health of children and adolescents amid the COVID-19 global pandemic, political strife, climate change, racial injustice, discrimination, and violence. Many children, adolescents and young adults are going without care or receiving inferior treatment.

Racial and ethnic disparities play an integral role in these young people being able to access and receive treatment. The National Academy of Medicine has defined disparities in health care as "a difference in access or treatment provided to members of different racial or ethnic groups that is not justified by the underlying health conditions or treatment preferences of the groups." Black and Latin youth had rates for outpatient mental health service visits of almost half that of their White peers. Psychiatric and behavioral conditions among minority youth were more often addressed in a punitive manner. Rather than being referred for mental health care, these youngsters were more likely to experience school detention, suspension, expulsion, or incarceration.

Disparities in treatment and access to care further exacerbates the mental health crisis. Prevention and early intervention are paramount in all aspects of medicine. Understanding the factors leading to these disparities allows for the changes and interventions necessary to ensure that all youngsters receive timely and adequate mental health services.

References:

Gao R, Adesman A. Disparities in Prevalence and Treatment of Mental Health Disorders in Children. JAMA Pediatr. 2019 Aug 1;173(8):799-800. doi: 10.1001/jamapediatrics.2019.1623. PMID: 31206144.

CP-15-03

Overdiagnoses and Overtreatment of BIPOC Youth with ADHD and ODD: Why does this happen and what can be done about it?

Shapiro, Gabrielle [2]

[1] Private Practice New York United States
[2] Mount Sinai Hospital New York United States

It is well known that different cultural groups have unfortunately been misdiagnosed or over-diagnosed historically. This presentation will discuss the history of this phenomenon and its experience in working with youth, particularly in California and Harlem over the last two decades. Case vignettes will illustrate the complexity of the problems in this clinical cohort. Strategies to teach trainees and early career psychiatrists how to identify the unconscious bias of these overdiagnoses will be discussed as well as the review of problems with polypharmacy and overmedication of BIPOC youths. The audience will be engaged in an active discussion of strategies to implement change in the treatment and diagnosis of this population.

References:

Ballentine KL. Understanding Racial Differences in Diagnosing ODD Versus ADHD Using Critical Race Theory. Families in Society. 2019;100(3):282-292. doi:10.1177/1044389419842765.

Hervey-Jumper H, Douyon K, Falcone T, Franco KN. Identifying, evaluating, diagnosing, and treating ADHD in minority youth. J Atten Disord. 2008;11(5):522–8.

Harvey EA, Breaux RP, Lugo-Candelas CI. Early development of comorbidity between symptoms of attention-deficit/hyperactivity disorder (ADHD) and oppositional defiant disorder (ODD). J Abnorm Psychol. 2016;125(2):154–67.

Ballentine KL. Understanding Racial Differences in Diagnosing ODD Versus ADHD Using Critical Race Theory. Families in Society. 2019;100(3):282-292. doi:10.1177/1044389419842765.

Stevens J, Quittner AL. Factors influencing elementary school teachers ratings of ADHD and ODD behaviors. Journal of Clinical Child Psychology. 1998;27(4):406–14.

CP-15-02

Complexities and disparities in evaluation and diagnosing psychiatric disorders in LGBTQ youth

Shadianloo, Shervin [2]

[1] Private Practice New York United States
[2] Hofstra Northwell School of Medicine New York United States

Care for TGNC (Transgender and gender nonconforming) youth is a fast-developing field in child psychiatry. Increasing numbers of youth are presenting with gender spectrum identity (Speck 2012). These youth are at increased risk of adverse mental health outcomes. It has been recently reported that eating disorders are more common amongst gender diverse youth (Salvatore 2022). Recent findings have pointed to diagnoses of anorexia, bulimia and other eating

disorders. Health professionals find themselves not equipped with proper training through their education and licensing in caring for gender diverse youth. TGNC patients are struggling with finding care and trusting professionals and their competency in caring for their needs (Vance 2015, Safer 2016).

In this presentation, we will be discussing the overall gap in care for gender diverse youth and will in particular focus on the disparity in increasing eating disorder diagnosis in this group. WE will discuss the recent treatments and ways to address eating disorders specifically in gender diverse youth.

References:

Spack et al. Children and adolescents with Gender Identity Disorder Referred to a Pediatric Medical Center. Pediatrics 2012;129:418–425.

Vance SR, Jr, Halpern-Felsher BL, Rosenthal SM. Health care providers' comfort with and barriers to care of transgender youth. J Adolesc Health. 2015;56:251–253.

Safer JD et al. Barriers to healthcare for transgender individuals. Curr Opin Endocrinol Diabetes Obes. 2016 Apr;23(2):168-71.

Salvatore et al. Caring for Transgender Youth with Eating Disorders in a Day Treatment Program. Adol Psychiatry 2022, Nov, 12, 196-206(11).

CP-15-01

Racial, Ethnic and LGBTQ Youth Disparities in Psychotherapy

Caraballo, Angel

Private Practice New York United States

There are many studies that document racial, ethnic, cultural and national disparities in mental health services and these disparities extend into psychotherapy. Many children and adolescents from underserved communities who are in much need of psychotherapy are unable to obtain high-quality, evidenced-based psychotherapy, treatment that could help them improve their lives by addressing their needs.

Low SES and minority children and adolescents have a greater difficulty receiving quality psychotherapy although all children and families have difficulty accessing these services. The emphasis of this presentation will be on racial and ethnic disparities in psychotherapy particularly. Significant disparities have been documented in Latinx and African American children in mental health. Several studies have documented that both African American and Latinx youth have lower rates of mental health service use compared to their non-Latino white counterparts.

During this presentation we will first explore the factors that make it difficult for marginalized children and adolescents to access different forms of psychotherapy including insight-oriented or behavioral psychotherapies. We will look at the evidence or lack thereof in terms of disparities in psychotherapy. We will also look into programs that try to address the obstacles and provide high quality care for the communities impacted by these disparities. Finally, we will go over recommendations aimed at addressing the disparities in these communities and ways for providing more easily accessible evidence-based psychotherapy.

References:

Alegria, M, et al. Racial and Ethnic Disparities in Pediatric Mental Health, Child Adolescent Psychiatric Clinics of North America, 2010 October; 19 (4): 759-774.

Session: Symposium 41 - SY-41

Date: 01-07-2023 - 08:15 - 09:45

Location: Harlekin - Ground floor /

SY-41-00

Obsessive-Compulsive Disorder in Children and Adolescents: Results from the Nordic Long-Term OCD Treatment Study (NordLOTS)

Ivarsson, Tord [1]

Weidle, Bernhard [2], Melin, Karin [3], Højgaard, David R. M. A. [4], Jensen, Sanne [4], Torp, Nor Christian [5], Nissen, Judith B. [4], Hybel, Katja [4], Skarphedinsson, Gudmundur [6], Dahl, Kitty [7], Valderhaug, Robert [2], Thomsen, Per Hove [4]

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[3] Sahlgrenska University Hospital Gothenburg Sweden
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[7] Center for Child and Adolescent Mental Health Oslo Norway

Objectives

Obsessive-Compulsive Disorder (OCD) affects 1-2% of the child and adolescent population, severely affecting their quality of life. Cognitive-behavioral therapy (CBT) and medication are efficacious, but a significant proportion of patients still fail to respond adequately to treatment. Few studies have systematically looked at the long-term outcomes, specific group outcome trajectories, and predictors of outcomes. The overall aim is to use the study results to guide practitioners with patients who do not respond to CBT.

Methods

Six presentations are based on results from the Nordic Long-term OCD Treatment Study (NordLOTS) that included 269 OCD patients aged 7-17 years from Denmark, Norway and Sweden. All participants received stepped-care treatment starting with 14 weekly sessions of CBT. Non-responders were randomized to either prolonged CBT or SSRIs. All patients were monitored for three years after ended CBT.

Results

Long-term treatment effects for pediatric OCD were sustainable for the sample as a whole, but subgroups with less favorable outcome trajectories were identified based on both OCD severity and functional impairment. Relapse at some point during follow-up was not uncommon. Predictors of different outcomes are identified.

Conclusions

Outcome data from the NordLOTS will be discussed with focus on long-term treatment outcomes, including different groups of outcome trajectories based on OCD type and severity, functional impairment and comorbidity. Various predictors of treatment outcomes will be discussed, including comorbidity and OCD symptom types. Findings will be presented and discussed in relation to their importance for clinical practice, including key issues that remain in the treatment of OCD.

SY-41-01

The Nordic Long-term OCD Treatment Study (NordLOTS): A Summary of the Diagnostic Workup and Acute Treatment Stages

Ivarsson, Tord [1]

Skarphedinsson, Gudmundur [2], Jensen, Sanne [3], Hybel, Katja [3], Højgaard, David R. M. A. [3], Nissen, Judith B. [3], Torp, Nor Christian [4], Weidle, Bernhard [5], Melin, Karin [6], Thomsen, Per Hove [3]

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The NordLOTS rationale for a stepped-care study was that patients who received serotonin re-uptake inhibitors (SRI) were mainly CBT non-responders while RCTs examining the outcome of SRI were treatment naive. We argued that CBT non-responders may have an attenuated SRI response, and that continued CBT would be the preferable control contingency as we had reason to believe that CBT (particularly focusing on exposure and response prevention (ERP)) may still show some efficacy. A 3-year follow-up of all patients was added to inform on treatment durability.

In NordLOTS, 269 step-1 participants had a pre-ERP average CY-BOCS score of 24.6, and completers (*n* = 241) of ERP treatment had a response rate (post ERP CY-BOCS ≤ 15 points) of 72.6% with a mean symptom reduction of 52.9%. Out of 69 non- or partial responders to step 1 ERP, 54 patients accepted step 2 randomization to continued ERP or sertraline (mean CY-BOCS = 27.3 and 25.2, respectively). Due to attrition, the final intent-to-treat sample included 50 participants (48% males). Twenty-one of 28 participants (75 %) completed continued ERP while 15 of 22 participants (69.2%) completed sertraline. The CY-BOCS total score examination revealed no differences between treatments (mean = 21.3 and 21.1, respectively) and response rates were 50.0% and 45.4%, respectively.

Good step-1 ERP response rates, and equal response to step-2 sertraline or continued ERP showed that extended treatment may be worthwhile in pediatric OCD, and following our 269 participants yearly for three years will demonstrate if treatment durability is acceptable as well.

SY-41-02

Three-Year Outcome for Responders and Non-Responders of Cognitive-Behavioral Therapy for Pediatric Obsessive-Compulsive Disorder

Melin, Karin [1]

Skarphedinsson, Gudmundur [2], Thomsen, Per Hove [3], Weidle, Bernhard [4], Torp, Nor Christian [5], Højgaard, David R. M. A. [3], Hybel, Katja [3], Nissen, Judith B. [3], Jensen, Sanne [3], Ivarsson, Tord [6]

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[6] University of Gothenburg Gothenburg Norway

Objectives

The aim of the present study (part of the NordLOTS) was to examine the long-term outcome of a stepwise treatment for childhood OCD with initial CBT and a comparison between extended treatment with either continued CBT or sertraline

for non-responders to initial CBT. Further, the aim was to investigate whether duration of treatment is an important indicator of three-year outcome.

Methods

This long-term follow-up study included 269 participants (48% males) from the NordLOTS sample. All participants were followed over three years (6, 12, 24 and 36 months) after initial CBT, symptom severity was repeatedly assessed with the Children's Yale-Brown Obsessive-Compulsive Scale (CY-BOCS). Primary outcome measure was the CY-BOCS, treatment response and remission were defined as CY-BOCS total scores ≤15 and ≤10, respectively. Analyses were conducted according to intent-to-treat principles with linear mixed-effects (LME) model.

Results

At three-year follow-up 73% (*n* = 196) were free from OCD or in clinical remission, and another 17% (*n* = 46) responders to treatment. The mean CY-BOCS total score at baseline of 24.7 decreased to 5.0 after three years with a mean decrease of 5.9 from after treatment to three-year follow-up. Duration of treatment did not influence the symptom level at three-year follow-up and no significant difference was found (*p* = .99) between the different extended treatments.

Conclusion

Findings suggest a long-term durability of gains made by manualized CBT, and if needed, extended treatment with CBT or augmentation with sertraline for pediatric OCD and symptoms decreased even further during the three-year period.

SY-41-03

Distinct Long-term OCD Symptom Severity Trajectories, Related Predictors, and Quality of Life over Three Years

Jensen, Sanne [1]

Højgaard, David R. M. A. [1], Hybel, Katja [1], Mortensen, Erik Lykke [2], Nissen, Judith B. [1], Skarphedinsson, Gudmundur [3], Ivarsson, Tord [4], Weidle, Bernhard [5], Melin, Karin [6], Torp, Nor Christian [7], Dahl, Kitty [8], Valderhaug, Robert [5], Lenhard, Fabian [6], Carlsen, Anders [1], Compton, Scott [9], Thomsen, Per Hove [1]

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[2] University of Copenhagen Copenhagen Denmark
[3] University of Iceland Reykjavik Iceland
[4] University of Gothenburg Gothenburg Norway
[5] University of Science and Technology Trondheim Norway
[6] Sahlgrenska University Hospital Gothenburg Sweden
[7] Vestre Viken Hospital Drammen Norway
[8] Center for Child and Adolescent Mental Health Oslo Norway
[9] Duke University Durham United States

Objectives

The aim of the present study was to investigate long-term OCD symptom severity trajectories in the NordLOTS sample during and up to three years after stepped-care treatment and to detect predictors of trajectory group membership. Further, the aim was to investigate quality of life over three years in the trajectory groups.

Methods

Long-term symptom severity trajectories were investigated using latent class growth analysis (LCGA) on data from all 269 patients from the NordLOTS who were assessed at seven time points over three years: Pre-CBT, mid-treatment, post-CBT and 6, 12, 24, and 36 months after treatment. Symptom severity was assessed using the Children's Yale-Brown Obsessive-Compulsive Scale (CY-BOCS). Predictors of class membership were investigated using multivariate analysis. Patient and parent proxy ratings of quality of life were assessed at the same seven time points (*n* = 220).

Results

Three distinct long-term OCD symptom severity trajectory groups were identified: a) acute, sustained responders (54.6%); b) slow, continued responders (23.4%); and c) limited long-term responders (21.9%). Baseline predictors of group membership pertained to age, symptom severity, contamination/cleaning, and anxiety symptoms. Further, the groups showed differences in quality of life over the three years compared to norm levels.

Conclusions

Clinical attention is required for adolescent OCD patients showing less convincing response to first-line CBT as well as contamination/cleaning and anxiety symptoms. They may have reached the established clinician-rated cut-off for treatment response, yet patient-rated quality of life assessment after treatment could detect patients in need of further care.

SY-41-04

Clinical Correlates and Prevalence of Family Accommodation in Pediatric Obsessive-Compulsive Disorder: Data from the NordLOTS

Torp, Nor Christian [1]

Skarphedinsson, Gudmundur [2], Weidle, Bernhard [3], Ivarsson, Tord [4], Hybel, Katja [5], Jensen, Sanne [5], Nissen, Judith B. [5], Thomsen, Per Hove [5], Højgaard, David R. M. A. [5]

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[4] University of Gothenburg Gothenburg Norway
[5] Aarhus University Hospital Aarhus Denmark

Objectives

Family accommodation refers to the actions conducted by family members catering to the child´s obsessions (symptoms, e.g., obsessional fear) with the intention to reduce potential anxiety, distress or impairment. It may maintain compulsion-related behavior and avoidance as the feared triggers may not be experienced fully, thus inhibiting any corrective learning or habituation.

The aim of the study was to examine the prevalence as well as clinical and demographic correlates of accommodation, using a large Scandinavian sample of children with obsessive-compulsive disorder (OCD).

Methods

Participants included 238 children with OCD who were administered a standardized diagnostic interview and an interview to assess OCD symptom severity, along with questionnaires assessing functional impairment as well as internalizing and externalizing symptoms. Family accommodation was measured using the Family Accommodation Scale, a 12-item clinician-rated interview.

Results

We confirmed a high frequency of accommodation, as it occurred among most primary caregivers (98% reporting accommodation at least once per week), and about 70% performing some kind of accommodation every day of the week. Accommodation was associated with increased OCD symptom severity, contamination/cleaning type, internalizing and externalizing behavior, and functional impairment. Accommodation was also associated with younger age. It mediated the relationship between OCD symptom severity/externalizing behavior and functional impairment. Accommodation is common in pediatric OCD, and it is related to more severe OCD symptoms, functional impairment, contamination/cleaning type, and the child‘s general psychopathology.

Conclusions

These results emphasize the importance of evaluating accommodation before start of treatment and the need to specifically target family accommodation during treatment.

SY-41-05

Subpopulations and Cognitive Behavioral Therapy Outcome in The Nordic Long-Term OCD Treatment Study (NordLOTS)

Højgaard, David R. M. A. [1]

Ivarsson, Tord [2], Weidle, Bernhard [3], Melin, Karin [4], Jensen, Sanne [1], Torp, Nor Christian [5], Skarphedinsson, Gudmundur [6], Hybel, Katja [1], Nissen, Judith B. [1], Dahl, Kitty [7], Valderhaug, Robert [3], Duholm, Charlotte [1], Smarason, Orri [6], Arildskov, Trine Wigh [1], Olafsdottir, Thorhildur [6], Rask, Charlotte [1], Thomsen, Per Hove [1]

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Objectives

The aim was to describe sub-populations and examine cognitive-behavioral therapy (CBT) outcome from the Nordic Long-Term OCD Treatment Study (NordLOTS), based on health anxiety symptoms (HAS), body dysmorphic symptoms (BDS), tic symptoms (TS), hoarding symptoms (HS), autism spectrum disorder symptoms (ASDS), age and OCD symptom type.

Methods

The NordLOTS included 269 OCD patients aged 7-17 years with OCD (DSM-IV) who all received stepped-care treatment beginning with 14 weekly sessions of CBT and assessed 3 years after ended treatment.

Results

HAS were present in 31% of the participants (often with other anxiety symptoms), BDS in 7.8% of the sample and correlated with age and other anxiety symptoms, ASDS symptoms in 10% with higher rates of ADHD and tic disorders, lower insight, more indecisiveness and pervasive slowness. TS were found in 29.9% of participants, who were more likely to be male, have earlier OCD onset, more impairment and comorbidity. HS were seen in 26.8%, who also had more comorbid tic disorders and indecision. All subgroups (including age groups) presented with different OCD symptom profiles. Patients with higher levels of symmetry/hoarding related symptoms responded slightly more favorable to CBT than those with other types of OCD symptoms. Contamination symptoms may be important for a specific population of limited responders.

Conclusions

Although subpopulations presented with different demographic and clinical profiles, most did not differ in their response to CBT. Symmetry/hoarding related OCD may show a slightly more favorable response to CBT compared with other types of OCD.

SY-41-06

Sexual Obsessions in Children and Adolescents: Prevalence and Outcome in the NordLOTS Sample

Weidle, Bernhard [1]

Skarphedinsson, Gudmundur [2], Højgaard, David R. M. A. [3], Thomsen, Per Hove [3], Torp, Nor Christian [4], Melin, Karin [5], Ivarsson, Tord [6]

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[2] University of Iceland Reykjavik Iceland
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Objectives

Sexual obsessions including thoughts about sexual acts with family members, sexually inappropriate behavior, or homosexual orientation may remain undiagnosed because of embarrassment to report thoughts that are perceived as unacceptable. This study investigated prevalence of sexual obsessions and treatment outcome.

Methods

Sexual obsessions and OCD severity were assessed with the Children's Yale-Brown Obsessive- Compulsive Scale in all 269 participants of the Nordic Long-term OCD Treatment study (mean age 12.8 years, 48.7% boys) at baseline, after treatment and three years follow-up. Treatment consisted in individual manualized Cognitive Behavioral Therapy (CBT) with exposure and response prevention. Patients with and without sexual obsessions were compared on clinical characteristics and treatment outcomes.

Results

Sexual obsessions were reported by 18% of the NordLOTS sample. Participants with sexual obsessions were slightly older than those without (13.5 versus 12.7 years). Both groups had no difference in treatment outcome.

Conclusion

Our results suggest that a considerable number of children with OCD experience sexual obsessions. If addressed and treated, the response to CBT is similar as in other obsessions. Sexual obsessions may add a significant load of distress and embarrassment to the burden of exaggerated worries present in OCD. CBT practitioners need to be aware that sexual obsessions might be disguised and not disclosed during assessment and the treatment course. Clinicians need to assist the child to identify these obsessions in a sensitive dialogue and to address them in treatment. Findings, including case examples, will be discussed and implications for clinical practice outlined.

Session: Symposium 42 - SY-42

Date: 01-07-2023 - 08:15 - 09:45

Location: Columbine - Ground floor /

SY-42-00

Childhood Interventions in the Western Balkan Region

Kotsis , Konstantinos, Grujicic, Roberto, Raleva, Marija, Milovancevic, Milica Pejovic, Milenkovic, Natasa Sreckovic , Anderluh, Marija, Korosa, Aleksander

Greece

Early childhood intervention (ECI) is a term used for many programs and actions for children 0 to 6 years of age with a detected disability or developmental delay (DD), low birth weight or chronic illness. In almost all Western Balkan countries, mostly with support of UNICEF, Autism Speaks or WHO different programs have been or are developing. The process of Establishing a system of ECI services for children is in place based on intersectoral, transdisciplinary and family-oriented approach. Parents are seen as a partner in the process, and their mental health is very important to the success of the ECI. In the symposium will be presented severac programs and experiences in the region of Western Balkan.One of them, the Caregiver Skills Training (CST) is developed due to the recognition of the need to educate caregivers of children with DD in overcoming the obstacles they face in raising their children. There is robust evidence that effective prevention and early intervention strategies delivered to parents and teachers strengthen children's emotional literacy, emotional regulation, and social skills and reduce behavioural problems. The philosophy of ECI interventions are that they are focused on the family, based on routines, implemented in a natural environment (home, kindergarten, video counseling). The integrated ECI system is crucial to support children with disabilities and developmental delay and their families in obtaining optimal development and inclusion in the educational and social system. In that sense, developing new services is very important to successful ECI.

SY-42-03

National implementation of evidence-based early interventions - parenting and teacher's programs in Slovenia

Anderluh, Marija [2]

Mirković, Ana [2]

[1] University of Belgrade, Faculty of Medicine Belgrade Serbia
[2] University of Ljubljana Ljubljana Slovenia

There is robust evidence that effective prevention and early intervention strategies delivered to parents and teachers strengthen children's emotional literacy, emotional regulation, and social skills and reduce behavioural problems. Supporting parents aims also to reduce child maltreatment and early childhood adversity. Both are recognised to be linked to poor mental and general health in adolescence and adulthood.

In 2015 parenting programs from the IY programs ® have were introduced in Slovenia. Since then more than 3500 parents participated in the programs. Parenting groups are currently delivered by 75 group leaders in 15 centres across the country (in mental health services, child protection services, and the local community). Key steps of the implementation of parenting programs in Slovenia will be described. The recruitment strategies and the outcome effects on children's behavioural symptoms and parental well-being will be presented. In the last three years during the COVID-19 pandemic, more than 300 parents participated in online delivery. The comparison of outcomes, as well as the future role of online delivery, will be presented. The presentation will cover a presentation of the national plan for the systemic implementation of the programs in 2023-2028, which includes also the implementation of parallel programs for teachers. Those programs aim to support the social and emotional development of children in schools. By now, the first 300 teachers were included in the pilot evaluation. Their potential of reaching a wider population of children will be discussed.

SY-42-07

Caregivers skills training: the Serbian experience

Grujicic, Roberto [1]

Sreckovic Milenkovic, Natasa [2], Vlaisavljevic, Milica [3], Glumbic, Nenad [2], Stupar, Sanja [3], Petrovic, Suncica [4], Pejovic Milovancevic, Milica [1]

[1] University of Belgrade, Faculty of Medicine Belgrade Serbia
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[4] Serbian Society of Autism Belgrade Serbia

The Caregiver Skills Training (CST) is a parent-mediated program developed by the WHO and Autism Speaks, designed for families and children with developmental delays(DD). This project is developed due to the recognition of the need to educate caregivers of children with DD in overcoming the obstacles they face in raising their children. In Serbia, family-oriented early intervention services are not well developed across the country. In contrast, the existing services and programs require highly specialized staff and are usually provided in tertiary healthcare centers. The CST program has proven to be particularly significant in smaller towns and rural areas in Serbia, where families face the most difficulties in accessing the appropriate interventions for their children. During two consecutive phases (pre-pilot and pilot) the CST is established in three major cities and is conducted by 8 master trainers (mental health professionals with experience in working with children with DD). Results of the research conducted during the pre-pilot and pilot phases of the training implementation indicate that the parents were greatly satisfied with the program, not only because of the skills they acquired during the training but also of the support that they get during the sessions. A statistical analysis of the self-rated questionnaires revealed a significant improvement in children's communication skills, behavior, parental stress level, and quality of life. In conclusion, the CST training in Serbia proved to be an excellent way to provide support and education to caregivers of children with DD and a good addition to the existing services.

SY-42-06

Development of a model of implementation of early childhood intervention services in North Macedonia

Boshkovska, Meri, Petrushev, Goran

University Ss. Cyril and Methodius, Skopje Skopje Macedonia

During the 2022-2023 in North Macedonia, with the support of UNICEF, a model of early childhood intervention (ECI) is being developed and implemented for children 0 to 6 years of age with a detected disability or developmental delay, low birth weight or chronic illness. The process of establishing a system of ECI services for children is in place based on intersectoral, transdisciplinary and family-oriented approach. Scanning of the situation of Early Childhood Intervention (ECI) in North Macedonia was conducted with the aim to make a comprehensive analysis at the national level of the ECI system and its programs and services in the country.

According to the 2021 census, there are 140,436 children under the age of six in the country. An estimate figure of 17,554 children may be in need of ECI services.

It is planned to apply a universal screening for child development, to assess family needs and strengths, to establish a referral and follow-up system of the ECI services, and expand the system for early intervention throughout the country. The Child and Family Intervention Plan comprises joint work of parents and ECI professionals to determine the strengths and needs of the child and the family, outline the goals, types, frequency, and duration of ECI services provided and monitoring and evaluation of the process of improvement.

Integrated ECI system is crucial to support children with disabilities and developmental delay and their families in obtaining optimal development and inclusion in the educational and social system.

SY-42-05

Feeding disorder and food selectivity in children with autism spectrum disorder

Sreckovic Milenkovic, Natasa [2]

[1] University of Belgrade, Faculty of Medicine Belgrade Serbia
[2] FASPER, University of Belgrade Institute of Mental Health Serbia

Autism spectrum disorder (ASD) is a neurodevelopmental disorder that is characterized by difficulties in communication and social interaction, with the presence of repetitive and stereotyped patterns of behavior. In addition to the main characteristics, these children exhibit specific sensory processing characteristics associated with repetitive and stereotyped behavior and avoidance of change also connected with food intake. Children with ASD can be very selective in their eating patterns, which manifests as picky eating and eating rituals. A eating routine activity occurs many times a day in many places and can affect everyday child and family life. Persistent feeding problems, such as insufficient intake of calories or nutrition, therefore, can have short- and longterm negative consequences on a child's growth, health, behavior and socialization. Early identification and management of feeding disorders is important for preventing or mitigating its short- and long-term negative consequences but also is crucial for providing adequate recommendations to caregivers or referring them to appropriate services. The diagnosis, referral, and management of pediatric eating disorders are excellent areas for partnership and collaboration between pediatricians,child psychiatryst, behavior analysts who specialize in pediatric eating disorder intervention, occupational therapists, and speech therapists. In Serbia, for the first time was organized training of experts of various profiles to provide support for families of children with developmental disabilities who have feeding difficulties, especially for children with autism.

SY-42-02

Assessment of Parental Stress and HRQoL in parents of preschool children with developmental language disorders

Kotsis , Konstantinos [2]

Boukouvala, Maria [3], Siafaka, Vassiliki [3], Hyphantis, Thomas [3]

[1] University of Belgrade, Faculty of Medicine Belgrade Serbia
[2] University of Ioannina Ioannina Greece
[3] Ioannina Ioannina Greece

Language disorders are associated with difficulties in various aspects of life such as academic and social functioning, resulting in impaired HRQoL. These difficulties may impact parenting stress and simultaneously previous research has suggested that child language development is affected by environmental factors such as parenting stress. Moreover, parenting stress may moderate developmental outcomes in those youth who are at risk for developmental delays. Therefore, it is important to early assess parenting stress as well as HRQoL to design interventions to overall support children (e.g. social, school) apart from the main intervention to the language skills. The sample was consisted of parents of preschool children referred for language assessment as well as parents of children with reported typical language development. Assessment conducted using instruments assessing parental perception about their child's language difficulties, parental stress and HRQoL. Data results from the instruments will be presented. The findings will inform brief, low-intensity early psychoeducational interventions within our CAMHS, to parents of preschool children with developmental language disorders.

SY-42-01

Family Oriented Early Childhood Intervention (ECI) – Serbia's model

Grujicic, Roberto

University of Belgrade, Faculty of Medicine Belgrade Serbia

The ECI model in Serbia primarily includes developmental screening as a mandatory part of pediatric preventive examinations, with the mandatory application of the ASQ for parents. The second very important part is an intersectoral approach - the health center/developmental counseling center which has a coordinating role, the preschool institution and the center for social work (social services) participate as a mandatory team around the child. The philosophy of ECI interventions are that they are focused on the family, based on routines, implemented in a natural environment (home, kindergarten, video counseling). The team around the child and its family is a transdisciplinary team that brings together experts (psychologists, speech therapists, speech therapists, pedagogues, nurses, educators) from developmental counseling center, kindergartens and centers for social work

Right now ECI coverage is 19 out of 36 planned teams (15 out of 25 districts) - they are involved in training and equipping. More than 500 trained professionals, 120 of whom work directly with families and more then 2,400 children (of which 1,526 boys) received ECI, among them 200 intensive support

In the future, we plan steps towards sustainability and wide application of ECI. We need to work more on developing Regulations related to organization and services, developing Guides for professionals who work in development consultants, as well as the preparation of further accredited trainings, online trainings, integration of content into the basic education of various professions.

SY-42-04

Development of a model of implementation of early childhood intervention services in North Macedonia

Raleva, Marija [2], Boshkovska, Meri [2], Petrushev, Goran [2]

[1] University of Belgrade, Faculty of Medicine Belgrade Serbia
[2] University Ss. Cyril and Methodius, Skopje Skopje Macedonia

During the 2022-2023 in North Macedonia, with the support of UNICEF, a model of early childhood intervention (ECI) is being developed and implemented for children 0 to 6 years of age with a detected disability or developmental delay, low birth weight or chronic illness. The process of establishing a system of ECI services for children is in place based on intersectoral, transdisciplinary and family-oriented approach. Scanning of the situation of Early Childhood Intervention (ECI) in North Macedonia was conducted with the aim to make a comprehensive analysis at the national level of the ECI system and its programs and services in the country.

According to the 2021 census, there are 140,436 children under the age of six in the country. An estimate figure of 17,554 children may be in need of ECI services.

It is planned to apply a universal screening for child development, to assess family needs and strengths, to establish a referral and follow-up system of the ECI services, and expand the system for early intervention throughout the country. The Child and Family Intervention Plan comprises joint work of parents and ECI professionals to determine the strengths

and needs of the child and the family, outline the goals, types, frequency, and duration of ECI services provided and monitoring and evaluation of the process of improvement.

Integrated ECI system is crucial to support children with disabilities and developmental delay and their families in obtaining optimal development and inclusion in the educational and social system.

SY-42-08

Organization of outpatient mental health services for children and adolescents in Slovenia

Korosa, Aleksander [2]

[1] University of Belgrade, Faculty of Medicine Belgrade Serbia
[2] ZD Murska Sobota Murska Sobota Slovenia

Mental health services for children began in Slovenia in the 1950s. The National Mental Health Programme 2018-2028 has brought the first systematic implementation of outpatient mental health services in our country. According to the Programme, there will be 25 Centres for the mental health of children and adolescents. Each centre is supposed to take care of the mental health of 16.000 children and adolescents under the age of 19. The Programme proposed that in each of the centres there will be a child and adolescent psychiatrist, four clinical psychologists, a psychologist, two special educators or occupational therapists or social pedagogues, a social worker, a registered nurse, a nurse and an administrative assistant.

The first 10 centres were opened in 2019, and new ones are starting every year. During the implementation of the Programme, there have been some changes in team members. Included were two special educators, an occupational therapist, a medical speech-language pathologist and a speech therapist.

There are some problems with implementing such a comprehensive service. Firstly, most of the community health centres have problems with acquiring enough clinic rooms. Secondly, there is a lack of child and adolescent psychiatrists, clinical psychologists, special educators and speech therapists in Slovenia. Thirdly, most of the people working in centres are young professionals without many experiences.

The Programme brings important changes in the organization of outpatient mental health services in Slovenia. We expect better accessibility of care and more children and adolescents getting help for their mental health problems.

Session: Please attend some of the sessions -

Date: 01-07-2023 - 08:15 - 09:45

Location: Vandsalen - Ground Floor & Akvariet 4+5 - Ground Floor & Galop 02 - Second floor /

Session: Workshop 12 - WS-12

Date: 01-07-2023 - 08:15 - 09:45

Location: Arkaden 8 - Second floor /

WS-12-01

Assessment and management of complex presentations of weight loss, food restriction and over-exercise.

McNicholas, Fiona [2]

Haran, Maeve [1], O' Brien, Michael [2], MacHale, Siobhan [3], Clifford, Michelle [4], Dalton, Antoinette [2], Walsh, Orla [5], Lynch, Diarmuid [6]

[1] University College Dublin, Dublin, Ireland Dublin Ireland
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[6] West London NHS Trust London United Kingdom

Eating disorders (ED) are serious and life-threatening conditions typically presenting at ages 15-24. They are becoming increasingly prevalent, especially in younger children and in boys, where it's recognised to be atypical in presentation, both in terms of extent and nature of eating pathology, exercise and compensatory behaviours with many falling short of full diagnostic criteria.

The early detection and appropriate referral of individuals with ED is essential. Failure to consider an ED diagnosis in youth who present with extreme weight loss and food restriction may have serious implications. However, failure to consider other causes of weight loss or food restriction may be equally detrimental to one’s health.

Using varied clinical cases presenting to paediatric and adult services, and adopting an interactive approach, this workshop offers the attendees an interesting and stimulating opportunity to consider a variety of differential diagnoses for weight loss, food restriction and over exercising. The attendees will work in small groups and will engage in treatment planning.

Format: Each presenter will outline to the group a clinical case and will use this as the basis for subsequent small group discussion addressing various learning objectives on working diagnoses and management planning.

Cases presentations:

Childhood onset exercise addiction during Covid-19.

Avoidant Restrictive Food Intake Disorder.

Role of the psychiatrist in the stabilisation of a medically unwell child with AN.

Role of the paediatrician in the stabilisation of a medically unwell child with AN.

OCD with obsessional ideas regarding fitness and associated compulsive exercise.

Ethical and legal considerations treating AN.

Session: Symposium 43 - SY-43

Date: 01-07-2023 - 08:15 - 09:45

Location: Pjerrot - Ground floor /

SY-43-00

Using longitudinal data to elucidate genetic and environmental influences on mental health trajectories in early life

Askelund, Adrian Dahl [1]

Bakken, Nora R. [2], Frach, Leonard [3], Palaiologou, Elisavet [4], Parekh, Pravesh [2], Frei, Evgeniia [2]

[1] Lovisenberg Diaconal Hospital Oslo Norway
[2] NORMENT Centre, Institute of Clinical Medicine, University of Oslo Oslo Norway
[3] Division of Psychology & Language Sciences, University College London London United Kingdom
[4] King's College London London United Kingdom

Decades of research has shown that both genetic and environmental sources of variation influence the development of complex traits across early life, including the emergence of mental health disorders. However, we are still far from understanding what specific aspects of a person's early environment and genetic make-up are involved in shaping their mental health trajectories. Furthermore, the outcomes of developmental trajectories when the same people are followed into adolescence and beyond have rarely been investigated, largely due to a lack of such data at sufficient scale. Identifying the most important factors associated with the developmental emergence and differentiation of mental health disorders, as well as long-term outcomes, could ultimately help inform early detection and prevention efforts.

Increasingly, large-scale longitudinal data is becoming available from cohorts such as the Adolescent Brain Cognitive Development (ABCD) study, the Twins Early Development Study (TEDS), and the Norwegian Mother, Father, and Child Cohort Study (MoBa). These cohorts have the potential to provide unprecedented insights into the underlying causes and long-term outcomes of mental health trajectories in early life. Our symposium will showcase some of the latest results and developments from people working with these cohorts across different institutions, with presentations on: a) genetic and environmental predictors of mental health trajectories, b) investigating the heterogeneity and differentiation of emotional and behavioral problems across development, c) outcomes of developmental trajectories in adolescence and early adulthood, and d) novel methodologies to handle the complex data from large-scale longitudinal studies.

SY-43-06

Genetic and environmental factors associated with differentiation between behavioural and emotional problems across early life

Askelund, Adrian Dahl [1]

Hegemann, Laura [1], Corfield, Elizabeth [1], Ask, Helga [2], Ystrøm, Eivind [3], Havdahl, Alexandra [2], Hannigan, Laurie [1]

[1] Lovisenberg Diaconal Hospital Oslo Norway
[2] Norwegian Institute of Public Health Oslo Norway
[3] University of Oslo Oslo Norway

Background: Behavioural and emotional problems often co-occur among young children. An individual's overall burden of such problems in childhood is strongly associated with their likelihood of later developingpsychiatric conditions. However, the relative level of behavioural and emotional problems - that is, the extent to which the domains are *differentiated* - may be independently predictive of future problems.

Methods: Here, differentiation was operationalised as the relative level of behavioural and emotional problemsat ages 1.5, 3, and 5 (behavioural problems – emotional problems = differentiation). This means that individuals with high differentiation scores have relatively more behavioural than emotional problems, while individuals with low scores have the inverse. In preregistered analyses, we estimated early-life trajectories of differentiation, and associations with later symptoms (age 8) and diagnoses (ages 8-21) of psychiatric conditions. Then, we explored the aetiology of differentiation

by testing associations with 16 environmental factors and 10 psychiatric polygenic scores (PGS). The sample comprised ~79,000 children from the Norwegian Mother, Father, and Child Cohort Study. We used multilevel models to account for unmeasured familial confounding.

Results: Early-life trajectories of differentiation were strongly associated with later symptoms and diagnoses. Important predictors were maternal at-risk drinking (β = 0.06 [0.05, 0.08]) and the PGS for ADHD (β = 0.10 [0.09, 0.11]), both associated with differentiation toward behavioural problems at age 5.

Discussion: We identified several environmental and genomic factors associated with differentiation across childhood. This approach may help refine risk predictions in child psychiatry, an important step to enable early detection and prevention.

SY-43-05

Childhood trajectories of emotional and behavioral traits– associations with polygenic liability for mood and anxiety disorders

Bakken, Nora Refsum [1]

Shadrin, Alexey [1], Hannigan, Laurie [2], Corfield, Elizabeth [3], Tesli, Martin [3], Havdahl, Alexandra [2], Andreassen, Ole Andreas [1]

[1] University of Oslo Oslo Norway
[2] Lovisenberg Diaconal Hospital OSLO Norway
[3] Norwegian Institute of Public Health OSLO Norway

Introduction: Mood and anxiety disorders are common, complex and multifactorial. From twin and GWA studies we know that genetic components influence the development of these disorders and that common genetic variants are likely to account for a substantial part of their heritability. How genetic risk for mood and anxiety disorders manifests longitudinally in early and middle childhood is, however, not well characterised.

Methods: Leveraging data from the pregnancy cohort MoBa, we aim to identify how polygenic liability for mood and anxiety disorders associate with trajectories of childhood emotional and behavioral traits(1.5-8 years). In a sample of unrelated children(55k) we assessed the association between polygenic risk(PGS) for bipolar disorder(BD), anxiety(ANX), depression(DEP) and neuroticism(NEUR) and childhood trajectories and profiles of emotional and behavioral traits and diagnoses.

Results: Preliminary results from latent growth models found higher PGS-DEP to be associated with overall higher internalizing symptoms and the likelihood of experiencing increasing externalizing symptoms and negative emotionality. Individuals with higher PGS-BD were more likely to experience increasing negative emotionality and present with lower levels of activity traits. Higher PGS-ANX was associated with overall higher internalizing symptoms and negative emotionality and the likelihood of increasing externalizing symptoms. Higher PGS-NEUR was associated with higher overall presence of internalizing symptoms, externalizing symptoms, and negative emotionality. Results from the latent profile analyses will be presented at the conference.

Discussion: Our study indicates that polygenic risk for anxiety, depression, bipolar disorder, and neuroticism influence the overall presence and/or rate of change in emotional and behavioral traits across childhood.

SY-43-04

Investigating the emotional symptoms trajectories from childhood to adulthood in the Twin's Early Development Study (TEDS), the genetic and early life predictors and adult outcomes.

Palaiologou, Elisavet

Carr, Ewan, Assary, Elham, Davies, Helena, Lockhart, Celestine, Morneau-Vaillancourt, Genevieve, Peel, Alicia J., Thompson, Ellen J., Plomin, Robert, Eley, Thalia

King's College London London United Kingdom

Emotional symptoms vary across development and individuals. Studies have identified homogeneous subgroups (i.e. trajectory groups) within single populations, which follow similar patterns of symptomatology and are differently associated with risk factors and outcomes. To date, evidence comes primarily from depression studies capturing either childhood or adolescent developments. It is also unknown to what extent genetic and non-genetic factors predict emotional symptom trajectories. Using data from 20,000 individuals from the longitudinal Twins Early Development Study, we first conducted Growth Mixture Modelling to identify emotional symptom trajectories from ages 4 to 26 years. Second, we examined their underlying genetic and environmental aetiologies using twin analyses. Third, we used penalised regression prediction models to evaluate how well genetic and non-genetic factors predict class membership, trajectory baseline symptoms, and the rate of symptom change when used separately and combined. Third, we investigated the associations between trajectory class membership and outcomes at age 26. Emotional symptoms were assessed using the Strengths and Difficulties Questionnaire. We identified four trajectory classes: low stable (71%), high stable (3%), low increasing (15%), moderate decreasing (11%). Genetic factors explained the greatest proportion of the variance of all trajectory classes (44%-68%), followed by unique environmental influences (32%-47%). The models including both genetic and non-genetic predictors led to higher predictive accuracy scores and explained a greater proportion of the variance in all outcomes. Finally, the high stable and low increasing classes were associated with poorer outcomes at age 26. Findings have the potential to inform current early identification and prevention interventions.

SY-43-03

Estimating genetic and environmental contributions to complex human traits in a longitudinal setting using FEMA: a novel analytical framework for mixed model analysis

Frei, Evgeniia [1]

Parekh, Pravesh [1], Smith, Diana [2], Refsum Bakken, Nora [1], Birkenæs, Viktoria [1], Frei, Oleksandr [1], Ask, Helga [3], Andreassen, Ole Andreas [1], Dale, Anders [2], Smeland, Olav [1]

[1] University of Oslo Oslo Norway
[2] University of California San Diego United States
[3] Norwegian Institute of Public Health Oslo Norway

Large-scale longitudinal studies with repeated measures provide unique opportunities to study genetic and environmental contributions to complex traits and their changes over time. To unleash the potential of such studies, we need novel analytical approaches. Accurate heritability estimation of complex polygenic traits requires decomposing direct and indirect genetic effects, and accounting for underlying structure in the data (e.g., family effect). Failing to account for these effects may result in misleading quantification. Complex data structures and correlations between observations require efficient mixed-effects models.

We applied the Fast and Efficient Mixed-effect Algorithm (FEMA), a novel method for mixed-effects analyses, to the Norwegian Mother, Father, and Child Cohort (MoBa) Study (n = 109 027 children) to estimate phenotypic variance of anthropometric traits (height, weight, BMI) accounted for by different environmental and genetic factors at 12 timepoints from birth to 8 years. As FEMA incorporates repeated measurements within subjects, it allows fine-grained characterization of the rapidly changing genetic landscape sustaining early growth and development. In addition, FEMA enables us to account for the unique extended family structure in MoBa and investigate developmental trajectories for groups with different kinship coefficients (monozygotic twins, dizygotic twins, full- and half-siblings).

We demonstrate the applicability of FEMA in the MoBa cohort, incorporating family structure, genotype data, and repeated measures. Our analyses indicate good model fits and reveal differing patterns of heritability over time in

different groups of subjects. Given the high flexibility of FEMA, it can be used to study other complex human phenotypes, such as mental health-related traits.

SY-43-02

Fast and efficient mixed-effects algorithm (FEMA) for longitudinal data analyses: introduction and applications

Parekh, Pravesh [1]

Frei, Evgeniia [1], Kutrolli, Gleda [1], Smith, Diana [2], Jahołkowski, Piotr [1], Parker, Nadine [1], Bakken, Nora [1], Birkenæs, Viktoria [1], Shadrin, Alexey [1], Frei, Oleksandr [1], Dale, Anders [2], Andreassen, Ole Andreas [1]

[1] University of Oslo Oslo Norway
[2] University of California San Diego San Diego United States

For longitudinal data or data with complex covariance pattern (e.g., relationships between observations), one analysis approach is to model both the “fixed-effects” and the “random-effects”. The fixed-effects control for the covariates, while the random-effects account for the grouping or structure of the data. This “mixed-effects” analysis approach, while tractable for small samples, can often become computationally infeasible in large sample situations (e.g., the UK Biobank, the Norwegian Mother, Father, and Child Cohort Study (MoBa), or the Adolescent Brain Cognitive Development (ABCD) study) or when a large number of outcome variables need to be evaluated (as is typically the case in neuroimaging whole-brain voxel-wise or vertex-wise analyses).

In this talk, we will introduce the Fast and Efficient Mixed-Effects Algorithm (FEMA) (Fan *et al.,* (2021)), a new analysis method that scales to both – large samples and a large number of outcome variables. First, we will introduce mixed-effects modeling and demonstrate a solution to the problem (as implemented with FEMA). Next, we will present two FEMA extensions – a “GWAS” extension that can perform cross-sectional and longitudinal genome-wide association analysis, and a “trio” extension that allows modeling the direct and indirect maternal, paternal, and offspring effects. We will show results comparing FEMA with existing methods, demonstrating the efficiency and flexibility of FEMA, while yielding comparable results. Further, we will highlight some scenarios where only FEMA can be applied, yielding unique results. Finally, we will show results from applying FEMA to the MoBa and the ABCD datasets.

SY-43-01

Examining parental risk factors for conduct problems using polygenic scores

Frach, Leonard [1]

Barkhuizen, Wikus [1], Allegrini, Andrea G. [1], Ask, Helga [2], Hannigan, Laurie J. [2], Corfield, Elizabeth [3], Andreassen, Ole Andreas [2], Dudbridge, Frank [4], Ystrøm, Eivind [2], Havdahl, Alexandra [2], Pingault, Jean-Baptiste [1]

[1] University College London London United Kingdom
[2] University of Oslo Oslo Norway
[3] Nic Waals Institute, Lovisenberg Diaconal Hospital Oslo Norway
[4] University of Leicester Leicester United Kingdom

Conduct problems are common in children and adolescents and its aetiology involves a combination of genetic and environmental risk factors, with a key role suggested for parental factors. However, when studying associations between parental characteristics and child outcomes, it is important to consider shared genetic influences between parents and children and the potential for 'genetic nurture' effects (i.e., effects of parental non-transmitted alleles on child outcomes mediated by the environment). In this study we used genotyped trios from the Norwegian Mother, Father and Child

Cohort Study (N=31,346 trios), disentangling direct genetic effects from genetic nurture effects on conduct problems using polygenic scores (PGS) to index parental risk factors. Maternal reports of conduct problems at age 8 years were available for 15,301 children, and analyses were performed using i) complete data and ii) multiple imputation of phenotype data. Examining PGS for 12 traits in association with child conduct problems in univariate models, we found significant associations between child PGS for ADHD, antisocial behaviour, smoking, education (among others) and conduct problems after adjusting for multiple testing. We also observed significant associations between maternal and paternal PGS for ADHD, antisocial behaviour, education (among others) and child conduct problems. In the trio models (analysing mother-father-child-trios together), associations between child PGS and child conduct problems were concurrent, however, associations with parental PGS were significantly deflated towards zero. Our findings provide evidence for direct genetic effects, but do not provide evidence for genetic nurture effects for conduct problems using PGS to index specific parental risk factors.

Session: Workshop 08 - WS-08

Date: 01-07-2023 - 08:15 - 09:45

Location: Karavanen 6 - First floor /

WS-08-01

How do we spark the interest of medical students for child and adolescent psychiatry?

Hansen, Anna Sofie [1], Kishore, Anita [3]

Bouman, Celeste [2], Schumann, Thorsten [4], Dhakras, Suyog [5]

[1] Psychiatry- North Denmark Region Aalborg Denmark
[2] Leiden University Medical Center Leiden Netherlands
[3] Standford University Standford United States
[4] University of Southern Denmark Odense Denmark
[5] Solent NHS Trust Southampton United Kingdom

Background: Recruitment into child and adolescent psychiatry (CAP) is a challenge and even resource-rich nations, lack the number of child psychiatrists needed to treat the increasing number of children suffering from psychiatric illness. Reasons postulated for this shortage include lengthy training, stigma associated with mental illness, and the perceived emotional toll associated with child psychiatry training. One way to begin to tackle these challenges is by developing recruitment initiatives aimed at medical students.

Method: The workshop will give a brief overview of the differences in curriculum for medical students on CAP across Europa. Following this there will be a brief presentation of national recruitment initiatives from two European countries as well as the international initiative the Fulbright International CAP network initiated from Stanford University and currently present in India, Australia, the Netherlands, and the US. Following the presentations participants will split up into groups to discuss the following three questions:

Potential recruitment initiatives aimed at medical students

How to co-create initiatives with medical students

What can be gained from international collaborations on recruitment initiatives?

Results: The workshop will provide participants with ideas on recruitment initiatives to bring back to their own institutions, as well as an international network of colleagues involved in CAP initiatives aimed at medical students. The output from the workshop will be written up as a brief report and submitted to a relevant journal.

Conclusion: This workshop will contribute to establishing an international network aimed at increasing interest in CAP among medical students.

Session: Please attend some of the sessions -

Date: 01-07-2023 - 08:15 - 09:00

Location: Foyer - Ground Floor /

Session: Workshop 14 - WS-14

Date: 01-07-2023 - 08:15 - 09:45

Location: Galop 01 - Second floor /

WS-14-01

Turning Points: On learning psychotherapy

Buhl-Nielsen, Bernadette [1]

Ersgaard, Sanne [2], Otkjaer, Astrid [2], Joergensen, Rikke Rosholm [2], Maigaard, Katrine [2], Baysal, Sirin [2]

[1] Copenhagen Roskilde Denmark
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Turning Points: On learning psychotherapy

Learning the art of psychotherapy can be a complex and confusing, albeit at times an exhilarating enterprise. A tension exists between learning rule-guided, manual-based psychotherapy on the one hand and creatively exploring possibilities in a unique client- therapist relationship on the other.

Research to date points to the establishment, maintenance and reparation of the therapeutic alliance as crucial to change in psychotherapy. Other theorized mechanisms of change include improvement in emotional regulation, reflective capacity and defensive functioning.

An increased awareness of research on mechanisms of change in psychotherapy has the potential to inform clinical practice and not least of all, the ways in which psychotherapy is taught, learnt and used creatively by individual therapists.

In this Workshop, four psychiatrists undergoing training in psychotherapy will each present a short excerpt from a psychotherapy session, which represents a turning point in therapy. Turning points can consist of reactions to theoretical dilemmas, of sudden insights or mutual moments of genuine understanding. Emerging patterns of understanding and feeling can be difficult to predict, but the theoretical basis upon which they are founded, is more open to examination and discussion.

With current research on mechanisms of change in mind, the theoretical basis for the turning points presented in this workshop will be outlined and opened up for discussion with participants. Implications for learning psychotherapy as both a science and an art will be considered.

Session: Symposium 44 - SY-44

Date: 01-07-2023 - 08:15 - 09:45

Location: Lumbye - Lower floor /

SY-44-00

Neuro-computational difficulties in decision-making in youth with conduct problems in both social and asocial contexts

Blair, Robert [1]

Freitag, Christine M. [2]

[1] Copenhagen University (Genthofte Hospital) Hellerup Denmark
[2] Goethe University Frankfurt am Main Germany

Conduct problems are one of the most common reasons for psychiatric referral. Conduct problems reflect fundamental alterations in decision-making – the individual atypically chooses aggression to achieve their goals rather than another form of behavior or reacts atypically aggressively to provocation. The current symposium explores the functional brain bases of the atypical decision-making shown by youth with conduct problems. Increased understanding of the decision-making difficulties is important not only to increase comprehension of the patient's condition but also as potential treatment targets to allow more objective measures of treatment efficacy.

The symposium will explore decision making in social contexts as well as during instrumental learning. Data are analyzed both via computational psychiatric approaches as well as machine learning. Such approaches allow more precise neuro-computational accounts of the decision-making difficulties of youth with conduct disorder than have been possible previously. Implications of these results for neuro-modulation based treatment strategies for conduct problems will be considered (Habel et al).

The symposium will draw strong conclusions regarding the fundamental difficulties faced by youth with conduct problems during decision-making. Provocative claims will be made that: (i) the form of decision-making difficulty that is particularly selective for youth with conduct problems is that regarding decisions that can engender punishment (or pain); and (ii) highly significant brain-based difficulties with reward-based decision-making (95% percentile or greater), while relatively common in patients with conduct problems, are particularly associated with increased symptoms of the highly comorbid conditions of attention deficit hyperactivity disorder or major depressive disorder.

SY-44-05

Conduct disorder is associated with lower punishment learning rates but normal reward learning as demonstrated by computational modelling

Pauli , Ruth [2]

Brazil, Inti [3], Kohls , Gregor [4], Klein-Flügge , Miriam C [5], Rogers, Jack C. [6], Dikeos , Dimitris [7], Dochnal, Roberta [8], Fairchild , Graeme [9], Fernández-Rivas , Aranzazu [10], Herpertz-Dahlmann , Beate [4], Hervas , Amaia [11], Konrad, Kerstin [4], Popma, Arne [12], Stadler, Christina [13], Freitag, Christine M. [14], De Brito, Stephane A. [6], Lockwood, Patricia L. [6]

[1] Copenhagen University (Genthofte Hospital) Hellerup Denmark
[2] University of Birmingham Birmingham United Kingdom
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[8] Szeged University Szeged Hungary
[9] University of Bath Bath United Kingdom
[10] Basurto University Hospital Bilbao Spain
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[14] Goethe University Frankfurt am Main Germany

Conduct disorders (CD) are a leading cause for referral to youth mental health services. Youths with CD often appear to exhibit poor punishment learning, especially in the presence of callous-unemotional (CU) traits. However, empirical studies of punishment learning in CD are scarce. Computational modelling can precisely quantify learning ability in terms of 'learning rates' - how quickly associations are formed between behaviours and outcomes. Here we applied computational modelling to a learning task in a large sample of youths with and without CD (N=1418), aged 9-18 years. Participants learned by trial-and-error whether to press a button to obtain rewards or withhold pressing to avoid punishment. We assessed several computational models of task behaviour using a hierarchical expectation maximisation fitting procedure and Bayesian model comparison. Compared to controls, punishment learning rates were lower in youths with CD, while reward learning rates did not differ. Youths with CD also had higher biases to initiate responses regardless of expected outcome. These findings provide a mechanistic account of altered learning in youths with CD. The reduced learning from punishment, combined with increased action initiation bias, is consistent with a clinical picture of poorer ability to learn from adverse consequences as well as behavioural impulsivity. Importantly, however, there is no reduction in the ability to learn from positive outcomes. Our results contribute to a more detailed clinical picture of CD, which in the longer term will be crucial for developing evidence-based interventions.

SY-44-04

A machine-learning marker of reward function: evidence of dysfunction in conduct disorder and relationships with symptom severity

Blair, Robert [1]

Bashford-Largo, Johannah [2], Dominguez, Ahria [2], Dobbertin, Matthew [2], Blair, Karina S [2], Bajaj, Sahil [2]

[1] Copenhagen University (Genthofte Hospital) Hellerup Denmark
[2] Boys Town National Research Hospital Omaha United States

Difficulties in reinforcement (reward and punishment) processing are associated with conduct problems. However, similar difficulties are also reported in patients with other psychiatric conditions; e.g., ADHD, MDD and GAD. These conditions are highly comorbid with conduct disorder (CD). The pathology associated with the symptoms of these other conditions, while present in many patients with CD, may less influence CD severity.

The current study uses machine learning to determine the hyperplane differentiating the integrated response to reward versus that to punishment during performance of an instrumental learning task in a training sample of typically developing (TD) adolescents (TD_{Train} N=69). This hyperplane was then applied to an independent sample of TD

adolescents (TD_{Test} N=35) and adolescents with CD, ADHD, MDD and GAD (N_{CD}=105). Distances of the “reward response” from the hyperplane for each participant were calculated. While TD_{Train} and TD_{Test} samples were indistinguishable, patients with CD were significantly less likely to show a normative response (a distance score within 1 TD_{Train} sd of the TD_{Train} mean distance) and significantly more likely to show a deficient response (distance score>2 TD_{Train} sd of the TD_{Train} mean). However, greater disruption of the integrated reward response was related to increased ADHD and MDD, but not CD, symptom levels.

The current study suggests that while significant impairment in reward processing is found in a significant proportion of patients with CD this impairment has a stronger relationship with ADHD and MDD, relative to CD, symptomatology.

SY-44-03

How the prospect of pain influences decision-making as levels of psychopathic traits increase

Inti A, Brazil [2]

Atanassova, Dimana [2], Oosterman, Joukje [2]

[1] Copenhagen University (Genthofte Hospital) Hellerup Denmark
[2] Radboud University AJ Nijmegen Netherlands

While the prospect of pain is often enough to prevent antisocial behaviour, people with high psychopathic traits routinely engage in exploitative behaviour that harm themselves and others. Such decisions could be related to a reduced sensitivity to pain as the presence of psychopathic predispositions increases.

We employed a model-based approach in a non-offender sample (n=103) to examine how psychopathic traits relate to pain tolerance and if the prospect of pain affects their decision-making. Measures of electrical pain tolerance were collected, and a reinforcement learning task was administered, where participants’ choices could lead to a positive or negative (painful or non-painful) outcome. We also modelled participant behaviour to estimate latent cognitive computations underlying decision-making in the pain versus non-pain condition.

Zero Order Bayesian correlations revealed increased pain tolerance in relation to Affective, Lifestyle and Antisocial traits. In a path model, Affective traits were also associated with a higher belief resetting in the pain, but not in the non-pain condition. Additionally, the higher belief resetting—ultimately reflecting reduced learning—led to more switching after winning choices and decreased accuracy. These results point to a diminished sensitivity to pain in people with elevated psychopathic traits, as well as an atypical decision-making at the prospect of pain in the Affective domain.

SY-44-02

Aggression and modulation in Psychiatric patients and offenders

Habel, Ute [2]

Weidler, Carmen [2], Wagels, Lisa [2], Votinov, Mikhail [2], Hofhansel, Lena [2], Leandra , Kuhn [2]

[1] Copenhagen University (Genthofte Hospital) Hellerup Denmark
[2] RWTH Aachen University Aachen Germany

Increased aggression represents a key component of several psychiatric disorders. It leads to poorer treatment outcome in patients and has enormous negative social, socio-economic, and personal consequences. Thus, the reduction of aggressive behavior is of particular importance for intervention strategies for patients prone to aggression and for the prevention of crimes in aggressive offenders.

Across mental disorders, increased trait aggression is associated to heightened psychopathology including self-perceived impulsivity and depressive symptoms. Additionally, more aggressive patients report poorer self-perceived emotion regulation performance, increased cognitive alexithymia and selfishness as well as more experiences of childhood maltreatment. The same group also reported higher anger and a stronger anger increase due to frustration and provocation tasks. Aggressive behavior and physiological responses toward provocation did not differ between patients and controls or high versus low aggressive individuals. Only patients who were diagnosed with alcohol dependence were more aggressive than other groups and had lower skin conductance responses.

Non-invasive brain stimulation, such as transcranial direct current stimulation (tDCS), presents a promising tool to modulate cortical activation and to increase cognitive control in individuals prone to impulsive and aggressive behavior. TDCS can optimize reward learning under risk in criminal offenders and improve inhibition in substance abuse populations. For example, alcohol dependent patients and tobacco smokers show a better impulse control after a single session of anodal stimulation of the right prefrontal cortex. Neuromodulation might therefore present a promising treatment approach for clinical samples and violent offenders with altered aggressive behavior.

SY-44-01

Prosocial Choice and Effort In Adolescents With Conduct Problems And Varying Levels Of Callous-Unemotional Traits

Gaule, Anne [1]

Martin, Peter [1], Lockwood, Patricia [2], Blair, Robert [3], Cutler, Jo [2], Apps, Matthew [2], Roberts, Ruth [1], Phillips, Harriet [1], Brown, Katie [1], McCrory, Eamon [1], Viding, Essi [1]

[1] University College London London United Kingdom
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[3] Copenhagen University (Genthofte Hospital) Hellerup Denmark

Prosocial behaviours (performing acts that benefit others) are of crucial importance for group living animals, including humans. However, adolescents with Conduct Problems (CP), unlike their typically developing (TD) peers, demonstrate markedly reduced engagement in prosocial behaviours. This pattern appears particularly pronounced in adolescents with CP and high levels of callous-unemotional traits (CP/HCU) who are at increased risk of developing psychopathy in adulthood. I will present a recent study in which we used a novel paradigm to examine prosocial *intentions* (as measures by prosocial choice) and prosocial *action* (as measured by effort expended on behalf of others) in adolescents with CP/HCU, adolescents with CP and lower levels of CU traits (CP/LCU), and TD peers. We also employed computational modelling to probe the mechanistic processes that are involved when choosing to engage in prosocial behaviour. We found that both CP/HCU and CP/LCU groups were less likely to choose to initiate prosocial acts than TD adolescents. Furthermore, the CP/HCU group exerted less effort for others (relative to that which they exerted for themselves) compared to the other groups. These findings offer new insights into low prosocial behaviour in adolescents with CP, including vulnerabilities that may particularly characterise those at risk of developing psychopathy. They also add to our understanding of how different aspects of prosocial behaviour may contribute to social functioning.

Session: Ukraine Symposium -

Date: 01-07-2023 - 08:15 - 09:45

Location: Congress Hall - Ground floor /

ESCAP-05-00

Russian invasion and mental health of Ukrainian adolescents

Silwal, Sanju [1], Hodes, Matthew [2], Osokina, Olga [3], Danese, Andrea [4], Ougrin, Dennis [4]

Sourander, Andre [1]

[1] University of Turku Turku Finland
[2] Imperial College London London United Kingdom
[3] Donetsk National Medical University Kramatorsk Ukraine
[4] King's College London London United Kingdom

Background

War has negative effects on the mental health of children and adolescents The armed conflict between Ukraine and Russia began in 2014 but in February 2022, Russia launched a full-scale invasion of Ukraine. It is the largest European ground offensive since the Second World War, killing thousands of people and displacing millions.

Aim

The symposium aims to provide an overview of the impact of war on children and young people's mental health and highlight role of child and adolescents' psychiatrists to plan and deliver interventions.

Method

Symposium discussant: Andre Sourander

There will be five presentations in the symposium.

Results

Matthew Hodes will give an overview of children and war. Olga Osokina will share recent and current situation in Ukraine. Sanju Silwal and Andre Sourander will present results on the psychological impact of 2014 Ukraine war. Andrea Danese will give an overview of the central role psychiatrists and non-specialist workers to deliver interventions. Dennis Ougrin will share findings of art groups delivered to children fleeing war in Ukraine.

Discussion and Conclusion

The local 2014 conflict in Ukraine was associated with high war exposure and elevated levels of psychological distress. The full-scale Russian invasion has been associated with a dramatic increase in war exposure and displacement for the whole population. We would now expect very high levels of psychological distress and psychiatric disorder, indicating a need for interventions that will be available at scale. Furth research is warranted to clarify the psychiatric needs and best way of delivering interventions.

ESCAP-05-05

Art Groups for Children fleeing the war in Ukraine

Ougrin, Dennis [2], ,

[1] University of Turku Turku Finland
[2] King's College London London United Kingdom

Abstract

A series of art groups was delivered to children fleeing the war in Ukraine over the course of the summer 2022. The groups were created in collaboration with Kindred Studios and St Mary's Ukrainian school in London. Approximately 15 children took part in each group on average. Participation in the groups was associated with high satisfaction and a reduction in trauma symptoms. Art groups should be considered when planning services for Ukrainian children affected by the war.

ESCAP-05-02

Child and adolescent mental health amidst emergencies and disasters

Danese, Andrea [2]

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[2] King's College London London United Kingdom

Abstract

The mental health of children and young people can be disproportionally affected and easily overlooked in the context of emergencies and disasters. War and displacement present peculiar challenges for the assessment of mental health problems in children and young people and the provision of preventative and therapeutic interventions. The presentation will provide an overview of the central role child and adolescent psychiatrists can play in planning, coordinating, and delivering interventions in this context, along with non-specialist workers. Important new resources can be created by the development, testing, and implementation of digital mental health

ESCAP-05-04

Current Situation in Ukraine. War and Young People Faced with War Experience

Osokina, Olga [2]

[1] University of Turku Turku Finland
[2] Donetsk National Medical University, Kramatorsk Ukraine

Background

The war in Ukraine is the largest armed conflict in Europe since the World War II. This genocidal war against the Ukrainian population contains hybrid warefare and a wide range of traumatic events affecting adults and especially young people.

Methods

This presentation is based on an analysis of official data regarding the current situation in Ukraine, as well as on the own experience.

Results

The war in Ukraine is one of the new types of wars when a full-scale military invasion is combined with hybrid (non-military) methods of war. Hybrid war includes informational war with aggressive propaganda, disinformation, cyberwarfare. The nuclear and radiation blackmail of the world is also used, as well as blackmail by energy and hunger. Through rocket, kamikaze drones and artillery strikes Russia is waging war on Ukrainian civilians. Thousands of civilians were killed. Many medical, educational, cultural institutions, people's homes are completely destroyed. Young people face a critically large number of emotionally traumatic events, such as murders of civilians, torture, sexual abuse, kidnapping, separation, long stays in basements without the necessary things, looting, etc.

Thus, Ukrainian young people are at risk of PTSD, depressive, anxiety disorders and suicidal behavior. The study of their mental health is a priority direction in order to develop preventive, treatment and rehabilitation assistance programs.

ESCAP-05-03

Mental health of adolescents after Russian invasion of southeastern Ukraine in 2014

Silwal, Sanju

University of Turku Turku Finland

Objective: Limited evidence available on the psychological impact of Ukraine war on adolescents. This study compared war experiences and mental health of adolescents living in war-torn, Donetsk region and peaceful Kirovograd region, more than 2 years after Russia first invaded in 2014.

Method: In this cross-sectional study, 2,766 students aged 11-17 years were included from September 2016 to January 2017 in Donetsk region and Kirovograd. Self-reported tools were used to measure post-traumatic stress disorder (PTSD), depression, anxiety, suicidality and self-harm. Binary and multinomial logistic regression models were used to examine the association between mental health outcomes and regions.

Results: War trauma, daily stress and suicidality were higher in adolescents in the Donetsk region. They reported significantly increased risks for PTSD (odds ratio [OR] 4.11, 95% CI 2.37-7.13), moderately severe/severe depression (OR 2.65, 95% CI 1.79-3.92) and severe anxiety (OR 3.10, 95% CI 1.83-5.27). Exposure to high number of war events increased the risk of suicidal ideation, 1-2 war events, (OR 1.96, 95% CI 1.42-2.71) and ³3 war events, (OR 2.03, 95% CI 1.43-2.88).

Conclusion: Traumatic events were strongly associated with psychological distress and suicidality in adolescents living in a war-torn region in Ukraine. These findings can help in understanding, measuring, and addressing the long-term impact that the current escalating war in Ukraine will have on adolescents' mental health and social functioning.

ESCAP-05-01

What Can Research from Other Conflicts Tell Us?

Hodes, Matthew [2]

[1] University of Turku Turku Finland
[2] Imperial College London London United Kingdom

Background

This presentation summarises key findings of previous studies, from outside Ukraine, on children and adolescents who have been exposed to war, organised violence and experienced displacement and resettlement. It forms the background to the next presentations on research in Ukraine.

Methods

The presentation draws on recent systematic reviews.

Results

The experiences of war exposed young people and refugees are heterogeneous and may include exposure to varying levels of organised violence, loss of and separation from family and community, and disrupted education and peer relationships. Flight from the originating communities may include journey with many adversities and challenging resettlement experiences. War experiences and the associated losses and adversities are associated with significantly elevated levels of PTSD, depressive and anxiety disorders, and evidence points to a cumulative risk factor model. Variation in levels of distress occur as each conflict has unique features, eg patterns of war exposure, family separation etc. For Ukraine, this includes invasion in 2014 in the Southeast, followed by full scale invasion and bombing with attacks on all infrastructure from February 2022. This has resulted in a specific pattern of mass migration of children and women with men being conscripted for the war effort. The unique features and rarity of studies in Ukraine indicate the need for further investigation into the mental health of children and adolescents.

Session: Symposium 45 - SY-45

Date: 01-07-2023 - 08:15 - 09:45

Location: Carstensen - Lower floor /

SY-45-00

Identification and support of children of parents with a mental illness in mental health services – an international perspective

Piche, Genevieve [1], Maybery, Darryl [2]

[1] Université du Québec Québec Canada
[2] Monash University Monash Australia

The importance of identifying and supporting children and parents, in families where a parent has a mental illness, has been emphasized by many authors over the past 15 years. Children living with a mentally ill parent (COPMI) are part of a vulnerable population group at a higher risk of various psychosocial and mental health problems. Additionally, these children use mental health services more often than children in the general. However, evidence is now illustrating a clear opportunity for early intervention and illness prevention, as the influence of parental illness on children can be reduced by up to 40% if action is taken to support children and parents.

In 2021, the WHO's Mental Health Action Plan included the empowerment and increased involvement of individuals with mental illnesses and their families in mental healthcare, as well as to provide them with sufficient information, care and support, to promote the well-being of COPMI, and to reduce the risk of transmission of mental illness. This is where

mental health services and professionals have an important role to support children, parents and families by employing a continuum of family-focused practices.

This symposium will present the state of our knowledge on the identification and support of COPMI, in the context of mental health services. The presentations included in this symposium will focus on studies carried out all over the world. The co-authors will discuss the most important barriers to the adoption of family-centered practices, as well as factors that can facilitate the implementation of new practices.

SY-45-05

A mental-health literacy and self-care website for children of parents with a mental illness (COPMI)

Villatte, Aude [2]

Piché, Geneviève [1], Habib, Rima [2], Gariepy, Janie [2]

[1] Université du Québec en Outaouais Saint-Jérôme Canada
[2] Universite du Quebec en Outaouais Saint-Jerome Canada

Children of parents with a mental illness (COPMI) are more likely to develop mental health problems and psychosocial difficulties, especially during high-risk periods such as adolescence and the transition to adulthood. Providing information, peer support, and self-care online tools can help these young people better deal with their family situation (Riebscheleger et al., 2017). From 2019 onwards, we have been working with partners, web experts, and COPMI to create the first French open-access mental health literacy and self-care website for COPMI. It contains information and tools (e.g., themes, graphic and real-life stories, interactive tools) that are tailored to the need of COPMI, which are frequently reported in the literature and in our past research studies (Villatte et al., 2021). Results of the formative evaluation of the website undertaken in 2022 will be presented. An online questionnaire was completed by 24 COPMI aged 14 to 25 to measure their user experience with the website (e.g., satisfaction with the site's usability, aesthetics, and hedonic; emotions and learning during navigation). Readability of content was assessed using the Flesch-Kincaid readability index. Results indicated that participants appreciated their experience with the website, found it to be simple to use, and felt understood, supported, less alone or better informed. Moreover, the Flesch-Kincaid readability index indicated readability appropriate for 14-year-olds. It appears that this new website is a promising tool for supporting resilience in COPMI. Potential clinical implications and young people's recommendations for improvements will be discussed.

SY-45-04

Health and Social Care Professionals' Family Focused Practice with Parents who have Mental Illness, their Children and Families in Northern Ireland

Grant, Anne [2]

Langdon, Susan [3], Davidson, Gavin [4], Duffy, Joe [4], Perra, Oliver [4], Devaney, John [5], Leavey, Gerry [3], Monds, Aisling [3]

[1] Université du Québec en Outaouais Saint-Jérôme Canada
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[3] University of Ulster Ulster Ireland
[4] Queen's University Belfast Ireland
[5] Edinburgh University Edinburgh United Kingdom

Parental mental illness and substance use problems, are major public health issues as they may negatively impact children. At a broad systems level, initiatives have been introduced in Northern Ireland to promote Health and Social Care professionals' response to families when parents have a mental illness through the promotion of Family Focused Practice (FFP). This presentation reports findings of a mixed methods study which examined:

(1) The extent, nature and scope of HSC professionals' FFP

(2) Factors that predict, facilitate and, or hinder FFP

(3) How FFP may be further promoted.

Perspectives of professionals and parents who have mental illness were sought. Eight hundred and sixty-eight professionals completed a survey and subsequently 30 professionals and 21 parents completed interviews. While over a third of professionals recorded high scores on FFP subscales as measured by the Family Focused Mental Health Practice Questionnaire (FFPMHPQ), overall there was low levels of FFP. Professionals who deliver services in children's services, the home environment and community settings, had higher FFP scores than those in acute in-patient settings. Social Workers recorded higher FFP scores than other disciplines. Compared to adult mental health services, children's services reported a greater number of higher scores on a number of subscales. The level of skills/knowledge relating to the impact of PMI on children is the most important predictor of FFP. Parents conveyed the need for recognition of parental status and importance of addressing parenting issues along with mental illness and, or substance use problems, as part of service delivery.

SY-45-03

From policy to practice, - how can we improve implementation of family focused practice?

Skogøy , Bjørg Eva [2]

[1] Université du Québec en Outaouais Saint-Jérôme Canada
[2] Nordland Research Institute Bodo Norway

Norway is one of the first countries that require by law that all health professionals play a part in prevention efforts for children affected by parental illness (mental illness, substance abuse problems, or severe physical illness or injury), to mitigate their increased risk of psychosocial problems.

This presentation will describe and discuss facilitators and barriers in translating the new policy and legislation into practice in Norwegian hospitals. Leaders/managers, hospital coordinators, child responsible personnel and health professionals from five hospitals responded to questionnaires about family focused practice and implementation, with additional information from hospital coordinators at 16 other hospitals. Implementation Frameworks were used to explore and understand the implementation of new family focused practice. Research questions were: 1) What are the main differences of implementation between Norwegian hospitals, and what are the key predictors of implementation satisfaction? 2) What predicts family focused practice: organisation, profession, or the role as child responsible personnel?

Changes in law have resulted in improved public and professional awareness of children affected by parental illness. Legislation and clinical guidelines are helpful, but not enough to secure information and appropriate help reaching children and families. Quality improvements are needed to secure equal chances of support for children affected by parental illness. Making better use of implementation strategies could strengthen the delivery of new policy and practice. This presentation will provide emerging evidence to guide managing and monitoring such changes.

SY-45-02

How should mental health services engage with carers and family?

Maybery, Darryl [2]

Grant, Anne [3], Reupert, Andrea [2], Skogøy , Bjørg Eva [4], Weimand , Bente [5], Ruud, Torleif [6]

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[6] University of Oslo Oslo Norway

Widespread benefits flow to all stakeholders with the successful collaboration between service providers, service users and their carers and family members. An extensive review of the literature however highlighted that mental health services do not commonly engage with carers or family. This presentation outlines qualitative research from 134 carers/family about what they received and wanted from mental health services. While 16 percent of responses indicated that they had received nothing from services there were 249 responses that were deductively matched against the seven themes. The findings triangulate with multiple diverse literatures to confirm seven fundamental engagement practices that carers and family want from health services. Conceptually, the seven practices are represented by two broad overarching practice themes of (i) meeting the needs of the family member and (ii) addressing the needs of the service user. Practice, policy, training and future research should encompass the 7 core practices along with consideration of the intertwined relationship of family, carers and the service user suggested by the two broader concepts.

SY-45-01

Mental health professionals' family-focused practice in Quebec: an overview of the situation.

Piché, Geneviève [1]

Villatte, Aude [2], Clément, Marie-Ève [2], Morin, Marie-Hélène [3], Maybery, Darryl [4], Cyr-Villeneuve, Catherine [5], Reupert, Andrea [4], Richard-Devantoy, Stéphane [6], Fournier-Marceau, Marianne [2]

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[4] Monash University Monash Australia
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[6] McGill University Montreal Canada

Context. For the past ten years, the involvement of family members in the usual follow-up and care of a parent with a mental illness has been recommended to promote the recovery of patients as well as the well-being of children and families. Yet, although this approach is scientifically supported, we still have little knowledge on the use of family-centered practices (FFP) by professionals providing adult mental health services and on the factors that may facilitate those practices.

Goal. The goal of this study was to document the FFP of professionals according to five disciplinary groups (psychology, social work, nursing sciences, psychoeducation and special education), as well as to identify potential hindering and enabling factors of FFP.

Methodology. A total of 528 professionals working with adult mental health clients, from all regions of Quebec and from a variety of disciplinary backgrounds, responded to the survey. MANCOVA and logistic regression analyses were performed, controlling for gender and number of years of work experience.

Results and discussion. A low level of FFP was reported across the province and across professions, although strong differences were found between social workers and psychologists. Participants also report very different levels of workplace support, perceived skills and confidence, openness to training as well as beliefs and attitudes about FFP, and these factors seem to predict higher levels of FFP. The findings underline an important opportunity to strengthen the professional development of nurses, psychologists, social workers, and other health professionals in child and family focused knowledge and practice.

Session: Exhibition - ploease visit our sponsors in the Foyer -

Date: 01-07-2023 - 09:00 - 15:00

Location: Foyer - Ground Floor /

Session: Please attend the Keynote 05 session in Congress Hall -

Date: 01-07-2023 - 09:45 - 10:00

Location: Congress Hall - Ground floor & Harlekin - Ground floor & Columbine - Ground floor & Pjerrot - Ground floor & Lumbye - Lower floor & Carstensen - Lower floor & Arkaden 6 - Second floor & Arkaden 8 - Second floor & Karavanen 6 - First floor & Karavanen 9+10 - First floor & Galop 01 - Second floor & Vandsalen - Ground Floor & Akvariet 4+5 - Ground Floor & Galop 02 - Second floor /

Session: Poster Session 03 - PO-03

Date: 01-07-2023 - 10:00 - 15:15

Location: Vandsalen - Ground Floor /

PO-3-031

Tele-Child Psychiatry Service during and after COVID-related restrictions.

Bacharaki, Sofia [2]

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[2] General Hospital of Syros Ermoupoli, Syros Greece

We compare the cases of the implementation of tele-child psychiatry during the 13-months period of the two consecutive COVID-related lockdowns and restrictions in Greece with the 13-months period after the return to normality, as well as with the data base of the first 2,5 years before the pandemic outbreak. The comparison yielded 457 sessions for 192

cases during COVID related period and 496 sessions for 104 youth during the pre-COVID period. In contrast, after return to normality, 413 sessions were carried out with 326 cases. The findings indicated that 19 cases of the COVID related period received psychotherapy as opposed to only 3 cases after return to normality and none prior to the pandemic. The male to female ratio was 3 to 1 during COVID-related and post-COVID period and 2 to 1 during pre-COVID. The rates of Conduct Disorders and Anxiety Disorders were 3 times higher during the COVID compared to pre- and post-COVID periods. Contrary to our hypothesis no rise of developmental-type problems during the post-COVID period was observed. The pandemic-related lockdowns pushed forward the utilization of tele child psychiatry, most importantly in delivering psychotherapy. Although the tele-child psychiatry service continues to operate alongside the in-person sessions , during the post-COVID period, it does not seem to provide psychotherapy to the extent it did during the COVID period.

PO-3-064

Factors associated with involuntary hospitalization of young people: A retrospective study of case records in the Prosecutor's for Minors Office in Athens.

Giannopoulou , Ioanna

Stylianidou, Christianna , Douzenis, Athanasios

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The present study investigates whether there had been an increase in the rate of the prosecutor's orders for compulsory psychiatric assessment and/or admission of minors in Attica region from the January 2018-February 2020 (pre-COVID) to the March 2020-July 2022 (COVID/post-COVID) period and associated factors. To this end, a retrospective study of the case records kept in the Prosecutors Office for Minors (PO-M) was carried out. In particular, during the pre-COVID period, 270 cases were referred to the PO-M, while during the COVID/post-COVID period 393 cases (increase by 45.6%). A significant increase by 30.9% was recorded in the number of legal orders (LO) for compulsorily psychiatric admission (p=0.033). Regarding the period 2019-2021, referral to the PO-M requesting issuing a legal order was made by parents/relatives (47.3%), staff working in childcare facilities (30.4%), by police/others (16.3%) and only 3.3% by a psychiatrist. Referral was associated usually with carers inability to cope with minor's behavioural/mental health crisis. About 75% of youth who received emergency psychiatric assessment in hospital-based CAMHS, following a LO, were subsequently compulsorily hospitalized in an adult psychiatric unit of a general hospital (25%) or in adult psychiatric hospital (50%). The most common diagnoses at discharge were psychosis (14.3%), dissociative and conversion disorders/PTSD (13.7%), behavioural disorder (11.9%), mood disorders (11.3%), ASD and/or intellectual disability (7.7%). Socio-demographic factors associated with compulsory emergency psychiatric assessment and/or admission highlight the lack of needs-led care pathways in the community, which lead to crisis-driven responses through public tertiary mental health services, using the legal road.

PO-3-126

Temporally targeted interactions with pathologic brain oscillations as therapeutical targets in neuropsychiatric disorders

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Introduction: Existing drug therapies cannot ensure seizure-free life to one-third of the patients suffering epilepsy. Surgical interventions have very limited applicability, as they require well-defined, resecable seizure foci. Conventional

transcranial electric stimulation (TES) can induce only subtle changes in neuronal activity and cannot promptly abrupt robust brain network patterns.

Lennox-Gastaut syndrome (LGS) is a severe form of epilepsy that typically begins in infancy or early childhood. It is characterized by difficult-to-treat seizures and is often resistant to therapy. Children with the disease may develop cognitive dysfunction, delays in reaching developmental milestones, and behavioral problems. If drug therapy does not respond or is untreated, the associated psychiatric symptoms may also become resistant to treatment or show a progressive tendency.

Methods: We showed earlier that non-or minimally invasive, closed-loop TES applied with proper intensity and temporal pattern can terminate epileptic seizures in animal models. Intersectional Short-Pulse Stimulation (ISP), our patented TES method, is capable of delivering high-intensity electrical impulses aligned to the ongoing brain rhythms with millisecond precision.

We performed ISP stimulation of patient with Lennox–Gastaut syndrome through subgaleal electrode strips. Closed-loop stimulation was applied driven by a proprietary seizure detection algorithm.

Results: We found that 25 mA ISP stimulation could instantaneously terminate the overwhelming majority of the electrographic seizures (i.e. 33 of 39) during sleep, without waking the patient up.

Conclusions: Our results suggest that time-targeted ISP stimulation is a powerful tool for intervening pathological oscillations of epilepsy and possibly other neuropsychiatric disorders in humans.

PO-3-124

Evaluating Support for Children with Developmental Disabilities in Japan's Child Development Support and After-School Daycare Services

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This study presented examples in child development support and after-school daycare services, and outlined assessment perspectives and points of support for each. We conducted two case studies to understand the different goals of support in each service, and the specific steps taken in each case. Case 1 organized support for a 4-year-old boy, A, who attends a child development support center. Although he responds to verbal instructions from his guardians and supporters, he often communicates his intentions through speech and gestures, such as “ah” and “uh.” The target task situation observed his behavior of taking away a friend's toy by pulling or hitting it. Through triadic entailment, we determined that the behavior of hitting other children was to “acquire things,” and we provided support accordingly. Case 2 arranged support for a fourth grader, a girl, B, who attends an after-school daycare service. She is enrolled in a special-needs class at school, receives school lunches, and takes some subjects in a regular class through an exchange program. Although her interpersonal relationships are generally positive, we provided support for behaviors such as irritability over minor issues and occasional hitting. We recommend creating a consistent and cumulative support system for children needing permanent support based on their conditions, when using child development support and after-school daycare services.

PO-3-123

Effects of Stress Management on Help-seeking Preference and Activation/Avoidance in Students Attending a Part-time High School

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Japanese part-time high schools have more students at higher risk regarding mental health (Kambara et al., 2015). Students attending a part-time high school were subjected to a stress management program consisting of psychoeducation for help-seeking and problem-solving training. The intervention effects on help-seeking orientation, activation/avoidance, and depression were examined.

This study included a total of 197 students (*Mean* 16.74 years, *SD* = 1.51) . Linear mixed models with fixed effects for time (pre, post) and group (high depression group, low depression group) and variable effects for individual and class were adopted to examine intervention effects.

The results suggest intervention effects such as a decrease in “concern and resistance to help” among all subjects and in “avoidance” among the high-depression group.

In the intervention program, we explained that there are two ways to cope with interpersonal stressors: to solve the problem by oneself or to seek help from others. The effectiveness of either method depended on the cognitive evaluation of whether the event was something that the individual could handle on their own. This may have reduced “concern and resistance to help” because it facilitated the prediction of appropriate effects. The high depression group also exhibited a decrease in this factor and the occurrence of help-seeking behavior was promoted, which may have resulted in a decrease in avoidance among the subjects as a whole.

PO-3-055

Associations between autism spectrum disorder traits and quality of life in transition from elementary to junior high school transition

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Background and Objective.

Findings have been inconsistent about autism spectrum disorder (ASD) having difficulties with transitioning from elementary to junior high school. Therefore, the purpose of this study was to clarify how students with ASD traits are related to quality of life (QoL) during the transition to junior high school.

Methods.

The study included 1,358 students who were enrolled in 6th grade (pre-transition) and in 7th grade (post-transition) attending a public elementary and junior school in Hirosaki city, Japan during the 2-year period.

The top 25th percentile of the ASSQ scores was categorized into students with high ASD traits group and the bottom 25th percentile into students with low ASD traits. Three-way mixed design analysis of variance (ANOVA) was conducted, with pre-and post-transition as the within-subject variable, high/low ASD traits and bullying victimization or not as a between-subject variable, and post-transition QoL as a dependent variable.

Results

ANOVA showed that post-transition QoL was higher than the pre-transition QoL, even for high ASD traits students, and low ASD traits students have higher QoL than high ASD traits students. Students without bullying victimization also have higher QoL than those with bullying victimization. All interaction effects were not significant.

Conclusion

The results showed that even with high ASD traits students have higher QoL after transition than before transition. Any interaction effects were not significant, suggesting that high ASD traits and bullying victimization experience do not necessarily worsen QoL during the transition.

PO-3-054

The Italian validation of the Social Skills Program PEERS® in autistic adolescents: a randomized controlled trial during COVID-19

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Background. Social difficulties are a lifespan characteristic of autism (ASD), targeted by preschoolers and children's interventions while lacking evidence in adolescence. The *Program for the Education and Enrichment of Relational Skills* (PEERS®) is a recognized parent-assisted program on social skills, but there is no validated adaptation in Italy.

Objectives. A two-arm RCT to evaluate the effectiveness of the PEERS® was conducted.

Methods. Thirty-seven ASD adolescents (Level 1) were randomly assigned to two groups: experimental (TG), attending training immediately, and the delayed treatment (WL), which participated after 14 weeks. Evaluation on primary (social abilities) and secondary outcomes (co-occurring conditions, executive functions) was performed at four-time points. Due to COVID-19, PEERS® it was delivered via telehealth and questionnaires to multi-informant assessors (adolescents, parents, and blinded teachers) were administered.

Results. No differences were found at T0 between TG and WL in baseline characteristics and primary outcomes. Significant group differences emerged between T0 vs. T1 on primary (TASSK-R; QSQ-*Social Initiative Scale* parent and adolescent's versions) and secondary outcomes (BRIEF-2 *Emotion Regulation Index*). To test additional treatment-related effects, we evaluated the changes in the overall group (TG+WL) among pre- and post-intervention and follow-up. Further changes emerged in secondary outcomes (BRIEF-2 *Global Executive Composite Score*; CBCL-Youth; *internalizing, externalizing, total problems*; CDI-2 *Functional Problems*), maintained at a 3-months follow-up.

Conclusions. The efficacy of the Italian validation of PEERS® was ascertained on primary and secondary outcomes. Innovative findings on emotion regulation and depression symptoms have also emerged. Future studies should confirm the PEERS' efficacy in community settings.

PO-3-053

Follow up on children who scored below the ASD cut-off on the ADOS assessment

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Introduction: Most children are referred for evaluation for Autism Spectrum Disorder (ASD) at a young age when the diagnosis is difficult because symptoms may be nonspecific. Autism Diagnostic Observation Schedule (ADOS) is a first-choice diagnostic tool for ASD. Our study focused on children who scored below the ADOS threshold assuming these children will have major difficulties, possibly a chronic diagnosis, though not ASD.

Methods: 200 Children aged 1-18 y/o completed an assessment for the diagnosis of ASD at a regional clinic in Jerusalem. The 37 children who scored below the cut-off comprised the study group. 32 matching children who scored above the cut-off formed the control group. We reviewed the electronic medical records of both groups 4-10 years after the assessment. Statistical analysis was performed using SPSS software, version 25.

Results: At follow-up, both groups had stable functional impairments. 70% of children in both groups were diagnosed with ADHD. Specific Learning Disabilities (SLD) were more common in the study group. Most children, in both groups, were pharmaceutically treated. In the study group - mainly stimulants, as the sole treatment, whereas in the control group, most children were treated with a combination of medications, from different pharmacological classes. As expected, due to the psychometric properties of ADOS, almost 20% of children in the study group were diagnosed with ASD at follow-up.

Discussion: Our findings suggest that children who score below the cut-off for ASD need to be followed and specifically evaluated for ADHD and SLD.

PO-3-079

Efficacy of guided and unguided web-assisted self-help for parents of children with externalizing behavior problems

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Introduction: Behavioral parent training is widely recommended for the treatment of childhood externalizing behavior problems. However, both personal barriers (e.g., fear of stigmatization) and structural barriers (e.g., long waiting lists) might prevent parents from participation. Remote interventions might be a treatment alternative. Aim of this three-arm randomized controlled trial was to examine the efficacy of a six-month web-assisted self-help (WASH) intervention for parents of children with externalizing behavior problems, either unguided or guided (i.e., combined with telephone-based therapist support).

Method: Parents of 431 children (6–12 years) with an elevated level of externalizing symptoms were randomly assigned to one of three study conditions: (a) WASH, (b) WASH plus telephone-based support (i.e., up to six telephone consultations within three months; WASH+SUPPORT), or (c) treatment as usual (TAU). Measures were taken at baseline, at 3 months, and at 6 months (post-assessment). The primary outcome variable were child externalizing symptoms as assessed by a blinded clinician.

Results: Analyses of linear mixed models for repeated measures yielded a significant overall intervention effect on child externalizing symptoms. Subsequent pairwise comparisons pointed at a greater symptom reduction in the WASH+SUPPORT condition than in both other conditions (small effects). Secondary analyses in a subsample of parents with at least 40% treatment utilization yielded an additional effect on negative parenting behaviors (significant difference between WASH+SUPPORT and TAU).

Conclusion: Parent-directed WASH might be effective in reducing child externalizing behavior problems, but only when accompanied by additional therapist support.

PO-3-030

Primary school students' perceived relationship changes and anxiety during the COVID-19 school closure in Taiwan

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Purpose: The prevalence of mental illness in children rises. The pandemic of COVID-19 has led to widespread school closures, which has psychological impacts on students. Maintaining the mental health of children during the pandemic is a deserving topic of discussion. This study aims to examine the associations between relationship changes, COVID-19 fear, resilience, and anxiety among Taiwanese children during the three-month COVID-19 school closure.

Methods: This study used a subsample of fifth-grade primary school students (n=769) from the PILOT (Positive Interpersonal and Life Orientation Training) longitudinal study in Taiwan. Hierarchical linear regression analysis was used to examine the association between changes in anxiety level and resilience, fear of COVID-19, and relationship changes during the school closure while controlling for gender and socioeconomic status.

Results: Students' anxiety increased during school closure and was positively associated with COVID-19 fear and deteriorated parental relationships, and negatively associated with resilience and better sibling relationships. The associations between demographic factors, anxiety before school closure, and peer relationships and anxiety during school closure were not statistically significant.

Conclusion: This study helped us understand that resilience and strengthened parental and sibling relationships can alleviate the anxiety of students during the COVID-19 school closure. In addition to disease control, it was recommended that the government invest in developing education on resilience and relationship in the regular curriculum to support the mental health of students during school closures caused by pandemics.

PO-3-051

The Sensory Profiles, Eating Behaviors, and Quality of Life of Children with Autism Spectrum Disorder and Avoidant/Restrictive Food Intake Disorder

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Eating disorders frequently accompany autism spectrum disorder(ASD). One such novel eating disorder is avoidant/restrictive food intake disorder(ARFID). This study compares the eating attitudes, quality of life, and sensory processing of typically developing children(TDC), children with ASD, and ASD+ARFID.

One-hundred-eleven children aged 4-10 with ASD(n=37), with ASD+ARFID(n=37), and with typical development(n=37) were recruited. The participants' sociodemographic information and height, weight, BMI standard-deviation scores(SDS) were recorded. After an interview in which Childhood Autism Rating Scale(CARS) was administered, Child Eating Behavior Questionnaire(CEBQ), Pediatric Quality of Life Inventory(PedsQL), Social Responsiveness Scale(SRS) and Sensory Profile(SP) were completed by participants' caregivers.

ASD+ARFID group had lower height, weight, and BMI SDS, higher scores in CEBQ subscales relating to low appetite, and lower scores on the subscales associated with weight gain(all p<0.001). ASD and ASD+ARFID groups scored lower than TDC on all PedsQL subscales(all p<0.001) and ASD+ARFID had lower social QL scores than ASD-only group(p=0.001). SRS scores were highest in ASD+ARFID, followed by ASD and TDC groups(p<0.001). CARS scores were similar in both ASD-groups but higher than TDC(p<0.001). Auditory, vision, touch, multi-sensory, oral-processing scores; and all quadrant scores, were lower in ASD+ARFID group(all p<0.001). Multiple logistic regression analysis revealed that SP Oral-Processing scores predicted ARFID comorbidity in ASD(OR=0.873[0.764-0.916], p<0.001). Post-hoc Reciever Operator Characteristic(ROC) curve analysis was conducted for SP Oral-Processing Scores and 38.5 was determined to predict ARFID in the presence of ASD with 97.3% sensitivity and 81.1% specificity(AUC=0.919[0.846-0.991]).

ARFID comorbidity in ASD introduces significant difficulties in social functioning, sensory processing, eating attitudes, and quality of life.

PO-3-063

Does Pediatric Residency need the training in child and adolescent psychiatry in Japan?

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In recent years, mental disorders such as neurodevelopmental disorders, eating disorders, depression including suicidal ideation, and children's mental health such as domestic violence and Hikikomori are social and serious issues, and the need for child psychiatry is increasing in the field of pediatrics. The presenter spent three months in the clinical area of Child Psychiatry during my training as a pediatric specialist. The content and significance of this training will be presented. The content of the training in the child and adolescent psychiatric ward was to understand children's pathophysiology and interact with children in the ward. I was in charge of three children (A, B, and C). A was a 12-year-old boy, diagnosed with autism spectrum disorder ("ASD") and attention deficit hyperactivity disorder; B was a 14-year-old boy, diagnosed with ASD; and C was a 14-year-old girl, diagnosed with obsessive-compulsive disorder. It was necessary to have a holistic approach to each individual, considering the impact of development, family background, interpersonal relationships, and school life on the mental development of the affected children. Through my training, my understanding of the therapeutic structure provided by inpatient treatment and the need to interact with the attending physician, other professions, and children of the same generation was strengthened. As a young pediatrician, training in child and adolescent psychiatry is helpful in forming new values and understanding patients, and it should definitely be included in your training.

PO-3-122

The Group Therapy of Junior High School male inpatients. “DANSHI Groupe”

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Kohnodai Hospital, National Center for Global Health and Medicine has the child and adolescent psychiatric ward of both genders. Some group therapies are conducted with inpatients and outpatients. 9th grade male inpatients attended “DANSHI Group”. The word “DANSHI” in Japanese strongly makes them conscious of their masculinity.

The aim of the group is to cohere and work with other participants to gradually embrace the children shared awareness and anxiety of being a junior high school student. In 2022, 13 boys attend the group. The most common primary diagnosis of participants was social anxiety, followed by autism spectrum disorder (ASD). All of them had experienced school refusal. Four professions attended, consisting of two doctors, one social worker, and one nurse. The group conducted once every two weeks in the same room. The basic activity was for the participants to form a circle and talk about whatever they wanted to talk about. Other activities included outings they planned themselves and comedy shows at the ward's recreational activities.

Through the activities, a safe and secure group was formed, and even children who had been socially anxious were able to put on a show in front of audience. On the other hand, since there were many children with ASD, the topics of conversation tended to be individual topics, and there remained issues of cohesiveness. Hikikomori and school refusal is very serious issue in Japan. Through these groups, we would like to continue to encourage children with school refusal in society.

PO-3-121

Challenges in diagnosis and treatment of attachment disorder in adolescence.

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Background:

Reactive Attachment Disorder - RAD - is described as a severe and relatively uncommon disorder, usually made in early childhood. This case study is about to highlight cases where the diagnosis is made for the first time in adolescence and may also explain behavioral disturbances.

Case description:

K, a 13year old girl, was monitored in the Outpatient Department following a court order, due to insufficient parental care. She demonstrated mixed disorders of emotion, impulsivity, disorganized-oversexualized behavior and received a low dose of lurasidone. Her father was diagnosed with severe bipolar disorder and her mother was immature and neglected her needs.

K was finally admitted to our psychiatric unit for an intensive evaluation. During hospitalization, the medication was discontinued. She gradually took part in the inpatient therapeutic program and her symptoms slowly subsided. After considering her clinical picture, developmental history, family attachment styles and information gathered from her previous therapists, a diagnosis of RAD and also Receptive Language Disorder was reached.

All the while, her parents attended weekly counseling sessions but their deficits in care were severe and a decision of removal was reached as an intervention of last resort.

Conclusion:

The diagnosis of RAD must be considered especially when there is a history of neglect. Also, the need for evaluating the status of attachment in families where one parent is severely mentally ill is extremely important. Furthermore the discontinuation of medication, in this case, was revealing and necessary for the diagnosis, treatment course and placement in a group home.

PO-3-062

Implementing a Precision-Informed Behavioral Health Program in a Children's Hospital

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This pilot project set out to develop and implement a multidisciplinary behavioral health program utilizing existing institutional resources and personnel. A tool (questionnaire, filled in by clinicians upon patient admission) was developed to assess psychosocial risk. The tool was deployed across four hospital units and used as a basis for proactive risk stratification and referral for additional psychosocial assessment, support and treatment. The four participating disciplines were Child Life, Social Work, Psychiatry, and Psychology. For high risk patients, depending on the particulars of the case, interventions were implemented by any or all members of the behavioral health team, in coordination with each other, alongside enhanced monitoring throughout hospitalization. Between April – December 2022, 175 psychosocial risk assessments were completed. A total of 61 referrals were made to the behavioral health team on the basis of checklist score and/or clinical judgment. Psychosocial interventions were deployed for 49 (<30%) of the referred patients. Interventions included consultation with medical team members and/or outpatient providers, caregiver support, patient support, bedside psychotherapy, psychotropic medications, and staff support. No adverse events or violent incidences were noted during the pilot (even though the normal rate of such events would have suggested that some would occur), suggesting that the interventions mitigated risk. The team received only positive feedback from medical personnel, patients, and families. This pilot project demonstrated successful collaboration across disciplines, cost-effective diversion of resources to a minority of patients who are at high risk (rather than evaluation of all patients), and effective implementation of interventions.

PO-3-006

Learnings from existing services: Developing an intensive outpatient service for children and adolescents with eating disorders

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Introduction

The landscape of eating disorders (EDs) has greatly evolved in recent years, with evidence that there is no clear difference in outcome for people with EDs being treated in the inpatient setting versus the community/outpatient setting. Evidence is emerging of advantages in detecting and treating adolescent eating disorders in specialist community-based child and adolescent ED services, with better young person and parent/carer acceptability whist also being more cost

effective than inpatient care. However, for community care to be possible, a more robust enhanced approach needs to be available when core ED services' offer does not suffice.

Aim

Gain an insight into learnings/pitfalls that existing services have met whilst setting up/running intensive outpatient pathways/ services (IOS).

Method

4 Focus Groups (FGs) were conducted virtually through MS Teams from December 2022- January 2023 of duration 90 minutes each for health professionals involved in a leadership role in IOS pathways across England. The FGs were recorded with participant consent, transcribed and analysed with an inductive approach for thematic analysis.

Results

4 main themes emerged including (i) patient and (ii) team considerations, (iii) approach and (iv) commissioning. A key sub-theme emphasised the importance of flexible and creative approaches in IOS to supplement existing evidence base therapies as well as the importance of a well-rounded MDT approach with good communication across the board. Key set-ups include: enhanced outpatient offers, home treatments, in-reach, and hybrid.

Conclusion

Intensive outpatient services for EDs allows an enhanced community offer that is needs led and flexible and individualised approach.

PO-3-005

Intensive outpatient treatment pathways for children and adolescents with eating disorders: A rapid scoping review of services and treatment models

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Introduction:

Referrals to child and adolescent eating disorders (ED) services are at an all-time high. Inpatient admission, the standard approach to severe EDs, is does not demonstrate clearly superior clinical outcomes compared to relatively lower levels of care, disruptive to the social and educational trajectory of the young person and costly for the service provider. In response to this, some individual services have established intensive outpatient services (IOS). However, these services are not uniform across settings, with various treatment models and intensities in use, making it difficult to define and compare them.

Aim:

Understanding the extent and type of evidence in relation to intensive outpatient treatment models for children and adolescents with EDs.

Methods:

An electronic search was conducted on PubMed using a combination of 21 screening terms. The initial search yielded 188 journal articles which were further screened for relevancy. Articles were included due to their focus on intensive outpatient services for children and/or adolescents with EDs. Key findings were subsequently extracted from the remaining publications.

Results:

Several services delivering intensive outpatient services for children and adolescents with EDs were identified. Treatment models included multi-family therapy, family-based therapy, enhanced cognitive behavioural therapy, and group dialectical behavior therapy. Settings included community, home-based, and virtual. IOS reporting clinical data showed improvements in weight and ED psychopathology.

Discussion:

Intensive outpatient services for children and adolescents provide a balance between intensive care and continuity for the patient's life. Future research should evaluate clinical outcomes between intensive outpatient services and other levels of care.

PO-3-074

The effect of heavy metals exposure detected from urinary samples and its association with attention deficit/hyperactivity disorder development in children.

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Attention-deficient/hyperactivity disorder is known to be one of the most prevalent neurodevelopmental disorders which are only not genetic but also caused by environmental conditions. Heavy metals are known to be harmful to the neurodevelopment of children and related to the attention-deficient disorder. The study aims to explore the relationship between ADHD and fifteen heavy metals. From the prospective longitudinal study, EPINED, we gathered 225 children aged between 4-16 years old's` urine sample from the Province of Tarragona (Spain), to analyze heavy metals such as lead, mercury, cadmium, arsenic, antimony, cobalt, chromium, nickel, vanadium, zinc, selenium, magnesium, manganese, copper, and molybdenum. We are expecting to obtain results that show that some heavy metals cause an impairment in the neurodevelopment of children, as a result, increasing chances of developing ADHD in children.

PO-3-109

Child and Adolescent Mental Health Initiative in Greece: the needs of health professionals to support child and adolescent mental health

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Background: Health professionals are essential for mental health care for children and adolescents. Therefore, augmenting their skills and increasing their capacity for evidence-based care is crucial. To strengthen child and adolescent mental health care in Greece, the Child and Adolescent Mental Health Initiative (CAMHI) conducted a Landscape Analysis to understand the needs of Greek health professionals.

Methods: A convergent mixed-method, community-based participatory research examined the current state, needs, barriers, and opportunities for child and adolescent mental health in Greece, according to health professionals' perspectives. We surveyed representative samples using validated instruments and conducted focus groups with health professionals to understand their perspectives comprehensively. Quantitative data were analyzed using descriptive and inferential analyses, and qualitative data were analyzed following the principles of grounded theory.

Results: In total, 485 health professionals, including psychiatrists, psychologists, occupational therapists, physicians, social workers, and nurses, participated in the survey yielding relevant data on literacy and stigma, professional practices, professional training background, and training needs and preferences. Four focus groups were conducted with eight to ten professionals discussing views on well-being, mental health, stigma, and services use. Data results from the survey and focus groups will be presented.

Discussion: The findings from the survey and focus groups with health professionals will inform a series of projects within the CAMHI that can lead to locally sensitive and practical strategies to better attend to health professionals' needs to support children's mental health and access evidence-based mental health care.

PO-3-108

Child and Adolescent Mental Health Initiative in Greece: the mental health needs of children and adolescents

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Background: Listening to children's and adolescents' perspectives is necessary to ensure they get the care they need. To strengthen child and adolescent mental health care in Greece, the Child and Adolescent Mental Health Initiative (CAMHI) conducted a Landscape Analysis to understand the needs of the Greek youth.

Methods: A convergent mixed-method, community-based participatory research examined the current state, needs, barriers, and opportunities for child and adolescent mental health in Greece, according to children's and adolescents' perspectives. We surveyed representative samples of children and adolescents using validated instruments and conducted focus groups with children and adolescents from the general and vulnerable populations to understand their perspectives. Quantitative data were analyzed using descriptive and inferential analyses, and qualitative data were analyzed following the principles of grounded theory.

Results: In total, 1.200 adolescents from 8-17 years old participated in the survey yielding relevant data on the prevalence of mental health conditions, mental health needs, literacy and stigma, and service use and satisfaction. Six focus groups were conducted with eight to ten 15-year-old ROMA, POMAK, Refugee, and LGBTQIA+ adolescents, and 8-year-old children discussing views on well-being, mental health, stigma, and service use. Data results from the survey and focus groups will be presented.

Discussion: The findings from the survey and focus groups with children and adolescents will inform a series of projects within the CAMHI that can lead to locally sensitive and practical strategies to support children and adolescents' mental health and access to evidence-based care.

PO-3-107

Child and Adolescent Mental Health Initiative in Greece: the needs of parents/caregivers to support child and adolescent mental health

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Background: Parents/caregivers are essential for children/adolescents' healthy development providing them safety and care, while lack of knowledge, support, and access to mental health care may prevent timely and effective intervention. To strengthen child and adolescent mental health care in Greece, the Child and Adolescent Mental Health Initiative (CAMHI) conducted a Landscape Analysis to understand the needs of Greek parents/caregivers.

Methods: A convergent mixed-method, community-based participatory research using a self-applied online questionnaire assessed the current state, needs, barriers, and opportunities for child and adolescent mental health in Greece, based on parents'/caregivers' perspectives. A nationwide representative sample was selected, and validated instruments were used. Additionally, quantitative data was analyzed using descriptive and inferential analyses, and qualitative data were analyzed following the principles of grounded theory.

Results: In total, 1.400 caregivers across Greece participated in the survey yielding relevant data on the prevalence of mental health conditions, mental health needs, literacy and stigma, and service use and access. Also, eight to ten caregivers of 8-year-old children and eight to ten caregivers of 15-year-old adolescents participated in two focus groups discussing views on well-being, mental health, stigma, and the use of services. Data results from the survey and focus groups will be presented.

Discussion: The findings from the CAMHI survey and focus groups based on parents/caregivers assessments may provide helpful information on mental health issues in children/ adolescents, mapping existing needs and guiding the development of prevention and treatment strategies to meet these needs.

PO-3-050

Autism spectrum disorders with a complex structure during life in patients with Phelan McDermid syndrome (22q13.3 microdeletions of the SHANK3 gene)

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Background. Observation for 10-12 years of two patients with Phelan McDermid syndrome made it possible to describe the clinical polymorphism of psychotic episodes with violation of consciousness and catatonic symptoms.

Objective. Two clinical phenotypes of SHANK3 encephalopathy have been investigated and described, and their causal relationships with epileptic encephalopathies, schizophrenia, bipolar disorder, ADHD have been analyzed. Based on the results of observation, therapeutic strategies are discussed. The examined patients described autism spectrum disorders (ASD) with intellectual disability, general speech underdevelopment, muscle hypotension, and developmental dyspraxia.

Results. Manifested psychotic disorders did not reveal an affinity for amisulpride, haloperidol, quetiapine therapy, demonstrated a partial therapeutic response to treatment with aripiprazole, which cast doubt on the possibility of qualifying psychotic symptoms in patients as the onset of schizophrenia.

The partial therapeutic efficacy of combination therapy with aripiprazole and benzodiazepines (clonazepam/diazepam) allowed qualifying psychotic episodes in two patients with 22q13.3 syndrome as pediatric delirium.

The significant clinical efficacy of lithium and lamotrigine in the described patients was consistent with the hypothesis that microdeletion of the SHANK3 gene may be associated with bipolar disorder. Treatment of acute psychotic disorders in persons with 22q13.3 syndrome with lithium salt was effective in both patients but had limitations due to poor tolerance in the long-term.

Conclusions. The combination of lithium and lamotrigine may be recommended for the treatment of polymorbid mental disorders with confusion and catatonic symptoms in 22q13.3 syndrome. If lithium salts are poorly tolerated, a combination of lamotrigine and aripiprazole may be used.

PO-3-049

"Features of the overall development of children with a dual diagnosis of ASD and epilepsy".

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Background. Epilepsy and specific epileptic activity on the EEG can worsen the prognosis of the development of cognitive and motor functioning in children with ASD.

Objective: to study the features of the clinical course of ASD in children with epilepsy and specific epileptic activity on the EEG based on the data of a long-term prospective study.

Materials and methods: the development and social functioning of children with ASD were evaluated for 5 years. 170 children aged 2 to 3 years with ASD were examined. During the observation period, 35 children were diagnosed with epilepsy (group A), 70 had specific epileptic phenomena on EEG (group B), and 65 children were included in the control group.

Results: 4 phenotypes of the course of ASD were described in the observation groups: 1) delay in general development; 2) development plateau; 3) early onset of ASD symptoms; 4) late manifestation of ASD symptoms.

In the group B, compared to the comparison groups, an accumulation of the number of cases of moderate and severe mental retardation due to patients with developmental epileptic encephalopathies was revealed.

Conclusions: early onset of epileptic seizures, resistance of epileptic seizures to antiepileptic therapy in children with ASD is a predictor of severe delay in social, cognitive functioning and everyday skills.

Key words: autism spectrum disorder, epilepsy, epileptic seizures, specific epileptic phenomena.

PO-3-119

Activation control is key to addictive internet use in children and adolescents.

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Background

Little is known about how each subcomponent of effortful control is associated with addictive internet use, although it has been studied the relationships between the overall level of effortful control and addictive internet use. The present study aimed to elucidate the associations between subcomponents of effortful control and addictive internet use in children and early adolescents when a period that addictive internet is well developed.

Methods

We collected data on addictive internet use and effortful control from 4,117 pairs of children who occupied devices can connect internet and their guardians. In analyzing the data, we compared the degree of each effortful control subcomponent among the group based on the severity of addictive internet use. In addition, we examined a multiple regression analysis conducted to examine the associations between subcomponents of effortful control and addictive internet use.

Results

The results showed that children belonging to groups that exhibited more severe addictive internet use had significantly lower inhibitory control and attention control, and activation control. In the result of multiple regression analysis, inhibitory control and activation control were significantly related to the severity of addictive internet use. In addition, activation control was more strongly related to addictive internet use compared to inhibitory control.

Conclusions

Our results suggest that activation control, which relates to the motivational process, among subcomponents of effortful control may have an important role in developing or maintaining addictive internet use in children and early adolescents.

PO-3-118

INFLUENCI@-TE: A SCHOOL PROGRAM APPLIED BY A PILOT COMMUNITY SERVICE IN A RURAL AREA

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Background: In May 2021, 5 pilot projects of child and adolescent community services started in Portugal. These teams aim to improve accessibility to mental health care and to concrete prevention projects. Our team created a mental health literacy (MHL) program, adapted to the local means. Methods: In 2021/2022, the program was applied in 6 schools (eighth grade classes - 232 students). It consists of 3 sessions with oral exposition and activities developed individually and in groups. A sociodemographic characterization was performed and an adapted version of the MHL Questionnaire was applied, before and after the program. In 2022/2023, the program is being applied to seventh grade classes, in the same schools. Results: In 2021/2022, almost half of the students (45.7%) knew someone who has had a mental health problem (MHP). Female students had significantly higher MHL prior to the application, in the Knowledge/Stereotypes subscale. Students who have already had contact with people with MHP had significantly higher MHL, in the Knowledge/Stereotypes subscale. MHL increased significantly with this program [(102.25 vs 118.5), t(219) = 3,485,p < .01)], mainly in the Self-Help Strategies subscale, where students scored lower. The results of 2022/2023 are still in analysis. Discussion: In many countries, child and adolescent psychiatry is more focused on disease intervention and these types of programs are pioneering, especially in more rural regions, where stigma is still very significant, but mental illness is highly prevalent and transgenerational. We aim to extend this program to all the region and train teachers for its application.

PO-3-056

Disorder-specific deficits in empathy in autism spectrum disorder and conduct disorder youth: relevance of CU traits and structural underpinnings

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Background. Deficits in empathy are often described in patients with conduct disorder (CD) and autism spectrum disorder (ASD). This study compares the cognitive (CE) and affective empathic (AE) abilities of youth with CD and ASD and its potential neuroanatomical underpinnings. Additionally, we want to determine the influence of CU traits on behavioral and brain structural findings.

Methods. Adolescents and parents or caregivers filled out empathy questionnaires (N= 148 adolescents, mean age = 15.16 years) and T1 weighted images were obtained from a subsample of adolescents (N=130). Group differences in empathy were investigated using Bayesian analyses and then re-run including CU traits as a covariate in the model. A Voxel-Based Morphometry analysis was conducted with Threshold-Free Cluster Enhancement and including a mask with regions involved in AE and CE processes (insula, temporoparietal junction, amygdala, hippocampus, ventromedial prefrontal cortex and precuneus/PCC) with empathy scores, group and CU traits as regressors of interest.

Results. The ASD group showed lower AE and CE scores on self-and parent reports and the CD group showed lower self-reported AE and parent-reported CE compared with TD. Including CU traits in the model reduced group differences between CD and TD but remained for ASD in CE. CU traits showed a negative association with GMV in ventromedial prefrontal cortex, anterior/mid cingulate and precuneus across all participants.

Conclusion. The results did not support the presence of distinct empathy profiles. However, CU traits showed disorder-specific effects for AE and CE. For ASD, CE deficits go beyond the influence of CU traits.

PO-3-048

Group therapy with children with autism spectrum disorder: its application in a pandemic period with online methodology.

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IntroductionThe COVID-19 pandemic required an enormous capacity for adaptation on the part of health services, namely with regard to the use of technologies in the provision of mental health care. With this work, we intend to share the experience of the Day Hospital of the Child and Adolescent Psychiatry Service of the C.H.U.S.J. in the continuity of the therapeutic intervention with a group of children with autism spectrum disorder (ASD) between 6 and 8 years

old.,.We used stories adapted according to the objectives to be developed (social skills, persistence, creativity, among others). The sessions were held on a fortnightly basis, interspersed with recreational activities to be developed by the family) **Methodology** We selected 5 children (6-8 years old,3 boys and 2 girls) with ASD (previously evaluated in Child Psychiatry department) Eight group sessions were held online between April and July 2020.Subsequently, a semi-structured interview was carried out with the parents **Objectives:** - Evaluate the perception of parents about the advantages and disadvantages of implementing the therapeutic group in an online format, during the pandemic. **Conclusions** It was ossible to reinforce the importance of group therapies in children with ASD, as well as to analyze the therapeutic potential of social stories and their applicability in an online format. Although it does not replace face-to-face sessions, this work methodology allowed the continuity of therapeutic intervention with children, as well as support for families, in the face of the challenges of the pandemic period.

PO-3-016

Predicting outcomes of children and adolescents in extramural psychosocial care with person-oriented analysis

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Promente: children-youth-family (pm:kijufa) is a non-governmental organisation supporting young people with psychosocial problems in outpatient (e.g. outpatient clinics, vocational rehabilitation) and inpatient settings (crisis intervention centers, residential care). These services are evaluated regarding project-specific targets, such as mental health, individual goals, and outcomes like placement on the first-labour market by using variable-centered methods. However, due to the heterogeneity of the clients regarding sociodemographics, psychosocial problems, psychiatric diagnoses, person-oriented analyzes could be helpful identifying more homogeneous subgroups of young people who either at higher risk for negative outcomes or have better chances for positive outcomes. For those with higher risks, specific measures can be designed and provided to improve the outcome or to reduce dropouts.

Questionaires for the supervising staff, clients as well as caregivers were delivered at the beginning and the end of the program. Furthermore, socio-demographic data such as age, gender, familysituation, schooleducation, as well as psychiatric diagnoses were assessed. Data from 150 young people (60% male; average 17 years) who participated in the vocational rehabilitation program were analyzed using configuration frequency analysis (CFA; Krauth & Lienert 1973) with the R-package *confreq* (Heine et al. 2020).

Results of first exploratory analyzes with sociodemographic variables and diagnosis as dimensions did not reveal any specific pattern of subtyps / antitypes regarding outcomes. In a next step together with the supervising staff of the programms, hypotheses will be generated, which further characteristics of the attendees (differentiating dimensions and categories) might be candidate parameters for types and antitypes for negative or postive outcomes.

PO-3-085

Do parental attachment and prosocial behavior moderate the impact of depression symptoms in children who seek mental health care?

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We investigated parental attachment and prosocial behavior as social protective indicators in children with symptoms of depression in a clinical setting. Specifically, we tested the moderating effect of these factors on the relation between symptoms of depression and their impact on daily life. The Development and Well-Being Assessment as completed by children, mothers and fathers was used and linear regression models were performed for the three perspectives. From children's reports we only found a significant effect of symptoms on impact, indicating that a higher number of symptoms was related to higher impact. For mothers and fathers a higher score on the child's prosocial behavior was related to a lower impact of depression symptoms on daily life of the child and the family. Only for mothers a higher parental attachment score was associated to a lower impact, while a higher score of prosocial behavior buffered the effect of symptoms on impact. We did not find support from the three perspectives for the moderating role of parental attachment. Our results indicate that social protective factors from the parent's perspective are likely to have a beneficial effect in clinical practice and should be taken into account when examining the impact scores. Future studies should investigate whether additional protective indicators from the children's perspective such as quality of parental attachment or family climate may have a positive impact on their daily functioning.

PO-3-088

Stress reactivity in nonsuicidal self-injury: A meta-analysis

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Nonsuicidal self-injury (NSSI) is associated with alterations in psychobiological stress response functioning. Specifically, the biopsychological stress reactivity of the autonomic nervous systems (ANS) and the endocrine hypothalamic-pituitary-adrenal axis (HPA axis) may show alterations in people who engage in NSSI. Evidence is, however, inconsistent.

We conducted a pre-registered random-effects meta-analysis of ANS and cortisol reactivity following psychosocial stress exposure in people who engaged in NSSI and controls. Stress exposure consisted of paradigms with either social-evaluative (e.g., TSST), emotional (e.g., negatively valenced visual stimuli), or physical (e.g., cold-pressor test) elements. A total of 29 studies (n = 1228 NSSI, n = 992 controls, 79% females) were included in this analysis.

Regarding ANS reactivity to stress paradigms, there was no difference between NSSI and controls (g = -0.01, CI -0.15, 0.14). However, in the HPA axis's stress reactivity, people who engaged in NSSI had significantly lower cortisol values than controls (g = -0.27, CI -0.49, -0.06). After the stressors had ceased (i.e., during stress recovery), cortisol values were lower for people who engaged in NSSI than in controls (g = -0.24, CI -042, -0.07).

Flattened cortisol responses may be indicative of a dysregulation of the HPA axis in people who engaged in NSSI. A better understanding of the psychobiological underpinnings of NSSI may allow the establishment of valid biomarkers of risk factors and treatment efficacy in affected patients.

PO-3-072

Attention Deficit Hyperactivity Disorder and other neurodevelopmental traits are associated with impact on functioning among children in the general population

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Attention Deficit Hyperactivity Disorder (ADHD) is commonly defined as a categorical diagnosis requiring clinically severe symptoms and impact on functioning. However, ADHD traits are also distributed continuously in the general population, where their impact on functioning is less clear.

This study aimed to examine: (a) the association between ADHD impact and traits in children from the general population, (b) the association between ADHD impact and co-occurring neurodevelopmental traits (autistic traits, reading ability, IQ, and pragmatic communication) and (c) sex differences in these associations.

We identified 12,439 children with parent or teacher reports of ADHD at ages 8 and 11 in a UK birth cohort. We examined ADHD impact (i.e., in school, home, friendships, leisure activities, and distress) as an outcome of ADHD traits and other neurodevelopmental traits at each timepoint for each informant. Analyses were also stratified by sex.

ADHD traits were associated with ADHD impact in all analyses (β = 0.46-0.64). In parent reports, the associations were stronger for boys than girls, but there were no sex differences in teacher reports. Each neurodevelopmental trait was individually associated with ADHD impact. In multivariable analyses, ADHD traits had the strongest association with impact regardless of informant, but the contribution of other traits differed between parent and teacher reports.

This study highlighted the importance of considering ADHD impact in the general population and the relevance of sex differences and informants when interpreting associations. The next step will be to investigate the association between genetic risk for ADHD and ADHD impact.

PO-3-099

Suicide-related thoughts and behaviors in young people: the role played by stress factors, psychotic symptoms and physical activity

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Adolescence and young adulthood constitute the period in which suicide-related thoughts and behaviors (STBs) most frequently appear. Indeed, STBs represent a transverse phenomenon that can occur in various disorders but also in the general population and can be influenced by numerous environmental factors.

In this symposium, we will analyses the STB phenomenon in different contexts and populations. We will also discuss the role of certain environmental factors such as COVID-19 and the role of the media. We will finish by discussing low-threshold therapeutic interventions using structured physical activity as an example.

A first study will discuss the role played by attenuated psychotic symptoms on STBs in a population of in-patient adolescents. Second, an Italian study will explore the association of autism spectrum traits with suicidal thinking, with a focus on the role played by sleep disorders in the development of STB. Third, an Austrian study will investigate the role of covid-19 on STBs in adolescents. Fourth, moving from the evidence that sensationalized media reporting can have an impact on STBs, an Italian study will report on the quality of the major Italian newspaper reporting of suicide and their adherence to media guidelines. Fifth, a Swiss study will investigate the contribution of physical activity in reducing the

risk of STBs in youth, providing a comprehensive overview on the topic. In addition, a novel intervention for treating STB with the use of physical activity will be presented.

PO-3-027

A systematic review of COVID-19 and the presentation of ARFID-like symptoms

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Background

The adverse impact of COVID-19, and the associated restrictions, on wider eating disorder populations has been discussed in recent literature. However, little is known about the impact of COVID-19 on Avoidant/Restrictive Food Intake Disorder (ARFID).

Aims

To explore whether the prevalence and presentation of ARFID, as well as avoidant and restrictive behaviours associated with ARFID, have changed during the COVID-19 pandemic.

Method

The systematic review protocol was registered on PROSPERO (ID: CRD42022308143). Cochrane Library, CINAHL(EBSCO), PsycINFO(EBSCO), Embase(Ovid), and MEDLINE(Ovid) were searched in March 2022. Google Scholar and reference lists were hand searched. At least two reviewers independently screened each paper. Narrative synthesis was used.

Results

Six papers were included, three case reports and three cohort studies (total ARFID sample=45). Included papers were assessed as having moderate (n=5) or low (n=1) quality. Findings did not suggest an increase in ARFID cases during COVID-19, although it is unclear if this is due to a lack of impact or under-recognition of ARFID. Included reports indicated that autistic individuals are at particular risk of ARFID. A need for a multidisciplinary approach to differentiate between ARFID and

organic causes of ARFID-like presentations (e.g. gastrointestinal impacts of COVID-19) was highlighted.

Conclusion

Research on ARFID during COVID-19 is in its early stages, with small sample sizes and a lack of sub-analyses for ARFID within broader ED samples. Increased ARFID training is recommended to aid assessment. Continued research is needed, to evaluate the full impact that COVID-19 has on the development, identification, treatment, and outcomes of ARFID.

PO-3-083

Antidepressants and post-traumatic emotional dysregulation in adolescents.

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Background: Traumatic life events during childhood and adolescence may cause structural and functional brain changes, affecting specifically the limbic-cortical system, and leading to emotional regulation alterations. Severe traumatic events could be predictors of poor response to antidepressant drugs and could have a specific and direct impact on the neurobiological mechanism of non-response to treatment.

Aims: Analysis of a sample of adolescents with behavioural activation due to antidepressant treatment and a history of trauma.

Methods: This study involves adolescents hospitalized in the Intensive Therapeutic Residence for Minors (RTI-M) "Il Nespolo" from April 2021 to October 2022, due to increased suicidal risk, irritability, aggressiveness, psychomotor activation or psychotic symptoms.

Results: We enrolled 89 patients (M= 21, %, F=68, %). 76 were diagnosed with emotional dysregulation 71 of whom with a history of trauma. The antidepressant was set in 35 patients during the weeks preceding hospitalization, including 32 adolescents with a traumatic history. During hospitalization, the antidepressant was suspended in 32 out of 35 cases.

Discussion: Antidepressants represent the first-line treatment in patients diagnosed with post-traumatic stress disorder. We highlighted in our sample the occurrence of behavioural activation due to the antidepressant treatment in patients with a history of trauma. Therefore, we do not recommend setting antidepressants in this group of patients.

Conclusion: Further studies are required in order to clarify the mechanisms underlying how childhood trauma impacts neuronal plasticity and drug response to antidepressants, to provide better therapeutic direction in the use of these drugs in developmental age.

PO-3-008

Finnish birth cohort study: maternal anxiety is a predisposal factor for childhood asthma

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Childhood asthma is a common disabling disease, where maternal anxiety may be an etiological risk. We aimed to study this association considering prenatal factors.

Data of children (N= 328,039) born in Finland 2001−2006 and mothers (N=241,912) were collected from registers covering all health care diagnoses. Children with severe syndromes (N=11,746), unknown gestational age (N=1248) and perinatal deaths (N=599) were excluded. The main outcome was childhood asthma diagnosis (J45.0-45.9 and J46.0 by International Classification of Diseases, ICD) at 0-12 years. We studied its association with maternal anxiety (F40-42 and 300.0 and 300.2) and other neurotic and somatoform disorders (F45-46, F48 and 300.0-300.9), adjusted for prenatal factors.

Of all children included 7.88 % (N= 25,861/328,039) had asthma at age of 0−12 years. Totally, 13.71% (N=33,176/241,912) of mothers had anxiety diagnosis. Offspring asthma was more likely in families with maternal anxiety disorder (OR 1.44, 95% 1.38−1.49) or maternal neurotic and somatoform disorder (OR 1.43, 95% 1.38−1.48). If mother had anxiety disorder, the adjusted odd ratios for asthma diagnosis were for extreme preterm (<28 weeks) vs. term children (6.11, 4.99−7.49), male vs female (1.64, 1.59−1.68), and mother living alone vs. cohabitating (1.24, 1.19−1.30), low (< 9 years) vs. high (≥12 years) education of mother (1.18, 1.13−1.22), or prenatal smoking vs. not (1.14, 1.10−1.19), p <0,001.

Mother’s anxiety and neurotic and somatoform disorders associated with increased likelihood of childhood asthma in offspring. There is need for further studies on possible etiological mechanisms and if asthma likelihood could be diminished by actions on maternal psychosocial health.

PO-3-087

Non-suicidal self-injury (NSSI) in adolescents: The interplay between victimization and testosterone levels

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Objectives: Non-suicidal self-injury (NSSI) is a relevant health problem among adolescents. It consists of deliberate destruction of one's own body tissue in the absence of suicidal intent. Previous research has pointed to experiences of peer victimization as an important risk factor for NSSI. In addition, numerous social and psychological characteristics of adolescents that may moderate the association between victimization and NSSI have been identified. However, the biological variables involved have been relatively understudied. In this study we assessed the role of endogenous testosterone, a hormone traditionally associated with risk behaviors, as a potential moderator of the impact of victimization on NSSI behaviors. Methods: A total of 443 adolescents (ages 13-17 years; 53.93% female) participated in the study. They provided salivary samples to measure testosterone levels, and completed measures of cyberbullying victimization experiences and NSSI. Testosterone levels were transformed into z-scores separately in boys and girls to control for hormonal sex differences. Results: The regressive models showed that victimization was significantly associated with higher frequency of NSSI and that this association was moderated by testosterone levels in girls but not in boys. In girls, the association between victimization and NSSI was significantly greater when testosterone levels were

high. In contrast, in boys, NSSI levels tended to be higher than in girls, regardless of testosterone levels. These results contribute to understanding the biological mechanisms involved in NSSI behaviors in adolescents when they are victimized and suggest that testosterone levels may be an enhancing mechanism for these behaviors.

PO-3-082

Discrepancy in the reports on life events between parents and their depressed/anxious children leads to severer psychopathology and lower responsiveness to SSRI treatment

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Background: Exposure to a range of stressful life events (SLE) is implicated in youth psychopathology. Discrepancy between parents'/children's' reports (especially regarding SLE) is a major concern in child psychiatry. This study was designed to assess parent–youth discrepancies regarding SLE and its association with severity of psychopathology at baseline and response to treatment. Additionally, we assessed the association between three plasma pro-inflammatory cytokine levels and SLE.

Methods: SLE were assessed in children/adolescents suffering from depressive/anxiety disorders using the life events checklist (LEC), a self-report questionnaire measuring the impact of negative life events (NLE) and positive life events (PLE), as reported by the children and their parents. Severity of depression/anxiety disorders and response to antidepressant treatment were evaluated and correlated with both measures of LEC. We also corelated SLE with levels of three pro-inflammatory cytokines (TNF-α, IL-6, IL-1β).

Results: Participants were 96 parent-child dyads (39 boys, 57 girls) aged 6-18 (mean=13.90, SD=2.41y). Parents reported higher severity of NLE than their children. Discrepancy in PLE was associated with more severe psychopathology and reduced response to treatment. No association with cytokine levels was found.

Conclusions: Discrepancy in informant reports regarding life events in depressed/anxious youth, especially regarding PLE, is associated with more severe psychopathology and reduced response to pharmacotherapy. It is important to increase congruency regarding SLE between parents and children to improve response to treatment.

PO-3-116

Specific neural correlates of safety learning and extinction recall in adolescents: A Systematic Review.

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We performed a systematic review of the literature, according to PRISMA guidelines, in order to identify specific neural correlates of safety learning and fear conditioning in adolescents. Thirteen studies were identified and featured data regarding 416 anxious adolescents, 316 healthy participants, plus 128 anxious adults and 194 adult healthy participants. The studies included task-based functional MRI (fMRI) and structural MRI data, but also data regarding seed-based functional connectivity, as well as behavioral and psychophysiological data. The results are discussed according to the

different task conditions. During threat appraisal, anxious youth showed hypoactivity in sub-genual anterior cingulate cortex (ACC), negative vmPFC connectivity with the left amygdala, and less activation of left dorsal ACC and left vlPFC compared to other groups. During conditioned inhibition, anxious adolescents showed higher right vmPFC and right hippocampus activity, but lower dlPFC activity compared to healthy participants. Anxious youth showed greater activation in vmPFC during early extinction and reduced activation in vmPFC, dlPFC, posterior cingulate cortex (PCC), TPJ during late extinction compared to their controls. During extinction recall, anxious youth showed reduced activation in the PCC and dlPFC but heightened skin conductance response. This systematic review documented specific neural correlates of safety learning and extinction recall in the adolescent population, which are linked with impaired threat/safety discrimination capacities [categorization and generalization] specific to this subgroup. Those features present clinical implications as targets for diagnosis, risk-assessment, prognosis, or therapeutic indications for cognitive behavioral and other pertinent evidence-based interventions.

PO-3-106

Characteristics of outpatients with somatic symptoms at their first visit to child and adolescent psychiatry

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Background: Somatic symptoms are common symptoms among child and adolescent because their psychological developmental such as and verbalization are still developing. In this study, we analyzed registry data on clinical characteristics with the aim of understanding the clinical characteristics of patients who presented with physical symptoms at their first visit to the Department of Child and Adolescent Psychiatry, Kohnodai Hospital, National Center for Global Health and Medicine.

Methods: 566 outpatients (293 boys and 273 girls) who visited outpatient unit of Child and Adolescent Psychiatry in 2021, were included.

Results: 124 outpatients (21.9%) had somatic symptoms at the first visit. Outpatients with somatic symptoms were 44 boys and 80 girls ($p<0.001$). They had somatic symptoms, digestive symptoms (60.3%), headache (41.9%), and dizziness (12.1%). 59 outpatients (47.6%) presented with multiple somatic symptoms. Among 148 outpatients with neurotic disorders, 73 outpatients (49.3%) had somatic symptoms. 20 (62.5%) of 32 outpatients with mood disorders having somatic symptoms ($p<0.001$). 13 outpatients were diagnosed with somatoform disorder, 10.5% of those with somatic symptoms. There were 33 people (16 boys and 18 girls) diagnosed with Perversive developmental disorders including co-diagnosis, significantly more girls ($p<0.001$). There were no significant differences in the proportion of gender by other F diagnoses.

Discussion: Approximately one in five child visited child and adolescent psychiatry had somatic symptoms and about half of those presenting with multiple physical symptoms. 10.5% of outpatients with somatic symptoms were diagnosed with somatoform disorders, symptoms associated with anxiety and depression.

PO-3-015

The effect of family and group interventions to families with parental mental illness on children and adolescents' symptoms of psychopathology, quality of life, coping strategies, and mental health literacy: A systematic literature review.

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Background: In Denmark it is estimated that 310,000 children have a parent with a mental illness. Children of Parents with a Mental Illness (COPMI) are at greater risk of having poorer mental, social, and physical health and an increased risk of developing mental illness themselves compared to peers without parental mental illness. Therefore, it is important to investigate if interventions have the potential to prevent or target unfavorable outcomes for these children.

Aim: The aim of the study is to examine the effect of family and group interventions on COPMI symptoms of psychopathology, quality of life, coping strategies, and mental health literacy.

Methods: This systematic review follows PRISMA-guidelines. Literature is searched in PsycInfo, PubMed and Embase. Eligibility criteria follow PICO: The population of interest is COPMI aged 0-25 years. Included interventions are controlled family and group interventions which address topics relevant to COPMI (e.g., family communication and coping with parental mental illness). For COPMI the following outcomes of interest are: symptoms of psychopathology, quality of life, coping strategies, and mental health literacy. Findings are summarized in a qualitative synthesis. If possible, the synthesis may be supplemented by meta-analyses.

Results: The systematic review is in progress. Preliminary results suggest that family and group interventions for this group may have a positive effect on some outcomes, while it is more ambiguous for others.

Conclusion: At present the findings are preliminary. At the congress the final results will be presented.

PO-3-026

Association between pre-COVID-19 demographics and clinical parameters of children with ADHD, and their adaptation to the COVID-19 lockdowns.

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Background: The goals of our study are to evaluate differences between the groups of ADHD patients depending on their response to lockdown, ADHD severity, and additional demographic data, including influence of stimulant use in this period as possible correlation to better adjustment to COVID-19 pandemic.

Method: Demographic and clinical data (ADHD-Rating Scale) of 31 children and adolescents with ADHD, aged 7-18 years, fromat least 6 months pre-COVID-19 pandemic, were collected from medical files. Children's ADHD severity during the COVID-19 lockdowns were evaluated by a Clinical Global Impression-Severity scale for parents (CGI-S). The correlations between CGI-S scores with demographics and and baseline ADHD-RS scores were assessed.

Results: Significant correlation was found between age of participants CGI-S score ($p=0.034$). Participants who continued ADHD pharmacological treatment ($p=0.019$) and used remote services for clinical treatment ($p=0.032$) demonstrated lower CGI-S scores.

Conclusion: Younger age, ongoing stimulant treatment and continued remote visits with caretaker, correlate with better adaptation during COVID-19 lockdowns in children with ADHD.

PO-3-047

The ‘Talking Medicines’ Packet; using avatars to deliver medicines information for young patients with ASD

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Currently, in the UK ,important information for patients relating to their medicines, is provided in the Patient Information Leaflet (PIL) within the medicine packet. This information is often insufficient by itself. Individuals need to have appropriate health literacy to interpret and understand the information provided. Many need additional help to find, understand and act on health information, especially written information; poor health outcomes may result if sufficient help is not provided. Using technology to deliver and enhance medicines information to special patient groups, such as those with ASD and their carers has not to date been routinely studied.

Previous research has identified benefits in knowledge acquisition and shared decision making for healthcare professionals from using clinical avatars; they have been reported as engaging and enjoyable. This project applied this technology to medicines information for young patients with ASD.

We have developed an augmented reality avatar, based on the PIL with design and content supplemented by input by a focus group of patient advocates, carers and health care professionals.

The avatar is triggered by an app recognising existing text on the medicines packaging, using a drop-down menu of questions together with associated graphics, to explain sleep hygiene factors, the risks and benefits of melatonin (Slenyto®) and to signpost the user to further support and information. The avatar can be viewed at the congress from a QR code on the poster or from the following link. https://virtualhealthshed.staging.8thwall.app/uifirst

PO-3-014

Child-to-Parent Violence Profiles in Adolescents

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Child-to-parent violence (CPV) is a relevant problem that has been relatively understudied. An extensive body of research has pointed to exposure to family violence as a relevant antecedent of child-to-parent violence (CPV). However, both previous research and practitioner experience suggest that not all cases of CPV involve exposure to previous family violence. This study aimed to identify profiles of adolescents according to their degree of involvement in CPV and their exposure to family violence and other parenting characteristics. A sample of 1647 adolescents (mean age = 14.30, SD = 1.21; 50.5% boys) completed measures of CPV against both parents, exposure to family violence, parenting style, and psychological problems of the children. Latent class analyses based on measures of CPV and family characteristics showed a four-profile solution. Profile 1 was the most numerous (82.4%) and consisted of adolescents with very low scores on both CPV and exposure to family violence. Profile 2 (6.3%) was characterized by moderate scores on both psychological CPV and exposure to family violence. Profile 3 (9.4%) was characterized by high scores on psychological CPV and very low exposure to family violence. Profile 4 (1.9%) included adolescents with the highest scores on CPV, including physical, and high exposure to family violence. Therefore, not all CPV profiles are associated with a history of

exposure to family violence. Finally, the four profiles were found to differ from each other on emotional and cognitive problems of children. These profiles may require specific intervention strategies.

PO-3-025

Trajectory Patterns and Influencing Factors of Depressive Symptoms in Adolescents during the COVID-19 Pandemic

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Background and aim

Many countries have reported increased depression and anxiety symptoms among adolescents regardless of their psychopathological status before the COVID-19 pandemic. However, these studies also suggested that the pandemic's effects were non-uniform among children. This study examined the trajectory of children's depressive symptom scores and associated factors using data from a prospective cohort study of children and adolescents conducted continuously since the outbreak of the pandemic.

Methods

In the study city, data from grades four through eight in each enrollment year in public schools between September 2019 and March 2021 were used. The baseline number of participants was 6,865. To identify the trajectories of depressive symptom scores before and during the pandemic, the latent class growth analysis (LCGA) was conducted. Then, to scrutinize its influencing factors, multinomial logistic regression analysis was conducted with gender, grade, total quality-of-life (QoL), internet addiction scores obtained in 2019, and whether COVID-19 impacted daily life as independent variables.

Results

The LCGA results indicated three growth-trajectory patterns for depressive symptoms classified into improving (8.4%), worsening (8.8%), and low-maintenance (82.7%) groups. Analysis using the low-maintenance group as the reference group identified the worsening group's risk factors as gender (girls), low QoL before the pandemic, and increased time spent using technology during the pandemic.

Conclusion

The depressive symptoms' trajectory patterns during the pandemic included all the three groups identified. This suggested that the pandemic's impact was non-uniform. Further investigation into the pandemic's impact is necessary to provide appropriate support for children who "truly" need help.

PO-3-013

An intervention to build resilience to online victimization in adolescents

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Objective: Many adolescents are victims of cyberbullying and are at risk of developing emotional and behavioral problems, such as anxiety, depression, and non-suicidal self-injury. In this study we evaluated whether a brief online intervention, based on a Growth Mindset intervention, reduced the impact of cyberbullying victimization on numerous behavioral and emotional problems in adolescents.

Methods: A sample of 858 adolescents (52.9 boys) was randomized into two groups. The first group received the resiliency intervention and the second group received an alternative educational intervention. The resilience intervention lasted less than one hour and taught that people can change and that one can learn to manage stressful situations such as victimization. Adolescents completed measures of online victimization, social anxiety, depression, non-suicidal self-harm, eating disorders, online aggressive behaviors, and cyberbullying witnessing attitudes before the intervention, and three and six months after the intervention. Multilevel analysis with MPLUS-8 was used.

Results: The resilience intervention reduced the predictive association between online peer victimization and social anxiety and aggressive behavior and improved attitudes towards defending the victims.

Conclusions: The results highlight the detrimental effects of online victimization for the development of psychological problems in adolescents and indicate that the resilience intervention shows promise in preventing some of these psychological problems given that it is a brief intervention of less than one hour and is delivered online.

PO-3-098

Inter-rater reliability of ratings on the six-item Positive And Negative Syndrome Scale obtained via the Simplified Negative and Positive Symptoms Interview among adolescents with psychosis-spectrum disorders

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Background: Schizophrenia is a severe mental disorder that typically present in late adolescence or early adulthood. Quantitative monitoring of the severity of illness using rating scales is likely to improve patients' outcomes via more informed clinical decision-making. The brief six-item Positive And Negative Syndrome Scale (PANSS-6) is a measure of the severity of core symptoms of schizophrenia, which can be administered via the brief Simplified Negative And Positive Symptoms Interview (SNAPSI). Recent studies have confirmed the validity of PANSS-6 ratings obtained via SNAPSI among adult patients with schizophrenia. However, the psychometric properties of the PANSS-6+SNAPSI combination among adolescents remain to be assessed. The aim of the present study was to test the inter-rater reliability of the PANSS-6+SNAPSI combination among adolescents with psychosis-spectrum disorders.

Method: Twelve raters (psychiatrics, psychologists, nurses) attended at least six training sessions prior to the inter-rater reliability test. Ten participants between 12 and 18 years of age with psychosis-spectrum disorders will be recruited from the Psychiatric Services in the Central Denmark Region. Inter-rater reliability will be evaluated using the intra-class correlation coefficient.

Results: Results of the inter-rater reliability test of the PANSS-6+SNAPSI combination used in adolescents with psychosis-spectrum disorders will be presented at ESCAP 2023.

Perspectives: In addition to allowing for more timely treatment modifications via measurement-based care, successful validation of the SNAPSI+PANSS-6 combination among adolescents with psychosis-spectrum disorders will enable use of the same measure of symptom severity across age groups and improve continuity of care in the challenging transition from adolescent to adult psychiatric services.

PO-3-024

High screen time use and internalizing and externalizing behaviours in children aged 3 to 14 years during the COVID-19 Pandemic in France.

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Objective Children's screen time has increased due to the covid-19 pandemic. To explore the association between levels of screen use for one year since May 2020 and behavioural problems in children and adolescents during summer 2021.

Methods Data came from the French EpiCov cohort study, and were collected in spring 2020, autumn 2020, and spring 2021. Participants (N=1,089) responded to online or telephone interviews about one of their children aged 3 to 14 years. Screen use was categorized high screen time use if the daily mean screen time exceeded recommendations at each collection time. The Strengths and Difficulties Questionnaire (SDQ) was reported by parents to identify internalizing (emotional or peer problems) and externalizing (conduct problems or hyperactivity/inattention) in their children.

Results Internalizing problems: No interaction between high screen time use and child age was found, no statistically significant association was found between high screen time use and internalizing problems (OR [95% CI]: 1.20 [0.90-1.59]) however, we found a higher risk of peer problems (1.42 [1.04-1.95])

Externalizing problems: significant interaction was found with child age. A higher risk of externalizing problems (1.63 [1.01-2.63]) and of conduct problems (1.91 [1.15-3.22]) was found only in older children aged 11 to 14 years.

Conclusion This study found that maintaining high screen time use for 1 year since the onset of the pandemic was associated with peer problems in children aged 3-14 years and externalizing and conduct problems in 11-14 years. Despite this very specific context, exposure to screens is not trivial.

PO-3-097

Characteristics of incident substance-induced psychosis compared to incident first-episode psychosis. A nationwide register-linkage study

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Aim is to describe sociodemographic and work-related factors and psychiatric disorders among persons with substance-induced psychosis (SIP) prior to the incident psychotic episode, in comparison to persons with other types of first-episode psychosis (FEP).Incident SIP cases at age 16-65 years (n=7320, 79.4% male) were identified from the Swedish National Patient Register during the years 2006-2016, and matched 1:1 (age, gender, and calendar year) with incident FEP cases. Information from sociodemographic background, psychiatric disorders, and work-related factors during the proceeding two-year period before the incident SIP/FEP episode were linked from national registries. Comparisons between SIPs vs FEPs were done using logistic regression analysis, adjusted with education level, family situation, type of living area, country of origin and Charlson Comorbidity Index. Conflict of interest: none.

Previous self-harm (23% vs 11.3%; OR 2.1, 95%CI 1.9-2.3), ADHD (14.4% vs 9%; OR 1.4, 95%CI 1.3- 1.6) and substance dependence (21.8% vs 4.6%; OR 4.9, 95%CI 4.3-5.7) were more prevalent among SIPs compared to FEPs. In turn, all other previous psychiatric disorder diagnoses were less prevalent among SIPs. Compared to FEPs, SIPs were more often unemployed (31.5% vs 24.6%; OR 1.2, 95%CI 1.1-1.4) and had less likely any employment (29.3% vs 31.1%; OR 0.9, 95%CI 0.8-0.96), but also, they were less often on a sickness absence over 90 days (8.6% vs 10%; OR 0.8, 95%CI 0.7- 0.95). Assessment of suicidality and ADHD treatment should be carried out for persons with substance-induced psychosis. Support for employment and needs for social security among persons with SIP are warranted.

PO-3-096

Antipsychotic use and associating factors among persons with substance-induced psychosis and first-episode psychosis. A nationwide register-linkage study

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Aim of the study was to investigate antipsychotic use and associated factors in persons with substance-induced psychosis and compared it with persons with other first-episode psychosis.

Incident Swedish SIP cases during 2006-2016 were identified from health care registers, and matched 1:1 with persons with FEP by age, gender and calendar year of diagnosis. Factors associated with antipsychotic use among SIP were analysed with multivariable logistic regression including information on sociodemographic and work-related background, including disability pension and sickness absence, SIP types, and psychiatric diagnoses. After 3 years of first diagnosis, 19% of persons with SIP and 45% of persons with FEP used antipsychotics. Antipsychotic use one year after diagnosis among SIP was associated with previous substance use disorder, depression, anxiety and personality disorder diagnoses, being on disability pension or on long-term sickness absence, and cannabis- or multi-substance-induced psychosis.

Although substance-induced psychoses are considered to be short-lived, antipsychotic use after an incident SIP episode is relatively common, especially among those with cannabis- or multi substance-induced psychoses. Previous psychiatric comorbidity and poorer ability to work seem to increase the odds of antipsychotic medication use.

PO-3-104

Using the Strengths and Difficulties Questionnaire (SDQ) for mental health screening in a community sample of Latvian adolescents.

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Objectives: Mental health screening instruments can be crucial for measuring the risks of psychopathology in population mental health studies. Our study aimed to examine the psychometric properties of the self-report version of the Strengths and Difficulties Questionnaire (SDQ) in a representative general community sample of 11-15 y.o. adolescents in Latvia. *Materials and Methods*: The study was conducted using data from the international Health Behaviour in School-aged Children (HBSC) study year 2017/2018 Latvian database. The analysed sub-sample comprised 2683 Latvian-speaking 11-, 13- and 15-y.o. adolescents. The mean scores of the SDQ scales and sub-scales were compared in gender and age groups. The internal consistency of the scales was evaluated using Cronbach's alfas. *Results*: Significant gender differences were observed in all sub-scales of the SDQ. Boys scored significantly higher on the conduct, hyperactivity and peer problems sub-scales and externalizing difficulties scale, and girls on the emotional problems and prosocial behaviours sub-scale and internalizing difficulties scale. The only significant age-based difference was in the prosocial behaviours scale between the 11- and 13-year-old adolescents. Only the emotional problems and prosocial sub-scales of the SDQ have approached an acceptable level of internal consistency (Cronbach's alfa > 0,7), as have the internalizing difficulties and total difficulties scales. The externalizing subscales of the SDQ (conduct problems and hyperactivity) and the peer problems scale all demonstrated poor to outright unacceptable internal consistency. *Conclusions*: This study illustrates the importance of psychometric evaluation of the language adaptations of commonly used mental health screening tools when applied in public health research.

PO-3-012

The Investigation of Parental Alienation Phenomenon in High Conflicting Divorced Families

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Parental alienation phenomenon (PA) could occur during a high conflicting parents . Some children reveal distant, resistent and angry attitude toward alienated parents .

Aim: Our study investigated the sequelae of the children in high conflicting divorced families.

Method: This study was comprised of two familes, four divorced parents, three children under age12, one social, and one psychologist who served them. Each of participants received less than 90 minutes in-depth interview fo once or two. All participants were selected pruposively.All transcripts were conceptulized analysis. The inform consents were done and Mennonite Hospital the IRB approval Number was No :14-12-023.

Results:

1.Parents asked children if they wanted to see the alienated parents by suggestive or persuasive methods and in the end they always get the answer "no".

2.To interfere the visitation of children by using some execuses, such as learning, sickness, or sport activities.

3.The battle between divorced parents would persis, and might sue each other even including their relatives.

4.If the guardian has new partner, children might show more distant attitude toward non-legal guardian.

5.Children's negative emotional and behavioral responses to the alienated parents could escalate the PA.

6.The ambivalence toward their parents, the parents' interfering the visitation, the gradual alienation from non-legal guardian, and different answers to the two parties may be the early signs of PA.

PO-3-023

‘Broken from the top-down’: the work-related experiences of consultant psychiatrists during the COVID-19 response

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Introduction:

Research has begun to draw attention to the challenges to mental health professionals in delivering services during the COVID-19 response. However, few studies have examined the specific experiences of consultant psychiatrists.

Aim(s)

To examine the work-related experiences and psychosocial needs of consultant psychiatrists situated in the Republic of Ireland arising from the COVID-19 response.

Method

18 participants were interviewed and data were analysed through inductive thematic analysis.

Results

Work related experience of participants was characterised by increased workload associated with assumption of guardianship of physical and mental health of vulnerable service users. Unintended consequences of public health restrictions increased case complexity, limited availability of alternative supports and hindered the practice of psychiatry, including inhibiting peer support systems for psychiatrists. Participants perceived available psychological supports at work as generally unsuitable for their needs given their specialism. Long-standing under-resourcing, mistrust in management and high levels of burnout exacerbated the psychological burden of the COVID-19 response.

Conclusions:

The challenges of leading mental health services were evident in the increased complexity involved in caring for vulnerable service users during the pandemic; contributing to uncertainty, loss of control and moral distress among participants. These dynamics worked synergistically with pre-existing system level failures eroding capacity to mount an effective response. The longer-term psychological wellbeing of consultant psychiatrists - as well as the pandemic preparedness of healthcare systems- is contingent on implementation of policies addressing long standing under-investment in community supports that vulnerable populations rely on, not least mental health services.

PO-3-011

Neurodevelopmental conditions in adolescents as a potential risk factor for requiring intensive community treatment service

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Background: Difficulties in regulating emotions are increasingly recognised as a common feature of neurodevelopmental conditions. The aim of this study is to describe the prevalence of neurodevelopmental conditions, namely Autism Spectrum Disorder (ASD) and Attention Deficit Hyperactivity Disorder (ADHD) in young people requiring intensive community treatment for risk behaviours indicating emotional regulation difficulties such as self-harm and attempted suicide.

Methods: Descriptive cross-sectional design in which 19 adolescents (84% females, 16% males) were included. The sample included young people, aged 12 to 17 years old, receiving treatment from an intensive community support service for adolescents who would otherwise require inpatient psychiatric admission due to the nature and degree of risk behaviours. Data was collected from clinical records of patients who received treatment from the service from January 2020 to December 2022. Descriptive and correlational analyses were done.

Results: At the end of 2022, the prevalence of ASD in young people receiving treatment at the time was 47.3% (77.7% girls, 22.3% boys) with a suspected diagnosis in 5%. The prevalence of ADHD was 21% (75% girls, 25% boys), with a suspected diagnosis in 5%. 10.5% had both diagnoses (all were girls). 21% had a sibling with a diagnosis of either ASD or ADHD or both.

Conclusions: These results suggest the relevance to explore further the potential relationship between neurodevelopmental conditions and risk behaviours associated with emotional dysregulation. The findings suggest that having a neurodevelopmental condition is highly prevalent in adolescents who present with risk behaviours that require specialist intensive mental health treatment.

PO-3-091

Social-Emotional Benefits of a Mindfulness-based Intervention among Chinese Internal Migrant Children: A Mixed-Methods Drawing-based Study

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Backgroud: Research has shown that, compared with local counterparts, Chinese migrant children reported a higher level of psychosocial problems due to migrant-related stressors. Mindfulness-based interventions (MBIs) are increasingly demonstrating benefits to children's psychosocial wellbeing. The present study attempts to explore the benefits of a school-based mindfulness intervention by observing changes in participants' self-drawings and individual interviews.

Methods: Twenty-nine children (ages 9-12) who actively participated in a 12-week MBI were invited to participate in individual interviews after the intervention. During the interview, research assistants asked children to "draw a picture of yourself" before and after participating in the intervention. Once children finished drawing, they were asked to describe their pictures.

A priori coding scheme was adapted from a previous study to guide the drawing coding process. Two reviewers independently coded all drawings. Wilcoxon signed-rank test was conducted to compare the differences of drawing indicators in the before and after intervention drawings. Besides, audio recordings of children's interviews were transcribed and analyzed using thematic analysis.

Results: Wilcoxon signed-rank test indicated significant improvements in children's emotional wellbeing (z = 2.96, p = .003) and interpersonal relationship (z = 4.396, $p < .001$) after the intervention. However, there is no significant differences on self-concept (z = 0.92, p = .358).

Besides, two main themes emerged from the analysis of children's interviews: (a) emotional well-being improvement, which included body-emotion awareness and emotion regulation; and (b) social well-being improvement, which included impulsive control, enabling prosocial behaviors, and hostility reduction.

PO-3-090

Effectiveness of a School-based Mindfulness Intervention on Peer Relationships among Internal Chinese Migrant Children: A Cluster Randomized Control Trial

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Chinese migrant children, who migrate with their parents from rural to urban areas, are more likely to encounter peer problems than their urban peers due to multidimensional social inequalities. It is important to develop effective interventions targeting improving peer relationships for underserved migrant children.

Mindfulness-based interventions (MBIs) have been increasingly applied and have yielded promising results in improving children's peer relationship. This cluster randomized controlled trial aims to explore the feasibility and effectiveness of a school-based MBI on peer relationships relative to an active control group.

Methods

Four classes in grade 4th and grade 5th were randomly divided into a mindfulness group (n=51) and a psychosocial education control group (n=39). Self-reported questionnaires were used to measure children's mindfulness level, peer relationship quality, and peer problems before and after the intervention.

Baseline characteristics were compared using t-test and chi-square test. To assess group differences over time, multiple one-way analyses of covariance (ANCOVAs) were conducted with pretest scores as covariates. All analyses were carried out using an intention-to-treat approach.

Results

ANCOVAs indicated that the groups did not differ in changes in target outcomes; however, gender difference was identified. Separate ANCOVAs were run for boys and girls. Relative to controls, boys in the MBI group reported significantly higher level of trust (F = 6.3, p = 0.017, partial η^2 = 0.145) and communication (F = 4.68, p = 0.037, partial η^2 = 0.112) during peer interaction.

Conclusions

These preliminary results suggest that school-based MBI may be beneficial for enhancing peer relationships for boys.

PO-3-089

Early adjustment of internationally adopted children in their adoptive families in Finland

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Internationally adopted children represent a population at developmental risk considering their potential history of maltreatment and neglect. The transition from institutional care into an adoptive family may lead to a significant recovery in development and the first months after adoption represent an important time phase in this process. We examined whether child's behavioral problems in the first months after adoption would be associated with child's age at the adoption, gender and continent of birth. We also studied whether early interaction between internationally adopted children and their parents is associated with behavioral problems of the children. The study sample was part of the FinAdo study and included 78 children (Mean age at adoption = 2.58 years, SD = 1.51 months, 37% girls) and their adoptive mothers in Finland. The parent-child interaction was analyzed using the Emotional Availability Scales (EAS) during the first months after adoption (Mean time after adoption=6,3 months) and the behavioral problems of the children were evaluated with The Child Behavior Checklist for ages 1,5-5 (CBCL/1,5-5). Our results show that there was no association between the child related risk factors and child behavioral problems when analysed with a combined regression model. Moreover, there was no association between early interaction and behavioral problems of the children.

PO-3-114

Like father like daughter: influence of having a parent as psychiatrist on children's professional identity development.

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Background: Preliminary evidence suggests that one in five medical school students has a parent practicing medicine. A combination of factors may steer children towards or away from a similar career as their parent including stories told at home, examples set by parents and transmission of personality traits.

Aim: To explores perspectives of practicing psychiatrists on career choice and professional development at two levels: past-influence of their parents on their own choices and present/future-influence of their career on their children.

Methods: As theoretical framework the three domains of education formulated by Biesta are introduced: qualification (what professionals needs to qualify for their profession), socialization (participating in the culture of the profession) and subjectification (development of the person behind the professional). Next, participants reflect upon and share their personal views. Snowballing is used from the individual level into an overarching thematic analysis. After the workshop, participants are offered a brief questionnaire to inquire their children and parents about their view.

Results: Participants will have reflected on the examples they received from their parents and the ones they set for their own children regarding career choices in medicine. They will have broadened their view by sharing perspectives with colleagues. An option is offered to contribute to a qualitative paper that will add to the literature.

Conclusions: Exploring the role of parental examples in career choice and professional identity formation may be helpful to engage young doctors in (child) psychiatry.

PO-3-103

An overview of characteristics of child and adolescent psychiatric patients (N 10.000) based on the harmonized DREAMS youth mental health intake form

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Research in child and adolescent psychiatry (CAP) is often conducted in selected cohorts within a homogenous group of patients. Accordingly, applying evidence-based treatments do not guarantee beneficial outcomes in daily clinical practice for all children and families. New developments in CAP suggest a more personalized approach is required to optimize quality of care. This calls for the collection of large amounts of data involving all children in need of mental care.

To this end, four academic CAP centers in the Netherlands have combined their forces, creating the Dutch Research in Child and Adolescent Mental health (DREAMS) collaborative group. Together these centers treat over 25.000 children and families per year. The first step in accomplishing our goals entails the development of a harmonized intake form that is used in all four centers. This intake form is assessed in all children and contains demographic characteristics and information on different health and environmental domains.

Here we will present an overview of this unique dataset (N ~ 10.000). Descriptive results concern demographics (e.g., 54.7% boys and 45.3% girls receive psychiatric care), parental psychiatric problems (e.g., 50.2% of mothers and 31.1% of fathers have experienced mental problems), lifestyle (e.g., children have on average 3.23 hours of screen time on weekdays), and several other health and environmental domains.

The nature and amount of DREAMS data will provide more insight into the complex pattern of factors that are associated with the development of mental problems and treatment outcomes, and will ultimately enhance more personalized care.

PO-3-102

Child and Adolescent Mental Health Initiative in Greece: a country-wide needs assessment from multiple informants

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Background: The Child and Adolescent Mental Health Initiative (CAMHI) aims to strengthen child and adolescent mental health care in Greece. The program started with a comprehensive landscape analysis to understand needs and trace opportunities according to the viewpoints of multiple stakeholders.

Methods: A convergent mixed-method, community-based participatory research examined the current state, needs, barriers, and opportunities for child and adolescent mental health in Greece. Research participants included children,

adolescents, caregivers, schoolteachers, and health professionals. We surveyed representative samples using validated instruments to obtain data on the prevalence of mental health conditions, mental health needs, literacy and stigma, service use and access, professional practices, professional training background, and training needs and preferences. Focus groups were conducted with stakeholders to comprehensively understand those topics, having their material analyzed following principles of grounded theory.

Results: We surveyed 1.400 caregivers, 800 children/adolescents, 400 teachers, and 485 health professionals. Fourteen focus groups were conducted with members from the general and professional community. The presenters of this symposium will present data from those multiple sources to improve the understanding of needs regarding mental health for children and adolescents in Greece.

Discussion: The findings will inform a series of projects within the CAMHI, such as a training program for teachers and health professionals, a country-wide network and supervision system, and community-oriented online resources. A comprehensive dataset with measures and findings related to the current state and needs of the child and adolescent mental health in Greece will also be available for researchers and policymakers.

PO-3-039

Evaluation of a specialized outpatient service for school absenteeism in a child and adolescent psychiatry setting in Germany: Course of symptomatology and adherence to treatment recommendations

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Children and adolescents with school absenteeism have repeatedly been identified as a high risk group for further psychiatric disorders. Since evaluations with longer catamnestic intervals for more than one year are rarely found in German-speaking countries so far, there is a need for more research on outcome measurement in longer timeframes.

A retrospective data analysis of the patients presented at a specialized outpatient service for school-absent children and adolescents over the years 2012 - 2018 was performed. A total of 174 patients with school absenteeism who had undergone a comprehensive diagnostic assessment were surveyed.

In addition to clinical and sociodemographic characteristics, the further course of the symptomatology (up to more than 3 years) was targeted. Furthermore, possible risk factors on school absenteeism over time were investigated. In addition, the recommendations for different therapeutic interventions and the adherence to the treatment recommendations were surveyed.

Children and adolescents with school absenteeism tend to chronify very quickly with their symptomatology and increases the risk of additional psychiatric disturbances. Therefore, it seems important to know the factors that enable successful early intervention.

PO-3-010

Efficacy of Emotional Regulation and Interpersonal Abilities group Therapy (MERITA) in children and adolescents witnesses of domestic violence: Preliminary results

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19% of children and adolescents cared for in Child and Adolescent Mental Health Centers (CAMHC) declare having witnessed DV (WDV) between their parents. However, there are low specialized therapeutic tools to intervene effectively. In this line, the research team of the current project adapted and manualized a group treatment designed to treat children and adolescents between 8 and 16 years old WDV on an outpatient basis called: "Manual of Emotional Regulation and Interpersonal Abilities group Therapy - MERITA".

Objective

To assess the effectiveness of MERITA in children and adolescents WDVs and treated at the Infant and adolescent mental health center.

Method

Participants: 91 WDVs aged 8-16 from the CAMHC of the Hospital Sant Joan de Déu. This sample was divided into:

MERITA treatment (treatment group, 55.6%)

Control group, (44.4%).

Three-point times were assessed, pre, post and 3-month follow-up (3MFU).

Results

In the treatment group:

↓traumatic symptomatology in pre-post (t=2.1;p=0.043), and pre-3MFU (t=2.65;p=0.014).

Specifically, ↓behavioral/cognitive avoidance (pre-post, t=3.11;p=0.004 and pre-3MFU, t=3.26;p=0.003), and in re-experiencing and cognitive/ mood alterations (t=2.58;p=0.016) ↓pre-3MFU.

Pre-3MFU, ↑emotional clarity (+score +difficulties in DERS test; e.g. ‘I am clear about what I feel’) and ↓mother’s overprotection (in PBI test, e.g. ‘She tries to control everything I do’).

Between pre-post, general family functioning improved (t=-2.26,p=0.033; +score + difficulties).

Conclusion

MERITA treatment effectively reduces traumatic symptoms and improves family emotional functioning, such as communication/problem solving and the perception of one's emotions.

In addition, MERITA treatment helps to improve attachment, specifically in reducing maternal overprotection.

PO-3-046

Sleep problems and immune-related complaints in children and adolescents with Autism Spectrum Disorder: the sweet DREAMS study

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Sleep problems are highly prevalent in youth with autism spectrum disorder (ASD) and include insomnia symptoms, sleep disordered breathing, parasomnias and sleep related movement disorders. Furthermore, children and adolescents with ASD often experience difficulties in their biological rhythm, which is not only linked to difficulties settling down (due to ASD symptomatology or comorbid psychological problems), but also to altered melatonin production. Next to problems with sleep and the circadian rhythm, immune-related conditions (i.e., allergies, dermatitis, asthma and autoimmune disorders) occur more often in children and adolescents with ASD compared to children without ASD. Previous studies have shown that both sleep problems and immune-related conditions (e.g., inflammatory processes) were related to the severity of ASD symptoms. Moreover, an intricate link between melatonin and inflammatory markers has been shown in previous research. It is expected that sleep problems and immune-related complaints interact in their effect on problem behavior, such that the effect of sleep problems on problem behavior is stronger for children and adolescents with immune-related complaints compared to those without comorbid immune-related complaints.We will utilize data of the DREAMS cohort to present the prevalence of sleep problems and immune-related complaints in children and adolescents with ASD (N ~ 3.000, age range 1-18 years). In addition, we will examine the potential interaction effect between sleep problems and immune-related complaints on internalizing and externalizing problems as assessed with the Child Behavior Checklist. Potential interventions for improving mental care for children and adolescents with ASD will be discussed.

PO-3-045

High functioning autism spectrum disorder (HFA) and gender identity(GI) in children and adolescents. An explorative comparison study with non-autistic (NA) population at a Gender Identity Unit (GIU). Initial reflections from an interdisciplinary team

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Background.Co-occurrence between autism and gender diversity is around 5-13%. Although there is a recent increase in social attention and literature, comparative studies between HFA and NA paediatric population as well as clinical guidelines are still scarce.

The GIU at Sant Joan de Deu Hospital cares for individuals with diversity in gender identity in a paediatric hospital with an interdisciplinary team.

Aims.This study aims to describe the proportion of HFA children/adolescents who consult at the GIU, to compare data related to transition process with NA population and to provide reflections for the accompaniment of these people and their families/caregivers.

Methodology.Quantitative descriptive analysis of data collected from 2016-April 2022 of cases referred to the unit is provided.

Results.264 cases were assessed(mean age=12.6), with 36%(95/264) presenting traits(25%, 66/264) or diagnosis of HFA(11%, 29/264). Non binary self-perceived identity(13% vs 8.72%;X2=10.6,p=0.05) and non normative sexual orientation(55.3% vs 27.5%;X2=41.52,p=0.001) were more frequent among HFA population. NA had earlier disclosed their situation to their families(87%vs 74%;X2=5.42,p=0.020), but perceived less support(25.28%vs 17%;X2=6.03,p=0.04). Proportionally, more NA individuals had begun changes in their administrative documents(18% vs 7%; X2=4.7,p=0.027), and hormonal treatment(33% vs 20%,X2=4.9,p=0.020).

HFA presented more co-occurrent mental health problems(74.3% vs 56.6%;X2=7.9,p=0.005), and anxiety problems(39.7% vs 27%; X2=4.45,p=0.035).

Discussion.Diversity in gender identity is a relevant aspect when working with HFA, requiring more training from professionals involved. The accompaniment must be adapted and individualized. It is necessary to increase scientific

and clinical literature including the intersectional perspective, and qualitative studies that collect the experiences of people with autism and gender-sex diversity.

PO-3-113

The YOUth Cohort Study has made all data on brain and behavioral development of thousands of children available for GDPR-compliant use in research

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The YOUth Cohort Study provides an extensive longitudinal data set on brain and behavioral development of thousands of children. These data include 3D-ultrasound sweeps of the foetal brain, eyetracking, EEG, (f)MRI, computer tasks, cognitive measurements and parent-child observations. We also collect a broad range of questionnaires on behaviour, personality, health, lifestyle, parenting, child development, use of (social) media and more. Finally, we collect (umbilical) blood samples, buccal swabs, saliva and hair samples. YOUth has been a trailblazer for open science since the start in 2013, showing that sharing sensitive, complex data sets among researchers is not only possible, but also a sustainable and efficient way to conduct research. YOUth fosters open, sustainable research with large sample sizes: data are now available for GDPR-compliant use inresearch through safe, managed access. Requesting data is simple: submit your proposal and select the data you request with just a dew clicks via our online data request system. YOUth has recently been awarded the Dutch Data Prize, a valuable recognition of researchers' contributions to their own field and to the principles of FAIR data.

PO-3-044

Everyday Executive Function in Autism Spectrum Disorder and Attention-Deficit/Hyperactivity Disorder: a 10-year Longitudinal Study from Childhood/Adolescence to Emerging Adulthood

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We investigated everyday executive function (EF) development in individuals with Autism Spectrum Disorder (ASD), Attention-Deficit/Hyperactivity Disorder (ADHD), and typically developing (TD) individuals. There were 173 participants at baseline (T1, M_{age} 11.7 years, ASD = 38, ADHD = 85, TD = 50), 166 at 2-year follow-up (T2), and 126 at 10-year follow-up (T3). Participants were assessed with the Behavior Rating Inventory of Executive Function (BRIEF) parent-report at T1 and T2 and the BRIEF-Adult self-report at T3. Scores on the Behavioral Regulation Index (BRI), Metacognition Index (MI), and Global Executive Composite (GEC) were analyzed using linear mixed models. Results showed that ASD and ADHD participants had more everyday EF problems than TD participants at baseline (ASD: Hedges' g for BRI, MI and GEC = 2.70 - 3.00; ADHD: Hedges' g for BRI, MI and GEC = 1.91 - 2.85). From T1 to T2, EF improved in ADHD relative to TD participants on the MI and GEC. Both clinical groups had better development from T2 to T3 than TD participants on each EF measure. ASD participants had better development on the BRI than ADHD participants from T2 to T3. At T3, the ASD and ADHD groups continued to display more EF problems relative to TD individuals (ASD Hedges' g for BRI, MI and GEC = 1.03 – 1.20; ADHD Hedges' g for BRI, MI and GEC = 1.02 - 1.16). In conclusion, individuals with ASD and

ADHD showed delayed development, but decreasing levels of impairment in everyday EF from childhood/adolescence into emerging adulthood.

PO-3-093

Childhood-onset schizophrenia

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Childhood-onset schizophrenia (COS) is a rare condition, and despite symptoms indicative of psychosis, diagnostic assessment is challenging in children. Also, the duration of untreated psychosis is longer in early onset schizophrenia than in adult schizophrenia. To optimize the diagnostic process of COS, the Department of Child and Adolescent Psychiatry, Aarhus University Hospital, has implemented a procedure of inpatient admission of children suspected of COS that includes a multi-disciplinary team collaboration across units.

We aim to describe the assessment and conclusions of cases referred to the ward for children age 7 to 13 during the period 2019-2022 as well as the derived recommendations for future systematic assessment of COS.

Eight patients with a mean age of 11.4 years were admitted. Mean length of admission was 5.7 months. Mean length of diagnostic assessment and clarification during admission was 2.9 months. Seven patients were diagnosed with Undifferentiated schizophrenia (F20.3) and one patient with Paranoid schizophrenia (F20.0). Four had been in contact with psychiatric hospitals prior to the present admission, three with unidentified psychotic symptoms. Time from initial symptoms to diagnostic clarification and medication varied from a few days to several years. All but one had one or more additional secondary diagnoses which will be accounted for at the conference. Assessment including observations, interviews and several psychological and psychiatric tests will be described in detail.

On the basis of existing literature and the experiences of the project, suggestions for best clinical practice for children with suspicion of COS will be presented and discussed.

PO-3-004

IS SOCIAL MEDIA IMPORTANT IN ADOLESCENTS WITH EATING DISORDERS?

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Introduction: Eating disorders (ED) are complex entities that mainly affect adolescents and young women.

96% of Spanish youth (15-29 years old) use daily Internet. 83% use Social Networks. Internet could be a good way to spread information through social media providing material and means to achieve the body culture purpose. Social media could influence and trigger the development of ED.

Objectives: Analyse the preferred social network by adolescents diagnosed with eating disorders, as well as measure characteristic and time-use of these networks.

Methods: Transversal study. We developed a survey to reflect the use of the main social networks (Instagram, Facebook, Snapchat, Twitter, YouTube and Reddit) in adolescents diagnosed with ED in Spain, who are in outpatient treatment in a specialised ED unit.

Results: The total number of adolescents interviewed was 65; of these 96.9% were females and 3.1% males. The mean age was 14.8 years.

The preferred social network was Instagram (54%), followed by TikTok (34%) and YouTube (6%).

Most of the patients (68%) admitted checking Instagram daily, and 31% reflected spending between 1-3 hours/day. None of the adolescents reported using Facebook or Reddit.

The majority of adolescents (89%) admitted having ignored friend requests while 12% reflected the importance of having a high number of followers as a way of external validation, getting more 'likes' and getting to know more people.

Conclusions: The obtained results reinforce the need of taking into account the use of Social Media in adolescents with ED and how it may influence their pathology.

PO-3-003

Determinants for re-admittance of childhood and adolescent eating disorder individuals into adult psychiatric treatment facilities: A register-based cohort study in Denmark

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Introduction

Anorexia nervosa (AN), bulimia nervosa (BN) and eating disorders not-otherwise specified (ED-NOS) often commence in childhood and adolescence, and for a substantial number of patients continue into adulthood. The aim of this study was to estimate the influence of determinants for re-admittance to Adult Mental Health services (AMHS) for an Eating Disorder (ED) or another psychiatric disorder for individuals diagnosed with an ED before the age of 18 years in the Child and Adolescent Mental Health services (CAMHS).

Methods

We retrieved data on all individuals born in Denmark 1989-1996, who had a diagnosis of AN, BN, or ED-NOS between the ages of 6 and 18 years. Individuals were followed until re-admission or to the end of 2016. The influence of the following determinants was estimated (using Cox regression): Sex, age at initial diagnosis, type of ED, psychiatric and somatic comorbidity, duration and intensity of CAMHS treatment, school performance, and parental socioeconomic status.

Results

In CAMHS 1,797 individuals were diagnosed with AN, 356 with BN and 831 with ED-NOS, of which 22.0%, 24.4% and 12.3%, were re-admitted to AMHS for an ED, or 19.6%, 23.3% and 24.6%, for another psychiatric disorder. The highest risk of re-admittance had individuals who were diagnosed at the age of 16-17 years, had psychiatric comorbidity or underwent childhood inpatient treatment.

Conclusion

The need for AMHS was the highest for individuals with severe EDs and those not fully recovered. Psychiatric comorbidity may complicate the course of EDs and should be targeted in the treatment of EDs.

PO-3-022

A following wave pattern of suicide-related pediatric ER admissions during the COVID-19 pandemic

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The COVID-19 pandemic and response, which included physical distancing and stay-at-home orders, disrupted the daily lives of children and adolescents, isolating them from their peers, school, and other meaningful contacts. The present study aims to add to the accumulating evidence on the pandemic's impact on child and adolescent suicidal behavior. Data were extracted from Schneider Children's Medical Center of Israel's pediatric emergency room (ER) admissions for psychiatric consultation for suicidal-risk assessment between January 1, 2020, and April 16, 2022. We applied time-lagged cross-correlation analysis and a Granger causality test to assess temporal relationships between COVID-19 infection waves and patterns of suicide-related ER admissions. The results revealed a significant lagged correlation between national COVID-19 infection rates and ER admissions rates. The highest correlation was above 0.4 and was found in a lag of 80 to 100 days from infection rate to ER admission rate. The findings show that the effects of public crises change over time and may be lagged. This may have important implications for mental health services' readiness to serve growing numbers of children and adolescents at risk for suicide.

PO-3-112

The Associations Between Dissociative Tendencies, Emotions Of Self-Consciousness Aad Attachment Quality in Adolescent Age Group

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The aim of this study is to investigate the relationships between emotions of self-consciousness, attachment quality, and dissociation levels in adolescents. The sample of the research consists of 192 female and 129 male secondary school students. The mean age was 14.98±1.82 for females and 15.20±1.80 for males. The test of self-consciousness affect for adolescents, inventory of parent and peer attachment, adolescent dissociative experiences scale, and socio-demographic data form were used. Correlation analyses and multivariate linear regression analysis were performed. The results of this study indicated that insecure attachment to mother and father; shame,detachment and externalization self-consciousness affect levels significanty predict dissociation levels in adolescents. It should be suggested that in psychotherapeutic field,focusing on attachment insecurity and self-consciousness emotions in adolescents with dissociative symptoms can improve the success of therapeutic interventions.

PO-3-009

Promotive factors for poor mental health among adolescents with experience of close relatives having severe health conditions

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*Background:*Adolescents with close relatives having severe health conditions or who have died (RSHC) are vulnerable, with long-term influence on life and health.

Aim:

This study investigated how adolescents with experiences from having RSHC report their mental health and promotive factors and the influence of these compared to peers without these experiences.

Methods:

A cross-sectional school-based survey among 15–18-year-olds (N=3,410) in Sörmland, Sweden, was used to analyse the association between poor mental health and experiences from having RSHC within four categories: physical or mental illness, addiction, disease or having died. Logistic regression models were performed, adjusting for background factors, home relations, lifestyle, school, and safety in everyday life.

Results:

Adolescents with experiences from having one RSHC had an aOR of 1.45 (95% CI:1.23–1.72) for poor mental health and those with experiences from several RSHC had an aOR of 2.35 (95% CI:1.94–2.84) compared to those with no RSHC. Eleven promotive factors were identified: the strongest being happy with life, having good sleep quality and not being bullied. The greatest aOR for poor mental health was seen among adolescents with the combination of experiences from several RSHC categories and few promotive factors (18.83: 95% CI:11.86–29.91).

*Conclusions:*Adolescents with experiences of RSHC have increased odds for poor mental health compared to adolescents without these experiences. However, those having experiences from several RSHC had the greatest odds for poor mental health. When meeting adolescents with RSHC, supporting promotive factors may play an important role in increasing mental health.

PO-3-101

The Effects of Maternal Healthcare in Cerebral Palsy Cases in Jordanian Children and Proposed Prevention and Intervention

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Introduction

Cerebral palsy has been reported amongst Jordanian children at a staggering rate of 44 cases per 1000 live births; worldwide statistics estimate 4 cases per 1000 live births. Premature birth has been identified as a risk factor for cerebral palsy; maternal healthcare in Jordan is inadequate, with a number of deficiencies in the hospital system. Moreover, sociocultural beliefs–fear, feelings of submissiveness, and religion–are associated with a refusal to seek medical care.

Method

The poster addresses the impact of Jordanian sociocultural beliefs and deficiencies within maternal healthcare–an influx of cerebral palsy cases–on children's development and mental health, as well as provides preventative measures and proposed interventions.

Results

Jordanian children with cerebral palsy experience difficulties with motor skills, cognitive abilities, anxiety, chronic pain, and depression. The majority of affected children don't receive necessary treatment violating Article 23: Children With Disability. Moreover, 75% of children affected didn't attend school breaching Article 28: The Right to Education.

Conclusions

Proposed preventative methods include educating expecting mothers on medical care, hiring more female doctors, utilizing the COVID-19 ACT-Accelerator program to manufacture and distribute vaccines and prenatal supplements, and creating medical residency programs in Jordan for non-citizens. Proposed interventions include reallocating CPF funding and increasing the magnitude of early intervention programs. Future interventions encompassing preventative ideologies can lower the frequency of cerebral palsy cases; reallocation of funding paired with increased accessibility to intervention programs can aid the infringement of children's rights and impairments of child development.

Keywords: Jordan, children, cerebral palsy, maternal healthcare, premature birth

PO-3-111

Acute and Chronic Cognitive Side Effects of AEDs in Adolescents with Epilepsy

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Background. The aim of the study was to evaluate the acute (ACSE) and chronic (CCSE) cognitive side effects of the most common AEDs in adolescents with epilepsy.

Materials and methods. A prospective study was conducted on 58 adolescents with newly diagnosed epilepsy and prescribed monotherapy (CBZ, VPA, TPM, LVT, LTG) and 16 adolescents with epileptic seizures uncontrolled by monotherapy, who have prescribed polytherapy (CBZ+VPA, LTG+VPA, VPA+LVT). All adolescents were examined using Cambridge Neuropsychological Test Automated Battery before and every 10 days after initiation of therapy with AEDs in order to assess ACSE. Additionally Cogtest automated battery was used at the baseline, in 2 months of the study, and after every month for 10 months since re-randomization to assess CCSE.

Results. No ACSE were found in adolescents treated with LTG and LVT in average therapeutic doses. One in two adolescents treated with VPA (>1,000 mg/day) and those treated with CBZ demonstrated ACSE. The most frequent ACSE impairment was observed in adolescents treated with CBZ (>600 mg per day) and those on combined CBZ and VPA therapy. Adolescents treated with LTG and LVT in a wide range of doses did not demonstrate CCSE after 12 months of treatment. While TPM monotherapy, more than half of adolescents treated with CBZ+VPA demonstrated CCSE.

Conclusions. Adolescents who received CBZ, VPA, and CBZ+VPA therapy are to be closely monitored for possible ACSE and CCSE, on TPM therapy for possible ACSE at the dose titration stage. Therapy with LVT and LTG does not require of CSE monitoring.

PO-3-100

Facilitating evidence-based mental health assessment using the MHIRA platform - a project aimed at low- and middle-income countries

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The Mental Health Information Reporting Assistant (MHIRA; https://mhira.app) is an open-source ‘electronic health record’ developed for mental health and with a focus on facilitating the use of evidence-based assessment in clinical routine.

We will report the results of an implementation study conducted in Tanzania, Kosovo and Chile with the following hypotheses:

H1 - An implementation of MHIRA with useful questionnaires and reports at a health care service will increase usage of evidence-based assessments (psychometric questionnaires and other psychometric tools). H2 - The usage of MHIRA is

acceptable, appropriate and feasible from the perspective of health care workers. H3 - The usage of MHIRA at a health care service can be sustainable.

The protocol of the study has been published: https://osf.io/j42g3

PO-3-038

Problematic Internet Use (PIU) In Adolescents: Exploring the Role of Social Reciprocity

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Introduction:

The Internet provides immediate access to explore information and serves as an easy way for communicating. However, a loss of control over Internet use might negatively impact adolescent mental health. Problematic Internet Use (PIU) is a suggested phenomenon of one type of behavioral addiction. We aim to evaluate the social reciprocity measures of PIU adolescents in the presence of psychopathology.

Method:

45 PIU cases and 30 control cases between the ages of 12-17 were evaluated. Psychiatric diagnoses of randomly selected children from the University Outpatient Child Psychiatry Clinic were established by using the Kiddie Schedule for Affective Disorders and Schizophrenia. The children filled out the Strength and Difficulties Questionnaire, Social Reciprocity Scale, and Internet Addiction Scale (IAS). Cases with IAS scores over 40 were defined as PIU.

Results:

Boys were significantly more described as PIU ($p<0.05$). Cigarette smoking and energy drink consumption ($p< 0.05$), sleep problems ($p<0.05$), and poor social skills ($p< 0.001$) were significantly present in the PIU group. Logistic regression analyses revealed that poor social response skills, exposure to the Internet at younger ages, unlimited internet connection at home, energy drink consumption, and having a psychiatric diagnosis were significantly associated with PIU.

Conclusion:

Situational factors such as easy access to an unlimited Internet connection at earlier ages must be taken cautiously into consideration. Psychiatric comorbidity, sleep disorders, and overconsumption of energy drinks may carry a higher preponderance of PIU in adolescents. Social skills training could be a protective factor regarding PIU's effects on the risk groups.

PO-3-021

SUICIDALITY IN EMERGENCY CHILD AND ADOLESCENT PSYCHIATRIC SERVICE USERS PRE- AND DURING COVID-19

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Background: Studies on suicidal behavior in youth during the COVID-19 pandemic report unchanged or lower rates of suicidal behaviors in children and adolescents in early pandemic and later increase.

Aims&Objectives: To determine possible changes in the frequency and severity of suicidal behaviors in the Slovene children/adolescents seeking emergency psychiatric help in correlation to the COVID-19 pandemics and online schooling.

Materials&Methods: We performed a retrospective chart review of patients referred to the only 24-hour emergency CAMHS in Slovenia from March 2019 to end July 2021. Age, gender, suicidal ideation, current and past attempted suicide were extracted. Two independent samples comparisons (all assessed and admitted patients, suicidal patients, and those attempted suicide) were conducted between the months where the schools were closed for at least one day and the months without closures. The same months were also compared in pairs: months during COVID-19 pandemic (from March 2020) vs. the same months before the pandemic.

Results: 1966 patients were assessed. There were no statistically significant differences in any of the observed frequencies with regards to the school closures. However, there were statistically significantly more patients with suicidal ideation (p=0.015) and after attempting suicide (p=0.004) during the pandemic as individually compared to the corresponding pre-pandemic months.

Conclusion: The need for urgent CAP services in Slovenia increased during the COVID-19 pandemics. The increase was shown only after a year of the duration of the pandemic. It did not seem to directly correspond to the school closures but more likely to the duration of the pandemic.

PO-3-081

Multi-omics Reveals Candidate Biomarkers for SSRI Response in Depressed and Anxious Children and Adolescents

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Objectives: While selective serotonin reuptake inhibitors are the most commonly used class of antidepressants in youth, markers for predicting treatment outcome are still lacking. The interplay of clinical, genetic, epigenetic, and metabolic factors, and their predictive power on treatment outcome in the young population should be studied in order to better pre-identify patients for non-response to serotonin selective reuptake inhibitors.

Experimental Procedures: Children and adolescents with depressive and/or anxiety disorders were treated with SSRI. Extensive clinical assessment was collected at baseline (pre-treatment). Five data domains were produced for each patient: phenotype data and multi-omics (SNP array, microRNA profile, methylation analysis, and metabolomics). Treatment response was defined according to the clinical global impression severity – improvement scale.

Methods: Each omics data (pre-treatment) was QCed and analyzed independently, by state-of-the-art statistical approaches. The predictive power of each set of markers was assessed. A polygenic risk score model was constructed

to represent genetic propensity to SSRI response. Finally, all markers were integrated into a multi-omics prediction model using machine learning.

Results: A Total of 40 predictive biomarkers were subjected to feature selection and predictive modeling, resulting in a non-linear classification model with 12 multi-omics features. Multi-omics model reached a ROC AUC of 0.93 (sensitivity of 0.79, specificity 0.91, NPV 0.89 and PPV 0.83).

Conclusion: Our results support a decisive role for machine learning in multi-omics studies of antidepressant treatment. Especially, predictors related to epigenetics moderate treatment success. However, prospective application of prediction models will be necessary to prove their clinical value.

PO-3-075

Utilization of an Unguided Online Self-help Intervention for Parents of Children with Externalizing Disorders

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Objective: The effectiveness of the web-assisted self-help program (WASH) for parents of children with externalizing disorders was proven in a randomized-controlled trial (Döpfner et al., in prep.). The purpose of this study was to (1) describe and (2) predict utilization of the intervention by factors of the caregiver and/ or child. The results will be helpful for health care practitioners to specifically recommend web-assisted self-help to caregivers who will likely use this kind of intervention.

Method: The study used data from the German WASH study (Döpfner et al., 2020). Participants (n=276) received access to the intervention. Data was collected before (T1) and after intervention (T2). Prediction models were calculated using CART analyses (decision trees).

Result: The initial uptake rate for the intervention was 85%. Average usage was five logins, 4.8 hours usage time and average processing 31% of the content. Participants in WASH with telephone support used the intervention more often and more intense (p=.001) than those with web-based only. Predictor analyses confirm these results.

Conclusion: Based on the precise description of utilization parameters, we were able to gather a better understanding of acceptance and utilization with web-assisted self-help as ADHD and ODD treatment. HCPs should use these findings to recommend web-based interventions to suitable families. It should be noted that some form of support is required for actual intensive engagement with the content.

PO-3-069

A Randomised Wait-list Controlled Trial Evaluating 1-2-3 Magic and it's Effectiveness on Families with Children with ADHD

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1-2-3 Magic is a valid psychological behavioural intervention for parents/carers of children with ADHD to ultimately improve the child-parent relationship.

Due to the COVID-19 pandemic, 1-2-3 Magic is currently unprecedentedly administrated online. As this is a novel method of administering the programme, the effectiveness of online 1-2-3 Magic is unknown.The ongoing study is a randomised waiting-list controlled trial that was designed to evaluate whether 1-2-3 Magic can improve and introduce innovative parenting techniques suitable for children with ADHD and thus improve the parent-child relationship and create a calmer home environment.

100 parents/carers living with a child diagnosed with ADHD, aged 12 or under were recruited from January 2022 to March 2022 and randomly allocated to one of three arms (groups). Parents/carers were recruited via flyers posted on ADHD support groups on Facebook and parenting forums, connections of ADDISS (the National Attention Deficit Disorder Information and Support Services), and various other social media platforms such as Linkedin, Instagram and word of mouth.

Outcome measures are parent self-efficacy using the Tool to measure Parent Self Effficacy (TOPSE), and child problem behaviour measured through the Eyberg Child Behaviour Inventory (ECBI). The ECBI has two components; ECBI-Intensity (ECBI-I) and ECBI-Problem (ECBI-P). The primary analysis will be a 3 and 6 month comparison of change of scores of TOPSE and ECBI from baseline between Arm 1 and Arms 2 and 3.

PO-3-068

ADHD persistence from childhood into young adult age

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Introduction: The aim of this study was to estimate ADHD persistence in a European clinical sample of children diagnosed with ADHD and followed prospectively for 10 years into young adulthood. **Methods:** We assessed 85 children with ADHD at baseline (Mage= 11.6, SD = 2.1, 54% male) and re-assessed 59 at 10-year follow-up (Mage= 21.4, SD = 2.3, 54% male). ADHD symptoms at baseline were assessed with a semi-structured clinical interview (Kiddie-Schedule for Affective Disorders and Schizophrenia/Present and lifetime version) and parent rating scales (ADHD Rating Scale IV, Child Behavior Checklist). ADHD symptoms at 10-year follow-up were assessed with a semi-structured clinical interview (MINI-Plus) and self-report scales (ADHD Self-Report Scale version 1.1 screener, Adult Self Report). Functional impairment at 10-year follow-up was assessed with the Global Assessment of Functioning scale. **Results:** At 10-year follow-up, 39% met ADHD symptom thresholds based on clinical evaluation using MINI-Plus or the ADHD SelfReport Scale version 1.1 screener or the Adult Self Report together with clinicians' rating of functional impairment. **Conclusion:** ADHD persistence rates in this European clinical sample match previous estimates and indicate that a significant proportionof those diagnosed with ADHD as children still exhibit clinical levels of ADHD symptoms in adulthood.

PO-3-037

The Relationships between Adolescent and Parental Emotion Dysregulation, Anxiety, Depression and Adolescent School Refusal Behaviours

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This study investigated parental and adolescent covariates that may be associated with school refusal behaviours (SRB) by specifically focusing on the role of parental and adolescent anxiety and depression, emotion dysregulation, and parental rearing style. SRB refer to behaviours to avoid school attendance, chronic lateness in arriving at school, or regular early dismissal. Such behaviours are highly correlated with mental ill-health such as anxiety, depression, suicide attempts, and substance use and abuse, as well as lower achievement in school and problematic social-emotional development. Long-term consequences of SRB include social difficulties, fewer opportunities for higher education and employment, and high risks of later psychiatric illness. Given its negative impacts, a thorough understanding of factors that are involved in the development of this phenomenon is warranted for developing effective management approaches.

One-hundred-and-six adolescents aged 12-18 years and their parents completed an online questionnaire measuring both parental and adolescent anxiety, depression, emotion dysregulation, parental rearing styles, and adolescents' school refusal behaviours. Adolescents with SRB reported greater anxiety and depression, with their parents showing greater emotion dysregulation than their non-SRB counterparts. Parental emotion dysregulation, adolescent age, adolescent anxiety, and depression were positively associated with SRB independently.

This study is one of the very few that investigated both parental and adolescent factors in relation to SRB in adolescents. The findings support the theoretical models that emphasise the roles of youth and parental psychopathology in SRB. Future management of SRB should target adolescents' anxiety and depression while incorporating training for parental emotion regulation skills.

PO-3-067

The Effect of Neurocognitive Exercise Program on ADHD Symptoms, Attention, and Dynamic Balance in Medication Naive Children with ADHD: A Pilot Study

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Objective: Attention Deficit Hyperactivity Disorder (ADHD) is one of the most common neurodevelopmental disorders with heterogeneous clinical features such as inattention, hyperactivity, and impulsivity. Many different types of exercise interventions were employed for children with ADHD. However, previous studies have usually examined the effects of non-specific exercise programs or short-term effects of exercise. The aim of this study is to investigate the effect of the Neurocognitive Exercise Program (NEP), which is a personalized specific exercise program, on symptoms, attention, and dynamic balance in medication-naïve children with Attention Deficit Hyperactivity Disorder (ADHD).

Method: Fourteen medication-naive children (7-12 years) with ADHD were included in the intervention group. NEP was performed once a week, for ten weeks. The intervention group also performed a structured home exercise program for other six days, for ten weeks. The children in the intervention group were assessed at baseline, in the third month, in the sixth month, and in the twelfth month regarding ADHD-related symptoms, attention, and dynamic balance. Fifteen age-matched typically developing children were assessed once for establishing normative values.

Result Hyperactivity-Impulsivity score and dynamic balance were found to improve after NEP in the third month ($p<0.05$).

Conclusion: The NEP may provide beneficial effects on hyperactivity-impulsivity and dynamic balance in children with ADHD, and the improvements may be maintained in the long term.

PO-3-066

RCT and Open Label results on efficacy and safety of a multinutrient treatment of children with ADHD: the MADDY Study

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Background: The post-RCT open label extension (OLE) compared the effect of a multinutrient treatment by duration (8 weeks vs 16 weeks) on ADHD and emotional-dysregulation symptoms and physiological response from the Micronutrients for Attention-Deficit/Hyperactivity Disorder in Youth (MADDY) study.

Method: Children aged 6-12 years with ADHD and emotional dysregulation, first randomized to multinutrients vs. placebo for 8 weeks (RCT), then received 8-week OLE for a total of 16 weeks. Assessments included the Clinical Global Impression-Improvement (CGI-I), Child and Adolescent Symptom Inventory-5 (CASI-5), and Pediatric Adverse Events Rating Scale (PAERS), and anthropometric measures (height and weight).

Results: Of the 126 in the RCT, 103 (81%) continued in the OLE. For those initially assigned to placebo, CGI-I responders increased from 23% in the RCT to 64% in the OLE; those who took multinutrients for 16 weeks increased from 53% (RCT) to 66% responders (OLE). Both groups improved on the CASI-5 composite score and subscales from week 8 to week 16 (all p-values<0.01). The group that took 16 weeks of multinutrients had marginally greater height growth (2.3 cm) than those who took 8 weeks (1.8 cm) (p=0.07). No difference in AEs between groups was found.

Conclusion: Response rate to multinutrients by blinded clinician ratings at 8 weeks was maintained to 16 weeks; response rate in the group initially assigned to placebo improved significantly with 8 weeks of multinutrients and almost caught up with those who received 16 weeks. Longer time on multinutrients did not result in greater AEs, confirming an acceptable safety profile.

PO-3-036

Child and Adolescent Aggression: Whose Job Is It Anyway?

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Background: Aggression in children and adolescents presents a significant problem for mental health clinicians, services and society. But does anything work for this problem? And whose job is it to do something about this?

Objectives: The aim of this paper is to selectively review the evidence-based management of child and adolescent aggression to inform clinical practice and discuss implications for societal approaches.

Methods: Narrative literature review and discussion of implications.

Findings: The costs of child and adolescent aggression are significant. Risk factors encompass static factors and factors amenable to modification. However, it takes a village to raise a child. Evidence-based management includes improving parenting management, addressing underlying drivers for aggression, thoroughly treating comorbid psychiatric disorders, family therapy, multimodal interventions and specific biological strategies.

Conclusions: Improved management of aggression in children and adolescents has the potential to markedly alleviate both direct and indirect costs for individuals, families, potential victims and broader society. Whose job is it to do something? Communities, political leaders, government, business, community leaders and critically psychiatrists need to work on this. Psychiatry must not stay on the sidelines. Children matter. Their families matter.

PO-3-035

”You cannot just stop life for just that” – a qualitative study on children´s experiences on refugee journey to Sweden

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Many child refugees are exposed to violence and other adverse experiences with well-known detrimental consequences on mental health. However, the current group of approximately 40 million child refugees is heterogeneous, stressing the importance of first-person perspectives in understanding children's unique experiences and needs related to the migration process. Identifying contextual factors promoting health and resilience is also essential. For instance, the roles children play as active agents in constructing their own lives and adapting to different environments are poorly described in contemporary research on child refugees and their mental health.

To address these knowledge gaps, we conducted qualitative interviews with a reflexive thematic analysis with eighteen child refugees in Sweden. This resulted in two main themes: *A longing for the good life that, however, cannot be taken for granted* and *Displacement as a test of the agency.* The narratives indicate that children, although exposed to different challenges, have experiences of ordinary childhood with a desire for the good life with prospects. The results also show that children execute active and adaptable agency in various context-dependent ways. Still, participation in decision-making and respect for a child's rights cannot be taken for granted. Reaching the full age appears as a confusing and ambivalent transition due to changes in rights and privileges.

The results pinpoint several possibilities to address factors that pose a risk to health and restrictions of rights among child refugees.

PO-3-057

What makes the difference? Reduction of restrictive interventions in an adolescent psychiatric ward.

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In adolescent psychiatric wards many interventions have been implemented to reduce the incidence of restrictive practices. However, it often remains unclear which impact they have. To investigate the significance of the initiatives implemented in an adolescent ward milieu a retrospective study was performed.

Information about initiatives to reduce the use of restrictive practices was collected from documents in the ward, e.g. minutes from staff and whiteboard meetings from 2015 to 2022. In the same period, incidence of restrictive interventions was registered in the region's electronic register. Information on initiatives and the incidences of restrictive interventions were compared using descriptive statistics and incidence rates.

Twenty-one different initiatives were initiated in the ward during the study period. The final results of the analysis will be available at the time of the congress, but preliminary inspection of data suggests that none of the interventions led to a sustained decrease in the number of coercive episodes. However, some of them seem to reduce the incidence of restricted interventions over a period of time.

In March 2020, the COVID-19 pandemic reached Denmark. A high rate of restrictive interventions was seen in the first winter of the pandemic in 2020/2021 where many activities in the ward were cancelled.

Preliminary conclusion: None of the initiatives implemented appears to have led to a permanent reduction of restricted interventions. However, a decline following some of the initiatives indicates that attention on the topic may have an impact.

PO-3-041

Utility of developmental assessment for early intervention in young children with ASD

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Introduction

Early diagnosis of young children with Autism Spectrum Disorders (ASD) needs to be followed by effective interventions to support their overall development. However, access to and availability of intervention services varies across regions, making early intervention challenging for many. Developmental assessment is usually administered to assist with diagnostic workouts and to monitor child’s development and progress. At such, it is a promising tool to empower parents to start intervention.

Patients and methods

Children were recruited after diagnosis from the Child Development Centre of a teaching hospital in Malaysia as part of a larger trial to screen for ASD in young children. The Griffith Scales of Child Development (Griffiths-III) which provides a profile of strengths and weaknesses across 5 areas of development was administered to 20 children with ASD below the age of 36 months. The young child is accompanied by parents during the assessment.

Results

Almost half of the children (45%) were an only child and both parents work in 75% of the families. Significant delays were found in the areas of language and communication as well as personal-social-emotional corresponding to the core features of ASD. All the parents reported that they have gained new information about their child after the assessment and have a better idea of what to do at home.

Conclusion

Developmental assessment provides an overall profile of both strengths and weaknesses in the child. This can guide modern parents in setting goals for intervention at home while awaiting services.

PO-3-034

Does Future Orientation Matter to Adolescent School Dropouts in South Korea? Its Influence on Delinquency and the Moderated Mediating Effect of Depression by Out-of-school Duration

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Background and purpose: Along with gradually increasing the number of adolescent school dropouts in South Korea, research on examining factors related to their delinquency has been consistently requested. In particular, future orientation is recently getting attention as a protective factor against delinquency among school dropouts, because encouraging hope can be a way to ensure healthy development for such a vulnerable population group. Thus, this study aims to verify the influence of future orientation on delinquency among adolescent school dropouts, with a particular attention to investigating the moderated mediating effect of depression by out-of-school duration.

Methods: Using a sample of 733 adolescents who were not in school at the point of survey from the 1st wave's raw data of the Panel Survey of School Dropouts, this study conducted analyses with the Process macro method's Models 4 and 7.

Findings: First, adolescent school dropouts' future orientation negatively and significantly influenced delinquency. Second, school dropouts' depression fully mediated the influence of future orientation on delinquency. That is, the level of future orientation decreased the level of depression, which in turn decreased the level of delinquency. Third, the mediating effect of future orientation on delinquency through depression was moderated by out-of-school duration. Specifically, when out-of-school duration became longer, the protecting effect of future orientation on delinquency through depression became larger.

Conclusions and implications: Based on the findings, this study discusses how to deal with school dropouts' delinquency through a social work education program where knowledge and practice skills regarding thinking hopefully to the future.

PO-3-019

COVID-19-induced Economic Deterioration and Smartphone Overdependence among Adolescents in Single-parent Families in South Korea

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Background and purpose: Under COVID-19 pandemic, concern about smartphone overdependence among adolescents in single-parent families is increasing in South Korea. In this sense, this study examines the influence of

COVID-19-induced economic deterioration on smartphone overdependence among adolescents in single-parent families, with particular attention to investigating the moderated mediating effect of gender through anxiety.

Methods: This study used a nationally representative sample of 5,851 adolescents in single-parent families from the 16th Korea Youth Risk Behavior Web-based conducted in 2020. This study analyzed the mediating effect with the PROCESS macro Model 4 and the moderated mediating effect through the PROCESS macro Model 14.

Findings: First, COVID-19-induced family economic deterioration positively significantly influenced smartphone overdependence among adolescents in single-parent families. This means that experiencing family economic deterioration increased the level of smartphone overdependence. Second, anxiety among adolescents in single-parent families fully mediated the influence of COVID-19-induced economic deterioration on smartphone overdependence. It suggests that experiencing family economic deterioration increased the level of anxiety and, in turn, increased the level of smartphone overdependence. Third, the mediating influence of COVID-19-induced family economic deterioration on smartphone overdependence through anxiety was moderated by adolescents' gender. That is, the mediating effect was more pronounced for male adolescents than for female adolescents.

Conclusions and implications: Based on the analyzed results, this study discusses diverse ways to address smartphone overdependence among adolescents in single-parent families in the midst of disaster like COVID-19.

PO-3-018

The Impact of the COVID-19 Pandemic on Increased: Anxiety and Depression Symptoms in Adolescents

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Adolescence is a critical period for the onset and worsening of symptoms of depression and anxiety.

Obj. The current study explored changes in anxiety and depression symptoms from before the pandemic until shortly after it peaked in the spring of 2020 in a teen sample. With the appearance of the first cases of COVID-19 in Asia; where it spread for the first time and then in Europe, once again it was characterized by the change and appearance of symptoms of anxiety and depression here in our country - Kosovo. after COVID-19 was declared a pandemic by the World Health Organization; in Spring 2020. **MET** SBTS is a longitudinal study designed to explore the early precursors of depression and anxiety disorders in a sample of the adolescent community. Therefore, the pre-COVID-19 assessment was identified as a about age 15 years.

CDI is used to scale the severity of depressive symptoms in adolescents. Survey of pandemic experiences Next, the percentage of participants with clinically elevated symptoms was determined on the basis of interruptions corresponding to a score that included a total CDI ⩾19 score in females and males: Ratio 2-1 (female-male) and panic symptom outcomes / somatics ⩾9, generalized anxiety ⩾9, and social anxiety ⩾8.

Res Concerns about school closure and isolation at home; the cause of the pandemic was independently associated with changes in symptoms. Overall, this report suggests that the COVID-19 pandemic is having various adverse effects on adolescent mental health.

Keywords: External factors, anxiety and depression, adolescents, COVID 19

PO-3-040

Genetic aspect in the mental state of childrens and adolescents

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It is important to remember that genes only partially affect the risk of developing the vast majority of mental disorders. Factors such as medical history, lifestyle and environment also play an important role.

INTRODUCTIONS:

The nature of the disorder depends on the functions performed by the altered gene and which also affects the function motor and cognitive.

Behavioral disorders (temperament genes and behavioral inhibition). Although the genetic component of common disorders / diseases is an important aspect of genetic research, this component is still not properly understood. And the analysis regarding the possibility of developing / displaying complex genetic disorders.

METODS

Genetic analysis can be done for a variety of different medical reasons. If a specific genetic disorder is suspected, in order to establish a definitive diagnosis, genetic testing may be proposed when the latter are possible.

RESULTS:

Carriers rarely have any symptoms of the disease, but if a child is born to two carrier parents, there is a 25% chance that each child in the couple will inherit both copies of the altered gene and thus display the disease. Generally, the lab gives the test results in writing to the doctor, who has recommended the test and then discusses the results with you.

RECOMANDATIONS:

When in your family one of the members has a genetic problem or, you belong to a group or population at increased risk for a specific genetic problem, then in these cases you want to know if this problem can be inherited in your child.

PO-3-033

Anxiety and Depression Caseness in Young Female Competitive Figure Skaters in Sweden

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Objectives

To analyse anxiety and depression caseness (defined as a screening condition qualifying for psychiatric examination) and factors associated with anxiety caseness.

Methods

All competitive figure skaters in the southeastern region of Sweden (N=400) were in April 2019 invited to participate in a cross-sectional study using an online questionnaire. The primary outcome was anxiety caseness, measured using the short-form Spielberger State-Trait Anxiety Inventory. The secondary outcome was depression caseness, measured using the WHO-5 index. Multivariable logistic regression models were employed to determine the association between anxiety and explanatory factors (age, injuries, energy status, eating habits, body image perception, figure skating load, training habits and parental education level).

Results

In total, 36% of the invited skaters participated; but only females (n=137 (96%)) were selected for analysis due to identification risk among males. Of the skaters, 47% displayed anxiety caseness and 10% depression caseness. Overweight body image perception (OR;95% CI; 5.9;2.0-17.6;p=0.001) and older age (1.2;1.1-1.4;p=0.005) were associated with anxiety caseness. Skaters reporting neither anxiety nor depression caseness were younger than those reporting only anxiety caseness (mean age difference;95% CI; -1.9 years;(-3.1)-(-0.7);p=0.001) or both anxiety and depression caseness (-3.5;(5.6)-(-1.5);p<0.001).

Conclusion

Anxiety caseness was associated with overweight body image perception and older age. Older skaters reported worse mental health in terms of both anxiety and depression caseness. Figure skating practices should be mindful of symptoms of anxiety, depression and body image perception. More research on etiology and comorbidity, and ways to promote mental health and identify those needing further assessment and help is warranted.

PO-3-007

Effect of Mode of Birth on development of Mental Disorders in the Offspring: a nationwide Danish Cohort Study

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Objective: Increasing rates of Caesarean sections has led to concerns on long-term effects on the offspring's health and it has been hypothesized that Caesarean section induced differences in the child's microbiota could potentially increase the risk of mental disorders.

Methods: Nationwide Danish cohort study of 2,196,687 births between 1980 and 2015, with 38.5 million observation-years. Exposure was 'Caesarean Section' and outcome was the child's risk of any mental disorder. Absolute and relative risks were estimated using inverse probability weighting to adjust for age, calendar time, and confounding variables while accounting for the competing risk of death.

Results: Caesarean section (n=364,908, 16.6%), compared to vaginal birth, was associated with a small relative risk increase of 8% (RR, 1.08; 95% CI, 1.04-1.13; n=44,352) for development of any in-patient psychiatric admission at age 36 for the offspring, and with a small absolute risk difference of 0.47% (95% CI, 0.23-0.76). When looking at all in-patient, out-patient and ER psychiatric contacts among people born after 1995 the effect was diminished (RR, 1.04; 95% CI, 0.99-1.09; n=15,211). The risk was comparable when comparing prelabour versus intrapartum Caesarean section (RR, 0.98; 95% CI, 0.90-1.08) and acute versus planned Caesarean section (RR, 1.00; 95% CI, 0.80-1.29).

Conclusion: Birth by Caesarean section was associated with only a very slightly increased risk of any in-patient psychiatric admission for the offspring and diminished even further when including all psychiatric contacts. The very small associations observed may be explained by unmeasured confounding and is unlikely to be of substantial clinical relevance.

PO-3-127

Novel analysis and results of the Paediatric Adverse Event Rating Scale from a clinical trial: the MADDY study

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Objective: Micronutrients for ADHD in Youth (MADDY) study was an 8-week multi-site RCT that measured adverse events using the Pediatric Adverse Event Rating Scale (PAERS) in response to a multinutrients treatment vs placebo. Treatment sensitivity of the PAERS was assessed by calculating the difference in change of the item scores from baseline to end of the RCT.

Methods: Of 43 in the PAERS, 14 "adverse events" that reflected ADHD symptoms of interest was retained for analysis. A combined score ranging from 0 to 5 was created based on symptom presence, functional impairment, and severity. Mean score change was calculated from baseline to week 8 by treatment (multinutrient vs placebo) with intention-to-treat (ITT) and per-protocol samples.

Results: Of 126 children in the ITT sample, the mean age was 9.8 (SD = 1.7), majority (73%) male, and 72% diagnosed with ADHD prior to the study screening. Baseline presence of PAERS symptoms was similar between treatment groups: the highest proportion was ADHD symptoms, followed by Irritable symptoms. The micronutrient group showed a greater decrease (improvement) in the mean anxiety combined score than the placebo group with a between-group difference in change of -0.36 (95% CI: -0.67, -0.04; p=0.03) with ITT data and -0.48 (95% CI: -0.81, -0.15; p=0.005) with per-protocol (n=93) data.

Conclusion: Similar rates of adverse events were reported for both multinutrients and placebo groups, suggesting multinutrients was a safe intervention. In addition to assessing actual adverse events, the PAERS may be a useful adjunct outcome measure for ADHD behaviors.

PO-3-065

Tiered care approach to psychosomatic presentations in children and adolescents

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Psychosomatic symptoms are physical symptoms stemming from emotional distress. Studies show that 15–20% of children and adolescents referred to primary care had an underlying somatisation. Limited psychological resources can result in long wait times to access help and worsening symptoms. In 2020, we developed a tiered care approach to psychosomatic presentations. Peadiatricans were trained to asses and right site according to severity as well as act as gate keepers. At the mildest level (first time presentation), a self-help video was provided. Mild presentations (symptoms less than 6months) were offered a 3 session intervention based on principles of Cognitive Behavioural Therapy (CBT) and delivered by non-psychologist professionals (medical social workers, Advanced Practice Nurses in Paediatrics and school counsellors). This intervention utilised the self-help video as part of the treatment. For moderate presentations (symptoms 6-12months), a 5 session intervention was developed and delivered by clinical counsellors based within a paediatric liaison psychiatry unit. For severe presentations, a referral was made to see a psychologist for longer term

therapy. The programme has trained 487 professionals so far (311 school counsellors from all the schools in Singapore). Chidlren's Somatisation Inventory (CSI-24) and Children's Global Assessment Scale (CGAS) is used as the primary outcome measures. The programme is the first of it's kind in Singapore and addresses the need for task-shifting, manualised interventions and collaborating with the medical teams, social workers as well as community. We are currently assessing clinical outcomes and aim to publish results of the pilot in the time to come.

PO-3-032

Mapping child and adolescent mental health problems and service delivery: A comparison of three different child and adolescent mental health services in Greece during the post-COVID period in Greece.

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The COVID-19 pandemic and related containment measures in Greece was preceded by almost a decade of deep socioeconomic crisis and heavy austerity measures that resulted in serious cuts in the health sector of the country. In the post-COVID period war is threatening Europe and the energy crisis is already affecting youth and their families, especially the most vulnerable among them.Child and adolescent mental health services in Greece have been confronted with unique challenges during the last years. The aim of the present study is to investigate certain issues related to the changing face of child and adolescent mental health service delivery in post-pandemic Greece. Specifically, we are going to present the changes from before to after the COVID-19 pandemic regarding psychopathological presentations, referral type, case severity and type of intervention. Three different child and adolescent mental health services will be compared: a university hospital child and adolescent mental health service (CAMHS), a community CAMHS, both situated in the metropolitan area of Athens and a community CAMHS in the Northwestern Greece. The discussion of the results will shed light on unmet mental health needs of Greek youth and better inform health policies and relevant strategies.

PO-3-001

Dizigotic twins concordant for Anorexia Nervosa: a case report.

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Anorexia Nervosa (AN) is an eating disorder with a strong epidemiological, social and economic impact, whose pathogenesis remains unclear. To define the role of genetic and environmental factors in the aetiology of this disorder, twins with AN would be a good example to further understand these factors: current literature on the subject is lacking and mostly covers cases of monozygotic twins discordant for AN.

In this report we look at dizygotic twins concordant for AN: M. and E. developed a restrictive and compensatory eating disorder approximately one month apart from each other at the age of 13. Progressively there was a worsening, followed by mirror treatment steps. During the summer, E. manifested a striking onset of the disorder, with the immediate need for hospitalization and later transfer to a residential rehabilitation facility. M. followed a similar path in terms of timing, although with lesser clinical severity. These manifestations were preceded by a mother's slimming diet and coincided

with mother's depressive-like simptoms. For both a multi-disciplinary management was envisaged, with teams made up of doctors, psychologists and nutritionists.

We found interesting an interpretative hypothesis that took into consideration the relationship of the twins to each other and between them and their parents, both in a sense of competition/antagonism for the parent's attention as well as in the sense of emulation/dependence between sisters, in a possible picture of *folie a deux*.

This case supports the hypothesis of a multifactorial aetiology of AN, where enviromental factors, along with genetic, contribute to the etiopathogenesis.

PO-3-042

From "caregiver" to "therapist": parental experience of parent-mediated intervention for children with ASD. A systematic review and qualitative evidence synthesis.

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Background: Whilst the effectiveness of parent-mediated interventions (PMI) in the field of Autism Spectrum Disorder (ASD) is well documented, information on the experience of parents involved in PMI is limited.

Methods: We performed a systematic review with qualitative evidence synthesis to explore the experience of PMI in parents of children with ASD. PubMed, Scopus, PsycINFO, CINAHL, and Sociology Collection were searched from the date of their creation until February 25, 2022. Qualitative studies reporting parents' experience of PMI were included. Two independent reviewers assessed the risk of bias. The findings of the selected studies were extracted and synthetized using the meta-aggregation method. The results are reported according to PRISMA and ENTREQ guidelines.

Results: 23 studies were synthetized representing 345 participants. We found 34 categories that were summarized in four synthetized themes: barriers to implementation and logistical issues, feeling overwhelmed and stressed (a need for support), facilitators of implementation, and empowerment in the parent and improvement in the child.

Discussion: Parents' experience of PMI in ASD is balanced between positive outcomes for them and their child, emotional struggles, and some difficulties in implementing PMI. Based on these results, we propose new ways to improve PMI implementation and research in the field.

Protocol : PROSPERO CRD42020178743

PO-3-002

The relationship between generalized problematic use of social networks and eating disorders in Portuguese adolescents

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The use of social networks by adolescents has increased significantly in recent years, thus it is important to understand the effect this use may have in such an important stage of development. We aimed to describe the generalized problematic use of social networks and platforms among Portuguese adolescents and its relationship with eating disorders. A total of 123 adolescents, aged between 12 and 18 years, 70 females (56.9%) participated in this study. Data were electronically collected using Google Forms, with recourse to the Generalized Problematic Internet Use Scale 2 and the Eating Disorder Assessment Questionnaire. Our preliminary results suggest an association between generalized problematic use of social media and eating disorder indicators: Preference for online social interaction and Food Restriction ($r = .029$, $p < .001$), Body Shape Concern ($r = .32$, $p < .001$), Weight Concern ($r = .023$, $p < .011$) Concern about food ($r = .029$, $p < .011$); Usage for mood regulation and Food restriction ($r = .018$, $p < .042$), Concern about body shape ($r = .28$, $p < .002$), Concern about food ($r = .025$, $p < .006$); Poor self-regulation use and Concern about body shape ($r = .20$, $p < .025$). These results suggest that during the adolescent years, a period of development marked by the need to belong, the exploration of the self and identity, but also susceptible to other's comparison and feedback, the excessive use of social networks constitutes a major risk for developing eating disorders.

PO-3-110

Send in the clown

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During the COVID-19 pandemic, I was assigned as a substitute for a home-bound psychologist at a closed institution for youth in Norway. One of his roles was weekly supervision of the staff. Despite having no previous experience as a group supervisor, I was confident I could use the theory and supervision offered by my group training course at the Institute for Group Analysis in Norway IGA. However, this was not the case.

Instead, we worked out an appropriate form of supervision together based on psychodynamically informed methods. We identified and explored problematic areas and negative group dynamics at the institution. Hypotheses and suggestions were shared with the leadership and the inter-disciplinary council. The crowning event was a voluntary two-day therapeutic clown intervention based on methods used by Patch Adams and my own experience as a clown consultant.

The clown intervention was attended by several staff members and both leaders.

Six months later, the unit's director confirmed that the clown group work seemed to have had a positive impact both for the organisation and individual staff members who subsequently made important decisions about their work. Some possible changes connected to the clown work were improvement of communication at the unit, greater clarity and cohesion among staff and a stronger sense of solidarity and security which has led to better delivery of services to the youth interned there.

Can such clown interventions be helpful in other contexts and settings, too?

PO-3-020

The Impact of COVID-19 on the Behaviors and Attitudes of Children and Adolescents: A Cross- Sectional Study

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The COVID-19 pandemic has had significant impacts on the health and lifestyle behaviors of children and adolescents. While children are less affected by the virus directly, changes in diet, physical activity, sleep patterns, screen time, and mental well-being have led to potential long-term health consequences. Social distancing measures have also contributed to negative mental health issues, including anxiety and PTSD. Parents must take care of their own mental health and develop positive attitudes to support their children. Interventions should focus on building resilience, encouraging routine physical activity, and addressing fears through better communication. Social interaction should also be encouraged through video conferencing, phone calls, or texting. The findings suggest that appropriate measures should be put in place to counter these impacts, and further studies are needed to investigate the nature of these impacts and develop long-term strategies to promote physical and mental health in this age group. This research was conducted via a web-based survey conducted on parents of children and adolescents aged 4-18 years in Pakistan, with a sample size of 323. The survey utilized a standardized electronic questionnaire to collect data on sociodemographic profile, changes in eating style and behavior, changes in physical activities and screen time, lifestyle changes, and disturbances in sleep and mental health. The data were analyzed using SPSS Statistics version 23, and the results were presented in frequency tables and bar/pie charts, as well as means and standard deviations. The study design was descriptive cross-sectional.

PO-3-092

START NOW – Experiences and Perspectives Testing the Efficacy of a cultural-adapted skills-training to reduce mental health challenges in migrants and vulnerable populations

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Background: Mental health prevention programs are well-established in high-income countries, but linguistic and cultural barriers prevent migrants from benefiting. Existing psychosocial support doesn't address prolonged post-migration stressors due to a poor understanding of treatment and healthcare systems, and a lack of language-specific programs. In a randomized controlled trial, we aim to test a culturally adapted version of START NOW, an evidence-based skill training promoting resilience.

Objective: Our aim is to provide migrants with agency and greater participation in their treatment and healing. This skills training integrates an audible aspect, reflecting migrants' experiences auditorily to improve engagement and immersion. The program is developed to be accessible and feasible while empowering migrants to take control of their treatment and healing. It is imperative to provide practical and pragmatic programs while ensuring high-quality research to better inform the adaptation process and mitigate common obstacles to conducting randomized-controlled trials (RCTs) with migrants. The START NOW team aims to encourage academic discourse on the advantages of culturally adapting clinical care to enhance its effectiveness and uptake among migrant populations.

PO-3-095

Hearing Voices, Creating Spaces: Collaboration for Change in Children’s Services

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Allow me to take you back to 2012, to a community outpatient service in Northwest England, to a young girl telling a rather anxious trainee clinical psychologist about hearing voices and seeing visions that frightened her. Due to the girl's young age and an understanding of hearing voices and seeing visions as *hallucinations*, there were limited options for support in our service, although talking through her experiences and exploring coping strategies seemed to help. The following year, the trainee was working in adult mental health services and met many women who had experienced traumas in their childhoods and heard voices. The women explained how difficult, or even impossible, it had been to access suitable and compassionate support.

In response, from 2016, my colleagues and I ran the Young Voices Study to explore voice hearing experiences with young people and their families. We heard voices described as whispers, echoes, friends and fearful experiences, often accompanied by visions, smells, felt presences and voices that seemed to have their own personalities. Since then, we have worked closely with young people with lived experience, important adults in their lives, peer-supporters, National Health Service practitioners, and academic colleagues to develop materials and interventions young people with unusual sensory experiences *want*. Through presenting these materials and multimedia contributions from young people, I will show how young people's recommendations are directly shaping attitudes, perspectives for future research, and options for timely, tailored support. Be prepared for some surprising ideas!

PO-3-094

Psychosis and complex psychopathology in an adolescent patient with autoantibodies against the thirst center

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An adolescent boy presented to the hospital with full-blown psychotic episode, including visual hallucinations, imperative voices, fear, restlessness, disinhibited, aggressive and ritualized behavior. The boy was transferred to the child and adolescent psychiatry, where his condition was classified as polymorph psychosis and catatonia. Three years before, the patient had been diagnosed with adipsic hypernatremia, a very rare autoimmune encephalitis characterized by autoantibodies against the thirst center of the brain. These autoantibodies cause inflammation and apoptosis in key regions of water homeostasis, leading to lack of thirst, general fatigue and highly increased serum sodium. Here, we showcase the first description of a patient, in which severe and complex psychiatric symptomatology, including psychosis and catatonia, present along with adipsic hypernatremia. This case report renders substantial evidence for a causal link between the autoimmune adipsic hypernatremia and the psychosic disorder. Moreover, it sheds light into a new form of autoimmune psychosis.

PO-3-043

Retrospective analysis of perinatal factors associated with the development of autism in a tertiary care centre in India.

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Aim- To assess the perinatal physical and mental health factors in the mother and their association with Autism Spectrum disorder in the child.

Objectives - 1. To study the clinical profiles of the children and adolescents tested for autism spectrum disorders.

To study the perinatal medical and psychiatric factors in the mother during the pregnancy. To study the association of the severity of autism in the child with the presence of perinatal risk factors in the mother. Methodology: The study accessed clinical profiles of all the children who were assessed for autism evaluation and certification in the last 5 years at a major tertiary care hospital in an urban setting in India. The data was compiled in Microsoft (MS) Excel worksheet and analysed using SPSS software version 23.

Results: The clinical profiles recorded a range of prenatal and postnatal risk factors. The most common risk factor was was antenatal bleeding and anxiety during the antenatal period in the pregnant mother. The severity of autism in the children had a positive association with the presence of an antenatal risk factor in the mothers.

Conclusion: Perinatal risk factors although studied often in relation to Autism Spectrum disorders, there is a lack of data from the Indian subcontinent. This study shows the analysis of clinical profiles of perinatal risk factors and their association with ASD in India. This study proves there needs to be more research regarding perinatal sciences in India and treatment facilities should now focus on preventive modes of prevention.

PO-3-058

Developmental and Environmental Aspects In Inpatients With School Refusal: A Dimensional Model.

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School attendance problems is a broader symptomatology that includes “School Refusal” due to internalizing problems and “Truancy” linked to externalizing problems. These different profiles of young patients might highlight specific developmental trajectories and specific risk factor profiles.

The aims of this study is to present retrospective data to compare school refusal to three different populations (Truancy, behavior disorder and Anorexia Nevrosa) of inpatients thought dimensional approach on development and environmental aspects.

In this study, we highlight risk factors profile for school refusal and truancy.

School refusal inpatients are characterized by associated specific risk factors usually found in internalizing problems: medical complications during pregnancy, learning disorder, isolation/reject and bullying in peer relationships. It is frequently associated with a diagnosis of anxiety and depression and suggest difficulties in emotional dysregulation and problems of socializing with peers. In behavior disorder and truancy groups, associated to externalizing problems, the following associated specific factors were found: unwanted pregnancy, substance abuse during pregnancy, baby sleeping disturbances, delayed language development, attachment disorder, learning disorder, physical abuse, violent and conflictual family relationships, breaking contact with parents and a concomitant diagnosis of conduct disorder or oppositional defiant disorder.

The highlight of these 2 profiles should enable the identification of specific axes of intervention according to the type of problem, whether internalized or externalized.

PO-3-078

The Impact of Maltreatment on Structural Connectivity in Conduct Disorder

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Background: Conduct disorder (CD) is a prevalent and debilitating psychiatric disorder, characterized by aggressive and antisocial behavior. Current research suggests associations between CD and neurocognitive impairments in limbic regions such as the amygdala, insula and orbitofrontal cortex affecting emotion regulation, emotion processing and decision making. Maltreatment has frequently been linked to the development of CD and aberrant neural mapping, but prior research has not established a consensus.

Objectives: This study employed connectomics, which uses graph theory to investigate whole-brain integration of structural connectivity. The focus is to examine the impact of maltreatment on the structural connectivity of youth with conduct disorder and typically developing youth.

Methods: The sample consisted of 420 youth participants from the FemNAT-CD study. Participants had a mean age of 14.4 years (SD=6.0). The Desikan-Killiany atlas regions were used as network nodes. FDR and Bonferroni corrections were applied due to the high permutations, which increases the reliability of the statistical results by minimizing the risk of obtaining false positive outcomes. Whole-brain network topological measures were used to compare CD + maltreatment, CD - maltreatment, and typically developing (TD) participants**.**

Findings: The preliminary findings suggest a potential association between maltreatment and alterations in structural connectivity among youth with conduct disorder. A closer examination of whole- brain network metrics is required to accurately assess the degree of variation. However, further research is needed to confirm these preliminary findings, establish the precise nature of the relationship between maltreatment and structural connectivity, and to explore the impact of different maltreatment types.

PO-3-117

Dawning of Delirium at the Neonatal Intensive Care Unit (NICU)

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Objective: Pediatric delirium (PD) is prevalent in children with critical illness, but little is known about PD in neonates and preterm infants admitted at the neonatal intensive care unit (NICU). In this observational pilot study, a first assessment to detect agitation and apathy as precursors of delirium was done in infants admitted to the NICU of the Maastricht University Medical Centre+ (MUMC+).

Method: A prospective, observational cohort pilot study focusing on daily observations of agitation and apathy in preterm and neonatal infants (26-44 weeks of age) was conducted. All patients admitted at the NICU of the MUMC+ were screened for delirium daily, using the Neonatal Pain Agitation and Sedation scale (N-PASS) and the Cornell Assessment of Pediatric Delirium (CAPD). Secondary outcomes (such as comorbidities) were evaluated.

Results: Preliminary data, with a total of 100 (preterm) neonates, indicated common occurrence of agitation in preterm and neonatal infants**.** Apathy was rarely found in this population. Furthermore, the interrater-reliability of both the NPASS and the CAPD were good. No significant association was found between the occurrence of precursors of delirium (agitation and apathy) and each of the somatic comorbidities (infection, CSN pathology, hypoxia and metabolic disease) individually. Interestingly, after controlling for age and sex a significant association was found between delirium precursors and hypoxia.

Conclusion: Although diagnosing delirium in neonates can be very challenging, agitated behavior, as precursors of delirium, was commonly observed in the current pilot study. Since this field is still in its infancy, future research is needed.

PO-3-105

Quality of life after Pediatric Intensive Care Unit (PICU) admission & the influence of pediatric delirium.

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Background: With the growing ability to deliver critical care and advanced life support, mortality rates at the Pediatric Intensive Care Unit (PICU) have lowered. This increased survival often leads to a rise in PICU-acquired complications including short and long-term morbidity. Children may have serious physical, psychosocial and neuropsychological problems after PICU admission, affecting their Health-Related Quality of life (HRQoL) drastically. This single-center observational pilot study is focusing on the influence of PICU admission and the occurrence of pediatric delirium (PD) on the HRQoL of children aged 0-16 years.

Patients and methods: Children, aged 0-16 years, with acute admission were included. HRQoL at baseline and 3 months post-admission was measured using the TAPQoL and PedsQl questionnaires. PD was assessed twice daily, using the Cornell Assessement of Pediatric Delirium (CAPD) score.

Results: A statistically significant decline of 5.262 (SD 13.685) in the total HRQoL score was shown in children admitted at the PICU compared to their HRQoL score pre-admission (95% CI: -10.467 - -0.056; p= 0.048). Of a total of 33 patients, 5 patients (15%) screened positive for PD. No statistical significant effect of PD on the HRQoL was seen so far.

Conclusions: Preliminary data shows that critically ill children have a decline in their perceived HRQoL after PICU admission. This decline is most likely due to changes in the psychosocial domain(trouble sleeping, feeling scared and social functioning). No significant association was found between the decline of HRQoL and variables such as the presence of pediatric delirium.

PO-3-071

Influence of relative age on the symptoms, diagnosis or management of attention deficit hyperactivity disorder and autism spectrum disorder: a systematic review

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Youngest students in their class, with birthdates just before the school entry cut-off date, are overrepresented among children receiving an Attention Deficit Hyperactivity Disorder(ADHD) diagnosis or medication. This is known as the 'relative age' effect(RAE). This systematic review summarises the evidence on how relative age influences rating of ADHD symptoms, diagnosis and medication prescribing, and autism spectrum disorder(ASD), a different neurodevelopmental condition. After prospective registration with PROSPERO, a systematic review was conducted according to the PRISMA guidelines. Medline, Embase, Psychinfo, Wed of Science Core Collection, ERIC, Psychology and Behavioural Sciences Collection, and Cochrane Library were searched. A meta-analysis of quantitative data was performed. Thirty-two studies were included. Thirty measured the RAE on ADHD and two on ASD. Our results showed an association between younger relative age and ADHD diagnosis and medication, with relative risk of 1.5[1.41-1.58] and 1.36[1.26-1.48] respectively, when data from countries with delayed school-entry rates higher than 5% were excluded. However, risk estimates exhibited significant heterogeneity. While teacher ratings of ADHD symptoms showed higher scores for younger children compared to their older classmates, parent ratings showed weak or no association. In both studies investigating ASD, the youngest children in the schoolyear were more likely to be diagnosed with ASD. In line with previous studies, a RAE was observed for ADHD diagnosis and prescribed ADHD medication. The difference between teacher and parent ratings highlights the need to further understand how teachers and parents perceive ADHD symptoms. Further research is needed to confirm the results on ASD to other populations.

PO-3-070

Attention deficit hyperactivity disorder diagnosis and association with psychosocial and biological factors in Finnish children born 2001−2006 – A register study.

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The etiology of increasing attention deficit hyperactivity disorder (ADHD) is unclear. We aimed to describe ADHD incidence and study the potential risk factors.

All Finnish children (N=341,632) born January 1, 2001−December 31, 2006, were included. Data was obtained from population-based primary and special health care registers. Children with perinatal deaths, unclear or low (<32 weeks) gestational age, major congenital malformations, and severe/profound/unclear cognitive impairment were excluded. International Classification of Diseases was used in the analyses (N=324,766 children). ADHD was defined by F90, F90.0, F90.1, F90.8, F90.9, or F98.8 diagnosis until 12 years. The models were controlled for prenatal smoking, working, relationship, and mental health (one year before and four years after childbirth year) of mother, parity, prematurity (33−37 weeks) and gender.

Cumulative incidence of ADHD until 12 years was 4.0% (N=12,922), 6.4% (N=10,512) in boys and 1.5.% (N=2,410) in girls. ADHD diagnosis was more likely (adjusted Odds Ratios [95%CI]) if mother smoked prenatally (2.1 [2.0−2.2]), had mental health diagnosis (2.1 [1.9−2.2]), lived as a single (1.4 [1.3−1.5]), not worked (1.3 [1.2−1.3]), did lack earlier birth(s) (1.1 [1.1−1.2]) and if the child was boy (4.5 [4.3−4.8]) or preterm (1.2 [1.1−1.3]). The diagnosis was set < 8 years in 1.3% (N=4,316). Prematurity was not associated with ADHD diagnosis set >8 years. Other risks were similar when compared ADHD diagnosis set < 8 or > 8 years.

Boy gender clearly, but also adverse maternal prenatal life conditions and maternal mental health diagnoses during first four years of child increased the likelihood of ADHD.

PO-3-084

Dissociation and first rank symptoms in adolescents with depressive disorders

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Objective:

The overlap between dissociative and psychotic symptoms has been documented in the literature. A study from our laboratory showed that dissociation mediates the link between childhood trauma and psychotic symptoms in adults with affective disorders but not schizophrenia, suggesting psychotic symptoms may be indicative of an underlying dissociative process in affective disorders. Despite the high prevalence of depression in adolescence, few studies investigated whether dissociation and psychotic-like experiences characterize a subgroup of adolescents with depressive disorders. We aim to determine the complex clinical profile of dissociation and first-rank symptoms in this clinical population.

Method:

Adolescent patients (aged 12 to 17) with a clinical diagnosis of *DSM-5* Major Depressive Disorder (MDD, n = 61) and adolescents from community without psychiatric diagnosis (community controls, CC, n = 72) were recruited. Dissociation and first-rank symptoms were rated by a practicing clinical psychologist through a structured interview.

Results:

In the MDD group, 87% (vs. 42% in CC group) of individuals reported at least one dissociative symptom, and 37% (vs. 9% of CC group) reported a severe level of dissociation. Depressed adolescents with high dissociation reported first-rank symptoms ($r = .62$, $p < 0.01$). Intriguingly, from the lived experiences reported, we observed that first-rank symptoms occurred in dissociative states.

Conclusions:

The current study showed that a poly-symptomatic profile of dissociation and psychotic symptoms characterized a group of adolescents with depressive disorders. It is to be determined whether this group has a psychosocial background differentiable from those with low dissociation.

PO-3-060

Revelation of a family secret in an outpatient unit for suicidal adolescents: role of the child psychiatrist and issues of confidentiality.

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In 2014, the World Health Organization identified suicide as the second leading cause of death among 15-29 year olds after traffic collision[1]. In 2017, it was the leading cause of death among 19-34 year olds in Switzerland[2]. Created in 1996 thanks to a public-private partnership between University Hospitals of Geneva and Children Action Foundation, Malatavie crisis unit brings together a prevention, outpatient intervention and hospitalization sector allowing for holistic care of adolescents throughout the crisis process, while involving his close relatives, most often his parents.

A seventeen-year-old girl was referred to our prevention consultation by her pediatrician in the context of anxiety attacks and suicidal ideation. At the beginning of her treatment, she reveals for the first time memories of intrafamilial trauma.

Our aim is to think about, from this case, the role of the child psychiatrist within this multidisciplinary crisis unit, whose model we will detail through the care of this patient.

We wish to open the discussion on the management of confidentiality by a multidisciplinary team (in this case, an intrafamilial trauma disclosed only to carers at first).

Finally, we want to illustrate how our model of crisis intervention allowed both the patient and her parents to benefit from therapeutic spaces that were maintained after the end of the treatment and give elements of catamnesis.

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[2]Schuler, D., Tuch, A., & Peter, C. (2020). *Mental health in Switzerland.* Swiss Health Observatory (Obsan).

PO-3-080

Evaluating the Effectiveness of Spiritual Psychotherapy on Attachment to God Among Adolescents with Conduct Disorder: A Randomized Controlled Trial

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Abstract

Objective: The global burden of conduct disorder is considerable, especially in males. Attachment to God can compensate for insecure attachment patterns, especially among individuals with conduct disorder. The aim of the present study was to evaluate the effectiveness of spiritual psychotherapy on attachment to God among adolescents with conduct disorder using the Spiritual Psychotherapy Package for Adolescents with Conduct Disorder.

Method: We conducted a randomized controlled trial with 62 adolescents with conduct disorder in a reformatory in Tehran, Iran. We compared the intervention group (*N* _ 16) who received a 14-session intervention with a control group (*N* _ 15). Participants were assessed at pre-intervention, post-intervention (7 weeks later), and follow-up (1 month after completion of the intervention) using the Attachment to God Inventory.

Results: The intervention produced significant improvements on avoidance attachment to God measures compared to the control group at post-intervention. Although the effect size tended to be larger at the follow-up, this difference was not statistically significant. In contrast, we did not find evidence that the intervention significantly reduced the anxious attachment to God. This was the 1st randomized controlled trial reporting the effectiveness of spiritual psychotherapy on avoidance attachment to God among adolescents with conduct disorder at post-intervention compared to pre-intervention.

Conclusion: Further studies are needed to evaluate the long-term effects of the intervention using larger sample sizes.

Keywords: adolescents, conduct disorder, object attachment, randomized controlled trial, spiritual therapies

PO-3-052

How Does Zinc Influence the Expression of Autism Spectrum Disorder

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Introduction

Autism Spectrum Disorder (ASD) has increased in the last years so the research in the field.

Objective

The aim of our study was to find if there is a connection between Zinc and the expression of ASD symptomatology because Zinc is known to be one of the most important microelement of the body.

Materials and Methods

We have studied 45 children diagnosed with ASD, ages between 2 and 12 years old, girls and boys, who meet the inclusion criteria. We analysed Zinc levels in samples of serum from each patient using Inductively Coupled Plasma Mass Spectrometry (ICP-MS). We applied Social Communication Questionaire (SCQ) and Autism Spectrum Rating Scale (ASRS). For statistical analysis we used t-student for comparative analysis, ANOVA for multiple comparisons, Shapiro-Wilk and Kolmogorov-Smirnov tests, Q-Q Plots and Boxplots data distribution.

Results

For Zinc beween groups we didn’t find statistical significance. Regarding SCQ and Zinc, we didn’t find correlations, but we found correlations between Zinc and some ASRS subscales.

Discussions

Although literature data are contradictory regarding the implication of Zinc in ASD, considering that we still found significance in the ASRS subscales, we believe that further research would be necessary to strengthen the hypothesis that zinc is involved in the severity of ASD symptoms.

Key words: autism spectrum disorder, symptoms, zinc

Acknowledgement

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PO-3-029

Adapting, Implementing, and Evaluating a Digital Early Psychosis program for Transition-Age Youth and Families: results from a Mixed-Methods Evaluation amid the COVID-19 pandemic.

Tempelaar, Wanda [1], Kozloff, Nicole [2]

Barwick, Melanie [2], Crawford, Allison [2], Voineskos, Aristotle [2], Bromley, Sarah [3], Dang, Linda [3], De Freitas, Lauren [3], Kirvan, Anne [3], Polillo, Alexia [3], Roby, Rachel [3], Sosnowski, Alexandra [3], Alexander , Tallan [3], Morizio, Andrea [3]

[1] Erasmus Medical Centre Rotterdam Netherlands
[2] University of Toronto Toronto Canada
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Background

Traditionally, specialized Early Psychosis Intervention (EPI) services for youth with psychosis are delivered in-person, but services had to rapidly transition to digital delivery amid the COVID-19 pandemic. We used mixed qualitative and quantitative methods to evaluate the transition to digital delivery of care.

Methods

A pragmatic mixed-methods evaluation of digital delivery of EPI services for youth aged 14-30 was conducted at the Centre for Addiction and Mental Health (Toronto, Canada) during the COVID-19 pandemic. Nested within this larger project, adaptations to the program were systematically described using the Framework for Reporting Adaptations and Modifications for Evidence-Based Interventions (FRAME). Furthermore, patient and family perceptions of digital care were measured with the Virtual Client Experience Survey (VCES), a validated measure that collects information on ease of use, effectiveness, and satisfaction. We conducted qualitative interviews with patients and family members (N=17), and coded transcripts using thematic content analysis.

Results

Modifications to the intervention process, context, training and its impact were assessed, including modifications to the individual patient's and family education program. Data from the VCES (N=69) showed most youth and family members were highly satisfied with digital care and 79% reported similar effectiveness as in-person care. Qualitative analysis revealed 5 salient themes, including convenience of digital care. However, some concerns were raised, such as access to digital care.

Conclusions

Digital delivery of a structured EPI program appears viable, with youth and family members reporting positive experiences, however, next steps will be to address its challenges, such as digital health equity.

PO-3-017

Reciprocal associations between child's screen time and psychiatric symptoms from five to 10 years of age

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[3] University of Helsinki and Helsinki University Hospital Helsinki Finland

Background: Longitudinal associations between screen time use and psychiatric symptoms in childhood are not well known. We investigated reciprocal associations between child's screen time and psychiatric symptoms from five to 10 years of age.

Methods: Data were drawn from the 5- and 10-year follow-up panels of the Finnish Child-Sleep birth cohort. Parental assessments of child's psychiatric symptoms (four subscales from Five-to-Fifteen questionnaire; FTF) and daily screen time (combining program viewing and electronic games) at both study waves were available for 230 children. All measures were dichotomized from upper quartile. Cross-lagged models were analyzed for each FTF subscale using Mplus software adjusting for mother's education and child's sex.

Results: Autoregressive paths between time points were significant in all models for screen time and FTF symptom scales ($p<0.001$). There were no lagged effects from FTF psychiatric symptoms scales at five years to screen time at 10 years. There were no lagged effects from screen time at five years to predict FTF attention and concentration, hyperactivity and impulsivity, or externalizing symptoms subscales at 10 years. However, there was a lagged effect of screen time at five years predicting FTF internalizing symptoms at 10 years ($p=0.021$) controlling for internalizing symptoms at five years. Further analyses revealed that this effect was especially pronounced among boys (OR=4.4, $p=0.018$).

Conclusions: Only one (out of eight) lagged effect between child's screen time and psychiatric symptoms was found in the present analyses. Higher level of screen time was indicated as a risk factor for later internalizing symptoms in boys.

PO-3-120

Earthquake in Türkiye: Traumatization of Infants, Children, and Adolescents

Özer, Nagihan [1], Öztürk, Şevval [1], Günal Okumuş, Hande [1], Tunç, Sıla [1], Eraslan, Sema [1], Kamcı, Ilayda [1], Sandıkçı, Yusuf [2], Sarıköse , Ayşegül [1], Kali, Şahabettin [1], Çuhadaroğlu, Füsun [1]

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Background: Earthquakes in Türkiye inflicted enormous damage on 12 provinces. The disaster killed many people and rendered even more homeless. Many people were disabled because of injuries and amputations, most of which were children and adolescents. Since many medical centers in the region were damaged, too, hospitals in neighboring cities became a rescue hub for those injured. Hacettepe University Hospitals also took an active role in the treatment, follow-up, and rehabilitation of referred individuals. This presentation aims to document the demographics, psychiatric symptoms of the cases, and social impacts of the earthquake on children and adolescents.

Methods: All children and adolescents who applied to our outpatient clinic or were consulted at inpatient pediatric wards were included.

Results: 90 patients were evaluated, 45 of which were females and 45 were males. 22.2% were inpatients. 46.6% were adolescents, 33.3% were 7-11 year-olds, 17.7% were 3-6 year-olds, and 2.2% were 0-2 year-olds. 12 patients had limb amputations, 6 patients have lost both parents, and 4 patients have lost one parent. The most common symptoms were acute stress reaction (46.6%), and symptoms of depression, sleep disturbance, withdrawal, agitation, and aggression.

Conclusıon: Rapid treatment and rehabilitation of children and adolescents, by providing psychosocial support after disasters such as earthquakes, are important. The effects of disasters first appear as acute stress disorder and later as post-traumatic stress disorder. Prominent factors for coping with the devastating effects of earthquakes for children and adolescents (family support, a safe environment and social support) are of great importance.

PO-3-061

Conceptual views of adolescents on shared decision making, psychofarmaca and adherence

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Background:

Adolescents have the right to be involved in decisions affecting their healthcare. Little is known about how to provide user participation that is suitable for adolescents and in line with policy and evidence based treatment. Shared decision making has the potential to combine those things. This study investigated the conceptual views of Belgian adolescents on shared decision making, psychofarmaca and adherence.

Design:

A qualitative descriptive study design

Methods:

Semi-structured individual interviews were conducted with, in total, 12 Belgian adolescents (12-18 years old) in June-October 2021. Data were analysed using systematic text condensation (Malterud)

Results:

Four themes were identified through the analysis. 1) Create space for opinion sharing 2) Support opinion building 3) Enhance an active rol in decisions 4) adherence is impacted by decision making process. Adolescents do find it important to be part of the decision making process from beginning to end.

Keywords:

Participation, shared decision making, adherence, adolescents, psychofarmaca

PO-3-028

Adolescents' Mental Health under COVID-19 Pandemic in Taiwan

Lin, Ching-Lan Esther

Chou, En-hui, Gao, Ruei-Yong Gao, Pan, An-Nie

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Background: The outbreak of the Covid-19 pandemic in 2019 and the following epidemic prevention measures have greatly challenged many peoples' lifestyle, including adolescents. As emerging adults in a developmentally vulnerable and transitional stage, adolescents might encounter more difficulties to cope such unpredictability and social loneliness.

Purpose: To investigate adolescents' perceived mental health during epidemic.

Methods: A cross-sectional online survey during July to October in 2022 was conducted with a convenient sample from 12 high schools located in northern and southern Taiwan. Four indicators were used to examine adolescents' mental health, psychological symptoms, loneliness, and resilience, including Mental Health Inventory-5 (MHL-5), Covid-19 Adolescent Symptom & Psychological Experience Questionnaire (CASPE), UCLA 3-Item Loneliness Scale, and Brief Resilience Scale (BRF).

Results: Nine-hundred and fifty adolescents were included. Their mean age is 15.04±1.06 and the majority were males, senior-school students, from southern areas, and undiagnosed with a mental illness. During the pandemic, nearly half of adolescents perceived downhearted and depressed, much upset in the dumps that nothing could cheer them up. 12.3% of them felt uncalm and unpeaceful, 10% felt nervous, while 30.8% of them expressed lack companionship, 16.6% felt left out. Males' mental health and resilience were better than females; moreover, females' loneliness are significant higher.

Conclusion/Implications for Practice: It's noteworthy that almost half of adolescents felt downhearted and blue, and one third felt loneliness under pandemic. Providing early intervention will support them to prevent mental risks and promote mental health, in particular concerning with gender difference.

Keywords: adolescents, pandemic, mental health, loneliness

PO-3-073

The role of gender and subtype on ADHD comorbidities: an adolescent sample.

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Background: Attention Deficit Hyperactivity Disorder (ADHD) is a neurodevelopmental disorder with three subtypes: inattentive, hyperactive/impulsive, and combined. Comorbidities in adolescents are very common and there is evidence of sex- and subtype-related differences in terms of frequency and comorbidity types. Females often show higher inattentive subtype and internalizing disorders while males exhibit more hyperactive/impulsive symptoms and externalizing disorders. This study aims to understand whether sex or ADHD-subtype influences comorbidity more.

Methods: cross-sectional study, enrolling adolescents diagnosed with ADHD at an Italian Reference Centre for ADHD. Demographics, ADHD subtypes, and comorbidities were assessed. Distributions of comorbidities were compared between sexes and ADHD subtypes, applying Bonferroni post-hoc corrections.

Results: Fifty-one patients (14.4±1.8 years, F=52.9%) were enrolled. Combined (47.1%), inattentive (41.3%), and hyperactive/impulsive (11.8%) ADHD subtypes were expressed. ADHD-inattentive was associated with somatic symptoms disorder (p=0.010) and Anxiety Disorders (p=0.004). ADHD-hyperactive/impulsive was associated with Conduct Disorder (CD) (p=0.002) and Substance Use Disorder (SUD)(0.014). ADHD-inattentive and being male were associated (negatively and positively, respectively) with Externalizing Disorders (ED) (p=0.001, p=0.035). Females showed more frequent Borderline Personality Disorder (BPD) (p=0.001). Only overall ED (not CD or ODD) and BPD were associated with sex (male and female, respectively).

Conclusions: sex-related differences in comorbidity for BPD and overall ED expand literature findings; surprisingly ODD and CD were not associated with male sex. Interestingly SUD and CD were related to the hyperactive/impulsive subtype. Unexpectedly, internalizing symptoms were not related to the female sex; Anxiety Disorders and somatic symptoms were related to inattentive subtype.

PO-3-059

Quality Improvement in CAMHS: A reduction of waiting times from internal referral to first therapy treatment, for routine and priority cases.

Farr, Jordan [2], Catanzano, Matteo [2], Carby, Afiya [2], Kramer, Tami [1], Parry-Williams, Sophie [2], Julien, Vernanda [2]

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BACKGROUND

The Emotional Disorders Team (EDT) in CAMHS assesses and treats 0- 18 years old patients with mood and/or anxiety disorders.

-waiting time for individual psychological therapies escalating-post-pandemic increase in the number of referrals to CAMHS (30%)-reduced treatment capacity in the service

Data collection:-mean average waiting times for routine patients 180 days-mean average waiting time for priority patients 189 days

AIM STATEMENT

To reduce the average wait-time from internal referral to first treatment (individual & group) in the Emotional Disorders Team for routine and priority cases by 20 days for each waiting list within 6 months.Reflection: Initially, our focus was on psychology waiting list. Process mapping allowed for weighing resources outside psychology and we changed our aim to first therapy treatment (group or individual)

CHANGE IDEAS

1.Regular review/ check in of patients on the waiting list 2.Refer patients to Helios (contracted online therapy provider) to reduce waiting time and increase access to psychological therapies3.Update the way data is analysed looking at time to first treatment rather than time to treatment

RESULTS

•Routine wait list – wait time from average of 179.8 days to 61.1 days – 66% reduction•Priority wait list – wait time from average of 200.5 days to 46.8 days – 77% reduction•Combined wait lists – wait time from average of 189.3 days to 50.1 days – 74% reduction

DISCUSSION AND LIMITATIONS

•Improved patient safety and experience •Growing enthusiasms to get involved in QI •Streamlined referral process to external provider

PO-3-086

Youths with Non-suicidal Self Injury- Narratives of the Patients and Healthcare Professionals in Acute Ward

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Background: Non-suicidal Self-Injury (NSSI) refers to causing damage on body tissue without attending to death, mostly presenting among the youths. Negative feelings and misunderstandings toward each other remain during hospitalization in acute psychiatric ward from patients and their healthcare professionals.

Purpose: This study aimed to explore the encountering experience of the youths with NSSI and the healthcare professionals during the same hospitalization in acute psychiatric ward, based on two-way understanding from different points of view.

Methods: By using narrative approach, interviews were conducted for five youths with NSSI and their primary nurses and resident doctors based on the current hospitalization, in a medical center in southern Taiwan. Narrative analysis and thematic analysis were used to identify stories and common themes.

Results: Five themes were identified as stairway to the youth's trust; two-way premises for positive therapeutic relationship; encountering with self-harm as well as youths with self-harm; what current hospitalization meant and brought to both sides; the views of youths' manifestation. On the base of same time and space, it came closer for both sides on the same page where blind spots over the head and ears were not unveiled until we explore the relationship in two-way as a whole picture. It is suggested that more intersubjectivity should be explored in the future research, to make it more possible on knowing how to keep getting through the barriers.

PO-3-125

RUNNING IN THE FAMILY – UNDERSTANDING AND PREDICTING THE INTERGENERATIONAL TRANSMISSION OF MENTAL ILLNESS

Van Haren, Neeltje [1]

Van Houtum, Lisanne [1], William, Baaré [2], Beckmann, Christian [3], Cecil, Charlotte [1], Ebdrup, Bjørn [4], Havdahl, Alexandra [5], Hillegers, Manon [1], Kalisch, Raffael [6], Kushner, Steven [7], Mansuy, Isabelle [8], Mezinska, Signe [9], Moreno, Carmen [10], Muetzel, Ryan [1], Neumann, Alexander [1], Nordentoft, Merete [11], Pingault, Jean-Baptist [12], Preisig, Martin [13], Sprooten, Emma [3], Sugranyes, Gisela [14], Tiemeier, Henning [15], Vandeleur, Caroline [13]

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[8] University of Zurich Zurich Switzerland
[9] University of Latvia Riga Latvia
[10] Instituto de Investigación Sanitaria Gregorio Marañón Madrid Spain
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[15] Harvard T.H. Chan School of Public Health Boston United States

Up to 50% of children with a mentally-ill parent will develop a mental disorder by early adulthood. However, intergenerational transmission of risk of mental illness is rarely considered in clinical practice, neither is it embedded into diagnostics and care, leading to a delay in diagnosing patients and missing time windows for protective actions and resilience strengthening. Here, we introduce the FAMILY consortium, an interdisciplinary, multi-modal, multi-level (e.g., genetics, epigenetics, neuroimaging, environment, behaviour), and multi-site study funded by a European Union Horizon-Staying-Healthy-2021 grant. FAMILY aims to systematically integrate the family context in the study of mental disorders to fundamentally change the clinical approach to mental illness. FAMILY focuses on prediction and understanding of intergenerational transmission of mental illness, thereby using genetically informed causal inference and multimodal normative prediction models. Moreover, FAMILY utilises methods from social sciences to map social and ethical consequences of risk prediction tools to prepare clinical practice on its future implementation. FAMILY aims to deliver: (i) new discoveries that inform the aetiology of, and resilience to, mental illness, thereby providing new targets of interest for preventive and treatment intervention studies; (ii) a constructed and validated model that is 80% accurate in predicting who will or will not develop symptoms or meet the diagnostic criteria for a mental disorder within the course of three years; and (iii) insight into social and ethical issues related to risk prediction to inform clinical guidelines.

Session: Keynote Speaker 05 - Mental Health interventions in schools and preventative measures in general - KS-05

Date: 01-07-2023 - 10:00 - 10:45

Location: Congress Hall - Ground floor /

KS-05-01

Mental health interventions in schools and prevention

Ford, Tamsin

University of Cambridge Cambridge United Kingdom

This talk will summarise interface between mental health and education, and recent recent evidence for intervention and prevention drawing on both epidemiological and trial data to consider how can we improve both mental health and educational outcomes for children, young people and emerging adults.

Session: Please attend the Keynote 05 session in Congress Hall -

Date: 01-07-2023 - 10:00 - 10:45

Location: Harlekin - Ground floor & Columbine - Ground floor & Pjerrot - Ground floor & Lumbye - Lower floor & Carstensen - Lower floor & Arkaden 6 - Second floor & Arkaden 8 - Second floor & Karavanen 6 - First floor & Karavanen 9+10 - First floor & Galop 01 - Second floor & Akvariet 4+5 - Ground Floor & Galop 02 - Second floor /

Session: Break - Refreshments will be served in the Foyer -

Date: 01-07-2023 - 10:45 - 11:00

Location: Congress Hall - Ground floor & Harlekin - Ground floor & Columbine - Ground floor & Pjerrot - Ground floor & Lumbye - Lower floor & Carstensen - Lower floor & Arkaden 6 - Second floor & Arkaden 8 - Second floor & Karavanen 6 - First floor & Karavanen 9+10 - First floor & Galop 01 - Second floor & Akvariet 4+5 - Ground Floor & Galop 02 - Second floor /

Session: Oral 20 - OR-20

Date: 01-07-2023 - 11:00 - 12:00

Location: Galop 01 - Second floor /

OR-20-01

Effects of a training preventing sexual abuse for girls with intellectual disabilities

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Häßler, Frank [2], Daubmann, Anne [3], Chodan, Wencke [4]

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Background: Prevalence of sexual abuse tends to be increased among youngsters with intellectual disabilities (ID) making prevention a pervasive challenge. Earlier prevention studies on this group suffer from methodical shortcomings, such as small sample sizes or invalid outcome measures. For the study presented here a training program for girls with ID was developed and evaluated on a substantial sample.

Methods: 103 girls aged 8-12 (Mean 10.31, SD 1.66) with mild to borderline ID (Mean 83, SD 11.46) recruited at special schools were enrolled in the study and trained. Outcome measures contained verbal reports on anticipated behavior, pretended behavior in role plays, and actual behavior in staged real-life-situations. All assessments were videotaped and rated by three blind raters.

Results: Girls from the intervention group (n = 64) showed significant improvements in preventive knowledge compared with the control group (n = 39) but showed non-significant improvements for preventive behavior. *In situ* tests with realistic seduction situations revealed no improvement.

Discussion: This study is the first application of a randomized controlled trial on the benefits of sex prevention using valid outcome measures on a large sample of girls with ID. Group interventions empowering girls with ID to recognize abuse situations are suitable to enhance sexual preventive knowledge but are less suitable to enhance preventive behavior. Naturalistic settings are indispensable for providing evidence for preventive interventions in children with ID.

OR-20-02

Mechanisms of change in a family-based early intervention for mental illness: a mixed method study of a randomized clinical trial

Müller, Anne Dorothee [1]

Gjøde, Ida [1], Fischer, Kirstine [1], Kiner, Sophie [1], Moszkowicz, Mala [1], Hemager, Nicoline [1], Nordentoft, Merete [1], Piché, Geneviève [2], Thorup , Anne A E [1]

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[2] Université du Québec en Outaouais Saint-Jérôme Canada

Background and Aim: Children of parents with severe mental illness grow up with several risk factors for developing a mental illness themselves. This has led to a focus on family-based early interventions as a tool for prevention; aiming to reduce the effects of risk factors and strengthen factors associated with resilience in high-risk children. However, results from high-quality studies on the efficacy of these interventions vary, and little is known about the mechanisms of change in family-based early intervention. We aim to explore how risk factors and factors associated with resilience act as mechanisms of change in early intervention.

Methods: We use data from the VIA Family Study, a randomized clinical trial we conducted in Denmark from 2017-2021. The trial studied the effect of a family-based early intervention compared to treatment as usual. Participants were 95 families with parental severe mental illness (schizophrenia, bipolar disorder, or recurrent major depression) and at least one child aged 6-12. The current study has a convergent parallel mixed methods design. We integrate and compare quantitative data from surveys and clinical rating tools (Strengths and Difficulties Questionnaire, KIDSCREEN, Home Observation for Measurement of the Environment, and Children's Global Assessment Scale) with qualitative findings from focus group interviews with parents and children.

Results and Conclusions: We aim to compare the results from the quantitative and the qualitative analyses to look for congruence and incongruence. Results will be presented and discussed at the conference.

OR-20-03

Exercise in a psychiatric hospital for adolescents

Philippot, Arnaud

UCLouvain Bruxelles Belgium

Background: Exercise therapy is included in the treatment of different levels of depression in adults according to NICE guidelines. No corresponding statement is available for depressed adolescents. The aim of this study was to document the effect of an add-on exercise therapy on adolescents hospitalized for depression and anxiety in a psychiatric hospital.

Methods: A group of 52 hospitalized adolescents (12-19 years) was randomly assigned to an exercise or control program three to four times a week over a six-week period (20 hours total). The primary outcome was the Hospital Anxiety and Depression Scale (HADS) to assess depression and anxiety symptoms. Secondary outcomes were psychological self-reports, diagnostic interviews, and cardiorespiratory testing.

Results: Six participants were lost in each group, leaving twenty hospitalized patients in both groups (intervention and control). A linear mixed model with the F test revealed a significant interaction in favor of exercise in reducing the mean depression score (HADS-D) by 3.8 points [95% (CI), range 1.8 to 5.7], compared with a mean reduction of 0.7 [95% (CI), range -0.7 to 2.0] in the control group. No significant interaction was found for anxiety symptoms (HADS-A). Mean VO_2max at baseline, demonstrating poor cardiorespiratory fitness, was improved only in the exercise group.

Conclusion: Exercise therapy as an adjunct to psychiatric hospitalization of adolescents decreased their depressive symptoms and improved their cardiorespiratory fitness. This revealed that exercise is essential in the management of hospitalized adolescents for the treatment of depression and the prevention of cardiovascular risk factors.

OR-20-04

Are targets for intervention age dependant?

Dooley, Niamh

Healy, Colm, Cotter, David, Cannon, Mary

Royal College of Surgeons in Ireland Dublin Ireland

When are peer friendships most important for a child's mental health? How well do socioeconomic status and parental psychopathology predict a child's mental health trajectory? Using the Growing up in Ireland cohorts, we explore the prospective risk and protective factors for mental health at ages 3, 5, 9 (cohort 1; N~6000), and 9, 13, 17 (cohort 2; N~7000). In a previous study, we identified several common trajectories of mental health across ages 3-17 (Healy et al. 2022; PMID: 35536581). That study showed that transient problems are common, but persistence of the same problem over several years is rarer, echoing what has been found in other longitudinal cohorts such as the Dunedin Study. The question this study asks is: what differentiates children who have transient from persistent mental health issues? We track children who experienced mental health problems at one stage between 3 and 17, and examine which factors discriminate those who persist, and those who remit, 3-4 years later. As such, we are performing *prospective* prediction on the persistence of child psychopathology, with a moving outcome window from ages 5 to 17. Some early findings point to: (1) the time-dependancy of early-life risks such as low birth weight and premature birth; (2) the persistent risk posed by neurodevelopmental conditions like autism; (3) the importance of parental relationships in adolescence; and (4) the predictive capacity of seeking help from a mental health professional for future issues.

Session: Symposium 48 - Sy-48

Date: 01-07-2023 - 11:00 - 12:00

Location: Columbine - Ground floor /

SY-48-00

Novel approaches to crisis intervention in child & adolescent psychiatry

Dekel, Idit [1], Kaess, Michael [2], Apter, Alan [3], Berger, Gregor [4], Shilton, Tal [1]

[1] Tel Aviv University Ramat Gan Israel
[2] University of Bern Bern Switzerland
[3] Tel Aviv University Petah Tiqwa Israel
[4] University of Zürich Zurich Switzerland

There is a need for immediate and short-term crisis intervention for children and adolescents. This is even more crucial these days as there is a global increase in the load of acute psychiatric cases in youth since the emergence of COVID-19 pandemic. In this symposium we will present several novel models of crisis interventions for variety of acute psychiatric problems.

Dr. Dekel will present a 6 to 8 weeks outpatient intervention, consisting of validated protocols, for prevalent acute problems in youth (acute anxiety, suicidality, violent outbursts and grief) referred from the emergency room. The treatment was effective, and most participants did not require additional psychosocial treatment in the year following the intervention.

Dr. Kaess will introduce 'The Cutting Down Program', both face to face and online versions, for treating self-harm in adolescents. Dr. Kaess et al. showed that the decline in self-harm was faster in adolescents treated with this program compared to adolescents receiving treatment as usual.

Dr. Apter (Israel) followed by Dr. Berger (Switzerland) will present data on the efficacy of the Ultra-Brief Interpersonal Psychotherapy and the AdoASSIP, respectively. The treatments consist of 4 to 5 sessions followed by continued outreach contacts by the therapist via emails and text messages.

Lastly, Dr. Shilton will present results of quantitative study in which parents reported the effect of a novel model affording parent to stay with their child, including overnight, during the first week of hospitalization in a closed psychiatric ward for children.

SY-48-05

Non-inferiority of ultra-brief, IPT-A based, crisis intervention for suicidal children and adolescents

Apter, Alan [1], Catalan, Liat [2], Spigelman, Ella [3], Brunstein Klomek, Anat [2]

[1] Reichman University Petach Tikva Israel
[2] Reichman University Herzliya Israel
[3] Bar-Ilan University Ramat Gan Israel

Background: Suicidal behaviors among adolescents increased, with overload of patients, and a long waiting period for treatment We developed an ultra-brief crisis intervention, based on Interpersonal Psychotherapy for Adolescents (IPT-A-SCI). The current adaptation of IPT-A is comprised of five sessions, followed by monthly caring emails, over a period of 3 months. The goal of the present study was to examine the non-inferiority effectiveness of an ultra-brief IPT-A based crisis intervention, as first aid for suicidal children and adolescents, in an outpatient setting.

Method: 350 children and adolescents referred to the depression and suicidal behavior clinic at Schneider Children's Medical Center presenting depressive symptoms and/or suicidal ideation/behavior were assigned to either IPT-A-SCI, standard treatment, or minimal intervention. Assessments were conducted at initial evaluation, pre- and post-intervention.

Results: At post-intervention assessment, IPT-A-SCI group was good as the standard treatment at reducing suicidal ideation, depressive symptoms, anxiety, and overall difficulties. However, treatment groups didn't have a superior impact on outcome measures compared to control group. Thus, all three patient groups exhibited a reduction across timepoints.

Conclusion: IPT-A-SCI appears to be equally effective and more resource-efficient than the standard treatment of suicidality. Hence, IPT-A-SCI is a feasible and efficient intervention targeting children and adolescents at risk of suicide.

SY-48-04

AdoASSIP – a short intervention program for youth after suicide attempts. An observational descriptive analysis

Berger, Gregor [1]

Häberling, Isabelle [2], Michel, Konrad [3], Pauli, Dagmar [2], Walitza, Susanne [2]

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[3] University of Berne Bern Switzerland

AdoASSIP is a short term intervention to prevent suicide reattempts in adolescents after a suicide attempt (www.adoassip.ch) and involves four key sessions. In an information presession patients and families are informed about the risk and benefits. The first session involves a video-recorded narrative interview about the history of the suicide attempt(s). In the second session parts of the narrative are watched together with a special focus on trigger events and basic needs. In-between the sessions the patients completes some written homework around suicidality and his own history. The narrative together with the homework are put into a written lay case formulation that is addressed to the patient including his long-term goals, personalized warning signs and safety strategies and recorded in a smartphone app (Robin Z). Finally the adolescents presents his case formulation to his parents and other significant others, e.g. therapist. For the following two years regular outreach contacts at 3, 6. 9, 12, 18 and 24 months from the AdoASSIP therapist via e-mail, or text message systems shall consolidate the patients self-efficacy in dealing with future suicidal crisis. Methods: At 3 and 6 months we performed an observational outcome and patient satisfaction questionaire. Results: Based on over 80 AdoASSIP interventions to date, the intervention has a high level of acceptance. During the intervention period, about 10 to 15% of participants experienced emotional distress including a transitional increase in suicidality. Conclusion: AdoASSIP is well accepted and seems to be safe. Future RCTs of AdoASSIP addressing efficacy and safety seem justified.

SY-48-03

Parents' experience of a shared parent-child stay during the first week of hospitalization in a child psychiatry inpatient ward.

Shilton, Tal

Tel Aviv university Ramat Gan Israel

Hospitalization of children in an inpatient psychiatric ward is stressful for both the children and their parents and the separation from the parents' during hospitalization is a major cause of this stress. We designated one room in a closed inpatient unit to enable a parent to stay with his/her child, including overnight, during the first week of hospitalization. We then examined the parents' reaction to the shared parent-child stay. Thirty parents of sixteen children aged 6 to 12 years who were consecutively admitted to our inpatient child psychiatry ward completed in-depth, open-ended, and semi-structured interviews after that week's experience. The interviews covered the reaction of parents to the pre-hospitalization period and to the first shared week of their child's hospitalization. The contents of the interviews were analyzed by independent coders identifying significant themes. The central theme for the pre-hospitalization period was the parents' decision-making process related to the child's worrisome mental health condition and their sense of loss of

control, confusion, and guilt, together with the stigma associated with psychiatric hospitalization. The two main themes concerning the shared stay plan that emerged from the parents' reports were the provision of a positive experience that enabled a gradual process of separation from the child and the building of their confidence and trust towards the staff, which facilitated shared decision-making. These two benefits may have a strong positive impact on the child's and the parent's recovery, warranting further evaluation of the proposed shared structure in future studies.

SY-48-02

Crisis intervention as a bridge from the emergency department and outpatient care in the post-COVID-19 mental health overload

Dekel, Idit

Tel Aviv University Ramat-Gan Israel

Pediatric healthcare systems are challenged by the limited resources for handling psychiatric crises. In Israel, the annual number of ED visits following a psychiatric crisis is rising, and the waiting time for outpatient care grows longer and is currently over 8-month waiting in most medical centers. In a recently published pilot study, we described a novel crisis intervention (CI) model which is based upon validated protocols for prevalent acute problems (suicidality, grief, acute anxiety, violent outbursts). The CI model allows short-term intervention (6-8 weeks) with minimal waiting time (1-2 weeks). The pilot study demonstrated this model to be effective in reducing waiting time and improving clinical symptoms. Moreover, most participants did not require additional psychosocial treatment in the year post CI. Following the COVID-19 pandemic a global rise in psychiatric morbidity among children and adolescents is evident, further highlighting the urgent need of accessible CI centers. In this presentation we will describe the “bridge from the pediatric ED to CI clinic ” model, that facilitates the direct referral of urgent cases that present to the ED at Sheba medical center. we will describe preliminary results of the study demonstrating this model, can improve treatment quality and the accessibility in urgent and complex cases in the post-COVID 19 era, reduce waiting time for treatment and decrease the load in the pesiatric ED. We will also focus on relevant predictors for treatment adherence and persistence for patients who refer to the CI outpatient unit with a psychiatric emergency.

SY-48-01

„The Cutting Down Program“: A brief psychotherapy for self-harming youth as face-to-face and online version

Kaess, Michael [1]

Rockstroh, Franziska [1], Koenig, Julian [2]

[1] University of Bern Bern Switzerland
[2] University of Cologne Cologne Germany

Objectives:

Adolescent self-harm is a transdiagnostic marker of risk and indicative of acute mental health problems. It requires immediate attention and intervention despite limited resources available in many healthcare systems. The aim of this talk is to summarize the current evidence on a brief psychotherapy manual – the “Cutting Down Program” (CDP) – to target adolescent self-harm in a face-to-face (f2f) and an online version.

Methods:

A randomized controlled trial (RCT; N =74) was conducted comparing f2f CDP (8-10 sessions) with high-quality treatment as usual (TAU; 20-25 sessions). Individuals from this RCT were followed for 2-4 years. Additionally, an online version of the CDP was developed and is currently tested in an RCT compared to online psychoeducation (estimated N = 512).

Results:

Adolescents receiving f2f CDP showed similar improvements in self-harm compared to TAU but self-harm declined faster in the CDP group. At follow-up, the CDP group still has similarly favorable outcomes compared to the TAU group. Interestingly, additional treatment sessions after the initial trial were similarly frequent on both groups and were associated with improved outcomes. The online CDP shows promising effects in self-harming youth (current n = 410), first results on its utility and effectiveness will be presented during the talk.

Discussion:

The f2f CDP provides an easy implementable and brief tool for effective crisis intervention in self-harming adolescents, offering the highest potential within a stepped-care model. The online CDP has the potential to lower barriers and further improve accessibility of brief psychotherapy for self-harm.

Session: Symposium 53 - SY-53

Date: 01-07-2023 - 11:00 - 12:00

Location: Arkaden 8 - Second floor /

SY-53-00

Challenges and opportunities in validation of psychiatric register data

Wesselhoeft, Rikke

University of Southern Denmark Odense M Denmark

Introduction

The Nordic countries are widely known for the extensive health care registers that provide opportunities to conduct nationwide longitudinal studies. The registers contain information on clinical diagnoses assigned for inpatients and outpatients, procedures offered at hospital departments, prescribed medicine etc. Hence, the potential for using this data in research is massive, but the validity of the results depends on data quality.

Methods

This symposium will outline the potential for studies validating variables from national health registers, as well as the challenges one may face along the way. The following studies are included:

Validation of the bipolar disorder diagnosis in youths using Danish National Registers

Childhood-onset Psychogenic Nonepileptic Seizures: Establishment of a Danish Nationwide Cohort

Validation of the psychotherapy procedure code in the Danish National Patient Register

Attachment disorders in a child and adolescent mental health context – validity of the diagnoses in the Danish National Patient Register

A validation study of schizophrenia diagnoses in children and adolescents: Challenges and benefits for research and clinical practice

Results

The challenges span from achieving legal approval to logistical efforts to obtain access to hospital records. We will present tips and tricks for validation studies and an overview of the multiple research questions that can be addressed.

Conclusions

Studies examining the validity of data registered in the registers are sparse but should be considered basic research within epidemiology. This symposium will outline the challenges as well as opportunities that validation studies hold for future register-based research.

SY-53-05

Validation of the psychotherapy procedure code in the Danish National Patient Register

Tvede Colding-Jørgensen, Josefine

Lund Elkrog, Sophie, Rasmussen, Lotte, Thaarup Wesselhøft, Rikke

University of Southern Denmark Odense Denmark

Introduction: The Danish national health care registers are well-suited to answer a wide range of research questions. Psychotherapy is recommended first-line treatment towards common emotional disorders and the use of psychotherapy treatment in hospital settings can be extracted from the health care registers. However, the validity of the psychotherapy variable has not yet been examined. This study aimed to investigate the validity of the psychotherapy procedure code in the Danish National Patient Register in the period 2010-2020.

Method: All Danish individuals aged 3 years, who 1) were registered with a psychiatric disorder diagnosis (ICD-10 code F10-F99) and 2) had a first psychotherapy treatment session (procedure code BRSP*) during the study period 1 January 2010 to 31 December 2020 were identified in the Danish National Patient Register. Next, a subset of 1000 patients were randomly selected for further investigation. Hospital records from the first psychotherapy session was collected using REDCap, where information on psychotherapeutic terminology and themes were registered. Lastly, it was determined if the information in the record was compatible with conduction of psychotherapy.

Results: Data collection has been challenged by administrative issues and patient load during the pandemic and is not yet complete. Updated results will be presented, but preliminary results (based on 483 hospital records) show that psychotherapy was confirmed in 82% of hospital records. Furthermore, there seems to be pronounced regional differences in validity which is under further investigation.

Conclusion: The validity of the psychotherapy code is satisfactory, but regional differences indicate variation in coding practice.

SY-53-04

Attachment disorders in a Danish child and adolescent mental health context – validity of the diagnoses in the Danish National Patient Register

Davidsen, Kirstine

Wesselhoeft, Rikke

University of Southern Denmark Odense C Denmark

Background: Attachment disorders of infancy and early childhood are among the least investigated disorders in current psychiatric nosology. Attachment disorders are rare conditions, and most of our knowledge is based on populations reared under extreme conditions with severe deprivation. We only have limited information on these disorders occurring in community samples and the prevalence of concurrent and subsequent psychopathology. The Scandinavian health registers provide an opportunity to obtain important knowledge about attachment disorders in a nationwide population, and for this, assessing the validity of these diagnoses in the health registers is an important prerequisite.

Methods: Data will be extracted from the Danish National Patient Register. We will identify children and adolescents in Denmark aged 0-17 years who received a first time primary or secondary diagnosis of attachment disorder (ICD-10: F94.1 or F94.2) during the period 2005-2021. Psychiatric hospital records will be collected from Child and Adolescent Mental Health Services in Denmark and reviewed to extract information on symptoms, upbringing conditions, source of information and assessment instruments.

Results and conclusion: A total of 3324 individuals were assigned with Reactive Attachment Disorder (F94.1) and 422 were assigned with Disinhibited Attachment Disorder (F94.2) during 2005 – 2021. Hospital records of a random sample of N=500 children and adolescents will be examined. We will present preliminary results and methodological challenges from the project and perspectives for future research regarding attachment disorders in a Scandinavian country.

SY-53-03

Childhood-onset Psychogenic Nonepileptic Seizures: Establishment of a Danish Nationwide Cohort.

Hansen, Anne Sofie [1]

Rask, Charlotte Ulrikka [2], Rodrigo-Domingo, Maria [3], Pristed, Sofie Gry [3], Christensen, Jakob [4], Nielsen, René Ernst [3]

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[2] Aarhus University Aarhus Denmark
[3] Aalborg University Aalborg Denmark
[4] Århus University Århus Denmark

Introduction: Childhood-onset psychogenic nonepileptic seizures (PNES) are diagnosed in 5-15 % of children and adolescents referred to epilepsy centers. Still, knowledge regarding PNES in children and adolescents is limited. This study aimed to establish a large cohort of children and adolescents with an incident diagnosis of PNES.

Methods: A Danish nationwide population-based study of children and adolescents (age 5-17 years, both included) registered in the Danish healthcare registries with one of the following ICD-10 diagnoses: Dissociative seizures (F44.5) or Other and unspecified convulsions, non-epileptic (R56.8G) in the period 1996-2014 (corresponding to the DSM-5 diagnosis of Conversion Disorder (300.11, Functional Neurological Symptom Disorder)). Based on medical record data, the diagnosis of PNES was validated using the International League Against Epilepsy (ILAE) criteria in an adapted version.

Results: A total of 464 potential participants were identified. Medical records were retrieved for 426 from 46 different hospital departments covering every region of Denmark. The validation process was performed by the primary investigator with a subsample rated by two co-raters as well to test inter-rater reliability. Finally, 386 patients were rated as cases diagnosed with PNES and included in the study cohort.

Conclusion: This study is the first to establish a nationwide cohort of children and adolescents with a validated diagnosis of PNES. The use of Danish register data enables inclusion of a large study sample and the linkage to medical record data holds a unique opportunity to perform comprehensive systematic validation studies.

SY-53-02

A Validation Study of Schizophrenia Diagnoses in Children and Adolescents: Challenges and benefits for research and clinical practice

Lammers Vernal, Ditte [1]

Stenstroem, Anne Dorte [2], Staal, Nina [3], Christensen, Anne Marie Raaberg [4], Ebbesen, Christine [5], Pagsberg, Anne Katrine [3], Correll, Christoph U. [6], Nielsen, René [7], Lauritsen, Marlene Briciet [8]

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[4] Mental Health Services of the Capital Region Glostrup Denmark
[5] Aarhus University Hospital Aarhus Denmark
[6] Department of Child and Adolescent Psychiatry and Psychotherapy, Charite U. Berlin Germany
[7] Psychiatry, Aalborg University Hospital Aalborg Denmark
[8] Research Unit for Child and Adolescent Psychiatry, Aalborg University Hospital Aalborg Denmark

Background

Schizophrenia in children and adolescents is rare and little research exist regarding the validity of the schizophrenia diagnosis in this population. As part of a PhD study on the outcome of early-onset schizophrenia, a validation study using the Danish Psychiatric Central Research Register (DPCRR), was necessary.

The validation study is published in ECAP 2018 and presented at ESCAP in 2019. This presentation highlights challenges in conduction a validation study and briefly recaps the results.

Methods

The DPCRR was used to identify patients with a first-time diagnosis of schizophrenia (ICD-10 F20.x) before the age of 18 between 1994 and 2009. Psychiatric records from 200 patients were selected for evaluation.

Results

The initial phases of a validation study take time. Permission was obtained from three different Danish institutions (The National Board of Health, The Danish Data Protection Agency, and Staten's Serum Institute) and from all CAP-departments in the 5 Danish regions. Approximately, this process took 1,5 years, followed by a retrieval phase.

We managed to retrieve 89% of the planned records. Registration errors were found in 11%. Raters were able to confirm 84% of the remaining schizophrenia diagnosis and 92% as in the schizophrenia spectrum. Inpatient diagnoses had higher validity than diagnoses made in outpatient settings and fewer registration errors.

Conclusion:

Validation studies can strengthen research studies using the Danish registers. Furthermore, validation studies can improve clinical practice by pointing out weaknesses in diagnostic practice or journalizing.

Future validation studies will be less time-consuming with electronic patient records.

SY-53-01

Validation of the bipolar disorder diagnosis in youth using Danish National Registers

Laursen, Mathilde Frahm [1]

Nielsen, René Ernst [1], Pagsberg, Anne Katrine [2], Correll, Christoph U. [3], Licht, Rasmus W. [1], Rodrigo-Domingo, María [1]

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Introduction

This study aimed to investigate the diagnostic validity of the diagnosis bipolar disorder (BD) in youth using the Danish National Register and patient charts.

Methods

All youth registered in the Danish National Register from 1995 to 2014 with a first time ICD-10 diagnosis of BD before turning 18 years were included. A random sample was selected by computer for chart review. Charts from the random sample were retrieved from relevant psychiatric departments in Denmark.

Two raters certified in Schedules for Clinical Assessment in Neuropsychiatry (SCAN) reviewed all charts independently to investigate if symptoms documented in the charts were consistent with a diagnosis of BD according to ICD-10 criteria. Interrater reliability was investigated using Kappa statistic.

The raters retrieved information about symptoms leading to the first BD register-diagnosis and previous episodes, if any. Chart information was entered into Research Electronic Data Capture (REDCap).

Results

The random sample consisted of 106 patients, equivalent to 20% of the total population diagnosed with a first time BD from 1995 to 2014. The diagnostic criteria for BD were fulfilled in 48 charts (45.3%, 95% CI:(36.1%-54.8%)) out of 106 charts according to the ICD-10. Cohen's Kappa was higher than 94%.

Conclusion

The validity of the first register diagnosis BD in youth was much lower than expected in the period 1995-2014. Researchers using data from the Danish National Registers on this patient group should keep this in mind. Furthermore, using this data for calculation of prevalence should be done with some caution.

Session: Please attend some of the sessions or visit our exhibitors -

Date: 01-07-2023 - 11:00 - 12:00

Location: Akvariet 4+5 - Ground Floor & Galop 02 - Second floor /

Session: Symposium 49 - SY-49

Date: 01-07-2023 - 11:00 - 12:00

Location: Pjerrot - Ground floor /

SY-49-00

MANAGEMENT OF ADVERSE EVENTS OF SECOND GENERATION ANTIPSYCHOTIC IN NEURODEVELOPMENTAL DISORDERS: TOWARDS A PERSONALIZED MEDICINE

Nobile, Maria

Scientific Institute 'Medea' Bosisio Parini Italy

The use of second-generation antipsychotics (SGAs) increased substantially during the past decade, also for treating pediatric psychiatric disorders. While the efficacy of SGAs is demonstrated not only for psychotic symptoms but also for irritability and aggression, their long-term efficacy and safety profile is far from optimal and constitute a challenge for the scientific and clinical community.

The present symposium aim to update clinicians on the recent progress of research in this field. It will start with a critical review of recent data, including meta-analyses, from randomized controlled trials for the management of weight gain and/or other metabolic symptoms in children treated with SGAs (Dr Riccio) and go through clinical safety data on the use of SGAs collected in a highly specialized unit for autism (URTEA), focusing on BMI increments and association between BMI and triglycerides, cholesterol and cHDL (Dr. Calvo-Escalona).

Explorative data on the effects of discontinuation of risperidone after at least one year of use on physical health and behavioral problems will be reported and critically discussed (Dr. Hoekstra)

A special focus will be dedicated to the underlying biological mechanism hit by SGAs and what the consequences are (Dr Pozzi) including the involvement of lysosomal function, causing an accumulation of sterols in endolysosomes and impairing the autophagic process, and how a new research project –RiskMet project- can help in identifying risk and protective factors for Metabolic Syndrome, evaluating familiarity, behavioral factors related to diet and physical activity, environmental risk factors, biomarkers and correlates with intestinal inflammation (Dr. Nobile)

SY-49-04

Long-term effectiveness of off-label risperidone in children and adolescents: a randomized, placebo-controlled discontinuation study

Hoekstra, Pieter

University of Groningen Groningen Netherlands

Objectives

Risperidone is commonly prescribed off-label in children and adolescents to manage disruptive behavior. This study aimed to investigate the continued benefits of risperidone after at least one year of use and the effects of discontinuation on physical health.

Methods

Thirty-five youths (aged 6-18, IQ>70) who were treated with risperidone for at least one year in regular care were randomly assigned to double-blind continuation of risperidone during 16 weeks or continuation for 2 weeks, gradual dose

lowering over 6 weeks, and placebo for 8 weeks. Primary outcome was the total Disruptive Behavior (D-total) score of the parent reported Nisonger Child Behavior Rating Form-Typical IQ (NCBRF-TIQ).

Results

Discontinuation of risperidone, as compared to continuation, was not associated with significant changes in parent-reported disruptive behaviors. However, discontinuation was related to a significant deterioration in parent-rated verbal aggression, teacher-rated behavioral functioning, clinician-rated general functioning, and significant improvements in weight, BMI, waist circumference, and glucose, insulin, and prolactin levels. Although 56% of participants in the discontinuation group experienced relapse, causing premature withdrawal from the study, 44% was able to successfully discontinue risperidone use.

Conclusion

Discontinuation of risperidone was associated with deterioration on some, but not all behavioral measures according to this explorative study. Although 56% of participants in the discontinuation group experienced relapse, causing premature withdrawal from the study, 44% was able to successfully discontinue risperidone use. Discontinuation was associated with important health gains. Despite long-term benefits of risperidone, attempts to withdraw risperidone should be undertaken in individual children.

SY-49-03

The Italian RISKMet project: METABOLIC SYNDROME IN PEOPLE TREATED WITH ANTIPSYCHOTICS: A MULTIMETHOD INVESTIGATION OF GENETIC, BEHAVIOURAL AND ENVIRONMENTAL RISK FACTORS

Nobile, Maria [1], De Girolamo, Giovanni [3]

Pozzi, Marco [2], Mauri, Maddalena [2], Rossi, Roberta [3], Macchia, Paolo Emidio [4], La Cascia, Caterina [5], Candini, Valentina [3], Iozzino, Laura [3]

[1] Scientific Institute 'Medea' Bosisio Parini Italy
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[3] IRCCS Centro San Giovanni di Dio Fatebenefratelli Brescia Italy
[4] Azienda Ospedaliera Universitaria Policlinico Federico II Naples Italy
[5] Azienda Ospedaliera Universitaria Policlinico Paolo Giaccone Palermo Italy

In pediatric and adult patients treated with AntiPsychotics (APs) drugs the presence of significant risk for concomitant physical illness, including Metabolic Syndrome (MetS) is high. Different pathogenetic and biological mechanisms intervene in causing this comorbidity but, to date, few is known about behavioral, psychological and clinical predictors and consequences of MetS in patients treated with APs.

The Italian RISKMet project fits within this lack of scientific literature, aiming to develop personalized preventions and treatments for patients treated with APs, providing a huge leverage to improve their lives. A specific section of this project will focus on pediatric population and related specific risk and protective factors.

RISKMet will adopt a synergistic approach and will combine different investigation ways, recruiting pediatric and adult patients and healthy controls, with 3 main objectives:

1-identify risk factors for MetS in patients, evaluating familiarity, behavioral factors related to diet and physical activity, environmental risk factors (e.g., polytherapy, stressful environments)

2-deepen clinical, biological and genetic characterization of patients with and without MetS, through physical examination (i.e., body weight, height, waist and hip circumferences, heart rate, blood pressure), evaluation of different biomarkers and correlates of MetS and intestinal inflammation (e.g, zonulin, microbiome profile) and of novel genetic factors through the collection of biological samples

3-identify different behavioral patterns in patients with and without MetS, evaluating lifestyle and presence of eating disorders both with interviews and a wrist-worn accelerometer and using a mobile-based Experience Sampling Method, to monitor them closely for 7 days in their ecological environment.

SY-49-02

Safety of second-generation antipsychotics in a highly specialized unit for autism (URTEA)

Calvo-Escalona, Rosa

Blazquez-Hinojosa, Ana, Puche , Maria

Universitat de Barcelona Barcelona Spain

Background: Second-generation antipsychotics (SGAs) have gained evidence for the treatment of behavioral problems and psychiatric diagnoses in autism. SGAs have different liabilities to induce obesity, diabetes and dyslipidemia. **Aims:** To describe the relationship between the use of antipsychotics and the presence of metabolic syndrome in autistic children and adolescents. **Methods:** All children and adolescents treated with SGAs seen in URTEA between January 2018 and December 2022 were included. All participants (N=76) fulfilled DSM-5 criteria for autism. Glucose, cholesterol, LDL cholesterol (cLDL), HDL cholesterol (cHDL), triglycerides', and body mass index (BMI) were collected. All tests were 2-tailed, and all statistical analyses were carried out with SPSS 18.0. Continuous variables were normally distributed. The level of statistical significance was set at <0.05. **Results:** 80.3% of sample were males, aged 13.58 years (SD 2.74). Glucose mean was 86.22 (SD=8.79), cholesterol 157.43 (SD=34.61), cLDL 91.64 (SD=31.88), cHDL 47.99 (SD=13.63), triglycerides 106.17 (SD=76.29) and BMI 25.88 (SD=6.79). cHDL was significant lower in those aged more than 12 years old (t=-3.15, p=0.002) and triglycerides were higher (t=2.71, p=0.05). Cholesterol, cLDL and triglycerides were significantly higher (p<0.05) in participants with BMI>20. In those with psychosis, triglycerides were significantly higher (p=0.01). **Conclusions:** ASD BMI increments were evident in all participants and a significant statistical association between BMI and triglycerides, cholesterol and cHDL was found, especially in those over 12 years of age. Psychoeducation programs to induce changes in lifestyle will be necessary to improve quality of life.

SY-49-01

Antipsychotic drugs have different metabolic effects in vitro

Pozzi, Marco

Vantaggiato, Chiara, Brivio, Francesca, Bassi, Maria Teresa

Scientific Institute IRCCS Eugenio Medea Bosisio Parini Italy

Antipsychotic drugs are known to cause metabolic disorders in treated patients with a variable impact. These disorders range from obesity, to hypertriglyceridemia and hypercholesterolemia, to prediabetes.

Whereas older antipsychotics have been extensively used in the routine practice and their adverse metabolic effects are well known, newer antipsychotics have scantly been investigated outside sponsored trials, and there is a lack of clinical evidence. Since adverse metabolic effects contribute to generate and sustain severe comorbidities, and reduce the span and quality of life of patients, investigating their metabolic effects in vitro may be informative and may complement clinical evidence.

We investigated in HepG2 cells, an in vitro model devoid of neurotransmitter receptors, used in physiologically-relevant conditions (100 mg/dl glucose), the effect of most antipsychotics used in the clinic on previously explored mechanisms,

including SREBP-dependent gene transcription, AMPK activation and function, lysosome morphology and function, autophagy, accumulation of lipids and cholesterol.

We found that there are groups of antipsychotics, classifiable following their different impact on lysosome function, on lipid accumulation, on AMPK activation.

Only some of the antipsychotics can interfere with lysosomal function, causing an accumulation of sterols in endolysosomes and impairing the autophagic process; more antipsychotics can only increase lipid accumulation, only a few are able to alter AMPK activation. Knowing what mechanism is hit by a specific antipsychotic and what the consequences are, may be of high value to tailor the choice of therapies and to guide antipsychotic switching.

SY-49-05

Managment of antipsychotic-induced weight gain in neurodevelopmental disorders: a systematic review.

Riccio, Maria Pia [1], Pisano, Simone [2], Bravaccio, Carmela [2]

Russo, Ludovica [1], Catauro, Mirko [1]

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Second Generation Antipsychotics (SGAs) are used in the child and adolescent patient population to treat juvenile psychiatric disorders and anger/irritability associated with autism spectrum disorders or other neurodevelopmental conditions. However, SGAs are often associated with significant weight gain, which becomes a significant limiting factor in long-term treatment. This contribution aims to update the knowledge about efficacy and safety of pharmacological and non-pharmacological interventions that contribute to weight-gain control in the paediatric population affected by developmental psychiatric conditions, exposed to SGAs. A systematic review and possible meta-analyses of randomized controlled trials for the management of weight gain and/or other metabolic symptoms in children and young adults treated with second-generation antipsychotics will be presented.

Session: Symposium 54 - SY-54

Date: 01-07-2023 - 11:00 - 12:00

Location: Karavanen 6 - First floor /

SY-54-00

Internet-based treatments for Children and Adolescents

Kallesøe, Karen

Aarhus University Hospital, Psychiatry Aarhus N Denmark

Discussant Karen H. Kallesøe

Maria Louise Jöhnk et al.: Mobile app-assisted behavioural treatment (MA-BT) in Children and Adolescents with chronic tic disorders - Study protocol for a randomized controlled clinical superiority trial: ID:?

Anna Holsting et al.: "My Symptoms Youth" - Online self-help intervention for young patients with functional somatic symptoms: ID: 926

Per Andrén et al.: Evaluating care pathways for digital interventions: Study protocol for a pilot randomized controlled trial of stepped vs stratified care for pediatric anxiety disorders: ID: 293

Eva Skovslund Nielsen et al.: Internet-CBT for functional abdominal pain disorders in children and adolescents: Detailed trajectory of effect described in a single case design study: ID: ?

Rebecca Grudin et al.: Therapist- and self-guided Internet-delivered behavioural activation for adolescents with mild to moderate depression – results from a feasibility trial: ID 695

Overarching abstract:

Mental health disorders in children and adolescents are highly prevalent yet undertreated.

Providing Internet-based treatments is an emerging way to reduce barriers and increase access to evidence based treatment. Potential benefits include the ability to reach a wide range of individuals affected, easy accessibility, and cost-effectiveness.

The current symposium offers a broad view of the current field of internet-based interventions in children and adolescents including treatment for depression, chronic tic disorders, anxiety and functional somatic symptoms/disorders. The symposium includes 5 studies ranging from presentation of study design to final results.

The discussion will include a focus on considerations in study designs, current evidence and future perspectives for internet-based treatment.

SY-54-05

Internet-CBT for functional abdominal pain disorders in children and adolescents: Detailed trajectory of effect described in a single case design study.

Nielsen, Eva [1]

Kallesøe Hansen, Karen [2], Frostholm, Listbeth [3], Bonnert, Marianne [4], Rask, Charlotte Ulrikka [3]

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[3] Aarhus University Aarhus Denmark
[4] Karolinska Institute Stockholm Sweden

Background

Functional abdominal pain disorders (FAPD) are common in young people. They are characterised by abdominal symptoms which can lead to reduced quality of life, high school absence and health care use. Exposure based internet delivered cognitive behavioural therapy (i-CBT) has shown promising effects mediated by changes in gastrointestinal fear and avoidance.

With this study we aim to explore the trajectory of effect of i-CBT in children and adolescents with FAPD, including the exact onset of the desired effects on various outcomes.

Methods

We included six children and six adolescents in a single-case experimental design study.

Patients performed digital daily assessment (DDA) at baseline, during 10-weeks i-CBT, and at 3-months follow-up. Patients were randomized to a baseline period of 5 to 15 days.

The DDA comprised 8 items covering abdominal symptoms, catastrophizing, avoidance- and control behaviour and symptom-acceptance.

Results

The 12 patients are currently undergoing i-CBT and will finalize treatment during spring 2023.

Mean age at inclusion was 10.3 years (range 8.6 to 11.4) for children and 14.7 years (range 13.3 to 17.8) for adolescents. Mean duartion of symptoms was 36.8 months (range 5.0 to 62.0) for children and 60.0 months (range 36.0 to 120.0) for adolescents.

Further results will be presented at the conference.

Conclusion

This study can increase our understanding of how i-CBT works for young people with FAPD by adding knowledge on the influence over time on treatment targets and thereby how to enhance the promising effects of this treatment approach.

SY-54-04

Mobile app-assisted behavioural treatment (MA-BT) in Children and Adolescents with chronic tic disorders. - Study protocol for a randomized controlled clinical superiority trial

Jöhnk, Maria Louise [1]

Mataix-Cols, David [2], Thomsen, Per Hove [3], Nissen, Judith Becker [3]

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Chronic tic disorders affect about 1% of children and adolescents. Tics may be extremely distressing and may result in impairment that affects both social well-being and academic achievements, but the severity of tic disorders is highly variable.

Manualized behavioural treatment for tics has shown promising results, but it can be challenging for families to attend the frequent sessions, and treatment is offered by only a limited number of clinics. Psychoeducation is often the only available treatment. The main objective of this project is to investigate the efficacy of app-assisted behavioural treatment in tic disorders.

A randomized clinical superiority study comparing the efficacy of app-assisted tic training versus app-assisted tic learning. Eligible participants are children and adolescents, aged 9–17 years, with tic disorders, referred to DCAP, AUH.

After randomization to either a learning group or a training group, both groups have access to a newly developed app in which they are taught about tics. The app features the same information and training materials as contained in the well-established manual "Niks to Tics" and both groups are able to chat with a therapist during the treatment periode.

In addition, the training group also learn about habit reversal training and exposure response prevention through app sessions released at each treatment session.

This project enhances our knowledge about tics and tic treatment, and may advance a stepped care approach in the treatment of tics. Furthermore, it allows for earlier intervention, which could prevent or reduce severe episodes of tics and secondary reactions.

SY-54-03

“My Symptoms Young” Online self-help intervention for young patients with functional somatic symptoms

Holsting, Anna Frøkjær, Rask, Charlotte Ulrikka

Rask, Mette Trøllund, Rosendal, Marianne, Frostholm, Lisbeth, Christensen, Oliver Rønn

Aarhus University Aarhus Denmark

Introduction

Young patients with persistent physical symptoms, such as pain and fatigue, not explained by well-defined disease are common across health care settings. These symptoms, often named functional somatic symptoms (FSS), may cause school absence, social withdrawal, high health-care utilization and over time lower educational attainment with risk of chronicity. General practice is often the first point of health care contact but there is a lack of adequate treatment strategies. Our aim was therefore to develop an online self-help intervention, “My Symptoms Young”, tailored to young patients (aged 15-25) with FSS in primary care.

Methods

"My Symptoms Young" was developed iteratively: 1) Identification of user needs based on a systematic literature review and interviews with young people with FSS, 2) Redesign of content in the existing adult programme "My Symptoms", 3) Usability testing using think aloud evaluation.

Results

The content of the final prototype is inspired by cognitive behavioural therapy but also integrates principles from the newer third wave therapies such as mindfulness and self-compassion. It provides psychoeducation on symptoms and modules on the impact of lifestyle, stress and strain, thoughts, feelings, values, and self-care. Throughout the modules, interactive tools to support behaviour change are embedded.

Conclusion

"My symptoms Young" will be the first systematic treatment offer for young people with FSS in primary care and could be an important step to reduce the number of young people who develop chronic and disabling functional disorders. The programme is now to be tested in larger trials before implementation in clinical practice.

SY-54-02

Therapist- and self-guided Internet-delivered behavioural activation for adolescents with mild to moderate depression – results from a feasibility trial

Grudin, Rebecca [1]

Åhlén, Johan [2], Mataix-Cols, David [2], Lenhard, Fabian [2], Henje, Eva [3], Månsson, Cecilia [4], Sahlin, Hanna [2], Beckman, Maria [2], Serlachius, Eva [2], Vigerland, Sarah [2]

[1] Child and Adolescent Research Centre in Stockholm Stockholm Sweden
[2] Karolinska Institutet Stockholm Sweden
[3] Umeå University Umeå Sweden
[4] Region Stockholm Stockholm Sweden

Objective Access to effective treatments for adolescents with depression needs to improve. Few studies have evaluated behavioural activation (BA) for adolescent depression, and none remotely delivered BA. This study explored the feasibility and acceptability of therapist-guided and self-guided internet-delivered BA (I-BA) in preparation for a future randomised controlled trial (RCT).

Design A single-blinded randomised controlled feasibility trial.

Participants Thirty-two adolescents with mild-to-moderate major depression, aged 13–17 years.

Interventions Ten weeks of therapist-guided I-BA or self-guided I-BA, or treatment as usual (TAU).

Outcomes Feasibility measures included study take-up, participant retention, acceptability, safety, and satisfaction. The primary outcome measure was the masked assessor–rated Children's Depression Rating Scale, Revised (CDRS-R) score at the 3-month follow-up.

Results 154 adolescents were screened and 32 were randomised to therapist-guided I-BA (n=11), self-guided I-BA (n=10), or TAU (n=11). Participant retention was acceptable, with two drop-outs in TAU. Most participants in TAU had been offered interventions by the primary endpoint. The mean number of completed chapters (total of 8) for adolescents was 7.5 in therapist-guided I-BA and 5.4 in self-guided I-BA. No serious adverse events were recorded. Satisfaction was acceptable in both I-BA groups. Both I-BA groups, but not TAU, showed statistically significant changes on the primary outcome measure with large within-group effect sizes (Cohen's *d* = 2.43 and 2.23 respectively).

Conclusions Both therapist-guided and self-guided I-BA are acceptable and potentially efficacious treatments for adolescents with depression. It is feasible to conduct a large-scale RCT to establish the efficacy and cost-effectiveness of I-BA versus TAU.

SY-54-01

Evaluating care pathways for pediatric anxiety disorders: Study protocol for a pilot randomized controlled trial of stepped care vs stratified care

Andrén, Per [1]

Cervin, Matti [1], Mataix-Cols, David [2], Perrin, Sean [1], Serlachius, Eva [1]

[1] Lund University Lund Sweden
[2] Karolinska Institutet Stockholm Sweden

Introduction:

Anxiety disorders are common and debilitating in children and adolescents. Cognitive behavioral therapy (CBT), delivered both in-person and by the internet (ICBT), is efficacious, but access for young individuals is limited and it remains unclear how to structure the care pathway to maximize benefit.

Methods:

To inform a fully powered randomized controlled trial (RCT), a pilot RCT will be conducted where 50 youth with anxiety disorders are randomized to one out of two care pathways: stepped care or stratified care. Both pathways consist of up to two courses (A and B) of evidence-based treatment (12 weeks of either ICBT or in-person CBT). The two treatments share the same basic components (e.g., psychoeducation, exposure) but differ in their format of delivery, with in-person CBT enabling higher personalization and therapist-involvement, but to a higher cost. In stepped care, all participants are offered ICBT in course A and treatment non-responders are offered in-person CBT in course B. In stratified care, those with the highest risk of treatment non-response are offered in-person CBT in course A (~50%), while the other half are offered ICBT. As in stepped care, non-responders in stratified care are offered in-person CBT in course B. The primary endpoint is the outcome assessment after course B. The objectives of the pilot are to examine the feasibility, acceptability, and safety of the study procedures.

Time plan:

Recruitment for the study will begin in August 2023 and the final participant is expected to reach the primary endpoint in August 2024.

Session: Clinical Perspectives 17 - CP-17

Date: 01-07-2023 - 11:00 - 12:00

Location: Karavanen 9+10 - First floor /

CP-17-00

Adolescents with Attention Deficit Hyperactivity Disorder and Substance Use Disorders Across a Treatment Continuum

Palyo, Scott [1]

Ivanov, Iliyan [2], O'Keefe, Paul [3], Corbin, Jeff [4]

[1] New York Medical College New York United States
[2] Icahn School of Medicine at Mount Sinai New York United States
[3] Arbour-Fuller Hospital New York United States
[4] Private Practice New York United States

Iliyan Ivanov, M.D.

Paul O'Keefe, D.O.

Scott M. Palyo, M.D., Chair

Jeff Corbin, M.D.

Overall Summary:

Treating adolescents who are experimenting and potentially abusing substances results in a complex dilemma when focusing on actual use and misuse of a substance versus underline traumas and family dynamics that likely act as a catalyst for the usage. These clinical presentations are further complicated by comorbid ADHD, additional risk factors for substance use, engagement with providers, and the choice of safe and effective treatment options. The clinical presenters will explore some of their own research and others regarding teenage substance abuse in different therapeutic settings: inpatient psychiatric and outpatient therapy. Initially the presentation will explore and discuss general trends in adolescent substance abuse, practical interventions, and specific studies from Iliyan Ivanov's own research. This is contrasted with the work of Paul O'Keefe, D.O. evaluating teenagers on an acute inpatient psychiatric service involving intoxication, detox, and rehab referrals after stabilization that includes further evaluation of ADHD. Following this, the presentation by Scott Palyo, M.D., will focus on the work with parents and families involving adolescents who abuse substances and have underline ADHD. The final presentation by Jeff Corbin will discuss political aspects of legalization of marijuana and its implications on teenagers throughout Europe and North America with a particular focus on its possible effects on teenagers with ADHD. The overall presentation will explore diverse treatment modalities of substance abuse for teenagers with ADHD and the political and practical implications of legalization of certain substances.

CP-17-04

Mental Health Implications for Young People of Legalized Marijuana Use in the United States

Corbin, Jeff [2]

[1] New York Medical College New York United States
[2] Private Practice New York United States

Legalization of cannabis use has led to a false sense of safety in people already using marijuana; although the overall number of users has not increased, or decreased, significantly, the quantity and frequency of use among those already using has increased. This has been a particularly difficult problem in adolescents and young adults, especially those with ADHD. Although legal for adults, marijuana use is still not legal for those under 21 or 19, depending on location. Legalization, however, has led to an increase in availability—making it easier for young people to obtain it regularly and with greater frequency. Critically, attitudes toward safety and the benefits of use have changed and made it more difficult to educate young people, especially those who come from families of multigenerational use. This has contributed to complications in treating ADHD and other psychiatric illness in this population.

Later, I will discuss the importance of considering the legalization of cannabis use and the change in attitude toward its use when working with young people. This will include the effect on stigma of mental illness among young people, and mental health complications worsened by the legalization of recreational use. I will also discuss the importance of parental use and attitude change since legalization and its effect on young people, as well as the implications and difference between daily use verses recreational use.

Reference:

“Cannabis: Understanding the risks and benefits.” American Psychiatric Association annual meeting symposium 5/17/2021

“Chronic Adolescent THC Exposure: Mental Health Crisis.” Psychiatric Times 10/1/2021

CP-17-03

ADHD and Substance Use Disorders – Considerations for Possible Effects of Pharmacological Treatments on Clinical Outcomes

Ivanov, Iliyan [2]

[1] New York Medical College New York United States
[2] Icahn School of Medicine at Mount Sinai New York United States

Existing evidence strongly suggests that adolescent ADHD and substance use disorders (SUD) co-occur at rates higher than would be expected if these were independent. As the identification of emerging SUD in the context of existing ADHD could be challenging, practice parameters and screening instruments have been developed to assist clinicians in diagnosing SUD in youth with ADHD. Additionally, data from both animal and human research suggest that stimulants produce neurophysiological changes in the brain reward system, some of which could be persistent. This could be important while choosing optimal treatments for young patients with ADHD who have additional clinical risk factors for substance abuse. While the majority with ADHD greatly benefit from treatments with stimulants, there might be a small but sizable number of individuals whose neurobiological profiles may suggest heightened vulnerability to the effects of stimulants. This is clinically relevant as there a variety of effective treatments for ADHD other than stimulants that offer safe and efficacious treatment options for patients with comorbid ADHD/SUD. This presentation will discuss the challenges in assessments and treatment considerations for youth with ADHD who might be at elevated risk or comorbid SUD.

References:

Ivanov, I., Pearson, A., Kaplan, G., & Newcorn, J. (2010). Treatment of adolescent ADHD and comorbid substance abuse. International Journal of Child and Adolescent Health.

Ivanov I, Bjork J, Blair, RJ, Newcorn J. Sensitization-based risk for substance abuse in vulnerable individuals with ADHD: Review and re-examination of evidence. Neuroscience and Biobehavioral Reviews, Volume 135, 2022, 104575

CP-17-02

Psychiatric Hospitalization of the Adolescent with Comorbid Substance Use Disorder: An Opportunity Chart a Course for Successful Community Treatment

O'Keefe, Paul [2]

[1] New York Medical College New York United States
[2] Private Practice New York United States

Psychiatric hospitalization has a role in the evaluation and treatment of adolescents with substance use disorder, particularly those with co-occurring ADHD. As the criteria for hospitalization is imminent dangerousness, institutionalization brings together the treatment team, the adolescent, the family and the community resources in a time of crisis, a time for thoughtful consideration of the differential diagnosis, tailored treatments and a coordinated effort toward long term community care. ADHD and co-morbid substance use disorder present significant challenges because the symptom profiles often overlap, many primary psychiatric illnesses emerge during adolescence, further complicating the diagnostic picture, and the deficits in ADHD, often trigger or perpetuate substance use issues, which can misguide treatment efforts. The Inpatient psychiatric setting “clears the clinical visual field” by providing a period of psychiatric and medical stabilization beyond acute crisis and intoxication, in an environment void of social and environmental triggers, where the more sublet symptomatology can be teased out by the multidisciplinary team and inform a sound biopsychosocial formulation that drives the treatment plan and can be adapted to the client’s community resources. This presentation will outline when and for whom inpatient psychiatric inpatient care would be beneficial, the mechanism of inpatient treatment, evaluation and referral, and the challenges and nuances of treating and evaluating in the inpatient setting for clients with ADHD and substance use.

References

Admission to Acute Care Hospitals for Adolescent Substance Abuse: A National Descriptive Analysis

Deena J Chisolm; Kelly J Kelleher: Substance Abuse Treatment, Prevention and Policy 1 Article Number: 17

CP-17-01

Parenting Interventions When Teenagers with Attention Deficit Hyperactivity Disorder (ADHD) and Substance Use Disorders (SUD)

Palyo, Scott

New York Medical College New York United States

Studies have found that adolescents with substance use and misuse tend to have a more positive outcome with family interventions such as parent involvement and support along with family therapies including Multidimensional Family Therapy. These interventions are likely more complicated when a teenager has undiagnosed or underappreciated attentional and learning issues. As noted, there is a high comorbidity between children with ADHD later developing SUD. This presentation will begin with a review of recent studies regarding family and parenting involvement with the treatment of adolescents with substance abuse as well as utilizing clinical and neuropsychological testing to help identify untreated ADHD. The presentation will further include two vignettes, one where ADHD interventions were utilized initially and another case where this was not. By comparing the two vignettes the presenter hopes to illustrate different patterns of interventions and discuss possible outcomes for individual youth with comorbid Substance Use and ADHD.

References:

Özgen H, Spijkerman R, Noack M, Holtmann M, Schellekens A, Dalsgaard S, van den Brink W, Hendriks V. Treatment of Adolescents with Concurrent Substance Use Disorder and Attention-Deficit/Hyperactivity Disorder: A Systematic Review. *Journal of Clinical Medicine*. 2021; 10(17):3908. https://doi.org/10.3390/jcm10173908.

Hogue, A., Schumm, J. A., MacLean, A., & Bobek, M. (2022). Couple and family therapy for substance use disorders: Evidence-based update 2010–2019. Journal of Marital and Family Therapy, 48, 178– 203. https://doi.org/10.1111/jmft.12546

Session: Symposium 50 - SY-50

Date: 01-07-2023 - 11:00 - 12:00

Location: Lumbye - Lower floor /

SY-50-00

Addressing the workforce crisis: behavioural activation for young people with low mood across a range of severity and delivery settings

Dubicka, Bernadka [1]

Gega, Lina [2], Kitchen, Charlotte [2]

[1] University of York York United Kingdom
[2] University of York York United Kingdom

Behavioural Activation (BA) is a brief therapy for adult depression and delivery by less experienced therapists is effective. Young people (YP) have been disproportionately affected by covid-19 and demand for services is high. BA may increase access to therapy for depressed YP using less specialised clinicians, however research is limited. We will present UK feasibility studies across different settings and depression severity, and introduce 2 current randomised controlled trials (RCTs), including digital delivery to widen access.

Dr Kitchen will discuss the evidence for BA in depressed YP and The Behavioural Activation for Major Depressive Disorder in Youth Study (BUDDY), a feasibility trial in UK Child and Adolescent Mental Health Services (CAMHS). 22 YP were randomised to BA delivered by CAMHS staff or usual care, with promising results for BA.

Professor Dubicka will discuss a UK feasibility study for an 8-session BA program for YP with depression in CAMHS, delivered by less specialist staff; 12/33 YP recovered and were discharged. A large RCT (Behavioural Activation for depressed Young People, BAY) is investigating blended BA (digital and in person) delivered by less specialised CAMHS staff vs usual care (n528).

Professor Gega will present ComBAT (Community-based Behavioural Activation Training for Depression in Adolescents), a UK research programme, including results from a feasibility study with 20 YP. The challenges and opportunities of scaling up BA beyond CAMHS with professionals from different backgrounds will be discussed. The ComBAT RCT (BA vs usual care) will recruit 236 YP with milder depression in the community.

SY-50-03

A randomised controlled feasibility trial of Behavioural Activation for young people with depression in CAMHS

Kitchen, Charlotte [2]

[1] University of York York United Kingdom
[2] University of York York United Kingdom

Behavioural Activation (BA) is a brief, evidence-based therapy for depression in adults with promising outcomes for young people (YP).

The Behavioural Activation for Major Depressive Disorder in Youth Study (BUDDY) evaluated the acceptability of BA for adolescents with depression, and the feasibility of conducting a mixed methods trial in UK Child and Adolescent Mental Health Services (CAMHS).

22 YP were randomised to BA or usual care. Existing CAMHS staff were trained to deliver the manualised intervention via a brief course. Following treatment, YP and their parents were asked to complete a feedback survey and offered an interview with a researcher. Symptoms and functioning were assessed at 3- and 6-month follow-up. Participating clinicians were also offered an interview.

Recruitment targets were achieved through screening large numbers of CAMHS service users. Intervention adherence by participating adolescents was high (median completed BA sessions 7/8). There were tentative suggestions of improvements following treatment; a large change in a positive direction for the BA group, but not for usual care, was observed by visual comparisons of mean scores on measures of depression, self-esteem and functioning. No adverse events were reported.

Our findings suggest that BA in this setting is acceptable and warrants further evaluation. We share our insights that BA for young people requires flexibility and adjustment to meet individual and family needs. We provide suggestions of how we may be able to refine the delivery of this widely deployed intervention and optimise the training and supervision of those who deliver it.

SY-50-02

Community-delivered behavioural activation for adolescents with mild-to-moderate depression: feasibility study

Gega, Lina [2]

[1] University of York York United Kingdom
[2] University of York York United Kingdom

BA is a brief psychological treatment for depression. It works in two ways. First, it lifts low mood and restores interest and pleasure in life through the scheduling of enjoyable, purposeful and meaningful activities that become sources of positive

reinforcement. Second, it counteracts avoidance, procrastination, rumination and withdrawal, which can maintain low mood. BA has an evidence base for adults, but we have neither large clinical trials nor economic evaluations of BA for adolescents.

ComBAT (**Com**munity-based **B**ehavioural **A**ctivation **T**raining for Depression in Adolescents) is a 5-year research programme that evaluates BA's clinical and cost-effectiveness for young people. A randomised controlled trial – with embedded economic analyses and process evaluations - is currently underway. A sample of 236 participants aged 12-18 years with mild to moderate depression, recruited from health services, schools and charities, are allocated to either BA or 'usual care', and then followed up for a year post-randomisation.

In the six months before the start of the main trial, we developed a standardised BA package and mapped usual care in consultation with young people, parents and professionals. We then 'road-tested' the intervention in a feasibility study with 20 participants. We present our findings on BA uptake and adherence, data completeness, direction of effects and operating costs. We share our insights of what 'usual care' for adolescents with depression looks like in health services, schools and charities. We conclude with the challenges and opportunities of scaling up BA delivery beyond specialist mental health services supported by professionals from different backgrounds.

SY-50-01

Behavioural activation by non-specialists for adolescents with depression in CAMHS

Dubicka, Bernadka [2]

[1] University of York York United Kingdom
[2] University of York York United Kingdom

Background: Behavioural activation (BA) is effective in adult depression but the evidence for young people (YP) is less clear. We developed and tested a new co-produced BA programme.

Method: We codeveloped with YP attending specialist child and adolescent mental health services (CAMHS) an 8-session BA workbook (phase 1). We then ran an uncontrolled feasibility study in two clinics, with BA being offered to YP by less specialised staff (phase 2).

Results: In phase 1, we tested the workbook with 15 YP with depression and other comorbidities. Satisfaction was good for YP and staff, and 9 YP reported an improvement. In phase 2, 51 YP were offered BA; 36 consented, 3 dropped out, and 33 YP (mean age 14.6) continued treatment attending a mean of 6.6 sessions, including remote delivery during the pandemic. Youth-rated Mood and Feeling Questionnaire mean score decreased from 43.2 to 27.6, difference 14.6 (95% CI 8.7 to 20.2; n 28); Clinician Global Assessment Score mean score increased from 52.3 to 69.8, difference 18.0 (95% CI 11.9 to 24.2; n 29). Of the 33 YP who received BA, 12 (36%) recovered and were discharged.

Conclusions: This programme demonstrated preliminary evidence for effectiveness and utility. Less specialised staff delivered BA, and this may reduce waits for more specialist, and thus more costly, therapy. A large multi-site randomised controlled trial has now been funded (UK National Institute of Health Research BAY trial, Chief Investigator Dubicka, start 2021) and the protocol using blended delivery of BA and progress will be presented.

Session: Symposium 46 - SY-46

Date: 01-07-2023 - 11:00 - 12:00

Location: Congress Hall - Ground floor /

SY-46-00

Prediction of severe mental illness in child and adolescent psychiatry

Mesman, Esther

Erasmus MC Sophia Children's Hospital Rotterdam Netherlands

Early detection of severe mentall illness has been a key challenge at an early age. In this symposium, we will present three studies focusing on the prediction of severe mental illness over time. Using a familial risk perspective, clinical high risk population and a study focusing on specific risk factors prediction of severe mental illness will be discussed. **Esther Mesman** will present new findings of the 20-year follow-up of the Dutch Bipolar Offspring Study, a study focusing on the early trajectories and risk factors of bipolar disorder in the context of familial risk. Next, based upon a total population cohort study of all Finns born in 1987, linking together extensive register data on health care contacts from birth through age 28 years. **Ian Kelleher** discusses the potential for prediction of psychosis and bipolar disorder within specialist public Child and Adolescent Mental Health Services (CAMHS). **Koen Bolhuis** presents findings based on a Swedish Register study focusing on self-harm and subsequent psychosis. As research from the past decades, pave the way to (personalized) risk prediction, also numerous ethical issues are raised. **Signe Mezinska** will present, as a part of Horizon FAMILY project, results of a scoping literature review identifying ethical issues emerging in the process of development and use of prediction tools for severe mental disorders. The session will be closed with a discussion lead by **Andrea Raballo** an expert in early clinical high risk services and first episode psychosis.

SY-46-04

Ethical issues in personalized risk prediction of severe mental illness in the context of inter-generational transmission of risk

Mežinska, Signe

University of Latvia Riga Latvia

The development and use of prediction tools for personal risk and resilience factors of severe mental illness can give rise to numerous ethical issues, e.g., transparency, ethics of communication of risk estimates, right to know vs. right not to know, responsibilities of health care professionals, socioethical consequences of risk prediction (stigma, shame, guilt) and reproductive choices. In a family context, prediction of risk of intergenerational transmission of mental illness raises additional issues, e.g., best interest of minors.

As a part of Horizon FAMILY project, we will present results of a scoping literature review identifying ethical issues emerging in the process of development and use of prediction tools for severe mental disorders. The issues identified include, but are not restricted to: (1) ethical aspects of development of prediction tools, including use of artificial intelligence and machine learning; (2) ethics of risk perception and interpretation in the context of intergenerational transmission of risk; (3) avoiding bias in development and use of prediction tools, e.g. population restricted predictive ability; (4) informed consent for use of prediction tools; (5) interests of family members; (6) potential of stigmatisation and discriminatory use; (7) socioethical (un)acceptance of biogenetic explanations and the neurodiversity narrative.

Based on the results of the scoping review, we will suggest how ethical normative frameworks should be amended in the context of research and clinical settings and what can be learned from use of prediction tools in somatic medicine.

SY-46-03

Risk of psychosis among individuals who have presented to hospital with self-harm: a prospective nationwide register study from Sweden

Bolhuis, Koen [1]

Ghirardi, Laura [2], Kelleher, Ian [3]

[1] Erasmus Medical Centre Rotterdam Netherlands
[2] Karolinska Institute Stockholm Sweden
[3] University of Edinburgh Edinburgh United Kingdom

Background: Research suggests that young people presenting to hospital with self-harm are at increased risk of psychosis when followed over time. We investigated the prospective associations between hospital presentation for self-harm and subsequent psychosis in an unprecedentedly large Swedish cohort. Furthermore, we tested whether the strength of this relationship changed over time considering the increasing incidence of hospital presentation with self-harm.

Method: Individuals born from 1981 onwards living in Sweden at their 12th birthday were included (*N*=2,206,146). We used healthcare registers to identify all presentations with self-harm and first diagnoses of psychosis (including schizophrenia-spectrum, bipolar, and depressive disorders with psychotic features). Proportions and Cox proportional hazards models were used to assess the prospective associations between hospital presentations and subsequent psychosis diagnoses. We also tested the presence of cohort effects to examine whether the increasing incidence of hospital presentation with self-harm might have led to a weakening of the strength of this relationship.

Results: In total, 32,887 (1.49%) individuals were recorded with hospital presentations with self-harm throughout the follow-up. Of these, 10.81% were subsequently diagnosed with psychosis by the study endpoint. Higher hazards were observed in individuals who were older than 21 years old at first self-harm presentation and in individuals with multiple (versus a single) hospital presentations with self-harm. There was no evidence of cohort effects.

Conclusions: Individuals who present to hospital with self-harm represent an important cohort for early detection and prevention of psychosis. The sensitivity of this approach to capturing psychosis risk may be increasing over time.

SY-46-02

Familial Risk for bipolar disorder – Findings from the 22-year follow-up of the Dutch Bipolar Offspring Study

Mesman, Esther

Helmink, Fleur, Hillegers, Manon

Erasmus MC Sophia Children's Hospital Rotterdam Netherlands

Objective: Early identification of BD is one of the biggest challenges as diagnostic and treatment delay are associated with poor prognosis and outcome. One of the most robust predictors of developing bipolar disorder (BD) is having a parent with BD, prospective high risk studies can inform us on the early trajectories. Here, we present findings of the recent 22-year follow-up of the Dutch Bipolar Offspring study.

Methods: The Dutch Bipolar Offspring Study was established in 1997 with 140 offspring of 86 patients with BD-I and BD-II. During the 22-year follow-up, 100 offspring participated (71.4% retention rate) with a mean age of 38.28 (SD=2.74). DSM-IV classifications were examined using the Structured Clinical Interview for DSM Disorders (SCID) .

Results: The risk to develop BD is estimated 11-13%, no new onset BD were reported. The risk for mood disorders is high (65%) and the risk to develop major depressive disorder more than doubled since the 12-year follow-up(17% to 36%). A total of 71% offspring contacted mental health services since the previous assessment. In this symposium the early trajectories to BD and severe mood disorders will be explored and discussed.

Conclusions: This unique prospective study shows that the high risk for mood disorders in offspring of parents with BD continues over the life span, but the specific risk for BD onset is highest in adolescence and young adulthood.

SY-46-01

Capacity for prediction and prevention of psychosis and bipolar disorder in Child and Adolescent Mental Health Services (CAMHS)

Kelleher, Ian [1]

Lång, Ulla [2]

[1] University of Edinburgh Edinburgh United Kingdom
[2] University College Dublin Dublin Ireland

Current strategies to predict serious mental illness (SMI) identify only a small proportion of individuals at risk. Additional strategies are needed to increase capacity for prevention of SMI, ideally during childhood and adolescence. We wished to investigate the potential for prediction of psychosis and bipolar disorder within specialist public Child and Adolescent Mental Health Services (CAMHS). Although psychosis and bipolar disorder are uncommon diagnoses in CAMHS, many risk factors for these disorders are highly prevalent in young people who attend CAMHS, including not only early mental health problems but also language, motor coordination, relational, social communication, and cognitive problems. We constructed a total population cohort study of all Finns born in 1987 (N=55,875), linking together extensive register data on health care contacts from birth through age 28 years. We identified all individuals diagnosed with a psychotic or bipolar disorder by age 28 (N=1,785). The risk of psychosis or bipolar disorder by age 28 was 1.8% for individuals who had not attended CAMHS but 15% for those with a history of adolescent outpatient CAMHS contact and 37% for those with a history of inpatient adolescent CAMHS admission. Of all psychosis/bipolar diagnoses by age 28 years, 50.2% occurred in individuals who had, at some point in childhood or adolescence, attended CAMHS, indicating that CAMHS represents not only a high-risk but also a high-capacity system for prediction of psychosis and bipolar disorder. These findings suggest an enormous, untapped potential for large-scale psychosis and bipolar disorder prediction and prevention research within existing specialist CAMHS.

Session: Symposium 51 - SY-51

Date: 01-07-2023 - 11:00 - 12:00

Location: Carstensen - Lower floor /

SY-51-00

Mental health and coping of young people and families in Europe during the COVID-19 pandemic Topic: Covid-19

Clemens, Vera [1], Ludwig-Walz , Helena [2], Bujard, Martin [2], Steinhoff, Annekatrin [3]

[1] Ulm Ulm Germany
[2] Bundesinstitut für Bevölkerungsforschung (BiB) Wiesbaden Germany
[3] Bern Bern Switzerland

An increased burden for the majority of persons was shown numerously since the beginning of the COVID-19 pandemic. Young people were hit by the pandemic in particular.

In this symposium, we will present results from studies on mental health and coping of young people and families during the COVID-19 pandemic. First, Prof. Dr. Martin Bujard will present the results of a systematic review and meta-analysis on depression among children and adolescents after the onset of the COVID-19 pandemic in Europe. Then, Dr. Helena Ludwig-Walz will present findings on anxiety among children and adolescents in Europe after the beginning of the pandemic. Using data from a prospective longitudinal cohort, Dr. Annekatrin Steinhoff will present trajectories and precursors of different aspects of during-pandemic mental health and coping in young people. Finally, Prof. Dr. Vera Clemens will present data from a representative sample from the German population focusing on quality of life and coping of the population in general and families and young people in particular.

The findings will be discussed in the light of how the pandemic and measures against the spreading of COVID-19 have impacted mental health and life of young people in Europe and what is needed now to support young people.

SY-51-03

Quality of life and parental stress during the second year of the COVID-19 pandemic – results of a population-based survey in Germany

Clemens, Vera [1], Alina, Geprägs [1]

Bürgin, David [2], Fegert, Jörg M. [1], Brähler, Elmar [3]

[1] Ulm Ulm Germany
[2] University of Basel Basel Switzerland
[3] Mainz Mainz Germany

An increased burden for the majority of persons was shown numerously since the beginning of the COVID-19 pandemic. However, it is important to identify persons who are at-risk for long-term impairments during the pandemic and its aftermath. Within this study, we aimed to investigate COVID-19 associated changes within a German population-based sample (2,515 participants; 51.6% female; mean age 50.09 years) during the second year of the pandemic in Germany in summer 2021.

Higher life satisfaction was associated with lower mental health problems, no pre-existing somatic and psychiatric disorder, higher income, no income loss during the pandemic, living with others and younger age. Focusing on parents of minors, an increase of parental stress during the pandemic was predicted by female gender, use of physical violence against children and parental experience of child maltreatment. Higher parental stress levels, a stronger increase of parental stress during the pandemic, having pre-existing psychiatric disorders, and parental experience of child maltreatment predicted an increased use of physical violence against children during the pandemic. Thus, our results show that while the majority of the population reported no quality of life impairments during the second year while the majority of parents observed a slight increase in parental stress on average compared to before the pandemic. Our results highlight the relevance of mental health for coping with the challenges of the pandemic and underline the importance of targeted support for low threshold support for families in order to prevent child maltreatment.

SY-51-02

Depression among children and adolescents after the onset of the COVID-19 pandemic in Europe: A systematic review and meta-analysis

Ludwig-Walz, Helena [1]

Dannheim, Indra [2], Pfadenhauer, Lisa M. [3], Fegert, Jörg M [4], Bujard, Martin [5]

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Background

Depression represents one of the leading causes for disease burden among children and adolescents, that potentially has been impacted by the COVID-19 pandemic. We aimed to determine the share change of children and adolescents with depression symptoms in Europe during pandemic compared to pre-pandemic baselines and evaluate country-related policy impacts.

Methods

Six databases were searched using a peer-reviewed search-string. Primary outcomes were (1) general depression symptoms and (2) clinically relevant depression rates. The validated Oxford Stringency Index was used as indicator for pandemic-related restrictions. Two reviewers independently screened the literature, assessed risk of bias and certainty of evidence, using the GRADE approach. Data were pooled using a random-effects model. PROSPERO: CRD42022303714.

Results

Of 7,422 nonduplicate records, 22 studies with data from 868,634 participants pre-pandemic and 807,480 during pandemic, met full inclusion criteria. For the comparison of depression symptoms before and during the COVID-19 pandemic, moderate certainty of evidence was observed for general depression symptoms (standardized mean difference, 0.21 [95%CI, 0.12–0.30]) and low certainty of evidence for clinically relevant depression rates (odds ratio, 1.36 [95%CI, 1.05–1.76]) for total population. Increase in general depression symptoms was higher for male adolescents, whereas increase in clinically relevant depression rates was higher for females. Effect estimates were significantly higher when pandemic-related restrictions were more stringent or school closure occurred.

Conclusion

Depression symptoms increased in a pre-during-comparison in the COVID-19 pandemic in Europe, whereby pandemic-related restrictions (such as school closures) resulted in an immense effect rise.

SY-51-01

Anxiety among children and adolescents after the onset of the COVID-19 pandemic in Europe: A systematic review and meta-analysis

Ludwig-Walz, Helena [1]

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Background

Anxiety represented the leading cause for disease burden among children and adolescents in Europe. An up-to-date and differentiated review of anxiety symptom change due to COVID-19 pandemic-related restrictions is lacking for European youth. Therefore, we determined the change in anxiety symptoms among children and adolescents during COVID-19 compared to pre-pandemic baselines and evaluate country-related policy impacts on anxiety.

Methods

Six databases were searched using a peer-reviewed search-string. Primary outcomes were (1) general anxiety symptoms and (2) clinically relevant anxiety rates. The validated Oxford Stringency Index was used as indicator for pandemic-related restrictions. Two reviewers independently screened the literature, assessed risk of bias and certainty of evidence, using the GRADE approach. Data were pooled using a random-effects model. PROSPERO: CRD42022303714.

Results

Of 7,422 nonduplicate records, 18 studies with data from 752,532 pre-pandemic and 763,582 during pandemic, met full inclusion criteria. Low certainty of evidence was observed for general anxiety symptoms (standardized mean difference, 0.34 [95%CI, 0.17-0.51]) and very low certainty of evidence for clinically relevant anxiety rates (odds ratio, 1.08 [95%CI, 0.98-1.19]) for total population. Increase for general anxiety symptoms was highest in the age group 11-15 years. When pandemic-related restrictions were more stringent or school closure occurred effect estimates were significantly higher.

Conclusion

General anxiety symptoms increased significantly in a pre-during-comparison in the COVID-19 pandemic among children and adolescents in Europe. Stringent pandemic-related restrictions (such as school closures) resulted in a serious increase in anxiety symptoms.

SY-51-04

Emotional distress, self-harm, other-harm, and adaptive coping during the COVID-19 pandemic: a longitudinal study of trajectories and precursors

Steinhoff, Annekatrin [1]

Bechtiger, Laura [2], Johnson-Ferguson, Lydia [2], Ribeaud, Denis [2], Eisner, Manuel [3], Shanahan, Lilly [2]

[1] University of Bern Bern Switzerland
[2] University of Zurich Zurich Switzerland
[3] University of Cambridge Cambridge United Kingdom

Detecting changes in young people's mental health during the COVID-19 pandemic, and identifying predictors of during-pandemic mental health, requires longitudinal data. This presentation summarizes our findings on the trajectories and precursors of different aspects of during-pandemic mental health and coping in young adults from the prospective longitudinal Zurich Project on the Social Development from Childhood to Adulthood (z-proso).

The study began in 2004 when a community-representative sample of 7-year-olds was first assessed. In 2020, when the participants were ~22 years old, four assessments took place during the first COVID-19 lockdown in Switzerland and thereafter (*n* = 786). We investigated pre- and during-pandemic risk factors (e.g., mental health problems, stressful life events in adolescence and early adulthood; pandemic-related stressors) for various aspects of during-pandemic emotional distress (e.g., internalizing symptoms) and maladaptive strategies of emotion regulation (e.g., self-harm, other-harm). We also examined how protective factors (e.g., supportive parenting in adolescence) were associated with young adults' engagement in adaptive coping strategies during the pandemic (e.g., seeking social support, cognitive reappraisal).

Results show that pre-pandemic mental health and stressful experiences assessed at age 20 were relatively strong predictors of during-pandemic mental health. Moreover, pandemic-related stressors and particular living arrangements were associated with specific aspects of during-pandemic mental health. Supportive parenting in adolescence was a precursor of the use of adaptive coping strategies (especially social coping strategies) during the pandemic. Together, our findings show how social experiences and development across adolescence and pandemic-related events jointly predicted mental health during the pandemic.

Session: Symposium 52 - SY-52

Date: 01-07-2023 - 11:00 - 12:00

Location: Arkaden 6 - Second floor /

SY-52-00

Transition from CAMHS to AMHS: specificities of psychopathology and models of care in European countries

Reis, Joana [1], Marchini, Simone [1], Armando, Marco [2], Purper-Ouakil, Diane [3]

[1] Université Libre de Bruxelles Brussels Belgium
[2] University of Geneva Geneva Switzerland
[3] Université de Montpellier Montpellier France

Transitional age youth (TAY), aged from 16 to 24, are a particularly at-risk population in mental health. 62.5% of psychiatric disorders emerge before the age of 25. However, in most countries, child and adolescent mental health services (CAMHS) care decreases significantly after the age of 16 and the threshold age for acceptance in adult mental health services (AMHS) vary greatly, between 16 to 21 years. This results in the lowest psychiatric coverage at the interface CAMHS-AMHS worldwide. Two main models of transitional care have been presented in literature: managed transition and mental health services specifically designed for youth.

This symposium focuses on two main axes.

From one side, it is important to assess TAY psychopathology, whether in an early stage or an already existing disorder, and to clarify specific care needs. Results from a cohort study in Belgium will be presented to show the complexity of TAY psychopathology and care needs.

From the other side, it is necessary to establish which is the optimal model of care according to regional context in order to achieve continuity of care. Thus, transitional models, applied in different regions in Europe, will be compared. Findings from the large Milestone European study and two regional clinical studies (Belgium and Switzerland) in TAY will be discussed.

The speakers will propose context-related strategies to invest resources in the assessment of TAY psychopathology in a trans-diagnostic approach and the implementation of care systems, according to the two models.

SY-52-04

Do current mental health systems meet the needs of transitional age youth?

Purper-Ouakil, Diane [2]

[1] Université Libre de Bruxelles Brussels Belgium
[2] Université de Montpellier Montpellier France

This presentation will examine existing models of mental health organizations accessible to youth that are at the boundary of child and adolescent psychiatry. We will focus not only on organizations such as mental health services for adolescents and young adults but also present initiatives about optimizing the transition process itself by structuring assessments and facilitating information transfer between child and adolescent- and adult mental health services. The background of this talk will draw on the European MILESTONE study, which examined a group of transitional-aged youth (TAY) recruited while receiving care in child and adolescent psychiatry services across different European countries and followed up their trajectories during two years. A cluster randomized trial nested in the Milestone study provides information about the impact of the structuration of assessments and formalization of information transfer on clinical symptoms, well-being and other relevant variables for mental health in this specific population. We will also discuss aspects relevant to the training of mental health care professionals.

SY-52-03

Outpatient care in Psychiatry for Transitional Age Youth : clinical outcomes and care trajectories in French-speaking Belgium

Reis, Joana

Marchini, Simone

Université Libre de Bruxelles Brussels Belgium

In French-speaking Belgium, a significant gap at the interface of Child and Adolescent Mental Health Services (CAMHS) and Adult Mental Health Services (AMHS) was observed by child and adolescent psychiatrists working in both outpatient and inpatient clinical settings. Physicians pointed out a great difficulty in establishing collaboration protocols and organising transition of patients from CAHMS to AMHS. In response to these barriers as well as the specific characteristics of transitional age youth (TAY) psychopathology, a specialized psychiatric outpatient program for patients aged from 16 to 24 years old is active since October 2019, in Brussels urban area. This program was inspired by McGorry’s model, in Australia, that aims to provide specific, specialized care for young people.

Data will be retrospectively extracted from each patient's electronic medical records. This oral presentation will describe sociodemographic and clinical characteristics of patients (n=500) who attended the program between 2019 and 2022. Factors that may influence decision-making process in TAY psychiatric assessment and care will be analyzed, such as patients’ clinical data, consultation's referral and requester.

This psychiatric outpatient program for TAY represents an innovative contribution to reinforce CAMHS-AMHS interface in French-speaking Belgium.

SY-52-02

Dimensional model on how familial vulnerability and environmental factors impact transitional age youth psychopathology: the Transition_psy study

Marchini, Simone

Reis, Joana

Université Libre de Bruxelles Brussels Belgium

Background: Understanding psychopathology in transitional age youth (TAY) requires a complex model, incorporating familial vulnerability and environmental factors. Transition_psy study aims to assess factors playing a role in TAY psychopathology and define predictors.

Materials and methods: Youth aged 17 years old were recruited between 2020 and 2021, from clinical [help-seeking (HS) group] and non-clinical settings [non-help-seeking (NHS) group]. The primary outcome to assess psychopathology was the Youth-Self Report (YSR). We evaluated care needs with the Health of The Nation Outcome Scales For Children And Adolescents (HoNOSCA-SR) and quality of life with the World Health Organization Quality of Life – BREF (WHOQoLBREF). Exposure factors included familial vulnerability, childhood and present environmental factors, such as first-degree family history of psychopathology, the Childhood Trauma Questionnaire (CTQ) and the Family Assessment Device (FAD).

Results: 220 TAY (HS=106, NHS=114) were included in the study. Participants were aged 17 years old. The majority were female (69.1%), single (96.8%), and born in Belgium (82.3%). YSR scores were found statistically different according to group ($p<0.001$), first-degree family history of psychopathology ($p<0.001$), CTQ ($p<0.001$), and FAD ($p<0.001$). Predictive dimensional model suggested that TAY psychopathology can be predicted by group, CTQ and FAD. Significant positive correlation was found between YSR and HoNOSCA (rho=0.81) and negative correlation between YSR and physical and psychological health (rho=-0.69 and -0.71, respectively).

Conclusion: This study findings allowed to present a predictive dimensional model on TAY psychopathology, including help-seeking attitude, childhood trauma and family dysfunction. Further research is needed to replicate this results in other samples.

SY-52-01

Mapping child and adolescent mental health services and the interface during transition to adult services in Switzerland

Armando, Marco [2]

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Rationale: Transition in psychiatry refers to the period where young people transit from Child and Adolescent Mental Health Services (CAMHS) to Adult Mental Health Services (AMHS). Discontinuity of care during this period is well documented but little is known about provisions and transition characteristics and policies across Switzerland. The aim of the present article is to describe the architecture of public mental health providers in Switzerland concerning transition procedures.

Method: Two mapping surveys, developed previously for European countries, were sent to cantonal experts: the adapted European CAMHS Mapping Questionnaire (ECM-Q) assessing the architecture and functioning of CAMHS and the adapted Standardized Assessment Tool for Mental Health Transition (SATMeHT) to map CAMHS-AMHS interface.

Results: data was gathered from 6 cantons. Activity data and transition policies were comparable between Swiss regions and European countries. The percentage of young people below 19 who were in care was above 2% with a higher proportion of boys than girls for patients <12 years of age. Between 0-24% (3/7) and 25-49% (4/7) of young people were expected to transition within the year. One canton (1/7) benefitted from written guidelines regarding transition.

Conclusion: Despite the availability of resources and even if the possibilities of access to care, issues regarding transition remain comparable in several Swiss regions. Meaning that beyond resources, it is really the coordination between services that needs to be reinforced. Importantly, implementing those changes would not require investing financial resources but rather working on the coordination between existing teams.

Session: Symposium 47 - SY-47

Date: 01-07-2023 - 11:00 - 12:00

Location: Harlekin - Ground floor /

SY-47-00

Prevention and early intervention of emotional and behavioural disorders

Jeppesen, Pia

Rimvall, Martin K., Fugl Madelaire, Louise, Vassard, Ditte

University of Copenhagen Copenhagen Denmark

Recently, WHO reported that 14% of adolescents in the world live with a mental disorder.[1] Youths with mental health disorders are often left untreated due to the limited availability of treatments. This makes scalability of early evidence-based interventions a global health priority.

The Mind My Mind (MMM) randomized effectiveness trial demonstrated net benefits of an innovative and scalable program that offered early detection, stratification and a modular cognitive behavioural psychotherapy intervention aimed at common emotional-behavioural problems in youths aged 6-16 years in the community and school-based setting in Denmark.

This symposium will present the latest results of the Mind My Mind studies: secondary effect modifier analyses of the 18-week outcomes of MMM compared with community-based management as usual (MAU)(abstract 1); analyses of the long-term outcomes of the stage-based and measurement-based approach to early identification, stratification and visitation of help-seeking youths (abstract 2); intention-to-treat analyses of the long-term outcome of MMM compared to MAU (abstract 3); and linkage of the trial data to individual-level data from the Danish, national registries to ensure a complete follow-up of adverse outcomes for all study participants (abstract 4).

The symposium will summarise the evidence from the Mind My Mind studies and discuss how the results may inform future early identification of youths with common mental health problems and improve their access to evidence-based treatment.

Ref.

[1] Geneva: World Health Organization. World mental health report: transforming mental health for all. Internet, 2022, License: CC BY-NC-SA 3.0 IGO. https://www.who.int/publications/i/item/9789240049338

SY-47-03

Long-term adverse outcomes after a transdiagnostic cognitive-behavioral psychotherapy compared with management as usual for youth with common mental health problems: A register-based follow-up study of the Mind My Mind trial

Ditte, Vassard [1]

Jeppesen, Pia [2], Trap Wolf, Rasmus [3], Verhulst, Frank [4], Christensen, Robin [2], Nielsen, Sabrina M. [2], Von Plessen, Kerstin [5], Bilenberg, Niels [3], Thomsen, Per Hove [6], Thastum, Mikael [7], Neumer, Simon-Peter [8], Rimvall, Martin K. [2], Pagsberg, Anne Katrine [2], Silverman, Wendy K. [9], Correll, Christoph U. [10]

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[10] Charité Universitätsmedizin, Department of Child and Adolescent Psychiatry Berlin Germany

Background: Mental health disorders constitute a large burden among youths. The Mind My Mind (MMM) cognitive behavioral therapy intervention targeting common mental health problems was shown to reduce the impact of mental health problems versus community management as usual (MAU). This study aimed to assess risk of adverse outcomes in help-seeking youths who participated in the MMM trial, in which 396 youths, aged 6-16 years, were randomized to either 9-13 sessions of MMM or MAU.

Methods: We conducted a register-based follow-up study, using data from several independent data sources. MMM trial data were individually linked to population-based medical and administrative registers. Group differences were assessed in cox regression analyses reporting hazard ratios with 95% confidence intervals (CIs).

Results: Following-up 396/396 (100%) of the initial MMM participants (mean age=10.3±2.4, range 6-16 years at entry, females=48%) during a period of 2.5 – 4 years, 25% of the participants were diagnosed with a mental disorder in secondary care, and 17% had redeemed ≥1 medication prescription. Participants who had received the MMM intervention showed either similar or lower hazards vs. individuals originally assigned to MAU for psychiatric contact and diagnoses (HR=1.01, 95%CI=0.68-1.50), psychotropic medications (HR=0.86, 95%CI=0.53-1.38), notifications of concern to the municipality (HR=0.58, 95%CI=0.43-0.79) and/or ≥3 months of registered school absence >50% (HR=0.73, 95%CI=0.33-1.62).

Conclusion: Youths in the MMM trial were at high risk for persisting impairments and need for specialized care. There was a pattern of slightly and mostly numerically lower risks of several adverse outcomes after the MMM intervention compared to MAU.

SY-47-04

Long-term outcome of an 18-week, transdiagnostic cognitive-behavioural psychotherapy compared with management as usual for youth with common mental health problems: 3-year follow-up of the Mind-My-Mind Randomized Trial.

Jeppesen, Pia [1]

Vassard, Ditte [1], Trap Wolf, Rasmus [2], Christensen, Robin [2], Nielsen, Sabrina M. [1], Von Plessen, Kerstin [3], Verhulst, Frank [4], Bilenberg, Niels [2], Thomsen, Per Hove [5], Thastum, Mikael [6], Neumer , Simon-Peter [7], Pagsberg, Anne Katrine [8], Silverman, Wendy K. [9], Correll, Christoph U. [10]

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Word count 236/250

Background: Early intervention for mental health problems is the key to prevention of severe mental illness. Cognitive-behavioural therapies (CBTs) for anxiety, depression and behavioural disorders were organised into a modular and scalable Mind My Mind (MMM) intervention for dissemination in school-based settings. We previously reported the on-treatment and short-term superiority of MMM versus management as usual (MAU).

Methods: Altogether, 396 help-seeking youths (age=10.3±2.4 (range 6-16) years old, females=48%) with anxiety, depressive symptoms and/or behavioural problems were randomized to either 9-13 sessions of modularized CBT (MMM, n=197) or enhanced MAU (n=199). Primary and secondary outcomes were assessed in the intention-to-treat population at the end of MMM treatment at week 18, and 8-weeks post-treatment at week 26. The long-term follow-up was conducted after three years (range=125-200 weeks). Youth's distress level and impact of mental health problems was the primary outcome measure at all time points, reported by caregivers using the Strengths and Difficulties Questionnaire (SDQ)-impact score (range=0–10 points).

Results: The SDQ outcome data were collected in 254 (64%) of the initial 396 help-seeking youth, including 136 (69%) individuals from the prior MMM and 118 (59%) from the prior MAU group at the 3-year follow-up. Intention-to-treat analysis of change in SDQ-impact score at the 3-year follow-up will be presented.

Conclusions: Suggestion for a revision of the MMM intervention will be presented, including booster sessions or continued care for those with intermittent or persisting problems.

Clinical Trials Identifier: NCT03535805, and NCT04804917 for the 3-year Follow-up of the Mind My Mind RCT.

SY-47-02

Effect modification of an effective transdiagnostic cognitive behavioral psychotherapy in youths with common mental health problems: secondary analyses of the randomized Mind-My-Mind trial.

Rimvall, Martin Køster [1]

Vassard, Ditte [2], Nielsen, Sabrina M. [3], Wolf, Rasmus Trap [2], von Plessen, Kerstin [4], Bilenberg, Niels [5], Thomsen, Per Hove [6], Thastum, Mikael [7], Neumer, Simon-Peter [8], Puggaard, Louise [2], Pedersen, Mette Maria Agner [2], Pagsberg, Anne Katrine [2], Silverman, Wendy K. [9], Correll, Christoph U. [10], Christensen, Robin [3], Jeppesen, Pia [1]

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Background: Cognitive behavioral therapies (CBTs) are effective in managing common emotional and behavioral mental health problems in youths at a group level, yet not all individuals respond satisfactorily to CBT. **Methods**: In this secondary analysis of the Mind My Mind (MMM) randomized effectiveness trial, we explored whether baseline factors were associated with a differential treatment effect, i.e., acted as effect modifiers, following MMM's CBT intervention vs

management as usual (MAU) in a school-based setting. Altogether, 396 youths aged 6-16 years old were randomized to either 9-13 sessions of CBT or MAU. We examined sociodemographic- (sex, age, family composition, ethnicity, parental education, and income) and clinical variables (research-based mental disorders using the Development and Well Being Assessment, and duration of mental health problems) as potential effect modifiers on the outcome of parent-reported impact of mental health problems using the Strengths and Difficulties Questionnaire (SDQ). **Results:** Superior treatment benefits from the MMM intervention were found among youths who met criteria for any mental disorder at baseline (SDQ-impact change -1.25 [95%CI: -1.67; -0.82]) vs. youths with mental health problems not meeting these criteria (-0.22 [95%CI: -1.09; 0.65]). Comorbidity vs. no comorbidity, and longer duration of untreated problems (≥6 months vs. <6 months) were also significantly associated with superior treatment benefits. Conversely, sociodemographic factors were not associated with differential treatment effects. **Conclusions:** Programs like MMM delivered in community and school-based settings are well-suited for youths with common mental health problems, particularly when conditions are above diagnostic thresholds, combined with co-morbidities, and/or are enduring.

SY-47-01

3-year follow-up of a clinical stratification to three levels of indicated prevention for help-seeking youths

Fugl Madelaire, Louise [1]

Vassard, Ditte [2], Køster Rimvall, Martin [3], Jeppesen, Pia [3]

[1] University of Copenhagen Roskilde Denmark
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[3] Child and Adolescent Psychiatry, Copenhagen University Hospital Roskilde Denmark

Objective: Stage-based stepped care approaches aim to address the gaps between indicated prevention and specialized treatment for mental disorders by directing proportionate interventions in a timely manner. The aim of this study was to evaluate the clinical utility of a stage-based approach and characterize the three-year outcomes of help-seeking youths.

Method: Youths aged 6-16 years were assessed for eligibility for a school-based, randomized effectiveness trial of the Mind My Mind cognitive-behavioural therapy for emotional and behavioural problems. The help-seekers were stratified into three stages of developmental psychopathology based on the severity and impact of symptoms corresponding to the following levels of need for actions: low-intensity intervention (stage 1); moderate-intensity intervention, (stage 2); suggested referral to specialized services (stage 3). Information on psychiatric morbidity as defined by ICD-10 diagnoses and the prescription of psychotropic medications in the follow-up period were retrieved from the Danish National Registries.

Results: Of the 567 help-seeking youths who completed the screening process, the stratification distributed 75 (13%) youths at stage 1, 436 (77%) youths at stage 2, and 56 (10%) at stage 3. The cumulated incidence of psychiatric diagnoses during three years of follow-up was 15 (20%), 109 (25%) and 28 (50%), respectively. The cumulated incidence of redeemed prescriptions for psychotropic medications was 9 (12%), 75 (17%) and 17 (30%), respectively.

Conclusion: Our finding of a stepwise increased risk of later psychiatric morbidity with increased level of developmental psychopathology supports the clinical utility of the stage-based stratification-model and points toward a need for improved indicated prevention.

Session: Lunch - Food & beverage will be available in the Foyer - Concert in Lumbye Auditorium -

Date: 01-07-2023 - 12:00 - 13:00

Location: Congress Hall - Ground floor & Harlekin - Ground floor & Columbine - Ground floor & Pjerrot - Ground floor & Carstensen - Lower floor & Arkaden 6 - Second floor & Arkaden 8 - Second floor & Karavanen 6 - First floor & Karavanen 9+10 - First floor & Galop 01 - Second floor & Akvariet 4+5 - Ground Floor & Galop 02 - Second floor /

Session: The adventures of The Great Balthazar - a storyteller's concert - Lunch-01-01

Date: 01-07-2023 - 12:00 - 13:00

Location: Lumbye - Lower floor /

Lunch-01-01

The adventures of The Great Balthazar - a storyteller's concert

Quaade, Nikolaj

Copenhagen Helsingor Denmark

The adventures of the great Balthazar is a children's book written and illustrated by Nikolaj Quaade, MD, specializing in child and adolescent psychiatry. Since it's release late in 2021 Nikolaj has been touring Denmark with a show combining performing the book and songs. The story takes the perspective of a Young child whose mother is captured by her shadow and tells of how he goes out into the world to find help for her. On his journey he encounters many different creatures whom he helps to his best ability. And in the end he finds help for himself to cope with his mother's mental illness. It is a story of hope and childlike wonder and draws from Nikolajs quite unique experiences from both doing research on children of parents with mental illness and from his own upbringing with such a parent.

This is a workshop that has a different modus of experiencing feelings and atmosphere through story, musical landscapes and a childish naivety. It offers the participants a perspective into a different way of communicating with Children about mental illness through a common language that is grounded in fairytales, imagination and is not dangerous or demanding. themes are hope, shame, family roles and protective measures.

The storyteller concert is approx. 40 minutes long + discussion.

the aim of the adventure is to de-stigmatise and teach families how to talk about mental illness and the . about emotions, dangerous experiences, needs, shame and much more. in a non-threatening setting.

Session: Symposium 56 - SY-56

Date: 01-07-2023 - 13:00 - 14:00

Location: Pjerrot - Ground floor /

SY-56-00

Understanding biological risk in child and adolescent psychiatric disorders: Novel findings from genomic studies

Micali, Nadia [1], Raznahan, Armin [2]

LaBianca, Sonja [3], Helenius Mikkelsen, Dorte [3], Ingason, Andrés [3]

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Many psychiatric disorders start in childhood and adolescence, all have complex genetic and environmental etiology. These disorders can cause considerable distress and reduced health-related quality of life. The last decade has highlighted important new avenues to help us understand the development of psychiatric disorders, including their genetic underpinnings.

This symposium will offer a unique perspective combining new findings in genomic research in child and adolescent psychiatry. An international panel of presenters will share their work and relevant clinical implications, followed by a Q&A and discussion with the audience. The symposium will provide novel findings across a broad range of psychiatric conditions and inform the audience about the importance of genomic studies of childhood psychiatric disorders. Dr LaBianca will present findings from the polygenic underpinnings of clinical heterogeneity in ADHD in a unique population case-cohort study (iPSYCH2012), including 14,084 ADHD cases. Dr. Helenius will focus on the interplay between birth related exposures, rare genetic variants, and subsequent risk of child and adolescent disorders. Dr Ingason will focus on the lessons learnt from studying rare genomic structural variants and sex chromosome aneuploidies and their associated risk of psychiatric disorders in the iPSYCH2015 population-representative case-cohort sample of young Danes. Dr. Raznahan will present findings from deep-phenotypic analysis of behaviour and brain organization in individually rare, but collectively common, gene dosage disorders. The impact of these rare variants on the developing human brain provides a special pathway towards understanding the architecture of biological risk for common clinical presentations in child and adolescent psychiatry.

SY-56-03

The complex interplay between birth related outcomes, genetic risk factors and the subsequent risk of child and adolescent disorders

Helenius Mikkelsen, Dorte

Institute of Biological Psychiatry Roskilde Denmark

Objective: To investigate the complex interplay between birth related outcomes, genetic risk factors and the subsequent risk of child and adolescent disorders.

Background: Epidemiological studies have consistently reported a relationship between birth related outcomes and an increased risk of neuropsychiatric disorders. Circumstances related to birth such as congenital heart disease and gestational duration as well as genetic factors have been shown to be associated with increased risk of mental disorders including ADHD and autism spectrum disorders. Likewise, Copy number variations have been linked to both mental disorders (Calle et al 2021) as well as to congenital heart disease. The relationship between genetics, birth related variables and how these affect the risk of mental disorders and disease severity remains largely unexplained.

Method: The sample consist of the large IPSYCH case cohort sample. We have analyzed data using weighted cox regression to gain population based estimated of the predictors included into the analysis.

Results: Using the large iPSYCH sample we see an increased risk of ADHD and Autism associated with congenital heart disease and carrier status.

Discussion: Our initial results indicate that the two risk factors of mental disorders, congenital heart disease and carrier status, act independently.

SY-56-02

Genomics at population level: what is the role of CNVs and SCAs in child and adolescent psychiatry?

Ingason, Andrés

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Objectives: Increased prevalence of mental illness has been reported in clinical and case-control studies of genomic structural variants including recurrent copy number variants (CNVs) and sex chromosome aneuploidies (SCAs), but population-based estimates of their prevalence and associated risk of psychiatric disorders are lacking. In a series of studies, we have obtained such estimates for the young segment of the Danish population.

Methods: The iPSYCH2015 case-cohort dataset includes >120,000 genotyped samples from those born in Denmark in 1981-2008 and diagnosed with schizophrenia spectrum (SSD), bipolar (BPD), major depressive (MDD), autism spectrum (ASD), or attention-deficit hyperactivity (ADHD) disorder by 2015, and a randomly selected comparison sample. CNV and SCA carriage was determined using PennCNV and an in-house developed quality control pipeline. Risk of psychiatric disorders was estimated using weighted Cox proportional hazards models with the date of first hospitalisation with the index disorder in the respective case group and the cohort as outcome.

Results: CNV-associated risk of ADHD, ASD and SSD was higher than that of MDD, and positively correlated with the mutational constraint of locus genes, equally so for deletions and duplications. All SCA karyotypes (45,X, 47,XXX, 47,XXY, and 47,XYY) were associated with increased risk of ADHD, ASD and SSD, and the incidence of psychiatric illenss did not differ between carriers who had been clinically diagnosed with SCA and those who hadn‘t.

Conclusions: While individually rare, CNVs and SCAs as a group constitute an important source of genomic risk factors of childhood and adolescent onset psychiatric disorders.

SY-56-01

Polygenic profiles define aspects of clinical heterogeneity in ADHD

LaBianca, Sonja

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Attention deficit hyperactivity disorder (ADHD) is a complex disorder with heterogeneous clinical presentations that manifest variability in long-term outcomes. The genetic contributions to this clinical heterogeneity, however, are not well understood. Here, we study 14 084 individuals diagnosed with ADHD to identify several genetic factors underlying clinical heterogeneity. One genome-wide significant locus was specifically associated with an autism spectrum disorder (ASD) diagnosis among individuals diagnosed with ADHD and it was not previously associated with ASD nor ADHD, individually. We used a novel approach to compare profiles of polygenic scores for groups of individuals diagnosed with

ADHD and uncovered robust evidence that biology is an important factor in on-going clinical debates. Specifically, individuals diagnosed with ASD and ADHD, substance use disorder (SUD) and ADHD, or first diagnosed with ADHD in adulthood had different profiles of polygenic scores for ADHD and multiple other psychiatric, cognitive, and socio-behavioral traits. A polygene overlap between an ASD diagnosis in ADHD and cognitive performance was replicated in an independent, typically developing cohort. Our unique approach uncovered evidence of genetic heterogeneity in a widely studied complex disorder, allowing for timely contributions to the understanding of ADHD etiology and providing a model for similar studies of other disorders.

SY-56-04

Deep-Phenotyping of Gene Dosage Disorders and Consequences for Precision Psychiatry

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Objectives: Gene dosage disorders (GDDs) are an important class of genetic risk for psychopathology. GDDs are drawing increasing attention in clinical research because they are collectively common, defined by known genetic changes, and capable of inducing large effect-size changes in psychiatric risk. Understanding genetic risk for psychopathology and informing clinical care for GDDs hinges on resolving the convergence and divergence of different GDDs on brain and behavior.

Methods: This talk approaches the question of convergence vs. divergence between different GDDs through deep-phenotypic data – including diagnostic and continuous measures of psychopathology, as well as multimodal neuroimaging data. We will draw on data from multiple GDDs, with a special (but not exclusive) focus on sex chromosome aneuploidies (including XYY and XXY syndromes).

Results: Clinic- and population-level data both reveal meaningful differences in profiles of psychiatric risk across different GDDs, which are modified, but not removed by consideration of ascertainment biases and cognitive impairments. Different GDDs also vary in their impacts on brain organization, as revealed by comparative analysis of the using 15 different imaging-derived phenotypes from structural, diffusion and functional magnetic resonance imaging. Brain regions of shared vulnerability to GDDs are implicated in common psychiatric disorders.

Conclusions: Research on GDDs can shed powerful light on major mechanistic and translational questions in psychiatry, and comparisons between different GDDs play a critical illuminatory role. Such comparisons are not only important for better clinical and biological understanding of each individual GDDs, but also for the potential utility of GDD subtyping in future clinical practice.

Session: Oral 21 - OR-21

Date: 01-07-2023 - 13:00 - 14:00

Location: Harlekin - Ground floor /

OR-21-01

Climate crisis and youth mental health

Magklara, Konstantina [1]

Kapsimalli, Efstathia [2], Vlassopoulos, Chloe [3], Liarakou, Georgia [4], Lazaratou, Helen [5]

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Growing evidence suggests that climate crisis is already affecting mental health. Temperature rise, floods, wildfires and desertification are some of the short- and long-term climate crisis - related hazards. Although climate crisis represents a global threat, certain groups are thought to be disproportionately at risk from the afore-mentioned hazards, including children and adolescents. Individuals and communities experience multiple mental health impacts of climate change. In relevant literature new terms emerge that describe psychological conditions, such as climate change anxiety, solastalgia, eco anxiety, etc. However, further research is needed to better understand these concepts. The pathway towards a better understanding of the new mental health terminology passes through a better understanding of the issue of climate change awareness. Few studies have investigated climate crisis awareness and mental health impacts in youth, especially in the post-COVID era. The aim of the present study is to investigate parent-reported climate crisis awareness and parent-reported climate crisis related emotional responses of their offspring in a Greek sample of children and adolescents. Our sample are parents of children and adolescents attending schools in Greece. The parents completed an online questionnaire with both quantitative and qualitative items. The results of the study are expected to better inform public health and educational policies aiming at design and implementation of targeted strategies for climate crisis adaptation.

OR-21-02

SexQ: what youth want to discuss with you about sexuality and LGBT

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De Vries, Annelou [2], Popma, Arne [2], Steensma, Thomas [2]

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Background: For adolescents and young adults (AYA`s) sexuality and gender identity are important parts of life, they want to discuss with their mental health care professional (MHP). However, MHP's omit to address these sensitive topics.

Methods: Two trauma- and cultural-sensitive communication tools, the SexQ and SexQ-Medication, were developed in participation with AYA's, to discuss sexuality, gender identity and sexual side effects with them. Tools were developed by qualitative research (individual interviews; focus groups). Participants (n=52) were youth receiving mental health care (n=21, 15-21 years), MHP's in youth psychiatry (n=20) and experts (n=11). For usability and feasibility the SexQ and SexQ-M were clinically tested by MHP's in 4 mental healthcare institutions across the Netherlands (n=20 youth).

Results: For the SexQ, youth provided 7 subjects: puberty & body-image, relationships, sexual orientation, gender identity, sexual experiences, social media, wishes & boundaries and negative sexual experiences. For the SexQ-M, sexual side effects of the top 5 most prescribed psychotropic medication were included. For both tools, youth formulated the best sentences to communicate with them. Tools were improved until consensus. Overall usability and feasibility

ratings (scale 0 to 100) were SexQ: 80,64 (SD 6,50), SexQ-M: 80,0 (SD 8,13). Participants reported SexQ provided good structure, and discomfort disappeared during use.

Conclusion: The SexQ and SexQ-Medication are usable and feasible tools for mental health care professionals to discuss sexuality, gender identity and psychotropic induced sexual side effects with youth. They could help to break the barriers of mental health care professionals to start the conversation.

OR-21-03

Assessing the wellbeing of LGBTQ+ adolescents in Greater Manchester (#BeeWell)

Humphrey, Neil, Black, Louise, Khanna, Devi, Cutts, Megan

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Introduction

The #BeeWell project in Greater Manchester aims to provide insight into the development and drivers of adolescent wellbeing. Some innovative elements are its longitudinal design, the large scale of the project in one of the major metropolitan areas in Europe, its focus on some traditionally ignored socio-demographic groups (e.g. LGBTQ+), and the aim of working with schools and communities to facilitate localised response. The entire #BeeWell project and survey were co-produced with adolescents.

LGBTQ+ adolescents experience greater symptoms of distress than their peers, but little is still known about broader aspects of their wellbeing and the experiences of this minority group in early to mid adolescence.

Methods

The #BeeWell study includes a representative sample of almost 40,000 adolescents living in Greater Manchester. The programme comprises a three-wave annual longitudinal study, following adolescents aged 12-13 at the first wave, and an annual cross-sectional sample of adolescents aged 14-15. We used data from the first two waves (2021, 2022) - together with linked data from various other sources- to assess the wellbeing of LGBTQ+ adolescents.

Results

We will present the main findings from the first two waves of data collection, including insights into LGBTQ+ inequalities in various wellbeing domains, the role of neighbourhoods in shaping these inequalities, and a longitudinal analysis assessing the minority stress theory with regards to LGBTQ+ adolescents in Greater Manchester.

Conclusions and implications

Improved monitoring and prevention efforts, combined with services that can better identify and meet the wellbeing needs of LGBTQ+ youth, are urgently needed.

OR-21-04

A narrative review of psychiatric disorders in young elite athletes

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Hulgaard, Ditte Roth [2]

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Background

Participation in elite sports is associated with emotional, psychological, and physical stress for young athletes. Further, an increased risk for specific psychiatric disorders such as eating disorders e.g.: in gymnastics, has been described. However, there seems to be limited systematic knowledge concerning psychiatric disorders among young elite athletes.

This review aims to explore the current knowledge about psychiatric disorders in young elite athletes, including possible associations between high performance sports and the development and maintenance of psychiatric disorders, and how psychiatric disorders may affect performance and return to sport after injury.

Study design

A narrative review conducted according to the Preferred Reporting Items for Systematic Reviews (PRISMA guidelines).

Method

A study protocol will be published on the international prospective register of systematic reviews (PROSPERO) in advance. Four different electronic databases are searched in February of 2023. Included studies will consist of original data written in English language, published from January 1975 to December 2022, describing psychiatric disorders in young elite athletes. Two authors will conduct title, abstract and full text reviews independently. Thematic data extraction by use of pre-developed extraction sheets are performed.

Results

Demographic and descriptive data, e.g.: study design, psychiatric disorders, gender, age, number of participants and type of sports as well as results concerning psychiatric and functional disorders in young elite athletes and their association to performance and return to sport after injury will be presented.

Conclusion

We expect the current study to provide important knowledge about psychiatric disorders in young elite athletes.

Session: Oral 22 - OR-22

Date: 01-07-2023 - 13:00 - 14:00

Location: Lumbye - Lower floor /

OR-22-01

Sleep characteristics and daily dynamics of emotions: An experience sampling method study

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Background: Previous studies at the between-person level have suggested association between sleep and emotions. However, the within-person variability is largely uncovered. Thus, our aims were to: (1) examine the associations of sleep duration with between-person adjustment problems and positive/negative emotions; (2) test the within-person correlates between sleep quality and emotions at the day-level.

Methods: Sixty-two male adolescents (mean age = 15.1, SD = 1.5) undertook a baseline assessment and experience sampling evaluation over 9 days (4x/day). Sleep duration was assessed once at baseline. Sleep quality was measured 1x/day over 9 days. Adjustment problems were rated through the Youth Self-Report questionnaire at baseline, whereas emotion intensity (mean) was sampled 4x/day over the 9 days and variability (SD) was then calculated.

Results: At the between-person level, longer sleep duration was significantly correlated with less adjustment problems (r=-.35, p<.01) and with higher overall intensity of positive emotions (r=.28, p=.02). At the within-person level, higher daily sleep quality was significantly associated with higher daily positive emotion intensity (r=.52, p<.001) and lower daily variability (r=-.30, p<.001) as well as with lower daily negative emotion intensity (r=-.22, p<.001) and lower daily variability (r=-.11, p=.02).

Conclusion: We observed important associations between sleep characteristics and emotions. Furthermore, our preliminary findings suggest that daily sleep quality seems to have a greater impact on emotions than overall sleep duration. Further ongoing analyses will shed light on the directions and dynamics of the associations between sleep and emotions, and will be presented at the congress.

OR-22-02

Pro-inflammatory Cytokines in Stereotypical Movement Disorder

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Ünal, Dilek [1], Eren Koçak, Emine [1], Belder, Nevin [2]

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Background: The etiological and functional basis of Stereotypical Movement Disorder(SMD) is controversial in the literature.The high frequency of coexistence of Autism Spectrum Disorder(ASD) and SMD suggests that there may be common mechanisms in their etiopathogenesis. Based on studies indicating that ASD may be associated with altered immune responses, we think that SMD may be associated with neuroinflammatory processes.

Aims: In this study, we aimed to evaluate the role of dysregulation in IL-1β, IL-6 cytokine levels in the etiopathology of SMD.

Methods: A total of 78 children(22 SMD, 20 ASD(with SMD),18 ASD(without SMD),18 healthy controls) aged 6-18 years were evaluated by using Turkish Version of Childhood Autism Rating Scale(CARS), Repetitive Behavior Scale-Revised, Conners' Parent Rating Scale-Revised Short Form, The Aberrant Behavior Checklist, Autism Behavior Checklist(ABC).10 ml plasma was stored at -80 C for each participant. IL-1β and IL-6 tested by ELISA.

Results: We found no differences between the 4 groups age, sex, parental age and socioeconomic level. We concluded that the rate of mental disorders in their parents of the SMD group was significantly higher compared to the other

groups.The most common psychopathology accompanying SMD group was ADHD. Plasma IL-1β and IL-6 levels were found to be significantly higher in Primary SMD group and ASD groups compared to the Healthy Control group.

Discussion: The results of our study indicate that neuroinflammatory processes may play a role in the pathophysiology of stereotypical movement disorder.Expanding the study with more neuroinflammatory parameters in the future will increase our knowledge in this area.

OR-22-03

Aggression and Rule-Breaking Behaviors are associated with distinct spontaneous neural activity at rest: shifting from aversive to hedonic state.

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Potvin, Stéphane

University of Montreal Montreal Canada

Background. Antisocial behaviors are usually defined by serious disregard for, and violation of other's rights and societal norms such as aggressive behaviors and rule-breaking behaviors. In the past decades, a growing body of research has demonstrated that aggression and rule-breaking behaviors significantly differ in terms of etiological factors, developmental trajectories, and related clinical psychopathologies. Yet, differences in neurobiological substrates of these behaviors remain largely unknown. Therefore, our primary aim was to better understand the spontaneous brain activity underpinning with aggression and rule-breaking behaviors.

Methods. In a large sample of children and adolescents (n=1416), we assessed the relationship between antisocial behaviors and spontaneous brain activity through functional magnetic resonance imaging. More precisely, multivariate linear regression was used to examine the relationship between brain activity at rest (i.e., amplitude of low-frequency fluctuation and its fractional metric) and severity of aggression and rule-breaking behaviors, accounting for potential confounders.

Results. Aggression was significantly associated with higher spontaneous brain activity in the orbitofrontal cortex, superior parietal lobule and postcentral gyrus, after adjusting for severity of rule-breaking behaviors. In turn, rule-breaking behaviors showed positive spontaneous brain activity in the dorsomedial prefrontal cortex, but lower activity in the orbitofrontal cortex, angular gyrus, posterior cingulate cortex and cerebellum, after adjusting for severity of aggression.

Conclusions. The current study highlights the importance of examining the neurobiological substrates underpinning specific antisocial behaviors. Results indicate that the orbitofrontal cortex plays a center role in antisocial behaviors. Potential pharmacological treatments to modulate aggression and rule-breaking behaviors will be discussed.

OR-22-04

Typical and atypical neurodevelopment of emotion regulation in children and adolescents: A meta-analysis of fMRI studies

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Background: The neural circuitry that supports ER changes through adolescence. Protracted development of the ER circuitry is purported to underlie risk for psychopathology. However, research on this has been limited. We aggregated across studies comparing typically-developing vs. atypically-developing (e.g., with trauma history) youths, and older vs. younger youths.

Method: We included in analyses results from 28 published fMRI studies of ER in youths (Nparticipants=1581). XYZ coordinates and meta-data (e.g., typical vs. atypical development) were extracted. We conducted a multi-level kernel-based density analysis. Results were familywise-error-corrected, $p<.05$.

Results: For typically-developing youths, we observed more consistent activation in the left ventrolateral PFC, left middle temporal gyrus (MTG), and bilateral dorsomedial PFC. For atypically-developing youths and for younger youths we observed more consistent activation in the right MTG, right inferior parietal lobule, and left inferior occipital gyrus, and bilateral ventrolateral PFC. Comparison to a previous meta-analysis (Buhle et al. 2014) showed that regions that were consistently recruited for typically developing youth (left ventrolateral PFC and MTG, bilateral dorsomedial PFC) were similar to those recruited by healthy adults during ER.

Conclusions: The results of this meta-analysis strongly supports the idea that protracted development of the ER circuitry is related to increased risk for psychopathology.

OR-22-05

Emotional reactivity to sensory stimuli in young children with avoidant/restrictive food intake disorder

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Avoidant Restrictive Food Intake Disorder (ARFID) is a psychiatric disorder that is characterized by the consumption of a limited quantity or range of foods in the absence of weight or shape concerns that affects up to 5% of children. The 3-dimensional neurobiological model of ARFID posits that the three prototypical ARFID presentations; restrictive eating due to sensory sensitivity to food qualities, low interest/appetite, and/or fear of adverse consequences of eating (e.g., choking, vomiting) are rooted in dimension-specific biological vulnerabilities that drive emotional food avoidance. However, the emotions that drive food avoidance in ARFID (e.g., fear, disgust) have yet to be evaluated in early childhood. Understanding the etiology of early childhood ARFID is an essential first step to develop more effective early interventions.

In a sample of Swiss 4–7-year-olds with ARFID and sub-threshold ARFID (n=55) and age/sex matched healthy controls (n=31), we will evaluate group differences in sensory perception and emotional reactivity to sensory stimuli. Group differences in gustatory and olfactory perception (PROP test and Sniffin' Sticks identification test) will be evaluated. Further, group differences in subjective enjoyment and emotional facial expressions (coded via FaceReader software) in response to sensory stimuli (olfactory, tactile, and gustatory) will be examined. ARFID symptoms are assessed via parent report on the Pica ARFID and Rumination Disorder Interview. Data collection was completed in December 2022 (N=86) and facial coding analyses are underway. These findings will yield insight into the emotions driving food avoidance among patients with ARFID in early childhood.

Session: Trainee Cases 03 - TC-03

Date: 01-07-2023 - 13:00 - 14:00

Location: Karavanen 9+10 - First floor /

TC-03-01

Long-Acting Methylphenidate Therapy and Auditory Hallucinations: A Case Report

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Background/Objective

Methylphenidate, a psychostimulant, is commonly used to treat ADHD in children. While it is generally well-tolerated and does not typically have serious side effects, there is a risk of rare, significant adverse reactions.

This case report describes a 7-year-old male patient who experienced auditory hallucinations during treatment with long-acting methylphenidate.

Method

The patient presented to our clinic with complaints of inattention, difficulty concentrating in school, restlessness, and impatience. Upon evaluation, no underlying pathology was identified and the patient was diagnosed with ADHD according to the DSM-5 criteria. Treatment with short-acting methylphenidate was initiated. The following month, the patient was switched to long-acting methylphenidate. However, on the first day, the patient reported experiencing auditory hallucinations, including hearing voices and noise. These hallucinations occurred approximately one hour after taking the medication and resolved within two days of discontinuing it.

Results

Following the discontinuation of long-acting methylphenidate due to the occurrence of auditory hallucinations, the patient was restarted on short-acting methylphenidate and did not result in any further auditory hallucinations during the one-month follow-up period.

Conclusions

While auditory or visual hallucinations are rare side effects of methylphenidate that have been reported in the literature, this case highlights the importance of closely monitoring patients for atypical side effects when switching between different formulations of the medication and the potential need to discontinue treatment if necessary. Further research is needed to understand the underlying cause of these rare side effects and to develop strategies to mitigate them.

TC-03-02

Treatment of acute onset catatonia

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Clinical presentation

A 14-year-old boy was admitted at the Adolescent Psychiatric Department, Aalborg University Hospital with severe acute onset catatonia (June 2022). The patient had no prior psychiatric or physical illness. The degree of catatonia was determined with the Bush-Francis Catatonia Scale (BFCS), total score 36. He had symptoms of mutism, catalepsy, echolalia, rigidity, waxy flexibility, stupor and others.

Diagnostics and treatment

The patient received lorazepam from the first day of admission. The dose was increased up to a daily dosage of 12 mg in total. After several weeks with limited effect the patient was referred to ECT-treatment. He received 9 treatments in total and afterwards the lorazepam was phased out. When the catatonic symptoms were significantly reduced the patient showed signs of psychosis which led to the diagnosis DF20.2 Catatonic skizophrenia, and treatment with aripiprazole was initiated. He was discharged with a few residual symptoms of catatonia (BFCS 6) and is now living at home. At follow up (December 2022), there were no residual symptoms of psychosis, and slight rigidity and tremor in the arms as the only symptom of catatonia. He is on the brink of gradually starting school.

Learning points

Treatment with lorazepam is not always sufficient and treatment with ECT is relevant in cases without sufficient effect. It is important to wait until there is certainty about an underlying condition before initiating other kinds of medicine. And finally, you have to be optimistic about the treatment outcome and aim close to a normal functional level.

TC-03-03

Child psychiatric contribution in the paediatric neurology clinic: case example

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A 12 year old girl, with previously diagnosed epilepsy, presented to the Paediatric Neurology clinic with dissociative seizures. A joint assessment by the Neurologist and Psychiatrist revealed that her mother had concerns about her daughter's behaviour. Peer relationships at secondary school were difficult. She was fearful of returning to school because she was at high risk of bullying and exclusion. Three weeks prior to our review she had attempted suicide.

The assessment continued by gathering a developmental history and screening questionnaires. Amongst these, the Conners-3 Rating Scale indicated from parent, teacher and the patient herself that she was above threshold across the three ADHD domains. Performing an ADOS-2 assessment highlighted that she met threshold for a diagnosis of autism spectrum disorder.

After sharing the formulation, she was referred back to her local CAMHS with the recommendation that she would benefit from initiating ADHD medication and further support for ASD. Liaison with her secondary school Special Educational Needs Coordinator to share the formulation enabled her to access additional support within her school ensuring that she was able to continue studying in a mainstream school.

Rapid identification of psychiatric disorders previously unforeseen by the neurologist, family and school transformed our understanding of this young person. Such a radical shift changed attributions towards the child, increasing empathy in the network. She will be followed up and we will report back on her further progress. The case illustrates the importance of child psychiatry role in the paediatric neurology clinic and the value of liaison.

Session: Clinical Perspectives 18 - CP-18

Date: 01-07-2023 - 13:00 - 14:00

Location: Karavanen 6 - First floor /

CP-18-01

Rehabilitation - an integrated element of treatment in child and adolescent psychiatry (CAP). Lessons learnt from the German model

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In Germany modern rehabilitation treatment helps children and adolescents to cope better with their challenges in everyday life, when chronic participation restrictions appear. This form of CAP treatment can be a helpful component in a multimodal treatment chain. The fulfilment of the UN Convention on the Rights of Persons with Disabilities with the guarantee of participation and the reduction of barriers for all those affected by chronic diseases must also be the basis of action in the area of guaranteeing access to rehabilitative services in CAP as well. Modern rehabilitation clinics have evolved from the Verschickungsheimen and Genesungswerke (convalescent homes). To deal this historical burden appropritively, rehabilitation services in CAP must be aware of their historical responsibility. This can only succeed with comprehensive transparency and high quality.

Based on the actual German example many questions can be raised and discussed:

What are the quality standards?

What rehabilitative services can be provided for children and their families? What expectations can be placed on this component of the treatment chain?

When do doctors in private practice, when do schools or youth welfare services see an indication for this service? What lessons can be learnt from the German example?

Where can child and youth rehabilitation go from here onwards?

What paths are European countries choosing in the development of CAP rehabilitation services?

Session: Oral 23 - OR-23

Date: 01-07-2023 - 13:00 - 14:00

Location: Arkaden 8 - Second floor /

OR-23-01

The Relationship Between Cognitive and Affective Control and Adolescent Depressive Symptomatology

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Cognitive control problems have been consistently implicated in depression in adults. Studies in adolescents have been more equivocal, with some showing reduced cognitive control in adolescents with depression, whereas others have found no significant relationships. Depressive symptoms in adolescents may be particularly associated with *affective* control, the application of cognitive control in affective contexts, which shows a more protracted developmental trajectory than cool cognitive control. Using data from the Future Proofing Study(*N*=6388,11-16 years), we investigated the relationship between depressive symptomatology and psychiatric history in adolescents with two facets of cognitive and affective control: updating and set-shifting. The analyses included 1,929 participants(M_{age}=13.89), who had completed a digit-span and/or card-sorting task at least once within three weeks of assessing psychiatric history and depressive symptoms(PHQ-9). Poorer updating ability was associated with greater depressive symptomatology in adolescents, similarly across neutral and affective contexts(*p*=.006). Adolescents with psychiatric history had significantly poorer shifting ability in affective compared to neutral contexts(*p*=.010), whereas for adolescents with no psychiatric history, shifting ability did not differ between contexts(*p*=.649). While the present cross-sectional analyses cannot distinguish state from trait effects, they suggest that reduced updating, in particular, may be associated with the experience of depressive symptoms in adolescents, whereas problems with affective shifting may be a transdiagnostic feature of mental health problems more broadly. Given the ubiquitous need for efficient cognitive functioning in daily life, enhancing cognitive and affective control in adolescents with mental health problems may be a promising means of improving daily functioning and potentially reducing mental health symptomatology.

OR-23-02

Following the children of depressed parents from childhood to adult life: a focus on mood and anxiety disorders

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Lennon, Jessica [1], Bevan Jones, Rhys [1], Stephens, Alice [1], Weavers, Bryony [1], Osborn, David [2], Allardyce, Judith [1], Potter, Robert [1], Thapar, Ajay [1], Collishaw, Stephan [1], Thapar, Anita [1], Heron, Jon [3], Rice, Frances [1]

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Background: Parental depression increases risk for offspring anxiety and depression. The transition from adolescence to adulthood is a common risk period for onset of such disorders. However, relatively few studies of offspring of depressed parents have considered development of these disorders from childhood to adulthood including links with adult functioning.

Method: Offspring of depressed parents (aged 9-28) were followed prospectively for 13 years (n=337). Psychopathology was assessed at four timepoints using diagnostic interviews, allowing us to characterise prevalence, age at first diagnosis, course and comorbidity of disorders. Social functioning was assessed at the final time point.

Results: Over 20% of offspring met criteria for mood disorder and 30% for anxiety disorder at least once. Mood and anxiety disorder rates increased from 4% and 11% respectively in childhood (age 9-11) to 20% for both by age 23-28. Increased rates across the transition from adolescence to adulthood (age 18-22) were particularly marked in males, while

rates increased in females earlier in adolescence. Age at first diagnosis varied widely (mood disorder mean=16.7 years (range 9-26); anxiety disorder mean=14.9 years (range 9-28)). Over half (52%) reported functional impairment in early adulthood, 30% harmful alcohol use, and 10% self-harm or suicide attempt. Both previous and current mood or anxiety disorder were associated with functional impairment in early adulthood.

Conclusions: There is a prolonged period of risk for mood and anxiety disorders in this group, with prevalence peaking in early adulthood, highlighting the need for prolonged vigilance and targeted interventions in the offspring of depressed parents.

OR-23-03

Characterising depression trajectories in young people at high familial risk of depression

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Riglin, Lucy, Martin, Joanna, Anney, Richard, Collishaw, Stephan, Thapar, Ajay, Thapar, Anita, Rice, Frances

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Background

Parental depression is a common and potent risk factor for depression in offspring. However, the developmental course of depression from childhood to early-adulthood has not been characterized in this high-risk group.

Methods

Using longitudinal data from 337 young people who had a parent with a history of recurrent major depressive disorder (MDD), we characterised trajectories of broadly defined depressive disorder using latent class growth analysis. We used clinical reports to further describe each trajectory class.

Results

Two trajectory classes emerged: childhood-emerging (25%) and adulthood-emerging (75%). The childhood-emerging class showed high rates of depressive disorder from age 9 which persisted through the study period. The adulthood-emerging group showed low rates of depressive disorder until aged 26. Individual factors (IQ and ADHD symptoms), index parent depression severity (comorbidity, persistence and impairment) differentiated the classes but there were no differences on family history score or polygenic scores associated with psychiatric disorder. Clinical descriptions indicated heterogeneity, greater multimorbidity and severe impairment in the childhood-emerging class.

Conclusions

The developmental course of depressive disorder in children of depressed parents is variable. When followed up to adult life, most individuals exhibited some functional impairment. An earlier age of onset is associated with a more persistent and impairing course of depression. Access to effective prevention strategies is particularly warranted for those showing an early-onset and persistent depressive course.

OR-23-04

Can the EEG predict the treatment response? Data from light therapy in depression.

Berger, Christoph [1]

Dück, Alexander [2], Jonas, Lena [1], Reis, Olaf [1], Kölch, Michael [1]

[1] Rostock University Medicine Center Rostock Germany
[2] Rostock University Medical Center Rostock Germany

Despite extensive research efforts on cognitive-behavioral approaches and medication, treatment outcomes for depressive youth remain unsatisfying. Probability of recurrence is high and even in responders residual sleep and vigilance disturbances an mood changes are still present. Hence, better treatment is needed and selecting the best treatment strategy based on objective biomarker could be useful. Here such markers from low cost resting state EEG may be useful. This talk gives an overview about treatment response prediction approaches, based on current quantitative EEG biomarkers also involving machine learning techniques. EEG correlates of local brain (hypo-) activity (theta band measures, frontal or cingular regions) and neurofunctional regulation (EEG vigilance) seem promising. Especially in the context of resilience detection or further phenotyping in depression.

Beside the actual state of research in the field, this talk presents QEEG data from a subsample of a study about the impact of chronobiologically effective light therapy in patients with major depression. Our data may suggest, that especially theta band current source density in the rostral anterior cingulum differs between treatment responders and nonresponders. So this study is encouraging further research using this EEG measure to analyze its specific response prediction capacities, taking into account depression heterogeneity and specific types of treatment.

Session: State of the art Speaker 06 - Early experiences related to the body and illness coping with symptoms - SA-06

Date: 01-07-2023 - 13:00 - 13:45

Location: Congress Hall - Ground floor /

SA-07-01

Early experiences related to the body and illness coping with symptoms

Rosmalen, Judith

University Medical Center Groningen Groningen Netherlands

Early experiences create fundamental assumptions about the world and the self that shape our lives. These include assumptions about the body and illness. From the day of birth onwards, children learn to feel their bodies and to give words to those feelings from their parents or other primary caregivers (for the sake of simplicity referred to as parents in this proposal). Children also learn ideas, emotional and behavioral responses related to somatic sensations and symptoms. Most people intuitively feel that such learned symptom responses will determine the child's coping abilities. Recent studies show that these patterns may shape how symptoms are experienced throughout the life course: they contribute to our sensitivity to somatic symptoms. This is due to predictive processing, a strategy in which the brain uses previous experiences to process new sensory input. This raises the question on which biopsychosocial factors contribute to the development and experience of somatic symptoms.

In this lecture I will focus on the development of functional somatic symptoms in children and adolescents. I will present data of the longitudinal cohort study TRAILS, that started in 2001 with 10-12 year old children. We followed their illness experiences and the development somatic symptoms for the past 20 years. TRAILS participants are now in their early thirties, and many become parents themselves. I will present new methods that we use to study how the childhood experiences of TRAILS participants influence how they cope with symptoms of their own children.

Session: Please attend some of the sessions or visit our exhibitors -

Date: 01-07-2023 - 13:00 - 14:00

Location: Carstensen - Lower floor & Arkaden 6 - Second floor & Galop 01 - Second floor & Akvariet 4+5 - Ground Floor & Galop 02 - Second floor /

Session: Symposium 55 - SY-55

Date: 01-07-2023 - 13:00 - 14:00

Location: Columbine - Ground floor /

SY-55-00

Predisposition: Involving Youth Peer Support Workers (YPSWs) add substantially to the care of youths with (multiple) psychiatric problems.

Vermeiren , Robert [1]

De Beer, Carolijn [1], Van Tilburg, Kaylee [1], Nooteboom, Laura [1], Van Domburgh, Lieke [2]

[1] Leiden University Medical Center Oegstgeest Netherlands
[2] Amsterdam University Medical Center Amsterdam Netherlands

Youth Peer Support Workers (YPSWs) are (former) CAP patients who support young people receiving treatment in mental health services. Contributions by YPSWs are a promising development to facilitate consumer-centered and recovery-oriented care. Although the youth peer support workforce is expanding rapidly in several countries, structurally integrating YPSWs into practice is challenging. A recent systematic review (1) examined the published literature to identify existing knowledge on YPSW roles in treatment settings, and the barriers and facilitators for implementing and pursuing YPS in practice. Findings by a YPSW, professionals working with YPSWs, and findings from this review will form the basis for discussion in this clinical perspective.

This symposium is organised by the ESCAP Policy Division, and aims to provide a policy statement on the comprehensive inclusion of YPSWs in the field of CAP. To do so, several statements will be presented and discussed. The opportunities presented by the inclusion of YPSWs will be discussed by speakers with different perspectives (YPSW's, clinician's and researcher's).

SY-55-02

Using experience to support youth

Van Tilburg, Kaylee

De Beer, Carolijn, Vermeiren , Robert , Nooteboom, Laura

Leiden University Medical Center Oegstgeest Netherlands

In this presentation, I will tell about my personal history within youth mental health care and my experiences as a YPSW. In 2015, at the age of 15, I was admitted to a specialized mental health center for depressive symptoms. After admission I received several more diagnosis including ASD, ADHD, PTSD and an eating disorder. It took me years to find a new balance, and I spent several years feeling extremely hopeless and 'stuck'. I felt like no one understood me, even though I was surrounded by people who loved and supported me. Later in my life I came into contact with others that had struggled with similar problems, which made me feel very seen and understood. During this time I gradually realized that mental health care for youths with complex problems could be improved when YPSWs are being involved. They can play a key role in making youth that are feeling desperate and hopeless feel understood and supported.

Therefore, I followed several courses, that taught me to reflect on my own recovery and learn skills to help and educate others using my experience. Currently, I am YPSW at LUMC Curium, where I support youth with complex problems, assist in the education of students and other professionals, and contribute to research regarding YPSWs. While current developments are positive, there is still a lot to develop in this field. In this presentation, I will elaborate on this.

SY-55-01

Improving interprofessional collaboration between youth peer support workers and clinicians in child and adolescent psychiatry

De Beer, Carolijn [1]

Van Domburgh, Lieke [2], Vermeiren , Robert [1], Van Tilburg, Kaylee [1], Nooteboom, Laura [1]

[1] Leiden University Medical Center Leiden Netherlands
[2] Amsterdam University Medical Center Amsterdam Netherlands

Introduction: Youth peer support workers (YPSWs) are commonly identified as young adults with lived experience of mental illness who are trained to provide emotional, practical and social support to young people with comparable experiences. The involvement of YPSWs in child and adolescent psychiatry (CAP) allows for more culturally and developmentally appropriate support; and stimulates hope, self-acceptance and stigma reduction within young consumers. Nevertheless, the collaboration between YPSWs and clinicians in CAP remains challenging, because it requires teams to embed a new type of professional into practice. **Method:** To facilitate interprofessional collaboration, this study reports on the findings of 27 in-depth interviews with YPSWs and clinicians to provide insight into: 1) the added value of YPSWs next to clinicians; and 2) the barriers and facilitators in the collaboration process. **Findings:** The findings on the added value of YPSWs indicate that inherent to the role of YPSW is the ability to remain vulnerable with young consumers and colleagues. In doing so, YPSWs act as agents of change by stimulating authenticity and transparency, and by providing clinicians with an alternative perspective on care. Commonly faced barriers in the collaboration process included: condescending attitudes and behaviors of clinicians and YPSWs towards one another; lack of direction surrounding the YPSW role; concerns of clinicians about the professional boundaries and wellbeing of YPSWs; and breakdowns in communication due to the different sets of expertise YPSWs and clinicians both utilize (experiential vs. clinical expertise). This study presents recommendations to overcome these barriers and to improve interprofessional collaboration.

Session: Please proceed to your next session -

Date: 01-07-2023 - 13:45 - 14:00

Location: Congress Hall - Ground floor /

Session: Please proceed to your next session -

Date: 01-07-2023 - 14:00 - 14:15

Location: Congress Hall - Ground floor & Harlekin - Ground floor & Columbine - Ground floor & Pjerrot - Ground floor & Lumbye - Lower floor & Carstensen - Lower floor & Arkaden 6 - Second floor & Arkaden 8 - Second floor & Karavanen 6 - First floor & Karavanen 9+10 - First floor & Galop 01 - Second floor & Akvariet 4+5 - Ground Floor & Galop 02 - Second floor /

Session: Political Debate - ESCAP-04

Date: 01-07-2023 - 14:15 - 15:15

Location: Carstensen - Lower floor /

ESCAP-04-01

Are we mad, believing in collaboration between users, professionals, and families?

Alrø Sørensen, Jane [1]

Lindhardt, Anne [2], Engholm, Mads [3], Nissen, Jesper [3]

[1] Mental Health Services of the Capital Region København K Denmark
[2] General psychiatrist Copenhagen Denmark
[3] Bedre Psykiatri Copenhagen Denmark

How did we, within the last two years, end up agreeing on the main challenges, needs, opportunities, goals and 100 specific recommendations over the next 10 years for a long-term action plan for improving mental health across sectors, civil society, municipalities, regions and national level? What made it happened that users, professionals, and families work closely in the same direction, with same agenda, same priorities and aim to form the basis for the Government's 10-year action plan?

Why did a psychiatrist dream up the Psychiatry-alliance in Denmark? What can a father bring into the mental health services? How can a psychiatrist working within "the establishment" also be an "activist-allied" of those users, who we often see being in opposition to "the establishment"? What can the collaboration between users, families and professionals bring to the political, research and clinical scene?

Keynote speaker: General psychiatrist Anne Lindhardt the co-creator of "the Psychiatry-alliance", Knud Kristensen father to a son with schizophrenia and Former president for the Danish Association for Mental Health, Civil society advocate

and chairman Mads Engholm of the Danish National Association of Caregivers of people with mental illness and Member of the Danish society of psychiatry Mikkel Rasmussen, an activist at heart.

Come and hear stories from people who have been working from different angles on the same project. Be inspired to create a better mental health service for all.

Session: Oral 26 - Or-26

Date: 01-07-2023 - 14:15 - 15:15

Location: Karavanen 9+10 - First floor /

OR-26-01

Psychometric Properties of a Brief Semi-Structured Interview for the Dimensional Assessment of Internalizing and Externalizing Symptoms

Rausch, Jana

Geldermann, Nina, Oswald, Felix, Görtz-Dorten, Anja, Döpfner, Manfred, Hautmann, Christopher

University of Cologne Cologne Germany

Background: Several psychometrically sound (semi-)structured interviews are available for the categorical assessment of mental disorders in children and adolescents. Based on the items from the Symptoms and Functioning Severity Scale (SFSS), a new German semi-structured interview was designed (SFSS-I), which is characterized by three specific features: (1) comparatively short measure (24 items), (2) assessment of broad psychopathological dimensions (internalizing and externalizing symptomatology), and (3) dimensional approach. The aim of the study was to evaluate the psychometric properties of the SFSS-I.

Methods: Baseline data from multiple informants of the OPTIE study (RCT for feedback informed treatment) was used. The target sample (n = 385) included children and adolescents aged 6 to 17 years with internalizing and/or externalizing symptoms and indication for outpatient psychotherapy. The SFSS-I was conducted with the primary caregiver. Interrater reliability was with a random subsample (n = 64).

Results: A correlated two-factor externalizing-internalizing model (χ^2 = 717.543, CFI = .916, RMSEA = .072) was supported by confirmatory factor analysis. In addition, the SFSS-I showed excellent interrater reliability (ICC ≥ .90), acceptable to good internal consistencies (α ≥ .76), and acceptable to good convergent validity (r ≥ .35), especially with the Child Behavior Checklist (CBCL/6-18R; r = .68 to .72).

Discussion: First results support the hypothesis that the SFSS-I is a time-efficient, reliable and valid instrument for assessing internalizing and externalizing problems in children and adolescence. The interview may be useful as a general measure of symptom severity in clinical practice and research.

OR-26-02

Linking cohort-based data with electronic health records

Leung, Miriam [1], Li, Xue [1], Chui, Celine [1], Wong, Rosa [1], Au Yeung, Shiu Lun [1], Chan , Edward [1], Chan, Adrienne YL [2], Chan, Esther [1], Wong, Wilfred [1], Lee, Tatia [1], Rao, Nirmala [1], Wing, YK [3], Lum, Terry [1], Leung, Gabriel [1], Ip, Patrick [1], Wong, Ian [1]

[1] University of Hong Kong Hong Kong Hong Kong
[2] The University of Hong Kong The University of Hong Kong Hong Kong
[3] Chinese University of Hong Kong Hong Kong Hong Kong

Background Data linkage of cohort-based data and electronic health records (EHRs) has been practiced in many countries, but in Hong Kong there is still a lack of such research.

Method Participants in the “Children of 1997” Birth Cohort and the Chinese Early Development Instrument (CEDI) Cohort were separated into several batches. The Hong Kong Identity Card Numbers (HKIDs) of each batch were then uploaded to the Hong Kong Clinical Data Analysis and Reporting System (CDARS) to retrieve EHRs. Within the same batch, each participant has a unique combination of date of birth and sex which can then be used for exact matching, as no HKIDs are returned in CDARS. Raw data collected for the two cohorts were checked for the mismatched cases. After matching, we conducted a descriptive analysis of attention deficit hyperactivity disorder (ADHD).

Results In total, 3,473 and 910 HKIDs in the Birth Cohort and CEDI cohort were separated into 44 and 5 batches and then submitted to the CDARS, with the match rates of 100% and 99.75% after checking the cohort data. From our illustration using the ADHD information in the CEDI cohort, 36 (4.47%) individuals had ADHD–Combined score over the clinical cut-off in the SWAN survey, and 68 (8.31%) individuals had ADHD records in EHRs.

ConclusionsUsing birth date and sex as identification variables, we were able to link cohort data and EHRs with high match rates. This method will assist in the generation of databases for future multi-disciplinary research using both cohort data and EHRs.

OR-26-03

Evidence-based assessment in schools in Kosovo: A landmark study and impact of training

Konjufca, Jon [1]

Blum, Kathrin [1], Shehu, Arbnore [2], Ramadani, Fjolla [2], Arenliu, Aliriza [2], Zimmerman, Ronan [1]

[1] University of Basel Basel Switzerland
[2] University of Pristina Pristina Albania

Evidence-based assessment [EBA] is the practice of using research and theory to inform which clients should be assessed, which instruments should be used, and which clinical directions should be taken based on the results of assessments. One of the main uses of EBA is screening clients for potential mental health burden and saving clinicians’ time. EBA is especially valuable in school settings, where a few mental health professionals are tasked with screening and monitoring many students throughout the academic year.

The current study uses a longitudinal mixed-method quantitative approach to investigate EBA use and purposes, skills, prior training, and potential barriers in school psychologists in Kosovo. In particular, the study investigates EBA usage among school psychologists before and after being exposed to software that facilitates EBA.

The results provide a clear picture of the usage of EBA practices, skills, and barriers to EBA in schools in Kosovo. EBA is used somewhat more often and reliably than in comparative samples in other countries. In addition, results indicate prior training is related to an increase in EBA usage in schools. After being exposed to software that facilitates EBA, school psychologists report higher engagement with EBA practices and EBA-directed decision-making.

The findings of the present study can be used to inform context-specific EBA implementation strategies and training in schools in low- and middle-income countries [LMICs]. The present study examines these strategies for their potential to increase the use of EBA and the impact on detecting mental health conditions in LMICs.

OR-26-04

Concurrent validity between KSADS-COMP and clinical diagnoses in CAMHS

Lauritsen, Marlene Briciet

Jensen, Christina Mohr, Hansen, Anna Sofie, Telléus, Gry Kjærsdam

Aalborg University Hospital, Psychiatry Aalborg Denmark

Background

Standardized, semi-structured diagnostic interviews are recommended as part of the diagnostic assessment. Barriers to using such instruments as part of standard clinical practice include clinicians finding the administration and scoring of interviews time-consuming, cumbersome or not adding to the quality of their assessment. The web-based diagnostic interview, KSADS-COMP (Kids- Schedule for Affective Disorders and Schizophrenia - Computer), may address some of the barriers, but the convergent validity of KSADS-COMP and clinical diagnoses given as part of standard assessment practices is unknown.

Objectives

This study aimed to assess the concurrent validity of KSADS-COMP by comparing diagnoses obtained using KSADS-COMP to clinical diagnoses applied after usual clinical psychiatric assessment in child and adolescent mental health services (CAMHS).

Methods

A sample of children (age 6 to 17 years) referred to a Danish child and adolescent psychiatric outpatient clinic are assessed with KSADS-COMP prior to clinical assessment. The clinic were blind to KSADS-COMP diagnoses. Data analysis is ongoing but will include the calculation of diagnostic test accuracy and agreement.

Results

A total of 80 children are included. Our preliminary analyses point towards low agreement for most diagnoses between KSADS-COMP and clinical psychiatric assessment. For instance, in the clinic more children are diagnosed with autism spectrum disorder than what was found using KSADS-COMP, whereas the opposite was the case for anxiety disorders.

Discussion

This small-sized study shows disagreement between clinical and KSADS-COMP diagnoses regarding several psychiatric diagnoses in a clinical sample of children, thus suggesting a need for a more systematic approach in CAMHS.

OR-26-05

The BRIDGE project: A feasibility randomised controlled trial of brief, intensive assessment and integrated formulation for young people (age 14-24) with borderline personality disorder symptoms

Gajwani, Ruchika [1]

McAllister, Kirsty [1], McCarthy, Claire [1], Claire, Matrunola [1], Louise, Beattie [1], Manuela, Deidda [1], McIntosh, Emma [1], Gumley, Andrew [1], Chanen, Andrew [2], Minnis, Helen [1]

[1] University of Glasgow Glasgow United Kingdom
[2] University of Melbourne/Orygen, Centre for youth Mental Health Melbourne Australia

Background:

Borderline personality disorder (BPD) is a controversial diagnosis in young people. Commonly, young people with BPD are under-diagnosed, untreated, are not in employment or training and are estranged from their families. Yet, they have complex needs and are at high suicide risk.

Aim:

To assess the feasibility of conducting a randomised controlled trial (f-RCT) of a BRIDGE, a brief intervention programme for young people (age 14-24) with BPD symptoms (sub-threshold or threshold) in a community sample from Scotland, UK.

Method:

Sixty young people (age 14-24) meeting criteria for BPD symptoms, will be randomised in a 1:1 ratio to receive either a) the BRIDGE intervention plus service-as-usual or b) service-as-usual alone. Follow up will be 12 weeks and 24 weeks post-intervention. The study is carried out between 2021 to 2024.

Outcome:

The two primary outcomes of the MQ funded, BRIDGE project (f-RCT) are i. recruitment rates and ii. retention rates. The study will present the acceptability and appropriateness of our putative outcome measures for a future definitive randomised controlled trial (d-RCT).

Impact:

Young people with early BPD benefit from good clinical care and targeted intervention, however are regularly missed or mis-labelled. The feasibility trial in the general population would provide initial evidence of variable needs of YP with complex needs, who maybe missed from services as they don't "fit" a model/diagnosis. Workable multi-agency service model proposed in the trial would be a major advance in understanding care pathways regardless of trial outcome.

Session: Symposium 61 - SY-61

Date: 01-07-2023 - 14:15 - 15:15

Location: Lumbye - Lower floor /

SY-61-00

Impairment in personality functioning – clinical relevance of a new dimensional conceptualization of personality disorders

Cavelti, Marialuisa [1], D'Huart, Delfine [2], Hertel, Christian [1], Weekers, Laura [3]

[1] University of Bern Bern Switzerland
[2] Psychiatric University Hospitals Basel Basel Switzerland
[3] Tilburg University Tilburg Netherlands

The classification of personality disorders (PD) is currently undergoing a shift toward dimensional approaches. This is a result of efforts to overcome shortcomings of the traditional categorical models including limited diagnostic reliability, diagnostic overlap between PD, within-category heterogeneity, and arbitrary thresholds. Criterion A from the DSM–5 Alternative Model for PD (AMPD) is one example of the dimensional conceptualisation of PD, and defines PD by the degree of impairment in self- and interpersonal-functioning. In the current symposium, latest findings regarding the clinical relevance of impairment in self- and interpersonal functioning will be discussed, with a particular focus on implications for early detection and intervention.

First, Marialuisa Cavelti will present the findings of a study that examined the latent structure of the STiP-5.1 – a measure of criterion A - in a clinical adolescent sample, and identified unique clinical profiles that may inform early identification and intervention efforts.

Second, Defline d'Huart will talk about the mediating role of impairment in personality functioning between different types of childhood maltreatment and self-reported mental health problems in a high-risk sample.

Third, Christian Hertel will present the results of a study that investigated the incremental utility of impairment in personality functioning over general psychopathology for the differentiation of suicide attempters and non-attempters in a clinical adolescent sample.

Finally, Laura Weekers will discuss the value of criterion A compared with the categorical approach toward PD diagnoses in predicting psychosocial functioning and symptom severity over time.

SY-61-04

Incremental validity of the Alternative Model for Personality Disorders: Predicting disability one year after assessment

Weekers, Laura [2]

Hutsebaut, Joost [2], Rovers, Jenneke [2], Kamphuis, Jan Henk [2]

[1] University of Bern Bern Switzerland
[2] Tilburg University Tilburg Netherlands

The *Diagnostic and Statistical Manual of Mental Disorders* (5th ed.; DSM-5; American Psychiatric Association, 2013) introduced in Section III a new model for assessing personality pathology that includes assessing levels of personality functioning (Criterion A) and pathological personality traits (Criterion B). This study investigated the incremental validity of Criterion A and B of the Alternative Model for Personality Disorders compared to the Section II personality disorder model in predicting psychosocial functioning and symptom severity one year after assessment. A clinical sample of 84 participants were administered both Section II PD and Criterion A and B interviews by two independent interviewers. One year after assessment psychosocial functioning (WHODAS 2.0) and symptom severity (BSI) were assessed. The Section II PD model did not predict psychosocial functioning nor symptom severity. The AMPD model, however, did predict psychosocial functioning and symptom severity after one year. Both Criterion A and B were significant predictors, however when taken the effect of each other into account only Criterion A remained a significant predictor of both psychosocial functioning and symptom severity while Criterion B was no longer a significant predictor. Criterion A appears to capture core vulnerabilities of personality disordered patients that are related to future functioning and symptom severity.

SY-61-03

Personality functioning and the pathogenic effect of childhood maltreatment in a high-risk sample

D'Huart, Delfine [2]

Hutsebaut, Joost [3], Seker, Süheyla [2], Schmid, Marc [2], Schmeck, Klaus [2], Bürgin, David [4], Boonmann, Cyril [2]

[1] University of Bern Bern Switzerland
[2] Psychiatric University Hospitals Basel Basel Switzerland
[3] Tilburg University Tilburg Netherlands
[4] Klaus.Schmeck@unibas.ch Psychiatric University Hospitals Basel Switzerland

Background: While the psychopathological sequalae of childhood maltreatment are widely acknowledged, less is known about the underlying pathways by which childhood maltreatment might lead to an increased risk for mental health problems.

Aim: In this talk we will try to investigate the mediating effect of impaired personality functioning between different types of childhood maltreatment and self-reported mental health problems in a high-risk sample.

Methods: 173 young adults (mean age = of 26.61 years; SD = 3.27) with a history of residential child welfare and juvenile justice placements in Switzerland were examined, using the Childhood Trauma Questionnaire (CTQ-SF), the Semi-structured Interview for Personality Functioning DSM-5 (STiP-5.1) and the self-report questionnaires of the Achenbach System of Empirically Based Assessment scales (ASEBA). Mediation analyses were conducted through structural equation modeling.

Results: 76.3% (N = 132) participants indicated at least one type of childhood maltreatment, with emotional neglect being most commonly reported (60.7%). Impaired personality functioning was a significant mediator for overall childhood maltreatment ($\beta = 0.089$; $p = 0.008$) and emotional neglect ($\beta = 0.077$; $p = 0.016$). Impaired self-functioning was a significant mediator when both self-functioning and interpersonal functioning were included as potential mediators for overall childhood maltreatment ($\beta_1 = 0.177$, $p_1 = 0.007$) and emotional neglect ($\beta_1 = 0.173$, $p_1 = 0.003$).

Conclusion: Emotional neglect may be particularly important in the context of childhood maltreatment, personality functioning, and mental health problems. Combining interventions designed for personality functioning with trauma-informed practices might counteract the psychopathological outcomes of maltreated adolescents.

SY-61-02

The incremental utility of impairment in personality functioning over general psychopathology for the differentiation of suicide attempters and non-attempters in adolescent patients

Hertel, Christian

Cavelti, Marialuisa, Lerch, Stefan, Mürner-Lavanchy, Ines, Reichl, Corinna, Kaess, Michael

University of Bern Bern Switzerland

Background: Differentiating suicide attempters from non-attempters is a major challenge in the prevention and early intervention for adolescents with suicidal thoughts and behaviors. The aim of the current study was 1) to examine whether impairment in personality functioning is associated with suicide attempts, and 2) to explore its incremental utility over that of general psychopathology for suicide attempts.

Methods: The sample consisted of n=498 adolescent patients (mean age=15.41 years, 79.12% females) from a University Psychiatric Hospital (inpatient 48.8%, outpatient 51.2%). We assessed suicide attempts in the past year (SITBI-G), personality dysfunction according to the alternative model of personality disorders in DSM-V (STiP-5.1), and psychiatric diagnoses (MINI-KID). First, a logistic regression examining the associations between the STiP-5.1-facets and suicide attempts was performed. Next, hierarchical (stepwise) logistic regression was applied to investigate the incremental utility of the STiP-5.1 over that of psychiatric diagnoses for suicide attempts.

Results: Impairments in the ability to regulate emotions (OR=1.665, p<0.001) and the ability to self-reflect (OR=1.317, p=0.016) were both associated with increased odds, while impairment in the ability to connect with others was associated with decreased odds (OR=0.746, p=0.036) for suicide attempts in the past year. In addition, impairment in

personality functioning explained a significant amount of variance in suicide attempts over that of psychiatric diagnoses (Pseudo-R^2=0.177, Wald χ^2=43.01, p<0.001).

Discussion: Impairment in personality functioning in addition to general psychopathology should be routinely assessed in adolescent patients and may represent a target for intervention for those with suicidal thoughts and behaviors.

SY-61-01

Clinical profiles of adolescents' personality pathology: A latent structure examination of the Semi-Structured Interview for Personality Functioning DSM-5 (STiP-5.1) in a help-seeking sample.

Madelyn, Thomson [1]

Cavelti, Marialuisa [1], Lerch, Stefan [1], Koenig, Julian [2], Reichl, Corinna [1], Wyssen, Andrea [1], Kaess, Michael [1]

[1] University of Bern Bern Switzerland
[2] University of Cologne Cologne Germany

Background: Despite the introduction of dimensional assessments of personality functioning in the latest classification systems, heterogeneous clinical presentation of personality pathology remains a challenge. Relatedly, the latent structure of the Semi-Structured Interview for Personality Functioning DSM-5 (STiP-5.1) has not yet been comprehensively examined in adolescents. This study aimed to examine the latent structure of the STiP-5.1, and to describe unique clinical profiles.

Methods: A total of 502 participants aged 11-18 years assessed using the STiP-5.1, comprised the final sample. Variations of Factor Analysis, Latent Class Analysis and Factor Mixture Models (FMM) were applied to the STiP-5.1.

Results: The best fitting model was a FMM comprising four-classes and two factors (corresponding to self- and interpersonal-functioning). The classes differed in both overall severity of personality functioning impairment (with the exception of two classes that were equal in this regard), and in their scores and clinical relevance on each element of the STiP-5.1. When compared to the overall sample on the STiP-5.1 and other clinical variables, classes differed in their unique clinical presentation: class 1 had low impairment, class 2 had impairments primarily in self-functioning with high depressivity, class 3 had mixed levels of impairment with a particular deficit in empathy, and class 4 had severe overall personality functioning impairment.

Conclusions: A complex model incorporating both dimensional and categorical components most adequately conceptualises the latent structure of the STiP-5.1 in our adolescent sample. Findings can help to parse out clinical heterogeneity in personality pathology in adolescents, and inform early identification and intervention efforts.

Session: Symposium 57 - SY-57

Date: 01-07-2023 - 14:15 - 15:15

Location: Congress Hall - Ground floor /

SY-57-00

Optimizing evidence-based treatment for children with ADHD

Luman, Marjolein [1], Dekkers, Tycho [2], Vertessen, Karen [3], Rosenau, Paul [2]

[1] Vrije Universiteit Amsterdam Netherlands
[2] Accare Groningen Groningen Netherlands
[3] KU Leuven Leuven Belgium

Clinical guidelines for the treatment of childhood ADHD recommend behavioral interventions for parents and teachers (mediation therapy) as well as pharmacological treatment for the child as evidence-based interventions. However, treatment choice is left at the clinician, and currently knowledge is lacking on who (which child or family) profits most from what type of intervention. As there is a public and scientific debate on the increasing number of children receiving pharmacological treatment, studies into which interventions work and for whom are needed. For pharmacological treatment additional questions concern how to determine the optimal dose and type of medication, and the role of medication adherence. For evidence-based behavioral parent- and teacher-training, research into uncovering which elements are effective is needed. This symposium is organized by members of the Psychosocial ADHD INTerventions (PAINT) research group (www.paint-studies.nl). The first talk (Dekkers) focusses on behavioral parent-training, where he will discuss what elements are effective and for whom, based on two meta-analyses and a microtrial. The second talk (Luman) focusses on outcomes and moderators of a microtrial examining a short individualized behavioral teacher training for children with ADHD, comparing stimulus-control and contingency management techniques. The third talk (Vertessen) focuses on methylphenidate treatment (MOVA study) looking at titration optimization for children with ADHD. The final talk (Rosenau) focuses on ADHD medication adherence and minor offences, using a large population database consisting of 18,234 adolescents. This symposium will provide the audience with more insight into evidence-based interventions for children with ADHD.

SY-57-04

Improving behavioral parent training for children with ADHD

Dekkers, Tycho [1]

Groenman, Annabeth [2], Hornstra, Rianne [1], Van der Oord, Saskia [3], Luman, Marjolein [4], Hoekstra, Pieter [1], Van den Hoofdakker, Barbara [1]

[1] Accare Groningen Groningen Netherlands
[2] Universiteit van Amsterdam Amsterdam Netherlands
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Behavioral parent training is an evidence-based intervention for children with Attention-Deficit/Hyperactivity Disorder (ADHD). It usually consists of many different techniques, and it is largely unknown which of these techniques contribute most to its efficacy. Therefore, we performed two meta-analyses and a randomized controlled microtrial.

In two related meta-analyses, we investigated whether the dosage of 39 behavioral techniques was related to the efficacy. Then, in a randomized controlled microtrial including parents of 92 children with ADHD, we directly compared the efficacy of two sessions parent training involving stimulus control techniques (antecedent-based condition) versus contingency management techniques (consequent-based condition).

The meta-analyses showed that higher dosages of negative consequent techniques (e.g., ignoring undesired behavior), higher dosages of techniques focusing on the manipulation of antecedents of behavior (e.g., anticipating for misbehavior) and higher dosages of techniques focusing on reinforcement of desired behaviors (e.g., praising the child) were related to better outcomes. In the microtrial, daily rated problem behaviors decreased in both active conditions relative to waitlist, also at three-month follow-up.

Therapeutic techniques that are at the root of behavioral parent training—stimulus-control techniques and contingency management techniques—seem to contribute most to its efficacy. These findings combined with the encouraging effect

sizes in the microtrial suggest that focusing on these core techniques may not only be a way to make behavioral parent training more efficacious, but also to make it briefer. This is crucial, as youth mental healthcare institutions often have long waitlists, and drop-out is substantial in traditional behavioral parent training.

SY-57-03

Improving behavioral teacher training for children with ADHD behavior

Luman, Marjolein [1]

Staff, Anouck [1], Van den Hoofdakker, Barbara [2], Van der Oord, Saskia [3], Hoekstra, Pieter [2], Oosterlaan, Jaap [1]

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Behavioral teacher training for children with ADHD effectively reduces behavioral problems and imcreases teacher's skills and confidence. Research into what works and for whom (which child and/or teacher) is important to improve current teacher training interventions, given that effect sizes show heterogeneity and are medium at best. Common elements of teacher training programs include psychoeducation and training of behavioral techniques such as changing behavior through stimulus control (e.g., provide structure) and contingency management (e.g., praise). Using a microtrial design, we examined the efficacy of intervention components using proximal outcomes. We compared a short (two 2-hourly sessions), individualized teacher training consisting of psychoeducation and training of either stimulus control or contingency management techniques to a waitlist control group. Participants were 90 children (6-12 years) with (symptoms of) ADHD without medication attending regular primary education. Primary outcome was the daily assessment of teacher-rated problem behaviors. Multilevel analysis revealed both components to be equally and highly effective post-treatment and at three months follow-up on reducing teacher-rated problem behavior and teacher-rated ADHD symptoms and impairment (*d*=.4-.9). Training of stimulus control techniques appeared more effective for older children and children with relatively higher levels of neurocognitive functioning, whereas training of contingency management techniques appeared more effective for younger children and those with lower levels of neurocognitive functioning. Our results indicate that a short, individualized behavioral teacher training is highly effective in reducing problem behavior of children with ADHD behaviors, independent of the components used. Interventions may be adapted to the child's age and neurocognitive profile.

SY-57-02

Optimizing Methylphenidate titration for children with ADHD

Vertessen, Karen

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Methylphenidate (MPH) is effective in reducing ADHD symptoms (Cortese et al. 2018). However, the clinical use of MPH involves several issues including the rising use of stimulants (Raman et al. 2018) and large differences in individual response to MPH (Greenhill et al. 1996). We aimed to improve clinical use of MPH by implementing a randomize controlled trial (RCT) comparing placebo-controlled titration (PCT) to stepwise titration (care as usual, CAU) in clinical settings. Participants were 100 children (5-13 years) with a DSM-5 ADHD diagnosis and indication to start MPH. Participants were randomized to PCT or CAU in a 1:1 ratio followed by a seven week randomized controlled trial (T1) and six month naturalistic follow-up (T2). Multilevel analyses revealed that PCT compared to CAU lead to a significantly

larger number of children who discontinued MPH treatment (T1: 24.5% vs 5.9%, p = .009; T2: 41.7% vs 10.4%, p < .001). At both timepoints, there were no significant differences between titration groups in the average daily dose of MPH, ADHD symptoms, or treatment satisfaction. For the PCT group, we found significant symptom improvement for parent-rated, but not for teacher-rated ADHD symptoms with placebo. Our results indicate that PCT can identify placebo and non-responders and may therefore potentially reduce overtreatment of ADHD with MPH. Furthermore our findings stress the importance of teachers as informants when interpreting the clinical effect of MPH as they are less sensitive to non-specific (i.e. placebo) effects.

SY-57-01

Persistent use of ADHD medication reduces risk of committing minor offences in adolescents

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Objective Previous studies have shown that pharmacological treatment with attention-deficit/hyperactivity disorder (ADHD) medication reduces the risk of criminality in adolescents and adults. This study aimed to investigate the association between ADHD medication adherence and minor offences in adolescents.

Method Using two Dutch national databases, the Foundation for Pharmaceutical Statistics (SFK) and Statistics Netherlands (CBS), we collected information on ADHD medication prescriptions and registered minor offences between 2005 and 2019 of 18,234 adolescents (12−18 years). We used Cox regression analyses to compare the rate of committing minor offences of adolescents during periods of high ADHD medication adherence compared to periods of low adherence (i.e., insufficient amount of prescribed medication), additionally testing selective serotonin reuptake inhibitors (SSRIs) as control condition and for potential reverse causation bias.

Results High ADHD medication adherence was associated with a reduced risk of committing a minor offence between 27–38% compared to low adherence of ≥ three months (hazard ratio [HR] .73, confidence interval [CI] .70–.77) or ≥ six months (HR .62, CI .59–.66). The reduction rate remained between 16–56% per sex, stimulant vs non-stimulant medication, different offence categories, and further sensitivity analyses. The reduction in risk can be attributed to ADHD medication, given the absence of effects for SSRIs and reverse causation.

Conclusion Among adolescents using ADHD medication, rates of criminality were lower during periods of high medication adherence. This underlines the importance of monitoring and improving ADHD medication adherence in clinical practice, as increasing adherence may contribute to prevention of minor offences.

Session: Trainee Cases 04 - TC-04

Date: 01-07-2023 - 14:15 - 15:15

Location: Karavanen 6 - First floor /

TC-04-01

A 16 YEARS-OLD GIRL WITH SELF-HARM BEHAVIOUR: THE ROLE OF CASE-CONCEPTUALIZATION

De Martino, Gianmaria

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BACKGROUND/OBJECTIVE

Adolescents who commit self-harm behavior have diagnosed or undiagnosed psychiatric disorders. These individuals can’t deal with some personal issues in an adaptive way.

The objective of this case-report is to underline the importance of the initial assessment to guide short and long-term interventions.

METHODS

The patient presented significant bad mood, anxiety symptoms and self-cutting behaviour.

Previously diagnosed with dyscalculia; in 2021 WISC-IV was performed (QIT 126).

The following investigations were carried out: patient interview, administration of SCL-90-R, functional analysis of self-cutting.

RESULTS

Firstly, elements of bizarreness and restricted behaviours emerged: unusual interests, peculiar social behaviors, absorbing interest on school performance.

The following diagnostic hypothesis were made: twice exceptional (learning disability and giftedness), psychotic disorder (bizarreness), autism spectrum disorder (bizarreness and absorbing interests), anxiety disorder.

The SCL-90-R questionnaire showed a severe level of general symptoms, significant scores on the sub-scales of phobic anxiety, depression and interpersonal hypersensitivity and normal level on the psychoticism sub-scale.

The functional analysis of her self-harming behavior showed that self-cutting had two objectives: reduce anxiety and sadness and punishing herself for bad school performance.

Elements of social anxiety appeared and, at the same time, behavioral bizarreness was drastically reduced. In addition, high-level of cognitive inflexibility was noted.

Mindfulness and ACT techniques were proposed and the patient started using them as a more adaptive alternative to self-cutting.

CONCLUSIONS

Case conceptualization requires some meetings before it reveals a correct and useful picture of the patient's problems to orientate short and long-term interventions.

TC-04-02

Emotional neglect, anxiety and somatization in Anorexia Nervosa, a case report between physical and mental health.

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Background: Anorexia Nervosa (AN) is an eating disorder (ED) with severe morbidity and the highest mortality rate among psychiatric disorders. Peak onset occurs in adolescence, but neurobiological and environmental factors act from infancy: physical and emotional neglect are associated, together with somatization and anxiety.

Case description: D. was first referred to Emergency Room (ER) for persistent headache. Although not problematized, measured BMI was 15,2 kg/m, in range of severe AN. Anamnestic evaluation highlighted a lifetime history of Anxiety Disorders (Social Anxiety Disorder, Panic Disorder, Generalized Anxiety Disorder, Illness Anxiety Disorder) and depressive symptomatology. The weight loss worsened up to a BMI of 12,3 kg/m in the following months, in which parents were unable to protect her from life-threatening behaviours, leading to hospitalization in conditions of cachexia and dehydration. She required enteral feeding and bed rest for the first month, presenting severe gastrointestinal complaints of functional nature. Psychodiagnostics evaluations confirmed eating psychopathology, depressive symptomatology, alexithymia, obsessive thoughts and compulsions, anxiety and social concerns never fully understood by parents, who could not adequately respond to her emotional needs. Psychotherapy and family therapy were performed together with pharmacological therapy with sertraline, risperidone and chlorpromazine, leading to clinical improvement.

Conclusions: AN is predicted by several risk factors in childhood. Anxiety triggers a starvation circuitry together with cognitive inflexibility while emotional neglect activates maladaptive defensive behaviours that lead to eating psychopathology via limbic system disfunction. The tendency to communicate psychological distress in a physical manner is confirmed by the high frequency of somatic complaints.

TC-04-03

Suicide attempt in Anorexia Nervosa and Cluster A personality traits.

Chiavarino, Francesca

Califano, Maria, Pruccoli, Jacopo, Parmeggiani, Antonia

Alma mater studiorum - University of Bologna Bologna Italy

Background: Feeding and Eating disorders (FED) are frequently associated with psychiatric comorbidities. Even though the concept of Autism Spectrum Disorder (ASD) has been recently broadened, focusing on subthreshold clinical manifestations, scarce is evidence regarding the association between Anorexia Nervosa (AN) and ASD in developmental age.

Methods: We describe the management of a 15 years-old girl at our Italian Regional Center for FED in developmental age. The onset of FED symptoms started at the age of 14, with caloric restriction and self-induced vomiting. Strong opposition and poor adherence to treatment were highlighted at our first outpatient visit (BMI 18.3)., Antipsychotic treatment with risperidone was set, associated with sertraline due to persistent mood deflection. Because of poor compliance and anticonservative thoughts, she was admitted to our Day Hospital (BMI 16.6). Two months later, she ingested 40 mL of risperidone, with consequent hospitalization to our ward (BMI 16.4). A psychometric assessment was administered at admission and discharge (EDI-3, BDI-2, SAFA, SCL-90, BAQ, BUT, SWAP-200). A diagnostic evaluation for ASD (KADI, GADS, ADOS-2) was performed. The discharge diagnosis was “Suicide attempt in AN and Cluster A personality traits”.

Discussion: There are few studies investigating the association between cluster A personality traits and AN or between ASD and AN in developmental age. These comorbidities could determine the need for a more intensive and prolonged intervention and an increased risk of suicide attempts. Therefore, identifying pre-morbid cognitive and temperamental features and exploring the relationship between them and FED is necessary to guarantee a more efficient treatment.

TC-04-04

Feeding and Eating Disorders in Males: a case report of Atypical Anorexia Nervosa.

Chiavarino, Francesca

Colucci, Roberta, Pruccoli, Jacopo, Parmeggiani, Antonia

Alma mater studiorum - University of Bologna Bologna Italy

Background: Atypical Anorexia Nervosa (AAN) is a recent entity belonging to Other Specified Feeding or Eating Disorders (FED) according to the DSM-5. AAN patients show all the features of Anorexia Nervosa (AN), but weight loss does not result in being underweight.

Methods: We describe a 16-year-old boy with a diagnosis of AAN and previous history of being overweight admitted to our Italian Regional Centre for FED in developmental age. The reported baseline BMI was 30 kg/m^2. The patient set independently a diet. However, the food restriction progressively worsened, with a sudden weight loss of 23 kg in three months. Due to the severity of the clinical picture, he was hospitalized in the ward of our Centre (BMI 19.3). The psychometric tests administered (EDI-3, SAFA, SCL-90, BUT, BAQ, BDI-2) underlined anxious, depressive, and obsessive-compulsive aspects, psychogenic eating disorder symptoms, and interpersonal sensitivity. Enteral supplementation via nasogastric tube was performed and therapy with sertraline and aripiprazole was set. The discharge diagnosis was “AAN and anxious-depressive traits”.

Discussion: The prevalence of FED in males is probably underestimated. The modality of onset and the risk factors are gender-specific. Evidence demonstrates that obese adolescent males may develop AAN before reaching a subthreshold weight, leading to a diagnostic delay. These patients show more rapid weight loss and more severe medical and psychiatric complications, compared to patients with AN. Therefore, particular attention to male patients with AAN and a previous history of obesity is essential for a timely diagnosis and appropriate treatment.

Session: Trainee Cases 02 - TC-02

Date: 01-07-2023 - 14:15 - 15:15

Location: Harlekin - Ground floor /

TC-02-01

Can CBT be Effective for Social Anxiety Disorder with Dissociative and Self-Harm Behaviors in a 15-Year-Old Adolescent?

Balkanas, Mustafa

Tarakçıoğlu, Mahmut Cem

Istanbul University Cerrahpaşa, Cerrahpaşa School of Medicine Istanbul Turkey

Background/Objective

Dissociative symptoms are commonly observed in individuals with anxiety disorders and may be particularly prominent in some cases. The present case report describes the treatment and clinical course of a 15-year-old girl with a social anxiety disorder who presented with dissociative symptoms, including self-harm behavior.

Case Presentation

The patient presented with symptoms including difficulty making friends, refusal to attend school, and self-harming behaviors such as scratching herself with a razor. Upon evaluation, she was diagnosed with social anxiety disorder according to DSM-5 criteria. The patient also had dissociative symptoms, which she described as talking to imaginary friends. The patient's family had a history of severe marital conflicts that the patient had witnessed.

Cognitive behavioral therapy (CBT) was initiated for the patient due to the persistence of anxiety symptoms despite treatment with fluoxetine 40 mg and risperidone 1.5 mg for a period of three months. In addition, the patient's parents received psychoeducation on dissociation and self-harm, and conflicts within the family were also addressed during treatment.

Following five sessions of CBT, the patient experienced a significant reduction in social anxiety and complete remission of dissociative and self-harm behaviors. It was also observed that parental conflicts decreased.

Conclusions

While the focus of treatment was on social anxiety, the use of CBT resulted in significant improvements in dissociative symptoms and self-harm behaviors. These findings suggest that CBT may also be effective for anxiety disorders expressed with self-harm and dissociative symptoms.

TC-02-02

Obsessive compulsive disorder with excessive exercise and medical instability: A Case Report

Haran, Maeve [1]

O' Brien, Michael [2], Adams, Neil [2], King, Jenny [2], McNicholas, Fiona [2]

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[2] Children's Health Ireland (CHI) at Crumlin Dublin Ireland

Background: OCD, exercise addiction and eating disorders are all compulsive disorders and their symptoms can overlap. However, weight loss, over-exercise and secondary medical complications are rarely seen in OCD. We report the case of a 15 year-old boy who presented with atypical symptoms of OCD leading to severe medical compromise.

Case: This report describes the emergency presentation of an adolescent male transferred from a psychiatric hospital with bradycardia (30bpm), hypothermia (34.6 Co) and hypoglycaemic (2.6mmol/L) due to excessive exercise, malnourishment, weight loss in the context of OCD. He reported prior non-impairing symptoms of OCD commencing at age 6. These were more typical of OCD in terms of checking, ordering and routines. Post Covid-19, in 2021, with sporting restrictions re-applied, hebegan over-exercising. The onset stress fractures limited exercise and he compensated by restricting his intake. On admission, his ideal body weight was 80%, with a weight that was 10-15kg lower than his projected premorbid weight. During his admission, he developed exercise induced rhabdomyolysis and required treatment in intensive care unit. He was treated with fluoxetine and cognitive behavioural therapy. His weight gradually improved, he medically stabalised and transitioned home. He lives with his parents. His father also had a history of OCD.

Conclusions: This atypical case of OCD highlights the potentially life-threatening risks associated with excessive exercise and malnutrition. We discuss the complexities of treatment in a patient who cannot adhere to bed rest and how to differentiate his symptoms from differential diagnoses of eating disorders or exercise addiction.

TC-02-03

A case of sudden onset tic-like behaviour in a Danish teen: What is the best setting for diagnosis and treatment?

Hornemann, Christina [1]

Hulgaard, Ditte [2]

[1] University of Southern Denmark Vejle Denmark
[2] Department of Regional Health Research, University of Southern Denmark Odense Denmark

Introduction

During the COVID-19 pandemic an increase in rapid onset tic-like behaviour was reported and identified as functional tic disorder, which is a type of functional neurological disorder. Functional tic disorder differs from tic disorders such as Tourette syndrome, e.g., in age of onset, phenomenology, and clinical course.

Case description

In the present case from southern Denmark, a 12-year-old girl, premorbidly known with stuttering, suddenly presented with complex motor and vocal tics. Her mother reported several daily hour-long tic attacks at home, including biting her mother's hand. No tics were seen in other settings, including school. She further presented with self-harming behaviour and with suicidal thoughts. The girl had been bullied at school for several years and had been infected with COVID-19 approximately half a year before debut of symptoms. She followed an influencer with similar tics on Tic Toc. No neurological disorders or psychiatric disorders in the family were reported. The parents described strained relations to their extended families. Approach to diagnosis and treatment will be presented.

Discussion

We suggest that more patients with functional tic disorder will present in child- and adolescent psychiatric settings in the future. Tic disorders such as Tourette syndrome are usually treated in neuropsychiatric teams. However, are these teams best equipped to deliver the psychotherapeutic treatment recommended for functional tic disorders? Should a paediatric evaluation be mandatory? Where do these patients belong? What is the best setting for diagnosis and treatment?

TC-02-04

Narcissistic Personality Traits and Obsessive-Compulsive Disorder: A case report

Rompante, Filipa

Figueiredo, Ana Raquel, Pedroso, Sara, Laureano, Maria

Centro Hospitalar e Universitário de Coimbra Coimbra Portugal

The comorbidity of obsessive-compulsive disorder (OCD) and personality disorders (PDs) is frequent. According to cognitive theory, PDs are revealed by dysfunctional beliefs. Severity of the OCD and narcissistic personality beliefs were found to be correlated. Clinicians may so underestimate the degree of OCD related distress in individuals with narcissistic personality traits.

We describe the case of a 17-year-old Portuguese boy, who came to the Child and Adolescent Psychiatry outpatient unit, previously treated with sertraline 100 mg/day and risperidone 0.5 mg/day. He reported that a year ago, he had recorded

a video addressing sexual intercourse with his girlfriend without her consent. Since then, he has been experiencing intense fear from hypothetical consequences of this act for himself. In the following 4 months, he reported obsessive thoughts about the possibility of being filmed, with intrusive images from the past situation but also thoughts of hurting a baby, trying to kill his brother, and having sexual rapport with family members. These thoughts and images were recognized as egodystonic and unrealistic. His mother has noticed irritability and reported reassuring behaviors as apologizing outside an obvious reason. An improvement has been marked since the introduction of pharmacological therapy. During the medical interview, he presented low affective resonance and distress levels. No compulsive behavior was observed. The insight was preserved. There were no hallucinations or delusions. The mood was euthymic.

The effect of narcissistic personality traits on OCD symptoms should be carefully assessed, as it may affect OCD severity (underestimate), help-seeking behavior, and response to treatment.

Session: Symposium 59 - SY-59

Date: 01-07-2023 - 14:15 - 15:15

Location: Columbine - Ground floor /

SY-59-00

Applications of Machine Learning within Child and Adolescent Psychiatry

Lønfeldt, Nicole [1], Das, Sneha [2]

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Machine learning (ML) has the potential to advance personalized psychiatry, mechanistic research, and disease detection and monitoring, and deliver cost-effective, evidence-based treatments to a large number of children and adolescents. An interdisciplinary team will present various ways to apply machine learning to solve problems within child and adolescent psychiatry. We will present findings from a study focused on detecting obsessive-compulsive-related distress in children and their parents, using video, speech, and physiological signals from a wearable biosensor. The chair of this symposium is Professor Anne Katrine Pagsberg, MD, who has conducted innovative research studies within psychiatry involving sensors and machine learning. The discussant is Professor Robert James Blair a psychologist whose work focuses on neuroscience and translational psychiatry, which has applied machine learning techniques to analyze neuroimaging data. We will discuss the advances, potentials, and challenges of applying machine learning in child and adolescent psychiatry.

SY-59-05

Few-shot Learning for Speech Processing and Automatic Transcriptions of Clinical-child Conversation in Danish

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Lønfeldt, Nicole [2], Garofalaki , Maria [1], Pagsberg, Anne Katrine [3], Clemmensen, Line K.H. [1]

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Background: Automatic speech recognition (ASR) is the process of transcribing human speech from audio signals into written text, and has found application in essential domains like healthcare, psychiatry, etc. Large strides have been made in the development of ASR, aided by the recent advancement in self-supervised learning of speech representations, transformers, language models and computing power.

Objective: Despite the advancement, most ASR models are largely dependent on huge amounts of data. Consequently, development of ASR models for low-resource languages and for populations with low accumulated data, like children and individuals from atypical populations is still lagging. In this work, we explore the feasibility of applying ASR on Danish speech from children from clinical interviews.

Methods: We begin by employing a model pre-trained on Danish speech from adults and perform a structured investigation on the impact of fine-tuning the model on continual learning. To mitigate the challenges of low data resources from children, data augmentation is explored to simulate speech characteristics of children from adult speech are explored.

Results and discussion: Our approach offered considerable benefits in solving the problem of catastrophic forgetting, with a 10% improvement in word error rate. We discuss the necessary steps to further improve performance and for the safe deployment of speech processing tools in the clinic.

SY-59-04

Feasibility of using wearable biosensors, signal processing and machine learning for detection and monitoring of OCD in youths - A Wrist Angel study

Lønfeldt, Nicole [1], Pagsberg, Anne Katrine [3]

Clemmensen, Line K.H. [2], Mora-Jensen, Cecilie [3], Lebowitz, Eli [4]

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[4] Yale University New Haven United States

Background: Obsessive-compulsive disorder (OCD) in youths is characterized by intrusive, recurring thoughts, ritualized or repetitive behaviors and negative emotions that are reflected in autonomic nervous system (ANS) responses. OCD in youths also elicits characteristic cognitive, behavioral, and emotional responses from parents that likely contribute to ANS changes.

Objectives: We aim to test the feasibility of using a wrist-worn biosensor that measures heart rate, skin conductance, temperature, and movement to detect episodes of OCD-related distress in youths and their parents.

Methods: This pilot study includes 5 girls and 4 boys, ages 10-16 years, with OCD and one parent per youth, who wore a biosensor for up to eight weeks outside of the clinic. At baseline and follow-up, participants completed clinical interviews, questionnaires about their mental health and family dynamics, an exposure session and a parent-child interaction task to link physiological signals to mental states. Participants tagged OCD episodes on the biosensor's event mark button. At follow-up, participants reported on their experiences of using the biosensor.

Results: Data collection will be completed by February 2023. We hypothesize that implementing a wearable machine learning (ML) tool is feasible in terms of *a priori* defined criteria for safety, and youth and parent acceptance and compliance.

Discussion: Support for feasibility will justify larger studies to further develop and test these ML tools. We will discuss potential specific applications of the machine learning tools and unforeseen challenges to using a wearable biosensor to monitor clinical severity and distress in youths with OCD and their parents.

SY-59-03

Feasibility of using wearable biosensors, signal processing and machine learning for detection and monitoring of OCD in youths - A Wrist Angel Study

Lønfeldt, Nicole [2]

Clemmensen, Line Katrine [1], Mora-Jensen, Anna-Rosa [3], Lebowitz, Eli [4], Pagsberg, Anne Katrine [3]

[1] Technical University of Denmark Copenhagen Denmark
[2] Capital Region Of Denmark Hellerup Denmark
[3] University of Copenhagen Copenhagen Denmark
[4] Yale University New Haven United States

Background: Obsessive-compulsive disorder (OCD) in youths is characterized by intrusive, recurring thoughts, ritualized or repetitive behaviors and negative emotions that are reflected in autonomic nervous system (ANS) responses. OCD in youths also elicits characteristic cognitive, behavioral, and emotional responses from parents that likely contribute to ANS changes.

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Discussion: Support for feasibility will justify larger studies to further develop and test these ML tools. We will discuss potential specific applications of the machine learning tools and unforeseen challenges to using a wearable biosensor to monitor clinical severity and distress in youths with OCD and their parents.

SY-59-02

Automatic Behavioral Observation using visual signals in child and adolescent psychiatry

Frumosu, Flavia [1]

Lønfeldt, Nicole [2], Mora-Jensen, Anna-Rosa [3], Das, Sneha [4], Pagsberg, Anne Katrine [3], Clemmensen, Line Katrine [4]

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Behavioral observation is critical for understanding and studying human mental states. Behavioral coding is expensive, and time-consuming and prone to bias and low reliability. The task of coding human behavior can be automized using machine learning (ML) methods. These methods offer ways to automatize the task of coding human behavior, which results in increased reliability, decreased cost, increased efficiency. The current work focuses on using deep learning models that process visual signals extracted from videos to generate codes and ratings of human behavior and emotion. Two human raters coded video samples using a widely used manual for coding interactive behavior. The data set consists of a sample of children with and without obsessive-compulsive disorder (OCD). We study the interpretability of model decisions and interrater reliability. Here, machine learning is used for understanding beyond prediction purposes.

SY-59-01

Predicting OCD events in children and adolescents using biosignatures from wearables

Clemmensen, Line Katrine [1]

Olesen, Kristoffer [2], Das, Sneha [2], Mora-Jensen, Anna-Rosa [3], Pagsberg, Anne Katrine [3], Lønfeldt, Nicole [4]

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We explore the feasibility of predicting OCD events in the real world using a wrist-worn, unintrusive wearable. Previous studies have linked measures from heart rate, blood volume pressure, and electrodermal activity to anxiety and stress as well as negative emotions, which also mark OCD events. Nine adolescents diagnosed with OCD wore the wristband for up to eight weeks and tagged stressful OCD events in their everyday lives. Machine learning models were used to investigate the feasibility of predicting if an event occurs from a five-minute window of data before a potential tag. We compare logistic regression, random forest, neural networks, and mixed-effect random forest models for their ability to predict within the population, across new individuals, and to new time-steps. We also consider training personalized models (a model for every individual). We find that we can reach 70% accuracy within the population and for new time-steps, but that data is needed from more individuals to obtain similar predictions for new yet unobserved individuals.

Session: Oral 24 - OR-24

Date: 01-07-2023 - 14:15 - 15:15

Location: Arkaden 6 - Second floor /

OR-24-01

Barriers and facilitators of physical activity participation in adolescents with autism spectrum disorder: a qualitative study

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Cornelissen, Véronique, Steyaert, Jean, Van Damme, Tine

KU Leuven Leuven Belgium

Introduction: Adolescents with autism spectrum disorder (ASD) are less physically active compared to their typically developing peers. Considering the physical and mental health benefits of physical activity (PA) in this population, it is crucial to understand the barriers and facilitators adolescents with ASD experience with regard to PA participation. However, little is known concerning the role, meanings and processes that influence their PA behaviour. Therefore, the aim of this qualitative study was to explore the barriers and facilitators adolescents with ASD experience with regard to PA participation in three specific PA contexts (i.e. PA participation in unorganized PA, in a sports club, and during physical education classes).

Patients and methods: Guided by the principles of the socio-ecological model, semi-structured interviews with 17 adolescents with ASD (n=11 boys, 14.4 ± 1.6 years) were conducted. Deductive and inductive content analysis were used to analyse the data.

Results: In every PA context, barriers and facilitators of PA participation situated at all levels (i.e. intrapersonal, interpersonal, environmental and policy level) of the socio-ecological model were found.

Conclusion: Adolescents with ASD experience a variety of barriers and facilitators with regard to PA participation. These barriers and facilitators can be context-specific and related to their ASD symptomatology. Findings of this study help to better understand the PA behaviour of adolescents with ASD and provide new information that can guide the design of future evidence-based and context-specific interventions to facilitate the adoption of a more active and healthy lifestyle in adolescents with ASD.

OR-24-02

The Variability of the ASD Phenotype in Monogenic Disorders: A Study in Neurofibromatosis Type 1

Debbaut, Edward

Boets, Bart, Noens, Ilse, Legius, Eric, Steyaert, Jean

KU Leuven Leuven Belgium

Background: The DSM-5 classification Autism spectrum disorder (ASD) covers a heterogeneous spectrum of phenotypes. It has a strong but also heterogeneous genetic component. Whether the genetic diversity regarding the etiology of ASD accounts for the phenotypical variation is unclear. Persons with neurofibromatosis type 1 (NF1), a monogenic disorder, have a higher prevalence of an ASD diagnosis than the general population.

Objectives: To evaluate the influence of a specific genetic mutation on the ASD phenotype, including its variability, we study persons with NF1 and assess how several validated instruments measuring ASD traits relate to categorical ASD diagnoses in this condition.

Methods: We compared 70 patients with NF1 (aged 3 to 16 years) to peers with idiopathic ASD, using questionnaires, a diagnostic interview (Diagnostic Interview for Social and Communication disorders, DISCO) and a standardized observation (Autism Diagnostic Observation Schedule, second edition, ADOS-2).

Results: The NF1 group has a highly variable ASD phenotype, even compared to idiopathic ASD, and poor diagnostic agreement between instruments. Both the Social Responsiveness Scale (SRS) and the ADOS estimate the ASD prevalence in our NF1 sample at around 40%, but agree on only 48,2% of individual participant classifications. According to the DISCO, only 7,7% of the NF1 sample receive an ASD classification.

Conclusions: The NF1 mutation, leading to an increased likelihood of ASD, does not result in a significantly less variable ASD phenotype, and findings depend on the instruments used. This urges us to adopt a critical approach of ASD research in NF1 and other monogenic disorders.

OR-24-04

Vulnerability to perceptual complexity is associated with superior visual search in children and adolescents with Autism

Thorlund Hav Peitersen, Siv [1], Vestergaard, Martin [1], Lassen, Jonathan [1], Foldager, Malene [1]

Aggernaes, Bodil [2], Angstmann, Steffen [3], Arnfred, Sidse [4]

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Introduction: Children with autism typically display superior visual search of subtle perceptual features. However, it remains unclear whether the superior detection of visual features in autistic children is associated with an increased vulnerability to perceptual complexity.

Method: The present study examined visual search in 57 children and adolescents with autism aged 7-14 years matched to 57 typically developing controls. We used a novel visual search paradigm, with parameters defined by varying the number of perceptual signal features and complexity of the visual environment. We hypothesized that compared to their peers, children with autism had shorter search times in a perceptual homogenous environment with few signal features, but slower search when the signal had many features, and the perceptual complexity was high. We explored associations with parent-reports on autistic traits and executive functioning.

Results: As hypothesised, children with autism displayed superior search in conditions with few signal features and low perceptual complexity ($p=0.0012$) and inversely slower search in conditions with maximum signal features and high perceptual complexity ($p=0.001$), relative to controls. Importantly, superior feature detection of subtle signal features was associated with increased vulnerability to perceptual complexity ($p<0.001$). Results indicated that superior search to subtle features and heightened vulnerability to perceptual complexity was related to more autistic traits and executive problems ($p<0.05$).

Conclusion: Superior visual search in autistic children was coupled to a vulnerability to perceptual complexity, which seem to disrupt their otherwise superior detail-oriented style. This processing style may interfere with the daily lives and functioning of children with autism.

OR-24-05

The İmpact Of The First Covıd-19 Lockdown İn Turkey on The Autism Symptom Severity: A longitudinal study of Children With Autism Spectrum Disorder

Cam Ray, Perihan [1], Kaya, Hilal [2]

Kaya, Ferhat [1]

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Background: İn this study, we investigated how the severity of autism symptoms have changed in children with Autism Spectrum Disorder (ASD) the first COVID-19 lockdown lasting 3 months in the Turkey and the related to factors.

Methods: Our study included 42 children (34 boys and 8 girls), who followed up diagnosed with ASD in Adana City Training and Research Hospital before the COVID 19 outbreak. İn this longitudinal study, a repeated measures was performed at two time points at the pre-post COVID-19 lockdown. Evaluation was conducted through the face-to-face and included a clinical survey and the Childhood Autism Rating Scale (CARS), which were compared with results before lockdown start. The data collected included demographic data, ASD support during lockdown, severity of ASD, eating and sleeping behaviour of the children, their daily life.

Results: Our study shown that post-lockdown autism severity is significantly higher than pre-lockdown autism severity (p<.001). It also shows that there is a positive and significant relationship between screen time and ASD symptom severity (p<.001). We found that the post-lockdown increased autism severity was associated to not receive special education, change of routines, and increased problems of behaviour, screen time, sleep and nutrition. İn addition, a significant difference of autism severity was observed in the monthly income and the home of the children's family, the education level of the mother, and the people who take care of the child (p <.05).

Conclusion: Our study demonstrated that the first COVID-19 lockdown negatively affected children with ASD.

Session: Oral 25 - OR-25

Date: 01-07-2023 - 14:15 - 15:15

Location: Arkaden 8 - Second floor /

OR-25-01

A 100 years of recovery in schizophrenia

Molstrom, Ida-Marie [1]

Nordgaard, Julie [1], Urfer-Parnas, Annick [1], Handest, Rasmus [1], Berge, Jonas [2], Gram Henriksen , Mads [1]

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Recovery in schizophrenia is both widely accepted and commonly misunderstood. Researchers have described favorable outcomes for schizophrenia for the last 100 years. Nevertheless, many patients, relatives and clinicians view schizophrenia as a disease with an inevitable chronic course. Studies show an increase in the incidence of schizophrenia in children and adolescence, rendering schizophrenia a disease more and more relevant for child and adolescent psychiatrists.

The definition and measurement of recovery in schizophrenia have proven to be a difficult task. If defined by the remission of clinical symptoms, we have criteria that are operational, but is symptomatic remission sufficient to describe recovery? If looking at social recovery, outcomes related to recovery, e.g., social life, employment or social engagement are not easily measured by reliable independent metrics. Thirdly, recovery can be described as a personal journey rather than a clinical endstate.

The aim is to present a historical overview of 100 years of research in recovery in schizophrenia starting from Kraepelin and Bleuler, the latter who described that approximately one third had a good outcome, to the most recent meta-analyses on recovery in schizophrenia, including data from our own research, a systematic review and meta-analysis of all 20-year follow up studies on schizophrenia, where we included 14 studies (1991 patients) published between 1978 and 2020. We found that 22.4% had recovered, and 35.5% had at least a good outcome. Furthermore, we found no significant change in outcome over the last 100 years.

OR-25-02

Early Risk Factors and Cognition in Children, Adolescents and Adults with First Episode Psychosis

Lemvigh, Cecilie K. [1]

Fagerlund, Birgitte [1], Osler, Merete [2], Jepsen, Jens R. M. [2], Nielsen, Mette Ø. [1], Rydkjær, Jacob [2], Bojesen, Kirsten B. [2], Pantelis, Chris [3], Glenthøj, Birte Y. [2], Pagsberg, Katrine [2], Ebdrup, Bjørn H. [2]

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Background: Schizophrenia is associated with widespread cognitive deficits often preceding the onset of psychosis by several years. Numerous early risk factors for schizophrenia have been identified and some studies report and association between such early risk factors and impaired cognition. However, only few studies have examined multiple risk factors simultaneously and the independent and cumulative effect on cognition in schizophrenia is therefore unclear.

Methods: Cognitive data from child, adolescent, and adult patients with first-episode psychosis and matched healthy controls was linked with register data. From the medical birth registry, we included gestational age, Apgar score, birth weight, parental age, and winter/spring birth. Cognition was assessed using the Brief Assessment of Cognition in Schizophrenia and selected subtests from the Wechsler child or adult intelligence scales.

Results: Multiple linear regression models with cognition as the dependent variable adjusting for age, sex and group revealed that IQ was significantly influenced by gestational age (p=.005) and birth weight (p=.026) (adj. R^2=.162), while birth weight (p=.005) was the only significant predictor for processing speed (adj. R^2=.175). The remaining cognitive measures were not significantly influenced by the included early risk factors.

Conclusion: IQ and processing speed were significantly associated with birth weight and gestational age, although the observed effects were small. Low birth weight and premature birth has previously been associated with impaired cognition in both healthy individuals and schizophrenia subjects, yet the available literature is sparse. More studies are needed to gain a better understanding of the developmental trajectories leading to cognitive impairments in schizophrenia.

OR-25-03

I didn't want the psychotic thing to get out to anyone at all – Adolescents with early onset psychosis managing stigma

Christensen, Sofie Heidenheim [1], Klauber, Dea Gowers [2]

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Background The negative impact of stigmatisation on people suffering from mental illnesses has been thoroughly demonstrated. However, little is known about experiences of stigmatisation among adolescents with mental illness. The present study explores adolescents' experiences of stigmatisation with regards to psychosis.

Methods The study is based on interviews with 34 Danish adolescents (14-19 years). The adolescents took part in the Tolerability and Efficacy of Antipsychotics trial and had a diagnosis of psychosis. Interviews were semi-structured and focused on how participants experienced daily life after they had been diagnosed with a psychotic illness. Analysis was conducted as continuous comparison with stigma as sensitizing concept.

Results Through phenomenological analysis drawing on theories of stigma and disclosure, the study finds that stigmatisation and fear thereof is experienced by all participants, and psychosis is widely experienced as more stigmatising than co-morbid mental illnesses. Participants engage in stigma management – especially strategies of (non-)disclosure of diagnosis and symptoms. Disclosure is experienced as both therapeutic and normative but potentially stigmatising. Being understood when disclosing is central to participants, and fear of lack of understanding from others is a continuous challenge. However, participants experience benefits when feeling understood by people they disclose to

and create the grounds for this comprehension through centralising different aspects of their experiences of mental illness.

Conclusion Through exploration of how adolescents with psychosis experience and manage stigma, we argue that disclosure is both a management strategy and a normative imperative, and that being understood or not is a challenge transcending stigma definitions.

OR-25-04

Brain structural imaging predictors of psychosocial functioning in youth with first episode and high risk for psychosis

Ortuño, María [1]

Fortea, Adriana [1], De la Serna, Elena [2], Borràs , Roger [3], Ilzarbe, Daniel [1], Puig, Olga [2], Martínez , Irene [1], Masias, Mireia [1], Valli, Isabel [1], Castro-Fornieles, Josefina [4], Baeza, Inmaculada [4], Sugranyes, Gisela [1]

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Introduction

Impaired psychosocial functioning is characteristic of samples with first episode (FEP) and clinical high risk for psychosis (CHR-P), and is linked to poor quality of life and prognosis. Neurostructural predictors of functioning in people at CHR-P and with FEP during adolescence remain unclear.

Methods

Participants were aged 10-18 years, and included 56 CHR-P (mean age 14.63 years, 64% females), 111 FEP (15.56 years, 53% females) and 61 controls, (15.66 years, 70% females), recruited at the Hospital Clinic Barcelona. Participants were assessed clinically and underwent T1-weighted magnetic resonance imaging. FreeSurfer v.6.0 was used to quantify cortical thickness (CT) and surface area (SA). Random forest algorithms were used for feature selection; the most predictive variables were included in linear models to test prediction of GAF. Analyses were corrected for multiple comparisons.

Results

In CHR-P participants, GAF scores were inversely predicted by right pericalcarine CT (beta=-39.66, t=-2.60, p=0.01). In FEP, GAF was predicted by CT in the left inferior parietal (beta=29.15, t=2.85, p=<.01) and the isthmus cingulate (beta=16.10, t=2.53, p=.01), and inversely by CT in the right inferior temporal lobe (beta=-33.44, t=-3.54, p=<.01). SA in the left cuneus (beta=-0.01, t=-2.02, p=0.04) and the right caudal anterior cingulate (beta=0.02, t=3.22, p=<.01) had opposing effects on GAF scores. No significant effect of any structural measure was found on GAF scores in controls.

Discussion

These findings suggest that neurostructural changes hold potential as a prediction tool of functioning in youth with emerging psychosis. Further studies should assess prediction of longitudinal outcomes and generalizability of results.

OR-25-05

Dissociation in psychotic and in at-risk help seeker adolescents

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Maffucci, Alessia [2], Mammarella, Valeria [3], Cox, Olivia [3]

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Background: the strength of relationship between psychosis and dissociation was suggested by Bleuler himself, who replaced the term "dementia praecox" with the term schizophrenia, i.e. split mind. The schizophrenic dissociation indeed is a pervasive process that concerns thoughts, affects and behaviours. Such multiform symptom expression can occur also in the prodromal phases of schizophrenia.

Aim: This study evaluates dissociative symptoms in adolescents with a first episode of psychosis (FEP), ultra - high-risk state (UHR), or help-seeking conditions which are not at risk for psychosis (Clinical Controls, CC)

Method: 63 help-seeker patients were assessed using the K-SADS-PL for diagnosis, SIPS / SOPS for psychosis and psychotic risk, the Dissociation Questionnaire (DIS-Q) and EASE for Self-Disorders. Patients were divided into three groups: 17 FEP, 20 UHR and 26 CC, and the three groups were compared.

Results: An analysis of the variance showed that the mean total score (<.001) and the mean score of the subdomains (identity confusion=<.001; loss of control over behaviour, thoughts and emotions=<.001; amnesia=.005; and absorption=<.001) were significantly different in the three groups. Differences were found between FEP and CC and UHR and CC, but not between FEP and UHR. The correlation between the total scores of the DIS-Q and the EASE in total sample was significant ($p<0.01$).

Conclusions: Dissociation is a very frequent symptom in psychosis and overall in at risk mental states. Further studies are needed to identify specific characteristic of psychotic dissociation and to evaluate their predictivity.

Session: Please attend some of the sessions or visit our exhibitors -

Date: 01-07-2023 - 14:15 - 15:15

Location: Galop 01 - Second floor & Akvariet 4+5 - Ground Floor & Galop 02 - Second floor /

Session: Symposium 60 - SY-60

Date: 01-07-2023 - 14:15 - 15:15

Location: Pjerrot - Ground floor /

SY-60-00

Children and adolescents with concurrent somatic and mental health problems

Rask, Charlotte Ulrikka

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Children with chronic somatic conditions also have a remarkably high risk for concurrent mental health problems or disorders. The associations span across many types of conditions and across all ages. Left untreated, mental health disorders seriously impact social, occupational and educational functioning into adulthood. This emphasizes the need for awareness of psychiatric morbidity in children and adolescents seen in somatic clinical settings. Still, contemporary standards of clinical practice in many countries fail to secure mitigation and treatment of mental health problems in routine clinical care of children and adolescents with chronic somatic conditions.

This symposium present new studies on psychiatric comorbidity and mental health problems in children and adolescents with various chronic somatic disorders but also studies on systematic models for how to improve timely detection. There will be four presentations: 1) Psychiatric disorders in pediatric-onset immune-mediated diseases – a nationwide Danish study, 2) Mind the Heart - Timely assessment and treatment of mental disorders in children and adolescents with congenital heart disease, 3) Patients' Perspectives on Screening for Disordered Eating among Adolescents with Type 1 Diabetes, and 4) Pain coping and catastrophizing in youth with cerebral palsy.

The discussion will include a focus on the need for coordinated health care for young people with comorbid states and how to provide this.

SY-60-04

Pain Coping and Catastrophizing in Children with Cerebral Palsy

Vinkel, Michael [1]

Rackauskaite, Gija [2], Østergaard, John [2], Finnerup, Nanna [1], Jensen, Mark [3]

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Background

Pain is common in children with cerebral palsy (CP) and may have detrimental negative impact on Quality of Life (QoL). What pain coping strategies and patterns of catastrophizing a person uses may affect the impact of pain on measures of QoL. The aims of this study were to investigate the association between presence of pain and measures of QoL in children with CP and examine the mediating and moderating effects of pain coping and catastrophizing on the association between pain intensity and measures of function.

Methods

In this cross-sectional study 81 ambulant, Danish children with CP completed a series of questionnaires measuring pain intensity, pain duration, pain location, pain coping, pain catastrophizing, and QoL.

Results

Children with CP and pain had significantly worse scores of physical ($p < 0.001$) and psychosocial ($p = 0.003$) QoL compared to children with CP having no pain. The use of positive self-statements as a coping strategy moderated the association between pain intensity and psychosocial function ($\Delta R2 = .06$, $p = 0.018$). Furthermore, the use of

internalizing and externalizing pain coping strategies, and pain catastrophizing, emerged as significant mediators of the associations between pain intensity and measures of physical function and psychosocial function.

Conclusion

In conclusion, positive self-statements may buffer the effects of pain on psychosocial function in children with CP. Furthermore, catastrophizing and maladaptive coping strategies may explain the relationship between pain intensity and measures of physical and psychosocial function, and are potential targets of interventions. Research to test this idea is warranted.

SY-60-03

Psychiatric disorders in pediatric-onset immune-mediated diseases – a nationwide Danish study

Jansson, Sabine [1]

Malham, Mikkel [2], Carlsen, Katrine [2], Ingels, Helene [3], Hørby Jørgensen, Marianne [3], Virta, Lauri [4], Kolho, Kaija-Leena [5], Rask, Charlotte Ulrikka [6], Wewer, Vibeke [2]

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[5] University of Helsinki and HUS Helsinki Finland
[6] Aarhus University Hospital Aarhus Denmark

Background: Anxiety and depression are well known among patients with pediatric-onset immune-mediated inflammatory diseases (pIMID). However, data on a wider spectrum of psychiatric disorders are scarce.

Methods: In this nation-wide study from 1996-2018, we investigated psychiatric disorders in patients with pediatric-onset inflammatory bowel diseases, autoimmune liver diseases, and rheumatic diseases, using Danish national health care and population registers. Each case was matched with up to 10 controls. A cumulative incidence for psychiatric disorders prior to pIMID onset was calculated and compared with that for controls. We used cox proportional regression to estimate adjusted hazard ratios (aHR) with a 95% confidence interval (CI) between cases and controls after the date of pIMID diagnosis.

Results: We included 11,208 cases with pIMID (57% female) and 98,387 controls. The median age at pIMID diagnosis was 12.5 years (interquartile range: 8-15) and follow-up time 9.8 years (interquartile range: 5-15). We found an association between pIMID and psychiatric disorders even before pIMID diagnosis (odds ratio: 1.3, 95%CI: 1.2-1.4). After pIMID diagnosis, cases had an increased risk (aHR: 1.6, 95%CI:1.5-1.7) of psychiatric disorders compared to controls. The risk was similar between the different pIMID subgroups and was increased for neurodevelopmental-, psychotic-, and emotional disorders. Female patients had an increased risk of suicide attempt (aHR:1.4, 95%CI: 1.1-1.8).

Conclusion: Before and after receiving a pIMID diagnosis, patients with pIMID had an increased risk of psychiatric disorders. Our results strongly underscore the importance of being attentive to not only somatic but also psychiatric problems in this patient group.

SY-60-02

Mind the Heart - Timely assessment and treatment of mental disorders in children and adolescents with congenital heart disease

Hejl, Julie Løye [1]

Lau-Jensen, Sara Hirani [2], Lauritsen, Marlene Briciet [3], Hjortdal, Vibeke [2], Rask, Charlotte Ulrikka [1]

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Objective

Treatment innovations have improved survival in children with congenital heart disease (CHD), but also revealed a higher risk of mental disorders (MDs) like depression and ADHD in youths with CHD compared to the general population. MDs are often overseen in youths with chronic somatic disorders, which may have serious implications for the child's overall functioning and quality of life. With this study we aim to test the feasibility of an online parent/child-completed diagnostic assessment for common MDs in youths with CHD and to raise cross-sectoral awareness on mental health in this patient group.

Methods

Youths aged 5-17 yrs. diagnosed with CHD will be identified through Danish national registries (N ~ 4800). Parents and children ≥ 11 years will complete the Strengths and Difficulties Questionnaire (SDQ) and Development and Wellbeing Assessment (DAWBA). Parents will further complete questionnaires on sociodemographic factors, received psychological support and feasibility of the screening procedure and of the clinically rating based summarising report they will receive after completing the SDQ and DAWBA. Regression analyses, adjusted for sociodemographic and perinatal factors, will be applied to explore if different MDs are associated with specific subtypes of CHD. In co-operation with families and health care professionals, we will develop a website with easy accessible information material on mental ill health in youths with CHD.

Results and conclusion

We will present the overall study design and potentially preliminary feasibility results based on pilot testing. Final results are expected ready during 2024-2025.

SY-60-01

Patients' Perspectives on Screening for Disordered Eating among Adolescents with Type 1 Diabetes

Abild, Caroline Bruun [1]

Jensen, Annesofie Lunde [1], Bjerre, Rikke [1], Vestergaard, Esben Thyssen [1], Bruun, Jens Meldgaard [1], Kristensen, Kurt [1], Støving, Renè Klinkby [2], Clausen, Loa [1]

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Aim: People with type 1 diabetes have an increased risk of disordered eating (DE) and eating disorders (ED). Screening is recommended however little is known about patients' perspectives on screening questionnaires. This paper reports qualitative analyses of patients' perspectives on the questionnaire Diabetes Eating Problem Survey Revised (DEPS-R), including acceptability, attitudes, and cognitive understanding.

Research design and Methods: 15 adolescents with type 1 diabetes between 11-18 years, were interviewed. A semi-structured format and a qualitative Interpretive Descriptive (ID) methodology was chosen.

Results: The analyses identified four themes: 1) The Questionnaire, 2) Reframing Diabetes Visits, 3) This is (not) for me, and 4) Out in the Open. The DEPS-R was completed with-in 5-10 min. with no technical difficulties. The questionnaire altered the diabetes visit for some, creating a new dialogue, and time for self-reflection. Adolescents appreciated the direct approach in the questionnaire, and showed willingness to complete the questionnaire, when presented to them by a health care professional (HCP). One item in the DEPS-R proved difficult to understand for some participants.

Conclusion: The study highlights DEPS-R as a clinically relevant screening questionnaire. Completing DEPS-R prior to a consultation opens the door to a consultation that invites the adolescent to address matters of eating behavior. Our findings suggest that systematic screening of DE/ED using the DEPS-R is both accepted and welcomed by adolescents with type 1 diabetes. Future research should focus on a potential update of selected items in DEPS-R.

Session: Please attend some of the sessions or visit our exhibitors -

Date: 01-07-2023 - 15:00 - 15:15

Location: Foyer - Ground Floor /

Session: Please proceed to the Congress Hall to attend the Keynote 06 session and the Closing session -

Date: 01-07-2023 - 15:15 - 15:30

Location: Congress Hall - Ground floor & Harlekin - Ground floor & Columbine - Ground floor & Pjerrot - Ground floor & Lumbye - Lower floor & Carstensen - Lower floor & Arkaden 6 - Second floor & Arkaden 8 - Second floor & Karavanen 6 - First floor & Karavanen 9+10 - First floor & Galop 01 - Second floor & Vandsalen - Ground Floor & Akvariet 4+5 - Ground Floor & Foyer - Ground Floor & Galop 02 - Second floor /

Session: Keynote Speaker 07 - The Danish High Risk and Resilience Studies: VIA 7 - VIA 15 - KS-07

Date: 01-07-2023 - 15:30 - 16:15

Location: Congress Hall - Ground floor /

KS-06-01

A national cohort of children born to parents with severe mental illness – early signs of mental vulnerability, risk and resilience and perspectives for long term follow-up and early intervention.

Thorup, Anne Amalie Elgaard

University of Copenhagen Hellerup Denmark

Background: For decades familial high-risk studies have informed us about genetic and environmental risk factors for schizophrenia and bipolar disorder. Results from familial high-risk studies can help inform us about developmental psychopathology, early markers of mental illness and possible protective factors and resilience.

Method: The Danish High Risk and Resilience Study – VIA 7 is a prospective cohort study of 522 7-year old children, 202 of them born to at least one parent diagnosed with schizophrenia in the Danish registries, 120 of them born to a least one parent diagnosed with bipolar disorder and 200 of them born to parents without any of these diagnoses. A comprehensive battery has been used combining assessments from several domains for both parents and children.

Results: Results show that children born to parents with schizophrenia and to some extent also bipolar disorder show signs of vulnerability that may influence their daily functioning already at age 7 and age 11 compared to controls. Results concerning psychopathology, neuro-cognition, motor functioning and language development will be presented including results about the home environment.

Discussion: Results from the VIA 7 and the VIA 11 studies indicate that many children and families have unmet needs and problems. This unique cohort will be followed-up in the future, next time at age 19 and simultaneously we have evolved an early, integrated, specialized and family-based intervention, called VIA Family, aiming to prevent or ameliorate the development mental health problems in individuals born to parents with severe mental illnesses. Perspectives and first experiences will be discussed.

Session: Please attend the Keynote 06 session and the Closing Session in the Congress Hall -

Date: 01-07-2023 - 15:30 - 16:45

Location: Harlekin - Ground floor & Columbine - Ground floor & Pjerrot - Ground floor & Lumbye - Lower floor & Carstensen - Lower floor & Arkaden 6 - Second floor & Arkaden 8 - Second floor & Karavanen 6 - First floor & Karavanen 9+10 - First floor & Galop 01 - Second floor & Vandsalen - Ground Floor & Akvariet 4+5 - Ground Floor & Foyer - Ground Floor & Galop 02 - Second floor /

Session: Closing Ceremony & ESCAP 2025 -

Date: 01-07-2023 - 16:15 - 16:45

Location: Congress Hall - Ground floor /