

clinical characteristics of patients with panic disorder in the emergency department are not known.

Objectives: This study was designed to investigate data related to panic attack and treatment in emergency room of panic disorder patients who visited emergency room for panic attack.

Methods: A retrospective analysis of medical records was conducted on 92 patients with panic disorder who visited Chungju Konkuk university hospital emergency department due to panic attack and had bodily symptoms from 1st January 2010 to 31st December 2019. In addition to demographic characteristics and comorbid disorders, triggering stressors and alcohol consumption were corrected as pre-panic attack data, bodily symptoms at the time of panic attack were corrected as data during attack, electrocardiogram trial, consultation with psychiatrist, admission and information of used psychotropic drugs were corrected as post-attack data. Depending on size of data, Chi-square test or Fisher's exact test was used. Collected data was analyzed using R 4.03.

Results: Cardiovascular disease was accompanied by 5.4% and depressive disorder was the most common coexisting mental disorder. Among triggering stressors, economic problem/work-related stress was significantly higher in men than women ($\chi^2=4.322$, $p<0.005$). The most common physical symptom during attack was circulatory (65.2%), followed by respiratory (57.6%), numbness-paralysis (33.7%), dizziness (19.6%), gastro-intestinal (14.1%) and autonomic symptom (12.0%). Electrocardiogram was taken at higher rate when patients complained circulatory symptom ($\chi^2=8.46$, $p<0.005$). The psychotropic drug most commonly used in emergency room was lorazepam, used in 92.1%.

Conclusions: The most common bodily symptom during panic attack was circulatory symptom and the most common triggering stressor in men was economic problem/work-related stress. The most commonly used psychotropic for panic attack was lorazepam.

Disclosure of Interest: None Declared

EPV0071

Can we prevent anxiety in adults with congenital heart disease with good parenting practices in childhood?

C. Houchi

Psychiatrie et Addictologie, Université de Montréal, Montréal, Canada
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Introduction: Medical-technical advances are contributing to the increased life expectancy of children with congenital heart disease (CHD) (Ladouceur et al., 2021). As they grow up into adulthood, they face many challenges (eg. surgeries, hospitalizations, separations from family, cardiac symptoms, anxiety symptoms). It is known that some parenting practices like parental overprotection during childhood are associated with anxiety in the general population, but little is known in this population.

Objectives: We aim to measure the contribution of parental practices (global; positive: warm care, consistent structure, autonomy support; and negative: overprotection) to explain variance in anxiety symptoms in adults with CHD, beyond sociodemographic and antecedents of pediatric hospitalisations.

Methods: An observational cross-sectional study was conducted on 223 adults with CHD followed at the Montreal Heart Institute. We evaluated anxiety symptoms and retrospective parental practices using validated self-reported questionnaires, namely the *Hospital Anxiety and Depression Scale*, the *Parental Bonding Inventory*, the

Perceived Parental Autonomy Support and the *Multidimensional Parental Structure Scale*. Sociodemographic and antecedents of pediatric hospitalisations information was collected from medical records and pediatric archives. Hierarchical multiple linear regression analyses were conducted.

Results: The average age of our participants is 46 years and the majority (59 %) were female at birth. The median number of hospitalisation before 18 years old was two. 15 % presented severe anxiety symptoms (HADS-A ≥ 11), 17 % had moderate symptoms (HADS-A = 8-10), and 68 % had mild or no symptoms (HADS-A ≤ 7).

The inclusion of parenting practices significantly increased the proportion of variance explaining anxiety symptoms. They explained more variance (13%) than sociodemographic and pediatric hospitalisations combined (10%).

In this model, only positive parenting practices were significantly associated with anxiety, in contrast to parental overprotection.

When the parental practices were analyzed separately, positive practices (autonomy, care, and structure) were negatively associated with anxiety symptoms, while overprotection was positively associated with anxiety symptoms.

Conclusions: Our results suggest that although our participants' physical health may be limited by their CHD, the majority report a low anxiety scores. Further, parenting practices appear to be malleable predictors of anxiety. Beyond avoiding overprotective parenting style, positive and supportive parenting practices are potential targets for future initiatives to prevent anxiety symptoms in adults with CHD.

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EPV0072

Relationship between Glycated Hemoglobin in Adolescents with Type 1 Diabetes Mellitus (T1DM) and Parental Anxiety and Depression

E. Silina^{1,2*}, M. Taube³ and M. Zolovs^{4,5}

¹Doctoral studies, Riga Stradins University, Riga; ²The Seaside Hospital, Liepaja; ³Department of Psychiatry and Narcology; ⁴Statistics Unit, Riga Stradins University, Riga and ⁵Institute of Life Sciences and Technology, Daugavpils University, Daugavpils, Latvia
*Corresponding author.
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Introduction: T1D is the most common chronic endocrine pathology in children. The management of type 1 diabetes requires strong diet, physical activity, lifelong insulin therapy, and proper self-monitoring of blood glucose and is usually complicated and, therefore may result in a psychosocial problems for the whole family. Metabolic control of the disease is determined by glycated haemoglobin (HbA1c), the main criterion for diabetes compensation. It is assumed that anxiety and depression symptoms negatively affect glycaemic control. Parental psychological distress was associated with higher child self-report of stress and depressive symptoms, and it had negative effects on diabetes management.

Type 1 diabetes mellitus (T1D) is the most common chronic endocrine pathology in children. The management of type 1 diabetes requires strong diet, physical activity, lifelong insulin therapy, and proper self-monitoring of blood glucose and is usually complicated and, therefore may result in a variety of psychosocial