T2DM: 5.2 ± 3.5 years] were recruited. Saliva cortisol was measured at awakening and after 15, 30, and 60 min.

Results: With respect to both healthy controls and controls with T2DM, euglycemic and diabetic BD patients exhibited a CAR occurring at significantly lower levels. No significant difference emerged in the CAR between the two groups of bipolar patients. Controls with T2DM had an overall post-awakening cortisol production significantly higher than healthy controls.

Conclusions: Our results show that the CAR of patients with BD is reduced in terms of overall cortisol production but normal in terms of cortisolo reactivity independently from the occurrence of comorbid T2DM. The dampened CAR points to a tuning down of the functioning of the HPA axis in both euglycemic and diabetic BD patients, which may be a factor of vulnerability, since a preserved HPA axis functioning is essential to deal with stressors, which may precipitate affective episodes

Disclosure of Interest: None Declared

EPP0558

Endogenous phenotype of diagnostic transition from major depressive disorder to bipolar disorder: a prospective cohort study

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Introduction: This study investigated sensor-level electroencephalography (EEG) power and related source-level cortical activity using resting-state EEG in patients with MDD and BD.

Objectives: This study aims to comparing bipolar disorder (BD) and major depressive disorder (MDD) to understand neuropathology of these disorders.

Methods: A total of 68 patients with MDD were enrolled and recorded EEG. Among patients with MDD, 17 patients with MDD converted to BD during the study periods. Clinical symptoms and EEG measures were compared between two groups. This study applied machine learning to differentiate the two groups using sensor and source-level features

Results: At the sensor level, patients with BD showed higher power of AF3 channel in the theta beta band(p=0.011) and FC5 channel in the low alpha band(p=0.014), compared to MDD. At the source-level, compared to MDD, patients with BD showed higher activity in the right anterior cingulate(p=0.011) and left parahippocampal gyrus(p=0.035). The best classification performance for MDD and BD showed an accuracy of 80.88%, a sensitivity of 76.47%, and a specificity of 82.35% based on theta and low alpha band power and activity features.

Conclusions: Our findings might suggest different theta and low alpha band activity between patients with BD and MDD might serve clinically as a candidate neuromarker for differentiating two distinct mood disorders.

Disclosure of Interest: None Declared

Child and Adolescent Psychiatry

EPP0560

Assessing the dimensions of psychological (in) flexibility in adolescence: Validation of the Portuguese Version of the Multidimensional Psychological Flexibility Inventory - short form

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Introduction: Psychological Flexibility (PF) is a complex and extensively studied concept within the Acceptance and Commitment Therapy (ACT) framework. PF denotes one's capacity to effectively navigate psychological distress and challenges while aligning one's actions with deeply held values. Given its association with mental health and overall well-being, it is crucial to develop assessment tools able to capture the various facets of flexible behaviour and design strategies for its enhancement.

Objectives: To adapt the Portuguese version of the Multidimensional Psychological Flexibility Inventory (MPFI-24; Grégoire et al., 2020) for the adolescent population.

Methods: The study involved 269 adolescents aged 12 to 18 years old. Participants completed a set of self-report instruments, including the MPFI24-A, the Depression, Anxiety, and Stress Scales-21 (DASS-21), Mental Health Continuum - Short Form (MHC-SF), and the PsyFlex-A, which also assesses PF. A subsample also completed the MPFI24-A four weeks later to assess test-retest reliability.

Results: Two models, specifically the six-factor correlated model and the bifactor model, emerged as presenting the best fit when analysing data separately for the Flexibility and Inflexibility indices. The MPFI24-A demonstrated good reliability for both overall scores (α = .90 and α = .85, respectively) and good test-retest reliability. The PF index showed significant positive associations with PsyFlex-A scores, perceived mental health, and a moderate negative association with depression and anxiety. Conversely, the Psychological Inflexibility (PI) index presented the opposite association pattern with these variables and showed no significant correlation with PF as measured by the PsyFlex-A. The two indices of the MPFI24-A demonstrated a weak positive correlation. Significant differences between boys and girls were found for the PF index, with boys showing higher scores. No significant differences were found between boys and girls concerning the PI index.

Conclusions: Results suggest that the MPFI24-A is a reliable and valid instrument for assessing adolescents' psychological flexibility and inflexibility competencies. Although further clarification of the MPFI24-A factor structure and the utility of different factors is warranted, the findings support its overall applicability.

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