

Circumplex scale (KIIP-SC) was employed. We used the dplyr package to check for skew, kurtosis, and create density plots. Scatterplots and Pearson correlation analysis were used to examine the relationships between the main variables. For the mediation analysis, we used the 8 sub-scales of KIIP-SC (Domineering, Vindictive, Cold, Socially avoidant, Nonassertive, Exploitable, Overly Nurturant, Intrusive) as mediators and conducted a mediation analysis with 10,000 bootstrap samples using the lavaan package in R, version 4.2.2. Each analysis was evaluated based on a 95% confidence interval to determine significance.

Results: Depression, interpersonal problems, and smartphone addiction exhibited significant positive correlations with each other. The direct effect of smartphone addiction was found to be significant. The association between depression and smartphone addiction was mediated by the KIIP-HI (Nonassertive), the KIIP-JK (Exploitable) and the KIIP-NO (Intrusive).

Conclusions: Interpersonal problems mediate the relationship between depression and smartphone addiction. Identifying the high-risk group is essential for treatment strategy development.

Disclosure of Interest: None Declared

EPP0089

Impact of the Covid pandemic on the mental health of children and young people with pre-existing mental health and neurodevelopmental conditions: a systematic review and meta-analysis

B. C. F. Ching*, V. Parlattini, S. Zhang, H. Abdul Cader, J. Penhallow, E. Voraite, T. Popnikolova, A. Wickersham, J. Downs and E. Simonoff

King's College London, London, United Kingdom

*Corresponding author.

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Introduction: Existing systematic reviews have suggested mixed effects of the Covid pandemic on the mental health of children and young people. Those with pre-existing mental health and neurodevelopmental conditions have been suggested to be disproportionately affected, but this has not been meta-analysed. Most reviews of studies in clinical populations to date only include cross-sectional studies during the first lockdown or longitudinal cohorts up to early 2021, which limits our understanding of causality and long-term effects. To our knowledge, this is the first systematic review and meta-analysis to examine the longitudinal impact of the pandemic on the mental health of children and young people with pre-existing mental health and neurodevelopmental conditions.

Objectives: To compare 1) mental health pre versus during Covid, and 2) mental health during Covid.

Methods: Medline, Embase, APA PsycInfo, and Global Health databases were searched up to August 2023. Longitudinal studies reporting mental health outcomes in children and young people (≤ 18 years old) with pre-Covid mental health and/or neurodevelopmental conditions were included. Cohorts were deemed eligible if children and young people were diagnosed using a diagnostic assessment, scored above clinical threshold on validated measures, or attended mental health services pre-Covid. Outcomes included internalising, externalising, and other symptoms. Studies were

narratively synthesised by symptom category and meta-analyses performed where number of studies reporting the same outcomes were sufficient (≥ 5).

Results: 6,083 records were identified and 21 studies ($N=2,617$) were included. These widely differed in country, setting, diagnosis, outcome, and timepoints under study. The narrative synthesis highlighted mixed findings in mental health changes during the pandemic for all three symptom categories showing increases, reductions, and no changes. Only studies reporting changes in internalising symptoms pre- versus during the pandemic were in sufficient number to be amenable to meta-analysis.

Conclusions: Our findings suggest the pandemic's impact on the mental health of children and young people with pre-existing mental health and neurodevelopmental conditions were complex and varied. We highlight an urgent need for longitudinal Covid research on long-term mental health outcomes in this vulnerable group. Understanding risk factors and longitudinal trajectories is warranted to guide clinical practice and policy.

Disclosure of Interest: None Declared

EPP0090

Adherence to therapy of patients with adolescent depression

V. Kaleda* and M. Omelchenko

Mental Health Research Center, Moscow, Russian Federation

*Corresponding author.

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Introduction: Therapy of adolescent depression is accompanied by a number of difficulties associated with the influence of the age factor, which include the following aspects: social - with the possibility of forming a fear of stigmatization, biological - with low tolerance of psychopharmacological agents due to the immaturity of the functional systems of the body, psychological - with a combination of oppositional behavior of adolescents and their desire to "be like everyone else". All these factors may lead to a decrease in patients' compliance in the treatment of adolescent depression and premature refusal to continue treatment, which may provoke a relapse of the disorder.

Objectives: To assess the adherence of adolescent patients with a first depressive episode regarding the continuation of therapy after discharge from the hospital.

Methods: 124 patients (average age - 19.4) were examined after discharge from the hospital where they were treated for a depressive episode (according to ICD-10: F32.1, F32.2, F32.38, F32.8). The severity of depression during hospitalization and at discharge was assessed according to the HDRS scale. During hospitalization, 45.9% of patients ($n=57$) were diagnosed with severe depression (HDRS score of more than 24), 54.1% ($n=67$) were diagnosed with moderate depression (HDRS score of 17-23) (Zimmerman M. et al. JAD 2013; 150(2):384-8). At discharge, 35.5% of patients ($n=44$) had moderate depression, 38.7% of patients ($n=48$) had mild depression (HDRS score of more than 7-16) and only 25.8% of patients ($n=32$) had no depression (HDRS score of less than 7 points). This indicated the need to continue therapy after discharge. The degree of adherence to therapy and the main reasons

for its refusal were analyzed using the Medication Compliance Scale (Lutova N. NIPNI, 2007; 26).

Results: The average duration of treatment continuation in patients with adolescent depression was 7.4±9.6 months. At the same time, 42 patients (33.9%) refused to continue therapy within 30 days after discharge from the hospital. 15 patients (12.1%) turned out to be fully compliant, following the doctor's prescriptions. The main reasons for refusing therapy were: negative attitude to the fact of receiving therapy and visiting a psychiatrist (n=50, 40.3%), the development of side effects of therapy (n=46, 37.1%), negative attitude of relatives to the continuation of therapy (n=11, 8.9%), and negative attitude to the attending psychiatrist (n=2, 1.6%). In general, formally, the average duration of continuation of therapy coincides with the recommended 6-12 months (Sim K. et al. *IGN* 2015;19(2) pyv076), however, it is noteworthy that some patients tend to self-cancel therapy without the approval of the attending physician.

Conclusions: The results indicate a low level of adherence to therapy in patients with adolescent depression and require additional measures to improve it.

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EPP0091

The association between maternal diabetes and the risk of attention deficit/hyperactivity disorder in offspring: Updated systematic review and meta-analysis.

Y. D. Sinishaw*, B. A. Dachew, G. Ayano, K. Betts and R. Alati

University, Curtin, Perth, Australia

*Corresponding author.

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Introduction: The existing body of evidence on the association between maternal diabetes and attention deficit/hyperactivity disorder (ADHD) in offspring is inconsistent and inconclusive. Thus, we need to synthesise the available evidence to examine the association between maternal diabetes and risk of ADHD in offspring.

Objectives: The aim of this meta-analysis was to examine the association between maternal diabetes and the risk of ADHD in offspring.

Methods: We conducted a comprehensive search across PubMed, MEDLINE, EMBASE, Scopus, CINAHL and PsychINFO databases from their inception to September 8th, 2023. The methodological quality of the included studies was evaluated using Joanna Briggs Institute (JBI) and Newcastle-Ottawa Scale (NOS). Between-study heterogeneity was assessed using I² statistic and potential publication bias was checked using both funnel plot and Egger's test. Random effect model was used to calculate the pooled effect estimates and subgroup, sensitivity, and meta-regression were further performed to support our findings

Results: Twenty observational studies (two cross-sectional, five case-control and thirteen cohort studies) were included in this systematic review and meta-analysis. Our meta-analysis indicated that intra-uterine exposure to any type of maternal diabetes was associated with an increased risk ADHD in offspring [RR=1.33; 95 % CI: 1.23–1.43, I²=79.9%]. When we stratified the analysis by

maternal diabetes type, we found 17%, and 37% higher risk of ADHD in offspring exposed to maternal gestational [RR=1.17; 95 % CI: 1.07–1.29] and pre-existing diabetes [RR=1.37; 95 % CI: 1.27–1.48] compared to unexposed offspring respectively. Results of subgroup and sensitivity analysis further supported the robustness of our main finding.

Conclusions: Our review suggested that exposure to maternal diabetes increased the risk of ADHD in offspring. These findings underscore the need for early screening and prompt interventions for exposed offspring.

Disclosure of Interest: None Declared

EPP0092

The Influence of Nonparental Care on Internalizing and Externalizing Behaviors Across Adolescence: An individual Participant Meta-Analysis

K. M. Barry^{1,2*}

¹Social Epidemiology, INSERM and ²Social Epidemiology, Sorbonne University, Paris, France

*Corresponding author.

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Introduction: In Europe, associations between different types of nonparental care and internalizing and externalizing behaviors in children have not been adequately explored (Gialamas, A et al. *J Epidemiol Community Health*. 2015). Internalizing and externalizing symptoms in childhood can have lifetime repercussions, thus understanding their risk factors and the potentially protective role of family policies is highly relevant.

Objectives: To explore the associations between different types of nonparental care prior to primary school and internalizing and externalizing behaviors across young adolescence.

Methods: Six parent-offspring prospective birth cohort studies across five European countries within the EU Child Cohort Network (EUCCN) were included in the study. A two-stage individual participant data (IPD) meta-analysis on complete cases was performed. Linear regression models (one for each age group: 5-6 years, 7-9 years, 10-13 years) were applied in each cohort separately and then cohort-specific coefficients and standard errors were combined using random-effects (restricted estimate maximum likelihood (REML) meta-analysis to attain overall effect estimates. Data were then stratified by socioeconomic position and sex.

Results: There were 74 453 parent-offspring dyads to study children's internalizing difficulties and 72 462 parent-offspring dyads to study children's externalizing difficulties. Center-based care attendance was associated with lower levels of internalizing difficulties 5-6 years [-1.13 (95%CI:- 2.68, 0.42), p=0.15]; 7-9 years [-1.38 (95%CI:- 2.85, 0.10), p=0.07]; 10-13 years [-1.06 (95%CI:- 1.95, -0.17), p=0.02]. Children who attended other forms of nonparental care appeared to have higher levels of internalizing difficulties: 5-6 years [0.02 (95%CI:- 1.96, 2.01), p=0.98]; 7-9 years [0.91 (95%CI:0.23, 1.58), p=0.009]; 10-13 years [0.52 (95%CI:- 0.23, 1.27), p=0.17]. Other forms of nonparental care (not including center-based care) had a positive association with externalizing symptoms : 5-6 years [2.45 (95%CI:0.35, 4.55), p=0.02]; 7-9 years [2.78 (95%CI: 0.60, 4.95), p=0.01];10-13 years [1.93 (95%CI:-0.45,