IX CM: 295, 297, 298 (excl. 298.0)] and the ticket exemption database [code 044], between 2006 and 2019. Crude, and age- and gender-specific prevalence estimates on December 31, 2019, were calculated. To compare prevalence between different areas within the region, we calculated age- and gender-adjusted prevalence rates

Results: A total of 18,371 cases were identified. Crude prevalence rate was 4.29/1,000 (95% CI 4.29-4.30) and 5.93/1,000 (95% CI 5.92-5.949 for women and men, respectively. An increase in the prevalence rate by age was observed in both genders. The age- and gender-adjusted prevalence rate was 5.03/1,000 (95 % CI 4.96-5.10), with significant differences within the region, ranging from 4.25/1,000 in the province of Viterbo to 5.42/1,000 in the city of Rome and 6.02/1000 in the province of Frosinone.

Conclusions: Our results showed that the overall prevalence of SSDs among adults in the Lazio region is similar to estimates published in prior reviews, but an uneven regional geographical distribution was observed. While possible underestimation must be considered, HIS represents a valuable source of information useful for epidemiological surveillance and healthcare planning.

Disclosure: No significant relationships.
Keywords: Schizophrenia spectrum disorders; Health Information System; Epidemiology; Prevalence

EPP0252

An investigation of depression and inflammation as potential mediators linking adverse childhood experiences with cognitive decline in adulthood: results from a prospective cohort study

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Introduction: Adverse childhood experiences (ACEs) have been associated with numerous health consequences in adulthood including cognitive decline. However, the underlying mechanisms implicated remain unclear.

Objectives: In this study, depressive symptoms and systemic inflammation were investigated as potential independent mediators of the association between ACEs and cognitive decline.

Methods: Participants were adults aged 50+ from the English Longitudinal Study of Ageing (N = 3,029; 54.8% female). Measures included self-reported ACEs at wave 3 (2006-2007), C-reactive protein (CRP) and depressive symptoms at wave 4 (2008-2009), and cognitive function at waves 3 and 7 (2014-2015). Mediation analyses examined the direct associations between ACEs and cognitive function at wave 7 and the indirect associations via depressive symptoms and CRP at wave 4 and were conducted using ordinary least squares regression models with the SPSS PROCESS macro. In Step 1, models were adjusted for sociodemographic factors and baseline cognitive function. Models in Step 2 were additionally adjusted for obesity and health behaviours (n = 1,874).

Results: Cumulative ACEs exposure was shown to positively predict later-life depressive symptoms, which in turn predicted cognitive decline. ACEs were also shown to positively predict systemic

inflammation as measured by CRP. However, CRP did not mediate the association between ACEs and cognitive decline.

Conclusions: These findings suggest that ACEs are related to cognitive decline partly via depressive symptoms and corroborate prior research linking ACEs with adult systemic inflammation. Efforts towards screening for, preventing, and mitigating the effects of ACEs may therefore represent an important avenue for improving health outcomes in later life.

Disclosure: No significant relationships.
Keywords: adverse childhood experiences; inflammation; Depression; cognitive decline

EPP0253

Impact of the COVID-19 pandemic on maternal mental health during pregnancy: The CONCEPTION study – Phase I

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Introduction: Mental health regional differences during pregnancy through the COVID-19 pandemic is understudied.

Objectives: We aimed to quantify the impact of the COVID-19 pandemic on maternal mental health during pregnancy.

Methods: A cohort study with a web-based recruitment strategy and electronic data collection was initiated in 06/2020. Although Canadian women, >18 years were primarily targeted, pregnant women worldwide were eligible. The current analysis includes data on women enrolled 06/2020-11/2020. Self-reported data included mental health measures (Edinburgh Perinatal Depression Scale (EPDS), Generalized Anxiety Disorders (GAD-7)), stress. We

compared maternal mental health stratifying on country/continents of residence, and identified determinants of mental health using multivariable regression models.

Results: Of 2,109 pregnant women recruited, 1,932 were from Canada, 48 the United States (US), 73 Europe, 35 Africa, and 21 Asia/Oceania. Mean depressive symptom scores were lower in Canada (EPDS 8.2, SD 5.2) compared to the US (EPDS 10.5, SD 4.8) and Europe (EPDS 10.4, SD 6.5) (p<0.05), regardless of being infected or not. Maternal anxiety, stress, decreased income and access to health care due to the pandemic were increasing maternal depression. The prevalence of severe anxiety was similar across country/continents. Maternal depression, stress, and earlier recruitment during the pandemic (June/July) were associated with increased maternal anxiety.

Conclusions: In this first international study on the impact of the COVID-19 pandemic, CONCEPTION has shown significant country/continent-specific variations in depressive symptoms during pregnancy, whereas severe anxiety was similar regardless of place of residence. Strategies are needed to reduce COVID-19's mental health burden in pregnancy.

Disclosure: No significant relationships.
Keywords: COVID-19 pandemic; maternal mental health during pregnancy; country/continent variations; Edinburgh Perinatal Depression Scale (EPDS)

EPP0254

Prevalence of eating disorders in adolescent girls in Siberia

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doi: 10.1192/j.eurpsy.2022.548

Introduction: Eating disorders (ED) are an urgent public health problem, however, many adolescents with clinical symptoms fail to meet stringent diagnostic criteria.
Objectives: To estimate the prevalence of eating disorders (ED) and subthreshold eating disorders (SED) in adolescent girls.
Methods: A cross-sectional study of girls attending secondary schools (n = 917) was carried out. The sample comprised of 18.3% early adolescents (aged 12-13), 51% middle adolescents (aged 14-15), and 30.6% late adolescents (aged 16-17). We used the Body Image and Eating Distress scale (Koskelainen et al., 2001) coded on a 1-3 scale. The answers were scored on a scale of 1-3. Adolescents scoring 12 or above on four items measuring body dissatisfaction were considered as dissatisfied with their bodies and were further divided into two subgroups: girls scoring 10 or above on three items measuring eating distress were considered as having ED, whereas girls scoring less than 10 were considered as having SED.
Results: The prevalence of ED was 2.1% (CI 1.4-3.3), the prevalence of SED was 9.6% (CI 7.8-11.7). In early adolescence, the prevalence of SED was 1.6% (CI 0.9-2.7). In middle adolescence, the prevalence of SED was 5.1% (CI 3.9-6.7), the prevalence of ED was 0.9% (CI 0.5-1.8). In late adolescence, the prevalence of SED was 2.8% (CI 1.9-4.1), the prevalence of ED was 1.2% (CI 0.7-2.1).
Conclusions: In adolescent girls, the SED are 4.6 times commoner than overt above-threshold ED. During adolescence, the prevalence of SED decreases, while the prevalence of ED increases with age.

Keywords: Epidemiology; Adolescents; Eating Disorders; girls

EPP0255

No Consistent Evidence for Brain Volumetric Correlates of Resilience in Two Independent Cohort Studies

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doi: 10.1192/j.eurpsy.2022.549

Introduction: Childhood adversities have been associated with long-lasting brain morphological differences and poor psychological outcomes over the lifespan. Evidence with regard to protective factors counteracting the detrimental effect of childhood adversity on neurobiology is scarce.
Objectives: Therefore, we examined the interplay of childhood adversity with multiple protective factors in relation to brain morphology in a child and an adult cohort.
Methods: We analyzed data from two epidemiological longitudinal birth cohorts, the Generation R Study (N=3,008) and the Mannheim Study of Children at Risk (MARS) (N=179). Cumulative exposure to 12 adverse events (such as physical and sexual abuse), and the presence of protective factors, including child temperament, cognition, self-esteem, friendship quality and maternal sensitivity were assessed at different time points during childhood. Anatomical scans were acquired at the ages of 9-11 years in Generation R and at 25 years in MARS.
Results: Childhood adversity was related to smaller global brain volumes in Generation R, with similar effect sizes observed for the cerebellar volume in MARS. While small interaction effects between adversity and protective factors were found on the medial orbitofrontal cortex, the cerebellum and the amygdala in either cohort study, no interactions were consistent across cohorts or survived correction for multiple comparisons.
Conclusions: We found no consistent or strong evidence for interaction effects between multiple protective factors and childhood adversities on brain structure in a child and an adult cohort study. Instead, small interaction effects were found in either children or adults warranting further investigation and more fine-grained analyses.

Disclosure: TB:consultancy for Actelion, Hexal Pharma, Lilly, Lundbeck, Medice, Novartis, Shire; conference support by Lilly,