

EPP0055

Bullying victimization in children and adolescents and its impact on academic outcomes

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Introduction: Bullying is a serious problem in schools because of the negative impact on a child's educational outcomes, especially academic achievement. However, the underlying mechanisms and causes are unknown.

Objectives: To evaluate the educational outcomes, and psychiatric comorbidities in children and adolescents who are victims of bullying

Methods: We used 2018–2019 Nationwide Survey of Children's Health (NSCH) dataset for the study. The participants were children and adolescents (age: 6–17 years, n = 42,790). Data was stratified into two groups: 1) never bullied 2) bullied more than once. Prevalence of different educational outcomes were compared between the groups.

Results: In the never bullied group 21,015 participants were included, and in the bullied more than once group 21,775 participants were included. More females were in the bullied group compared to never bullied group (50.4% vs 47.5%, p=0.006). More White non-Hispanic individuals were in bullied group in contrast to never bullied group (56.7% vs 43.9%, p< 0.001). Individuals whose health status was fair, or poor were bullied more (2.4% vs 1.4%, p=<0.001). Individuals in bullied group were more likely to be repeating the grades compared to the never bullied group (7.1% vs 5.9%, p=0.039). Individuals who were missing ≥11 school days, and sometimes or never engaged in school were observed more in bullied group compared to never bullied group (5.9% vs 3.2% and 20.3% vs 10.6% p < 0.001).

Conclusions: Our findings suggest that bullying victimization could be a risk factor and associated with decreased academic outcomes.

Disclosure: No significant relationships.

Keywords: bullying; mental health; Child Psychiatry

EPP0054

Childhood and recent maternal adverse experiences and mother-infant attachment influence early newborns' neurobehavioural profiles

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Introduction: Maternal stress during pregnancy influences fetal neurodevelopment, especially by the dysregulation of the HPA axis. However, less is known about whether maltreatment or stressful life experiences previous to pregnancy influence on developmental outcomes in the offspring.

Objectives: To analyze newborns' neurobehavioral profiles in a cohort of healthy pregnant women, according to 1) childhood and recent maternal adverse experiences and 2) mother-infant attachment.

Methods: 150 women were followed during the three trimesters of pregnancy. CTQ and AAT tests were employed to evaluate childhood and recent experiences of maltreatment, while infant and recent adverse experiences were evaluated using ETI-SR and SRSS, respectively. Newborns neurobehavioral profiles were defined at 8 weeks using the Neonatal Behavioral Assessment Scale (NBAS) and their temperament was assessed with IBQ. PBQ and PAI scales were employed to assess mother-infant attachment. A linear regression model was performed, adjusting for possible confounders.

Results: Maternal childhood sexual abuse seems to be associated with greater difficulties in the newborns control of reactivity to external stimuli ($\beta=0.517$; $p\text{-value}=0.001$), while recent maternal stressful experiences are related to difficulties for states regulation ($\beta=0.29$; $p\text{-value}=0.038$). Regarding attachment, maltreated mothers tend to show ambivalent and avoidant styles. Interestingly, postnatal mother-infant attachment seems to modulate autonomous, motor and social-interactive abilities in the offspring ($\beta=-0.227$; $p\text{-value}=0.033$ // $\beta=-0.329$; $p\text{-value}=0.006$).

Conclusions: Newborns from mothers exposed to maltreatment and negative life events previous to pregnancy show difficulties to organize and regulate the reactions to psychosocial stimuli. Future studies must disentangle whether maternal attachment style is a modulator of this association.

Disclosure: No significant relationships.

Keywords: Newborn; Neurodevelopment; Pregnancy; Maltreatment

Depressive Disorders 01

EPP0055

Heredity as a factor in the formation of recurrent depression

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Introduction: At the current stage of psychiatry development, special attention is paid to studying the influence of hereditary

factors on the occurrence of recurrent depression (RD). The study can be informative in predicting the risk of the RD occurrence RD. Therefore, studies related to this problem are designed to identify the specificity “familial” forms of RD.

Objectives: To study the influence of hereditary factors on the RD formation.

Methods: Clinical-psychopathological, clinical-genealogical, statistical.

Results: Based on the clinical and genealogical data study, a statistically significant excess of the individuals with psychiatric disorders proportion in the main group (108 patients with RDD whose family history included relatives with depression, main group) was found: The percentage of individuals on psychiatric registry (18%, CI: 14.5-22.1) was 15 times higher than the control group (46 individuals without RDR in the pedigree) ($p < 0.05$), individuals with depression (33%, CI: 28.5-37.8) were 7.3 times higher ($p < 0.05$), suicides (7.9%, CI: 5.6-11.0) were 4.2 times higher ($p < 0.05$), cases of alcohol dependence (25.6%, CI: 21.6-30.2) were 1.8 times higher ($p < 0.05$). In the main group family tree examinees, this pathology occurred most frequently in I and II degree of kinship relative. When comparing heredity factors with peculiarities of the RD course, we found a specific weight in correlations of such factors as: depressive disorders predominantly in first-degree relatives ($p \leq 0.005$), suicidal behavior in first- and second-degree relatives ($p \leq 0.005$).

Conclusions: The findings should be taken into account in diagnostic and preventive measures.

Disclosure: No significant relationships.

EPP0057

Virtual Reality Cognitive Remediation for Mood disorders: RCT pilot study

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Introduction: Mood disorders interrupt well-being and participation in everyday activities through, among others, a mechanism of cognitive impairments. Ample evidence was found for cognitive remediation (CR) effectiveness in various mental health conditions. However, its contribution to improvement of functional outcomes in mood disorders was little investigated. Virtual Reality (VR)-based CR has a potential to overcome limitations by enabling training on daily-life tasks in ecological environments.

Objectives: Test the effectiveness of VR-based vs standard CR for improvement of cognition, functional capacity and participation in daily-life activities in mood disorders.

Methods: Twenty-two individuals (female: N=13, 59.1%; Age: M=39, SD=13.4) diagnosed with major depression or bipolar

disorder were randomly assigned either to the standard or VR-based CR. The participants completed 6 half-an-hour sessions using the Functional Brain Trainer (Intendu®), a body-controlled, adaptive tool for training of inhibition, planning, working memory, shifting, self-initiation, persistence, and attention in functional tasks and environments. Standard assessments were used to evaluate cognition, functional capacity, mood symptoms and participation dimensions in pre-post design.

Results: VR-based CR contributes to improvement in memory, executive functions and construction ($2 < Z < 2.23$, $p < .05$), functional capacity ($Z = -2.44$, $p < .01$) and satisfaction with participation ($Z = -1.9$, $p < .01$). Standard CR contributes to executive functions ($Z = 2.33$, $p < .05$), and functional capacity ($Z = -2.35$, $p < .05$).

Conclusions: This study provides initial evidence for contribution of CR to functional outcomes in mood disorders, with advantages of VR-based modality, suggesting the potential of CR to improve treatment outcomes and well-being in this population. Larger, controlled trials are needed to further expand evidence for VR-based CR effectiveness.

Disclosure: No significant relationships.

Keywords: Everyday functioning; Mood disorders; Cognitive remediation

EPP0058

Early-Onset Depression Is Associated With Specific Neurovegetative Symptoms

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Introduction: The age at onset of depression is not only an important clinical predictor of the further disease course, but also a robust marker, reflecting the genetic impact on depression risk.