by its manga figures and story-like approach. Future studies are warranted in order to investigate the effectiveness.

Disclosure of Interest: None Declared

EPP377

Childhood psychopathology dimensions as predictors of mood disorders among offspring at high risk of mood and substance use disorders

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Introduction: Prospective longitudinal research on the offspring of parents with mood and substance use disorders allows to identify specific symptoms that occur before the onset of full-blown mood episodes in these offspring at high-risk of mood disorders.

Objectives: The goal of the present analysis was to assess early psychopathology dimensions measured by the Child Behavior Checklist (CBCL), completed by parents and separately by their offspring, as potential clinical manifestations occurring before the onset of mania/hypomania or major depressive disorder (MDD) in these offspring.

Methods: As part of a family study, we have collected information on 105 interviewed probands with bipolar disorder, 76 with MDD, 21 with substance use disorders (SUD) and 101 controls, as well as on their 239 children with follow-up information. The mean age of the offspring at study intake was 10.0 (s.d. 4.4) years and the mean follow-up duration was 16.3 (s.d: 5.6) years. The CBCL was completed by the parents describing their offspring as well as by the offspring themselves at their first assessment. Parent-offspring correlation coefficients were calculated and associations of the CBCL dimensions with the subsequent risk of mania/hypomania or MDD in offspring according to either informant were established using multinomial logistic regression models, adjusted for demographics, parental mood disorders or SUD and intrafamilial correlations.

Results: According to offspring reports, 17 of them developed mania/hypomania and 92 MDD over the follow-up. Offspring reported more withdrawn/depressed symptoms as predictors of mania/hypomania than controls, whereas parents reported their offspring to have more anxious/depressed symptoms before mania/hypomania. As predictors of MDD, offspring reported more withdrawn/depressed symptomatology but less somatic complaints than controls, whereas no significant predictors of MDD were identified by parents. Among the dyads where both offspring and parents had provided information (n=206), offspring were less likely to report rule-breaking behaviors as predictors of mania/hypomania, whereas their parents reported the opposite association. Parent-offspring correlations for all CBCL dimensions were statistically significant, ranging from 0.16 to 0.32, the correlation being 0.21 for rule-breaking behaviors.

Conclusions: Offspring and parental reports of predictors of mood disorders were discordant and the parent-child agreement for CBCL dimensions in the restricted sample was moderate. Whereas parent-offspring concordance for depressive symptoms as predictors of mania/hypomania in offspring was higher than for anxious or somatic problems, the reports of rule-breaking behaviors as predictors showed the highest discordance. This underscores the necessity to include information from multiple informants in the assessment of predictors of mood disorders in offspring.

Disclosure of Interest: None Declared

EPP378

A Computerized System for Identifying Preschool Children with Suspected Neurodevelopmental Disorders in Early Childhood Education

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Introduction: Early childhood is a critical phase where the foundations for many essential skills are established. It is also a crucial time to monitor children's development for early signs of neurodevelopmental disorders (NDD).

Objectives: This study aimed to develop a computerized system to help preschool teachers identify risk signs of NDD.

Methods: Phase 1: Development and validation of content and checklists - In the first stage, checklists were created to address four NDDs: ADHD, ID, ASD, and SLD. These were based on literature reviews and validated by four experts in neurodevelopmental disorders. The experts evaluated the checklists on two criteria: comprehensiveness and adequacy. Further assessment considered comprehension, objectivity, and precision of the checklist items, ensuring clarity for teachers using the system.

Phase 2: Development of the computerized system - The system was designed to assist early childhood educators in identifying children at risk for NDDs and supporting referral decisions, without diagnosing the disorders. Teachers begin by registering themselves and the child under observation. They then complete a checklist, indicating whether the child displays certain characteristics and the frequency of occurrence. A score of 1 indicates the presence of signs for ADHD, ID, ASD, or SLD, while 0 indicates absence. At the end of the process, the system generates a report with a risk level, which can be saved, edited, or printed for discussion with parents or specialists.

Results: Phase 1 - Content validation showed high scores, particularly for ASD and ADHD (1.00), while SLD scored lower (0.75). The overall Content Validity Index (CVI) for all disorders was 0.91. Experts suggested minor adjustments to the ADHD and SLD sections, especially concerning developmental characteristics that may vary by age. The checklists were further evaluated for reliability, yielding an overall CVI of 0.87.

Phase 2 - The computerized system was built using a RESTful API in Node.js, with the Nest.js framework. The frontend was developed as a Single Page Application (SPA) using Angular, and PostgreSQL was used for data storage. The system includes data validation through the Zod library and user authentication via JWT. It is designed to be a precise, low-cost screening tool for identifying, not diagnosing, NDDs. The system does not differentiate between severity levels or subtypes of disorders, reinforcing its role as a first-line identification tool.

Conclusions: Initial usability tests confirmed that the system is intuitive and suitable for its intended purpose. However, it is crucial to emphasize that the tool is not intended to operate autonomously.

It supports, but does not replace, comprehensive clinical evaluations and the expertise of qualified professionals in diagnosing NDDs.

Disclosure of Interest: None Declared

EPP379

Integrating impulsivity, emotional regulation, and latent behavioural profiles to predict adolescent mental health outcomes: A Comprehensive behavioural analysis

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Introduction: Adolescence is a pivotal phase for behavioural development, where impulsivity, risk-taking, and emotional regulation mechanisms differentially impact mental health outcomes. This study examines the interaction of these factors in predicting addiction and behavioural disorders, focusing the identification of hidden behavioural profiles. The results seek to guide specific interventions for adolescents at risk.

Objectives: This study aims to: (1) investigate the predictive influence of impulsivity, risk-taking behaviours, and emotional regulation on addiction and mental health disorders in adolescents; (2) delineate distinct behavioural profiles using clustering analysis; and (3) recommend intervention strategies informed by these behavioural profiles and gender disparities.

Methods: Data were obtained from 853 adolescents aged 12 to 17 years from the NKI Rockland Sample, a continuous, institutionally focused initiative designed to establish a large-scale lifespan sample. Behavioural features were assessed via the UPPS-P Impulsive Behaviour Scale, the Emotional Regulation Questionnaire (ERQ), and the Youth Risk Behaviour Surveillance System. Clustering analysis, namely K-means and hierarchical methods, was employed to discern latent behavioural characteristics. Logistic regression and random forest models forecasted addiction and mental health outcomes, whereas time series analysis investigated emotional regulation trajectories across clusters.

Results: Clustering analysis revealed four distinct behavioural profiles: Cluster 1 (27%) exhibited few behavioural issues, Cluster 2 (15%) showed high levels of impulsivity and emotional dysregulation, Cluster 3 (38%) had moderate behavioural issues, and Cluster 4 (20%) had moderate-to-high behavioural and emotional difficulties. Emotional regulation trajectories indicated that cognitive reappraisal increased with age (mean score of 28 at ages 12-13 vs. 32 at 16-17), while expressive suppression decreased (mean score of 14 at ages 12-13 vs. 10 at 16-17) (Figure 1). Cognitive reappraisal was significantly associated with better behavioural outcomes, including lower hyperactivity (r = -0.45, p < 0.01) and aggression (r = -0.38, p < 0.01), particularly in females.

Image 1:
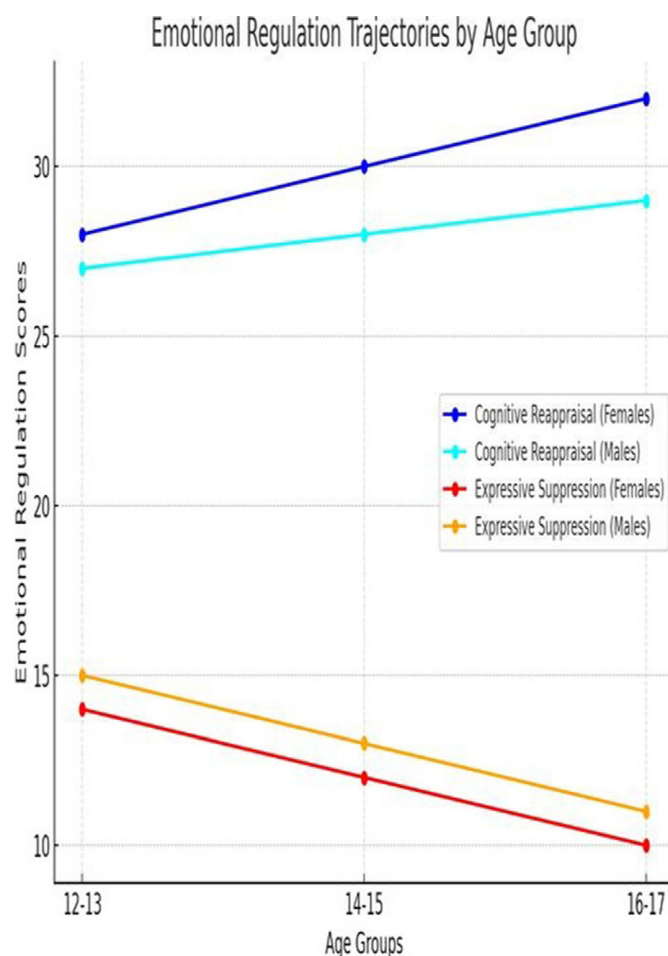
Conclusions: The interplay of impulsive traits, emotional regulation techniques, and risk behaviours is crucial in forecasting mental health consequences in teenagers. The recognition of unique behavioural profiles and gender-specific variations highlights the necessity for individualised interventions. Assessment of high-risk profiles, especially those characterised by elevated impulsivity and emotional dysregulation, along with the encouragement of cognitive reappraisal as a regulatory approach, can substantially reduce the likelihood of behavioural disorders and addiction.

Disclosure of Interest: None Declared

EPP381

Parental alcohol consumption during pregnancy and mental health of their children up to adulthood

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