

movement, and the existence of places that enable and encourage socialization, all with the perception security.

The results known so far should be kept in mind during further research into the etiology and epidemiology of mental health in young people, starting with epigenetics and ending with healthcare planning.

Disclosure of Interest: None Declared

EPV0397

Trends in Depressive Disorders Among Patients at the Child and Adolescent Psychiatric Unit at Siriraj Hospital Over a 9-Year Period

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Introduction: Depression is a significant global health issue among children and adolescents. It has been identified as a leading cause of disability among this population worldwide.

Objectives: This study compares the characteristics and related factors of depressive disorders among child and adolescent patients in Thailand between 2014 and 2022, with the aim of enhancing treatment and screening strategies.

Methods: We included child and adolescent patients diagnosed with depressive disorders at Siriraj Hospital, comprising 93 patients in 2014 and 172 patients in 2022. Data on demographics, personal and social history, diagnoses, comorbidities, and treatment outcomes were collected from medical records. Results were analyzed using relative risk, 95% confidence intervals, and p-values through modified Poisson regression.

Results: The proportion of female patients significantly increased from 49.5% in 2014 to 73.7% in 2022 ($p < 0.001$). The prevalence of domestic violence rose from 7.5% in 2014 to 20.3% in 2022 ($p = 0.006$). Suicidal ideation increased from 16.1% to 51.2% ($p < 0.001$), and self-harming behaviors rose from 22.7% to 57.6% ($p < 0.001$). Referrals to psychologists doubled from 22.6% in 2014 to 43.9% in 2022 ($p < 0.001$), while hospitalization rates within the first year of treatment also increased from 6.5% in 2014 to 15.2% in 2022 ($p = 0.037$). No significant differences were observed in age, family structure, parenting style, disease-triggering factors, psychotic symptoms, comorbidities, medication use, or remission rates between the two years. Our regression analysis indicated that authoritative parenting significantly influenced remission rates, with patients under authoritative parenting being 1.98 times more likely to achieve remission compared to those under other parenting styles ($p = 0.042$).

Conclusions: There is a rising trend in the prevalence of depressive disorders among female child and adolescent patients, accompanied by more severe symptoms such as increased suicidal ideation and self-harming behaviors. Hospitalization rates within the first year of treatment have also increased. Despite these trends, remission rates have remained unchanged. The study highlights the potential role of authoritative parenting in improving remission rates. These findings underscore the need for enhanced screening protocols, updated treatment guidelines, and targeted parental counseling to improve depression management in the future.

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EPV0399

The Association between Impulsivity and Anxiety in Adolescents with Insomnia: The Moderating Role of Evening Chronotype

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Introduction: Adolescence is a unique stage of cognitive, psychosocial and physical growth and development. This period is often associated with increased evening tendency, as well as increased risks for mental health and sleep problems. Insomnia is amongst the most common sleep problem in youths and is commonly associated with impulsivity and anxiety symptoms. Previous research suggested the comorbidity of insomnia and eveningness as a significant risk factor for anxiety symptoms in adolescents. Meanwhile, there has been some evidence suggesting that insomnia and eveningness are respectively associated with impulsivity. Nonetheless, the relationships among eveningness, impulsivity and anxiety in the context of insomnia remained unclear.

Objectives: To investigate how circadian preference moderates the association between impulsivity and anxiety symptoms in adolescents with insomnia.

Methods: Adolescents aged 12-20 years old diagnosed of DSM-V insomnia disorder were recruited. They completed self-reported questionnaires, including the Morningness-Eveningness Questionnaire (MEQ) for assessing circadian preferences, Insomnia severity indexes (ISI) for assessing insomnia symptoms, the General Anxiety Disorder (GAD) scale to measure anxiety symptoms, and the Barret Impulsiveness Scale (BIS) for assessing impulsivity. Participants completed an objective cognitive task (the Balloon Analog Risk Task, BART) to measure risk-taking behavior. Their sleep was objectively assessed by 7-day actigraphy.

Results: Eighty-eight participants were recruited into this study (age: 18.20 ± 1.61 years). Among them, 44% of the participants were identified as eveningness type (MEQ < 42). There were no significant differences in anxiety symptoms and impulsivity based on both self-reported and behavioral task between circadian preferences (*all* $p > .05$). Circadian preferences was found to significantly moderate the association between self-reported impulsivity and anxiety symptoms after controlling age and sex factor ($p = .009$) but not the association between risk-taking behavior and anxiety symptoms ($p > .05$). Specifically, higher self-reported impulsivity was associated with more severe anxiety symptoms in adolescents with insomnia and eveningness ($p = .006$). No significant association was found between self-reported impulsivity and anxiety symptoms in non-eveningness group ($p > .05$).

Conclusions: The findings suggested the role of circadian preference in moderating the association between impulsivity and anxiety symptoms in adolescents with insomnia. Further research may explore different aspects of impulsivity and examine the causation between eveningness, insomnia, impulsivity and anxiety among adolescents in a longitudinal design.