

self-stigma and implementing self-stigma interventions is important. Specific self-stigma reduction strategies should be introduced to mitigate the self-stigma in depressive patients and to improve their quality of life.

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Lessons From a Crisis: A Thematic Analysis on Occupational Stress in Staff in an Acute Paediatric Teaching Hospital in Ireland

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Aims. The COVID-19 pandemic placed increased pressure on service provision and healthcare worker [HCW] wellness. As the pandemic recedes, staff need an appropriate response to facilitate individual and organisational recovery, to minimise long-term healthcare worker burnout and to be better equipped for future crisis in healthcare. The aim was to explore and reflect on the experiences of staff working during the COVID-19 pandemic in an acute paediatric hospital to determine an appropriate response in the post-crisis work environment.

Methods. A Qualitative research design using responses from open ended questions from one hundred and thirty-three clinical and non-clinical staff (89% clinical) from an Irish paediatric teaching hospital. Responses were thematically analysed.

Results. HCWs experienced frustration, uncertainty, anxiety and stress, during the pandemic crisis. This included communication inconsistencies, inadequate support and staffing and other resource shortages, leaving staff at high risk for long-term burnout as the pandemic recedes. Three themes were developed detailing this; 1) Support, 2) Communication and 3) Trust.

Conclusion. This research supports the long-standing need to increase mental health service investment and to implement an appropriate response to regain and maintain a healthy workforce, post COVID-19. This response should address the biopsychosocial needs of the individual and healthcare organisations should work dynamically, creatively and collaboratively to ensure the psychological safety of its workforce moving forward.

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A Systematic Review of Recruitment and Retention Within Randomised Controlled Trials of Adults With Down Syndrome

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Aims. Adults with Down syndrome (DS) face significant health inequalities and are at increased risk of numerous health concerns. Despite the need, there is a lack of high-quality randomised trial evidence and clinical interventions for people with DS are largely based on consensus guidelines or clinician preferences. As life-expectancy of those with DS increases, the research gap continues to widen.

There is a perception that randomised controlled trials (RCTs) involving people with DS may be hard to carry out due to difficulties in recruitment and retention of participants. However, there is no scientific literature exploring this topic. This systematic review aimed to assess planned vs actual recruitment and retention in RCTs involving adults with DS, and to summarise reported facilitators and barriers to participation of adults with DS in relevant trials. **Methods.** The MEDLINE, PsycINFO, EMBASE databases were searched systematically to retrieve all RCTs involving adults with DS aged 16 years or older published from 01.11.1961 to 15.12.2023. Ongoing RCTs were identified from trial registries and searches were supplemented by review of reference lists. Data extraction is ongoing but seeks to elicit details of trial design; planned and achieved recruitment sample size; planned and achieved retention rate, and any specific recruitment or retention strategies described. Risk of bias analysis was not relevant to the research question and so not performed. The review was prospectively registered on Prospero (CRD42023447126).

Results. The database searches retrieved 1,825 results. Post deduplication, 1,518 articles underwent title and abstract screening, of which 82 full texts were reviewed. 53 papers were included in the final analysis, reflecting 47 RCTs involving 1,772 individuals. Commonly studied interventions included exercise programmes for physical fitness and pharmaceuticals that may augment neuropsychological function. Studies typically reported small sample sizes at the point of randomisation (mean = 38.5, SD = 49.6), with over half reporting a sample size of $n < 50$. A significant number of studies reported difficulty recruiting and retaining participants (detailed data will be available in the poster). Of the minority of articles that reported power calculations, several reported failure to meet target sample size.

Conclusion. Initial results point to a paucity of high-quality, large-scale RCTs involving adults with DS and challenges related to recruitment of participants. The results may aid development of strategies that allow clinical trial teams to overcome challenges in recruitment and retention in RCTs, and may eventually contribute to the improved health and wellbeing of adults with DS.

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Caregiver Mental Health, Quality of Life, and Coping Following a Child's Diagnosis of Autism: A Follow-Up Study After 4–6 Years

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Aims. Caregivers of autistic children may experience greater stress and reduced mental well-being compared with caregivers of typically developing children or children with other neurodevelopmental conditions. Less is known about earlier child and family predictors of later caregiver stress, as most studies have been cross-sectional. This study aimed to examine how caregiver (coping strategies and appraisal of their child's autism) and child factors (behavioural difficulties and adaptive functioning) were related to mental health and quality of life in caregivers of 2–7-year-old autistic children over 4–6 years.

Methods: At Time 1 (T1), 119 caregivers completed the Coping Health Inventory for Parents (CHIP), Family Impact of Childhood Disability (FICD), Centre for Epidemiology Studies Depression Scale (CES-D), Autism Treatment Evaluation Checklist (ATEC), and Scales of Independent Behavior-Revised (SIB-R). Of those, 50 completed the same measures 4–6 years later (Time 2-T2). Demographic data at T1 and the World Health Organization Quality of Life (WHOQOL) questionnaire at T2 were also collected. The relative contributions of T1 caregiver and child factors in predicting T2 caregiver self-reported depression and quality of life were analysed with multiple regressions.

Results. Caregivers' depressive symptoms remained generally stable across 4–6 years (30% at T1 and 38% at T2 scoring at or above the CES-D cut-off), and earlier caregiver depression predicted later caregiver depression. At T2, child adaptive functioning significantly improved compared with T1, while mean child behavioural difficulties (e.g., behaviours disruptive to others, damaging to property, socially offensive or inappropriate) remained generally stable. Caregiver appraisal of the impact of child's autism on the family also did not change much over time, but higher T1 negative caregiver appraisals of their child's diagnosis predicted poorer later social quality of life on the WHOQOL. There were mixed findings regarding the helpfulness of coping patterns assessed by the CHIP, with our findings suggesting that family integration and optimism could be helpful in improving caregiver mental well-being.

Conclusion. Modifiable predictors of longer-term caregiver adaptation indicate that in addition to providing early supports for children's adaptive functioning and social communication, caregivers' appraisals of autism, caregiver and family coping strategies, and earlier caregiver depressive symptoms also need to be targeted.

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Predictors of Functioning in Bipolar Disorder: Focused on Functioning Assessment Short Test (FAST)

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Aims. Functional outcome can be even more important than syndromic outcomes, as the ability to meet role expectations at work, home, or school and the quality of interpersonal relationships are often cited as the most important outcomes for people with bipolar disorder (BD) and their families. We investigated the factors correlated with functioning by using the Functioning Assessment Short Test (FAST).

Methods. A total of 197 bipolar disorder out-patients were involved in this study, 166 (84.3%) were bipolar I disorder (BD-I) patients and 31 (15.7%) were bipolar II (BD-II) patients. We used the FAST for functioning of the patients and the severity of depressive and manic/hypomanic symptoms were measured by bipolar depression rating scale (BDRS) and Young Mania Rating Scale (YMRS). We also examined the disturbances in biological rhythm by the Biological Rhythm Interview of Assessment in Neuropsychiatry (BRIAN).

Results. There were significant positive correlations between FAST and numbers of depressive episode, YMRS, BDRS and BRIAN and showed negative correlation between FAST and age at onset of mood disorder. FAST was associated with YMRS ($\beta=0.3768$, $p<0.001$), BDRS ($\beta=0.293$, $p<0.001$), BRIAN ($\beta=0.167$, $p=0.011$), with 47.1% of the variance explained ($R^2=0.471$, Durbin-Watson test = 1.51, $p<0.001$) in multiple linear regression. In other words, residual mood symptoms and biological rhythm imbalance have a negative impact on the functioning of BD patients.

Conclusion. Although the other factors must be present to predict the functioning of bipolar disorder patients, manic symptoms, depressive symptoms and biological rhythm imbalance have negative impacts on functioning of BD patients in this study.

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Identifying Molecular Biomarkers in Attention-Deficit/Hyperactivity Disorder (ADHD) – a Systematic Review of Literature and Appraisal of Evidence

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Aims. At the core of medical diagnosis lies specific blood tests, urine analysis, microscopic and histologic examination of tissues, and as well radiological investigations that are usually confirmatory of the presence of a disease. However, the diagnosis of ADHD currently relies on reports of clinical symptoms which is usually subjective, with variable interpretations by different professionals, thus posing issues of misdiagnosis and reliability. This study set out to explore, appraise and summarize molecular biomarkers in literature over the past 30 years, which can be applied for the diagnosis of ADHD.

Attention-deficit/hyperactivity disorder (ADHD) is a common neuropsychiatric and neurobehavioral disorder that affects children and adolescents, and more recently, gaining recognition in adults. It is characterized by a pervasive pattern of inattention, hyperactivity, and impulsivity or a mixture of the three, that cuts across the individual's multiple domains of life.

Methods. One-thousand articles collated across multiple sources and databases were systematically reviewed and analysed for this project. The keywords for the search criteria in the Boolean operators are “biomarkers and ADHD”, “molecular biomarkers and ADHD” and “biomarkers and ADHD and Diagnosis”.

Results. 5.6% of the articles from several types of studies were included in the final analysis after the inclusion and exclusion criteria were applied. The results revealed various heterogeneity across age, gender, ethnicity, medication status, comorbidities,