

to peers without body modifications. No studies on body modifications and core-symptoms of ADHD are available.

Objectives: This study aimed to compare self-reported ADHD symptoms between non-clinical adults with and without body modifications.

Methods: A non-clinical adult Swedish population ($n=815$) completed the Adult ADHD self-report scale (ASRS-v1.1) and answered questions concerning body modification. ADHD diagnosis served as exclusion criterion. Three grouping variables were analysed separately; tattoo status, piercing status and a combination of having both tattoo and piercing. Linear regression compared mean ASRS total- and subscale scores between individuals with and without body modification according to each grouping variable, while adjusting for candidate covariates age and sex.

Results: The prevalence of each body modification variable was; 30% for tattoo, 18% for piercing other than earlobe and 12% for combination of tattoo and piercing. Any combination of body modification was associated with significantly higher ASRS total- and subscale scores compared to no body modification. The most pronounced differences between groups were for the combination of tattoo and piercing, and on the hyperactivity/impulsivity (HI) subscale; revealing adjusted mean differences of 4.3 points (range 0-72) on the ASRS-total score ($p < 0.001$) and 2.6 points (range 0-36) on the ASRS HI subscale ($p < 0.001$).

Conclusions: Body modification was associated with more pronounced ADHD core symptoms amongst non-clinical adults. Although statistically significant, the clinical significance is uncertain. The prevalence rates of body modifications in our cohort indicate that they are becoming cultural normal.

Disclosure: No significant relationships.

Keywords: body piercing; Impulsivity; Attention Deficit Disorder with Hyperactivity; tattooing

O0058

Longitudinal effects of antidepressant treatment on resting state functional connectivity in adolescents with major depressive disorder

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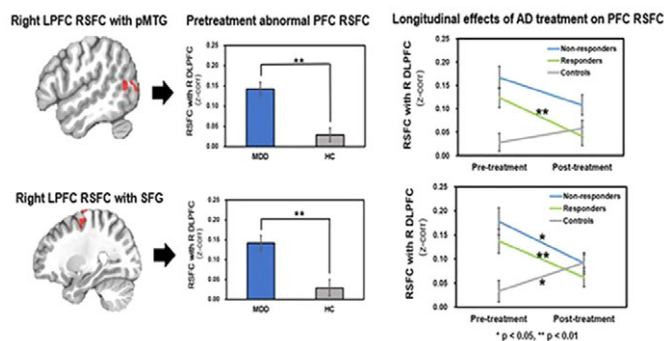
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Introduction: Adolescents with major depressive disorder (MDD) often show reduced prefrontal functional connectivity with the subcortical regions than healthy controls (HC) (Tang et al., 2018). However, relatively little is known about longitudinal effects of antidepressant (AD) treatment on resting state functional connectivity (RSFC) in the prefrontal cortex (PFC).

Objectives: This study aimed to investigate abnormal PFC RSFC in MDD adolescents compared to HC and longitudinal effects of AD on PFC RSFC.

Methods: This study included 59 adolescents with MDD and 43 HC. MDD adolescents were treated with escitalopram in an 8 week, open-label trial. The treatment outcome was assessed by Children's

Depression Rating Scale (CDRS-R) and patients showing at least a 40% improvement in CDRS-R scores from baseline to week 8 were defined as "responders". Functional and T1 images collected before and after treatment were processed using AFNI and Freesurfer. Our seed was the lateral PFC (LPFC, BA46). T-tests and repeated measures ANCOVAs, controlling for age and IQ, were conducted to examine abnormal PFC RSFC and longitudinal effects of AD on LPFC RSFC. **Results:** Relative to HC, MDD showed increased LPFC RSFC with the posterior middle temporal gyrus (pMTG) and superior frontal cortex (SFG) involved in attentional networks. Responders showed greater changes in LPFC RSFC with the MTG and SFG after AD treatment compared to non-responders and HC (Figure 1).



Conclusions: Our finding suggests that reduced LPFC RSFC with the pMTG and SFG reflecting decreased attentional network connectivity may serve as a biomarker to predict AD treatment outcome in adolescents with MDD.

Disclosure: No significant relationships.

Keywords: adolescence; major depressive disorder; resting-state functional connectivity; antidepressant treatment

Depressive Disorders / Training in Psychiatry

O0059

Bipolar disorder correlated to shorter remission latency and borderline personality disorder symptom severity to longer in depression – a prospective cohort study of major depressive patients

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Introduction: Major depressive episodes (MDE) occur in major depressive (MDD) and bipolar disorders (BD), and are frequently complicated by borderline personality disorder (BPD). Mixed affective symptomatology is a hallmark of BD, and affective lability of BPD; both may markedly influence illness course. However, direct comparisons of outcome of depression in MDD, BD and BPD are scarce.