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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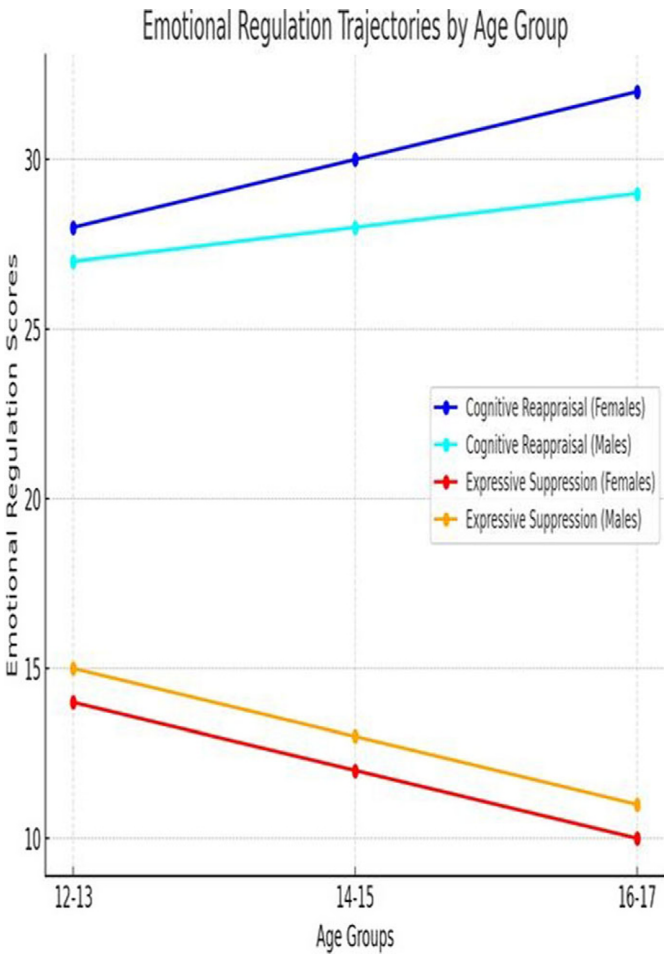
Introduction: Adolescence is a pivotal phase for behavioural development, where impulsivity, risk-taking, and emotional regulation mechanisms differentially impact mental health outcomes. This study examines the interaction of these factors in predicting addiction and behavioural disorders, focusing 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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Introduction: Alcohol consumption of mothers can lead to problems in emotional and behavioural development of children. However, less is known about the effects of paternal alcohol drinking.
Objectives: We aimed to investigate whether maternal or paternal alcohol consumption during pregnancy longitudinally affected children's mental health.
Methods: We analyzed a total of 2,013 parent-child triads (52% of children were males) from the European Longitudinal Study of Pregnancy and Childhood. Data on alcohol consumption was obtained from questionnaires from both parents during pregnancy and after the child's birth. Mental health and behaviour of children was assessed with Strength and Difficulties Questionnaire (SDQ) at ages 7, 11, 15, and 18 years old, as reported by mothers and children themselves. The associations were tested using linear regression, adjusting for parent's age at child's birth, child's sex, and other socio-demographic and psychosocial covariates. We also tested an interaction between the exposure and children's sex.
Results: Maternal alcohol consumption was associated with higher total SDQ scores at ages 7, 11, and 18 years old when the outcomes were reported by mothers, but only at 11 when reported by children. We did not observe any dose-response relationship, and the effect size did not change during the follow-up. Results of the linear regressions are displayed in Table 1. We did not detect any effect modification by child's sex. The effects were observed across various domains of SDQ (except for the peer problems subscale): in the emotional symptoms subscale at age 11 when reported by both mother and child, in the conduct problems subscale at ages 7 and 11 when reported only by mother, in the hyperactivity/inattention subscale at age 18 when reported only by mother. Paternal alcohol consumption was not associated with the total SDQ score.

Table 1 Association of maternal alcohol consumption with the total score of Strength and Difficulties Questionnaire

		Maternal alcohol consumption during pregnancy	
	Child's age (years)	Once B (95% confidence interval)	Twice or thrice
SDQ reported by mothers	7	0.4 (-0.1, 0.9)	0.7 (0.1, 1.3)*
	11	0.7 (0.2, 1.2)*	0.6 (0.1, 1.2)*
	15	0.6 (0.0, 1.3)	0.5 (-0.2, 1.2)
	18	0.8 (0.0, 1.6)*	0.9 (0.1, 1.7)*
SDQ reported by children	11	0.1 (-0.4, 0.7)	0.8 (0.2, 1.5)*
	15	0.4 (-0.5, 1.2)	0.5 (-0.4, 1.4)
	18	0.1 (-1.4, 1.5)	-0.1 (-1.4, 1.2)

** p-value < .05. The reference category is no alcohol consumption. Results are from a fully adjusted model.*
Conclusions: Maternal alcohol consumption has a long-term effect on children's mental health in particular when reported by mothers. Interventions preventing maternal alcohol consumption during pregnancy may protect children's mental health.

Disclosure of Interest: None Declared

EPP382

Hyperfocus in ADHD: A Misunderstood Cognitive Phenomenon

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Introduction: Attention-Deficit/Hyperactivity Disorder (ADHD) is characterized by deficits in attention, impulsivity, and hyperactivity, but some cognitive phenomena within ADHD remain under-researched. One such phenomenon is hyperfocus, referring to prolonged, intense concentration on tasks of high interest. While inattentiveness is a hallmark of ADHD, hyperfocus presents a paradox where individuals become deeply absorbed in activities, often neglecting other necessary responsibilities. This focus can lead to productive work but also negative outcomes like missed deadlines or personal neglect.
Objectives: This study investigates the prevalence of hyperfocus in adults with ADHD, explores its relationship to core symptoms, and examines its impact on functional outcomes, including academic performance, employment, and relationships. It also seeks to understand individuals' perceptions of hyperfocus's benefits and drawbacks.
Methods: A mixed-methods approach was used to capture both quantitative and qualitative data. A total of 50 adults diagnosed with ADHD, aged between 18 and 45, were recruited. Participants completed the ADHD-Focused Attention Questionnaire (AFAQ), designed to measure the frequency, intensity, and duration of hyperfocus episodes. Additionally, the participants were asked to complete a structured life events questionnaire, assessing the impact of hyperfocus on various functional domains, including academic performance, employment, and personal relationships.
Results: The study found that 68% of participants reported frequent hyperfocus, with episodes lasting from several hours to days. The most common triggers were work-related tasks (35%), creative activities (25%) and gaming (20%),. While hyperfocus during gaming and creative tasks brought personal satisfaction, it often resulted in neglected responsibilities (40%). Hyperfocus at work increased productivity for 30% of participants, particularly in flexible or creative roles. There was also a strong correlation between hyperfocus and productivity, especially in flexible environments. However, hyperfocus also correlated with missed deadlines and neglected self-care, especially in less structured routines. Interviewees highlighted hyperfocus as a double-edged sword: it provided intense concentration but left many feeling "trapped," struggling to shift attention. Regarding relationships, 55% of participants said hyperfocus negatively impacted their social lives, with partners feeling neglected. However, 15% found that hyperfocus occasionally enhanced shared activities.
Conclusions: Hyperfocus in ADHD boosts productivity but can disrupt routines and relationships. Its unpredictability complicates balancing responsibilities. Recognizing hyperfocus as a core feature in ADHD could lead to better management strategies, such as time management training, external reminders, and structured breaks.

Disclosure of Interest: None Declared