

right amygdala activities during angry face processing ($R^2 = 0.157$, $\beta = -0.003$, $F = 5.415$, $p = .027$ and $R^2 = 0.135$, $\beta = -0.002$, $F = 4.360$, $p = .046$, respectively). In the control group, task RMSSD was significantly correlated with right amygdala and right dorsomedial prefrontal cortex activities during neutral face processing ($R^2 = 0.160$, $\beta = -0.003$, $F = 6.284$, $p = .017$ and $R^2 = 0.222$, $\beta = -0.009$, $F = 9.443$, $p = .004$, respectively), while in the SAD group, correlations were found with the right parahippocampal gyrus ($R^2 = 0.148$, $\beta = -0.002$, $F = 4.5$, $p = .044$). Additionally, only in the control group, RMSSD during neutral face trials was significantly correlated with neural activation during angry faces processing ($R^2 = 0.132$, $\beta = -0.002$, $F = 4.856$, $p = .035$).

Conclusions: This study identifies distinct patterns of autonomic and neural responses to emotional stimuli in SAD patients, highlighting heightened autonomic readiness and reduced flexibility when processing social threats.

Disclosure of Interest: None Declared

Child and Adolescent Psychiatry

EPP011

Effectiveness of the Early Adolescent Skills for Emotions (EASE) Intervention in Alleviating Post-Traumatic Stress Disorder: A Systematic Review and Meta-Analysis of Randomized Controlled Trials

V. Astori^{1*}, B. Westphalen Pomianoski², D. Lopes Vieira³, M. Prätzel Ellwanger⁴ and M. Frizzo Messinger⁵

¹Escola Superior de Ciências da Santa Casa de Misericórdia de Vitória, Vitória; ²Universidade Nove de Julho, São Paulo; ³Universidade Federal de Minas Gerais, Belo Horizonte; ⁴Universidade do Contestado, Mafra and ⁵Universidade Federal do Rio Grande do Sul, Porto Alegre, Brazil
*Corresponding author.

doi: 10.1192/j.eurpsy.2025.378

Introduction: The Lancet Commission noted severe mental health service disparities in low- and middle-income countries facing crises. Regarding this, the World Health Organization (WHO) developed the early adolescent skills for emotions (EASE), an experimental group-based intervention delivered by non-specialists, to offer evidence-based psychological support for adolescents with mental distress.

Objectives: This systematic review and meta-analysis assesses EASE's effectiveness in alleviating post-traumatic stress disorder (PTSD) compared with enhanced treatment as usual (ETAU).

Methods: We systematically searched PubMed, Cochrane, and Scopus for randomized controlled trials (RCTs) comparing EASE with ETAU. Our outcomes included the overall improvement in post-traumatic and depressive symptoms, measured by the Children's Revised Impact of Event Scale (CRIES-13) and the Patient Health Questionnaire-Adolescent version (PHQ-A) scores respectively. We pooled mean differences (MD) with 95% confidence intervals (CI) in RStudio using a random-effects model. Heterogeneity was assessed with I^2 statistics.

Results: Six RCTs were included with 1,417 patients, of whom 642 (45.3%) received EASE treatment. In 67% of the studies, Syria

was the main location of RCT's. A total of 688(49%) were female. CRIES-13 (MD = -0.18, 95% CI [-1.88, 1.52], $p = 0.84$, $I^2 = 0\%$; Figure 1) and PHQ-A (MD = -0.69, 95% CI [-1.47, 0.09], $p = 0.08$, $I^2 = 15\%$; Figure 2) scores in the EASE intervention group compared to the ETAU group showed no significant difference. In both outcomes the heterogeneity was low.

Image 1:

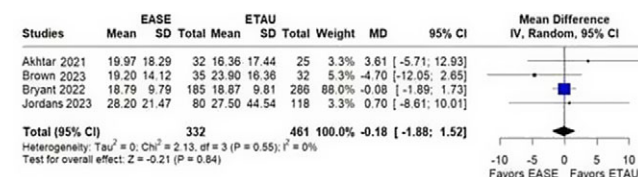


Figure 1 - There was no significant difference between groups in CRIES-13 ($P = 0.84$) scores.

Image 2:

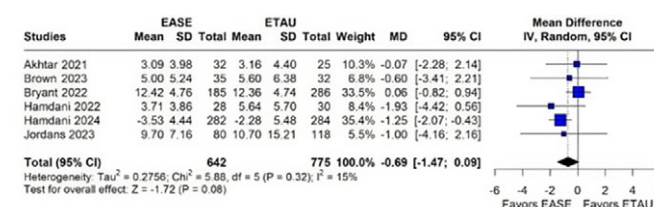


Figure 2 - There was no significant difference between groups in PHQ-A ($P = 0.08$) scores.

Conclusions: The benefit of EASE in improving mental distress in adolescents is uncertain. Additional trials will provide new evidence for EASE potential therapeutic benefits.

Disclosure of Interest: None Declared

EPP013

The Moderating Role of Coping Self-efficacy on the Relationship Between Stress and Psychosomatic Symptoms in Adolescents: A Moderation Analysis

M. Klein^{1,2*}, D. Várnai^{2,3}, Á. Németh² and G. Kökönyei^{2,4,5}

¹Doctoral School of Psychology; ²Institute of Psychology, ELTE Eötvös Loránd University; ³Heim Pal National Institute of Pediatrics; ⁴NAP3.0-SE Neuropsychopharmacology Research Group, National Brain Research Program and ⁵Department of Pharmacodynamics, Faculty of Pharmacy, Semmelweis University, Budapest, Hungary

*Corresponding author.

doi: 10.1192/j.eurpsy.2025.379

Introduction: Adolescents face significant stress, which can undermine their subjective health, often manifesting as psychosomatic symptoms. Perceived self-efficacy is a critical resource for resilience, potentially buffering the impact of stress on subjective health. While action self-efficacy indicates one's perceived ability to set goals and take initiative, coping self-efficacy refers to one's ability to

achieve the goals. By investigating both components, researchers and mental-health professionals can better understand how different aspects of self-efficacy influence the stress-symptom relationship, providing a more nuanced view of coping mechanisms.

Objectives: The aim of this study is to determine how these key components of self-efficacy - action self-efficacy and coping self-efficacy - moderate the relationship between stress and psychosomatic symptoms.

Methods: The analyses were based on the Hungarian contribution to the representative international Health Behaviour in School-aged Children (HBSC) survey, collected in 2021/2022. The study population comprised self-report data from high-school students ($N = 3,410$; mean age = 16.77 years). We examined the main effects of self-efficacy dimensions and perceived stress, and their interactions in explaining psychosomatic complaints, using linear regression analysis with Hayes' PROCESS macro (Model 1) in SPSS. Age and gender were controlled for as covariates.

Results: *Coping self-efficacy:* The overall model explained 33% of the variance in psychosomatic symptoms ($R^2 = 0.33$, $F(5, 3404) = 330.96$, $p < .001$). The results showed that stress ($b = 1.93$, $p < .001$), coping self-efficacy ($b = 2.18$, $p = .02$), and their interaction ($b = -0.33$, $p = .002$) were significant explanatory variables. This suggests that the relationship between stress and psychosomatic symptoms is weaker among adolescents who reported stronger coping self-efficacy. *Action self-efficacy:* In contrast, the interaction between stress and action self-efficacy was not significant ($p = .16$), implicating that the ability to set goals did not mitigate the effect of stress on symptoms.

Conclusions: The findings imply that coping self-efficacy significantly reduces the relationship between stress and psychosomatic symptoms. Adolescents with stronger coping skills are better equipped to mitigate the adverse effects of stress. However, action self-efficacy did not show a significant moderating effect, highlighting the distinct roles different self-efficacy components play in stress management. These results emphasize the importance of enhancing coping skills, such as cognitive reappraisal, in primary prevention interventions to reduce stress-induced psychosomatic symptoms.

Keywords: adolescents, HBSC, psychosomatic symptoms, self-efficacy, stress

This study was supported by the Hungarian National Research, Development, and Innovation Office (K139265 and K143764).

Disclosure of Interest: None Declared

EPP014

Effects of Additional Yoga Intervention in Children and Adolescents with Major Depressive Disorder: A Randomized Controlled Trial

B. N. Patra^{1*}, R. Sagar¹ and G. Sharma²

¹Psychiatry and ²Cardiology, AIIMS, NEW DELHI, New Delhi, India

*Corresponding author.

doi: 10.1192/j.eurpsy.2025.380

Introduction: Depression is one of the most common mental health disorders in children and adolescents. In India, many

parents resist psychotropic medication for children due to potential side effects, highlighting the need for non-pharmacological interventions like yoga.

Objectives: The current study investigates the impact of additional yoga therapy on depressive symptoms, global functioning, and parental stress among children and adolescents diagnosed with Major Depressive Disorder (MDD) on children seeking treatment at the Department of Psychiatry of a tertiary care medical institute in India.

Methods: This study included 80 participants aged 6 to 17 years. After taking written informed consent from the parents and assents from the adolescents, they were randomized into two groups: one receiving yoga Therapy alongside treatment as usual (TAU) and the other a waitlist control group receiving only TAU. Assessments were done on both children and their parents, and the instruments included were Centre for Epidemiological Studies Depression Scale for Children (CES-DC), the Children's Global Assessment Scale (CGAS), the Clinical Global Impression scale (CGI), and the Depression Anxiety and Stress Scale (DASS) for parents. Follow-up assessments occurred at 6 and 12 weeks.

Results: In the experimental group, CES-DC scores showed significant improvements, with p value < 0.01 at 6 weeks and < 0.01 at 12 weeks. Global functioning scores also improved, recording p values of < 0.01 at 6 weeks and < 0.01 at 12 weeks. The control group also exhibited results, with CES-DC p values of < 0.01 at 6 weeks and < 0.01 at 12 weeks. Global functioning scores revealed p values of < 0.01 at 6 weeks and < 0.01 at 12 weeks. However, there were no significant differences in the improvement in CES-DC score and functioning in the experimental and control group at the end of 6 weeks and 12 weeks. At the baseline, at end of 6 weeks and at the end of 12 weeks, there were no significant differences in parental depression, anxiety, and stress score.

Conclusions: Yoga therapy was beneficial for the children and adolescents with major depressive disorder. However, there were no significant differences in the improvement in depression and functioning in the experimental and control group.

Disclosure of Interest: B. Patra Grant / Research support from: The Department of Science & Technology, Govt of India under its scheme "SATYAM", R. Sagar: None Declared, G. Sharma: None Declared

EPP015

The BDNF/proBDNF ratio as a predictor of antidepressant treatment response in adolescent girls

W. Zwolińska^{1,2*}, K. Bilska³, N. Pytlińska¹, M. Skibińska³, M. Dmitrak-Węglarz³ and A. Słopień¹

¹Child and Adolescent Psychiatry Clinic; ²Doctoral School and ³Department of Psychiatric Genetics, Poznan University of Medical Sciences, Poznan, Poland

*Corresponding author.

doi: 10.1192/j.eurpsy.2025.381

Introduction: The role of the brain-derived neurotrophic factor (BDNF) in the pathophysiology of depression is well established,