

and insignificant dynamics of individual manifestations throughout the disease with the preservation or some decrease in the level of educational and labor adaptation with the restoration of previous social contacts and a fairly high quality of life (scores 61-80 on the PSP scale). The progressive course was characterized by the gradual addition of new psychopathological disorders, or the aggravation of existing ones, patients had a distinct decrease in educational, labor and social adaptation (scores 50-31 on the PSP scale) or complete maladaptation of all spheres of life (scores <40 on the PSP scale).

Conclusions: The high incidence of progressive and monotonous course in juvenile chronic depression, contributing to a decrease in the level of functioning of patients, indicates the importance of timely detection of these conditions and the need for careful selection of therapy.

Disclosure of Interest: None Declared

EPP0641

Predictors of change in emotional regulation from 6 to 30 months of age in infants born after a threatened preterm labour.

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doi: 10.1192/j.eurpsy.2024.741

Introduction: Emotional dysregulation are considered early manifestations of neuropsychiatric disorders. Recent research has shown that a threatened preterm labour (TPL) represents an adverse prenatal event that involves temperament disturbances, even in absence of prematurity. Thus, full-term TPL infants at 6 months of age are characterized by lower positive affect, higher negative affect, and worse emotional regulation relative to a full-term non-TPL control group.

Objectives: The aim of this study is to explore the predictors of change of emotional infant competences.

Methods: This prospective cohort study recruited mothers who suffered from a TPL. Infants' temperament assessment was performed at 6 and 30 months of age using the Rothbart Behaviour Questionnaires, examining positive affectivity/surgency, negative emotionality, and orienting and emotional regulatory capacity. A regression model was carried out, including gestational age at birth, maternal anxiety trait, maternal history of psychological traumas, prenatal and postnatal maternal depression, anxiety, and cortisol as well as parenting stress as predictors.

Results: Increased positive affectivity was related with lower paternal stress ($p = .044$). Maternal history of trauma and parenting stress was associated with increased negative emotionality ($p = .037$ and $p = .045$, respectively). Increased emotional regulation disturbance was linked to low gestational age at birth ($p < .001$), higher postnatal depression ($p = .002$), higher prenatal anxiety at TPL diagnosis ($p = .039$) and higher postnatal anxiety ($p = .008$).

Conclusions: Therefore, maternal previous traumas, maternal psychopathology from pregnancy to postpartum as well as parenting

stress should be considered in psychological treatment to improve infant's emotional competences and prevent subsequent neuro-psychiatric disorders.

Disclosure of Interest: None Declared

EPP0642

The Friendship Gap: Investigating gender differences in adolescent friendships and mental health

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doi: 10.1192/j.eurpsy.2024.742

Introduction: Friendships are vital relationships throughout the lifespan, but become especially meaningful during adolescence. Adolescents between the ages of 10 and 18 name a friend as one of the most important people in their lives (Kiesner et al., 2004). Authentic social groups, defined as mutual social relationships that adolescents voluntarily engage in, are sources of support and companionship for adolescents, more than parents (Furman & Buhrmester, 1992). Past research shows adolescents turn to their friends most for mental health support in a crisis, yet less than half report finding the support helpful (Geulayov et al., 2022). Thus, it's crucial to understand friendship dynamics of adolescents in order to address an appropriate intervention. Past literature has demonstrated gender differences in how adolescents approach friendships and social relationships (Lempers & Clark- Lempers, 1993).

Objectives: I aim to investigate whether girls, boys, and gender non-binary individuals differ in their perceptions of friendship quality and friendship dynamics (i.e. social support seeking) and whether these differences have implications for their mental health outcomes. By studying gender differences in friendship quality and mental health, I hope to shed light on potential avenues for promoting inclusivity and positive mental health outcomes for both gender binary and gender non-binary adolescents.

Methods: A cross-sectional survey (OxWell) was administered online to students across secondary schools and further education colleges in England to assess their self-reported friendship quality. The RCADS and WEMWBS scales were used to assess depression and anxiety symptomology, and well-being, respectively. The results from the survey were analysed in R.

Results: Gender-binary and gender non-binary adolescents differed in friendship quality, friendship dynamics, mental health scores, and help-seeking behaviours. Gender non-binary adolescents had the worst mental health scores and reported lowest friendship quality compared to girls and boys. Boys had the best mental health when compared to girls and gender non-binary adolescents, and were more likely to perceive support provided by their friends as helpful. Surprisingly, gender non-binary adolescents reached out to their friends the most (when compared to girls and boys) for mental health support, despite having proportionally lower quality friendships, and were the least likely to find support received from friends helpful.

Conclusions: This data presents evidence for the difference in social relationships across adolescents of all genders. It highlights the need for specialized and inclusive mental health support being made available for gender non-binary youth in England—a

minoritized group in need of intervention. This data hopes to inform school-based friendship interventions targeted to improve friendships and mental health of gender non-binary youth.

Disclosure of Interest: None Declared

EPP0643

The quality of life of Hungarian adolescents in the light of their emotions

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doi: 10.1192/j.eurpsy.2024.743

Introduction: Mental health professionals pay particular attention to adolescents, as many psychiatric disorders begin at this age, and the mental state of adolescents has been deteriorating worldwide in the last decade. Based on previous international research, the ability to regulate negative emotions and mentalizing - that is, the ability to identify the thoughts and emotions behind one's own and others' behaviour - mediate the negative effects of attachment difficulties experienced in close relationships on the quality of life. This relationship has not yet been investigated among Hungarian adolescents. Adolescent events can have a long-term effect on a person's mental health, so it is very important to examine the factors that influence the quality of life.

Objectives: This research aimed to examine the relationship between attachment, mentalizing, emotion regulation and quality of life among adolescents between 14 and 18 years of age.

Methods: In our non-clinical cross-sectional research, 141 adolescents filled out the Experiences in Close Relationships questionnaire, the Difficulties in Emotion Regulation Scale, the Reflective Functioning Questionnaire and the Quality of Life Scale after informed consent. We tested two mediator models, in which emotion regulation and mentalizing were the mediating variables in the relationship between attachment difficulty and quality of life.

Results: In our analyses, attachment difficulties ($c' = -1.87, p < .001, \beta = -0.41$) and emotion regulation problems ($b = -0.08, p < .001, \beta = -0.39$) also predicted a reduced quality of life. Attachment problems also reduce the quality of life of young people through emotional regulation difficulties ($\sum ab = -0.81 [-1.21 - -0.45], \beta = -0.17$). However, mentalizing was not significantly related to the adolescents' quality of life ($b = -0.05, p = .10, \beta = -0.11$). Mentalizing also did not mediate the relationship between attachment and quality of life ($\sum ab = -0.09 [-0.27 - -0.02], \beta = -0.02$).

Conclusions: Our results suggest that adolescents' emotion regulation has a prominent role in their quality of life in addition to attachment styles. To improve the quality of life among adolescents, we recommend using techniques that develop emotion regulation.

Disclosure of Interest: None Declared

Depressive Disorders

EPP0644

Alexithymia in population with depressive disorders and suicidal ideation: results of an observational study

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doi: 10.1192/j.eurpsy.2024.744

Introduction: In clinical practice, significant delays in requesting help are observed in patients with depressive symptoms and suicidal ideation.

Objectives: The objective of this study was to determine factors associated with the time of untreated illness in a population with depressive disorder attending mental health for the first time in the area of Hospital Clínico Universitario de Valladolid (HCUV).

Methods: Methods: This is an observational study including adult patients of both sexes, referred to their first mental health consultation from their Primary Care Physician, with a picture of depressive symptomatology associated with an identifiable stressor. Informed consent was obtained from the patients and authorized by the Ethics Committee of the HCUV. R Studio ® statistical analysis.

The degree of emotional confusion was quantified with item 1 ("I am often confused about the emotions I feel") of the Toronto Alexithymia Scale (TAS). This item is scored (1-5)from most severe (1) to least (5). On the other hand, the time in weeks between symptom onset to referral, age and symptom severity according to the Montgomery Scale (MADRS) were recorded.

Results: Results: We present data collected in an initial sample of 278 treated patients, with a female predominance (68%), a MADRS severity score (18.05 ± 5.01) and a calculated time without treatment of 59.66 ± 62.26 weeks (Tables 1,2,3).

A subsample of 72 patients with death ideation was studied, with a female predominance (75%) compared to the overall sample ($X^2 = 1.99, p = 0.1585$) (Table 4).

It was also observed that death ideation was higher in younger patients ($t = 3.18, p = 0.001907$) and with a severe MADRS depression score ($t = -7.92, p < 0.0001$), however they took a similar length of time to receive mental health treatment (T student $t = -1.6605, p = 0.099$); (Table 5).

There is no previous published evidence that considers the timing of untreated symptoms. According to test statistics, there are differences in untreated symptom time considering gender and TAS score (Table 6).

Conclusions: Death ideation is a current health problem that deserves attention. In multivariate analysis models, an association with clinical and demographic factors has been found; however, there is up to 20% of the variation in prevalence that is not explained by the aforementioned factors. The factors that determine the time delay in seeking help (treatment delays) have not been studied so far.

In this study we observe how a single variable doesn't explain the delay in the first visit. The interaction between age, gender, alexithymia and hypoprosexia explains the delay in seeking help, although symptom severity doesn't seem to be related. These data suggest that unexplained causality in multivariate studies may be related to the interaction between clinical and neuropsychological factors.

Disclosure of Interest: None Declared