

Conclusions: Psychiatrists' access to professional resources can be reliably measured by a 11-item questionnaire and can be used to test the influence of their professional social capital on different outcomes.

Disclosure of Interest: None Declared

EPP0337

Subjective Triggering Conditions of Affective Episodes in Adolescents and Young Adults from the General Population

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Introduction: Affective episodes often emerge in adolescence and young adulthood. Identification of factors subjectively associated with their onset may improve aetiological models and targeted intervention.

Objectives: To examine precipitating conditions of (hypo-)manic and depressive episodes in adolescents and young adults from the general population.

Methods: A random sample of 14-21 year-olds was drawn from the population registry of Dresden, Germany, and N=1180 were assessed in 2015/2016 (response rate: 21.7%). Lifetime depressive and (hypo-)manic symptoms as well as full-threshold depressive and (hypo-)manic episodes (DSM-5) were identified using standardized interview. Participants reporting depressive or (hypo-)manic symptoms were asked whether and which events or conditions they associate with episode onset. Besides responses on a list providing potential triggering conditions a free answer was possible. Qualitative content analysis preceded quantitative logistic regression analyses (significance level $p < .05$). Considered categories were: negative life events (further divided for depression into loss/danger events, burdensome life conditions, and interpersonal factors), events requiring adaptation, positive life events, internal factors, and other factors.

Results: The vast majority of participants reporting depressive (n=682) respectively (hypo-)manic (n=200) symptoms also reported a precipitating condition (94.7%, 83.1%). There was no significant association between any triggering condition and the occurrence of a full-threshold depressive (n=206) or (hypo-)manic (n=25) episode. However, the number of reported categories of precipitating conditions was associated with full-threshold depressive and (hypo-)manic episodes. Among those with depressive or (hypo-)manic symptoms and at least one reported precipitating condition, multiple regression models including all condition categories showed that in particular internal factors, interpersonal problems and other factors were associated with the occurrence of a full-threshold depressive episode (n=199) and positive life events as well as internal factors were associated with the occurrence of a full-threshold (hypo-)manic episode (n=21).

Conclusions: Adolescents and young adults from the general population usually associate the onset of phases with affective symptoms with precipitating conditions but these do not necessarily signal the emergence of a diagnostically relevant episode. Nevertheless, a greater number of and the presence of particular precipitating conditions may indicate the emergence of full-blown depressive or (hypo-)manic episodes. Thus, asking for subjective triggers appears relevant and may guide early identification and intervention.

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EPP0338

Follow-up Study Tracking Children's Development from Preschool till Middle School

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Introduction: Screening for early detection of health issues and support are provided to children needing developmental support. In Japan, a significant percentage of infants requiring support are identified during health checkups. Sometimes, however, problems are first observed when children are of school age. It is, therefore, important to identify the age at which children need early support.

Objectives: Of the children born in 2005 in Kanie-cho, in Japan, 106 participated in the survey at all time points: age 5, first grade, fifth grade, and eighth grade.

Methods: The medical checkup results of the participants at age 5 were used to determine who among them needed support After entering school, the participants who scored less than 70 points on the Children's Global Assessment Scale, where their adjustment was assessed based on the interview with the homeroom teacher, were considered maladjusted.

Results: The results are presented in Table 1.

Thirty participants needed supports at age 5; of these, 20 (66.7%) were maladjusted at any point in their school years—19 (95%) in the first grade, 14 (70%) till the fifth grade, and five (25%) till the eighth grade.

Of the 76 participants who did not need support in early childhood, 24 (31.6%) were maladjusted at some point in their school years—nine (37.5%) experienced maladjustment in the first grade, but none of them continued to be maladjusted till the fifth grade, and 14 (58.3%) who were not maladjusted in the first grade experienced it in the fifth or eighth grade (adolescents).

Thus, the participants maladjusted in their school years were categorized as follows:

1. The developmental disorders group (experiencing maladjustment throughout since early childhood): 19
2. The "first grade problem" group (experiencing transient problems only in the first grade): 9
3. The adolescent group (experiencing problems during adolescence): 14