ANT-S) were associated with BDDE-SR. Regression results demonstrated in Table 1 show that BOR-I and PAR-R predict BDDE-SR. Correlation of BOR-I and PAR-R with BDDE-SR factors was shown in Table 2.

Table 1. Hierarchical multiple linear regression analysis for BOR-I, PAR-R in predicting BDD symptoms

	B	SE	*beta*	t	R^2	ΔR^2	F	Sig.
Model 1								
BOR-I	2.812	0.547	0.491	5.140	.241	.232	26.421	.001
Model 2								
BOR-I	2.317	0.568	0.405	4.080	.294	.277	6.073	.016
PAR-R	1.387	0.563	0.245	2.464				

Table 2. Correlation between BDDE Total, five BDDE factors and BOR-I and PAR-R

Variable	BDDE Total	Factor 1	Factor 2	Factor 3	Factor 4	Factor 5	BOR-I
BOR-I	.489**	.469**	.370**	.440**	.317**	.352**	
PAR-R	.388**	.311**	.366**	.307**	.302**	.387**	.354**

Note. **$p<0.01$; Factor 1 : preoccupation, distress and embarrassment; Factor 2 : avoidance; Factor 3 : checking, comparing and camouflaging; Factor 4 : dissatisfaction; Factor 5 : importance; BOR-I : identity problem of borderline traits; PAR-R : resentment of paranoid traits

Conclusions: This study shows that BDD symptoms are associated with borderline-identity problems and paranoia-resentment and suggests that we should consider the diagnosis of BDD for individuals with high BOR and PAR scores.

Disclosure of Interest: None Declared

EPP0490

Personal and situational determinants of perception of important life events

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doi: 10.1192/j.eurpsy.2023.795

Introduction: The present time is characterized by the instability of society, the authoritarian state, social insecurity, and the events of the global pandemic. One of the main properties of modernity is the continuous nature of the social changes taking place in it. Social uncertainty, instability and social insecurity complicate the usual strategy for constructing ideas about the world around us. In connection with certain factors, events in a person's life can be defined as significant.
Objectives: The purpose of this study was to ckeck the fact that important life events are something associated with stress and have a negative emotional connotation.
Methods: The methodological basis of the research was the qualitative study: semi-structured interviews, including projective techniques (case and content analysis) were carried out. N = 50 residents of Russia and Austria, age 16-65.

Results: The hypothesis about important life events was completely confirmed. It turned out that important life events were described by the respondents mainly as negative, that is, in most cases (more than 70% of the total number of answers), important events were associated as something associated with stress, having a negative emotional connotation. It is interesting that mentions of joyful and happy events were much less frequent than negative ones, while there were practically no descriptions of the experience of vivid emotions accompanying any long-awaited events. At the same time, important events are quite extensively associated with stress and critical emotional experiences, often with mental problems: "shock", "crisis", "debts", "severe depression", "complete collapse", "everything goes to hell".
Conclusions: Important life events for a person are rather negatively assessed events, as well as events associated with stress, rather than positively assessed events.

Disclosure of Interest: None Declared

Prevention of Mental Disorders

EPP0491

The prevalence of subclinical ADHD and its associations with mental health and academic attitudes

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doi: 10.1192/j.eurpsy.2023.796

Introduction: ADHD has been studied less extensively in adults than in children over the years, even though the indications of it clearly affect academic attitudes and closely linked to depression and substance abuse.
Objectives: Exploratory cross-sectional research was conducted to examine the prevalence of subclinical ADHD is among medical students and its correlations with substance abuse. Furthermore, our goal was to find psychological and academic mediating variables, that might be risk or protective factors of its occurrence.
Methods: A total of 239 (69 male) medical students were screened by an online questionnaire using Adult Self-Report Scale (ASRS), Depression, Anxiety and Stress Scale-21 (DASS-21), Maslach Burnout Inventory-Student Version (MBI-SS), Utrecht Work Engagement Scale for Students (UWES-S) and CAGE Questionnaire, which included smoking, alcohol, stimulant and sedative use.
Results: Problematic substance use was reported by 48% of medical students for alcohol use, 43% for smoking, 25% for stimulant use and 21% for sedative use. The prevalence of ADHD symptoms is relatively high among medical students (m=36.13). Correlation and linear regression analysis showed a strong association between ADHD symptoms, depression, and substance abuse. The prevalence of subclinical ADHD symptoms mediates the relationship between depression and substance use, such as alcohol and stimulant use, but there is no significant relationship between academic attitudes (engagement and burnout) and ADHD symptoms, except for depersonalization, which was found to be a risk factor for the development of alcohol and stimulant use.

Conclusions: The increased exposure of medical students to stress makes it particularly important to identify and address factors that can lead to more serious mental illness.

Disclosure of Interest: None Declared

EPP0493

Transition to Psychosis in Individuals at Clinical High Risk: Meta-analysis

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doi: 10.1192/j.eurpsy.2023.797

Introduction: Estimating the current likelihood of transitioning from a clinical high risk for psychosis (CHR-P) to psychosis holds paramount importance for preventive care and applied research.
Objectives: Our aim was to quantitatively examine the consistency and magnitude of transition risk to psychosis in individuals at CHR-P.
Methods: This meta-analysis is compliant with Preferred Reporting Items for Systematic Reviews and Meta-analyses (PRISMA) and Meta-analysis of Observational Studies in Epidemiology (MOOSE) reporting guidelines. PubMed and Web of Science databases were searched for longitudinal studies reporting transition risks in individuals at CHR-P.
Primary effect size was cumulative risk of transition to psychosis at 0.5, 1, 1.5, 2, 2.5, 3, 4, and more than 4 years' follow-up, estimated using the numbers of individuals at CHR-P transitioning to psychosis at each time point. Random-effects meta-analysis were conducted.
Results: A total of 130 studies and 9222 individuals at CHR-P were included. The mean (SD) age was 20.3 (4.4) years, and 5100 individuals (55.3%) were male.
The cumulative transition risk was 9% (95% CI = 7-10% k = 37; n = 6485) at 0.5 years, 15% (95% CI = 13-16%; k = 53; n = 7907) at 1 year, 20% (95% CI = 17%-22%; k = 30; n = 5488) at 1.5 years, 19% (95% CI = 17-22%; k = 44; n = 7351) at 2 years, 25% (95% CI, 21-29%) at 2.5 years, 25% (95% CI = 22-29%; k = 29; n = 4029) at 3 years, 27% (95% CI = 23-30%; k = 16; n = 2926) at 4 years, and 28% (95% CI = 20-37%; k = 14; n = 2301) at more than 4 years.
Meta-regressions showed that a lower proportion of female individuals (β = -0.02; 95% CI, -0.04 to -0.01) and a higher proportion of brief limited intermittent psychotic symptoms (β = 0.02; 95% CI, 0.01-0.03) were associated with an increase in transition risk. Other predictors were not statistically significant (p > 0.05).
Heterogeneity across the studies was high (I2 range, 77.91% to 95.73%).
Conclusions: In this meta-analysis, 25% of individuals at CHR-P developed psychosis within 3 years. Transition risk continued increasing in the long term. Extended clinical monitoring and preventive care may be beneficial in this patient population.

Disclosure of Interest: None Declared

EPP0494

The influence of paternity leave uptake on parental post-partum depression: An ELFE cohort study

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doi: 10.1192/j.eurpsy.2023.798

Introduction: Many countries are currently expanding their paternity leave policies, which have positive effects on parental mental health.
Objectives: We examined whether two weeks of paid paternity leave are associated with post-partum depression (PPD) in mothers and fathers at two months after the birth of their child.
Methods: Data originated from The Etude Longitudinale Française depuis l'Enfance (ELFE) cohort study. A total of 10 975 fathers and 13 075 mothers with reported information on paternity leave and PPD at two months were included in the statistical analyses. Logistic regression models, using survey-weighted data and adjusted for confounders using Inverse Probability Weights (IPW), yielded Odds Ratios.
Results: Fathers had a median age of 32·6 (inter-quartile range (IQR) 36·9 – 22·6 years), and mothers had a median age of 30·5 years (IQR 34·0 – 27·1 years) at the time of the ELFE child's birth. Fathers who took paternity leave had reduced odds of PPD [0·74 (95% CI: 0·70 -0·78)] as well as fathers who intended to take paternity leave [0·76 (95 CI%: 0·70 – 0·82)] compared to fathers who did not take paternity leave. Mothers had an increased likelihood of PPD at two months if their partners took paternity leave [1·13 (95 CI%: 1·05 – 1·20)]. Fathers' educational level, work contract type nor the number of children in the family were found to be interactions (p>0.25).
Conclusions: Taking and intending to take a two-week paid paternity leave is associated with lower odds of PPD in fathers. Mothers whose partners take paternity leave experience borderline higher odds of PPD at two months. Offering only a two-week paternity leave may protect fathers against PPD but does not significantly protect may increase mothers' risk of against PPD onset.

Disclosure of Interest: None Declared

EPP0495

The effect of suicide prevention program for community dwelling elderly

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doi: 10.1192/j.eurpsy.2023.799

Introduction: The suicide rate in the elderly population is the highest of all ages in Korea. Suicide prevention programs specialized in the elderly are scarce.