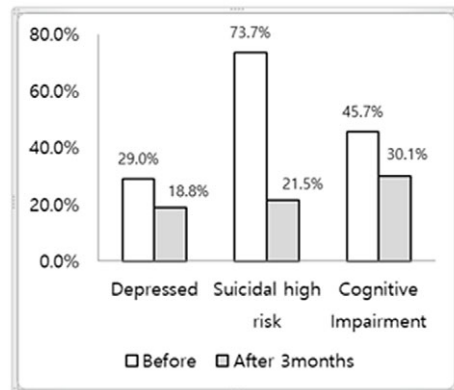


Image 2:

Figure 1. Changes in frequency of high risk group.



*Depressed; MINI depression score ≥ 8 , Suicidal high risk; Scale for Suicidal ideation score ≥ 15 , Cognitive impairment; diagnostic test request score in CIST (Cognitive Impairment Screening Test)

Image 3:

Table 2. Change the mental status after 3 months of using companion robot.

	Total (Mean \pm SD)	
	Before	After
GDS	10.29 \pm 2.71	9.05 \pm 2.86
SIS	15.52 \pm 6.19	9.25 \pm 6.24
UCLA	51.73 \pm 11.38	49.81 \pm 10.26
Resilience	15.89 \pm 5.82	16.04 \pm 4.56
SWLS	14.59 \pm 6.89	15.13 \pm 5.93

* $p < 0.05$; GDS=Geriatric Depressive scale, SIS=Suicidal Ideation scale; UCLA=UCLA Loneliness scale, SWLS=Satisfaction with Life Scale.

Conclusions: These findings showed that the use of companion robot with emotional recognition coaching program could help improve depression, cognitive function, loneliness and suicidal ideation. In particular, this effect was also useful for those who were diagnosed with depression. Also if we can put more techniques of behavioral activation programs into robot, it could be useful in community care for depressive and isolated elderly.

Disclosure of Interest: None Declared

O0048

Insomnia and depression as risk factors for dementia. A scoping review

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Introduction: One of the most important functions of sleep may be the promotion of brain development. The non-REM and REM sleep sequences show the succession of cerebral processing phenomena that underlie memory consolidation. The negative consequences of sleep loss on neural and behavioral plasticity has been

examined. On the other hand, sleep disruption can be a crucial symptom to develop depression disorders. Recent literature suggests that maintenance insomnia may be a risk factor for dementia. It would be important to elucidate which factors may increase the risk of developing dementia and aggravating its progression.

Objectives: The aim of this scoping review is to point out the increased risk of developing dementia related to insomnia and depression.

Methods: Relevant literature was searched with PUBMED as electronic database. We used and combined the following MeSH terms: depression, insomnia, cognitive impairment and dementia. We chose sixteen recent studies from 2009 to 2021. Four of them were ruled out because the methodology and conclusions were not enough evident.

Results: We underlined an interesting research which was carried out with Chinese population in 2021. A total of 256 patients with insomnia disorder were diagnosed by neurologists, 45 of whom were diagnosed with amnesic mild cognitive impairment (aMCI) and 45 participants with intact cognition were chosen as controls matched for age and education. A case-control study was conducted to compare sleep structure between aMCI and control patients with insomnia disorder. An American prospective research in 2016 founded a statistically significant association with a higher MCI/dementia risk in women with either short (≤ 6 hours/night) or long (≥ 8 hours/night) sleep duration (vs. 7 hours/night). The relationships between depression, cognitive function, serum brain-derived neurotrophic factor (BDNF) and volumetric MRI measurements in older adults were investigated. A total of 4352 individuals aged 65 years or older (mean age 72 years) participated in this Japanese study.

Conclusions: According to these researches, we emphasize the importance of detecting sleep disturbances as potential risk factors for MCI and dementia. All of them provide evidences that future studies should investigate dementia prevention among elderly individuals through the management of insomnia. At that point we have to consider personalized medicine and machine learning techniques for sleep and cognitive or mood symptoms.

Disclosure of Interest: None Declared

O0049

Differential associations of childhood adversity subtypes and psychopathology in men and women

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Introduction: Prior evidence suggests that men and women might be differentially susceptible to distinct types of childhood adversity (CA), but research on gender-specific associations between CA subtypes and psychiatric symptoms is limited.

Objectives: To test the gender-specific associations of CA subtypes and psychiatric symptoms in the general population.

Methods: Data from 791 twins and siblings from the TwinssCan project were used. Psychopathology and CA exposure were assessed using the Symptom Checklist-90 Revised (SCL-90) and the Childhood Trauma Questionnaire (CTQ), respectively. The associations between the total CTQ scores and SCL-90 scores (i.e. total SCL-90, psychoticism, paranoid ideation, anxiety, depression, somatization, obsessive-compulsive, interpersonal sensitivity, hostility, and phobic anxiety) were tested in men and women separately. The associations between the five CA subtypes (i.e. physical abuse, emotional abuse, sexual abuse, physical neglect, and emotional neglect) and total SCL-90 were tested in a mutually adjusted model. As exploratory analyses, the associations between all CA subtypes and the nine SCL-90 subdomain scores were similarly tested. The regression coefficients between men and women were compared using Chow's test. All models were adjusted for age and family structure.

Results: Total CTQ was significantly associated with total SCL-90 in men ($B = 0.013$, $SE = 0.003$, $P < .001$) and women ($B = 0.011$, $SE = 0.002$, $P < .001$). The associations with the nine symptom domains were also significant in both genders ($P < .001$). No significant gender differences in the regression coefficients of total CTQ were detected. The analyses of CA subtypes showed a significant association between emotional abuse and total SCL-90 in women ($B = 0.173$, $SE = 0.030$, $P < .001$) and men ($B = 0.080$, $SE = 0.035$, $P = .023$), but the association was significantly stronger in women ($\chi^2(1) = 4.10$, $P = .043$). The association of sexual abuse and total SCL-90 was only significant in women ($B = 0.217$, $SE = 0.053$, $P < .001$). The associations of emotional neglect ($B = 0.061$, $SE = 0.027$, $P = .026$) and physical neglect ($B = 0.167$, $SE = 0.043$, $P < .001$) with total SCL-90 were only significant in men. The explorative analyses of SCL-90 subdomains revealed significant associations of emotional abuse with all nine symptom domains and of sexual abuse with seven symptom domains in women. Significant associations of physical neglect with six symptom

domains and of emotional neglect with depression were also detected in men. No other significant associations between CT subtypes and total SCL-90 or symptom domain scores were observed in men and women.

Conclusions: CA exposure was associated with diverse psychopathology similarly in both genders. However, women are more sensitive to abuse, but men are more sensitive to neglect. Gender-specific influences of CA subtypes on psychopathology should be considered in future studies.

Disclosure of Interest: None Declared

O0050

Maternal prenatal and perinatal psychiatric hospitalizations and academic performance in adolescent offspring: a register-based, data linkage, cohort study

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Introduction: To the best of our knowledge, this is the first register-based cohort study to examine the association between maternal psychiatric hospitalizations before, during, and after pregnancy and the risk of lower academic performance in their adolescent children.

Objectives: To investigate the risk of lower academic attainment in adolescent offspring of mothers with psychiatric hospitalizations before, during, and after pregnancy.

Methods: This administrative health data-based cohort study used linked data obtained from health and educational registries in New South Wales, Australia ($n=168,528$). Maternal psychiatric diagnosis before, during, and after pregnancy was measured by using ICD-10. The educational performance of the offspring was assessed by National Assessment Program for Literacy and Numeracy (NAPLAN). A multiple Logistic regression model was employed to investigate the association

Results: After controlling for relevant covariates, we found that adolescent children of mothers with psychiatric hospitalizations before, during, and after pregnancy were at increased risk of sub-standard academic performance in all domains, with the highest odds for numeracy [OR, 2.88 (95%CI 2.50-3.31)] followed by reading [OR, 2.08 (95%CI 1.81-2.38)], spelling [OR, 1.74 (95%CI 1.51-2.01)], and writing [OR, 1.56 (95%CI 1.34-1.80)]. In our sex-stratified analysis, maternal psychiatric hospitalizations demonstrated a stronger impact on the academic performance of females in all academic domains. Severe psychiatric disorders showed greater effects when compared to other psychiatric disorders.

Conclusions: Early intervention strategies that aim to enhance academic performance in the children of mothers with psychiatric diagnoses before, during, and after pregnancy are needed.

Disclosure of Interest: None Declared