Objectives: Our study seeks to establish a direct connection between ADHD scores and rejection sensitivity among college students. We also investigate the mediating role of well-being, creative executive efficiency, self-regulation, and resilience, while exploring the moderating role of savoring capacity.
Methods: Between February and May of 2023, we conducted a cross-sectional study using an online questionnaire, gathering data from 304 Hungarian higher education students aged 18 to 35. The majority, 78.0%, were female, and 71.4% were full-time students. Most participants were pursuing a bachelor's degree (56.6%), followed by undivided master's (21.7%), doctoral studies (13.8%), and traditional master's degrees (6.9%). We administered the Adult ADHD Self-Report Scale (ASRS-v.1.1), The Mental Health Test (MHT), and the Rejection Sensitivity Questionnaire (A-RSQ) for our research.
Results: First, the ADHD scores were significantly associated with each mediator (well-being: $\beta = -.343$, $p < .001$; creative and executive efficiency: $\beta = -.183$, $p < .01$; self-regulation ($\beta = -.230$, $p < .001$; and resilience: $\beta = -.321$, $p < .001$). There was a direct effect of ADHD scores on rejection sensitivity scores ($\beta = .466$, $p < .001$). Finally, we also detected the indirect effects of ADHD scores on rejection sensitivity scores through the four mediators ($\beta = .227$, $p < .001$). Savoring capacity significantly moderated the relationship between ADHD and rejection sensitivity scores ($\beta = -.244$, $p < .001$).
Conclusions: ADHD scores in our study population significantly correlate with well-being, creative and executive efficiency, self-regulation, and resilience. Furthermore, these scores directly influence rejection sensitivity, suggesting a heightened vulnerability to perceived rejection among those with higher ADHD scores. The indirect effects emphasize that the relationship between ADHD and rejection sensitivity is mediated by the aforementioned positive psychological constructs. This underscores the need for holistic interventions in ADHD populations, addressing not just core ADHD symptoms but also enhancing well-being, cognitive efficiency, self-regulation, and resilience to potentially mitigate rejection sensitivity.

Disclosure of Interest: V. Müller Grant / Research support from: This project received funding from the New National Excellence Program under the Ministry for Culture and Innovation, sourced from the National Research, Development, and Innovation Fund, reference #ÚNKP-23-3-SZTE-66., B. Pikó: None Declared

Schizophrenia and other psychotic disorders

EPP0448

The mediating role of social stress sensitivity on the relationship between hostile attribution bias and paranoia: An experience sampling study

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doi: 10.1192/j.eurpsy.2024.595

Introduction: Heightened affective responses to daily life stressors, referred to as elevated affective reactivity to stress (or 'stress sensitivity'), have been proposed as a putative mechanism of schizophrenia. Previous studies on stress sensitivity mainly used a case-control design; given that schizophrenia is heterogeneous its relationship with specific symptoms (e.g. paranoia) is yet to be addressed. In view of the continuum approach of understanding psychotic symptoms, the relationship between stress sensitivity (especially 'social stress sensitivity') and paranoia in the general population is important. Supported by emerging evidence of the relationship between hostile attribution bias (i.e. a tendency to interpret others' actions as hostile and intentional) and paranoia, we hypothesized that social stress sensitivity mediates the relationship between hostile attribution bias and momentary experiences of paranoia.
Objectives: Using experience sampling method, this study aimed to examine the association between social stress sensitivity, hostile attribution bias and momentary paranoia in non-clinical young adults. We also tested the role of social stress sensitivity as mediator of the relationship between hostile attribution bias and momentary paranoia.
Methods: Consented participants free from any past and current psychiatric diagnoses (confirmed with the Structured Clinical Interview for DSM-IV Disorders) completed the measure of hostile attribution bias (i.e. abbreviated Ambiguous Intentions Hostility Questionnaire). Participants then filled in an ESM questionnaire measuring momentary levels of paranoia, social stress (i.e. pleasantness of and preference for being alone or with others) and negative affect on a mobile phone app repeatedly, ten times per day over six days. Social stress reactivity was calculated as the within-moment correlation between social stress and negative affect. The associations between social stress sensitivity, hostile attribution bias and momentary paranoia, and the mediating role of social stress sensitivity, were tested with multilevel modelling.
Results: The final sample consisted of 131 participants (57.3% female, mean age= 20.36 (SD= 2.93)). The mean compliance rate was 71.9% (SD= 0.16). Social stress sensitivity was positively associated with momentary paranoia (B= 0.03, p= .002). Hostile attribution bias was associated with momentary paranoia (B= 0.41, p< .001), as well as social stress reactivity (B= 0.10, p= .003). The mediating effect from hostile attribution bias to momentary paranoia via social stress sensitivity was significant (ab= 0.05, 95% CI [0.03-0.07]).
Conclusions: Social stress sensitivity was related to momentary paranoia, as well as hostile attribution bias. Our finding suggests social stress reactivity as a potential mechanism underlying the relationship between hostile attribution bias and paranoia.

Disclosure of Interest: None Declared

EPP0449

Retrospective evaluation of sociodemographic and clinical characteristics of patients with schizophrenia receiving clozapine monotherapy and clozapine combined with different antipsychotics

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doi: 10.1192/j.eurpsy.2024.596

Introduction: Schizophrenia is a chronic mental disorder and clozapine is an atypical antipsychotic that can be used in treatment-resistant schizophrenia patients. However, treatment-resistant schizophrenia may also include patients with an inadequate response to clozapine.