higher risk of ADHD than those in the lowest tertile. Plasma EPO levels correlated positively with some K-ARS scores, including hyperactivity-impulsivity score and total score. The significant difference in hyperactivity-impulsivity score comparing participants in the second highest with those in the lowest tertile. total K-ARS score was significantly higher in the second highest tertile of plasma EPO compared to those in the lowest tertile.
Conclusions: These findings suggest that plasma EPO levels were related to some ADHD symptoms, which could be used in the monitoring of the disorder. Further studies are required to clearly understand the source and role of EPO in ADHD.

Disclosure of Interest: None Declared

EPP0310

Child psychosis-risk screening system diagnostic specificity: differentiation of schizophrenia spectrum and neurodevelopmental disorders

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Introduction: Adolescents presenting with a first psychotic episode often have a long history of pediatric treatment. However, there is insufficient evidence of children's subclinical characteristics in non-psychiatric settings. To address this issue, we retrospectively studied schizophrenia spectrum disorder (SSD) patients to identify characteristic patterns of subclinical psychological, behavioral, and physical problems in childhood. In the previous study, we had developed the child psychosis-risk screening system (CPSS) that incorporates this pattern as a risk evaluation algorithm (Hamasaki et al. BMC Psychiatry 2021; 21, 57).
Objectives: In this present cross-sectional study, we evaluated the specificity of the CPSS to identify the risk of psychosis in pediatric and psychiatric patients and determine its discriminatory power and cutoff values.
Methods: To identify the risk of developing psychosis in pediatric and psychiatric outpatients, we evaluated data from 336 patients aged 6–18 years selected for the present study using the CPSS. We defined six major diagnostic categories i.e., Neurodevelopmental Disorders, SSD, Depressive Disorders, Anxiety Disorders (including Obsessive-Compulsive Disorder), Somatic Symptom Disorders, and Others to examine the specificity of the CPSS variance in diagnosis. We analyzed the receiver operating characteristic (ROC) curve using the onset of schizophrenia spectrum as the outcome and determined the discriminatory power and cutoff values of CPSS.
Results: We found significant differences in CPSS variance among the diagnostic categories (Kruskal–Wallis test; $p<0.001$), especially between SSD and neurodevelopmental disorders (Bonferroni method; $p=0.001$). Similarly, significant differences were identified in variance when comparing the CPSS for each neurodevelopmental disorder category and SSD, particularly between SSD and attention deficit hyperactivity disorder (ADHD) (Bonferroni method; $p<0.001$) and SSD and autism spectrum disorder (ASD) (Bonferroni method; $p=0.004$). CPSS showed sufficient discriminatory power for SSD diagnosis (area under the ROC curve=0.853 [95% confidence interval: 0.774–0.931]). The cutoff value for the risk of SSD was determined to be 3.94, achieving the best mean of the sum of sensitivity (90.9%) and specificity (84.0%). 18.3% of patients (12.5% pediatric and 29.1% psychiatric) were identified as risk groups above the cutoff value.
Conclusions: These results suggest that CPSS can be applied in pediatric clinical practice not only for early detection and risk identification of psychosis but also for differentiation from neurodevelopmental disorders. If early identification of psychosis risk in pediatrics becomes possible, discussions regarding effective prevention during the critical period of psychosis will become increasingly important.

Disclosure of Interest: None Declared

EPP0311

Gender gap-related issues among mothers revealed by a comparative study of adolescent hikikomori between Japan and France

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Introduction: Around 2010, the number of hikikomori cases increased rapidly. Hikikomori is a global problem that characterizes the current era, and has become an increasingly deep-rooted social issue that affects the younger generation, especially during the coronavirus disease-2019 (COVID-19) pandemic. In our previous comparative study of adolescent hikikomori between Japan and France (Hamasaki et al. BMC Psychiatry 2022; 22, 477), we investigated its psychopathology, including potential cultural influencing factors. The study showed no difference in terms of psychobehavioral characteristics of hikikomori between Japan and France. However, the sociocultural factors that make hikikomori more severe differed between the two countries, i.e., in Japan: lack of communication between parents, in France: lack of communication between the family and the community.
Objectives: Since these differences in sociocultural factors are closely related to the social context in which the mothers were placed, the factors in terms of maternal gender issues were examined, along with reviewing previous studies.
Methods: Statistical data from the "Global Gender Gap Report 2022" of the World Economic Forum, the "Towards real gender equality 2021" of the Ministry of Gender Equality, Diversity, and Equal Opportunities of France, the "Women and Men in Japan 2020" of the Gender Equality Bureau, Cabinet Office, Government of Japan, and other sources were evaluated. Further, previous literature on the family environmental factors of hikikomori were reviewed.
Results: An absent father, a subsequent mother-child closeness and over-interference, and the inhibition of children's independence, have been repeatedly mentioned in studies as factors leading to hikikomori. The time spent on housework and childcare by Japanese men is at the lowest level globally (Japan's gender gap index ranks 116th out of 146 countries, the lowest among the seven major

G7 nations). In Japan, where generally little cooperation exists between parents, particularly in those families where communication between parents is self-rated as relatively poor, the above factors may surpass the threshold for triggering hikikomori. In France (ranked 15th in gender gap index), the isolation of mothers and children from society is an important factor associated with hikikomori. Adequate social participation of the mother may be a protective factor against hikikomori.
Conclusions: Gender gap-related issues among mothers may be involved in the root of the hikikomori problem. Hikikomori has emerged from various socio-familial factors. Further studies are warranted to determine the causal relationships of these factors with the onset and severity of hikikomori.

Disclosure of Interest: None Declared

EPP0312

Maternal autoimmune diseases and mental disorders in children and adolescents

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Introduction: The influence of maternal autoimmunity mediators on child development and brain function has been the subject of several studies. Clinically, most have focused on the association between maternal autoimmunity and the diagnosis of autism in children. On the other hand, data are rarer concerning the rest of the mental disorders and mainly, they are obtained from small cohorts.
Objectives: The aim of this study is to discuss the association between the presence of autoimmune pathology in the mother and the development of mental disorders in the child
Methods: we conducted our study through a descriptive study of six clinical cases.
Results: 80 % the patients treated were male
57% had a characterized depressive disorder
34% had ADHD
9 % had ASD
Conclusions: Maternal autoimmune diseases were associated with increased mental disorders in children. These results suggest a possible shared genetic vulnerability between the two conditions or a potential role of maternal immune activation in the expression of neurodevelopmental disorders in children.

Disclosure of Interest: None Declared

EPP0313

The involvement of hyperhomocysteinemia in the development of characterized depressive disorder in children and adolescents

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Introduction: Elevated blood levels of homocysteine have been associated with several psychiatric and neurodegenerative disorders such as schizophrenic disorders, Alzheimer's disease, Parkinson's disease and depression. The hypothesis is that genetic and environmental factors elevate homocysteine levels, which causes vascular diseases of the brain, and/or changes in neurotransmitters, which cause various mental disorders.
Objectives: The objective of our work is to discuss the association between hyperhomocysteinemia and the characterized depressive disorder
Methods: we conducted our study through the discussion of a clinical vignette
Results: We report here a case of hyperhomocysteinemia with vitamin B 12 deficiency in a 16-year-old female patient who presented with a characterized depressive disorder.
She was initially treated with a selective serotonin inhibitor combined with parenteral injections of vitamin B12. The patient's clinical condition improved after the first week. The discussion will attempt to clarify the role of vitamin therapy in the improvement of the patient's depressive symptoms and its relationship with hyperhomocysteinemia.
We report here a case of hyperhomocysteinemia with vitamin B 12 deficiency in a 16-year-old female patient who presented with a characterized depressive disorder.She was initially treated with a selective serotonin inhibitor combined with parenteral injections of vitamin B12. The patient's clinical condition improved after the first week. The discussion will attempt to clarify the role of vitamin therapy in the improvement of the patient's depressive symptoms and its relationship with hyperhomocysteinemia.
Conclusions: Statistical data, physiological and genetic aspects seem to point to the involvement of hyperhomocysteinemia in the development of characterized depressive disorder. However, the results remain variable, even contradictory, and several confounding factors must be considered in these studies: ethnic, geographical, cultural (in terms of diet) and age factors are all elements that seem to intervene and that do not always make it possible to know whether hyperhomocysteinemia is a direct cause of depression or the consequence of mechanisms linked to folate and B12 deficiencies.

Disclosure of Interest: None Declared

EPP0314

Title: Is bariatric surgery an option for obesity in autism spectrum disorder?: A case report

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Introduction: Autism spectrum disorder (ASD) is a neurodevelopmental disorder characterized by early onset difficulties in social communication, restricted repetitive behaviors and interests, and sensory sensitivities/differences (1). It has been determined that 90% of children with ASD have nutritional problems (2). There are many factors affecting nutrition in children with ASD, such as gastrointestinal problems, food allergies, metabolic anomalies, drug