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history of depression diagnosis, and the need to have mental health counseling. Policy formulators may reduce the risk of anxiety after flooding in vulnerable areas by addressing these factors.

Disclosure of Interest: None Declared

EPP0117

Relationship between Glycated Hemoglobin (HbA1c) in Adolescents with Type 1 Diabetes Mellitus (T1DM) and Parental Anxiety and Depression

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Introduction: T1D is the most common chronic endocrine pathology in children. The management of type 1 diabetes requires strong diet, physical activity, lifelong insulin therapy, and proper self-monitoring of blood glucose and is usually complicated and, therefore may result in a psychosocial problem for the whole family. Metabolic control of the disease is determined by glycated haemoglobin (HbA1c), the main criterion for diabetes compensation. It is assumed that anxiety and depression symptoms negatively affect glycemic control. A correlation was observed between anxiety and depression level and glycaemic control, as well as a three-way interaction among HbA1c, frequency of blood glucose monitoring, and diabetes-related stress (Buchberger et al., 2016). Parental psychological distress was associated with higher child self-report of stress and depressive symptoms, and it had negative effects on diabetes management.

Objectives: To evaluate the relationship between parental depression and anxiety and metabolic control of their adolescents with T1DM.

Methods: The cross-sectional study recruited adolescents with T1D (N=251) and their parents (N=251). The 7-item Generalized Anxiety Disorder (GAD-7) scale measured anxiety level. The Patient Health Questionnaire – 9 (PHQ-9) detected depressive symptoms. Glycaemic control of patients was assessed using the last glycated haemoglobin (HbA1c) values. GLM mediation analysis was performed to determine the potential mediating effect of parent' mental health depression and anxiety on the relationship between depression and anxiety of child on the level of HbA1c.

Results: 502 respondents were eligible for screening. Mediation analysis was performed to assess the mediating role of parent GAD-7 on the linkage between HbA1c and child GAD-7 and child PHQ-9. the results relevated that the total effect of child GAD-7 on HbA1c was significant but the total effect of child PHQ-9 was not significant. With the inclusion of the mediating variable (parent GAD-7) (Figure 1), the impact of child GAD-7 and child PHQ-9 was founding insignificant ($p \ge 0.05$) but the indirect effect of child GAD-7 and child PHQ-9 on HbA1c though parent GAD-7 was found significant ($p \le 0.01$) (Table 1). This indicates that the relationship between HbA1c and child GAD-7 and PHQ-9 is fully mediated by parent GAD-7.

Image:

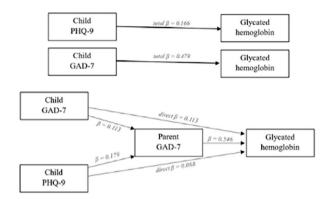


Figure 1. GLM mediation analysis, which include the glycated hemoglobin as the dependent variable, parent GAD-7 score as the mediator variable and child GAD-7 and PHQ-9 score as independent variables.

Image 2:

Table 1. GLM mediation analysis, which include the glycated hemoglobin as the dependent variable, parent GAD-7 score as the mediator variable and child GAD-7 and PHQ-9 score as independent variables. Confidence intervals were calculated by using bootstrap procedure (10,000 bootstrapped samples). The reported betas are completely standardized effect size.

Туре	Effect	Estimate	95% CI of estimate		В	z	p
			lower	Upper	'		
Indirect	Child GAD-7→ Parent GAD-7→ Glycated hemoglobin	0.096	0.052	0.139	0.366	4.319	< 0.001
	Child PHQ-9→ Parent GAD-7→ Glycated hemoglobin	0.022	0.004	0.038	0.098	2.565	0.010
Component	Child GAD-7 → Parent GAD-7	0.665	0.519	0.815	0.669	8.828	< 0.001
	Parent GAD-7 → Glycated hemoglobin	0.144	0.093	0.194	0.546	5.612	< 0.001
	Child PHQ-9 → Parent GAD-7	0.151	0.035	0.263	0.179	2.607	0.009
Direct	Child GAD-7 → Glycated hemoglobin	0.029	-0.029	0.089	0.113	0.982	0.326
	Child PHQ-9 → Glycated hemoglobin	0.015	-0.025	0.055	0.068	0.742	0.458
Total	Child GAD-7 → Glycated hemoglobin	0.126	0.068	0.183	0.479	4.300	< 0.001
	Child PHQ-9 → Glycated hemoglobin	0.037	-0.011	0.086	0.166	1.496	0.135

Conclusions: Glycated haemoglobin in adolescents with Type 1 diabetes is related to adolescents' mental health via parents' anxiety. It means that parents' anxiety plays more significant role in the level of glycated haemoglobin in adolescents than depression and anxiety of the adolescent.

Disclosure of Interest: None Declared

EPP0118

The relationship between the use of social networks and symptoms of social anxiety

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Introduction: Facebook Instagram, tik tok are popular platforms for interacting with others to build or maintain relationships. Compared to other interpersonal exchanges, these social networks do not require face-to-face interactions. Therefore, they may represent an important social sphere for people with social anxiety disorder (SAD). This study investigated the relationship between social anxiety symptoms and different patterns of social media use. We also looked at the role of brooding, a known risk factor for Social Anxiety Disorder.

Objectives: establish the relationship between the misuse of social media and the symptoms of social anxiety

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Methods: This is an analytical cross-sectional study conducted through the distribution of a self-questionnaire, which was published online, through different platforms. The questionnaire in the 1st part includes socio-demographic data and general questions about social networks. And a Social Phobia Scale (SPS) which has 20 items in a second part.

Results: preliminary results showed that greater social anxiety symptoms were associated with spending more time on social media and using passively (i.e. viewing other people's profiles without interacting).

Social anxiety is a fear associated with certain social activities or performance situations where the person might feel observed, embarrassed, humiliated, rejected or concerned about the judgment of others.

In people with social anxiety, however, these fears become excessive, persistent and pervasive. The affected person may panic and attempt to avoid situations or conditions that remind them of the object of their fear. While the use of social networks especially among adolescents can create a virtual space in which users can act and react freely without coming into direct contact with people, which increases the signs of social anxiety in this type of user.

Conclusions: the relationship between social media use and social anxiety symptoms highlights the need for further research on this topic. Future research should use experimental manipulations and replicate current findings in clinical samples.

Disclosure of Interest: None Declared

EPP0119

Suicide Attempts in Panic Disorder: Clinical Effects on Treatment Response and Link to Fear of Cognitive Dyscontrol

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Introduction: Panic disorders (PD) are associated with suicidality. The link between PD and suicide has been suggested to be depression; however, this remains controversial. Comprehensive research on the history of suicide attempts (SAs) in patients with PD is scarce.

Objectives: This study investigated the characteristics and pharmacological short- and long-term treatment responses of patients with PD, with or without SAs. Moreover, a network analysis was conducted to investigate the central symptoms and their connection to suicidality among SA-related variables with and without SAs.

Methods: We investigated the characteristics of SAs in patients with PD using PD-related scales, magnetic resonance imaging, and network approaches. A total of 1151 subjects were enrolled, including 755 patients with PD (97 with SA and 658 without SA) and 396 healthy controls. Suicide and PD-related scales were also administered.

Results: Our results revealed that the scores of all symptom severities were significantly higher in the PD+SA group than in the PD-SA group. Multiple linear regression analysis revealed that short- and long-term pharmacological treatment responses were significantly poor in the PD+SA group. Network analysis showed

that fear of cognitive dyscontrol (FCD) was the strongest central symptom among strength, expected influence (1 and 2 step), randomized shortest path betweenness, and eigenvector centrality measures in PD+SA, whereas depression was the central symptom in PD-SA.

Table 1. Results of multiple regression analysis to predict treatment response for patients with panic disorder.

	Treatment response at 8 weeks (n = 450)	[R ² =0.19]	Treatment response at 6 month (n = 379)	[R ² =0.20]	Treatment response at 1 year (n = 329)	[R ² =0.22]
	В	<i>p</i> -value	β	<i>p</i> -value	β	<i>p</i> -value
Gender	0.10	0.15	0.14	0.09	0.08	0.39
Age	-0.06	0.44	0.04	0.62	0.01	0.94
Baseline PDSS total score	0.46	<0.001**	0.48	<0.001**	0.42	<0.001**
Baseline BDI-II total score	0.05	0.65	0.09	0.47	0.17	0.19
Baseline PSWQ total score	-0.07	0.47	-0.11	0.29	-0.18	0.09
Baseline ASI-R total score	-0.14	0.19	-0.19	0.10	-0.19	0.11
Baseline ETISR- SF total score	0.07	0.34	0.04	0.60	0.11	0.24
A history of the suicide attempt	-0.19	0.01*	-0.20	0.02*	-0.28	0.002*

Note: Model p-values <0.001.

Image:

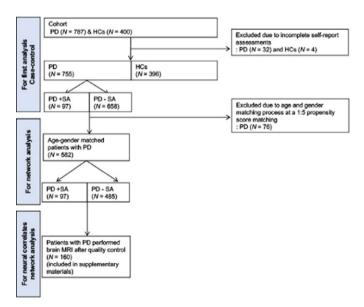


Fig. 1. Recruitment flow chart.

Abbreviations: PD, panic disorder; HCs, healthy controls; SA, suicide attempt; MRI, magnetic resonance imaging.

^{*}p < 0.05.

^{**}p < 0.001.Abbreviations: PD, panic disorder; SA, suicide attempt; PDSS, Panic Disorder Severity Scale; BDI-II, Beck Depression Inventory-II; PSWQ, Penn State Worry Questionnaire; ASI-R, Anxiety Sensitivity Inventory-Revised; ETISR-SF, The Early Trauma Inventory Self Report-Short Form.