

Objectives: Using data from the 2018-2020 National Survey on Drug Use and Health (NSDUH), an annual US representative survey on substance use and mental health, we compared associations among common adolescent substance use and adverse life events.

Methods: Responses from adolescents aged 12-17 (N=32,407) from the 2018-2020 NSDUH were analyzed. Logistic regression was used to evaluate associations between substance use disorder (SUD) diagnoses and adverse adolescent life events. Adjusted odds ratios (aOR) were obtained while controlling for age, sex, and race/ethnicity. Analyses included sampling weights to account for the US population. Adolescents in ND-CU and ND-AU groups were defined by either past-month or past-year use without their respective SUD diagnosis.

Results: Approximately 5% of adolescents had any SUD, and 1.3% had more than one SUD (Table 1). All SUD variables, including cannabis use disorder (CUD) and alcohol use disorder (AUD), were significant for all adverse adolescent life events (Table 2). Adolescents with a SUD were nearly 3 times more likely to have major depression in the past year, 2.5 times more likely to have a C+ or below grade average, and 10 times more likely to be arrested, than controls. These risks increased with more than one SUD (Table 2). Adverse events were similar between ND-CU and ND-AU. (Figure 1).

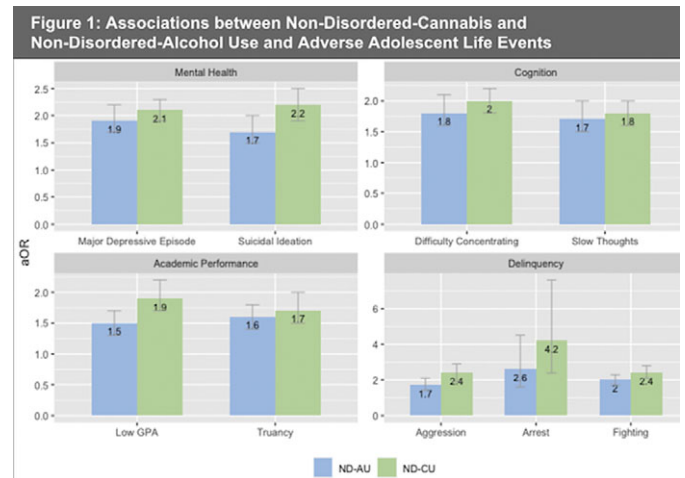
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Characteristic	Total sample (N = 32,407) 100%	Any SUD (N = 1,604) 5.0%	>1 SUD (N = 426) 1.3%	CUD (N = 873) 2.7%	AUD (N = 602) 1.9%
	N (%)	N (%)	N (%)	N (%)	N (%)
Sex					
Male	16502 (50.9)	732 (45.6)	202 (47.5)	435 (49.9)	247 (41.0)
Female	15905 (49.1)	872 (54.4)	224 (52.5)	438 (50.1)	355 (59.1)
Race/Ethnicity					
White	16729 (51.6)	859 (53.6)	248 (58.2)	429 (49.1)	352 (58.5)
Hispanic	8058 (24.8)	456 (28.4)	115 (27.0)	267 (30.6)	182 (30.3)
Black	4268 (13.2)	156 (9.8)	25 (5.8)	92 (10.6)	26 (4.2)
Multi-race	995 (3.1)	66 (4.1)	17 (4.1)	38 (4.4)	21 (3.5)
Asian	2007 (6.2)	43 (2.7)	12 (2.9)	28 (3.2)	12 (2.0)
Other	350 (1.1)	23 (1.5)	9 (2.1)	18 (2.1)	8 (1.4)
Grade Level					
Grade 5 or below	133 (0.4)	0 (0)	0 (0)	0 (0)	0 (0)
Grade 6 - 8	10635 (33.4)	106 (6.6)	16 (3.7)	33 (3.7)	24 (4.1)
Grade 9 - 12	17135 (52.9)	1130 (70.5)	298 (70.1)	645 (73.8)	460 (76.3)
Other	4304 (13.3)	367 (22.9)	112 (26.2)	196 (22.4)	118 (19.6)
Community Type					
Large Metro	18033 (55.7)	847 (52.8)	203 (47.7)	506 (58)	313 (52.1)
Small Metro	9844 (30.4)	520 (32.4)	147 (34.5)	273 (31.3)	185 (30.8)
Non-Metro	4530 (13.9)	237 (14.8)	76 (17.8)	94 (10.7)	103 (17.2)
Total Family Income					
<20K	4411 (13.6)	205 (12.8)	51 (11.9)	108 (12.4)	58 (9.7)
20-50K	8361 (25.8)	457 (28.5)	106 (25.0)	248 (28.4)	144 (24.0)
50-75K	4385 (13.5)	237 (14.8)	59 (13.9)	131 (15)	82 (13.5)
>75K	15250 (47.1)	705 (43.9)	210 (49.2)	385 (44.2)	318 (52.8)

Image 2:

Adverse Adolescent Life Event	Any SUD (N = 1,604)		> 1 SUD (N = 426)		CUD (N = 873)		AUD (N = 602)	
	aOR	95% CI	aOR	95% CI	aOR	95% CI	aOR	95% CI
Mental Health								
1) Depression	2.92	[2.30, 3.70]	3.43	[2.48, 4.74]	3.00	[2.07, 4.33]	3.09	[2.32, 4.13]
2) Suicidal Ideation	2.94	[2.32, 3.73]	3.63	[2.59, 5.09]	2.89	[1.89, 4.43]	3.34	[2.67, 4.18]
Cognition								
3) Slower Thoughts	2.57	[2.08, 3.17]	2.86	[1.97, 4.15]	2.66	[1.95, 3.61]	2.88	[2.22, 3.74]
4) Difficulty Concentrating	2.65	[2.18, 3.24]	2.97	[2.11, 4.17]	2.85	[2.14, 3.78]	2.98	[2.33, 3.82]
Academic Performance								
5) Truancy	2.37	[1.88, 3.00]	2.31	[1.54, 3.47]	2.29	[1.73, 3.02]	2.26	[1.61, 3.17]
6) Low GPA	2.64	[2.19, 3.20]	3.78	[2.66, 5.36]	3.10	[2.42, 3.97]	2.12	[1.49, 3.02]
Delinquency								
7) Arrests	9.80	[6.23, 15.41]	12.82	[6.74, 24.39]	8.23	[5.23, 12.94]	6.76	[3.18, 14.38]
8) Serious Fighting	4.25	[3.58, 5.04]	5.82	[4.24, 7.99]	3.84	[3.11, 4.75]	4.36	[3.27, 5.80]
9) Aggression	5.78	[4.43, 7.55]	8.51	[5.67, 12.78]	4.42	[3.29, 5.94]	6.26	[4.22, 9.29]

Image 3:



Conclusions: Given the biopsychosocial risks to ND-CU and ND-AU in adolescents, there may be reason to reevaluate whether the DSM adequately captures the population of youth affected by their cannabis and alcohol use. Clinicians can use these nationally representative data to stratify risks and direct to appropriate treatment.

Disclosure of Interest: None Declared

O0080

Mitochondrial disorders and ASD. Mechanisms of mitochondrial dysfunction in ASD

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Introduction: ASD is a multifactorial disease. They arise from the interaction of various genetic and environmental factors. These factors affect specific neuronal circuits, oxidative stress, neuroinflammation, mitochondrial dysfunction. This disrupts the development of the nervous system, the formation of synapses, the connection between brain regions, and the size of the brain. Almost 80% of patients with ASD suffer from mitochondrial dysfunction. Therefore, mitochondrial dysfunction plays a crucial role in the pathogenesis of ASD.

Objectives: Deficiency of adenosine-triphosphate (ATP) and abnormal levels of Reactive oxygen species (ROS) cause mitochondrial dysfunction in ASD. This leads to metabolic disorders, disorders of synaptic plasticity and disorders of the immune response
Methods: The negative association between pathogenic mtDNA mutations and IQ is specific for children with ASD / MD. The overall prevalence of these abnormalities is 1.2 times higher in ASD / MD. ASD, researchers reaffirm that autistic probands carry the burden of mutations in mtDNA, especially mutations that are prone to deleterious effects on OXPHOS. According to a number of researchers, all children with ASD should be screened for MD, given: the high prevalence of abnormal markers of mitochondrial function in ASD compared with the control group; relatively high

prevalence of MD in ASD; some children with ASD who have MD may be phenotypically indistinguishable from typical children with ASD; the potential clinical significance of MD in children with ASD.

Results: According to a number of researchers, all children with ASD should be screened for MD, given: the high prevalence of abnormal markers of mitochondrial function in ASD compared with the control group; relatively high prevalence of MD in ASD; some children with ASD who have MD may be phenotypically indistinguishable from typical children with ASD; the potential clinical significance of MD in children with ASD.

Conclusions: The pathophysiological mechanisms of ASD are multifactorial. They are largely unclear. But the mitochondrial hypothesis of the pathogenesis of ASD is being clarified. Mitochondrial dysfunction has been identified as a hallmark of diseased neurons in ASD patients, suggesting a critical role for mitochondrial dysfunction in the pathogenesis of ASD and allowing the development of ASD correction by normalizing mitochondrial functions.

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O0081

Screening and early therapeutic intervention of bonding disorders at first six months of life: An alternative to prevent disorganised attachment and severe mental disorder

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Introduction: Disorganized attachment has been described as an important risk factor for developing serious mental disorders in childhood, adolescence and adulthood, such as borderline personality disorder, psychoses, affective disorders, and a higher suicide risk, for instance. Bonding disorders (BD) in parents are related to insecure and disorganized attachment in children. BD can be early diagnosed at 4 to 6 weeks after birth.

Objectives: Determine if there is a significant difference between the results of the prevalence of affective disorders, disorganized attachment, and suicidal risk five years after the birth of the offspring of parents with and without attachment disorders detected in the first year postpartum during the covid-19 pandemic.

Methods: Describe a pilot project of an analytical prospective study following a cohort of parents from the cohort SAMPECO/PEMHSCO (Perinatal Mental Health in Spain during the Covid-19 pandemic). The cohort is planned to be divided into two groups: with bonding

disorders and without bonding disorders, which was established using the Postpartum Bonding Questionnaire (Brockington, 2006). Follow the offspring of both groups for 5 years and compare the results of disorganized attachment, affective disorders and suicide risk.

Results: The cohort SAMPECO/PEMHSCO was recruited between March 2021 and June 2022. There was measured postpartum depression in mothers and fathers using the EPDS and bonding disorders in parents using the PBQ validated to the Spaniard population. More than 1500 families were involved at the beginning and around 450 families finished the follow-up six months after birth. Around 500 families were lost because of non-right contact information.

Conclusions: The covid-19 pandemic has seriously affected the mental health of the general population. Consequently, there is a higher demand for mental health assistance by public and private sanity sectors. Currently, the youth population is suffering very much from the consequences of isolation and other social factors, and many families who had babies in this period haven't had enough support to breed and look after both their babies and themselves. Some papers suggest that the prevalence of perinatal mental disorders in parents has increased since the covid-19 pandemic because of several factors. Paradoxically, despite the high preventive potential of early intervention in the perinatal period, there are not yet exist well-equipped perinatal mental health units to solve this problem. It is urgent to boost the development of Perinatal Mental Health Services to prevent a major worsening of the situation and to prevent the increasing rate of severe mental disorders in children, adolescents and adults.

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O0082

Suicidal crisis: A common cause of hospitalisation in adolescents. introducing an innovative program

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Introduction: Attempts at suicide and suicidal tendencies have been the most frequent and common reasons for adolescent inpatient treatments since the last Covid-19 pandemic. Indeed, the WHO has reported that the second most frequent cause of mortality in adolescents is related to suicidal acts.

Objectives: The Sun Project, which is a pilot research program aimed at finding a comprehensive set of steps for treatment, has been developed at the Versailles Medical Center in France and provides multidisciplinary tools to tackle this phenomenon.

Methods: This retrospective observational research with a cohort of fifty people between pre-teen and adolescence has taken advantage of different elements of specific psychotherapeutic approaches such as Acceptance and Commitment Therapy, Interpersonal Psychotherapy, Compassion, Narrative, Dialectical and Cognitive Behavioural Therapies in relation to Family-Based Therapy and employs elements of Emotional Freedom Techniques as well as the