

**Aims.** Caregivers of autistic children may experience greater stress and reduced mental well-being compared with caregivers of typically developing children or children with other neurodevelopmental conditions. Less is known about earlier child and family predictors of later caregiver stress, as most studies have been cross-sectional. This study aimed to examine how caregiver (coping strategies and appraisal of their child's autism) and child factors (behavioural difficulties and adaptive functioning) were related to mental health and quality of life in caregivers of 2–7-year-old autistic children over 4–6 years.

**Methods:** At Time 1 (T1), 119 caregivers completed the Coping Health Inventory for Parents (CHIP), Family Impact of Childhood Disability (FICD), Centre for Epidemiology Studies Depression Scale (CES-D), Autism Treatment Evaluation Checklist (ATEC), and Scales of Independent Behavior-Revised (SIB-R). Of those, 50 completed the same measures 4–6 years later (Time 2-T2). Demographic data at T1 and the World Health Organization Quality of Life (WHOQOL) questionnaire at T2 were also collected. The relative contributions of T1 caregiver and child factors in predicting T2 caregiver self-reported depression and quality of life were analysed with multiple regressions.

**Results.** Caregivers' depressive symptoms remained generally stable across 4–6 years (30% at T1 and 38% at T2 scoring at or above the CES-D cut-off), and earlier caregiver depression predicted later caregiver depression. At T2, child adaptive functioning significantly improved compared with T1, while mean child behavioural difficulties (e.g., behaviours disruptive to others, damaging to property, socially offensive or inappropriate) remained generally stable. Caregiver appraisal of the impact of child's autism on the family also did not change much over time, but higher T1 negative caregiver appraisals of their child's diagnosis predicted poorer later social quality of life on the WHOQOL. There were mixed findings regarding the helpfulness of coping patterns assessed by the CHIP, with our findings suggesting that family integration and optimism could be helpful in improving caregiver mental well-being.

**Conclusion.** Modifiable predictors of longer-term caregiver adaptation indicate that in addition to providing early supports for children's adaptive functioning and social communication, caregivers' appraisals of autism, caregiver and family coping strategies, and earlier caregiver depressive symptoms also need to be targeted.

Abstracts were reviewed by the RCPsych Academic Faculty rather than by the standard *BJPsych Open* peer review process and should not be quoted as peer-reviewed by *BJPsych Open* in any subsequent publication.

### Predictors of Functioning in Bipolar Disorder: Focused on Functioning Assessment Short Test (FAST)

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**Aims.** Functional outcome can be even more important than syndromic outcomes, as the ability to meet role expectations at work, home, or school and the quality of interpersonal relationships are often cited as the most important outcomes for people with bipolar disorder (BD) and their families. We investigated the factors correlated with functioning by using the Functioning Assessment Short Test (FAST).

**Methods.** A total of 197 bipolar disorder out-patients were involved in this study, 166 (84.3%) were bipolar I disorder (BD-I) patients and 31 (15.7%) were bipolar II (BD-II) patients. We used the FAST for functioning of the patients and the severity of depressive and manic/hypomanic symptoms were measured by bipolar depression rating scale (BDRS) and Young Mania Rating Scale (YMRS). We also examined the disturbances in biological rhythm by the Biological Rhythm Interview of Assessment in Neuropsychiatry (BRIAN).

**Results.** There were significant positive correlations between FAST and numbers of depressive episode, YMRS, BDRS and BRIAN and showed negative correlation between FAST and age at onset of mood disorder. FAST was associated with YMRS ( $\beta=0.3768$ ,  $p < 0.001$ ), BDRS ( $\beta=0.293$ ,  $p < 0.001$ ), BRIAN ( $\beta=0.167$ ,  $p = 0.011$ ), with 47.1% of the variance explained ( $R^2=0.471$ , Durbin-Watson test = 1.51,  $p < 0.001$ ) in multiple linear regression. In other words, residual mood symptoms and biological rhythm imbalance have a negative impact on the functioning of BD patients.

**Conclusion.** Although the other factors must be present to predict the functioning of bipolar disorder patients, manic symptoms, depressive symptoms and biological rhythm imbalance have negative impacts on functioning of BD patients in this study.

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### Identifying Molecular Biomarkers in Attention-Deficit/Hyperactivity Disorder (ADHD) – a Systematic Review of Literature and Appraisal of Evidence

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**Aims.** At the core of medical diagnosis lies specific blood tests, urine analysis, microscopic and histologic examination of tissues, and as well radiological investigations that are usually confirmatory of the presence of a disease. However, the diagnosis of ADHD currently relies on reports of clinical symptoms which is usually subjective, with variable interpretations by different professionals, thus posing issues of misdiagnosis and reliability. This study set out to explore, appraise and summarize molecular biomarkers in literature over the past 30 years, which can be applied for the diagnosis of ADHD.

Attention-deficit/hyperactivity disorder (ADHD) is a common neuropsychiatric and neurobehavioral disorder that affects children and adolescents, and more recently, gaining recognition in adults. It is characterized by a pervasive pattern of inattention, hyperactivity, and impulsivity or a mixture of the three, that cuts across the individual's multiple domains of life.

**Methods.** One-thousand articles collated across multiple sources and databases were systematically reviewed and analysed for this project. The keywords for the search criteria in the Boolean operators are “biomarkers and ADHD”, “molecular biomarkers and ADHD” and “biomarkers and ADHD and Diagnosis”.

**Results.** 5.6% of the articles from several types of studies were included in the final analysis after the inclusion and exclusion criteria were applied. The results revealed various heterogeneity across age, gender, ethnicity, medication status, comorbidities,