problems for children, adolescents, and their families. Metabolic control of the disease is determined by glycated haemoglobin (HbA1c), the main criterion for diabetes compensation. A correlation is observed between anxiety and depression level and glycaemic control in many previous studies. It is assumed that anxiety and depression symptoms negatively affect glycaemic control. 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: Cross-sectional study recruited adolescents with T1D (N=251) and their parents (N=251). Anxiety level was measured by 7-item Generalized Anxiety Disorder (GAD-7) scale. Depressive symptms wasdetected using The Patient Health Questionnaire – 9 (PHQ-9). Glycaemic control of patients was assessed using the last HbA1c values. GLM mediation analysis was performed to determine the potential mediating effect of parental depression and anxiety on the relationship between depression and anxiety of the child on the level of glycated hemoglobin.

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, child GAD-7 and child PHQ-9. The total effect of child GAD-7 on HbA1c was significant but the total effect of child PHQ-9 was not. With the inclusion of the mediating variable (parent GAD-7) (Figure 1), the indirect effect of child GAD-7 and the child PHQ-9 on HbA1c though parent GAD-7 was found significant (Table 1).

Image:

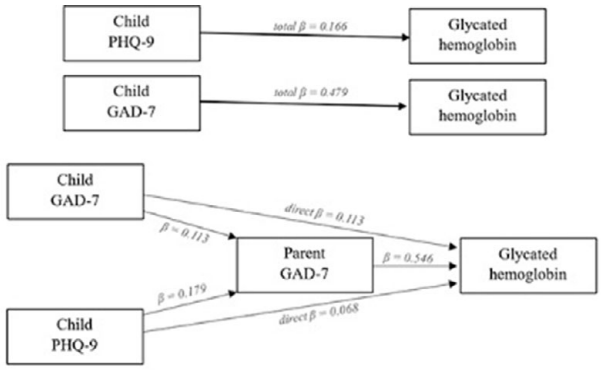

Figure 1. GLM mediation analysis, which include the glycated hemoglobin as the dependent variable, parent GAD-7 score as the mediator variable and child GAD-7 and PHQ-9 score as independent variables.

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.

Type	Effect	Estimate	95% CI of estimate		β	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: Parental anxiety is a significant risk factor for child depression and anxiety, which determines poorer T1D metabolic compensation ard worse HbA1C scores.

Disclosure of Interest: None Declared

EPV0073

TELE-PSYCHOTHERAPY OF ANXIETY AND DEPRESSION DISORDERS

I. S. Lancia[1], G. M. Festa[2,3]*, A. Attouchi[2] and M. Civino[2]

[1]Interdisciplinary Institute of Higher Clinical Education (IAFeC), Naples; [2]Interdisciplinary Institute of Higher Clinical Education (IAFeC) and [3]Pontifical Faculty of Educational Sciences «AUXILIUM», Rome, Italy

*Corresponding author.

doi: 10.1192/j.eurpsy.2023.1431

Introduction: The process of integrating technology into mental health pathways represents a social transformation that we are gradually getting used to. But does it represent a valid alternative to face-to-face care processes? In this paper we will consider telesychology as a tool for treating anxiety and depression and its validity. Anxiety and depression are harmful to individuals, suffering from these disorders, their caregivers, and the economy. Remote delivery of psychotherapy has been established as a viable alternative to traditional in-person psychotherapy for treating anxiety and depression. However, literature comparing and evaluating the variety of remote delivery modalities of psychotherapy has not yet been integrated.

Objectives: This review examines the efficiency – to - practice and the limits of e-therapy and its mediums: telephone, video, and online-administered psychotherapy, for treatment of anxiety and depression.

Methods: A comprehensive literature search, conducted using PubMed and PsycINFO included systematic reviews, randomized controlled trials, and cost-analysis studies focused on a remote delivery method of e-psychotherapy for anxiety and depression

Results: Overall, interventions delivered through telephone, video, and online modalities, have generally demonstrated good efficiency in treating anxiety and depression; also comorbid with other disorders. The literature also suggested that telehealth psychotherapy is accessible, convenient, and cost-effective.

In evaluating the reviews on the databases, it also emerged that among the many psychological therapies for anxiety disorders, delivered digitally (CBT, Attention bias modification, Exposure therapy, Applied relaxation, Bibliotherapy, Psychodynamic therapy, Mindfulness, Behavioral stress management, Counseling), the best digital therapy is internet-based cognitive behavioral therapy (iCBT), in particular for Social Anxiety Disorder (SAD).

Despite this, overall, the efficiency and practical benefits of remote psychotherapy interventions in treating anxiety and depression across a diverse range of patient groups suggested that it is an appropriate alternative for those who cannot access in-person psychotherapy.

Conclusions: Further research evaluating the efficiency and practical benefits of e-psychotherapy for anxiety and depression is much needed for patients with limited access to in-person psychological care. Moreover, it remains to evaluate the maintenance of therapeutic gains after the end of the treatments.

Disclosure of Interest: None Declared