

for its refusal were analyzed using the Medication Compliance Scale (Lutova N. NIPNI, 2007; 26).

Results: The average duration of treatment continuation in patients with adolescent depression was 7.4±9.6 months. At the same time, 42 patients (33.9%) refused to continue therapy within 30 days after discharge from the hospital. 15 patients (12.1%) turned out to be fully compliant, following the doctor's prescriptions. The main reasons for refusing therapy were: negative attitude to the fact of receiving therapy and visiting a psychiatrist (n=50, 40.3%), the development of side effects of therapy (n=46, 37.1%), negative attitude of relatives to the continuation of therapy (n=11, 8.9%), and negative attitude to the attending psychiatrist (n=2, 1.6%). In general, formally, the average duration of continuation of therapy coincides with the recommended 6-12 months (Sim K. et al. *IGN* 2015;19(2) pyv076), however, it is noteworthy that some patients tend to self-cancel therapy without the approval of the attending physician.

Conclusions: The results indicate a low level of adherence to therapy in patients with adolescent depression and require additional measures to improve it.

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Disclosure of Interest: None Declared

EPP0091

The association between maternal diabetes and the risk of attention deficit/hyperactivity disorder in offspring: Updated systematic review and meta-analysis.

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Introduction: The existing body of evidence on the association between maternal diabetes and attention deficit/hyperactivity disorder (ADHD) in offspring is inconsistent and inconclusive. Thus, we need to synthesise the available evidence to examine the association between maternal diabetes and risk of ADHD in offspring.

Objectives: The aim of this meta-analysis was to examine the association between maternal diabetes and the risk of ADHD in offspring.

Methods: We conducted a comprehensive search across PubMed, MEDLINE, EMBASE, Scopus, CINAHL and PsychINFO databases from their inception to September 8th, 2023. The methodological quality of the included studies was evaluated using Joanna Briggs Institute (JBI) and Newcastle-Ottawa Scale (NOS). Between-study heterogeneity was assessed using I² statistic and potential publication bias was checked using both funnel plot and Egger's test. Random effect model was used to calculate the pooled effect estimates and subgroup, sensitivity, and meta-regression were further performed to support our findings

Results: Twenty observational studies (two cross-sectional, five case-control and thirteen cohort studies) were included in this systematic review and meta-analysis. Our meta-analysis indicated that intra-uterine exposure to any type of maternal diabetes was associated with an increased risk ADHD in offspring [RR=1.33; 95 % CI: 1.23–1.43, I²=79.9%]. When we stratified the analysis by

maternal diabetes type, we found 17%, and 37% higher risk of ADHD in offspring exposed to maternal gestational [RR=1.17; 95 % CI: 1.07–1.29] and pre-existing diabetes [RR=1.37; 95 % CI: 1.27–1.48] compared to unexposed offspring respectively. Results of subgroup and sensitivity analysis further supported the robustness of our main finding.

Conclusions: Our review suggested that exposure to maternal diabetes increased the risk of ADHD in offspring. These findings underscore the need for early screening and prompt interventions for exposed offspring.

Disclosure of Interest: None Declared

EPP0092

The Influence of Nonparental Care on Internalizing and Externalizing Behaviors Across Adolescence: An individual Participant Meta-Analysis

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Introduction: In Europe, associations between different types of nonparental care and internalizing and externalizing behaviors in children have not been adequately explored (Gialamas, A et al. *J Epidemiol Community Health*. 2015). Internalizing and externalizing symptoms in childhood can have lifetime repercussions, thus understanding their risk factors and the potentially protective role of family policies is highly relevant.

Objectives: To explore the associations between different types of nonparental care prior to primary school and internalizing and externalizing behaviors across young adolescence.

Methods: Six parent-offspring prospective birth cohort studies across five European countries within the EU Child Cohort Network (EUCCN) were included in the study. A two-stage individual participant data (IPD) meta-analysis on complete cases was performed. Linear regression models (one for each age group: 5-6 years, 7-9 years, 10-13 years) were applied in each cohort separately and then cohort-specific coefficients and standard errors were combined using random-effects (restricted estimate maximum likelihood (REML) meta-analysis to attain overall effect estimates. Data were then stratified by socioeconomic position and sex.

Results: There were 74 453 parent-offspring dyads to study children's internalizing difficulties and 72 462 parent-offspring dyads to study children's externalizing difficulties. Center-based care attendance was associated with lower levels of internalizing difficulties 5-6 years [-1.13 (95%CI:- 2.68, 0.42), p=0.15]; 7-9 years [-1.38 (95%CI:- 2.85, 0.10), p=0.07]; 10-13 years [-1.06 (95%CI:- 1.95, -0.17), p=0.02]. Children who attended other forms of nonparental care appeared to have higher levels of internalizing difficulties: 5-6 years [0.02 (95%CI:- 1.96, 2.01), p=0.98]; 7-9 years [0.91 (95%CI:0.23, 1.58), p=0.009]; 10-13 years [0.52 (95%CI:- 0.23, 1.27), p=0.17]. Other forms of nonparental care (not including center-based care) had a positive association with externalizing symptoms : 5-6 years [2.45 (95%CI:0.35, 4.55), p=0.02]; 7-9 years [2.78 (95%CI: 0.60, 4.95), p=0.01];10-13 years [1.93 (95%CI:-0.45,

4.32), $p=0.11$]. We found some evidence of effect moderation by the child's sex and socioeconomic position (SEP).

Conclusions: The results suggest that center-based care may protect children from developing internalizing behaviors, but other forms of nonparental care may put children at more risk of developing more internalizing and externalizing behaviors. Also, factors such as sex and SEP may interact with nonparental care in influencing externalizing behaviors.

Disclosure of Interest: None Declared

Rehabilitation and psychoeducation

EPP0095

“Beenomials”: exploring beekeeping as a rehabilitation tool in the field of mental health

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Introduction: Beekeeping is a peculiar activity able to connect people both to nature and to other people. Extant research shows how it provides beekeepers with meaning, opportunities for learning, and a sense of connection to bees as well as to the surrounding ecosystem. The relationship of care and interdependence that is established supports well-being, encourages collaboration and positive social relations.

Objectives: “Beenomies” is a pilot project inspired by the union of opposites symbolically associated with bees: love and war, sweetness (honey) and bitterness (venom), the individual and multiplicity (society), regeneration and death. As CG Jung observed, honey expresses, psychologically, “the joy of life and the life urge which overcome [...] the dark and the inhibiting. Where spring-like joy and expectation reign, spirit can embrace nature and nature, spirit”. Drawing on this psychological and philosophical basis, the project aimed to introduce beekeeping in a therapeutic community placed in the Alpine environment (Mondovì, Italy), to explore its rehabilitative potential and its ability to promote well-being in the field of mental health.

Methods: The project stems from the collaboration between mental health services, a local agriculture high school, and a farm involved in social agriculture. Initially, some beehives have been settled on the land surrounding the therapeutic community. Activities of beekeeping have been conducted and supervised by experienced beekeepers of the farm involved, who engaged a selected group of users hosted in the community ($n=15$), instructed them and worked side by side for several weeks, according to the bees' needs and the seasonal rhythms. Once the training was completed, teaching activities have been co-conducted by beekeepers and participants, to introduce and train a group of students from the local agriculture high school. A study encompassing observational data, surveys, and semi-structured interviews was conducted to monitor and evaluate the project as it unfolded.

Results: The performance of practical activities (i.e. beekeeping operations) proved successful in relaxing social norms around talking, lowering the emotional intensity of the encounter, allowing non-verbal communication and normalizing silence. These features supported participants with relational difficulties and

encouraged the gradual development of skills in the social area. In the second part of the project, the involvement of high school students that needed to be trained allowed participants to have an active role as teachers; this contributed to the development of positive feelings, increased self-esteem and self-efficacy, eventually supporting the recovery process.

Conclusions: Preliminary findings suggest further collaboration between different social actors and further research to develop inclusive, effective, and community-based interventions in the field of mental health and rehabilitation.

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Classification of mental disorders

EPP0096

A nosological approach to brief psychotic disorders and acute and transient psychoses

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Introduction: Acute and transient psychoses (International Classification of Diseases) and Brief Psychotic Disorders (Diagnostic and Statistical Manual of Mental Disorders) constitute heterogeneous nosological groups, which have undergone successive reformulations in the past decades, remaining doubts regarding their diagnostic validity and independence.

Objectives: This work aims to review the nosological evolution of these complex and neglected groups.

Methods: A review of the literature was conducted using PubMed and The Cochrane Library. The following terms were used: “acute and transient psychoses”; “brief psychotic disorders”; “cycloid psychosis”; “reactive psychosis”.

Results: Since the early 20th century, a group of non-affective psychoses with acute onset and brief duration have been described in different countries and under various names, such as bouffé délirante, reactive psychosis or cycloid psychosis, denominations still present in ICD-9. In present-day classifications, as ICD-10 and DSM-IV, an effort was made to homogenise the various regional and national concepts creating the group of ‘Brief Psychoses’ (DSM) or ‘Acute and Transient Psychotic Disorders’ (ICD). The marked heterogeneity and low diagnostic stability of these groups, mainly based on temporal criteria, has posed significant obstacles to further research and conceptualization. Given these difficulties, the latest revision of the International Classification of Diseases (ICD-11) brought about a substantial change, restricting this diagnosis to polymorphic psychotic conditions of acute onset and rapid resolution, subgroup with greater diagnostic stability and characteristics distinct clinical features.

Conclusions: The relevance of a better clarification for this nosological group is evident in the successive changes over the last century. ICD 11, once again, substantially changed the diagnostic criteria and the scope of this nosological entity, leaving doubts about the independent nature of this group, its connection to schizophrenia, as an attenuated form (more common in women