

**Methods:** 785 teen`s displaced from the zone of military operations, occupied territories were surveyed. Examinations included: K-SADS-PL, PSC-17, SCARED, CATS. 260 teen`s were examined during - 6, 400 – 6–12 months after traumatization.

**Results:** After 6 months of trauma, PTSD was diagnosed in 9.8%, ADHD – 10.2%, DD-22.3%, AD-30.8%, CD – 15.4%, 28.8%; examined 6 to 12 months after the injury, respectively: 21.9%, 12.6, 33.3%, 11.5%, 18.0%.

**Conclusions:** In war-affected children, PTSD is a risk factor for the subsequent development of comorbid depression, anxiety, conduct disorders, and ADHD. Female sex, secondary traumatization after displacement increase the risk of developing depression, signs of pervasive development and ADHD - the risk of destructive and self-injurious behavior. The prevalence of PTSD, DD, ADHD increases within 6-12 months after the trauma, the sensitivity of children with PTSD to secondary traumatic events increases.

**Disclosure of Interest:** None Declared

## O0076

### The association between glucose 6-phosphate dehydrogenase (G6PD) deficiency and attention deficit/hyperactivity disorder (ADHD)

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**Introduction:** Glucose-6-phosphate dehydrogenase (G6PD) deficiency is an X-linked genetic enzymopathy that impacts 4.9% of the population, with greater prevalence among Mediterranean, East Asian, and African populations. G6PD deficiency results in levels of nicotinamide-adenine dinucleotide phosphate (NADPH) and glutathione (GSH) that are insufficient for maintaining the balance of oxidation-reduction in the body. This results in elevated production of reactive oxygen species (ROS), oxidative stress on proteins and lipids, damage to DNA, and potential activation of chemokine and cytokine pathways by astrocytes and microglia. We propose that these direct and indirect effects of G6PD deficiency are associated with development of ADHD.

**Objectives:** This study investigated the association between G6PD deficiency and Attention Deficit/Hyperactivity Disorder (ADHD).

**Methods:** The study involved 7,473 G6PD-deficient patients and 29,892 matched case-controls (selected at a 1:4 ratio) from a cohort of 1,031,354 within the Leumi Health Services database. Clinical characteristics were analyzed using Fisher's Exact Tests for categorical variables and Mann-Whitney U tests for continuous variables.

**Results:** The average age of patients was 29.2 ± 22.3 years, with 68.7% being male. The mean follow-up duration was 14.3 ± 6.2 years. Individuals with G6PD deficiency showed a significant 16% higher risk of being diagnosed with ADHD (Odds Ratio (OR) = 1.16 [95% CI, 1.08-1.25], p < 0.001) on follow up. Furthermore, G6PD deficiency was associated with a 30% greater likelihood of seeking care from adult neurologists (OR = 1.30 [95% CI, 1.22-1.38], p < 0.001) and a 12% higher probability of

consulting adult psychiatrists (OR = 1.12 [95% CI, 1.01-1.24], p = 0.048). The use of stimulant medications among G6PD deficient individuals was 17% higher for methylphenidate class drugs (OR = 1.17 [95% CI, 1.08, 1.27], p < 0.001), and use of amphetamines elevated by 16% (OR = 1.16 [95% CI, 1.03, 1.37], p = 0.047).

**Conclusions:** This study establishes a significant association between G6PD deficiency and an increased risk of ADHD diagnoses. These findings suggest potential opportunities for the development of culturally sensitive interventions.

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## O0077

### The bifactor model of the Hungarian self-report version of the Strengths and Weaknesses of ADHD and Normal Behaviors scale

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**Introduction:** Attention Deficit/Hyperactivity Disorder (ADHD) is one of the most common neuropsychiatric conditions, maintaining its presence well into adolescence and adulthood, resulting in impaired functioning. Evaluating ADHD symptoms through self-reporting plays a crucial role in assessing individuals within these age groups. The novel self-report version of the Strengths and Weaknesses of ADHD and Normal Behaviors (SWAN) scale offers a comprehensive assessment of behaviour, extending beyond just focusing on the typical signs and symptoms of ADHD, thus providing a more holistic perspective.

**Objectives:** Our goal was to assess the factorial validity of the Hungarian version of the SWAN self-report by comparing a two-factor model with bifactor models with a general and 1) two specific factors (inattention, hyperactivity/impulsivity), 2) three specific factors (inattention, motor hyperactivity/impulsivity, verbal hyperactivity/impulsivity) in a community sample.

**Methods:** Data from 717 adolescents and young adults (mean age = 20.0 years, SD = 3.10, range: 14 - 25 years, female: N = 664, 92.6%) were analysed. Participants completed an online questionnaire including the SWAN scale after giving informed consent. Confirmatory factor analyses were conducted based on the maximum likelihood estimator (ML).

**Results:** The bifactor model with a general and three specific factors demonstrated the best fit to our data (CFI = .933, RMSEA = .064 [90% CI: .058 – .071], SRMR = .038). While the overall composite reliability was excellent ( $\omega = .91$ ), the reliability of the specific verbal hyperactivity/impulsivity factor fell below acceptable ( $\omega_h = .40$ ).

**Conclusions:** In line with previous studies, the fit indices of the bifactor models were superior to the non-hierarchical two-factor model. Our results support the existence of a strong general factor but suggest uncertainty in the capacity of the specific factors to consistently explain the distinct variance in observed variables,

particularly when compared to the overarching influence of the general factor.

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## O0078

### Associations between psychiatric diagnoses in parents and psychiatric, behavioral, psychosocial outcomes in their offspring: a Swedish population-based register study

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**Introduction:** Children with parents with psychiatric diagnoses have an increased probability for not only the same condition as their parent, but also for other conditions and behavioral and psychosocial problems. Whereas many studies have focused on parental severe mental illness due to their significant impairment, less attention has been paid to more common disorders despite their higher prevalence. In addition, because most past research only included one exposure or one outcome at a time, it remains difficult to examine and compare broad patterns of intergenerational transmission.

**Objectives:** To examine associations between six parental psychiatric diagnoses in parents, and a broad range of psychiatric diagnoses, psychotropic medications, criminality, suicide, violent victimization, accidents, and school and labor performance in their offspring.

**Methods:** Based on Swedish national registers, we linked all individuals born in Sweden between 1970 and 2000 to their biological parents ( $N = 3\,286\,293$ ). We used a matched cohort design, analyzed with stratified Cox regression and conditional logistic regressions to examine associations between six psychiatric diagnoses in the parents, and 32 outcomes in their offspring. All exposed and unexposed children were followed from their date of birth to the date of emigration from Sweden, the death, or 31 December 2013 when the offspring were 14-44 years old.

**Results:** In terms of absolute risk, most children who had parents with psychiatric diagnoses were not diagnosed in specialist care themselves, as the proportion of having any of the 16 types of psychiatric conditions ranged from 22.17% (exposed to parental depression) to 25.05% (exposed to parental drug-related disorders) at the end of follow-up. Nevertheless, in terms of relative risk, all six parental psychiatric diagnoses increased the probability of all 32 outcomes in their offspring, with the Hazard Ratio ranging from 1.04 to 8.91 for time-to-event outcomes, and the Odds Ratio ranging from 1.29 to 3.36 for binary outcomes. Some specificities were observed for parental psychotic and substance misuse diagnoses, which strongly predicted offspring psychotic-like and externalizing-related outcomes, respectively.

**Conclusions:** The intergenerational transmission of parental psychiatric conditions appeared largely transdiagnostic, even for non-psychiatric outcomes in offspring. Given the broad spectrum of associations with the outcomes, service providers (e.g., psychiatrists, teachers, and social workers) should consider clients' broader psychiatric family history when predicting prognosis and planning interventions/treatment.

**Disclosure of Interest:** None Declared

## O0079

### The Prevalence of Attention Deficit Hyperactivity Disorder in Children and Adolescents: An Umbrella Review of Global Evidence

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**Introduction:** From recent epidemiological studies to emerging epidemiological evidence, it becomes evident that numerous primary studies have investigated the prevalence of ADHD in children and adolescents. Additionally, several systematic reviews and meta-analyses have explored this subject. The objective of this umbrella review is to offer a robust synthesis of evidence derived from these systematic reviews and meta-analyses

**Objectives:** To conduct a comprehensive umbrella review that synthesizes emerging epidemiological evidence regarding the prevalence of ADHD in children and adolescents, drawing insights from numerous primary studies as well as systematic reviews and meta-analyses.

**Methods:** We conducted a systematic search across multiple databases, including PubMed, Web of Science, PsychINFO, and Scopus, to identify relevant studies. The study was preregistered with PROSPERO (registration number: CRD42023389704). To assess the quality of these studies, we utilized the Measurement Tool to Assess Systematic Reviews (AMSTAR). We employed an inverse variance-weighted random-effects meta-analysis to combine prevalence estimates from the included studies.

**Results:** The final analysis incorporated thirteen meta-analytic systematic reviews, encompassing 588 primary studies and a total of 3,277,590 participants. A random-effects meta-analysis of these studies revealed that the global prevalence of ADHD in children and adolescents stood at 8.0% (95% CI: 6.0%–10%). Notably, the prevalence estimate was twice as high in boys (10%) compared to girls (5%). Among the three subtypes of ADHD, the inattentive type (ADHD-I) emerged as the most prevalent, followed by the hyperactive type (ADHD-HI) and the combined type (ADHD-C).

**Conclusions:** The comprehensive umbrella review findings emphasize the high prevalence of ADHD in children and adolescents, with a notable gender disparity, wherein boys are twice as likely to be affected compared to girls. These results underscore the urgency of prioritizing prevention, early identification, and treatment strategies for ADHD in children and adolescents.

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