P is the probability of asthenia development; exp is the base of the natural logarithm; 11.71 is the regression constant; 0.057 is the coefficient for LE; 0.027 is the coefficient for α1-PI.
This model adequately describes the clinical data and has good predictive ability (sensitivity - 93.44%, specificity - 76.47%, AUC - 0.89).
Conclusions: A binary logistic regression model was created to predict the development of asthenia in schizophrenia using immunological parameters LE and α1-PI. The model is highly effective and can complement clinical examination of patients with schizophrenia, contributing to the objective diagnosis of asthenic syndrome and, consequently, timely therapeutic correction.

Disclosure of Interest: None Declared

Prevention of Mental Disorders

EPP0439

Hungarian adaptation of the Honest Open Proud program

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Introduction: The Honest, Open, Proud (HOP) program is an effective peer-led group program to support people with mental health problems in their disclosure to manage self and public stigma. The HOP program will be integrated into the National Anti-stigma Program in Hungary, which was initiated in 2020.
Objectives: Our goal was to develop the Hungarian version of the HOP program. We conducted the following measures to achieve our aim.
Methods: The adaptation process was conducted using community-based participatory research (CBPR) between September 2022 and January 2023. Over ten sessions, a group of eight individuals, consisting of both males and females with varying mental health conditions (mean age = 39.6 ± 8.5), participated in the online-led CBPR. The adaptation process was systematically documented, and regular supervision was provided.
Results: The program comprises three lessons and a follow-up section. We have translated the text of the manual and workbook into Hungarian and adjusted the tone, language, locations, and examples as per the Hungarian context. Although our adaptation process did not involve changes to the content and implementation strategies, we will perform structural modifications and adjustments to ensure the content is suitable for the predefined number of sessions and Hungarian participants.
Conclusions: The HOP could be feasibly implemented in the National Anti-stigma Program in Hungary; both online and in-person programs are planned. Given the lack of such a program in Hungary, it will likely be warmly welcomed and strongly supported for the benefit of people with mental health problems.

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EPP0440

Gestational age and sex interaction and risk for autism spectrum disorder in extremely preterm newborns: an 18-month follow-up study

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Introduction: Extremely preterm newborns - EPTN (born ≤28 weeks gestational age) are at increased risk of developing autism spectrum disorders (ASD). Demographic and perinatal risk factors associated with ASD risk in EPTN are understudied.
Objectives: (i) In EPTN and born at full-term healthy controls (HC), to characterize the emergence of ASD traits and autistic symptom load at age 18 months; (ii) in EPTN, to identify the influence of perinatal characteristics such as sex and gestational age on autistic symptom load at corrected-age 18 months.
Methods: Observational, longitudinal, prospective, 18-month follow-up study. We recruited a cohort of n=113 EPTN and n=47 HC (the PremTEA cohort); n=57 EPTN and n=42 HC successfully completed the 18-month follow-up visit. We assessed autistic symptom load & risk at 18 months using the M-CHAT-R/F questionnaire. For all EPTN and HC, we collected demographic and perinatal data. Using GLMs, we assessed, in EPTN, the association between demographic/perinatal variables and 18-month autistic symptom levels.
Results: At 18 months, EPTN children showed higher autistic symptom levels than HC (M-CHAT-R/F score, mean (SD) [range] = 2.21 (3.23) [0-12] in EPTN vs. 0.33 (0.57) [0-2] in HC; d=.873, p=.001. In EPTN, we identified differences by gestational age and sex in autistic symptom levels at 18 months (aR^2=0.517, p=.006). In particular, female EPTNs born with lower gestational age showed higher autistic symptom load at age 18 months.
Conclusions: Our findings support the need for early screening of ASD symptomatology in EPTN infants, particularly in higher-risk subgroups, such as female patients born with lower gestational ages.

Disclosure of Interest: None Declared