Results: A study conducted across 19 states in the United States and large urban school districts found that within the last year, 43.9% of transgender students reported they have seriously considered attempting suicide compared to 20.3% in cis-females and 11.0% cis-males, 39.3% of transgender students reported having a suicide plan compared to <16.0% of cisgender students, and 16.5% of transgender students reported having a suicide attempt requiring medical treatment compared to <2.5% of cisgender students (Garthe et al. Transgend Health 2022; 7 416-422). Another study conducted across three different US cities found higher levels of suicidal ideation and behavior among TGNC youths, compared to their cisgender counterparts (Johns et al. MMWR 2019; 68, 67–71) . Also, chosen name use was associated with less suicidal ideation, behavior, and depressive symptoms (Russel et al, J Adolesc Health 2018; 63 503–505). Additionally, a surveillance analysis concluded that TGNC youths reported experiencing higher levels of emotional distress, bullying victimization, risk behaviors (substance use and sexual behavior), and lower levels of protective factors such as internal assets, family connectedness, and feeling safe in their community (Eisenberg et al. J Adolesc Health 2017;61 521–526)
Conclusions: Further research needs to be conducted regarding the relationship between gender dysphoria and suicidality, and the presence of suicidal gestures. However, the current data suggests decreased depressive symptoms, as well as suicidal ideation and behavior associated with increased chosen name usage.

Disclosure of Interest: None Declared

EPV0375

Attention deficit hyperactivity disorder in prematurely born children: role of neuroinflammation caused by human cytomegalovirus infection

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Introduction: Numerous studies have revealed the association between deficit hyperactivity disorder (ADHD) and brain inflammation due to immune system response to congenital or perinatal human cytomegalovirus (CMV) infection.
Objectives: The aim of study was to examine the impact of neuroinflammation caused by CMV infection on the development of ADHD in prematurely born children.
Methods: The medical records of 126 prematurely born children aged 7-11 were retrospectively analyzed. Participants were divided into two groups, the observed population of 56 children with ADHD and the control group without ADHD. Three parameters were observed, C-reactive protein (CRP) as an indicator of inflammation, IgM antibodies to CMV for etiological diagnosis of CMV infection and cranial ultrasound findings for the confirmation of structural changes in the brain.
Results: Statistical analysis of our data showed the association between the onset of ADHD and the presence of congenital/perinatal CMV infection in prematurely born children ($p<0.01$). Nevertheless, these two variables had a very low positive correlation (phi coefficient 0.07173). The results did not show the association between elevated levels of CRP and presence of ADHD in prematurely born children ($p>0.01$), which confirmed that not every inflammation, regardless of the cause, was associated with ADHD. The analysis also confirmed the positive correlation between the variables listed in pairs: elevated levels of CRP and positive IgM on CMV, elevated levels of CRP and altered ultrasound neuroimaging findings, as well as positive IgM on CMV and altered ultrasound neuroimaging findings. All of these correlations speak in favor of the CMV caused neuroinflammation as etiopathogenetic basis in ADHD.
Conclusions: In our sample CMV-induced neuroinflammation was associated with the development of ADHD in prematurely born children.

Disclosure of Interest: None Declared

EPV0381

Understanding the Overlap: Exploring the Complex Comorbidity of ASD and ADHD

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Introduction: Autism Spectrum Disorder (ASD) and Attention-Deficit/Hyperactivity Disorder (ADHD) are neurodevelopmental conditions that often co-occur, leading to complex clinical presentations. While ASD is characterized by deficits in social communication and restricted, repetitive behaviors, ADHD is marked by inattention, hyperactivity, and impulsivity. The comorbidity between these conditions is increasingly recognized, yet their combined impact on diagnosis, treatment, and patient outcomes remains underexplored.
Objectives: This study aims to investigate the prevalence and nature of the comorbidity between ASD and ADHD. We also seek to identify the shared and distinct cognitive, behavioral, and developmental features, and assess the implications of this overlap for clinical practice, especially in diagnosis and treatment planning.
Methods: A systematic literature review was conducted, examining peer-reviewed studies published in the last 10 years. Key databases such as PubMed, PsycINFO, and Scopus were searched for studies involving ASD and ADHD comorbidity in children and adolescents. Data on prevalence rates, diagnostic criteria, symptom overlap, and treatment approaches were extracted and analyzed.
Results: The findings confirm a high prevalence of comorbidity between ASD and ADHD, with estimates ranging from 30% to 50% in pediatric populations. Shared symptoms, particularly inattention and executive dysfunction, often complicate differential diagnosis. Children with both ASD and ADHD tend to exhibit more severe social and cognitive impairments, and have a higher risk for anxiety, mood disorders, and academic challenges. The results suggest that overlapping symptoms may delay or complicate accurate diagnosis, affecting treatment efficacy.
Conclusions: The comorbidity of ASD and ADHD presents unique challenges for clinicians and families. Early identification of both conditions is crucial for tailored interventions. A multidisciplinary approach, combining behavioral, cognitive, and pharmacological treatments, appears to be the most effective. Further research is needed to develop clearer diagnostic criteria and targeted

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therapeutic strategies to address the specific needs of individuals with this comorbid profile.

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EPV0382

Sail training as a blue intervention. Strenghtening hardiness and resilience of adolescents

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Introduction: Nature based interventions are becoming more popular in mental health prevention and treatment. Blue therapies are rarely known because of limited access and high costs. The poster presents the results of research on the level of the hardiness and resilience of high sea cruises participants. The study involved 123 people, including 65 girls and 58 boys, and 55 young adults, including 15 women and 39 men.
Objectives: The aim of the study was to assess the impact of blue intervention on the level of the hardiness and resilience of high sea cruises participants.
Methods: Pre-posttest study with questionnaires issued on the first and last day of each cruise. Dispositional Resilience Scale (Bartone et. al., 1989) was used to measure mental hardiness, commitment, openness to challenges and a sense of control of participants. EEA Resilience Scale (Maltby et. al., 2015) was used to measure ecological and engineering resilience and adaptive capacity of partifcipants.
Results: The results show a statistically significant increase in hardiness level. There was also a significant increase in commitment, openness to challenges and a sense of control of participants, which are measured by subscales of the DRS. Significant increase of ecological resilience and adaptive capacity has been noted.
Conclusions: Hardiness and resilience are key protective factors for mental health. Blue interventions can be effetcive ways of mental wellbeing improvement.

Disclosure of Interest: None Declared

EPV0383

Anxiety and Depressive Symptoms in Parents of Extremely Preterm Newborns and Their Association with Parent-child Bond

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Introduction: Extreme preterm birth (<28 weeks) is a significant risk factor for adverse neurodevelopmental outcomes in infants but also for heightened psychological stress in parents, both of these impacting on parent-child bonding style. Abnormal parent-child bonding may impact, in turn, on child's emotional development. Longer stays at NICUs, with their stressful environment and caregiving demands, alongside psychosocial factors and perinatal complications can exacerbate parental emotional stress.
Objectives: (i) To compare, around birthtime, levels of anxiety and depressive symptoms in parents of extremely preterm newborns (EPTN) compared to parents of born-at-term healthy control (HC) newborns; (ii) to assess, in parents of EPTN, longitudinal changes in levels of anxiety and depressive symptoms from birth up to 40 postmenstrual weeks (40PMW), and their association with demographic, clinical and environmental risk factors; (iii) to assess, in parents of EPTN, the impact of NICU-related stress and psychosocial / family context on levels of symptoms; and (iv) to examine, in parents of EPTN, the association between levels of anxiety and depressive symptoms and parent-child bonding quality around hospital discharge.
Methods: Observational, longitudinal, prospective, 24-month follow-up study. We recruited a cohort of n=150 EPTN and n=50 HC (the PeriStress-PremTEA cohort) in two tertiary hospitals in Spain. Of those, parents of n=70 EPTN and n=42 HC successfully completed, around birthtime (and at 40 PMW in EPTN) the STAI state & trait, BDI, PBQ, MSPSS and PPS at NICU questionnaires. We also gathered demographic, clinical and obstetric data from all patient & HC families. We compared, in EPTN vs HC, parental symptom levels around birth. Using logistic regression, we assessed, in EPTN, the association between demographic/perinatal variables, parental symptom levels around birth time and parent-child bonding quality at discharge.
Results: Both fathers and mothers of EPTN showed higher anxiety and depressive symptom levels than those of HC (all p<.01). In EPTN, parental symptom levels around birth time were highly correlated with PSS NICU scores (p<.01). Levels of anxiety and depressive symptoms in mothers of EPTN predicted parent-child bonding quality at discharge, above and beyond other potential risk factors, as did level of depressive symptoms in fathers of EPTN (p<.01).
Conclusions: Our findings support the need to establish screening and longitudinal monitoring programs of psychopathology in parents of EPTN, both for mothers and fathers of these children, and even more so in higher-risk subgroups, such as those with higher perception of NICU-related stress.

Disclosure of Interest: None Declared

EPV0386

Auditory hallucinations in a young person with Jacobsen Syndrome and Partial Trisomy 10q Syndrome

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Introduction: Jacobsen syndrome (JS) is a rare genetic disorder caused by a partial deletion of the long arm of chromosome