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Childhood trauma, primary emotional systems and suicidal ideation in youths with bipolar disorders

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Introduction: Bipolar disorders (BD) in youths are strongly associated with lifetime suicidal ideation. Childhood trauma is a prominent environmental stressor associated with both BD diagnosis and suicide. Primary emotional systems (PES), proposed by Jaak Pansepp, are altered in adults with BD and may contribute to suicide risk in youths.

Objectives: The aim of this study was to investigate the distribution patterns of PES and childhood trauma in youths' BD with and without suicidal ideation (BD-IS, BD-NIS).

Methods: We assessed 289 participants, 103 youths with DSM-5 BD and 186 healthy controls (HCs). PES were obtained with the Affective Neuroscience Personality Scales (ANPS) and history of childhood trauma using the Childhood Trauma Questionnaire (CTQ). Suicidal ideation was assessed through the Columbia Suicide Scale for the Rating of Suicide Severity (C-SSRS). The distribution patterns of primary emotional systems and childhood trauma subtypes were tested using a multivariate analysis of variance (MANOVA), followed by a series of one-way ANOVAs and Scheffé post-hoc tests. The model was corrected for multiple comparisons. All the variables significantly different between the BD-IS and the BD-NIS group were subjected to a multivariate logistic regression model.

Results: Over 48% of participants reported lifetime suicidal ideation. According to the MANOVA (Wilk's Lambda=0.72, F=9.11, df=22, $p<0.0001$), BD-IS scored higher on the ANPS-ANGER and lower on ANPS-PLAY and ANPS-CARE than both HCs and BD-NIS, while BD-NIS reported higher and lower scores than HC. BD-IS and BD-NIS reported higher scores on ANPS-SEEK than HCs. BD-IS reported more emotional abuse, sexual abuse, physical abuse and emotional neglect than HCs, but only more emotional abuse than BD-NIS. ANPS-ANGER (OR=1.13, 95% CI=1.01-1.26, Wald=5.72) and CTQ-Emotional abuse (OR=1.26, 95% C.I.=1.04-1.52, Wald=5.72) were independent predictors of suicidal ideation in youths with BD (Nagelkerke $R^2=61\%$).

Conclusions: Findings support the importance of assessing primary emotional systems and childhood trauma, in particular emotional abuse, in youths with BD at risk for suicide.

Disclosure of Interest: None Declared

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Alexithymia in adolescents treated for psychiatric disorders: A study of the relationship with Alexithymia in parents and with the parental link

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Introduction: Alexithymia is defined as a disorder involving difficulties in identifying, describing feelings and an outward-oriented way of thinking with restricted imaginary processes. Our objectives were to study the link between parents' alexithymia and that of adolescents treated for psychiatric disorders on the one hand, and to study the relationship between alexithymia in adolescents and the parental link perceived by them, on the other hand.

Objectives: To study the relationship between the alexithymia of parents and that of adolescents followed for psychiatric disorders on the one hand, and to study the relationship between alexithymia in adolescents and the parental bond perceived by them on the other go.

Methods: A descriptive and analytical cross-sectional study was carried out at the pediatric psychiatry consultation at the Hédi Chaker University Hospital in Sfax during a period of one year from January 2019 to December 2019. We recruited 116 people: 53 adolescents, 44 mothers and 19 fathers. We used an information sheet, the TAS-20 score (Toronto Alexithymia Scale) and the PBI (Parental Bonding Instrument)

Results: Two-thirds of the patients were alexithymic. A climate of domestic violence increased the adolescent's emotional difficulties. Half of the mothers and one-third of the fathers were alexithymic. The total alexithymia score (TAS-20) in adolescents was positively correlated with the total alexithymia score (TAS-20) in the parents ($p=0.03$ for the mother and $p=0.02$ for the father). Adolescent difficulty in identifying emotions (DIE) was associated with difficulty describing emotions (DDE) in both parents ($p=0.01$ for mother and $p<10^{-3}$ for father). The teenager had difficulty describing his own emotions when his mother was having the same difficulty. Outward thinking in adolescents were associated with more alexithymic traits in the mother. Maternal care scores were significantly and negatively correlated with adolescent TAS-20, DIE, and DDE scores ($p=0.01$, $p=0.01$, and $p=0.04$). Maternal protection score was positively and significantly correlated with TAS-20, DIE, and DDE scores ($p=0.01$, $p=0.01$ and $p=0.02$). The father's protection score was positively and significantly correlated with TAS-20, DIE and DDE scores ($p<10^{-3}$, $p=0.04$ and $p=0.01$). The overprotective attitude of parents perceived by the adolescent has therefore been associated with more alexithymia in adolescents.

Conclusions: Particular attention must therefore be paid to the emotional difficulties of adolescents followed in child psychiatry, as well as those present with their parents. These difficulties can create interpersonal difficulties and affect the parental bond perceived by the child.

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