

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. IG 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 I<sup>2</sup> 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, I<sup>2</sup>=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,