

were found. Linear regression analyses showed statistically significant differences between DERS and COPE-NVI *avoidance strategies* ($p < 0.001$) and COPE-NVI *problem orientation* ($p < 0.023$). Mediation analyses confirmed the mediatory role of boredom dimension in the association between COPE-NVI *avoidance* subscale and DERS total ($B = 0.6849$, $p < 0.001$), between *avoidance* subscale and DERS *lack of acceptance* subscale ($B = 0.1286$, $p < 0.001$). Moreover, a mediatory role of MSBS inattention subscale was found in the association between COPE-NVI *avoidance* subscale and DERS *lack of control* subscale ($B = 0.1027$, $p < 0.001$).

Conclusions: Maladaptive coping strategies (particularly avoidance) were associated with increased DERS levels. A predominant use of more adaptive coping strategies (i.e., problem solving, planning) were associated with lower DERS levels. Their relationship appears to be mediated by boredom dimension.

Disclosure of Interest: None Declared

EPV0147

The effect of maternal pre-pregnancy body mass index and gestational weight gain on behavioural outcomes in term normal birth weight children: UK birth cohort study

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Introduction: Existing evidence in the association between maternal pregnancy and pre-pregnancy weight and behavioural outcomes in children.

Objectives: This study aimed to examine these associations at six developmental time-points between ages 3 and 16.

Methods: We used data from the Avon Longitudinal Study of Parents and Children (ALSPAC), an ongoing population-based longitudinal pregnancy cohort study in Bristol, United Kingdom (UK). Data on behavioural outcomes were measured at ages 3.5, 7, 9, 11 and 16 years using the Strengths and Difficulties Questionnaire (SDQ). Over 7960 (at 3.5 years of age) and 4400 (at 16 years of age) mother-child pairs were included in the final analysis. Logistic regression analyses were used to examine the associations.

Results: Pre-pregnancy BMI and gestational weight gain were associated with total behavioural difficulties in children across all age groups. In separate analyses using each SDQ subscale, however, we found that pre-pregnancy underweight was associated with emotional problems at ages 7 (OR = 1.66, 95% CI; 1.20 – 2.29), 11 (OR = 1.49, 95% CI; 1.02 – 2.18) and 16 (OR = 1.74, 95% CI; 1.16 – 2.60) years and hyperactivity/inattention problems at age 16 (OR = 1.96, 95% CI; 1.27 – 3.05). We also found an association between guideline-discordant gestational weight gain and peer relationship problems at age 9 and pro-social behaviour at ages 9 and 11.

Conclusions: Our findings highlight that pre-pregnancy underweight than overweight, obesity or gestational weight gain may influence the emotional health of children and adolescents.

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EPV0148

Adolescents' quality of life in the light of mentalization and emotion regulation

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Introduction: According to research there is a negative association between emotion regulation, mentalization difficulties and quality of life among adolescents, but former research did not examine the relationship between these 3 constructs in a Hungarian adolescent sample.

Objectives: The aim of our study was to examine the relationship between mentalization and emotion regulation with quality of life among 14- to 18-year-old adolescents.

Methods: In our non-clinical, cross-sectional study 122 adolescents with informed consent answered a list of demographic questions, then completed the Reflective Function Questionnaire (RFQ-H), the Emotion Regulation Difficulties Questionnaire (DERS) and the Quality of Life Scale (ILK). In our mediator model we chose RFQ-H as the independent, DERS as the mediator and ILK as the dependent variable.

Results: The first model was significant ($F(1,120) = 28,79$, $p < 0,001$, $R^2 = 0,19$), there was a significant relationship between mentalization disfunction and emotional regulation difficulties ($a = 0,39$, $p < 0,01$, $\beta = 0,44$). The second model was significant as well ($F(2,119) = 30,48$, $p < 0,001$, $R^2 = 0,34$), though the direct effect between mentalization difficulties and low quality of life was not significant ($c' = 0,02$, $p = 0,73$, $\beta = 0,03$), the direct effect between emotion regulation difficulties and low quality of life was significant ($b = 0,58$, $p < 0,01$, $\beta = 0,57$). The indirect effect between mentalization disfunction and low quality of life mediated by emotional regulation difficulties was also significant $ab = 0,22$ [0,13 – 0,33], $\beta = 0,25$ [0,14 – 0,36]).

Conclusions: Our results - taking the limitations into account - imply that emotional regulation mediates the relationship between mentalization and quality of life among the present-day, non-clinical, Hungarian adolescent sample, which could have practical implications.

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Does mentalizing moderate the relationship between psychopathology and quality of life?

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