right amygdala activities during angry face processing (R^2 = 0.157, β = -0.003, F= 5.415, p = .027 and R^2 = 0.135, β = -0.002, F= 4.360, p = .046, respectively). In the control group, task RMSSD was significantly correlated with right amygdala and right dorsomedial prefrontal cortex activities during neutral face processing (R^2 = 0.160, β = -0.003, F=6.284, p = .017 and R^2 = 0.222, β = -0.009, F=9.443, p = .004, respectively), while in the SAD group, correlations were found with the right parahippocampal gyrus (R^2 = 0.148, β = -0.002, F=4.5, p = .044). Additionally, only in the control group, RMSSD during neutral face trials was significantly correlated with neural activation during angry faces processing (R^2 = 0.132, β = -0.002, F=4.856, p = .035).

Conclusions: This study identifies distinct patterns of autonomic and neural responses to emotional stimuli in SAD patients, highlighting heightened autonomic readiness and reduced flexibility when processing social threats.

Disclosure of Interest: None Declared

Child and Adolescent Psychiatry

EPP011

Effectiveness of the Early Adolescent Skills for Emotions (EASE) Intervention in Alleviating Post-Traumatic Stress Disorder: A Systematic Review and Meta-Analysis of Randomized Controlled Trials

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Introduction: The Lancet Commission noted severe mental health service disparities in low- and middle-income countries facing crises. Regarding this, the World Health Organization (WHO) developed the early adolescent skills for emotions (EASE), an experimental group-based intervention delivered by non-specialists, to offer evidence-based psychological support for adolescents with mental distress.

Objectives: This systematic review and meta-analysis assesses EASE's effectiveness in alleviating post-traumatic stress disorder (PTSD) compared with enhanced treatment as usual (ETAU).

Methods: We systematically searched PubMed, Cochrane, and Scopus for randomized controlled trials (RCTs) comparing EASE with ETAU. Our outcomes included the overall improvement in post-traumatic and depressive symptoms, measured by the Children's Revised Impact of Event Scale (CRIES-13) and the Patient Health Questionnaire-Adolescent version (PHQ-A) scores respectively. We pooled mean differences (MD) with 95% confidence intervals (CI) in RStudio using a random-effects model. Heterogeneity was assessed with I^2 statistics.

Results: Six RCTs were included with 1,417 patients, of whom 642 (45.3%) received EASE treatment. In 67% of the studies, Syria was the main location of RCT's. A total of 688(49%) were female. CRIES-13 (MD = -0.18, 95% CI [-1.88, 1.52], p = 0.84, I^2 = 0%; Figure 1) and PHQ-A (MD = -0.69, 95% CI [-1.47, 0.09], p = 0.08, I^2 = 15%; Figure 2) scores in the EASE intervention group compared to the ETAU group showed no significant difference. In both outcomes the heterogeneity was low.

Image 1:

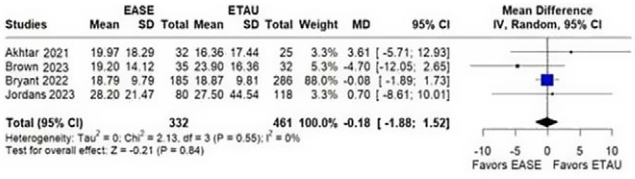

Figure 1 - There was no significant difference between groups in CRIES-13 (P = 0.84) scores.

Image 2:

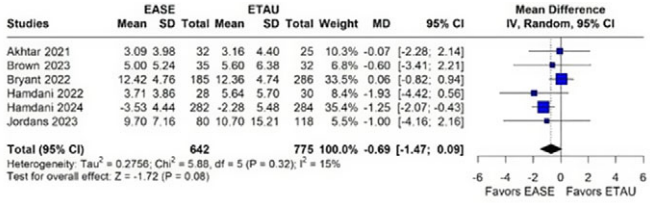

Figure 2 - There was no significant difference between groups in PHQ-A (P = 0.08) scores.

Conclusions: The benefit of EASE in improving mental distress in adolescents is uncertain. Additional trials will provide new evidence for EASE potential therapeutic benefits.

Disclosure of Interest: None Declared

EPP013

The Moderating Role of Coping Self-efficacy on the Relationship Between Stress and Psychosomatic Symptoms in Adolescents: A Moderation Analysis

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Introduction: Adolescents face significant stress, which can undermine their subjective health, often manifesting as psychosomatic symptoms. Perceived self-efficacy is a critical resource for resilience, potentially buffering the impact of stress on subjective health. While action self-efficacy indicates one's perceived ability to set goals and take initiative, coping self-efficacy refers to one's ability to