IX CM: 295, 297, 298 (excl. 298.0)] and the ticket exemption database [code 044], between 2006 and 2019. Crude, and age- and gender-specific prevalence estimates on December 31, 2019, were calculated. To compare prevalence between different areas within the region, we calculated age- and gender-adjusted prevalence rates

Results: A total of 18,371 cases were identified. Crude prevalence rate was 4.29/1,000 (95% CI 4.29-4.30) and 5.93/1,000 (95% CI 5.92-5.949 for women and men, respectively. An increase in the prevalence rate by age was observed in both genders. The age- and gender-adjusted prevalence rate was 5.03/1,000 (95 % CI 4.96-5.10), with significant differences within the region, ranging from 4.25/1,000 in the province of Viterbo to 5.42/1,000 in the city of Rome and 6.02/1000 in the province of Frosinone.

Conclusions: Our results showed that the overall prevalence of SSDs among adults in the Lazio region is similar to estimates published in prior reviews, but an uneven regional geographical distribution was observed. While possible underestimation must be considered, HIS represents a valuable source of information useful for epidemiological surveillance and healthcare planning.

Disclosure: No significant relationships.

Keywords: Schizophrenia spectrum disorders; Health Information System; Epidemiology; Prevalence

EPP0252

An investigation of depression and inflammation as potential mediators linking adverse childhood experiences with cognitive decline in adulthood: results from a prospective cohort study

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Introduction: Adverse childhood experiences (ACEs) have been associated with numerous health consequences in adulthood including cognitive decline. However, the underlying mechanisms implicated remain unclear.

Objectives: In this study, depressive symptoms and systemic inflammation were investigated as potential independent mediators of the association between ACEs and cognitive decline.

Methods: Participants were adults aged 50+ from the English Longitudinal Study of Ageing (N = 3,029; 54.8% female). Measures included self-reported ACEs at wave 3 (2006-2007), C-reactive protein (CRP) and depressive symptoms at wave 4 (2008-2009), and cognitive function at waves 3 and 7 (2014-2015). Mediation analyses examined the direct associations between ACEs and cognitive function at wave 7 and the indirect associations via depressive symptoms and CRP at wave 4 and were conducted using ordinary least squares regression models with the SPSS PROCESS macro. In Step 1, models were adjusted for sociodemographic factors and baseline cognitive function. Models in Step 2 were additionally adjusted for obesity and health behaviours (n = 1,874).

Results: Cumulative ACEs exposure was shown to positively predict later-life depressive symptoms, which in turn predicted cognitive decline. ACEs were also shown to positively predict systemic inflammation as measured by CRP. However, CRP did not mediate the association between ACEs and cognitive decline.

Conclusions: These findings suggest that ACEs are related to cognitive decline partly via depressive symptoms and corroborate prior research linking ACEs with adult systemic inflammation. Efforts towards screening for, preventing, and mitigating the effects of ACEs may therefore represent an important avenue for improving health outcomes in later life.

Disclosure: No significant relationships.

Keywords: adverse childhood experiences; inflammation; Depression; cognitive decline

EPP0253

Impact of the COVID-19 pandemic on maternal mental health during pregnancy: The CONCEPTION study – Phase I

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Introduction: Mental health regional differences during pregnancy through the COVID-19 pandemic is understudied.

Objectives: We aimed to quantify the impact of the COVID-19 pandemic on maternal mental health during pregnancy.

Methods: A cohort study with a web-based recruitment strategy and electronic data collection was initiated in 06/2020. Although Canadian women, >18 years were primarily targeted, pregnant women worldwide were eligible. The current analysis includes data on women enrolled 06/2020-11/2020. Self-reported data included mental health measures (Edinburgh Perinatal Depression Scale (EPDS), Generalized Anxiety Disorders (GAD-7)), stress. We