

higher risk of ADHD than those in the lowest tertile. Plasma EPO levels correlated positively with some K-ARS scores, including hyperactivity-impulsivity score and total score. The significant difference in hyperactivity-impulsivity score comparing participants in the second highest with those in the lowest tertile. total K-ARS score was significantly higher in the second highest tertile of plasma EPO compared to those in the lowest tertile.

**Conclusions:** These findings suggest that plasma EPO levels were related to some ADHD symptoms, which could be used in the monitoring of the disorder. Further studies are required to clearly understand the source and role of EPO in ADHD.

**Disclosure of Interest:** None Declared

## EPP0310

### Child psychosis-risk screening system diagnostic specificity: differentiation of schizophrenia spectrum and neurodevelopmental disorders

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**Introduction:** Adolescents presenting with a first psychotic episode often have a long history of pediatric treatment. However, there is insufficient evidence of children's subclinical characteristics in non-psychiatric settings. To address this issue, we retrospectively studied schizophrenia spectrum disorder (SSD) patients to identify characteristic patterns of subclinical psychological, behavioral, and physical problems in childhood. In the previous study, we had developed the child psychosis-risk screening system (CPSS) that incorporates this pattern as a risk evaluation algorithm (Hamasaki et al. *BMC Psychiatry* 2021; 21, 57).

**Objectives:** In this present cross-sectional study, we evaluated the specificity of the CPSS to identify the risk of psychosis in pediatric and psychiatric patients and determine its discriminatory power and cutoff values.

**Methods:** To identify the risk of developing psychosis in pediatric and psychiatric outpatients, we evaluated data from 336 patients aged 6–18 years selected for the present study using the CPSS. We defined six major diagnostic categories i.e., Neurodevelopmental Disorders, SSD, Depressive Disorders, Anxiety Disorders (including Obsessive-Compulsive Disorder), Somatic Symptom Disorders, and Others to examine the specificity of the CPSS variance in diagnosis. We analyzed the receiver operating characteristic (ROC) curve using the onset of schizophrenia spectrum as the outcome and determined the discriminatory power and cutoff values of CPSS.

**Results:** We found significant differences in CPSS variance among the diagnostic categories (Kruskal–Wallis test;  $p < 0.001$ ), especially between SSD and neurodevelopmental disorders (Bonferroni method;  $p = 0.001$ ). Similarly, significant differences were identified in variance when comparing the CPSS for each neurodevelopmental disorder category and SSD, particularly between SSD and attention deficit hyperactivity disorder (ADHD) (Bonferroni method;  $p < 0.001$ ) and SSD and autism spectrum disorder (ASD)

(Bonferroni method;  $p = 0.004$ ). CPSS showed sufficient discriminatory power for SSD diagnosis (area under the ROC curve = 0.853 [95% confidence interval: 0.774–0.931]). The cutoff value for the risk of SSD was determined to be 3.94, achieving the best mean of the sum of sensitivity (90.9%) and specificity (84.0%). 18.3% of patients (12.5% pediatric and 29.1% psychiatric) were identified as risk groups above the cutoff value.

**Conclusions:** These results suggest that CPSS can be applied in pediatric clinical practice not only for early detection and risk identification of psychosis but also for differentiation from neurodevelopmental disorders. If early identification of psychosis risk in pediatrics becomes possible, discussions regarding effective prevention during the critical period of psychosis will become increasingly important.

**Disclosure of Interest:** None Declared

## EPP0311

### Gender gap-related issues among mothers revealed by a comparative study of adolescent hikikomori between Japan and France

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**Introduction:** Around 2010, the number of hikikomori cases increased rapidly. Hikikomori is a global problem that characterizes the current era, and has become an increasingly deep-rooted social issue that affects the younger generation, especially during the coronavirus disease-2019 (COVID-19) pandemic. In our previous comparative study of adolescent hikikomori between Japan and France (Hamasaki et al. *BMC Psychiatry* 2022; 22, 477), we investigated its psychopathology, including potential cultural influencing factors. The study showed no difference in terms of psycho-behavioral characteristics of hikikomori between Japan and France. However, the sociocultural factors that make hikikomori more severe differed between the two countries, i.e., in Japan: lack of communication between parents, in France: lack of communication between the family and the community.

**Objectives:** Since these differences in sociocultural factors are closely related to the social context in which the mothers were placed, the factors in terms of maternal gender issues were examined, along with reviewing previous studies.

**Methods:** Statistical data from the “Global Gender Gap Report 2022” of the World Economic Forum, the “Towards real gender equality 2021” of the Ministry of Gender Equality, Diversity, and Equal Opportunities of France, the “Women and Men in Japan 2020” of the Gender Equality Bureau, Cabinet Office, Government of Japan, and other sources were evaluated. Further, previous literature on the family environmental factors of hikikomori were reviewed.

**Results:** An absent father, a subsequent mother-child closeness and over-interference, and the inhibition of children's independence, have been repeatedly mentioned in studies as factors leading to hikikomori. The time spent on housework and childcare by Japanese men is at the lowest level globally (Japan's gender gap index ranks 116<sup>th</sup> out of 146 countries, the lowest among the seven major