Background: CAH is a life-long inherited condition in which individuals require multiple daily doses of medication and are at risk for life-threatening adrenal crises. Adult studies have demonstrated increased rates of psychiatric morbidity with CAH. Given the chronicity and severity of CAH, children are at risk for psychiatric morbidity as well. This study aimed to examine the prevalence of anxiety and depressive symptoms in children and adolescents with CAH. Method: This was a cross-sectional cohort study in which children and adolescents (ages 7-17 years) with CAH (classical or non-classical, on steroid treatment) and their parents were recruited from our institution's urban outpatient clinics from May to December 2021. Healthy, well-controlled children and adolescents with congenital or autoimmune hypothyroidism (HT) and their respective parents served as control participants. Children and adolescents completed questionnaires, based on age eligibility: Screen for Child Anxiety Related Disorders (SCARED), Children's Depression Inventory 2 Self Report – Short (CDI-2), and Patient Health Questionnaire modified for Adolescents (PHQ-A). Parents completed respective parent-proxy questionnaires. Higher scores indicated greater symptoms of anxiety and depression. "At risk" scores were specific to each questionnaire. Measures were completed at a clinic visit, and demographic and past medical history were collected via a separate survey and the electronic medical record. **Results:** A total of 58 child-parent dyads completed questionnaires. Thirty-two children had CAH (66% female, age 11.4 ±2.6 years, CAH duration 8.9 ±3.9 years) and 26 had HT (73% female, age 12.7 ±2.9 years, HT duration 6. 0±4.2 years). Thirty-two, 30 and 13 CAH children and 25, 26 and 16 HT children completed the SCARED, CDI-2 and PHQ-A, respectively. There was no significant difference in level of anxiety and depressive symptoms in children with CAH as compared to the HT group (SCARED 19 ±12 vs. 26±17, P=0.200; CDI-2 53 ±11 vs. 55±11, P=0.400). The CAH group had fewer depressive symptoms than the HT group on the PHQ-A (4±6 vs 6±5, P=0. 038). There was no difference in rate of "at risk" scores between the CAH and HT groups (SCARED 33% vs. 44%, P=0.400; CDI-2 24% vs. 31%, P=0.500; PHQ-A 15% vs. 31%, P=0.400). No adolescent participants were found to have active suicidal ideation or intent. Children with CAH were more likely to score higher than parent-proxy responses for anxiety-related disorder (19 ±12 vs. 10±8, P=0. 003) and depressive symptoms (CDI-2 53±11 vs. 49±10, P=0. 046). **Conclusions:** Prevalence of anxiety and depressive symptoms does not appear to be higher in children and adolescents with CAH as compared to controls. There is a lack of agreement between child and parent-proxy responses with parents endorsing fewer anxiety and depression symptoms than children. Findings suggest that children with CAH may benefit from routine mental health evaluations as part of CAH care and not only after voiced parental concern.

Presentation: No date and time listed

Abstract citation ID: bvac150.1258

Pediatric Endocrinology

ODP394

Prevalence of Anxiety and Depressive Symptoms in Children and Adolescents with Congenital Adrenal Hyperplasia (CAH)

Marianne Jacob, DO, Karen Su, MD, Corinne Catarozoli, PhD, Charlene Thomas, MS, Dix Poppas, MD, and Oksana Lekarev, DO