Introduction: There is a growing literature suggesting disgust plays a major role in religiosity. Asceticism is a personality trait characterized by abstinence from sensual pleasures, often for the purpose of pursuing spiritual goals. Since few studies suggested that higher disgust levels may lead to greater fear of sin, contamination disgust may serve as effective mechanisms for inflated scrupulosity.

Objectives: We aimed to investigate the role of contamination disgust on a specific religious belief in two clinical groups: eating disorders and anxiety disorders.

Methods: We enrolled 84 patients admitted in the Psychiatric Unit of Careggi with diagnosis of Anxiety Disorders (AD) and Eating Disorders (ED). We administered them: Disgust Scale Revised (DS-R) and Eating Disorders Inventory 2 (EDI-2)

Results: A t-test for independent samples between AD patients and ED patients showed no difference in DS-R contamination disgust subscale (t=1.437, p=0.153), while significantly higher EDI-2 asceticism scores were detected in ED patients (t=2.452, p=0.010). An ANCOVA model having EDI2 Asceticism subscale as dependent variable, and DS contamination disgust subscale, diagnosis, and interaction between contamination disgust and diagnosis was estimated. The overall model was significant (F(1,136)=4.854, p=0.003) and accounted for 9.7% of variance of EDI2 Asceticism subscale (R^2=0.097). The effect of contamination disgust was positive and significant (β=0.302, t=2.781, p=0.006), and accounted for 5.4% of variance of EDI2 Asceticism (partial η^2=0.054). No effect was detected for diagnosis (F(1,136)=0.012, p=0.912) or interaction between contamination disgust and diagnosis (F(1,136)=1.346, p=0.248).
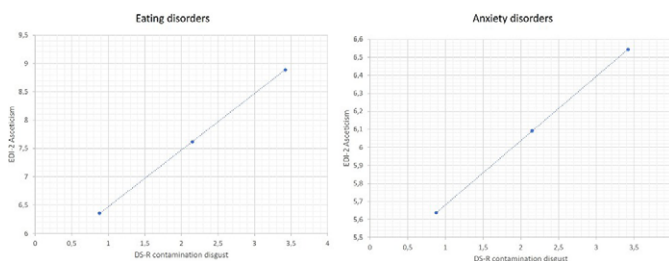
Conclusions: Contamination disgust may have a trans-diagnostic effect on asceticism and may be a possible driver for specific religious behaviors.

Disclosure: No significant relationships.
Keywords: Asceticism; anxiety disorders; eating disorders; disgust

EPV0021

Attention deficit hyperactivity disorder in adulthood and the heritability of this condition

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Introduction: Attention Deficit Hyperactivity Disorder (ADHD) is a common neurodevelopmental disorder characterized by inattention and/or hyperactivity-impulsivity resulting from the interaction of genetic and environmental risk factors. Family studies shows that persistent ADHD is very familial.

Objectives: We aim to review the literature on this condition and its heritability and describe the implications that a possible misdiagnosis can have during life.

Methods: Bibliography review was performed using the databases PubMed and Cochrane, using the following keywords: "ADHD"; "Adults"; "Heretability"; "Family" and "Rater effect".

Results: Childhood ADHD persists into adolescence and adulthood substantially, identified in some studies, as going up to 78%. The prevalence of ADHD in children and adults is between 2.5% and 5% worldwide. Family studies have shown that children of adults with ADHD are at higher risk of having ADHD. Some large-scale twin studies of adult ADHD, used self-report assessments of ADHD symptoms and estimated the heritability of this condition to be between 30 to 40%, which differs from other studies that analyse parents and teachers responses and estimates heritability to be between 60 and 90%.

Conclusions: Since there is a direct influence of the evaluators in estimating the extent of ADHD heritability, future studies need to clarify and describe in detail all the related characteristics of the raters. Although ADHD is widely studied, there is still a lot to learn about its etiology. The diagnosis of ADHD is clinical and complex and must be considered both in childhood and adolescence and in adulthood, with special emphasis on the family antecedents.

Disclosure: No significant relationships.
Keywords: heritability; attention deficit hyperactivity disorder; Adult

EPV0022

Self-compassion mediates the relationship between self-esteem and social anxiety symptoms in socially anxious individuals

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Introduction: Fear of evaluation and a negative view of the self are the key characteristics of social anxiety, which is one the most prevalent anxiety problem. Self-esteem refers to views of oneself, including individual's personal feelings towards self, whereas self-compassion refers to caring attitude toward oneself. Both constructs are two distinct positive views of the self, and were found to be related to each other, well-being and good mental health. To date, however, little is known, how they interplay in people with predominantly negative view of themselves, that is in socially anxious individuals.

Objectives: The current research aims at evaluating how social anxiety interacts with self-esteem and self-compassion and to assess whether self-compassion, mediates the relationship between social anxiety and self-esteem.

Methods: In this research, 388 adult participants with elevated social anxiety level (LSAS score M = 81.47, SD = 21.20) were recruited via open calls posted on the Internet and completed measures of social anxiety, self-compassion, and self-esteem.

Results: In accordance with the view that individuals with social anxiety tend to have negative mental representation of the self, we found that both self-esteem and self-compassion correlated negatively with social anxiety, and positively with one another. More importantly, self-compassion partially mediates the relationship between self-esteem and social anxiety.

Conclusions: These findings suggest that self-compassion may play an important role in buffering against social anxiety and suggest that enhancing self-compassion might be beneficial for reducing symptoms of social anxiety

Disclosure: No significant relationships.
Keywords: social anxiety; Self-compassion; SAD; self-esteem

EPV0023

The prevalence of anxiety disorders among young people in europe: A systematic review and meta-analysis

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Introduction: This systematic review estimates the pooled prevalence (PP) of anxiety disorders (ADD) among 5-to-18-year-old YP living in Europe, based on prevalence rates established in the last five years (LFY).

Objectives: Trends of prevalence rates across countries, gender and level of education were analysed. The random effects pooled prevalence rate (REPPR) for AD was calculated.

Methods: A search strategy was conducted on three databases. Studies were also identified from reference lists and grey literature. Eligible studies were evaluated for reliability, validity, bias, and the REPPR for AD was calculated.

Results: The European REPPR for AD is calculated at 7.9% (Figure 1). The REPPR for each anxiety disorder is shown in Figure 2.
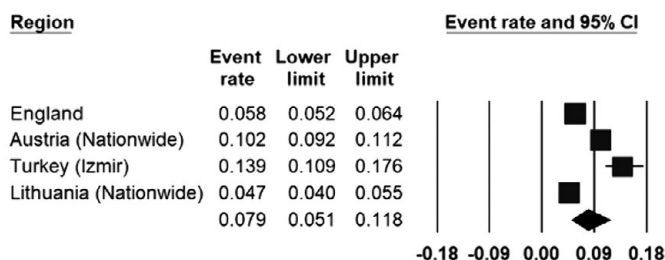

Figure 1: Forest plot showing the prevalence rates of any anxiety disorder
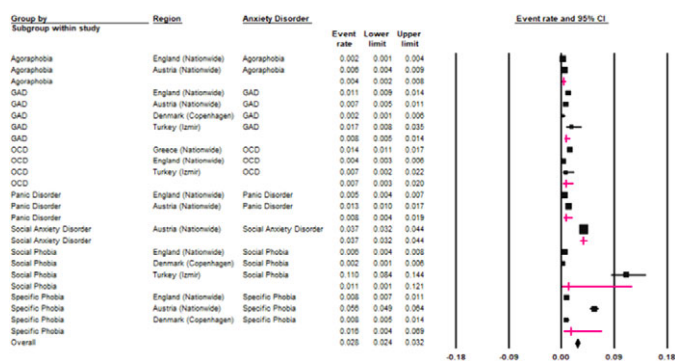
Region	Event rate	Lower limit	Upper limit	Event rate and 95% CI
England	0.058	0.052	0.064	
Austria (Nationwide)	0.102	0.092	0.112	
Turkey (Izmir)	0.139	0.109	0.176	
Lithuania (Nationwide)	0.047	0.040	0.055	
	0.079	0.051	0.118	

Figure 2: Forest plot showing the prevalence rates of anxiety disorders

Conclusions: Based on the results in this systematic review, AD are the most prevalent mental disorders among young people in Europe. Early diagnostic and intervention strategies for AD may improve the mental health and wellbeing among young people.

Disclosure: No significant relationships.
Keywords: Europe; Child; Anxiety; prevalence

EPV0024

The risk of anxiety symptoms in young adult offspring of parents with mental health problems: Findings from the raine study

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Introduction: Previous research has suggested that offspring of parents with mental health problems, including depression and anxiety, are at an increased risk of developing anxiety disorders. Few studies have investigated this relationship in young adults.

Objectives: To investigate the risk of anxiety symptoms in young adult offspring of parents with mental health problems

Methods: We used data from the 1989-1991 cohort of the Western Australian Pregnancy (Raine) Study, which is a multi-generational birth cohort study following mothers and their offspring from pregnancy to 28 years of age. The Depression, Anxiety, and Stress Scale (DASS) was used to assess maternal anxiety and depression whereas a self-reported questionnaire was used to assess paternal emotional problems. Anxiety symptoms among offspring at age 20 were measured by using the short form of the Depression, Anxiety, and Stress Scale (DASS 21). A multivariable negative binomial regression model was used to quantify the associations.

Results: After adjustment, maternal anxiety [RR 1.60 (95% CI 1.11-2.32)] and paternal emotional problems [RR 1.32 (95%CI 1.03-1.68)] were associated with an increased risk of anxiety in offspring at age 20 years. Conversely, maternal depressive symptoms [RR 1.04 (95%CI 0.84-1.32)] were not associated with an increased risk of anxiety in offspring.

Conclusions: The present study suggests that maternal anxiety and paternal emotional problems were associated with an increased risk