PS01.01 - Using the Behaviour Change Taxonomy to Analyse the Content of Recruitment Consultations in Clinical Trials

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Background: Many of the processes that happen during the recruitment process of a clinical trial are behaviours e.g. approaching a patient, describing randomisation but, to date, they have largely not been conceptualised through this behavioural lens. Applying taxonomies from behavioural science can provide a structured approach to understanding how individuals make decisions about trial involvement and could provide evidence on which to develop more effective strategies.

Purpose:The present study aims to identify any behaviour change techniques (BCTs) implicitly used by trial staff during recruitment consultations and determine whether they affect potential participants' decision to participate.

Methods: 57 anonymised transcripts from consultations between trial staff and potential participants across three clinical trials were analysed. Trial-related behaviours were specified using the AACTT framework, then coded with the BCTV1 taxonomy. BCTs will be quantified within AACTT-specified behaviours with further analysis exploring differences in BCT implementation between consenting and non-consenting participants.

Results: Eight trial behaviours were specified using the AACTT framework and 17 BCTs have been identified across these behaviours. Preliminary coding suggests that BCTs 5.1 (Information about health consequences) and 5.3 (Information about social and environmental consequences) are frequently used during the AACTT-specified behaviour of describing the trial.

Conclusion: It is expected that the present study will highlight the implicit BCTs used by trial staff during trial recruitment consultations and identify those BCTs used in consultations where participants consequentially consent, or not. These insights will help identify which BCTs are associated with uptake and prioritise those to be explored in future interventions aimed at improving recruitment.

PS01.02 - The Influence of Expectations on Symptom Changes: Longitudinal Data on Post-COVID-19 Condition

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Background: The manifestation of Post-COVID-19 Condition is diverse, and its symptoms can vary over a period of up to 24 months following infection. The influence of psychological factors (e.g., expectations) on symptom progression remains not fully understood. Identifying these factors is therefore crucial for developing and providing psychological interventions aimed at alleviating symptoms and supporting those affected.
Purpose: Investigate whether expectations predict the actual progression of symptoms.
Method: A longitudinal online study with 3 measurement points (baseline, after 6 months, and after 12 months) was conducted to examine the relationship between expectations and changes in Post-COVID-19 symptoms. Quantitative data were collected using the PCFS scale, FAS, PHQ-9, GAD-7, PDI, SSD-12, and Generic Rating Scale for Previous Treatment Experiences, Treatment Expectations, and Treatment Effects (GEEE).
Results: The data (N=134, 82.09 % female, mean age 47 years with SD = 11.24) indicate mild to significant impairments on the symptom scales. Expectations partially predict the course of symptoms; however, the course is primarily driven by the severity of the initial symptom manifestation.
Conclusion: Many individuals are affected by Post-COVID-19 Condition and experience long-term impairments. A significant psychological burden among those affected has been confirmed. The data underscore the relevance of considering expectations as a predictor of course and outcome, and of thoroughly investigating the psychological strain caused by the illness and its impact on daily life. Many affected individuals fear that society is overlooking the relevance of this issue, despite the urgent need for action.

PS01.03 - How social deficits relate to perceived and physiological age acceleration amongst older adults: analyses using newly-derived ageing 'clocks'

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Background
Deficits in social connections increase as age advances and are associated with multiple aspects of age-related pathology. But it's unclear mechanistically if social connections influence our actual rate of ageing, i.e. subjective or objective indicators of age acceleration.

Purpose
To explore how deficits in our social connections are related to decelerations or accelerations in perceived and physiological age, using novel indices in a representative cohort study.

Method
Using data from 7,047 adults in the English Longitudinal Study of Ageing we applied a theoretically-informed multi-dimensional model of social connections, comprising seven different aspects of connection structure, function and quality. Perceived age acceleration was derived from subtracting chronological age from participants' reporting of how old they felt. Physiological age acceleration was derived from a principal component analysis method using nine biological, physiological and cognitive measures, again subtracted from chronological age. Doubly robust estimations were used to estimate average treatment effects.

Results
There was no correlation between perceived and physiological age. Deficits in structural aspects of social connections showed the strongest associations with objective measures of physiological age acceleration, with living alone, low social integration and high social isolation being risk factors for age acceleration. However, no aspects of social connections were related to accelerated perceived age.

Conclusions
Building the structural foundations for good social connections may be protective against age acceleration. Given the marked discrepancy between people's perceived and physiological ageing, individuals may be unaware of the underlying deficits and benefits of social connections, so enhancing public awareness is important.

PS01.04 - Predictors of dropout from cognitive-behavioural therapy for insomnia in cancer patients: Comparison of stepped and standard care.

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Background: Stepped care cognitive-behavioural therapy for insomnia (STEP) is as effective as standard care (STAN) in cancer (Savard et al., 2021). Purpose. Our study compared dropout rates between STEP and STAN and assessed baseline predictors of treatment dropouts by group. Method: 177 cancer patients were randomized to 1) STAN (n=58) or 2) STEP. In STEP, patients with milder insomnia received a web-based CBT-I (STEPWeb; n=65), while the others received 6 individual sessions (STEPProf; n=54) as a first step, followed, if needed, by 1-3 booster sessions (second step). Dropouts were calculated after first step and compared using Fisher's exact tests. Results: Dropout rates were lower in STEPProf (3%) than in STAN (12%) and STEPWeb (10%), but this difference was not significant (p=.27). In STAN, younger (<45 years=27% vs. 45-59=16% vs. ⍰ 60=0%; p=.05), less educated (high school or less=40% vs. more=4%; p<.01), employed (40% vs. 7%; p=.08), with a lower family income (60,000$ or less: 26%; others: 3%; p=.02) were significantly more likely to drop out. In STEPWeb, patients receiving chemotherapy were more likely to drop out (75% vs. 6%; p<.01). Dropouts did not differ as a function of predictors tested in STEP. Conclusions: Stepped care CBT-I prevents less advantaged people to drop out. It should be part of routine cancer care, but after chemotherapy if involving a web-based intervention.

PS01.05 - The long-term effect of ongoing incentives on physical activity in a Japanese health-promotion insurance program

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Background: Despite the well-established benefits of regular physical activity, many people fail to meet recommended guidelines. Incentive-based interventions have emerged as a promising approach, but evidence on their long-term effects in real-world populations remains limited.
Purpose: This study aimed to longitudinally assess the effect of ongoing incentives on physical activity in participants of a SUMITOMO LIFE Vitality, a health-promotion insurance program.
Method: We conducted a retrospective cohort, pre-post observational study using data from participants who started the Vitality program between January and June 2021 and maintained participation for three years. The Vitality program encourages sustainable behavior change through a structured points-based reward system. Participants earn points by achieving daily step count targets, typically ranging from 8,000 to 12,000 steps per day, or from 6,000 steps per day for those aged 65 and over. Monthly step counts were collected and analyzed for up to 36 months. A generalized linear mixed model (GLMM) assessed the long-term effects of ongoing incentives on physical activity.
Results: A total of 98,755 participants (mean age: 43.8years, 57.6% men) were included. GLMM analysis showed a significant monthly increase in average daily step counts ($P<0.001$). Model-adjusted average step counts rose from 6,457.7 steps/day in month 1 to 8,297.8 in month 12, 8,635.2 in month 24, and 8,714.2 in month 36.
Conclusion: Ongoing incentives significantly increased physical activity levels over 36 months in a large, real-world population, providing valuable evidence for the long-term effectiveness of incentive-based interventions.

PS01.06 - Depression, positive affect, and sex behavior: a moderated mediation model of drug use among men who have sex with men

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Background: Drug use among men who have sex with men (MSM) may lead to poor mental health and risky sexual behaviors and has become an important public health concern.
Purpose: The present study investigated the association between depression, positive affect, number of sex partners, and drug use among MSM in Hong Kong.
Method: A cross-sectional study was conducted among 420 MSM in Hong Kong. Hierarchical logistic regression was first conducted to examine the moderating role of the number of sex partners on the association between depression and drug use. A mediation model was then created to test the role of positive affect, negative affect and depression on drug use. A moderated mediation model was developed to test the overall associations.
Results: After adjusting for significant demographic and other confounding factors, depression was positively associated with drug use (adjusted odds ratio [aOR] 1.05, 95% confidence interval [CI] 1.02-1.09). In the moderated mediation model, the significant interaction term (b=-0.010, SE=0.003, p=0.005) and the slopes indicated that depression had a significant and positive correlation with drug use at below average levels (slope b=0.07, SE=0.02, p<0.001) and average levels (slope b=0.05, SE=0.02, p=0.002) of number of sex partners. However, this association was not significant at above average of number of sex partners (slope b=0.02, SE=0.02, p=0.157). Positive affect significantly mediated the association between depression and drug use, exerting a negative indirect effect (a=-0.189, SE=0.031, p<0.001; b=-0.058, SE=0.024, p=0.016; c'=0.068, SE=0.019, p<0.001).
Conclusions: Given the moderating role of the number of sex partners and the mediating role of positive affect on the association between depression and drug use, interventions to reduce drug use among MSM should aim to reduce risky sexual behaviors and promote mental health.

PS01.07 - Squeeze the Beat: Isometric Pelvic Muscle Contraction Enhances Heart Rate Variability in Phase-Dependent Fashion During 0.1 Hz Breathing.

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Background: The health benefits of 0.1 Hz breathing are largely attributed to its ability to enhance heart rate variability (HRV). Rhythmic muscle contraction may similarly increase HRV, with the pelvic floor particularly suited to generate such effects.
Purpose: Thus, we advanced the 0.1 Hz breathing protocol, hypothesizing that inspiratory isometric pelvic floor contraction boosts HRV, while expiratory recruitment would attenuate it.
Method: Sixty participants performed 0.1 Hz breathing under three conditions — no, inspiratory and expiratory isometric pelvic muscle contraction — in a randomized, counterbalanced order for 3 minutes each. HRV was assessed via the root mean square of successive differences (RMSSD) and low-frequency HRV (LF-HRV).
Results: Consistent with our preregistered hypothesis (osf.io/yrz5n), inspiratory pelvic floor contraction significantly amplified HRV compared to no contraction (RMSSD: d = 1.20, LF-HRV: d = .95). Expiratory pelvic recruitment attenuated HRV relative to no contraction (RMSSD: d = .96, LF-HRV: d = 1.09) and inspiratory contraction (RMSSD: d = 1.72, LF-HRV: d = 1.69).
Conclusion: Isometric pelvic floor muscle contraction strongly boosts HRV during 0.1 Hz breathing in a phase-dependent fashion, emphasizing the potential to leverage bodily rhythms for heart-brain entrainment. These findings suggest a novel approach for optimizing breathing interventions and highlight the need for longitudinal studies to assess whether such additional HRV boosts translate into improved treatment outcomes.

PS01.08 - The Renaissance of Academic Retreats: Cultivating Regenerative Innovation, Collaboration, Resilience and Wellbeing

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Background:
Increased academic pressures and mental health challenges are leading to burnout and reduced productivity among researchers. Traditional academic environments often do not facilitate reflection and deep work, and neglect well-being, limiting creativity and resilience. This study explores the integration of contemplative practices and scholarship in academic retreats as a means to foster personal growth, innovation, and collaborative research cultures.

Purpose:
The primary aim is to design, implement and assess academic retreats that promote mental, emotional, and physical well-being, enhance creative critical thinking, and strengthen academic networks. By blending embodied contemplative practices with scholarly focus, these retreats seek to rejuvenate researchers, fostering resilience and academic excellence.

Method:
We developed and piloted three retreat formats—a year long program with recurring retreats, a three-day intensive, and a 24-hour structured program —each integrating contemplative embodied practices, scholarly presentations, artistic expressions, and nature immersion. The three-day retreat incorporated an arts-based program emphasizing self-awareness, emotional differentiation, and positive life reflection. Participants engaged in movement exercises, journaling, and collaborative discussions.

Results:
Feedback from participants highlighted increased mental clarity, reduced stress, and enhanced courage and creative output. Scholars reported stronger connections with peers and with deeply held ideals, improved problem-solving abilities, and a renewed sense of purpose. A focus group interview, a three month follow-up questionnaire, and an analysis of the workshops undertaken identified three major themes: “Sharing and connection”, “Embodiment” and “Nature”. Notably, participants expressed a heightened ability to manage academic stress and integrate contemplative practices into daily work routines.

Conclusion:
Integrating contemplation and scholarship in academic retreats holds significant potential to enhance researcher well-being and innovation. Academic institutions should consider implementing structured retreats as part of professional development to foster a healthier, more resilient academic community.

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PS01.09 - Challenge Appraisal as a Mediator of the Association Between Positive States of Mind and Heart Rate Variability in Trauma Survivors

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Background: Psychological well-being has salutary effects on cardiovascular health. However, we know little about how positive states of mind (PSOM), or quiescent affective states (e.g., safeness, contentment), affect cognitive and autonomic responses to stress in trauma survivors. Experiencing PSOM may confer benefits in the form of adaptive responses to stress, especially for trauma survivors who tend to exhibit higher autonomic dysfunction to acute stress.

Purpose: We conducted a laboratory study using a modified Trier Social Stress Test with 84 adult trauma survivors to test two hypotheses: (1) Greater PSOM will be associated with higher challenge appraisal, lower threat appraisal, and higher heart rate variability (HRV); (2) higher challenge appraisal and lower threat appraisal will mediate the association between greater PSOM and higher HRV.

Method: We conducted mediation analyses with 95% CI and 5000 bootstrap samples to test threat and challenge appraisals as mediators of the relationships of PSOM with HRV reactivity and recovery. HRV metrics included LF and HF power (nu). Covariates included posttraumatic stress disorder (PTSD) symptoms and body mass index (BMI).

Results: Stronger challenge appraisal mediated the effect of greater PSOM on lower LF power during recovery, controlling for PTSD symptoms and BMI (indirect effect: β = -.11, B = -.04, SE = .03, 95% CI [-.11, -.001]). Threat appraisal did not mediate any associations of PSOM with HRV reactivity or recovery.

Conclusions: Among trauma survivors, enhanced ability to access PSOM promotes the appraisal of stressors as challenges, which decreases sympathetic activity when recovering from stressors.

PS01.10 - Intervention Effects of Mind Your BEAT on Psychosocial Distress Among Rural Cancer Survivors: A Mixed Methods Study

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Background: Mind Your BEAT (MYB) combined aerobic exercise with behavior change skills and mind-body practices to reduce psychosocial distress among rural breast cancer survivors.
Purpose: To explore the effects of MYB on psychosocial distress using mixed methods.
Method: Rural breast cancer survivors (N=43) were randomized to participate in the MYB intervention (n=22) or usual care control (n=21). Participants completed the NCCN distress thermometer at weeks 0, 6 (mid-intervention), 12 (post-intervention), and 24 (follow-up), and a subsample of participants (N=20) completed an exit interview to contextualize effects and assess program satisfaction.
Results: Rural breast cancer survivors (M age=66.3±10.0 years) were mostly non-Hispanic (95.1%), White (86.0%), diagnosed with stage I-II breast cancer (66.6%), and roughly 5 years post-treatment (M=4.8±7.0 years). MYB participants reported statistically significant decreases in psychosocial distress from week 0 to 12 (Δ=-1.6, t=-2.1, p=.049) compared to control participants (Δ=-0.1, t=0.1, p=.949), and there was a significant time by group effect (F(3,105)=2.835, p=.042). When asked what specific aspects of the program they liked, one participant said, “[it’s] always good to connect with other people who've…gone through the same thing…And then the classes that [instructor] taught. I thought they were just very, very beneficial. And particularly about the mind and body you know working together for healing. (65yo)”
Conclusions: MYB reduced psychosocial distress among rural breast cancer survivors. These findings fill a critical gap on the translation of evidence-based interventions into practice in rural community settings to improve cancer survivorship and reduce cancer health disparities among rural residents.

PS01.11 - A Photovoice Study of Effective and Sustainable Behavior Change Strategies for Family-led Sodium Reduction in Singapore

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Background: Family-based health promotion is increasingly emphasized in addressing non-communicable diseases (NCDs), yet its uptake, efficacy, and sustainability—particularly for sodium reduction within Asian households—remain underexplored. Understanding these strategies is critical for developing tailored, scalable interventions.

Purpose: This study explored how Singaporean young adults initiated and promoted sodium reduction within their households while assessing the effectiveness and sustainability of these strategies.

Method: As an extension of the Supporting Household Health through Family-led Promotion (SHAYP) study—which trained young adults to reduce the sodium intake of their family members—young adults and recruited family members participated in this photovoice study. Participants prepared 1–2 photographs illustrating shared meals and sodium-reduction efforts. Semi-structured focus group discussions (FGDs) were conducted, audio-recorded, transcribed, and thematically analysed.

Findings: Seven focus groups included 19 participants: 7 young adults and 12 family members (7 parents, 3 siblings, 2 spouses). Strategies included knowledge-sharing and behavior changes. Knowledge-sharing involved communicating sodium-related health risks and practical skills, such as interpreting nutrition labels, during grocery shopping, cooking, and eating out. Communication methods included in-person discussions and family group chats. Behavior changes facilitated low-sodium food consumption through substituting groceries with healthier alternatives and rearranging snack locations. Emotional closeness influenced one-on-one interactions, enabling deeper behavioral impact, such as proactive changes in the family food environment. Additional facilitators included health consciousness and frequent shared meals, while barriers included fears of family conflict, ingrained habits, and nostalgic preferences.

Conclusion(s): Sodium-reduction strategies must emphasize communication, emotional connection, and household-wide collaboration, addressing cultural and structural dynamics to enhance sustainability.

PS01.12 - Integrating climate-sensitive health counselling into clinical practice: a mixed-methods exploration of health professionals' experiences and perceptions

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Background: Climate change poses a significant threat to human health, yet societal awareness remains inadequate. Climate-sensitive health counselling (CSHC), which integrates climate communication into health counselling, may be a potential way for health professionals to enhance public understanding, enabling appropriate responses.

Purpose: This mixed-methods study explores healthcare providers' views on CSHC.

Method: An online survey assessed healthcare providers' climate concerns and readiness for CSHC integration. Semi-structured interviews with a subset of respondents further explored facilitators and barriers to CSHC implementation.

Results: The survey collected 111 responses from healthcare providers in Singapore (mean age = 37.3, 62.2% female), primarily doctors (39.6%) and nurses (28.8%). Over half expressed anxiety about climate change, and over 80% were concerned about its health impacts. While 63-81% viewed CSHC as beneficial, less than 40% felt knowledgeable or confident discussing climate-related topics during health counselling. Approximately 60% were reluctant to integrate CSHC into routine care, with less than 20% doing so regularly. Interviews with 29 providers identified barriers such as lack of knowledge, time constraints, competing priorities, and patient disinterest, alongside enablers such as guidelines, resources, sense of responsibility for climate action, and recognition for CSHC.

Conclusion: Despite high awareness of the health impacts of climate change and perceived importance of CSHC, healthcare providers in Singapore face significant barriers incorporating this topic into their health counselling practice. There is a need for systemic support to facilitate CSHC as part of climate-resilient healthcare.

PS01.13 - Preferred Features of Digital Wearables: A Maximum Difference Scaling Study

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Background: Little is known about the preferred features of digital wearables (DWs) used to remotely collect data that enable personalized interventions and medical care.

Purpose: Quantify users' preferences on 30 DWs' features and their associations with attitudinal, intentional, and behavioral outcomes.

Method: Participants, 1637 adults, completed an online maximum difference scaling study. Each participant completed 23 tasks where they selected most-favorite and least-favorite DWs features from a set of four options. We examined preferences across demographic and behavioral subgroups and their associations with outcomes in covariate-adjusted models.

Results: Most participants preferred DWs that were easy to use, covered by insurance, collected medical data, allowed control over data sharing, and whose accuracy was scientifically validated. Preferences were largely consistent across subgroups although the order varied. For example, non-Hispanic Blacks placed lesser value on insurance coverage than Whites (β=-0.21, 95%CI: -0.41, -0.01).

Preferences were associated with DW-related outcomes. For example, participants who valued devices that collected medical data also had more favorable DWs attitudes (β=0.14, 95%CI: 0.08, 0.20), lower odds of being willing to pay for medical (aOR= 0.79, 95%CI: 0.71, 0.88) or fitness (aOR= 0.85, 95%CI: 0.76, 0.95) DWs, and higher odds of intending to use medical (aOR= 1.49, 95%CI: 1.30, 1.71) and fitness (aOR=1.36, 95%CI: 1.19, 1.57) DWs. These associations largely held true among participants who engaged in unhealthy lifestyle behaviors (e.g., tobacco use, physical inactivity).

Conclusions: Promoting DWs' features that match people's preferences can maximize uptake and compliance, especially in real-life settings, ultimately improving the efficacy of personalized healthcare.

Funding: This work was supported by the Division of Intramural Research, National Institute on Minority Health and Health Disparities (ZIA MD000011).

PS01.14 - Implementation of MPOWER Policy in China: Perceived Differences of Policy implementation and Its Impact on Smoking Behavior and Quitting Intentions

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Background: Tobacco use is a major global public health issue, causing 8.7 million deaths annually. In response, the World Health Organization (WHO) introduced the MPOWER policy, a set of six proven policies designed to reduce tobacco demand under the WHO Framework Convention on Tobacco Control (FCTC) . Although China has been a signatory to the FCTC for years, research on the nationwide implementation of MPOWER, particularly concerning its equitable application across different social groups, remains limited.

Objective: To analyze the implementation of MPOWER tobacco control measures among different social groups in China, promote policy implementation equity and enhance protection for vulnerable populations.

Methods: Using data from the China Adult Tobacco Survey, a multivariate regression model was applied to analyze disparities in perceived MPOWER policy implementation among various social demographics and its impact on smoking behavior and quitting intentions.

Results: For Protecting people from tobacco smoke (P), awareness of comprehensive smoking bans was lower in groups with lower economic levels and in rural areas compared to urban ones. For Offering help to quit tobacco use (O), receiving less cessation advice from physicians was related to higher local tobacco industry revenues and older age. For Warning about the dangers of tobacco (W), local economic levels, geographic location, and urban-rural gap influenced the visibility of health warnings. Regarding Enforcing bans on tobacco advertising, promotion, and sponsorship (E), perceived exposure of tobacco advertisements was related to geographic location, while visibility of promotional activities was associated with local tobacco industry revenues. For Raising taxes on tobacco (R), tobacco affordability was correlated with geographic location, urban-rural gap and education levels.
People who perceived comprehensive smoking bans (OR=0.69, 95%CI: 0.59-0.81) exhibited less smoking behavior, while those perceiving tobacco promotions (OR=2.51, 95%CI: 2.00-3.17) were more likely to smoke. Moreover, smokers who perceived comprehensive smoking bans and health warnings had higher cessation intentions (OR=1.70, 95% CI: 1.25–2.31; OR=2.09, 95% CI: 1.48–3.01).

Conclusions: Tobacco control policies in China demonstrate disparities, particularly with insufficient implementation in economically disadvantaged areas and among vulnerable populations, such as low-income groups, rural residents, and older adults. Perception of tobacco control policies may help reduce smoking behaviors and increase cessation intentions. Tailored tobacco control strategies are needed to address the gaps in benefits for vulnerable populations, thereby promoting health equity in tobacco prevention and control.

PS01.15 - Examining adherence to preventive COVID-19 behaviours among symptomatic Canadians in early 2024: Results from the iCARE Study

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Background: Preventive behaviours like mask-wearing and handwashing were effective in controlling infections during the COVID-19 pandemic. Though their use declined once mandates were lifted, they remain important for sick or symptomatic individuals to engage in to reduce new transmissions of both endemic and emerging diseases.
Purpose: This study analysed the degree to which symptomatic Canadians in early 2024 engaged in COVID-19 preventive behaviours.
Method: As part of the iCARE study, a cross-sectional population-based sample of 3,006 Canadians adults was recruited between January 29 and February 12, 2024. Participants indicating at least one cold/flu-like symptom in the preceding month were categorised as symptomatic (N = 2,332) and included in analyses. Participants were asked how often they practiced behaviours like mask-wearing, handwashing, self-isolation, testing, and avoiding social gatherings when sick.
Results: Handwashing was the most frequently practiced behaviour when sick (81.82% engaging "most of the time"). In contrast, only 54.99% self-isolated, 50.85% wore masks, and 35.68% avoided crowded indoor gatherings. From adjusted logistic regressions, females reported higher mask-wearing (OR=1.40, 95% CI=1.01-1.93) and handwashing (OR=2.28, CI=1.35-3.87] compared to males. Participants aged 51+ (versus 18-25 year-olds) were more likely to wear masks (OR=1.83, CI=1.10-3.02), avoid social gatherings (OR=2.02, CI=1.27-3.20) and wash their hands (OR=2.29, CI=1.06-4.93). Individuals with (versus without) chronic health conditions reported higher mask-wearing (OR=1.75, CI=1.25-2.45) and self-isolation (OR=1.61, CI=1.11-2.33).
Conclusion(s): The results highlight gaps in adherence to preventive measures among sick/symptomatic individuals, emphasising the need for targeted public health strategies to improve engagement in preventive behaviours.

PS01.16 - Social-affective Predictors of Friendship and Victimization in Children with Critical Congenital Heart Defects

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Background:
Most children with critical congenital heart defects (cCHD) survive to adulthood yet experience neurocognitive deficits affecting developmental outcomes. Inconsistent evidence that children with cCHD demonstrate social difficulties justifies work identifying risk mechanisms that account for adverse outcomes.
Purpose:
Aim 1: Compare social-affective abilities, including Cue Detection and Emotion Perception (CASP), Emotion Regulation (BRIEF-2) skills, and peer-reported social outcomes for children with cCHD and comparison classmates (CC). Aim 2: Investigate whether social-affective abilities explain group differences in peer Rejection/Victimization (ECP) and Reciprocated Friendships.
Method:
Fourth and fifth graders with cCHD recruited from patient registries and CC (NcCHD=107, 34.6% female; NCC=71, 32.4% female) completed the Extended Class Play (ECP), Reciprocated Best-Friend nomination, and Child and Adolescent Social Perception (CASP) measures. Parents (NcCHD=168, 62% female; NCC=103, 66% female) completed the Behavior Rating Inventory of Executive Function (BRIEF-2), averaging multiple reporters. PROCESS v.4 in SPSS29 with post-hoc bootstrapping tested direct and indirect effects of group on child social outcomes via social-affective mechanisms.
Results:
The cCHD group had significantly lower scores on Cue Detection (d=-0.60), Emotion Perception (d=-.37), and Emotion Regulation (d=0.37) than CC, along with fewer Reciprocated Friendships (d=-0.39) and higher Rejection/Victimization (d=.35). Each social-affective ability significantly mediated group differences in Rejection/Victimization but not Reciprocated Friendships.
Conclusions:
Children with cCHD may have difficulties with emotion regulation and processing nonverbal social cues that put them at risk for negative peer interactions. Additional research on social-affective processes for cCHD survivors is needed to develop targeted interventions, but alternative mechanisms to explain friendship difficulties also warrant investigation.

PS01.17 - Socioenvironmental and Medical Risk Factors Affecting Neurocognitive and Academic Functioning of School Aged Children with Critical Congenital Heart Defects

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Background: Children with critical congenital heart defects (cCHD) have risk of neurocognitive impairment attributed to structural defects and surgeries that undermine oxygen perfusion, but there has been inadequate consideration of social disparities.

Purpose: Aim 1: Compare executive functioning (EF) and academic achievement (AA) in youth with cCHD and comparison classmates (CC) and test whether EF mediates differences in AA. Aim 2: Investigate unique and interactive contributions of cCHD status and socioenvironmental risk to EF/AA. Aim 3: Explore the relative contribution of treatment factors and socioenvironmental risk to EF/AA.

Method: Fourth and fifth graders with cCHD (NcCHD=105, 34.6% female) and gender/age-matched CC (NCC=71, 32.4% female) completed the NIH Toolbox Cognitive Battery (EF) and Wide Range Achievement Test-5 (AA). The Child Opportunity Index (COI), reflecting neighborhood characteristics, was derived from census data. Number of surgeries, age at first surgery, and bypass duration were abstracted from medical records. Multiple regression tested contingent and indirect effects with interaction terms and post-hoc bootstrapping of indirect effects using SPSS26 and Process.

Results: Aim 1: Group differences in EF (d=-0.35*) and AA (dMATH=-0.57***; dREADING=-0.43*) and their indirect effects (Group->EF->AA; 95%CIEF->MATH: -5.2329_-0.5027, 95%CIEF->READING: -4.4511_-0.3588) were significant. Aim 2: COI predicted EF and AA, particularly reading (r=.16* to .37***) but didn't moderate direct or indirect Group effects. Aim 3: Surgery number and bypass duration predicted EF and AA with little evidence of moderation by socioenvironmental risk.

Conclusions: Cognitive/academic screening for cCHD survivors should consider the effects of both surgical and socioenvironmental risk. Tailored interventions are needed to promote neurodevelopment.

PS01.18 - Physical Outcomes of Pediatric Patients with Postural Orthostatic Tachycardia Syndrome Participating in an Exercise Program

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Background: Patients with Postural Orthostatic Tachycardia Syndrome (POTS) experience symptoms including dizziness, syncope, pain and fatigue with movement and exercise. In adults with POTS, exercise programs have shown physiological (Shibata et al., 2012) and quality of life (Gibbons et al., 2021) benefits. However, adherence to available lengthy protocols (3-8 months) is low to moderate (George et al., 2016). Currently, there is limited research on exercise programs for youth with POTS.
Purpose: This is the first study examining physical outcomes from an exercise program for pediatric patients with POTS attending an intensive, interdisciplinary pain treatment (IIPT) program.
Methods: Participants included 31 youth (mean age =16.3, range 14-21) diagnosed with POTS and participating in a 3-week IIPT. At admission and discharge, patients completed standardized assessments including Timed Up and Go (TUG), the 6-minute walk test and Timed Up and Down Stairs (TUDS). Progress with aerobic exercise and resistance training were documented.
Results: After the IIPT program, patients demonstrated significant improvement on all standardized measures ($p < .001$) with large effect sizes (Cohen's d) ranging from 1.01 to 1.09. Patients also significantly extended their tolerated aerobic exercise minutes ($p < .001$; $d = 4.3$) and increased their resistance strength ($p < .001$; Cohen's d range from 1.3 – 3.5).
Conclusions: Application of exercise science principles enables pediatric patients with POTS to actively participate in physical activity and objectively increase their strength, speed, and exercise tolerance in a short timeframe. These data along with principles of exercise science applied by the IIPT will be discussed.

PS01.19 - Bereavement outcomes of spouses of partners of patients with advanced cancer who parent children

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Background: We conducted a randomized controlled trial testing a parenting support intervention among adult patients with advanced cancer and their spouses who were parenting minor children.
Purpose: We report on the bereavement outcomes of spouses who participated in the RCT.
Method: Spouses of patients who died within 12 months of enrollment to the RCT completed bereavement assessments [Hospital Anxiety and Depression Scale (HADS), Texas Revised Inventory of Grief (TRIG)] and individual semi-structured qualitative interviews at 3 months following patient death. Descriptive statistics were calculated and thematic analysis was used.
Results: Of the baseline sample, 15 patients (30%) died within 12 months of enrollment (intervention: n=5, usual care: n=10); 12 surviving spouses consented to complete bereavement assessments (80% consent rate). We collected 11 surveys and 8 interviews. Bereaved spouses had a mean age of 42 years (SD=6.1); 9 were female; 5 were White, 5 were Asian; 7 were non-Hispanic. Spouses in the intervention group had lower depressive symptoms and present grief behaviors (HADS-D: μ=5.0, SD=4.1; HADS-A: μ=9.5, SD=3.5; TRIG: μ =46.5, SD=12.0) than those in the usual care group (HADS-D: μ=9.3, SD=5.5, HADS-A: μ =8.6, SD=4.2; TRIG: μ=49.9, SD=9.2). We identified themes pertaining to grief focused activities; difficulty finding joy in family life without the patient; difficulty performing the activities patients did with their child(ren); and feeling overwhelmed by managing the finances and household without the patient.
Conclusion(s): A parenting support intervention may improve bereavement outcomes among spouses of patients with advanced cancer who parent minor children.

PS01.20 - A Pilot, Randomized Controlled Trial to Examine Feasibility of a Simulation-Based Caregiving Intervention for Caregivers of Patients with High-Grade Glioma

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Background: Interventions to support caregivers of patients with high-grade glioma are needed.
Purpose: We aim to determine the feasibility of implementing a simulation-based training intervention for caregivers of patients with high-grade gliomas using a randomized controlled trial design.
Method: Patients with a high-grade glioma and their family caregivers are randomized to the intervention or waitlist control group in this ongoing trial. The 4-session nurse-led intervention includes two simulation-based caregiving skills sessions and two psychoeducation sessions offering further education and emotional support around role changes. Dyads complete assessments at baseline, 12 weeks, and 16 weeks later. Feasibility metrics to date were calculated.
Results: We have approached 101 eligible dyads and enrolled 40 dyads (consent rate 40.6%). Patients have a mean age of 51.39 years; 26 (63.4%) are male. Caregivers have a mean age of 48.2 years; 31 (75.6%) are female. Of the 20 dyads randomized to the intervention group, 11 caregivers have completed all four sessions. Across both arms, 25 caregivers and 22 patients have completed the Week 12 assessments; 22 caregivers and 18 patients have completed the Week 16 assessments. Six dyads were removed from the study because of patient death or transfer to hospice care, 1 dyad withdrew, and 1 dyad was lost to follow-up. All caregivers randomized to the intervention group who have participated in at least one session (n = 18) perceived benefit from the program.
Conclusion(s): This novel supportive care program appears to be safe, feasible, and acceptable for patients with high-grade glioma and their caregivers.

PS01.21 - Cancer Worry is Associated with Patient-Clinician Discussions about Lung Cancer Screening: Findings from the 2022 Health Information National Trends Survey

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Background: Lung cancer screening through low dose computed tomography (LDCT) is effective in detecting lung cancer early, which led to a 2013 recommendation from the U.S. Preventive Services Task Force (USPSTF) to screen individuals at high risk (aged 55-80, >30 pack years of smoking, currently smoking or quit smoking within the past 15 years). Informed by evolving evidence and a goal to increase the uptake of screening, the USPSTF revised the guidelines in 2021. However, uptake of lung cancer screening has remained low, and research is needed to understand the psychosocial factors associated with lung cancer screening engagement. Mixed findings demonstrate that cancer worry is associated with higher lung cancer risk perceptions but not with screening participation.

Purpose: The goal of the current study was to evaluate whether cancer worry predicted whether lung cancer screening-eligible individuals report discussing lung cancer screening via LDCT with their healthcare provider.

Methods: We analyzed a subsample of n=1463 participants from the Health Information National Trends Survey (HINTS) 6 in 2022. Selected respondents reported current or former smoking, were aged 50-80, and reported no prior history of lung cancer. We conducted a logistic regression to test whether cancer worry predicted the odds of discussing lung cancer screening, controlling for race, insurance coverage, smoking status, and family history of cancer.

Results: Among those eligible for lung cancer screening, the weighted proportion of respondents who reported discussing lung cancer screening with a healthcare provider was 9.4% in 2022. Higher cancer worry was significantly associated with higher odds of patient-clinician discussions of LDCT (OR = 1.28, 95%CI [1.08, 1.51], controlling for covariates. Post-hoc analyses demonstrated that this finding was driven by participants who reported being “extremely” worried about cancer, as compared to those who worry “not at all” (OR = 3.20, 95%CI [1.50, 6.86].

Conclusions: The proportion of respondents who reported having discussions about lung cancer screening was low in 2022, despite new guidelines that broadened the eligibility criteria. Findings demonstrate that higher cancer worry is associated with greater odds of discussing screening via LDCT, although the directionality of these findings is unclear. It is possible that higher worry may facilitate patient-clinician discussions or that discussions of lung cancer screening prompt subsequent worry. Research is needed to contextualize the temporality of this relationship, and supportive care strategies that promote lung cancer screening engagement while simultaneously addressing cancer-related worry may be needed.

PS01.22 - A Qualitative Examination of Barriers and Enablers to Engagement in a Community Mental Health Intervention for Migrant Women in Colombia

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Background. Group Problem Management Plus (PM+) is a community-delivered mental health intervention developed by the WHO for common mental health (MH) concerns in underserved settings. Group PM+ was implemented in Barranquilla, Colombia, to address service gaps for Venezuelan migrant and Colombian host community women at risk for gender-based violence.

Purpose. While evidence supports PM+'s effectiveness in improving psychosocial outcomes, understanding contextual factors that affect engagement and retention in low-resource settings is critical. This study explores enablers and barriers to participation in Group PM+.

Methods. In partnership with HIAS Colombia, a non-profit supporting refugees, a two-phase design was employed. Community members were trained as PM+ facilitators to deliver sessions to women experiencing moderate distress. Phase I included 68 participants, with some facilitators transitioning to trainers in Phase II. Data collection involved semi-structured interviews and focus groups with participants, facilitators, and trainers. Thematic analysis identified environmental, physical health, and social variables impacting engagement.

Results. Engagement enablers included safe, accessible locations, group cohesion, and supervision. Facilitators reported personal benefits and empowerment from helping their community. Participants valued PM+ as a structured, supportive space for addressing personal and family concerns. However, barriers such as adverse weather, childcare demands, medical issues, and MH stigma led to inconsistent attendance.

Conclusions. Findings highlight the importance of addressing social determinants of health in community interventions. Establishing interdisciplinary teams and integrating resources like primary care, economic, and social support can mitigate barriers. Tailored, locally-informed approaches are essential for sustaining engagement and promoting health equity in underserved settings.

PS01.23 - Procrastination: Problem or Potential? Exploring Links with ADHD, Mental Fatigue, Anxiety, and Social Media Use in University Students

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Background: Procrastination is often viewed as a maladaptive behavior that hinders productivity and induces stress. However, emerging research suggests that not all procrastination is harmful – active procrastination can be a strategic approach, enabling better decision-making or creativity under time pressure. Despite this, the literature focuses more on maladaptive procrastination, leaving little discussion about its potentially beneficial forms.

Purpose: This cross-sectional study explored procrastination profiles among Hungarian university students and examined their relationship with ADHD symptoms, problematic social media use, ego depletion, fear of negative evaluation, and vital depletion.

Method: Using hierarchical clustering on a sample of 1,917 university students (M=22.29, SD=3.58), we identified two distinct clusters based on adaptive and maladaptive procrastination scores. Independent samples t-tests were used to compare key psychological outcomes between these clusters.

Results: Two distinct profiles were identified. Maladaptive procrastinators showed higher levels of ADHD symptoms, depletion (ego/vital), problematic social media use, and fear of negative evaluation (all $p < .001$). In contrast, adaptive procrastinators reported lower burden, suggesting that procrastination, when managed, can function as a useful strategy rather than avoidance.

Conclusion(s): The findings point to the potential of procrastination profile analysis in psychoeducational programs. By helping students understand the difference between adaptive and maladaptive procrastination, such programs can reduce the shame often associated with procrastination. This shift in perspective could encourage students to use procrastination more constructively, improving both well-being and academic outcomes. Given the connection between ADHD and social media use, digital health interventions should be approached thoughtfully to ensure their effectiveness.

PS01.24 - Avanzando Equidad de Salud: Latino Cancer Health Equity Research Center with a Focus on Social Determinants of Health

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Background: South Texas (STX), spanning from San Antonio to the Texas-Mexico border, includes 25 rural counties, with 96% designated as primary care shortage areas, are notably the nation's poorest and most medically underserved regions in the United States. Hispanic/Latinos (H/Ls) in the U.S. face challenges related to social determinants of health (SDoH), contributing to disparities in cancer prevention, diagnosis, treatment, and outcomes.

Purpose: The Avanzando Center (AC) aims to reduce health disparities across STX with community-engaged research, training, patient assessment, and advocacy that addresses the SDoH that deter Latinos from equitable access to cancer care.

Methods: To achieve its mission, the AC will 1) coordinate Research Scholars on SDoH-related cancer control projects, providing leadership, mentoring, and support in SDoH screening, clinical informatics, and outreach dissemination, 2) implement the SDoH Screener to screen patients at UT Health San Antonio's Mays Cancer Center, Primary Care Center, and clinics across STX, ensuring they receive necessary support, 3) utilize the Salud America! (SA!) Latino health communications network for community education, empowering STX community members to advocate for local system and policy changes addressing structural SDoH, and 4) provide mentoring and career development in health equity (HE) and SDoH fundamentals to enhance cancer patient care and research advancements in the community.

Results: Research Scholars are actively employing interventions for 1) adolescent and young adult cancer survivors by establishing training programs for oncology providers to ensure proper guidance on vaccinations against HPV-related cancers, 2) using technology to improve treatment adherence among Latina breast cancer patients, and 3) addressing disparities in colorectal cancer screening and healthcare access among persistently impoverished populations. These studies will result in rigorous evaluation of intervention effectiveness by addressing the specific needs of cancer patients facing barriers related to SDoH and inform policy and practice initiatives to eliminate cancer as a major health concern. In addition, training and mentoring programs will enhance the knowledge and understanding of cancer care and research professionals, while the SA! Latino HE communication program to raise awareness about SDoH and cancer HE that includes blog posts featuring resources, inspirational stories, and promotional HE tools.

Conclusion: The efforts focused on SDoH have the potential to significantly impact cancer outcomes and reduce disparities in Latino communities, ultimately advancing HE and improving overall well-being; specifically improving cancer outcomes, survivorship, and quality of life.

PS01.25 - Co-Creating Better Care: Patient Perspectives on How to Improve Services for People Undergoing Metabolic Bariatric Surgery

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Background: There is a striking lack of co-constructed behavioural interventions adjunct to metabolic bariatric surgery (MBS). The INTER-Change program seeks to engage various interested parties to identify key components of behavioral interventions adjunct to MBS to ensure efficacy, relevance, and feasibility. A critical step in this program is conducting a patient needs assessment.
Purpose: We administered a survey, co-constructed with patients, to: identify gaps in MBS care; understand patient preferences for additional interventions; and gather patient-driven suggestions for improvement.
Methods: Quantitative data, collected from 189 Canadian patients who underwent MBS, was aggregated to identify the most to least favoured intervention components and modalities. We also performed chi-square tests to compare distributions of answers according to patients' characteristics. Open-ended question responses will be analysed using thematic analysis.
Results: Our sample consisted primarily of women (82%), and the mean age was 45.7. Patients widely agreed on the need for additional professional and informational support, with subgroups expressing distinct preferences. For example, patients with a mental health disorder were more inclined to find it extremely important to offer support groups to patients undergoing MBS (χ^2=11.86, p=0.037). Patients still living with obesity after surgery were less inclined to be interested in receiving more informational support regarding physical activity (χ^2=14.55, p=0.013).
Conclusion(s): These results underscore the importance of individualised care and help us formulate hypotheses about services that could meet the needs and preferences of specific subgroups. The next steps in our research program will allow us to refine and test these hypotheses.

PS01.26 - Timing of Moderate-to-Vigorous Physical Activity and Mortality Risk: Role of Chronotype and Sleep Patterns

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Background. Physical activity (PA) is crucial for health promotion and disease prevention, but the optimal timing of PA and its relationship with chronotype and sleep patterns are not well understood. Objectives. To investigate associations between diurnal patterns of moderate-to-vigorous physical activity (MVPA) and mortality risk, considering chronotype and sleep patterns. Methods. This prospective cohort study analyzed UK Biobank data from 75,509 participants (aged 40-73 years) over 8.7 years. Using wrist-worn accelerometer data and K-means clustering, we identified MVPA patterns among those meeting physical activity guidelines (150 min/week). Primary outcome was all-cause mortality, with secondary outcomes of cardiovascular disease and cancer mortality. Cox-proportional hazard models examined associations between MVPA patterns and mortality outcomes. Results. The midday-active group showed strongest protection against all-cause (HR: 0.64), cancer (HR: 0.68), and cardiovascular mortality (HR: 0.59) compared to those not meeting guidelines. Consistently active and evening-active groups demonstrated varying protective effects, while early morning activity only protected against all-cause mortality. Evening chronotypes and those with later sleep patterns did not experience reduced mortality risk even when meeting MVPA guidelines. Conclusions. Midday physical activity demonstrated the most consistent protective effect against mortality. Exercise timing and individual chronotype significantly influence health outcomes, suggesting public health interventions should consider both adherence to PA guidelines and optimal timing based on individual chronotype/sleep patterns to maximize health benefits.

PS01.27 - Climate Stress in Individuals with Depression and Anxiety: An Online Experiment

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Background
Climate change can affect mental health both directly (e.g., via increased temperatures) and indirectly (e.g., via increased stress). The present study focused on the indirect impact of climate change in a vulnerable group of individuals, namely those with depression and anxiety.

Purpose
The present study sought to investigate whether climate stressors induce a greater emotional response in these individuals.

Methods
N=886 individuals from the general population participated in an online experiment. The Patient Health Questionnaire (PHQ-9) and the General Anxiety Disorder Scale (GAD-7) were used to divide participants into non-depressed vs. depressed and non-anxious vs. anxious. The participants answered questions on chronic stress related to climate change, solastalgia, and pre-traumatic stress related to climate change. Acute stress related to climate change was induced by a video on climate change and the emotional response was measured via the Positive Affect Negative Affect Schedule (PANAS) and the State-Trait-Anxiety-Inventory (STAI-S).

Results
The depressed and anxious individuals reported significantly higher levels of chronic climate stress, solastalgia, and pre-traumatic stress when compared to non-depressed and non-anxious individuals. Conversely, individuals with depression experienced comparably less negative affect and anxiety in response to acute climate stress, and individuals with anxiety experienced comparably less anxiety.

Conclusions
Our findings indicate that individuals with depression/anxiety might have a greater awareness and/or more realistic perception of climate change and experience more related distress. Should this finding be replicated by further research, it may suggest that public health campaigns on climate change need to be targeted to specific population groups.

PS01.28 - Longitudinal Associations between Dietary Intake and Common Mental Disorders among Adolescents in Australia

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Background. This study examined longitudinal associations between adolescents' dietary intake (fruit, vegetables, sugar-sweetened beverages [SSBs]), and common mental disorders (CMDs; anxiety and depression), over three years during high school. Purpose. Few longitudinal studies have demonstrated associations between diet and anxiety and depression among adolescents (mostly cross sectional). We hypothesised healthier diet (more daily serves of fruit and vegetables, fewer serves of SSBs) would be associated with lower likelihood of CMDs, over time. We also explored these associations for sex subgroups (male/female), although hypotheses were not proposed. Method. This study was conducted with 6639 Australian adolescents (aged 11-16). Poisson regression models assessed the associations between daily serves of each diet variable (fruit, vegetables, SSBs) and depression and anxiety (yes=1, no=0). To capture onset of depression and anxiety in relation to diet, models excluded participants who met cut-offs for depression (for depression models) or anxiety (for anxiety models) at baseline. Models were re-run to assess the same associations for males and females separately (simple effects). Results. Results partially supported hypotheses, such that healthier-diet indicators (more fruit serves, fewer SSB serves) were associated with lower odds of depression and anxiety, over time. However, vegetable intake was not significantly associated with CMDs. Subgroup analyses revealed higher fruit intake was associated with lower likelihood of depression for females specifically, and higher SSB intake was associated with higher likelihood of depression and anxiety for males. Conclusion. Results have implications for nutrition-based prevention efforts for CMDs, which are high and rising among adolescents in Australia and abroad.

PS01.29 - Canvas to Clinic: Integrating Historical Paintings in Modern Cancer Diagnosis

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Background: Historical paintings depicting diseases provide unique insights into medical conditions through an artistic lens. Lam Qua, a 19th-century painter known for illustrating clinical cases, portrayed various diseases including breast cancer, allowing for contemporary comparative clinical studies.
Purpose: This study aims to demonstrate how analyzing historical paintings depicting breast cancer enhances observational skills, clinical diagnostic accuracy, and cultural awareness in physicians and medical students. It further aims to support the incorporation of such interdisciplinary materials into medical education literature. Method: Lam Qua's painting depicting a woman with breast cancer (Portrait No. 30. Yale Medical Library. Historical Library, Yale University. New Haven, CT) was matched with clinical images and medical records of a contemporary case. A 35-year-old woman presented initially in 2022 with a palpable mass in her left breast; ultrasound revealed a 26x16 mm BI-RADS 4 lesion, biopsied as triple-negative invasive ductal carcinoma. The patient discontinued follow-up and treatment. In 2024, she returned with a significantly progressed, ulcerated-necrotic breast lesion. Clinical images including photographs, CT, and PET-CT scans were comparatively analyzed alongside Lam Qua's painting.
Results: Striking similarities between the historical depiction and contemporary clinical presentation were observed. The comparison provided educational value in improving diagnostic observation and understanding disease progression visually.
Conclusions: Integrating historical artworks into medical training enriches diagnostic acumen and cultural competence, proving valuable for contemporary medical education and contributing novel educational resources to medical literature.

PS01.30 - Demographic, personal-cognitive, and socio-environmental influencing factors on the adoption of non-pharmaceutical interventions among healthcare students during pandemics: a systematic review

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Background:
Non-pharmaceutical interventions (NPIs) are one of the primary prevention strategies during pandemics. The psychological, social, and environmental factors influencing the behavior must be studied to initiate proper health promotion interventions, policies that generate better outcomes, and well-designed health communications. For NPIs to protect the community, all groups within the community need to have sufficient knowledge, resources, and adequate levels of practice.
Purpose:
To determine the influencing factors among health care university students and synthesize the available evidence about their impact on the individual decision-making process in a pandemic.
Method:
In this systematic review, PubMed, Embase, and WHO database on COVID-19 were searched to locate records. Full-text screening resulted in the inclusion of 13 studies and the identification of five additional studies through citation searching. Through narrative synthesis, we found consensus and disagreement across the literature.
Results:
The results yielded 18 factors associated with NPIs practice factors, of which being older, female, observing others practice NPIs, and having higher risk perception levels were influencing factors. Additionally, cues to action, source of information, anger, confusion, positive attitude, perceived stress, susceptibility, benefits, barriers, and severity influenced NPIs adherence.
Conclusion:
Our systematic review showed the importance of investigating the drivers of NPIs adherence among health care students. We found that the current understanding of NPIs adherence among our population is unacceptable. When possible, future NPIs adherence research should use theoretical frameworks and validated tools, and further investigate the cognitive and social factors that influence pandemic preventive behaviors.

PS01.31 - Online enhanced care program to improve wellbeing of patients with heart failure: initial usage findings from a randomised controlled trial

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Background: Depression is highly prevalent and associated with increased hospitalisations and mortality among patients diagnosed with heart failure.

Purpose: The trial aims to evaluate the effectiveness and cost-effectiveness of an online wellbeing program for patients discharged from hospital with heart failure in improving emotional and physical wellbeing and decreasing healthcare utilisation. This research investigates program alerts and usage for the first 60 intervention participants.

Method: Randomised controlled trial of an online enhanced community care program for heart failure: Enhanced HF Care, compared to usual care for adult patients hospitalised with heart failure. Participants recruited from two public hospitals complete surveys at baseline, 1 and 6 months. Enhanced HF Care includes health education modules (short online microlearning videos) and regular monitoring of depression and clinical outcomes via fortnightly/monthly surveys, with tailored self-care advice. Cardiac nurses and general practitioners receive automated email alerts if patients report high levels of depression or clinical symptoms, to action where needed.

Results: Recruitment commenced in July 2023. To-date, 124 participants are enrolled (n=60 intervention, n=64 control). Depressive or clinical symptoms alerts sent for 25/60 intervention participants based on survey scores. Twenty-two (37%) intervention participants completed all core program modules. All participants who reported using the program found it helpful, especially the information modules and the knowledge that their well-being was monitored. Use ranged from 10 minutes to 2 hours.

Conclusions: This study has the potential to reduce burden for patients by prioritising urgent mental health needs and clinical symptoms while simultaneously empowering patients with knowledge.

PS01.32 - DEPRESSION, ANXIETY, AND STRESS IN UNIVERSITY STUDENTS BEFORE, DURING AND AFTER THE COVID-19 PANDEMIC

Miss Adrielly Dos Santos[1], Mister Lucas Arrais Campos[2,3,4], Miss Bianca Gonzalez Martins[1], Miss Bianca Núbia Souza Silva[4], Mister João Marôco[5,6], Miss Juliana Alvares Duarte Bonini Campos[1]
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DEPRESSION, ANXIETY, AND STRESS IN UNIVERSITY STUDENTS BEFORE, DURING AND AFTER THE COVID-19 PANDEMIC

Adrielly dos Santos, Lucas Arrais Campos, Bianca Gonzalez Martins, Bianca Núbia Souza Silva, João Marôco, and Juliana Alvares Duarte Bonini Campos

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Background: Student disengagement from activities has increased due to mental health challenges, further exacerbated by COVID-19 pandemic. The pandemic disrupted routines, suspended in-person education, and shifted learning to remote formats, impacting students' well-being. Purpose: This study aimed to estimate the prevalence of depression, anxiety, and stress symptoms among students from two health-related courses at a Brazilian public university from 2018 to 2023. Methods: A cross-sectional observational study was conducted, collecting data annually in 2018–2019 and 2023 (pen-and-paper), and semiannually (a, b) from 2022 (online). The Depression, Anxiety, and Stress Scale (DASS-21) and three open-ended questions explored students' symptoms, perceptions during the pandemic, and future expectations. Prevalences were estimated, and joinpoint analysis was applied to assess trends in prevalence using Semester Percent Change (SPC) and Average SPC (ASPC) indicators. Qualitative data were analyzed using similarity analysis. Results: A total of 2,769 students participated, mainly were female (64.0–77.8%) with a mean age of 21.1 years (SD = 2.4). Depressive symptom prevalence (moderate and severe level) ranged from 45.0%-75.7%, anxiety from 48.8%-57.4%, and stress from 48.8%-71.6%. Depression prevalence significantly increased at the pandemic's onset (SPC: 2018–2020a = 34.3; 2020a–2022b = -4.83; ASPC = 3.73). Anxiety showed a modest increase (SPC: 2018–2022b = 1.19), and stress increased by 12.8% (2018–2020b) before stabilizing. Key themes in students' discourses included mental health, education, and uncertainties. Conclusion: High mental health symptom prevalence was observed, with symptoms already elevated pre-pandemic and remaining high post-return to in-person activities, influenced by disrupted relationships, education models, and uncertainties.

Keywords: Anxiety, Depression, Stress, University, Students

PS01.33 - Opportunities for growth mediates the association between mentoring and work-related well-being

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Background
Recent studies have shown that mentoring is associated with work-related well-being. However, the mechanisms underlying this relationship have not yet been examined.

Purpose
This study aims to clarify whether job demands and resources mediate the association between mentoring and work-related well-being.

Method
We used mentoring as an independent variable and work-related well-being (work engagement, boredom, and burnout) as the dependent variable. We also used job demands (quantitative and qualitative) and resources (opportunities for growth) as mediators. In December 2023, we conducted a web survey using survey monitors working full-time, and analyzed 587 responses from those aged under 59 years who had more than one mentor. We used the Japanese version of the 9-item Mentoring Functional Questionnaire (MFQ-9). These items are career support, psychosocial support, and role modeling. The research model was tested using structural equation modeling (SEM). We tested the direct and indirect effects as well as 95% bootstrap confidence intervals (CI). The number of bootstrap samples was set to 2000.

Results
The results of the SEM analyses showed that the hypothesized model fit adequately with the data (GFI=.87-.88; AGFI=.83-.84; CFI=.92-.93; RMSEA=.08). The association between each mentoring subscale (career support, psychosocial support, and role modeling) and work-related well-being (work engagement, boredom, and burnout) was mediated by opportunities for growth. Bootstrapping indicated that these relationships were statistically significant. In contrast, job demands did not mediate the association between mentoring and work-related well-being.

Conclusion
This study revealed that opportunities for growth mediate the association between mentoring and work-related well-being.

PS01.34 - Challenges in End-of-Life Decision-Making in Neonatal Intensive Care Units

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Decision-making about the foregoing or withdrawal of treatment is extremely complex and represents one of the greatest challenges faced by physicians, as it raises numerous questions for which there are no straightforward answers. In neonatology, these decisions are particularly sensitive, as they often involve critically ill newborns with uncertain prognoses who cannot make decisions for themselves, raising significant ethical, emotional, and legal dilemmas.

This study examines the attitudes and perspectives of neonatologists in Croatia regarding the challenges of foregoing/withdrawing treatment in neonatal intensive care units (NICUs).

A sample of 46 neonatologists and 14 neonatology interns (response rate 66%) from all tertiary NICUs in Croatia completed an online questionnaire exploring their views on end-of-life decisions.

We found that the majority of neonatologists consider the foregoing/withdrawal of treatment ethically justified in cases of fatal conditions (88%) or severely impaired quality of life (79%). The most prominent factors complicating decision-making, as cited by neonatologists, include the lack of professional guidelines, legal restrictions, uncertainty of health outcomes, difficulties predicting future quality of life, and challenges in gaining and understanding parents' perspectives. Even though the majority of neonatologists (75%) believe that end-of-life decisions should be made jointly by the medical team and parents, opposing opinions within the team and between the team and parents are not uncommon, presenting another challenge in this already complex situation.

This research underscores the importance of ongoing expert discussions and institutional support to better understand and address the challenges faced by neonatologists in end-of-life decision making.

PS01.35 - Paradox of Career-Option Freedom: The Negative Effect of Overload by Abundant Career Information and Choice on Career Satisfaction

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[Background] Globally, the career landscape is shifting to an individual-led model that offers greater freedom of choice, even in Japan, where lifetime employment within a single organization has been the norm. However, an abundance of career information and choices available during career development is linked to anxiety and dissatisfaction. Despite these concerns, few studies have empirically explored the negative effects of career-option expansion.
[Purpose] This study aims to empirically investigate how the modern abundance of career information and diversification of career options impact individuals' satisfaction of their careers, focusing on the cognitive overload these factors cause.
[Method] Two-wave longitudinal surveys with 368 participants were analyzed using a cross-lagged effects model. We hypothesized that exposure to career information through online media increases career information and choice overload, leading to reduced career satisfaction.
[Results] The Career Choice Overload Scale was developed based on a preliminary survey. The scale consists of three factors: “career decision-making distress,” “lowered commitment to current career,” and “tendency toward idealized careers.” The analysis based on the cross-lagged effects model revealed that greater exposure to career information increased career overload, which reduced career satisfaction.
[Conclusion] The findings indicate that exposure to diverse career options can lead to confusion, reduced commitment to current careers, and adherence to idealized career depictions, undermining satisfaction with one's career. These insights highlight the importance of addressing psychological factors in career support.

PS01.36 - Attitudes and knowledge for CBT-based psychotherapy among medical students and residents in China: a survey study

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Background: Psychotherapy training for medical students and residents in China is still in development. Tailored psychotherapy training programs are urgently needed.

Purpose: This presentation explores medical students, residents, and other healthcare providers's (HCPs) current knowledge and attitudes toward psychotherapy in China.

Method: 149 participants (30.2% medical students, 59.1% medical residents, 10.7% HCPs) reported their sex (71.1% female), highest academic qualification (53.4% graduate degree), and their departments (40.9% psychiatric department). All participants self-reported their understanding of 18 types of psychotherapy, Negative Attitude Towards CBT, and Attitudes Towards Psychological Interventions and Counseling in Primary Care (APIC-PC) through an online survey.

Results: Participants' understanding of psychotherapy was generally low (M = 26.25, SD = 22.99). Medical students' (M = 34.42, SD = 22.61) and HCPs' (M = 37.25, SD = 30.834) understanding was significantly higher than residents' (M = 20.08, SD = 19.54), $F(2, 146) = 8.63$, $p < .001$. Participants from psychiatric departments (M = 33.85, SD = 25.89) understood more psychotherapy than those from non-psychiatric departments (M = 20.98, SD = 19.20), $t(147) = 3.46$, $p < .001$. Participants with a bachelor's degree (M = 2.40, SD = 0.976) scored lower on the Negative Attitude Towards CBT Scale than participants with a graduate degree (M = 2.76, SD = 1.00), $t(147) = -2.20$, $p = 0.029$. All participants' APIC-PC scores were relatively the same and indicated a neutral to slightly positive attitude toward psychotherapy and counseling practices. However, they showed a slightly negative attitude in the "willingness to counsel" subscale (M = 2.65, SD = h0.93).

Conclusion: This study indicated a lack of knowledge of psychotherapy and a lack of psychotherapy courses for medical students and residents, especially those from non-psychiatric departments in China. Our findings suggest an urgent need for psychotherapy and relevant training for Chinese medical students and residents.

PS01.37 - Longitudinal Analysis of Child Interaction, Visitation, and Satisfaction in Shaping Health Behaviors of Older Adults in an Aging China (2013–2020)

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Background: China's aging population faces a growing burden of non-communicable diseases (NCDs) linked to lifestyle behaviors such as physical inactivity, smoking, and alcohol consumption. Family dynamics play a key role in shaping these behaviors, but the influence of evolving interaction patterns, beyond in-person visitation, remains unclear.

Purpose: This study investigates how parent-child interaction frequency, satisfaction with relationships, and child characteristics influence the health behaviors of older adults.

Method: Data from 21,318 participants in the China Health and Retirement Longitudinal Study (CHARLS; 2013–2020) were analyzed, encompassing 118,962 dyadic relationships. Mixed-effects models assessed parent-child interaction frequency (including phone, text, etc.), in-person visitation, and relationship satisfaction in relation to physical activity, smoking, and drinking.

Results: Over time, weekly interaction increased, from 68.7% (2013) to 76.5% (2020), while in-person visitation declined. Male children were less likely to visit frequently (AOR=0.59, 95%CI:0.53–0.65) but had similar interaction rates as females. High-income children were more likely to visit (AOR=2.12, 95%CI:1.47–3.04) but interacted less frequently (AOR=0.54, 95%CI:0.43–0.69). Interaction frequency was associated with higher physical activity (β=0.06, 95% CI: 0.01–0.11) and reduced odds of smoking (AOR=0.39, 95%CI: 0.06–2.49) and drinking (AOR=0.90, 95%CI:0.64–1.29). Satisfaction with relationships had particularly strong protective effects, reducing odds of drinking (AOR=0.20, 95%CI:0.11–0.35) and smoking (AOR=0.54, 95%CI:0.03–11.76). In-person visitation had no independent effects.

Conclusion(s): Frequent interaction, rather than visitation, is a stronger driver of healthier behaviors in older adults, with satisfaction playing a particularly protective role. These findings highlight how family dynamics shape health in urbanizing China.

PS01.38 - Barriers and enablers for optimising ACEi/ARBs and using SGLT2i in early-stage CKD management: A qualitative study in primary care

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Background: Chronic kidney disease (CKD) affects 14% of Singapore residents, with early-stage CKD patients experiencing a faster decline in kidney function. Optimising the use of Angiotensin-Converting Enzyme inhibitors (ACEi)/Angiotensin Receptor Blockers (ARBs) and increasing the use of Sodium-Glucose Co-Transporter-2 inhibitors (SGLT2i) are important for improving outcomes in early-stage CKD.

Purpose: To identify barriers and enablers for primary care professionals in optimising ACEi/ARBs and initiating SGLT2i for early-stage CKD management in Singapore.

Method: A qualitative study was conducted between January and June 2024 with 11 primary care professionals (5 general practitioners, 5 polyclinic doctors, 1 coordinator from a nationwide primary care CKD programme). Semi-structured interviews were thematically analysed, and findings were mapped to the Theoretical Domains Framework.

Results:
Barriers: Key barriers to ACEi/ARB optimisation included concerns about medication management, logistical challenges, and knowledge gaps. For SGLT2i initiation, key barriers included limited familiarity, unclear guidance, and medication management concerns.
Enablers: Key enablers included clear patient communication, strong organisational and national support, and increasing awareness of SGLT2i benefits.

Conclusion(s): The study identified key factors influencing early-stage CKD management in primary care. Interventions addressing identified barriers while leveraging enablers are critical for improving ACEi/ARBs optimisation and SGLT2i initiation. Targeted interventions, selected for their feasibility and impact, include updating clinical protocols, strengthening quality improvement initiatives, and enhancing medical education. However, the absence of perspectives from patients and nephrologists may limit the comprehensiveness of the findings. Future efforts should incorporate broader stakeholder perspectives while implementing and evaluating these interventions to improve clinical practice and patient outcomes.

PS01.39 - Changes in public attitude towards epilepsy in Hungary since 1994. A multi-criteria weighting analysis

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Background: The multifaceted burden of epilepsy affects both patients and families. Follow-up studies evaluating the status, change, and influence of public attitudes and awareness of epilepsy are vital in accommodating educational policies.
Purpose: To assess the adult Hungarian population's knowledge about and attitude towards epilepsy and compare the present findings with previous ones in 1994 and 2000.
Methods: A cross-sectional survey of the Hungarian adult population from 28th February to 8th March 2023 using a non-probability quota sampling with a random walk method was conducted. We applied computer-assisted personal interviewing and a multi-criteria weighting procedure to correct for bias. To detect changes over time, we used chi-square tests, and to analyze the effect of sociodemographic characteristics, we applied multivariate logistic regression.
Results: 1000 participants, with a mean age of 48.1 ±16.75 years, were interviewed. 26.3% knew someone with epilepsy, and 30.8% saw an epileptic seizure. 16.6% reported objection to their children's interaction with people with epilepsy (PWE). Significantly fewer people opposed their children marrying or working together with PWE, indicating a change in attitude ($P<0.0001$). Rural residents had less objection to their children's interaction with PWE ($P<0.05$). People with secondary education objected significantly more often than those with primary education to their children's interaction ($P=0.037$), marriage ($P=0.043$) and their having equal employment ($P=0.008$).
Conclusions: Certain parameters of familiarity and attitude-markers of the Hungarian population towards epilepsy have improved. These tendencies are promising, but works are still needed; our results will hopefully evoke educational programs and campaigns against negative attitudes.

PS01.40 - Social Comparison as a Behavior Change Technique in Digital Interventions: Perceptions of Leaderboards to Promote Physical Activity Motivation and Behavior

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Physical activity (PA) leaderboards display users' ranked PA behavior from most to least, leveraging social comparison to boost PA motivation. However, is not clear how users interpret leaderboard information, or for whom or under what circumstances leaderboards are effective. We enrolled 1,676 adults in the US and Europe (MAge=45.1, MBMI=27 kg/m2, 52% women). Of those who use PA apps, 70% disliked leaderboards for their emphasis on competition and potential “failure.” The remaining 30% had used a leaderboard for 2-24 months because it motivated them by showing their success compared to others at the “same skill level.” After viewing a leaderboard with their own rank depicted (randomized to rank out of 6), 63% perceived themselves as doing well with PA. In a separate response, 51% perceived themselves as doing poorly. Average perceptions differed by rank (ps<0.001, np2=0.39) but showed meaningful heterogeneity for the same rank (use of full 1-5 scale, SDs=0.99-1.25). Across ranks, 74% endorsed motivation to engage in PA. Motivation did not differ by rank (p=0.38) and was not associated with perceiving oneself as doing poorly (R=0.03, p=0.10), but was positively associated with perceiving oneself as doing well (R=0.20, p<0.001). Motivation did not differ by gender (p=0.60) but was higher among those with stronger general tendencies to respond positively and negatively to comparison (ps<0.001, np2=0.01- 0.10), which did not differ by rank (ps>0.06). Thus, responses to PA leaderboards vary and aren't based solely on rank or individual differences. Additional investigation is warranted to optimize leaderboards to increase PA.

PS01.41 - Treatment behavior and decision-making factors for patients with Idiopathic Pulmonary Fibrosis through patient journey mapping：a qualitative study

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Background: Idiopathic pulmonary fibrosis (IPF) is a rare, chronic lung disease that significantly impacts patients' quality of life. While research has focused on disease mechanisms and treatment efficacy, limited attention has been paid to treatment behavior and decision-making factors. Understanding these aspects through patient journey mapping is essential for developing patient-centered strategies.
Purpose: This study explores treatment behavior and decision-making factors in IPF patients through patient journey mapping, aiming to optimize clinical decisions and support drug development and health technology assessments.
Method: In-depth qualitative interviews were conducted with 37 clinicians at 6 sites across 5 provinces from June to December 2024, reaching thematic saturation. Patient journey mapping and thematic analysis identified key factors influencing treatment decisions. The study was approved by the Peking University Third Hospital Medical Ethics Committee and registered in ClinicalTrials.gov (NCT06629623).
Results: Two patient journey categories were identified: one involving patients seeking care due to symptoms like cough or shortness of breath, often at an advanced stage, and the other involving diagnoses through routine check-ups, where early medication can delay progression. Treatment decisions are largely influenced by physicians, while individual adherence is affected by disease symptoms, medication costs, side effects, and family support.
Conclusion: Early diagnosis and intervention can delay IPF progression. Enhancing education on medication adherence and considering drug pricing and side effects during development and policy making are crucial for improving patient outcomes.

PS01.42 - Barriers and Enablers to Local Active Travel During COVID-19: A Case Study of Streetspace Interventions in Two London Boroughs

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Background: During the COVID-19 pandemic, local authorities in London (UK) increased emergency active travel interventions to give more space and priority to walking and cycling. These measures – broadly labelled as “Streetspace for London” – involved creating protected cycleways, widening pavements, or installing physical barriers designed to restrict vehicles and discourage driving for short local journeys.

Purpose: This study aimed to understand what aspects of Streetspace for London interventions represent barriers or enablers to walking and cycling for short local journeys.

Method: Focusing on two Inner London boroughs, we conducted 21 semi-structured stakeholder interviews and sampled 885 public comments about Streetspace interventions. We triangulated the data in a thematic analysis to identify barriers and enablers, which were categorised using the Capability, Opportunity, Motivation, Behaviour (COM-B) model.

Results: Opportunity and motivation factors were reflected in the barriers (accessibility and integration of the interventions; controversy, dissatisfaction, and doubt), enablers (new routes and spaces; sustainability and health beliefs) and mixed themes (changes to traffic and appeal of the area; feelings of safety). Capability was not reflected in any of the main themes.

Conclusions: Although aspects of Streetspace interventions were seen to enable active travel, our findings suggest that additional processes to address the acceptability, fairness, and unintended consequences of emergency interventions will be important to their long-term success for health and sustainability.

PS01.43 - CBT-E Group Therapy for Binge Eating in China: An Exploration of Feasibility and Effectiveness

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Background: Binge eating is commonly observed in individuals with eating disorder, leading to both physical and psychological consequences. The prevalence of binge eating has rapidly increased in China in recent years. However, there is a lack of clinical psychological treatment research targeting binge eating in the country. Given limited mental health resources, a shortage of therapists, and the high costs of therapy, online group CBT-E may provide a culturally appropriate and feasible treatment approach in China.

Purpose: To explore the feasibility and effectiveness of CBT-E group psychotherapy for individuals with binge eating behaviors in China.

Methods: This RCT study involved 27 participants, assigned to offline treatment, online treatment, and waiting groups. Primary outcomes included the frequency of binge eating episodes (OBEs) and eating disorder symptoms (EDE-Q). Qualitative interviews were conducted to assess participants' experiences and perceptions of the therapy.

Results: Both treatment groups showed significant reductions in OBEs and EDE-Q scores post-treatment and at follow-up, with no significant changes in the waiting group. The intervention effects were comparable between the online and offline treatment groups, both showing substantial improvements over the waiting group. Qualitative feedback indicated high satisfaction with the group therapy, particularly in providing close support, increasing awareness of binge eating behaviors and improving dietary habits.

Conclusion: CBT-E group psychotherapy is both feasible and effective in reducing binge eating behaviors and related symptoms in China. The online treatment format is as effective as the offline treatment.

PS01.44 - The Influence of Episodic Future Thinking on Delayed Discounting and Snack Consumption: Evidence in the General Population

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Background: Delay discounting is a preference bias for immediate rewards over future outcomes, which relates to maladaptive behaviours. Episodic future thinking (EFT) guides individuals to vividly imagine future events, which can reduce delay discounting. However, the effect of EFT on health behaviour remains unclear.
Purpose: This study compared three EFT techniques (traditional, narrative, drawing) to a control group (episodic recent thinking, ERT) to assess their potential impact on delay discounting and snack consumption among the general population.
Method: Adults (N=105) attended an in-person session to practice one of four imagery techniques. Participants practicing EFT created six future events occurring between 1 month and 5 years later. They were offered snacks after visualising these events occurring in real-time. Participants' snack consumption and perceived imagery vividness were measured. Delay discounting was measured before and after interventions.
Results: Post-intervention delay discounting positively correlated with the amount of snacks consumed, and negatively correlated with imagery vividness. Imagery vividness also negatively correlated with snack consumption. Delay discounting scores decreased from baseline to post-intervention in all conditions. These reductions were descriptively stronger following traditional and narrative techniques than drawing and ERT techniques. Snack consumption did not differ across EFT conditions compared to ERT.
Conclusion: The study indicates the three EFT techniques similarly reduce delay discounting, with traditional and narrative methods potentially being more effective. However, EFT did not influence health behaviour relative to the control condition. The vividness of imagined events may be relevant to future research in delay discounting and health behaviour.

PS01.45 - Exploring Patient Perspectives on Information and Support Needs for Coronary Artery Bypass Surgery: Insights for Tailored Interventions.

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Background: Coronary artery bypass surgery (CABG) is critical for coronary heart disease, but recovery is challenging. Patients' expectations predict outcomes after medical procedures. Pre-surgery psychological expectation-optimizing interventions may improve outcomes and reduce costs. The iHeart study develops an internet-based intervention to optimize expectations.

Purpose: This study complements it by exploring patient perspectives to enhance intervention design and address gaps in patient information needs in German hospitals.

Method: Semi-structured interviews with CABG patients (n=6, 30–45 minutes) were audio-recorded, transcribed, and analyzed using qualitative content analysis. Data were anonymized.

Results: Five main categories emerged from the analysis: 1) Individual information needs, 2) Satisfaction with information received, 3) Forms of information delivery, and 4) Willingness to use internet-based interventions, 5) Support Preferences. Patients largely found hospital information complete and well-communicated, though dissatisfaction arose when unexpected events were insufficiently addressed, although this was not perceived negatively overall. Patients preferred written materials and personal contact, particularly through their social network, as sources of information. Internet-based tools were viewed with mixed enthusiasm: while three participants showed high willingness to use such tools, others expressed concerns about self-confidence in navigating the internet and feared information overload. Desired support included features like password protection, clear structure, thematic customization, and optional psychological assistance. Many patients emphasized a preference for telephone-based support over email, especially for addressing more complex issues.

Conclusion: Patient-centered, individualized information is crucial for CABG preparation. Internet-based tools show promise but must address psychological needs and digital literacy to enhance satisfaction, adherence, and recovery.

PS01.46 - Readability of Online Health Information Pertaining to Migraine and Headache in the United Kingdom

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Background
An estimated 46% of the worldwide adult population live with an active headache disorder, and it is thought that there is a proportion of headache and migraine sufferers who do not attend for medical care, instead choosing to manage their symptoms at home. The internet continues to act as a source of online health information for self-management, however, it is important that this information can be understood by the user. Research indicates that most health information online is written at a level too difficult for much of the UK population to understand.

Purpose
The aim of this study was to investigate the readability of online health information pertaining to headache and migraine for a UK-based internet user accessing the top four search engines.

Method
Searches for 'headache' and 'migraine' were performed on each search engine and results from the first page were selected for analysis. Five validated readability tests were used to analyse readability; Flesch-Kincaid Grade Level, Flesch Reading Ease, Gunning Fog Index, Coleman-Liau Index and Simple Measure of Gobbledygook Index.

Results
We found that the majority of online health information about migraine and headache is too difficult for the UK adult population to read.

Conclusions
Findings highlight work is required to ensure that information from a wider variety of sources is easier to comprehend for much of the population in order for individuals to make informed decisions about health seeking and self-management of headache and migraine. Health information providers should weave readability analysis into their content design process, incorporating shorter sentences and simpler words in their description of conditions and treatment.

PS01.47 - Giving feedback to study participants: is it worth the sweat?

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Background
Participation rates in studies investigating schoolchildren's health behaviours have steadily decreased in recent years. Sharing study results (feedback) with participants can increase motivation to participate in research and reward participation. The DAGIS follow-up study investigates factors that influence health, wellbeing and learning of schoolchildren. All primary schools in Salo municipality, Southwest Finland, participated in the study (N=522, 8-12 y., participation rate 26%). The study aimed to give feedback to pupils, caregivers, and school personnel to motivate their participation and provide health promotion around key health behaviours.

Methods
The feedback consisted of study measures for school, family, and child level. Data was collected via questionnaires. Physical activity (PA) and sedentary time (ST) was assessed using accelerometers. Food consumption was assessed via food frequency questionnaires. Caregivers reported child and caregiver screen use via smartphone screen logs. Feedback reports were tested with the target audiences to ensure user-friendliness.

Results
Pupils and caregivers received individual feedback on child's PA and ST, screen use and fruit and vegetable consumption. Caregiver's screen use and fruit and vegetable consumption was reported alongside their child's results to promote parental role modelling. National PA and food recommendations were referenced alongside health promotion tips. School personnel received feedback on school-level. Participants' responses regarding the feedback were predominately positive.

Conclusion
Giving meaningful participant feedback is an important method to motivate and reward participation in research. The process of giving feedback is time consuming. Future studies should include resources for providing feedback in grant proposals and automate the process, where possible.

PS01.48 - Insights into Societal Mood Regulation Through Music - Diachronic Analysis of Stress, Sentiment, and Complexity in Popular Music Lyrics

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Background: Music is closely associated with both emotional expression and the regulation of mood and emotion. While most research has thus far focused on the individual consumption of music, examining large-scale trends in music preferences may offer insights into mood regulation on a societal level. Understanding these dynamics may improve stress and mood management through art and media amid rising prevalence of stress-related disorders.

Purpose: This study investigates diachronic changes in stress-related language, sentiment, and lyrical complexity in popular music lyrics from 1973 to 2023, with a focus on how major societal shocks such as 9/11 and COVID-19 influenced these trends.
Method: We analyzed lyrics from over 20,000 songs appearing in the US Billboard Top 100 charts between 1973 and 2023. Stress-related language was quantified using a dictionary-based approach (LIWC), sentiment estimated using the rule-based VADER sentiment analysis tool, and lyrical complexity assessed using the LZ77 compression algorithm.

Results: Across five decades, lyrics showed a significant increase in stress-related language, coupled with declines in positive sentiment and complexity. However, during periods following major societal shocks, these trends were attenuated rather than intensified. Contrary to expectations, lyrics became less negative and less stress-related during these high-stress periods, suggesting a collective shift toward emotion-incongruent music. Interestingly, higher stress-related language coincided with increased lyrical complexity.

Conclusion: These findings suggest popular music may serve a dual function in collective emotion regulation - both reflecting societal stress over time and offering mood-incongruent content during acute societal crises.

Keywords: mood-management, NLP, stress, sentiment, complexity, music, lyrics

PS01.49 - Heart-rate variability reflects a comprehensive spectrum of self-reported mental and physical health measures

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Background: The vagal nerve is the major branch of the parasympathetic nervous system and is situated anatomically between the brain and the body. Vagal activity is indexed by heart-rate variability (HRV), the fluctuations in the intervals between normal heartbeats. Higher HRV predicts a lower risk of and better prognosis in cancer, stroke and heart-diseases, and is also inversely related to most mental diseases. Its relationship with several subjective health indexes in one study has hardly been tested.

Purpose: This study aimed to examine the correlations between HRV and self-reported mental and physical health in healthy people.

Method: This was a cross-sectional correlational study design. We included 77 healthy Israeli late adolescents aged 17-18. They underwent a 2-min measure of HRV with the I-FEEL device and completed questionnaires which assessed well-being, mental resilience, post-traumatic stress symptoms (PTSS) and physical symptoms.

Results: The HRV index of SDNN correlated significantly with all 4 measures. Specifically, SDNN correlated positively with well-being and resilience and negatively with PTSS and physical symptoms. In a linear multiple regression, when enabling all 4 measures to compete in predicting SDNN, only resilience remained significantly and positively correlated with SDNN. The four measures explained 17.6% of the variance in SDNN.

Conclusion: HRV comprehensively reflects healthy young adults' mental and physical health, mostly their mental resilience. HRV can be used as an objective index of people's mental and physical health and represents a resilience factor.

PS01.50 - Prevalence of Autism Spectrum Disorder Symptoms in Adolescents with Gender Dysphoria

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Gender dysphoria is a condition that causes emotional distress due to a mismatch between an individual's gender identity and their biological sex, often involving discomfort with body, gender roles, and associated behaviours. Recent studies, focused on exploring its possible connections with other neurobiological and psychosocial factors, have found higher prevalence of autism spectrum disorders in adolescents with gender dysphoria when compared to the general population (1-2%). The study aimed to examine the prevalence of ASD symptoms in adolescents with gender dysphoria using The Autism Spectrum Quotient (AQ-Adult) questionnaire. Among 59 adolescents aged 16-21 receiving care for gender dysphoria at University Hospital Centre Zagreb 20.3% displayed ASD symptoms, 22% reached clinical significance, and 57.6% showed no ASD indication. The findings indicate a high prevalence of ASD symptoms among adolescents with gender dysphoria, particularly when compared to the general population. Additionally, the data reveals a greater representation of individuals assigned female at birth in both the overall sample of those with gender dysphoria and in those with more pronounced ASD symptoms. These results align with prior research, implying a potential biological connection between gender dysphoria and suggest a need for further screening for ASD.

PS01.51 - Sexual Behavior: Results from HIV Counseling and Early Detection Centers

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Abstract
Background: Users of publicly funded HIV Counseling and Early Detection Centers (CDCs) in the Portuguese National Service have been found to have higher rates of HIV risk behavior than the general population, but data concerning their specific socio-demographic, behavioral, and cognitive profile are limited.
Purpose: The goal of the present study was to analyze correlates of preparatory safer sexual behaviors, and condom use in adults seeking voluntary testing and counseling.
Method: A cross-sectional study was conducted in 2022 in a sample of 308 Portuguese users of CDCs (98 women and 210 men) using interviewer-administered fully structured questionnaires.
Results: Being younger, reporting a higher number of sexual partners, having higher HIV transmission knowledge, having a higher perception of self-efficacy in condom negotiation, and lower barriers towards safer sex were the main factors associated with safer sex practices among CDC's users. Having a higher number of sexual partners, higher frequency of oral sex, and of safer sex preparatory behaviors were uniquely related to condom use in the last four sexual acts.
Conclusions: This study provides baseline data on this understudied. Our findings highlight key areas of focus to help raise awareness and address specific socio-demographic, behavioral, and cognitive variables trough the development of effective interventions to reduce sexual risk behavior among CDC's users, and policy aimed at promoting inclusive HIV prevention programs.

PS01.52 - MOTIVATOR-Allied : Adapting and testing a motivational communication training program for interdisciplinary healthcare teams.

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Background : Motivational Communication (MC) effectively promotes behavior change in chronic disease care. MOTIVATOR©, a 4-hour training program co-developed with physicians using an integrated Knowledge Translation (iKT) approach, has shown promise in medical settings. Given the interdisciplinary nature of chronic disease management, healthcare systems have identified the need to adapt the program for diverse healthcare teams.

Purpose : In line with an iKT approach, this study aimed to adapt and evaluate the acceptability and effectiveness of MOTIVATOR© for interdisciplinary teams with different healthcare professionals (HCPs) treating chronic disease patients.

Methods : Ten HCPs (three nurses, two social workers, two nutritionists, one kinesiologist, one respiratory therapist, and one administrator) participated in structured consultations including program material review, three 90-minute online meetings, and a focus group discussion.

Results : Participants valued the program's clear structure and dynamic approach, particularly appreciating practical exercises and peer learning opportunities. Key recommended modifications included: incorporating more chronic disease-specific examples, developing advanced content suitable for HCPs with prior MC training, and improving French translations. The MC Competency Assessment Test (MC-CAT) was deemed clinically relevant but participants suggested shortening it. Using the MOTIVATOR program logic model to ensure coherence with the MC framework, specific modifications were targeted in line with these comments.

Conclusions : The consultation process revealed specific adaptation needs for MOTIVATOR-Allied's implementation with interdisciplinary teams. Next steps include incorporating these modifications and testing the adapted program with three chronic disease care teams across Quebec healthcare institutions.

PS01.53 - Uptake of Proactively Offered Online and Telephone Support Services Targeting Multiple Health Risk Behaviours Among Vocational Education Students

Dr Prince Atorkey[1,2], Prof Christine Paul[2], Prof Billie Bonevski[3], Prof John Wiggers[2], Ms Aimee Mitchell[2], Ms Emma Byrnes[2], Mr Christophe Lecathelinais[4], A/Prof Flora Tzelepis[2]
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Background
Online and telephone services are effective in improving multiple health risk behaviours. However, uptake of such services is poor among the general population. There are high rates of multiple health risk behaviours among vocational education students. However, whether they sign-up to proactively offered online and telephone support services is unknown.

Purpose
This study aimed to examine the uptake of online and telephone services for multiple health risk behaviours among vocational education students and the characteristics associated with uptake.

Method
As part of an electronic intervention offered via a computer tablet to vocational education students, online and telephone services were proactively offered to participants who did not meet Australian health guidelines for smoking, fruit and vegetables intake, alcohol consumption or physical activity. Uptake was measured by whether participants signed-up to the support services they were offered.

Results
A total of 551 (mean age 25.7 years, 56.3% male) students were recruited into the intervention. The uptake of online services among those who did not meet Australian guidelines for the health risk behaviours was less than 15%. For the telephone services, the uptake among students not meeting the relevant guidelines was 7% or less. Students who reported not being depressed had greater odds of signing up for online and telephone services for smoking.

Conclusions
Vocational education students appeared in general to prefer online programs rather than telephone services to address their health risk behaviours. Understanding barriers to the uptake of online and telephone support services among vocational education students is needed.

PS01.54 - Intention to Change Multiple Health Risk Behaviors and Predictors of Behavior Change in Vocational Education Students

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Background: A higher proportion of vocational education students relative to the general population report engaging in risk behaviours generally and multiple risk behaviours specifically. No studies have examined vocational education students' intention to change multiple health risk behaviours (MHRBs) and whether baseline characteristics predict behaviour change.

Purpose: This study examined intentions to change multiple health risk behaviours, combinations of MHRBs at baseline and behaviours participants intended to change within 6 months at baseline, whether baseline intention to change, socio-demographic and psychological characteristics predicted change of health risk behaviours at 6 months.

Method: 540 students in New South Wales, Australia in the no-intervention control arm of a cluster randomized controlled trial completed an online survey at baseline and 6-months later. At baseline, participants reported socio-demographic characteristics, psychological characteristics, health risk behaviours and intention to change behaviours. During the 6-months survey participants reported health risk behaviours. Statistical analysis was completed in 2020.

Results: Of 450 participants (83.3%) who reported multiple health risk behaviours at baseline, one-third (33.1%) intended to change at least two risk behaviours within 6 months. Participants experiencing symptoms of anxiety [OR = 7.43, 95% CIs 1.26–43.87; p = 0.03] and who intended to change three to four risk behaviours [OR = 23.30, 95% CIs 4.01–135.40; p = 0.001] rather than one behaviour had significantly greater odds of changing at least one behaviour in 6 months.

Conclusion: Interventions could support vocational education students to change behaviours they wish to as well as motivate them to address other risk behaviours.

PS01.55 - Health Risk Behaviour Co-occurrence and Associated Mental Health and Sociodemographic Factors Among Non-university Higher Education Students

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Background
Health risk behaviours (HRBs) drive the global rise in noncommunicable diseases (NCDs). Tertiary education students often engage in multiple health risk behaviours and experience related psychological distress.

Purpose
This study is the first to investigate HRB co-occurrence and associated factors among students at a non-university higher education institute (NUHEI). The patterns of co-occurring health risk behaviours were also examined

Method
Participants were 334 ACAP University College students (18-62 years; M = 32.37, SD = 11.00). A cross-sectional survey measured eight HRBs (tobacco use, insufficient fruit intake, insufficient vegetable intake, risky alcohol consumption, physical inactivity, high BMI, prolonged sitting, and inadequate sleep), as well as anxiety and depression, and sociodemographic characteristics, including financial stress.

Results
92.7% of participants engaged in two or more HRBs. Depression was associated with co-occurring HRBs (AOR = 4.95, 95% CIs [1.79, 13.70], p = .002). Mild to moderate financial stress was associated with co-occurring HRBs (AOR = 2.97, 95% CIs [1.13, 7.81], p = .03). The single highest pattern of co-occurring health risk behaviours was inadequate fruit intake and inadequate vegetable intake. The most predominant group of multiple behaviours was three (24.6%) and the lowest was seven (2.1%).

Conclusions
NUHEI students exhibit unique HRBs compared to other higher education populations but share an elevated risk for co-occurrence of HRBs. This study urges further exploration of this understudied population to address increasing noncommunicable disease rates.

PS01.56 - Associations Between Dietary Habits and Self-Perceived Cognitive Decline

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Background: Cognitive function is a manifestation of the higher functions of the brain, and factors that can directly or indirectly lead to structural damage and loss of function in the cerebral cortex can lead to cognitive impairment. Cognitive impairment can have an impact on daily learning, memory, social functioning and quality of life. Epidemiologic evidence suggests that a healthy diet can reduce the risk of age-related cognitive pathology by supplementing with nutrients and food components that benefit cognitive function. Purpose: To investigate self-cognitive function status in the community population, and to explore the association between different dietary habits and self-perceived cognitive decline. Methods: A cross-sectional study was carried out in 11 879 community residents in the three regions of Weifang, Jining, and Zoucheng in Shandong Province. Ascertain Dementia-8 and dietary habits information questionnaire were used to assess self-perceived cognitive decline and dietary habits, and their association were analyzed using single factor and multivariate logistic regression. Results: The detection rate of self-perceived cognitive decline was 21.42%. Logistic regression showed that smoking in the past was risk factor of self-perceived cognitive decline (OR=1.40,95%CI:1.14-1.73). The protective factors included intake of fruits (often, OR=0.70,95%CI:0.52-0.94 ； everyday， OR=0.60,95%CI:0.44-0.81); daily intake of nuts (OR=0.62,95%CI:0.44-0.88);often edible mushrooms (OR=0.74,95%CI:0.57-0.92) and sometimes and everyday edible high tryptophan foods (sometimes, OR=0.79,95%CI:0.68-0.91 ； everyday， OR=0.54,95%CI:0.34-0.87). Conclusion: Previous smoking may be a risk factor for self-perceived cognitive decline, and the protective factors included intake of fruits, nuts, mushrooms, and high tryptophan foods.

PS01.57 - The relationship between the burden, depression and anxiety, and the sense of self-efficacy in family caregivers of patients with dementia.

Mr. Takanori FUKUDOME[1], The relationship between the burden, depression and anxiety, and the sense of self-efficacy in family caregivers of patients with dementia. Hironori Shimada[2]
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【Question】

Family caregivers of dementia patients have a heavy burden and require support. Those who support family caregivers aim to reduce the burden of care, but they also approach variables such as depression, anxiety, and self-efficacy (Cheng et al., 2020).
However, there are few studies that have clarified the relationship between these variables. Therefore, the purpose of this study is to examine the relationship between variables that are the goals of support for family caregivers.

[Method]

Research participants: There were 119 family caregivers, and 105 were included in the analysis. Measures: 1. Demographic items (sex, age), 2. Caregiving self-efficacy (Maruo, 2010), 3. Anxiety and depression (Hatta et al., 1998), 4. Caregiving burden (J-ZBI_8; Arai et al., 2003; Arai, 2018) This study was conducted with the approval of the Waseda University “Ethics Review Committee for Research Involving Human Subjects” (2023-014).

【Results】

In order to examine the relationship between self-efficacy for caregiving, caregiving burden, and anxiety/depression, correlation analysis was conducted based on the respective subscales. As a result, the SE-OR, a subscale of self-efficacy, showed a significant correlation with Depression in the HADS, the SE-CUT in the self-efficacy scale, and the overall average ($r = -.245$, $p = .012$, $r = .298$, $p = .002$, $r = .930$, $p < .001$), while it did not show a significant correlation with any of the other scales.

[Conclusion]

The results of this study suggest that self-efficacy and perceived burden of care may be independent of each other.

PS01.58 - Differential Metabolic Impact of GPS-Measured Food Environment Exposure

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Background: Physical exposure to food environments can influence dietary patterns and metabolic health. Wearable GPS trackers can quantify fast-food outlet (FFO) and supermarket (SM) exposure, allowing examination of the metabolic impact of food environments within populations.

Purpose: Examine differential associations between GPS-derived FFO/SM exposure and metabolic risk.

Method: We used cross-sectional data from 6,980 Fenland Study participants, a UK population cohort (mean age: 56y). Fasting insulin/glucose, BMI, sociodemographics, and diet were measured clinically. Wearables were worn in free-living for 7 days to measure physical activity (PA) and GPS. FFO/SM locations were from the UK Ordnance Survey and mapped onto GPS to calculate exposure frequency. Latent class modelling was used to assess FFO/SM associations with insulin/glucose while adjusting for sex, BMI, sociodemographics, diet, and PA. Five latent classes were predicted from social deprivation, sex, BMI, age, and PA. Metabolic risk was expressed as homeostasis model assessment scores (HOMA-IR).

Results: The largest class (31% of participants) had early signs of insulin resistance (median HOMA-IR: 2.0, higher probability of overweight/obesity, <60y, low PA) and positive associations between FFO and fasting insulin/glucose. The smallest class (4% of participants) had significant insulin resistance (median HOMA-IR: 4.1, higher probability of overweight/obesity, being male, >50y, low PA) and a positive association between SM and fasting insulin only. Both classes had higher social deprivation, BMI, HOMA-IR, and lower PA than other classes, where associations between FFO/SM and insulin/glucose were absent.

Conclusion: Heterogeneous metabolic responses to food environments necessitate targeted public health strategies based on risk profile and patterns of environmental exposure.

PS01.59 - Artistic Representations of Facial Aging: Socio-Cultural and Medical Approaches

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Background: Aging brings about changes in physical appearance, which can be analyzed through various portrait paintings in art.
Purpose: The aim of this study is to examine the representations of facial aging in women and men in visual artworks from Turkish art.
Method: In this study, we examined portrait paintings to investigate the aging process. To assess facial aging in the artworks, high-resolution images of paintings by artists considered masters of Turkish art were reviewed. A total of 52 paintings, created by 13 different artists and depicting 14 well-known individuals from our country—7 women and 7 men—at various stages of their lives were analyzed. For the facial analysis, a set of grading scales was used to evaluate hair graying, forehead lines, glabellar lines, brow positioning, crow's feet, marionette lines, and nasolabial folds. This study was financially supported by a grant from the Scientific Research Fund of Mugla Sitki Kocman University (Grant number: 24/176/06/3).
Results: Artists skillfully portrayed the true appearance of people. Visual inspection revealed that men's hair grayed earlier than women's, and men had more wrinkles than women in the same age group, particularly on the upper face.
Conclusions: The analysis aligns with the distinct facial aging processes of men and women. The aging process differs between the sexes, and it is possible to analyze it through portraits. The data from this study can be utilized in medical education or Geriatrics Health and Gerontology education. The visual analysis of artworks should be more integrated into medical training.

This study was financially supported by a grant from the Scientific Research Fund of Mugla Sitki Kocman University (Grant number: 24/176/06/3).

PS01.60 - Evaluation of the Effect of Quercetin on CLOCK Protein Expression in MDA-MB-231 Breast Cancer Cells

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Background: MDA-MB-231 cell line is an aggressive, triple-negative breast cancer subtype. Quercetin, a flavonoid, exhibits anticancer effects by inducing apoptosis and inhibiting cell growth. Circadian Locomotor Output Cycles Kaput (CLOCK) protein regulates circadian rhythms, proliferation, metabolism, and apoptosis; its altered expression affects cancer cell growth.
Purpose: This study assessed Quercetin's effects on CLOCK expression in MDA-MB-231 cells via immunocytochemical staining.
Method: MDA-MB-231 cells were cultured in RPMI-1640 medium. Experimental groups: Control, DMSO (solvent), and Quercetin (10, 30, 100, 300 µM). Cell viability (WST-8) was analyzed at 24 and 48 hours, and IC50 was determined. Immunocytochemistry (ICC) staining was performed at 24 hours for control, DMSO, and IC50 (18 µM Quercetin) groups. Immunoreactivity was scored (0=no, 1=weak, 2=moderate, 3=strong) and semi-quantitative H-Score calculated. Statistical analysis was conducted using SPSS (v23.0), considering $p<0.05$ as significant.
Results: At 24 hours, viability rates were: Control (100%), DMSO (95.76%), Quercetin 10 µM (76.86%), 30 µM (55.80%), 100 µM (36.80%), and 300 µM (33.99%); IC50 was 18 µM. At 48 hours, viability rates were: Control (100%), DMSO (95.50%), Quercetin 10 µM (90.24%), 30 µM (76.17%), 100 µM (42.53%), and 300 µM (54.91%); IC50 was 31.744 µM. Cell viability significantly decreased dose-dependently at 24h and 48h ($p<0.01$). ICC analysis of MDA-MB-231 cells showed H-Scores: Control (127.5 ± 10.58), DMSO (129.33 ± 5.68), and Quercetin 18 µM (199.17 ± 27.82). CLOCK expression in the IC50 dose group was statistically increased compared to the Control and DMSO groups ($p<0.01$).
Conclusion: Quercetin significantly reduced viability in MDA-MB-231 cells in a dose- and time-dependent manner. Additionally, Quercetin treatment (18 µM) notably increased CLOCK protein expression compared to control and DMSO groups, as shown by higher H-Score values in ICC analysis. This study may guide future research with varying doses and methods.

PS01.61 - Investigation of the Antiproliferative Effect of Trans-Cinnamaldehyde on PC-3 Prostate Cancer Cells via the PDPK1 Signaling Pathway

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Background: The PC-3 cell line is an androgen-resistant metastatic prostate adenocarcinoma. PDPK1, a serine/threonine kinase, regulates cell proliferation. Trans-cinnamaldehyde (TCA) is the primary active compound derived from cinnamon.
Purpose: This study aims to investigate the anticancer potential of TCA in PC-3 cells by targeting PDPK1 signaling pathway.
Method: Cell culture was maintained in RPMI-1640 medium with 10% FBS. Groups: Control, DMSO, and TCA (1-100µM). Cell viability was assessed using the WST-8 assay at 24-48 hours after treatment to determine IC50. Immunocytochemistry (ICC) was performed 24 hours for the control, DMSO, and IC5024 groups (9.44 µM) to analyze PDPK1 expression. H-score was used in ICC data evaluation. The score of staining intensity has four categories: negative (0), weak (1), moderate (2), and strong (3). Statistical analysis was performed using SPSS (v23.0).
Results: At 24 hours, cell viability was as follows: Control (100%), DMSO (100.15%), TCA 1µM (47.87%), TCA 10µM (47.87%), TCA 50µM (5.67%), and TCA 100µM (6.50%). The IC5024 was determined to be 9.44µM. At 48 hours, viability percentages were: Control (100%), DMSO (96.47%), TCA 1µM (66.82%), TCA 10µM (7.21%), TCA 50µM (6.28%), and TCA 100µM (6.00%). IC5048 was determined to be 1.35µM. Cell viability significantly decreased dose-dependently at 24-48h ($p<0.01$). The H-scores were as follows: Control (202.5±4.64), DMSO (203.5±6.72), and IC5024 TCA (141.67±5.47). PDPK1 expression was significantly decreased in the IC5024 group ($p<0.01$).
Conclusion: TCA demonstrates antiproliferative effects in PC-3 prostate cancer cells by targeting PDPK1 signaling. More studies are needed to elucidate mechanisms and confirm the therapeutic potential in prostate cancer.

PS01.62 - The State and Determinants of Mental Health Among Early-Career Researchers: A Systematic Review and Three-Level Meta-Analysis

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Background. Poor mental health among early-career researchers (ECR) is a growing concern, with mounting evidence suggesting high levels of psychological distress in this population.

Purpose. To provide a comprehensive overview of the prevalence and severity of mental health issues among ECRs and identify potential moderators.

Method. A systematic review and three-level meta-analysis was conducted, including 139 studies and four databases (n = 128,684) published up to 2024.

Results. Pooled prevalence estimates revealed that nearly one-third (28.91% [95% CI = 25.27–32.69]) of ECRs experience psychological distress. Prevalences of selected syndromes and symptoms were 29.11% [95% CI = 25.44–32.92] for generalized anxiety disorder, 28.91% [95% CI = 25.41–32.55] for depression, 24.87% [95% CI = 20.56–29.43] for eating disorders, 21.45% [95% CI = 17.22–26.01] for alcohol abuse, 18.22% [95% CI = 14.20–22.62] for non-suicidal self-injury, and 17.49% [95% CI = 14.21–21.02] for suicidal ideation. Overall severity estimates suggested moderate stress (PSS-14, DASS) and mild levels of depression and anxiety (PHQ-9, GAD-7). Psychological distress increased slightly during the COVID-19 pandemic (+1.12% [95% CI = 0.23–2.67]). Combined, moderators explained around 40% of the effect-size heterogeneity, with type of outcome being the most important moderator for both prevalence and severity, followed by study quality and whether studies utilized random sampling.

Conclusion. A relevant proportion of ECRs experience mental health challenges. The findings underscore the need for higher-quality research using longitudinal designs and standardized assessment methods to better understand and address mental health risks in this population.

Keywords: TLMA, mental health, early-career researchers, psychological distress, meta-analysis, systematic review

PS01.63 - “Am I More Confident?”: Assessing the Impact of the Bias at the Bedside (BATB) Training Workshop

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Background:
Bias at the Bedside (BATB) is the only experiential workshop for the multidisciplinary behavioral health team that teaches learners to actively respond to bias in the teaching hospital setting. An initial pilot/feasibility study showed that participating in BATB significantly increases confidence in responding to bias incidents, however, a controlled study has not been conducted.

Purpose:
To assess whether attending the BATB workshop improves confidence in addressing bias incidents in real time compared to a control group.

Method:
Participants (n=31) in the BATB workshop who had not previously participated in a BATB workshop completed a baseline survey and were randomized to either a control survey (n = 15) or a post-workshop survey (n = 16). The primary outcome was “How confident are you in your ability to use specific strategies to respond to biased comments/actions in real time?” Data was collected using a 5-point Likert scale (1=least confident to 5=most confident). We used paired t-tests to compare baseline to control, and baseline to post-workshop scores.

Results:
9 psychologists (PsyD/PhD), 16 prescribers (MD/DO/NP), 3 clinical social workers, and 3 other multidisciplinary team members participated in BATB. The mean difference between the baseline and control group was 0.047 (p= 0.33) and baseline and post-workshop group was 0.81 (p= 0.005).

Conclusions:
The BATB workshop increases participant confidence in responding to bias incidents compared to a control group. This intervention should be considered for all behavioral health training programs to improve workplace equity.

PS01.64 - Early Indicators and Prevention Strategies by Parents Against Drug Abuse in Adolescents and Young Adults

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Drug abuse among adolescents and young adults remains a significant global concern, with parents playing a crucial role in early identification and prevention. Early intervention by parents can significantly reduce the likelihood of drug involvement. This study was conducted to explore early indicators of drug abuse and identify prevention strategies used by parents to protect their children from engaging in drug-related activities. A qualitative approach was used, involving in-depth interviews with parents whose children are currently in drug recovery (adolescents and young adults). Data were collected through purposive sampling, focusing on parents with experience in drug abuse prevention within their families. Data were also analyzed using Thematic Analysis. Five key themes emerged: (1) parental intuition and awareness; (2) behavioral shifts and emotional distress; (3) constructive dialogue; (4) establishing protective boundaries and monitoring strategies; and (5) leveraging external resources and support systems. The findings suggest that parents' ability to identify early signs of drug abuse and use prevention strategies, such as open communication, setting boundaries, noticing alterations like mood swings, withdrawal, irritability, or sudden changes in how their children interact with others, and seeking external support, is crucial in protecting their children. Effective early intervention can help prevent the escalation of drug abuse and improve overall family dynamics.

PS01.65 - Human Peak Performance in Special Operations Forces:A Multimodal, Longitudinal Intervention Study on Stress, Recovery, and Health Optimization

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Theoretical Background:
In elite military populations such as Special Operations Forces (SOF), long-term operational demands pose severe risks to physical and mental health. Despite extensive training and selection, SOF personnel face chronic stress, sleep disruption, nutritional deficits, and a lack of sustainable recovery strategies. Yet, few studies have systematically examined how stress, inflammation, sleep, gut health, and micronutrient status evolve over time in real-life military conditions – or how integrative interventions can enhance long-term resilience and performance. The goal of this project is to examine the cumulative physiological and psychological burden—conceptualized as allostatic load—in SOF personnel across multiple operational timepoints, to identify markers of vulnerability and resilience through dynamic assessments of biological, behavioral, and psychosocial parameters, and to inform tailored interdisciplinary interventions that reduce allostatic load, enhance recovery, and sustain operational readiness.
Method:
This longitudinal, prospective research project follows 80 Austrian SOF soldiers over 15 months, including the full training and operational cycle. The study combines biomarker analysis (e.g. Serotonin, IL-6, Omega-3-FA, Vitamins, zonulin, calprotectin, kynurenine pathway), body composition monitoring (BIA), and continuous wearable tracking (Sleep² app, HRV, heart rate, sleep stages).
Three intervention modules are implemented:
1. Heavy metal detoxification (Zeolite, DMSA, CaEDTA)
2. Micronutrient supplementation (Omega-3, Vitamin D3, K2, A, E, humic acids)
3. Individual Sleep equipment (pillows, mattrasses, blankets)
Psychometric instruments (e.g., PSS-10, RS11, PSQI) are used to contextualize physiological changes. Sub-studies and follow-ups focus on training stress, gut barrier integrity, and nutritional availability (RED-S/RED-M).
Results (expected):
It is hypothesized that early detection of allostatic load markers and personalized interventions will lead to improvements in stress resilience, sleep quality, gut health, and inflammatory status. A reduction in training-related dropouts and injuries is expected as an outcome of targeted performance and recovery optimization.
Discussion:
Human Peak Performance is the first comprehensive resilience and health monitoring study in European SOF. The integration of biometrics, psychometrics, and targeted biological interventions provides a scalable blueprint for performance medicine in elite military settings. Results may inform evidence-based guidelines for training management, recovery protocols, and health maintenance in high-performance populations.

PS01.66 - Human Peak Performance in Special Operations Forces:“Longitudinal Insights from 11,500+ Nights Using Wearable HRV and Digital Sleep Intervention”

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Theoretical Background:
In elite military contexts such as Special Operations Forces (SOF), sleep is often sacrificed due to operational demands, despite its central role in recovery, performance, and physiological regulation. Yet little is known about how sleep behaves under real-life field conditions, or how scalable interventions can be implemented over time.
Method:
This longitudinal study followed 80 Austrian SOF soldiers (Jagdkommando) over 9 months, resulting in 11,517 objectively recorded nights and 12,637 subjective sleep diaries. Using the Polar Verity Sense sensorcombined with the Sleep² app, participants achieved near-daily sleep measurement through validated HRV-based sleep staging. The app also provided individualized feedback and CBT-I-based digital coaching. Physiological biomarkers (e.g., free testosterone) and validated questionnaires (PSQI, PSS) contextualized sleep behavior.
Results:
Despite challenging operational conditions, small but consistent improvements were observed over time: subjective sleep quality (SSQ) increased ($b = +0.01$, $p < .001$) and sensor-based sleep scores (SSC) improved ($b = +0.06$, $p < .007$). Sleep duration was significantly longer on off-duty days. Importantly, both total sleep time and subjective quality were positively associated with free testosterone levels, suggesting a measurable physiological benefit of better sleep.
Discussion:
This study shows that daily sleep tracking and intervention are feasible and effective even in extreme occupational settings. The combination of wearable HRV sensors and app-based behavioral guidance offers a scalable approach for enhancing resilience and recovery in SOF and other high-performance populations.

PS01.67 - Understanding School-Based Sexual Harassment: Prevalence and Patterns

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Background: School-based sexual harassment is a widespread problem, yet significant knowledge gaps remain, particularly amid rising misogyny in secondary schools. Globally and in the UK, evidence is limited in understanding frequency, poly-victimisation, locations and associated factors.

Purpose: To better understand sexual harassment in secondary schools, we used baseline data from a type I hybrid effectiveness-implementation trial. The trial examines the effectiveness and cost-effectiveness of the Equally Safe at School (ESAS) whole-school intervention.

Method: Baseline data is from 37 secondary schools in Scotland (N= 13183); all students in Years 2 (age 13), 4 (age 15) and 6 (age 17). Sexual harassment victimisation (SHV) was defined as experiencing at least one of seven types of sexual harassment at school, or on the way to/from school, in the past two months. This represents the largest dataset on school-based sexual harassment in the UK to date. We present baseline data on SHV and a range of associated factors.

Results: We found that 38.4% of students (n=4894) reported experiencing sexual harassment in the last 2 months. Verbal forms of sexual harassment were experienced with the highest frequency. Among students reporting SHV, over half experienced more than one type. SHV prevalence was highest among gender minority students, followed by girls, then boys. The majority of SHV incidents occurred at school (as opposed to travel to school).

Conclusion(s): Our findings highlight the high prevalence of sexual harassment in schools, and significant differences by gender, emphasising the need for concerted efforts to tackle this issue in schools.

PS01.68 - Investigating Interoceptive Bias and Sensitivity in Relation to Heartbeat-Evoked Brain Potentials (HEPs)

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The Heartbeat Evoked Potential (HEP) is a neurophysiological marker of interoceptive processes—our ability to perceive internal bodily signals affecting the internal state of the body (Pollatos & Schandry, 2004; Schandry & Montoya, 1996; Schandry & Weitkunat, 1990). While a meta-analysis of 42 studies found a moderate to large association between HEP amplitude and interoception (Coll et al., 2021), methodological concerns challenge the validity of these findings (Coll et al., 2021; Park & Blanke, 2019). To address these limitations, we aim to examine the relationship between interoceptive sensitivity, response bias, and HEP amplitudes using a novel Cardiovascular Signal Detection Task (cvSDT) based on a signal detection paradigm (Pohl et al., 2021). This approach differentiates detection sensitivity from response bias, improving the psychometric reliability of interoceptive assessments.

This within-subjects study consists of five phases: a 6-minute Baseline, 20 trials of the SDT for 10 minutes, a 6-minute Mild Stressor (adaptive arithmetic task), another 20 trials of the SDT for 10 minutes, and a 6-minute Recovery Phase, followed by 7 minutes for questionnaires. HEP activity will be assessed during both resting and arousal conditions, with autonomic arousal manipulated through adaptive arithmetic tasks under a countdown timer with beeping sounds (adapted from McCubbin et al., 1992). The difficulty of these tasks will adjust based on participants' responses.

A sample of 30 healthy students from Würzburg University will participate. EEG data will be recorded using a 32-electrode system (60 Ag/AgCl electrodes), and BrainVision Analyzer software will be employed for HEP analysis. Interoceptive measures include the Interoceptive Accuracy Scale (Murphy et al., 2018) and the Depression, Anxiety, and Stress Scale (DASS-21; Lovibond & Lovibond, 1995).

We hypothesize that interoceptive sensitivity will positively correlate with HEP amplitude (H1), while response bias will show no association (H2). Additionally, HEP amplitude and interoceptive sensitivity are expected to increase under arousal conditions compared to non-arousal states (H3). The objective of this research is to elucidate the connection between interoceptive mechanisms and HEPs through enhanced methodologies. The findings may indicate that interoceptive sensitivity, rather than bias, is associated with brain activity, potentially shaping the direction of future research.

PS02.01 - Exploring The Stress Response In Youth Residential Workers: Implications For Mental Health And Behavioral Interventions

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Background: Youth residential workers (YRWs) provide around-the-clock care for out-of-home children. They experience trauma, limited resources, and heavy workloads. Little research has examined how YRWs appraise and cope with these demands or whether supervision or lived experience moderates these processes.

Purpose: This study examined the relationships between stress beliefs, stress appraisals, coping, and mental health (post-traumatic stress symptoms, depression, anxiety, stress), and the moderating roles of supervision and lived experience.

Methods: Fifty-five Australian YRWs (~6% of workforce) completed a self-report survey assessing demographics, supervision access, lived experience status, stress beliefs, stress appraisals, coping, and mental health.

Results: Partial correlations revealed that post-traumatic stress symptoms were positively associated with appraisals of threat, stressfulness, centrality, and believing one can cope with stress, and both emotion- and avoidant-coping. Post-traumatic stress symptoms were negatively associated with appraisals of controllability and believing that stress has positive consequences. Depression, anxiety, and stress were positively associated with appraisals of stressfulness (except depression), threat, uncontrollability, centrality (except anxiety), and both emotion- and avoidant-focused coping. All three were negatively associated with believing that stress has positive consequences. Stress shared a positive association with believing one can cope with stress. Multivariate linear regressions revealed that lived experience and supervision moderated numerous associations, indicating that these external factors can strengthen or weaken links among key study variables.

Conclusion: YRWs' stress appraisals, beliefs, and coping strategies show meaningful associations with mental health. Reinforcing positive beliefs, offering supervision, and leveraging lived experience supports may help mitigate adverse outcomes in this high-stress workforce.

PS02.02 - Can Workplace Supervision Minimise The Effect Of Employee Stress? A Pre-Registered Systematic Review

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Background: Work-related stress contributes to negative outcomes such as absenteeism, burnout, perceived stress levels, fatigue, and more. While workplace supervision may mitigate these adverse outcomes, no systematic review has evaluated the efficacy of supervision on work-related stress.

Purpose: This pre-registered systematic review aimed to assess the efficacy of workplace supervision in reducing stress-related outcomes, including burnout, perceived stress, trauma, coping, fatigue, and organisational factors such as absenteeism and turnover.

Method: A systematic search of multiple databases identified 26 randomised controlled trials that evaluated supervision interventions targeting work-related stress factors such as burnout, perceived stress, trauma, coping, absenteeism, fatigue or turnover. Data were synthesised to determine the effectiveness of different types of supervision, including clinical, meta-supervision, organisational supervision, coaching, mentoring, debriefing, and peer support.

Results: Of the included studies, 13 demonstrated that supervision significantly reduced stress-related outcomes. Notably, coaching, clinical, organisational, and meta-supervision were effective in reducing burnout, coping difficulties, and trauma-related stress. However, debriefing, supervisor training and peer support interventions showed limited efficacy. All relevant studies positively impacted coping and trauma outcomes, whereas absenteeism, turnover, and fatigue were not improved.

Conclusion: Supervision plays a critical role in addressing specific aspects of workplace stress, particularly burnout and trauma, while its impact on perceived stress and organisational outcomes like absenteeism, turnover, and fatigue is less evident. These findings suggest that targeted supervision interventions may help mitigate the cumulative effects of work-related stress and enhance employee resilience. Future research should explore long-term impacts and refine intervention strategies for broader effectiveness.

PS02.03 - VALIDATION AND RELIABILITY OF THE TURKISH VERSION OF THE SUBJECTIVE THOUGHTS REGARDING STRESS SCALE

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Background: Beliefs about stress are associated with how individuals respond to stressful situations. The Subjective Thoughts Regarding Stress Scale (STRESS) measures these beliefs but is available only in English. This language barrier limits its applicability in non-English-speaking contexts, highlighting the need for cultural adaptation and validation.

Purpose: This study aims to translate the STRESS into Turkish and evaluate its psychometric properties within a Turkish sample.

Method: The STRESS was translated into Turkish through back-translation. The Turkish version of the STRESS was then administered to 379 participants. To assess convergent validity, participants also completed the Turkish versions of the Ways of Coping Questionnaire (WC), the Perceived Stress Scale (PSS), and the State-Trait Anxiety Inventory (STAI-TX).

Results: Exploratory Factor Analysis identified a robust four-factor structure with 19 items, accounting for 58.8% of the total variance. The Turkish adaptation demonstrated strong internal consistency, as indicated by satisfactory Cronbach's alpha coefficients. Significant correlations in expected directions with the WC, PSS, and STAI-TX supported its convergent validity.

Conclusion: The Turkish version of the STRESS is a valid and reliable tool for measuring stress beliefs in Turkish-speaking populations. Its psychometric properties make it valuable for research and clinical practice in Turkey and enhancing the understanding of stress beliefs across cultures.

PS02.04 - Disparities in Awareness and Knowledge of Familial Breast and Ovarian Cancer among General Practice Patients

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Background: Inherited gene mutations can increase the risk of cancer, including breast and ovarian cancer. Public awareness of familial cancer risks is essential to improve early detection and prevention strategies.
Purpose: To describe the awareness and knowledge of familial breast and ovarian cancer among German males and females.
Method: Systematically recruited patients aged ≥ 18 years from six general practices in Mecklenburg-Western Pomerania participated in an anonymous self-administered survey on familial cancer prevention (n=479 and 67.0% participation rate). Those with complete data were analysed (n=437; mean age = 54.0, SD = 16.6; males 34.6%). Chi-square and t-tests were used to examine potential disparities in awareness and knowledge of familial breast and ovarian cancer by gender, age, community size, education level and cancer history.
Results: A large proportion (75.5%) had heard of hereditary breast or ovarian cancer, and 58.4% of genetic counselling. Awareness of genetic testing was lower (39.8%). On average, 43% of the knowledge questions were answered correctly, with largest knowledge gaps on cancer heritability through fathers and gene mutation frequency. Males were less aware of hereditary breast or ovarian cancer and genetic testing than females, and older and less educated individuals had lower knowledge. Personal or family history of breast, ovarian, colon, or prostate cancer increased awareness across gender, and knowledge in females.
Conclusions: Low awareness of genetic counselling and testing may prevent at-risk families from seeking early interventions. Dissemination of knowledge to the general public should focus particularly on the less educated, as they are the most behind.

PS02.05 - Understanding Cultural Heritage Through Visual Thinking Strategies (VTS) in Medical Education

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Background: In an increasingly globalised world, an understanding of cultural heritage is essential for health professionals to provide holistic care to diverse populations.
Purpose: This study aims to explore how incorporating VTS into medical education can enhance students' cultural competence and observational skills, while also aiming to improve participants' higher-order thinking, communication, and teamwork skills.
Method: The study was conducted with 51 first-year and 26 second-year medical students. VTS sessions were held once a week for a total of 15 weeks. In each session, students examined Turkish paintings. The individual written analyses conducted by participants in each VTS session were evaluated using an analytic rubric. This rubric provided scoring for each analysis on a scale from 0 to 4 based on critical thinking, observational skills, verbal expression, problem-solving/inference ability, and word count. Statistical analysis was performed using SPSS, and p<0.05 was accepted.
Results: During the study, students showed significant improvements in their verbal expression and observational skills. The word count in their narratives increased, reflecting greater depth of thought and analysis. Students gained confidence in articulating their interpretations of the artworks, enhancing their engagement with visual information and fostering a deeper appreciation for cultural heritage as they explored the historical and social contexts of the art.
Conclusions: Incorporating art into medical education has proven to be highly beneficial. This study demonstrates that VTS-based education significantly enhance medical students' observational and analytical skills.

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PS02.06 - Stress as a Mediator of the Effects of Music on Health: The Biopsychological Mediation Model

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Background: The evidence on the health-beneficial effects of music has grown substantially in the past decade. However, the underlying mechanism of how music can improve health is under-researched. In this contribution, we aim to provide a theoretical framework in which we propose that stress—via its established associations with both music and health indices—may be a mechanism. Music has the capacity to modulate the biological stress system, supporting the assumption that stress may act as a mediating agent between music and health.

Purpose: We propose stress as a mediator mechanism through which music can exert its potentially beneficial effects on health, and we describe this mechanism in detail.

Method: By reviewing previous evidence, we propose the Biopsychological Mediation Model, which posits that stress mediates the effects of music on health. We will focus on the research literature that employed music listening as an independent variable, bodily health as the outcome variable, and stress as a mediator.

Results: We reviewed the evidence for each path of the model, showing 1) that there is existing evidence that music has the potential to improve health-related indices, 2) that music indeed reduces stress, and 3) that stress impairs health.

Conclusion(s): We propose that music exerts its effect on health via stress reduction. We discuss the implications of these findings and give recommendations for future research, such as investigating further mechanisms, moderators, and exploring causal connections between music listening and health by means of ambulatory assessment studies, experimental paradigms, and intervention studies.

PS02.07 - Educational outreach visits as an implementation strategy to optimise type 2 diabetes management in Singapore

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Background:
Educational outreach visiting (EV) is an established implementation strategy to influence practice behaviours. The Agency for Care Effectiveness (ACE), Singapore launched an EV programme on type 2 diabetes mellitus (T2DM) in December 2023, with the aim to improve management by encouraging the use of medications in alignment with guideline recommendations among private primary care doctors.

Purpose:
To evaluate feedback from participants of the T2DM EV programme and report on the implementation experience.

Method:
Private general practitioners (GPs) attended virtual small-group interactive sessions (up to 4 participants) of approximately 45 minutes, where case studies were incorporated to convey key messages and facilitate discussions. Post-session evaluation surveys were sent to participants for completion within a week.

Results:
From December 2023 to August 2024, 137 doctors participated in the EV programme. 117 completed the post-session survey, with 97% agreeing that the session was informative and personalised to their learning needs. Majority found the facilitating staff credible, and 58% rated their likelihood of recommending the programme to colleagues as 9 or 10 on a 10-point scale.

Implementation challenges include:
a. Slow uptake due to competing work priorities
b. Scheduling conflicts with doctors' work schedules
c. Difficulty in establishing rapport and picking up non-verbal cues in a virtual setting.

Conclusion(s):
Participants displayed high levels of satisfaction and engagement, indicating the programme's effectiveness in addressing educational needs of GPs in a personalised and interactive manner. The identified challenges provide valuable insights for refining the approach to increase participation rates for future virtual education implementation strategies.

PS02.08 - The effects of motivational interviewing on promoting human papillomavirus vaccination initiation and completion among South Asian mother/daughter dyads

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Background Human Papillomavirus (HPV) Vaccination is an effective strategy for the prevention of HPV infection and cervical cancer. However, the HPV vaccine uptake rate is low among ethnic minorities in Hong Kong.
Purpose: To assess the acceptability of motivational interviewing among South Asian mother–daughter dyads and to preliminarily examine its effects on knowledge of HPV infection and vaccination, health beliefs, and initiation and completion of HPV vaccine series.
Methods A pilot randomised controlled trial was conducted from September 2022 to October 2023. Forty South Asian mothers with at least one daughter aged 9 to 17 years were recruited. The intervention group received a motivational interviewing intervention whereas the control group received usual care. Bias-corrected Hedges' g and rate difference together with their 95% confidence intervals were calculated to estimate the effect sizes of the intervention on the selected outcomes (knowledge, health beliefs, initiation and completion of vaccination). The acceptability was assessed via semi-structured interviews. Content analysis was used to analyse the collected data.
Results A higher percentage of the daughters of the intervention group participants had received the first dose of HPV vaccine (95% [19 out of 20]) vs 0% [0 out of 20]). The intervention group showed greater improvement in knowledge at 3 months after the intervention (Hedges' g=0.77 (95%CI:0.13–1.41)). Interviewees were satisfied with the intervention.
Conclusion The intervention was acceptable by the South Asian mother-daughter dyads. The intervention helps to increase the initiation of HPV vaccine series by their daughters.

PS02.09 - The Intention to Use E-mental Health Applications among People with Non-western Migration Backgrounds

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Background: Despite the opportunities and benefits of e-Mental Health (EMH), vulnerable groups, including migrants, often do not have (adequate) access to digital healthcare.

Purpose: This study empirically examined the factors associated with the intention to use EMH among people with a non-western migration background, based on the Unified Theory of Acceptance and Use of Technology (UTAUT) and relevant literature.

Method: Data were collected through a cross-sectional survey (N = 363). A hierarchical multiple regression analysis investigated the explanatory factors for the intention to use EMH. Differences between higher and lower-educated and first- and second-generation migrants were tested with T-tests and ANOVA.

Results: Based on the hierarchical multiple regression, intention appeared to be related to the perceived benefit of starting treatment earlier with EMH, empathy and tailoring of the caregiver, and performance expectancy beliefs. No demographic variables were found to explain the intention to use EMH, but based on independent t-tests, second-generation migrants were found to have significantly higher intention and literacy levels than first-generation migrants.

Conclusions: The results suggest that the UTAUT model provides a good starting point for explaining the intention to use EMH together with the factors derived from the literature. Perceptual factors were found to be stronger predictors than demographic or literacy factors. EMH seems mostly valuable for providing information and self-help activities to precede (offline or blended) therapy, allowing one to start treatment earlier than with face-to-face treatment only.

PS02.10 - Post-traumatic Growth and its Associated Factors among Community Health Workers Post-COVID-19 in China: A Mixed-Methods Study

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Background: Community health workers (CHWs) play a critical role in primary care and COVID-19 prevention, particularly in low- and middle-income countries. While facing significant psychological stress, they may also experience post-traumatic growth (PTG). However, PTG among CHWs in China remains unexplored, necessitating research to inform targeted interventions for their occupational health.

Purpose: This study examined the prevalence and predictors of PTG among Chinese CHWs following the COVID-19 pandemic, providing insights into factors that promote resilience and recovery.

Method: Conducted in Shenzhen, China, from April to June 2023, this sequential mixed-methods study included semi-structured interviews (n=12) analyzed via interpretative phenomenological analysis and a survey (n=634) analyzed using descriptive statistics and multivariate logistic regression to identify predictors of PTG.

Results: All of the participants in phase 1 reported experiencing PTG. This growth manifested as enhanced personal strength, positive changes in interpersonal relationships, appreciations of life, new possibilities in life, and reflections on life. Associated factors included personal resources, social support, coping strategies, and cognitive processing. In phase 2, 58.8% of the participants reported a moderate-to-high level of PTG. The multivariate regression analysis indicated positive predictors of PTG including positive coping [adjusted odds ratio (AOR)=1.12, 95%CI=1.08, 1.17], deliberate rumination (AOR=1.12, 95%CI=1.06, 1.18), and family support (AOR=1.07, 95%CI=1.02, 1.13).

Conclusions: CHWs in China demonstrated substantial PTG after COVID-19, highlighting the role of personal and social resources. Strengthening coping strategies and social support can enhance resilience and occupational health, equipping CHWs to better handle future crises.

PS02.11 - Understanding job burnout and the underlying associated factors among physician mothers in China: A Mixed-Methods Study

Mr. Qingyu Li[1], Miss Jiaruo Sun, Mrs. Liqun Wu, Mrs. Huihui Jiang, Mr. Huatang Zeng, Mrs. Shuyan Jin, Prof. Sitong Luo
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Background: Physician burnout negatively impacts well-being and patient care. Physician mothers are especially vulnerable due to balancing professional and family responsibilities. However, factors contributing to their burnout remain under explored.

Purpose: This study aimed to examine the prevalence of job burnout among physician mothers in China and identify associated risk and protective factors using the Job Demands-Resources Model.

Method: An explanatory mixed-methods design was employed in Shenzhen, Guangdong Province. Quantitative data were collected through an online survey of 533 physician mothers, followed by descriptive analysis and logistic regressions. Qualitative data from 24 in-depth interviews were analyzed using interpretative phenomenological analysis to uncover additional themes influencing burnout.

Results: Burnout prevalence was 43.3%. Protective factors included older age (AOR=0.95, 95% CI=0.90–0.99), higher job satisfaction (AOR=0.64, 95% CI=0.47–0.86), greater resilience (AOR=0.94, 95% CI=0.89–0.98), and increased social support (AOR=0.94, 95% CI=0.90–0.99). Risk factors comprised higher professional title (AOR=2.35, 95% CI=1.21–4.61), work-family conflict (AOR=1.19, 95% CI=1.15–1.24), depressive symptoms (AOR=2.12, 95% CI=1.24–3.65), and anxiety (AOR=2.32, 95% CI=1.38–3.95). Qualitative findings identified two main themes and eight sub-themes, providing deeper insights into additional risk and protective factors influencing burnout.

Conclusions: Physician mothers in China may experience disproportionately high levels of job burnout. Factors such as heavy workload and work-family conflict contribute significantly to burnout, while resilience and social support can alleviate its effects. Implementing proactive measures at organizational, family, and individual levels may effectively mitigate job burnout among physician mothers.

PS02.12 - Treatment for atrial fibrillation: patient endorsement and experiences of patient-centred care

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Background: Atrial fibrillation is the most common heart rhythm disturbance globally. Patients also have higher rates of modifiable health risk factors. Patients' views and experiences are an important information source about the quality of care delivered.
Purpose: To examine patient-centred communication and identify any gaps in care, this study examined outpatients': 1) views on what characterises essential care and 2) experiences of care in relation to atrial fibrillation ablation and cardioversion.
Method: Cross-sectional descriptive study. Surveys were posted to outpatients who had treatment for atrial fibrillation at an Australian public hospital. Fifty-nine items examined: a) aspects of care they perceive as essential to patients receiving treatment for atrial fibrillation (Important Care Survey); or b) their actual care received (Actual Care Survey). A gap in patient-centred care was identified as any item endorsed as essential or very important by ≥80% of participants but reported as received by <80% of participants.
Results: Of 272 eligible patients, 117 (43%) returned a completed survey. 41/59 items were endorsed by over 80% of participants as essential/very important. Of those, for 18 items, <80% of respondents reported the care as received. Gaps were identified in relation to GP consultation (2 items), decision making for treatment (4 items), preparation for treatment (1 item); follow-up care (5 items); and prognosis (6 items).
Conclusions: Methods to address communication gaps across the healthcare trajectory, particularly in relation to the follow-up care (including how to manage their condition, e.g. by making lifestyle changes) and information on patient prognosis, warrant investigation.

PS02.13 - Biomedical, psychological and psychopathological variables associated with the evolution of body weight in patients undergoing bariatric surgery.

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Background: Obesity has become a public health problem in Chile and in the world, due to its high prevalence in the population regardless of the level of development of the countries. Bariatric surgery emerges as a more effective and lasting option to reduce the “set point” of body weight. The evidence for the long-term effectiveness of bariatric surgery is unclear, with 20-30% of patients experiencing suboptimal or adverse postoperative outcomes, including premature weight stabilization or regain, coupled with a very limited understanding of how to predict which bariatric surgical patients are most likely to regain weight after surgery and how to appropriately treat patients who have regained weight.
Purpose: To determine the influence of biomedical, psychological and psychopathological factors on the evolution of body weight in patients undergoing bariatric surgery in Chilean hospitals.
Method: Observational, cross-sectional, retrospective design. Patients undergoing bariatric surgery during the years 2019, 2020 and 2021 in three hospital centers in the country were evaluated. The sample consisted of 48 Chilean patients from public and private hospitals. A 30-month follow-up of the surgery was performed. Biomedical variables (baseline BMI, diabetes and insulin resistance), psychological variables (eating behavior, eating self-efficacy, perceived social support) and psychopathological variables (anxiety, stress and binge eating disorder) were evaluated.
Results: A BMI evolution curve was calculated, considering three parameters: initial drop, maximum percentage of estimated BMI loss and evolution of BMI after maximum loss. It was found that they present significant results favoring speed of loss, the factor friends of social support. After maximum weight loss, eating behavior, anxiety, stress, perceived helplessness and binge eating disorder are negatively affected in the direction of regaining weight.
Conclusion(s): Biomedical variables would not significantly influence weight loss evolution. Concerning psychological variables, emotional, external and restrictive eating tend to stop or decrease the percentage of BMI loss, which implies that higher scores in these variables would have an influence on regain.
High levels of anxiety are associated with increased BMI after maximum loss is reached. The need for adequate management of anxiety in the bariatric patient is observed, because emotional eating is an eating behavior influenced by stress, emotions and individual feelings in relation to eating.
In regard to perceived stress, the helplessness factor had an effect in the direction of regain and the self-efficacy factor helps in the maintenance of BMI loss and prevents regain. There is limited evidence regarding the effect of stress on patients undergoing bariatric surgery, even considering its importance on eating behavior. It would be important to consider the pre-surgical assessment of stress levels and its management before and after surgery.
The evidence regarding the presence of binge eating disorder and the effect it may have on weight evolution is not so clear. The disorder changes over time after surgery and the observed effect depends on the time of the evaluation.
It is observed that most of the variables influence weight evolution once the patient has reached the maximum loss, prior to that, the effect is smaller.

PS02.14 - Proposal for the analysis of the evolution of body mass index in patients undergoing bariatric surgery

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Background. Bariatric surgery emerges as the most effective and long-lasting option to weight reduction and resolution of its metabolic comorbidities. The objective of this study was to ascertain the trajectory of BMI following surgical intervention and to develop a theoretical BMI evolution curve that would facilitate the prediction of post-surgical body weight changes and inform the implementation of effective intervention strategies for patients.
Methods. This was an observational, cross-sectional, retrospective study, who included 48 patients (mean age of 42.5 (DD=10.44)) who underwent bariatric surgery. The follow-up period was 30 months post surgery.
Results. The maximum percentage of BMI loss was 31.8%, which occurred at month 9. It was observed that 54.2% of the participants experienced an interruption in BMI loss. The time of the first regain was observed to occur in no participant before six months. The median time for the occurrence of the regain was approximately at 20 months. A theoretical curve was constructed incorporating three parameters: LRC (natural logarithm of the rate constant), asymptote, and LLS (linear loss slope). . Upon inspection of the theoretical curves, they predict the data fairly well, with a good level of fit, at least up to the point where the curve begins to descend.
Conclusion. The theoretical curve demonstrates that weight loss in the initial months of surgery is accelerated for all patients, with the maximum weight loss occurring at a similar point for each individual. However, this curve also illustrates the observed trend of regain in the BMI percentage loss evolution curve. The theoretical curve accurately predicts the evolution of BMI loss, thereby providing a valuable input for making projections regarding the patient's future course of action. The curve would allow interventions based on evidence and not only on consensus.

PS02.15 - The UPDATE behavioural support programme: protocol for intervention development

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Background: Ultra-processed food (UPF) intake is associated with negative health outcomes. Healthcare workers (HWCs) are at risk of higher UPF intake due to the hospital food environment and irregular shift patterns. Interventions supporting HCWs to reduce UPF consumption are therefore required. UPDATE is a two-stage study in HCWs living with overweight or obesity, with >50% of their habitual daily energy intake from UPF. Stage 1 is a randomised cross-over trial exploring the impact of UPF versus minimally processed food (MPF) on health outcomes. Stage 2 is a novel behavioural support programme aimed at reducing long-term UPF intake.

Purpose: To describe the development and content of the UPDATE behavioural support programme (stage 2).

Method: The steps outlined in the Behaviour Change Wheel Framework manual for intervention development were followed, including understanding, selecting/specifying target behaviours and identifying what needed to change, guided by the COM-B model and Theoretical Domains Framework.

Results: The resulting intervention comprises qualitative and quantitative assessments of participant's capability, opportunity and motivation for dietary change, tailored online behavioural support sessions incorporating behaviour change techniques associated with successful dietary (and physical activity) change, an evidence-based print booklet, tracking and self-monitoring resources, an informational website, a food mapper allowing identification of MPF available near the hospital site, and a facilitated support group.

Conclusion: This intervention addresses a substantial gap by providing a comprehensive theory-based behavioural support programme designed to help HCWs reduce their UPF and increase their MPF intake. The intervention is currently being user tested.

PS02.16 - Advancing High School Athletes' Health by Creating a Safe and Inclusive Dietary Self-Monitoring App for Male and Female Athletes

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Purpose: Adolescent athletes have an elevated risk of disorder eating. Most dietary resources addressing this focus on the experiences of female athletes. To address this inequality, we co-created a sex and gender inclusive dietary self-monitoring called PLAYTE. PLAYTE has four features rooted in behaviour change to help athletes form health protective dietary habits. Currently, we do not know how PLAYTE impacts athletes' risk of disorder eating while they compete (i.e., it's safety).

Methods: To assess the safety of PLAYTE, 80 high school athletes (40 males; 40 females) are being recruited from seven public high schools in Canada. Athletes undergo a 4-week intervention period and using a pre-post design, report their dietary habits (24-hour food records) and disordered eating risk using the Eating Pathology Symptoms Inventory (EPSI) and the Athlete's Relationship to Training Scale (ART). Trends are explored using descriptive statistics, sex and gender.

Preliminary results: Eight athletes (n=7 females; n=1 male) have been recruited into PLAYTE thus far. At baseline, four female and one male athletes (63%) met criteria for 'monitoring an athletes' relationship with food' using the ART. Using the EPSI, athletes reported an average score of 33.44 (range: 9 to 73) of a possible 180 (higher scores indicate greater risk); Athletes scored the highest in the 'excessive exercise' subscale.

Conclusions: As male and female athletes experience unique pressures between their bodies and dietary habits, this research is critical in the development of an inclusive and safe resource that addresses the lack of sport-based nutrition resources for all athletes.

PS02.17 - Reducing Power Dynamics and Promoting Feasible Partner Interactions During the Co-Design of a Dietary Self-Monitoring App for High School Athletes

Miss Alysha L Deslippe[1,2], Dr Tamara R Cohen[1,2]
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Purpose: There are no sport-specific dietary resources in Canadian high schools to guide adolescent athletes' (13-18 years) dietary habits. Given the importance of dietary habits in an athletes' health, and prevenance of dietary misinformation, this is problematic. To ensure key voices lead addressing this gap, we sought to co-designed a novel dietary intervention (i.e., a dietary self-monitoring app) with athletes, coaches, and nation level sport entities.

Methods: Guided by the Generative Co-Design Framework for Healthcare Innovation, we met with two advisory panels (n=8 athletes, n=7 coaches) and two national entities that have a role in the high school sport policy over the past year. We tailored the format and tasks for each group to promote more relevant and feasible interactions.

Results: The athlete and coach panels met in-person at a local school bi-monthly to consistently inform each stage of the co-design process by selecting key features, the apps logo, and name. Panelists represented diverse sports, genders, ages, sexes and ethnicities. National level entities where identified (n=2) and met independently over Zoom to develop a recruitment plan for initial intervention testing and input on a formal 'Action to Policy' plan. All groups developed a list of public dissemination strategies.

Conclusions: Inclusion of diverse end-users in intervention co-design promotes development of more effective interventions. Use of simultaneous meetings with diverse end-users may help reduce power dynamics between groups (e.g., age), increasing inclusivity. Further, tailoring end-user tasks to groups' strengths has potential to create more feasible research outputs, liked targeted dissemination strategies.

PS02.18 - Assessing Self-Efficacy for Alcohol Abstinence

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Background: Alcohol is one of the biggest risk factors for morbidity and mortality worldwide. Even low levels of consumption are health risks and should be addressed in alcohol prevention interventions. To adequately include low consumption might require tailoring our measures accordingly for a comprehensive assessment and effective alcohol prevention.
Purpose: We aimed to select items for a new scale using items from the original self-efficacy scale based on the Transtheoretical Model of behaviour change as well as new items derived from qualitative interviews to include people with all levels of consumption.
Method: We used an adult online panel (18 to 70 years) to test a total of 19 items for the Alcohol Abstinence Self-Efficacy Scale. A total of n = 1157 participants completed the survey containing both original and new items. We used Exploratory Factor Analyses (EFA) to establish a measurement model. The Ant Colony Optimization algorithm was used to select the items which showed both best empirical and theoretical fit to this model.
Results: The EFA showed a 3-dimensional structure. The algorithm selected a total of 9 items based on this measurement model. The modelfit indices also indicate an excellent fit to the data (CFI=.998, RMSEA=.022).
Conclusion: Of the total pool of 19 items, 9 were selected for the final scale with 7 from the original items of self-efficacy and 2 from the newly developed items. It is not unexpected that the original items fit well because the theoretical framework was taken into consideration for the item selection.

PS02.19 - Perspectives of digital cognitive behavioural therapy for functional dyspepsia: Qualitative interviews using thematic analysis

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Background: Cognitive behavioural therapy (CBT) has shown efficacy in improving mental health and symptoms of patients with functional dyspepsia (FD). However, FD-specific CBT is not widely available or scalable. Adapting CBT-based interventions to digital platforms and tailoring them to FD could increase access and efficacy of psychological support, but such interventions must be acceptable. To date, no research has investigated the acceptability of digital CBT in this population.
Purpose: This study explored the perspectives of patients with FD and clinicians who treat them about digital CBT-based interventions to inform possible intervention development.
Method: This qualitative study involved semi-structured interviews with 21 patients with FD and 10 clinicians, who were asked about their experiences with FD, treatments, and digital technologies. An iterative, inductive thematic analysis was conducted.
Results: Three patient themes were developed: (1) experiences contributing to coping difficulties and the complexity of self-management; (2) a desire for more personalised treatment options; (3) concerns regarding human contact, safety, usability, and data security of digital interventions. Four clinician themes were developed: (1) digital CBT bridges a gap in psychological support within gastroenterology; (2) perceived clinical utility of digital CBT; (3) digital CBT enables patient self-management; and (4) clinical concerns, including symptom tracking and patient safety.
Conclusions: Patients and clinicians recognised the value and utility of digital CBT for FD. The findings support the development of FD-specific digital CBT through a co-design process with patients and clinicians. Future research must test whether FD-specific digital CBT could improve clinical management and quality of life.

PS02.20 - Exploring Clusters of Health Behaviors in a Large Cohort of Japanese Adults: A Latent Class Analysis Approach for 137,357 individuals

Mr. Naoki Onozato[1], Mr. Takahiro Miki[2], Mr. Yosuke Fujisawa[1], Mr. Masashi Kanai[2,3], Mr. Takashi Hamatani[1], Mr. Takuya Toda[2], Mr. Kakeru Tateyama[1], Mr. Tsutomu Sugawara[2], Mr. Yuta Hagiwara[2]
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Background:
Understanding health behavior patterns is critical to addressing public health challenges. In Japan, lifestyle factors such as smoking, physical inactivity, poor diet, and insufficient sleep significantly contribute to non-communicable diseases (NCDs). Identifying how these behaviors cluster within populations offers valuable insights for effective prevention and intervention strategies. Latent Class Analysis (LCA) enables the identification of behavioral patterns to inform tailored public health initiatives.
Purpose:
To identify and characterize health behavior patterns among Japanese adults using LCA.
Method:
Data from individuals participating in health promotion programs in Japan (1 January 2021 to 31 December 2023) were analyzed. Variables included age, gender, smoking status, alcohol consumption, sleep duration, physical activity, sedentary behavior, and salt intake. LCA identified distinct latent groups based on these behaviors.
Results:
From a cohort of 137,357 individuals, nine clusters were identified: 1) Middle-aged women with short sleep duration, 2) Typical middle-aged men, 3) Young adults with short sleep duration, 4) Healthy middle-aged men, 5) Sedentary middle-aged men with short sleep duration, 6) Typical middle-aged women, 7) Physically active young men with poor dietary habits, 8) Unhealthy middle-aged men with inconsistent behaviors, and 9) Older adults with moderate health concerns.
Conclusion:
LCA revealed diverse health behavior patterns, emphasizing the need for tailored health interventions targeting specific subgroups to mitigate NCD risks.

PS02.21 - Symp124 - The current Status, challenges and needs for psychotherapy training in China

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Background: Psychotherapy training programs for medical students and residents to develop and master psychotherapy are urgently needed.

Purpose: To establish and improve training programs, this presentation describes the current status of psychotherapy education and training for medical students, residents and other healthcare providers in China, challenges of competency-based education and training in professional psychology and psychiatry, the needs for evidence-based academic and professional education, training and implementation of psychotherapy in China.

Methods: We established multiple studies to assess the current status, challenges and needs for psychotherapy training in China, including qualitative study through focus group interviews with 14 Chinese psychiatric students, and a total of 328 participants, including medical students, residents, and other health providers, reported their understanding of 18 types of behavioral interventions and cognitive therapy through projects of 2-day, 3-day and 9-day face to face multiple model courses and online education.

Results: The study found that few psychiatric students had received systematic training and had limited knowledge of psychotherapy, they were willing to learn and apply psychotherapy in future clinical practice. For all the participants, the results of the paired t-test suggested the comprehensive score of mastery after the CBT training ($M=75.069$, $SE=2.245$) was significantly higher than that before the training ($M=36.696$, $SE=2.449$), $t(104) =-16.777$, $p<0.001$. For all modules of CBT training, the post-training mastery and application of all the participants was significantly higher than that of pre-training.

Conclusion: This study indicated an urgent need for psychotherapy and relevant training for Chinese medical students and residents.

PS02.22 - Exaggerated Facial Expressions and Vocal Reactions as Key Indicators of a “Good Therapist” in Online Video Counseling: A Simulation Experiment

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Background:
Telemedicine is growing rapidly due to rural depopulation, physician shortages, and the COVID-19 pandemic. In online video counseling, relationship building is challenging because of limited eye contact and vocal nuances.
Purpose:
This study aimed to identify facial expressions and vocal reactions of a “good therapist” in online video counseling using machine learning models and to clarify key factors that contribute to positive impressions.
Methods:
Forty-five participants acted as therapists, engaging in 10-minute online counseling simulations. A trained simulated patient portrayed a caregiver experiencing insomnia and fatigue from caring for a mother with dementia. The outcome was a rating scale of therapist impressions. The predictors were calculated using an AI application that analyzed facial expressions and vocal emotions.
Results:
A total of 188 features were extracted, including facial expressions (neutral, joy, anger, etc.), head movements (yaw, pitch, roll), and vocal emotions (calm, joy, anger, etc.). Features were reduced via recursive feature elimination, and a support vector regression model trained on 70% of the data achieved the highest accuracy ($R^2 = 0.841$) using 17 key features. Important indicators included facial expression features (e.g., median joy, minimum anger), head movement features (e.g., yaw mean), and vocal features (e.g., median primal emotion, maximum joy).
Conclusions:
Machine learning models successfully identified facial and vocal features associated with favorable impressions in online video counseling. These findings emphasize the importance of exaggerated expressions and vocal reactions in overcoming the limitations of online interactions, providing actionable insights for training therapists to enhance communication in virtual settings.

PS02.23 - Anticipated Racial Discrimination Against Older Family Members is Associated with Physical Health Among Asian Americans in the Context of COVID-19

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Background: Perceived racial discrimination has been linked with poorer physical health through multiple pathways. Yet the examination of the impact of worrying about anticipated racial discrimination targeted towards older family members, not just towards oneself, has been overlooked. Our study takes a more collective perspective informed by race-related violence towards Asian Americans during the COVID-19 pandemic.

Purpose: (1) Test anticipated racial discrimination against family as a novel and independent construct from perceived racial discrimination against oneself, and (2) examine the link between these types of discrimination and physical health.

Method: During the COVID-19 pandemic, Asian American university students reported the frequency of worrying about anticipated racial discrimination against parents and grandparents (constructed and modified based on the Everyday Discrimination Scale, the Asian American Racism-Related Stress Inventory, and qualitative interviews), perceived racial discrimination against oneself (Everyday Discrimination Scale), and their physical health (Physical Health Questionnaire). A multiple regression was conducted.

Results: Asian American young adults' (N = 125) anticipation of racial discrimination against family was internally reliable ($\alpha = .95$) and independent from, but positively correlated with, perceived racial discrimination against one's self ($r[125] = .37$, $p < .001$). Further, worry about anticipated racial discrimination against family ($\beta = .24$, $p = .007$) and perceived racial discrimination against oneself ($\beta = .34$, $p < .001$) were both independently associated with worse physical health.

Conclusion: These results emphasize the importance of taking a collectivistic perspective that includes worry about family to more fully understand the impact of racial discrimination on physical health.

PS02.24 - The impact of cancer treatment on oral health quality of life at a tertiary care hospital in New Delhi, India.

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Background: Cognitive dysfunction is becoming a more well-known complication of cancer and its treatment. Cancer-related cognitive changes and impairment have also been documented in non-central nervous system (non-CNS) cancer patients. The majority of research in this area has discovered that a subset of patients appears to be vulnerable to this complication even after treatment has ended, and they frequently struggle with multitasking, short-term memory, word-finding, attention, or concentration. It is critical to investigate the possible link between cancer and cognitive impairment because it can have a serious impact on quality of life.

Methods: This cross-sectional study included patients who were referred to the dental outpatient department as part of a preventive/prophylactic evaluation at the tertiary care centre in New Delhi, India. After receiving informed consent, the oral health impact profile-14 instrument to assess participants' oral health-related quality of life (OHRQoL) and the Montreal Cognitive Assessment (MOCA) for cognitive evaluation were used.

Results: Out of 283 patients 77% males and 23% females and vast majority had Stage III cancer. All patients' OHRQoL was hampered, but it was higher in those who developed visible oral changes during treatment versus those who did not (P =.001). Taking painkillers, losing sexual interest, difficulty in social contact, loss of taste and smell senses were the main factors affecting oral health related QoL (OHRQoL). A significant relationship was discovered between pain, speech, social eating, dry mouth, sticky saliva, and weight loss in relation to various treatment modalities. Those who were treated surgically alone had better QoL than others, according to the OHRQoL scores. In terms of delayed recall, 55% were found to be cognitively impaired, which was associated with lower OHRQoL.

Conclusion: Cognitive impairment is common in cancer patients, which may be caused by the cancer itself. It is also linked to OHRQoL and psychosocial variables. There has been little research into the relationships between cognitive function and quality of life (OHRQoL) in cancer patients. Together with previous research indicating that cognitive function and OHRQoL can influence treatment adherence and outcomes, the findings support the inclusion of cognitive screening and OHRQoL assessment as part of patient pretreatment assessment.

PS02.25 - Knowledge, Attitudes, and Smoking Behaviours among Dental and Medical Students in Chennai, Tamil Nadu, India.

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BACKGROUND
Tobacco use continues to be the leading cause of preventable disease and it is responsible for more than 5 million deaths each year worldwide. The prevalence of smoking among adults accounts for approximately 25% deaths annually. Healthcare professionals have an important role to play both as advisers influencing smoking cessation and as role models. However, many of them continue to smoke. Several studies have demonstrated the efficacy of smoking cessation programs and the importance of physician's advice to their patients.
The aims of the present study are as follows:
(i) to evaluate smoking prevalence, knowledge and attitudes, and tobacco cessation training
(ii) to examine the difference between smokers and nonsmokers
(iii) to estimate the extent of teaching about tobacco and smoking cessation techniques
(iv) to recommend the integration of tobacco-related education in the curriculum

MATERIALS AND METHODS
A structured questionnaire consisting of 14 questions related to tobacco/smoking habits, cessation training and role of health professionals in tobacco control were asked to the study population and their response was recorded. Random sampling method was used and data was collected from a cross-sectional survey. Logistic regression model was used to identify possible associations with tobacco smoking status.

RESULTS.
A total of 259answered the questionnaire of which 29% declared to be smokers. About 53% of the males have smoked at least once in their life and the age of cigarette initiation was 16-17 years for 28% of the sample.76%considered health professionals as behavioural models for patients, and 96% affirmed that health professionals have a role in giving advice or information about smoking cessation. Although 87% heard about smoking related issues during undergraduate courses, only 17% received specific smoking cessation training during specialization. 93% of the sample agreed that health professionals should receive specific training on smoking cessation according to while 6% were of the opposite opinion.

CONCLUSION
All healthcare professionals play an important role in the process of smoking cessation both as advisers and behavioural models for the general population.The present study highlights the importance of focusing attention on smoking cessation training, given the high prevalence of smokers among physicians specializing in medicine and dentistry, their key role both as advisers and behavioural models, and the limited tobacco training offered in the curriculum.

PS02.26 - Dyadic Recruitment in Diabetes Intervention Research for Black Adults: Challenges and Strategies

Dr. Jie Hu[1], Ms. Diana Burke[1], Ms Christin Carmichaels[1], Ms. Jen Shaw[1], Mr. Dominic Governale[1], Ms. Lucia Martinez[1], Ms. Jayla Dixon[1], Dr. Bohyun Kim[1], Ms. Hyeyeon Shin[1], Dr. Joshua J. Joseph[1], Dr. Christopher Chiu[1], Dr. Faraz Ahmad[1], Ms. Jannet Zappe[1], Ms. Kelly Urse[1], Dr. Lorraine C. Mion[1]

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Background: Systematic reviews report recruitment challenges and barriers for randomized controlled trials (RCT) and specifically among minority populations. Dyadic interventions that require recruitment and enrollment of both the individual and a supportive partner poses further challenges to investigators.

Purpose: This presentation reports on the specific challenges encountered during dyadic recruitment for Black adults with diabetes and their family members/friends and strategies to overcome these challenges.

Method: We are conducting an RCT on family dyad-focused diabetes self-management intervention that consists of ten sessions of virtual diabetes educational intervention delivered to Black adults with type 2 diabetes and their family versus standard care. The study takes place at the outpatient clinics of a university medical center. Providers referred clients and researchers conducted eligibility screenings, informed consent, and baseline data collection.

Results: In the first 4 months of recruiting, barriers specific to dyadic recruitment included unavailable or unwilling family, work schedule conflict, and transportation barriers to originally planned in-person educational intervention. Strategies included emphasis on family dyad-centered benefits, enhanced flexibility of scheduling intervention and data collection, culturally tailored messaging, community outreach, cultural representation in recruitment, and leverage of technology for intervention delivery and recruitment. Recruitment rates increased from 1 dyad/first quarter to 40 dyads/fourth quarter and we are on target to meet the study timeline.

Conclusion: Dyadic recruitment in diabetes intervention studies presents unique challenges, particularly when targeting Black/African American adults with diabetes. Applying virtual intervention delivery, MyChart recruitment, and emphasizing the benefits of the intervention for dyads significantly enhanced recruitment rates.

PS02.27 - Predictors of individual domains of Human Flourishing in Breast Cancer patients following primary surgery

Mr. Mason Krueger[1], Ms. Paula Popok[1], Ms. Rachel Plotke[1], Ms. Millan Kanaya[1], Ms. Sarah Webster[1], Ms. Emily Walsh[1], Ms. Jenna Hansen[1], Dr. Michael Antoni[1,2]
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Background: Recent research has been examining more expansive QOL measures such as Human Flourishing (HF). HF has been defined by 5 domains: happiness/life-satisfaction, mental/physical wellbeing, meaning/purpose, character/virtue, and close social relationships. Greater religion, stress management, healthy lifestyle, and education have been related to HF in healthy populations but remains unexamined in women with breast cancer (BC).

Purpose: Identifying factors associated with HF domains among BC patients.

Methods: Participants were women with non-metastatic BC (n=213; M age=50.33) who underwent surgery in the past 8 weeks. Latent constructs were created for HF domains from measures used in a prior stress management trial. Structural Equation Modeling tested religious coping, perceived stress management skills (PSMS), moderate-vigorous physical activity (MVPA), sleep quality, and education (years) as predictors of the 5 HF domains controlling for age, income, and time since surgery.

Results: The model had a good fit (CFI=.950, RMSEA=.049, SRMR=.062). PSMS were positively associated with all 5 HF domains ($p<.05$). Religious coping was associated with greater meaning/purpose and character/virtue ($p<.05$). Better sleep quality related to greater happiness/life satisfaction, mental/physical health, and close social relationships ($p<.05$). MVPA was associated with greater mental/physical wellbeing ($p<.05$). Education was not significantly related to any HF domain.

Conclusions: We identified key modifiable factors related to HF during BC treatment. Future research may investigate whether interventions that modify these behaviors may increase HF during cancer treatment and could also examine how HF may promote optimal longer-term health outcomes (i.e., reduced disease recurrence, mortality) for BC patients into survivorship.

PS02.28 - My doctor said, “You know, what do you have to lose?”: The decision to begin using a GLP-1RA

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Due to effective weight loss outcomes, glucagon-like peptide-1 receptor agonists (GLP-1RAs; Wegovy) and dual glucose-dependent insulinotropic polypeptide/glucagon-like peptide 1 receptor agonists (GIP/GLP-1RAs; Zepbound) are popular prescription medications for obesity treatment. This qualitative study aimed to uncover how patients and providers come to use these medications and explore the decision-making process. Ten community adults from the United States (8 females) who were prescribed a GLP-1RA or dual GIP/GLP-1RA for weight loss were interviewed via Zoom. Interview transcripts were coded using a grounded theory approach and the constant comparative method. Patients’ preparation before starting a GLP-1RA was highly variable, with some participants feeling unprepared prior to starting. Most participants received their prescription from primary care physicians. About half reported their physician first suggested the GLP-1RA for weight loss; most began the medication within 1 month. A majority reported being counseled on medication administration and benefits, though few received dietary or behavior counseling. A few participants reported exclusively receiving information from online sources while the others relied on their physician’s recommendation or anecdotal evidence from family or friends. Limited weight loss from traditional strategies was the primary motivation for taking a GLP-1RA. Participants were generally unequivocal in their choice to begin a GLP-1RA; however, they varied in their belief that the medication should be long-term. It is important to understand the quality and type of information provided to patients to ensure they make informed decisions and have appropriate expectations for side effects, weight loss, and lifestyle changes.

PS02.29 - Does Supine or Sitting Posture Affect Patient Recall of Sun Protection Information? A Randomised Trial

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Background
Forgetfulness is a major factor affecting adherence to sun protection behaviour recommendations. Research has shown that memory and motivation can be enhanced through the adoption of an upright posture compared to a slumped posture. However, the effects of posture on memory and adherence to sun protection recommendations have not yet been investigated.

Purpose
This study investigated the effect of patient posture during a skin consultation on recall of sun protection information.

Method
One hundred and eight adults (mean age 33 years) completed a focussed skin check with a dermatologist. Participants were randomly assigned to either sit upright in a chair or lay reclined in a hospital bed for the consultation and subsequent standardised, scripted sun protection advice. The primary outcome was free-recall of sun protection information. Secondary outcomes were self-reported alertness, motivation and adherence 4 weeks later. Blood pressure and heart rate were measured before and during the consultation.

Results
The upright group had significantly higher heart rate during the consultation and recalled significantly more sun protection information than the reclined group afterwards. However, they were not more motivated to perform sun protection behaviours and did not report higher alertness. Four weeks later, there were no significant differences between groups in recall or sun protection behaviour.

Conclusions
Upright posture may enhance patients' short-term memory of the information they are given in a consultation. However, further research is encouraged to corroborate and extend these findings in other clinical populations, investigate effects on adherence, and explore mechanisms of action.

PS02.30 - Biofeedback for Endometriosis: A Study Protocol to Test a Novel Approach to Symptom Management

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Background: Endometriosis affects approximately 10% of individuals with a uterus during reproductive age, causing chronic pain and impairments in quality of life. Medical treatments often provide limited long-term relief, while psychotherapeutic approaches may not fully address patients' predominantly somatic understanding of the condition. Non-controlled studies suggest that individuals with endometriosis may exhibit elevated pelvic floor tension, contributing to pain chronification. Surface electromyography (sEMG)-biofeedback, a well-established treatment for regulating muscle tension and enhancing self-efficacy in other chronic pain conditions, holds promise but remains underexplored in endometriosis. Before its application, foundational studies are needed to inform targeted sEMG-biofeedback treatment for this population.

Purpose: This pilot study aims to evaluate the rationale and feasibility of sEMG biofeedback as treatment for endometriosis-related dysfunction.

Method: The study involves 30 individuals with endometriosis and 30 age-matched healthy controls. First, a psychophysiological assessment will be conducted to explore patterns of pelvic floor muscle tension at baseline and during four experimental stressors. Vaginal sEMG electrodes will assess pelvic floor tension, while additional sensors will measure abdominal muscle tension and skin conductance levels. Group differences will be analyzed using MANOVA. Second, individuals with endometriosis will complete a single 20-minute sEMG biofeedback session. Feasibility will be assessed via a post-intervention survey, focusing on usability, perceived ability to modulate muscle tension, and willingness to engage in further biofeedback training.

Conclusion: Findings will provide critical insights into the feasibility of sEMG-biofeedback for endometriosis, informing the design of a larger-scale trial to evaluate its long-term impact on self-efficacy and pain interference.

PS02.31 - Symp394 - EMADEM: Psychobiological correlates of the relationship quality between people living with dementia and their informal caregivers

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Background: Informal caregivers (ICs) are at increased risk of stress-related health impairments. Previous retrospective surveys indicate that the perceived quality of the relationship with the person living with dementia (PwD) is related to caregiver burden.
Purpose: Our study aims to analyze the influence of relationship quality on biopsychological markers of stress and resilience in the daily lives of ICs of PwDs.
Method: Twenty ICs (mean age = 66.80, SD = 12.42 years, 85% female) participated in an ambulatory assessment study for 14 consecutive days. Six times a day, they answered questions about their current experience (including quality of contact with the PwD, stress, mood) and provided a saliva sample to measure cortisol and alpha-amylase. In the evening measurement, the participants answered questions about the entire day (including resilience operationalized as bouncing back from stressful events, stress, relationship quality). Hierarchical linear models were used for analysis.
Results: It was shown that current positively perceived contact with the PwD was associated with less perceived stress ($p = 0.005$), better mood ($p \leq 0.001$) and lower alpha-amylase activity ($p = 0.036$). At the daytime level, the relationship quality was positively associated with resilience ($p \leq 0.001$) and negatively associated with perceived stress ($p \leq 0.001$).
Conclusion: The results suggest that the perceived relationship quality influences perceived stress, resilience and alpha-amylase activity of ICs. Intervention programs to support ICs should take into account the quality of the relationship with the PWD. Regarding the reciprocity of the relationship, dyadic programs could be particularly promising.

PS02.32 - Development of a theory-based intervention to mitigate vaccine hesitancy among older people in China: a mixed-methods study

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Background: Vaccine hesitancy, one of the top ten threats to global health, refers to the delay or refusal of vaccination despite the availability of vaccines and related services. Previous research imply that vaccine hesitancy may be increasingly prevalent in older people in China.

Purpose: This study aims to develop a theory-based intervention to decrease vaccine hesitancy among older people aged ≥60 years in China.

Methods: A mixed-methods method was used. First, a scoping review was performed to choose the theoretical framework for understanding vaccine hesitancy. The Determinants of Vaccine Hesitancy Matrix developed by the World Health Organization (WHO-DVH) was finally selected. Second, a quantitative survey was conducted among 1031 older adults aged ≥60 from five provinces in China to investigate the level and associated factors of vaccine hesitancy. Third, qualitative interviews were conducted among 65 stakeholders, including older people, caregivers, community health workers, and government officials, to further explore their opinions on vaccine hesitancy and intervention suggestions.

Results: Based on the theoretical and empirical evidences, the intervention will address three domains of modifiable determinants of vaccine hesitancy among older Chinese using different behavior change techniques in each domain: 1) contextual factors (shaping mass/social media environment, empowering key opinion leaders), 2) individual and group factors (improving health literacy of older people, promoting family support), and 3) vaccine-specific factors (vaccine-related misconception correction, health professionals' recommendations). An online-offline hybrid mode will be used to deliver the intervention.

Conclusions: This study provides theory-based innovative strategies for reducing vaccine hesitancy among older people in China.

PS02.33 - Oral Health Related Quality of Life and Depression among Women living with and without HIV

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Background. Women living with HIV are more likely to experience mental health and oral health issues than women living without HIV. Oral health is an essential yet often overlooked component of overall health.

Purpose. This study examined oral health related quality of life (OHRQOL) and depression among women living with (WLWH) and without HIV (WLWOH) in the U.S.

Method. 87 WLWH and 43 WLWOH (n=132), aged 24-70, were recruited from the MACS/WIHS Combined Cohort Study and the Study of Treatment And Reproductive Outcomes in Miami, Florida and Chapel Hill, North Carolina, U.S. for the Comprehensive Research on Oral and mental health in WomeN (CROWN) study. Women completed assessments measuring OHRQOL [Oral Health Impact Profile (OHIP-14)] and depression [Center for Epidemiologic Studies Depression (CES-D)].

Results. Both groups, WLWH and WLWOH, were comparable in age (mean = 49) and dental insurance coverage (87%). Dental anxiety and self-consciousness were associated with lower OHRQOL in both groups; however, only among WLWH was it associated with symptoms of depression ($r=299$, $p<.001$). WLWH were more likely to report dissatisfaction with their teeth (73%) and dental care utilization within the prior year (64%).

Conclusion. This preliminary cross-sectional analysis suggests that sub-optimal OHRQOL is linked to dental anxiety and self-consciousness. However, the association of HIV-related factors and depression need further examination, as WLWH reported receiving more recent dental care. Future research should assess additional factors that may contribute to poor oral and mental health outcomes in women, such as stigma, substance use, and age.

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PS02.34 - Family Cohesion and Simpatía in Patient-Physician Communication, Health Anxiety, and Healthcare Utilization Among Hispanic Prostate Cancer Survivors

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Background: Hispanic prostate cancer (PC) survivors in the U.S. report lower satisfaction with provider communication and greater health anxiety compared to non-Hispanic White survivors. Low family cohesion and simpatía, a cultural value emphasizing harmonious interactions, have been associated with less assertive communication in patient-physician interactions. Despite evidence that sociocultural factors influence patient-physician relationships, which can mitigate health anxiety and healthcare overutilization, work evaluating these associations among Hispanic PC survivors remains limited.

Purpose: This study aimed to examine whether simpatía and family cohesion are associated with greater perceived efficacy in patient-physician interactions (PEPPI) and in turn less health anxiety and healthcare utilization among Hispanic PC survivors.

Method: Hispanic men (N=202; M age=65.7 years) participating in a psychosocial intervention trial after completing treatment for localized PC completed a baseline assessment of family cohesion (Family Environment Scale), simpatía (Texas Christian University Simpatía Scale), PEPPI (PEPPI Questionnaire), health anxiety (Memorial Anxiety Scale for PC), and healthcare utilization (self-reported annual healthcare visits). SEM was conducted to examine hypothesized associations.

Results: The path model demonstrated adequate fit ($\chi^2(5)=6.495$, p=.261; CFI=0.952; RMSEA=0.038; SRMR=0.035). Family cohesion ($\beta = 0.65$, SE=0.29, p=.028) and simpatía ($\beta = 0.18$, SE=0.09, p=.054) were associated with greater PEPPI. Greater PEPPI was associated with less health anxiety ($\beta = -0.30$, SE=0.10, p=.002). However, health anxiety and healthcare utilization were not significantly associated (p=.249).

Conclusions: Family cohesion and simpatía may enhance PEPPI, which may mitigate health anxiety among Hispanic PC survivors. Further research should examine these associations longitudinally and explore their clinical implications.

PS02.35 - Mental Health Disorders, Partnerships and Childlessness: A Nationwide Study

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Mental health problems are increasing, while fertility is declining and childlessness is becoming more common. This study contributes to the existing literature by examining the role of various mental health disorders and accounting for full partnership history, as well as the mental health disorders of potential partners, for the likelihood of being childless. Specifically, we analyze the overall effect of having mental health disorders, as well as the separate associations of distinct mental health disorders with childlessness in Finland.

We use Finnish total population register data on cohorts born between 1977 and 1980 and follow individuals and their partnerships from 18 to 39 years of age. We estimate discrete-time event history models for the likelihood of having a first child. Mental health disorders are measured both by diagnosis information from the special health care registers and the medication information from the prescription register of the Social Insurance Institution of Finland.

According to our results, both one's own and a partner's mental health disorders are positively related to childlessness. We also find that having a mental health disorder is more strongly related to childlessness for men than for women. Moreover, controlling for current partnerships and partner orders explains the association more for men than women. It is also clear that if both partners have a mental health disorder the likelihood of having a child is lower than if only one of the partners had.

PS02.36 - Health Information Seeking Behaviors, Unmet Supportive Care Needs and Symptom Burden Among Hispanic/Latino Cancer Survivors

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Background: Cancer-related information is one of the most reported unmet supportive care needs (USCN) among cancer survivors. Among Hispanic/Latino (H/L) cancer survivors, USCNs are associated with symptom burden; however, the extent to which health information-seeking behaviors (HISBs), particularly online medical information searches, moderates the USCN-symptom burden relationship is unclear. Purpose: We examined the association between USCNs and symptom burden, and the potential moderating role of HISBs. Method: H/L cancer survivors (N=1,038; Mage=61.33; 45.2% female) from South Florida and Texas completed a baseline assessment for a larger survivorship cohort study. Symptom burden was assessed with pain interference, fatigue, sleep disturbance (PROMIS-29, 4-item subscales); depression with the PROMIS-Ca Depression-SF; and USCNs with the 34-item Supportive Care Needs Survey, coded as binary (1=>one unmet need, 0=no unmet needs) and continuous, where higher scores indicated greater USCNs. HISBs were assessed with the 5-item HINTS Health Information-Seeking Behaviors subscale focusing on online behaviors (e.g., using electronic devices to search for health information). Linear and logistic regression with moderation analyses were conducted, adjusting for covariates. Results: Having an USCN was associated with higher pain (B=2.11, p<.001), depression (B=1.59, p<.001), and fatigue (B=1.26, p<.001) scores. A greater number of USCNs was associated with higher pain (B=10.87, p<.001), depression (B=7.70, p<.001), and fatigue (B=6.95, p<.001) scores. HISBs did not moderate the relationship between USCNs and symptom burden. Conclusion(s): USCNs are associated with greater symptom burden among H/L cancer survivors in the U.S. This highlights the need for targeted interventions, as health information-seeking behaviors did not mitigate this relationship.

PS02.37 - Implicit attitude and individuals' behaviors of avoiding unintentional doping: A cross-societal real-time experiment across Hong Kong, United Kingdom, and Australia

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Background: Implicit doping attitude refers to individuals' automatic or unconscious evaluation of doping. This study investigates how implicit doping attitude predicted athletes' accuracy in avoiding unintentional doping.
Purpose: We aimed to conduct a real-time experimental study across three regions: Hong Kong, Australia, and the United Kingdom.
Method: A total of 681 athletes (Mage = 28.21, SD = 8.43; female = 47.1%) participated, completing two tasks: a brief single-category implicit association test to measure implicit doping attitudes and a novel beverage sorting task to assess their accuracy in avoiding unintentional doping.
Results: The findings revealed a significant negative relationship ($\beta = -.09$, $p < .05$, $R^2 = .03$, 95% CI of $\beta = -1.64$ to $-.15$) between implicit doping attitudes and the accuracy of athletes in identifying beverages containing banned substances. This relationship persisted even after controlling for societal influences.
Conclusion: Athletes with a more positive implicit attitude towards doping demonstrated less accuracy in discerning whether to consume beverages that might contain banned performance-enhancing substances. This negative correlation was consistent across different societies, highlighting the impact of implicit attitudes on doping behavior.

PS02.38 - Dual influence from top-down and bottom-up processes on eating transitions among young adults over one year of transition period

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Background: Young adults often experience a decline in eating habits during transition periods, influenced by food cues, stress and deficits in self-regulation. However, the effects of these factors on longitudinal changes in eating behaviors remain unclear.
Purpose: This study aims to explore eating style transition during career transition, and to examine how top-down and bottom-up processes co-shape eating behaviors over time.
Method: We recruited 594 Hong Kong young adults in their graduation year for baseline assessment, with 424 completing the follow-up survey after one year. Eating styles were measured at both time points. Top-down factors, including executive function (EF) and coping style, and bottom-up factors, such as exposure to the digital food environment, responsiveness to food cues, and perceived stress, were also measured. Latent profile analysis was used to identify clusters of eating style. Multinomial logistic regression model was used to examine the impact of bottom-up and top-down factors.
Results: At baseline, we identified three eating clusters: moderate eaters (MOE), approaching eaters (APE), and mixed eaters (MIE). At follow-up, a new cluster— avoidant eaters (AVE) — was identified. Over the one-year transition, APE and MOE shrunk, while MIE expanded. More exposure to digital food environments and higher responsiveness to food cues were strongly associated with unhealthy eating transitions. Regulatory factors were insignificant associated with eating transitions after accounting for cues-related factors.
Conclusions: Overall, there was a major shift towards diverse unhealthy eating patterns. These transitions may be primarily driven by the influence from bottom-up processes rather than deficits in top-down regulation.

PS02.39 - Positive Psychological Intervention to Increase Gratitude, Quality of Food Intake and HbA1c in Older Adults with Type 2 Diabetes Mellitus

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Background. The prevalence of type 2 diabetes mellitus (T2DM) in Mexico in 2023 among persons aged > 60 years was 23.7% in men and 29.2% in women. Purpose. To evaluate the efficacy of a positive psychological intervention to increase gratitude and its effect on the quality of food intake and glycated hemoglobin (HbA1c) in older adults with T2DM. Method. Fifteen older adults with T2DM from a public health institution in Mexico completed the "Gratitude Questionnaire" and the "Questionnaire to Evaluate the Quality of Food Consumption". In addition, the percentage of HbA1c was obtained. The paired sample Wilcoxon signed rank test was used to detect differences in study variables from baseline to end of intervention. Hedges' g was also used to assess effect size. Results. A significant increase in gratitude ($Z = -3.307$; $p \leq 0.001$; $g = 2.26$) and quality of food consumption ($Z = -2.827$; $p \leq 0.005$; $g = 1.19$) and, a decrease, although not significant, in HbA1c ($Z = -0.494$; $p \leq 0.621$; $g = -0.007$) were observed. Conclusion(s). This study offers an innovative approach by incorporating positive variables, such as gratitude, into the study of eating behavior. However, the results of the study are limited by the sample size, which hinders the ability to draw more definitive conclusions. To address this limitation, it is imperative that a randomized clinical trial be conducted to determine the effectiveness of the intervention.

PS02.40 - Psychological Well-Being in University Students: A Comparison of Students Attending and Not Attending Psychological Care Services

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Background
University students often face psychological challenges that can affect their well-being and academic performance. Many universities provide psychological care services to support students' mental health.
Purpose
This study aimed to compare lifestyle and psychological variables between students who attended a psychological care unit and those who did not.
Method
A cross-sectional study was conducted with 208 university students, of whom 35% (n=74) attended a psychological care unit, while 65% (n=134) did not. Participants completed the Healthy Lifestyle Scale for University Students, the Positive Psychological Functioning Scale, and the Depression, Anxiety, and Stress Scale. Data were analyzed using Student’s t-tests and logistic regression.
Results
Students who attended the psychological care unit scored significantly lower in Life Appreciation ($p=.020$), Self-Esteem($p<.001$), Autonomy ($p<.001$), Environmental Mastery ($p=.006$), Vitality ($p=.015$), and Life Purpose ($p=.002$) compared to those who did not attend. Additionally, they exhibited higher levels of Stress ($p<.001$), Anxiety ($p=.002$), and Depression ($p<.001$). Logistic regression analysis indicated that self-esteem was a significant predictor of psychological care unit attendance ($p<.001$, exp(B)= 1.26, 95% CI [1.13-1.40]).
Conclusion
Identifying the psychological needs of students who seek mental health support is crucial for designing targeted preventive and intervention programs. Enhancing university-based psychological services can help address mental health disparities and improve student well-being on a broader scale.

PS02.41 - Trust in Regional Political Leaders: Its Impact on Policy Perception and Adherence in Canada

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Background: Adherence to preventive measures (PM) depends on individuals' understanding and perceived importance of the policies. Inconsistent communication from policymakers has hindered the adoption of PM and may undermine future efforts to manage endemics/pandemics.
Purpose: Assess the extent to which the Canadian population's trust in the government affected their perceived importance and adherence to COVID-19 prevention policies between 2020-2022.
Method: As part of the iCARE study, three cross-sectional adult (18+) age, sex, and province-weighted Canadian population-based samples (N=9,011) representing different periods where PM were in place: October-November, 2020 (period 1); May-June, 2021 (period 2); and January-February, 2022 (period 3). A moderated mediation using the Hayes Process macro was conducted for each of 5 PM (i.e., mask-wearing, distancing, self-isolation, avoiding large gatherings, and avoiding indoor social gatherings). Models included trust in regional government (IV), adherence to PM (DV), perceived importance (mediator) and period (moderator).
Results: Perceived importance mediated the relationship between trust in regional government and adherence to all PM across all periods. The indirect effects of trust in government on adherence to most of the PM (except for mask wearing) were moderated by time, suggesting that the moderated mediation only occurred when comparing period 1 to period 3. For the same increase in trust, adherence increased more through perceived importance during period 3 for distancing, self-isolation, avoiding large gatherings, and avoiding indoor social gatherings.
Conclusion: Findings highlight the role of trust in government on perceived importance and adherence to policies, which may inform future pandemic preparedness strategies.

PS02.42 - Protective Factors for Self-Reported COVID-19 Infection in the Study of Women's Health Across the Nation (SWAN)

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Background
Protective psychosocial factors (PPF) and a healthy lifestyle can help prevent a variety of chronic diseases, but less is known about their impact on infectious diseases such as COVID.
Purpose
We hypothesize that PPF alone or in combination with a healthy lifestyle, both assessed pre-pandemic, reduces susceptibility to COVID infection.
Methods
Women participating in the longitudinal SWAN cohort study were included in this cross-sectional analysis if they completed the pre-COVID visit and the COVID questionnaire assessed 2021-2023. PPF were defined as the mean of z-scores of optimism, vitality, life engagement, life satisfaction, and positive affect. Healthy lifestyle was the mean of the smoking, physical activity, diet, and sleep scales from Life's Essential 8. Generalized linear mixed models with log-link and binomial distribution examined the association between PPF and healthy lifestyle pre-COVID and self-reported COVID infection during the pandemic. Models were adjusted for age, site, race/ethnicity, and financial strain.
Results
Of 1426 women, 426 (29.9%) self-reported a COVID-19 infection. A 1-SD increase in PPF was associated with a relative risk of COVID infection of 1.23 (95% CI: 1.08-1.39). Healthy lifestyle was unrelated to COVID infection as a main effect or in interaction with PPF.
Conclusions
Contrary to the hypothesis, PPF were associated with increased self-reported COVID infection. Possible explanations may be: increased contamination opportunity where those with greater PPF have greater interpersonal engagement, better access to medical care, or greater likelihood of getting tested.
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PS02.43 - Exploring a Six-Week Project-Based Learning Curriculum to Reduce Stigma Toward Students with Special Educational Needs in Hong Kong

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Background
Special Educational Needs (SEN) are on the rise in Hong Kong, challenging teachers and students. Despite inclusive education policies, many classrooms remain discipline-focused, conflicting with students who struggle to sit still. Traditional, deficit-based methods emphasize controlling disruptive behaviors over recognizing talents. Project-based learning (PBL) could be a more engaging alternative, yet its potential to reduce teacher stigma toward SEN students remains underexamined.

Purpose
This study introduces a six-week PBL curriculum featuring targeted activities and worksheets to highlight students' strengths, aiming to lessen stigma and improve teacher-student relationships.

Method
Forty-five Grade 2 students in three classes participated in a mixed-methods, pre-post design. Teachers and students completed questionnaires on well-being, teacher-student relationship quality, and stigma toward SEN. Teachers also reported classroom management burden, disruptive and positive student behaviors. Parents rated children's home behaviors. After the intervention, measures were repeated. Focus groups with students and interviews with teachers explored barriers, successes, and personal reflections.

Results
Preliminary qualitative data indicate teacher enthusiasm but worries about homework arrangements and disruptions to exam-oriented norms. Limited classroom time constrains the discovery of student talents. Ongoing quantitative analyses will determine whether structured PBL activities—including special worksheets and projects—support teachers in recognizing strengths and reducing stigma tied to disruptive behavior.

Conclusion
This study provides a practical, research-based approach to inclusive education. By examining how a newly designed PBL curriculum highlights student abilities, it suggests a pathway to shift away from deficit-oriented practices. Findings may guide educators and policymakers in promoting positive teacher-student relationships and reducing stigma in classroom settings.

PS02.44 - Upskilling of Wellbeing Coordinators in Singapore to support Population Health.

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Background: The Ministry of Health, Singapore rolled out Healthier SG (HSG) in July 2023, a national initiative to encourage Singaporeans to take proactive steps to lead healthier lives by preventing the onset of chronic medical conditions and to improve their overall health management.
Changi General Hospital (CGH) is one of the Public Health Institutions tasked to deliver HSG initiatives to support the residents living in the eastern region of Singapore. There is a team of 50 Wellbeing Coordinators (WBCs) sited at CGH deployed to help residents navigate complex health and social care systems.
Methods: With the roll out of HSG, 44% of new referrals to WBCs cite behavioural health issues as the primary area of concern. WBCs need to develop competence to support the behavioural health needs of residents and establish appropriate levels of intervention. WBCs aim to improve their existing model of care by developing a Health & Social Assessment protocol. This ongoing project will review local best practices and existing literature to enhance the CGH WBCs' scope of service through training curriculum development and to identify the support needed to upskill existing staff to provide personalised care to improve on key aspects of wellbeing and address issues relating to access to healthcare.
Conclusion: The findings will outline key areas of improvement to establish practice guidelines for assessment and interventions which may be adopted by other Wellbeing Coordinators, or similar roles, across Singapore.

PS02.45 - Exploring Experience, Attitudes and Practice of Primary Care Health Professionals Regarding Pelvic Floor Disorders

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Background.
Pelvic floor disorders (PFDs) including urinary incontinence (UI), prolapse and overactive bladder (OAB), are prevalent in about 50% of women, significantly impacting quality of life. Women and Primary Care Health Professionals (PCHPs) find PFDs difficult to discuss. Very little is known about the experience, attitudes and practice of PCHPs regarding PFDs.

Purpose.
To understand PCHPs' experience, attitudes and practice towards diagnosing and managing PFDs, and their views on a proposed intervention to raise awareness and change help-seeking behaviour.

Method.
A modified survey was sent electronically to 2,300 registered PCHPs in three NHS Health Boards in Scotland, with several reminders. Likert-type questions assessed experience, attitudes and practice regarding PFDs, also opinions on an intervention to ask and examine women for prolapse symptoms at cervical screening. Data were analysed descriptively. Free text data was content analysed.

Results.
Response rate was 4% (n=88): 92% female; 61% from Highland; 65% Doctors. A greater proportion of PCHPs reported low confidence in diagnosing prolapse (24%) compared to UI (13%) or OAB (21%). Similarly lower comfort to discuss prolapse with patients (26%; UI: 16%: OAB: 22%). More Doctors (90%) than Nurses (55%) were comfortable diagnosing prolapse. Prolapse was less frequently asked about, and PCHPs believed fewer women presented with prolapse than other PFDs. Training in PFDs was lacking. With training, 96% of PCHPs agreed cervical screening is an opportunity to ask about and examine women for prolapse.

Conclusions.
Training for PHCPs to enable routine and targeted enquiry practice about prolapse at cervical screening may help raise awareness and promote earlier help-seeking behaviour.

PS02.46 - Sounds of the past – Effects of historical idiophones on psychological and physiological stress

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Background: Metallic idiophones, such as bells, played integral roles in ancient societies, yet their cultural significance and psychoacoustic effects remain underexplored. Previous findings revealed that historical idiophones differ significantly in their perceived psychoacoustic properties, most notably valence and arousal. These artifacts offer a unique opportunity to examine their potential to induce and reduce stress. While auditory stimuli affect stress biomarkers and psychological states, links between historical sound artifacts and stress responses remain scarce.

Purpose: This two-part study explores the stress-inducing and stress-reducing effects of historical idiophones and their cultural significance, as part of the FWF-project “Metallic Idiophones in Central Europe between 800 BC and 800 AD,” which integrates archaeological, acoustical, and psychological approaches.

Method: Using a within-subject blind design, stress is modulated through standardized stress tests or stress reduction interventions. Participants are exposed to sounds of historical idiophones, including replicas of Avar-period pellet bells, or a silent control bell. Stress is measured via hormonal (cortisol), cardiovascular (HRV), and subjective indicators. Methods are preregistered at: https://osf.io/zx8ac

Results: Preliminary findings from Study 1 show significant changes in stress responses over time but no differences between experimental and control conditions. Further analysis, including hormonal measures, will follow Study 2.

Conclusion: This ongoing study examines the dual role of idiophones in stress modulation and cultural contexts, offering novel insights into the interplay of sound, stress, and historical practices through a psychophysiological and archaeological lens.

Keywords: Music Archaeology, Psychoacoustics, Psychology of Music, Metallic Idiophones

PS02.47 - Development and evaluation of a clinical interview for high fear of progression in people with advanced cancer receiving systemic treatment

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Background People with advanced cancer living longer due to systemic treatment experience fear of progression (FoP).
Purpose This study aimed to develop and evaluate a clinical interview for high FoP in this growing cancer population.
Method A recent modified Delphi study identified features of FoP in patients with advanced cancer receiving systemic treatment. Based on these features, a clinical interview for high FoP was developed and pilot tested in clinical practice. Subsequently, two clinical psychologists completed the interview amongst 19 patients. Interviews were audio recorded, and FoP levels were scored as presence or absence of high FoP. Recordings were listened to by the other psychologist, FoP levels were independently scored, and interrater agreement was calculated.
Results Nineteen participants were interviewed, of whom 63% were male. Mean age was 64.5 years (SD 7.2) and metastatic cancer diagnoses were lung (N=8); prostate (N=4); breast (N=3); GIST (N=2); colon (N=1) renal (N=1). Most received targeted therapy (N=11) or hormone therapy (N=6). Interrater agreement results revealed 100% agreement on diagnosis of clinical FoP although differences in raters were observed on subdivisions of the interview.
Conclusion and clinical implications Results indicate that the clinical interview on FoP is a feasible instrument for assessment of high levels of FoP in advanced cancer patients. Assessing clinical levels of FoP is essential to indicate those patients in need for psychological help with FoP. This clinical interview could be further developed, to serve as gold standard to define cut off scores in existing questionnaires on FoP.

PS02.48 - Feasibility and Acceptability of Peer-led Mindful Self-Compassion for Adults with of Eating Disorder Symptoms: A Pilot Study

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Background: Patient involvement approaches in mental health research are considered critical to improving mental health services. In the field of eating disorders, the shift toward a more collaborative model has led to the coproduction of peer-led interventions involving mental health professionals, patients, and mental health users, driven by the increased recognition of their benefits. In this context, peer-led online intervention programs for eating disorders could be an alternative approach to strengthening the well-being of participants. In addition, increasing evidence suggests that mindful self-compassion (MSC) could be a helpful approach to strengthening self-compassion as a prevention program for eating disorders. However, the feasibility and acceptability of online group-based peer-led MSC interventions remain unexplored in this context.

Methods: In this pilot study with a one-group pretest/posttest design, the primary aims were to assess the feasibility and acceptability of the MSC intervention, as well as the preliminary efficacy of the program on patient-reported outcomes.

Results: Preliminary results showed a low dropout rate and high attendance among participants. Additionally, participants reported high levels of satisfaction and significant improvements in patient-reported outcomes

Conclusions: An online peer-led version of the MSC for individuals with eating disorder symptoms was found to be feasible and acceptable, with participants reported satisfaction and significant improvements patient-reported outcomes. However, as this pilot study is the first to evaluate an online group-based peer-led intervention in this setting, our findings are limited and future studies are required.

Keywords: Eating disorders, group intervention, internet-based intervention, mindful self-compassion, mental health, participatory research, patient satisfaction, peer intervention, peer-led, peer support, self-help, user involvement, well-being

PS02.49 - The Preliminary Effects of a Psychoeducational Group Program for Adults Diagnosed with ADHD: A Pilot Randomized Controlled Study

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Background: ADHD in adulthood can be associated with impairments in daily functioning and quality of life. Despite the availability of pharmacological treatments, many adults with ADHD continue to experience substantial challenges. Psychoeducational group programs have shown promise in addressing these issues by providing patients with knowledge and coping strategies. However, few RCT studies have specifically investigated the effects of these programs among newly diagnosed adults.

Purpose: This RCT-study aims to fill this gap by investigating the preliminary impact of a new psychoeducational program. The program was developed by user representatives and healthcare professionals.

Method: This pilot RCT included two groups. Adult ADHD outpatients from two outpatient clinics in Norway were recruited. The intervention group (IG) received a 10-session psychoeducation program alongside treatment as usual (TAU), while the control group (CG) received TAU only. The primary outcome was quality of life (QoL), measured with the AAQoL. Secondary outcomes were ADHD symptoms and patient. Data were collected at baseline, pre- and post-intervention.

Preliminary results: Outpatients in the IG reported significant QoL improvements and significantly higher satisfaction compared to the CG. However, there were no significant differences in ADHD symptoms between the groups.

Conclusion: The preliminary findings suggest that this psychoeducational program can enhance the quality of life and patient satisfaction for adults diagnosed with ADHD. However, the program did not reduce symptom burden.

Trial registration: ClinicalTrials.gov NCT03337425, 06/11/2017

Keywords: ADHD, group intervention, psychoeducational intervention, user involvement, quality of life, RCT

PS02.50 - Organizational Engagement to Assist with a National Survey of Tobacco Cessation Service Needs by Populations with Disproportionately Higher Tobacco Use

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Background. This is Phase 2 of a study to reduce health inequities by increasing access to tobacco cessation services for priority populations. The Pan-Canadian Health Inequalities Tool identifies priority populations for tobacco interventions based on disproportionately higher tobacco use (rural/remote, 2SLGBTQIA+, Indigenous, mental health, young adults, and substance use). Our Phase 1 Canadian environmental scan identified cessation services and gaps. Phase 2 was designed to engage priority populations through an online survey to determine cessation services they had used or would consider, and perceived barriers and gaps. The challenge was how to engage a representative national sample for each priority population.

Purpose. The purpose was to develop and evaluate a feasible solution to engage a representative national sample of the six priority populations.

Method. A list of priority population organizations across Canada was developed. Organizations were emailed using the Dillman 5-steps (introductory email, content email, 3 reminders), and asked to be interviewed and/or distribute surveys to their membership. Ethics approval was received.

Results. One hundred and thirteen organizations representing the six priority populations were contacted (M=8 per province/territory, M=5 contacts/organization); 33% responded; 16% (18/113) participated (12 interviewed; 10 completed survey distribution to their members). Refusal reasons included: requiring their own ethics; no capacity/interest; confidentiality for distribution; and no compensation. Survey distribution included adding the link to newsletters, social media, websites, and/or group emails. Estimated survey distribution was N=8,813 or N=1,146/8,813 based on 13% tobacco/vape prevalence; 20 completed surveys were received (~1.7% response).

Conclusions. The strategy to engage organizations seemed reasonable to reach six priority populations across 13 provinces/territories. Despite contacting 113 organizations using Dillman's 5-steps to increase recruitment, an organizational response of 16%, and an estimated distribution of 8,813 (~1,146 smokers/vapers), the survey response was only ~1.7%, which might be realistic given only 0.4% of smokers engage with cessation services and people are bombarded with social media so a survey request is easily lost. Financial incentives or having in-person events (with swag or entertainment) to complete the survey might increase response rates, but “pay-to-play” can bias outcomes and not reflect real-world issues for service use. Focusing efforts on provincial/territorial vs national or on one vs six priority populations are potential strategies to increase response, but the purpose was pan-Canadian. Other mitigation strategies could include increasing organizational recruitment by five-fold (now that the systems are in place), asking organizations to follow the Dillman 5-steps for survey distribution, and/or add focus groups.

PS02.51 - Prevalence and Socio-ecological Correlates of Being Bullied, in a Fight and Attacked among Adolescents in the Turks and Caicos Islands

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BACKGROUND: Adolescents in the Caribbean experience the highest rates of violence worldwide. With profound physical and mental health implications and striking variations in cultural norms across the region, it is critical to understand adolescent violence at the country level.

PURPOSE: We sought to determine the prevalence of and identify factors related to adolescent violence in the Turks and Caicos Islands (TCI), a small country with escalating adolescent mortality but limited nationally representative data on health behaviors.

METHODS: In 2022, all students in all high schools were invited to complete the Global School Health Survey. The student response rate was 66.5%; N=1684, 49.8% male, Mage=14.3y. We first determined the frequency of being bullied, in a physical fight, and attacked in the past 12 months. We then considered individual factors (age, gender, socioeconomic status, psychological distress) and interpersonal factors (parental attachment and school connectedness) as predictors of the three outcomes using logistic regression.

RESULTS: Being bullied, in a fight, and being attacked were reported by 36.1%, 32.3%, and 30.4% of adolescents, respectively. Younger age, female sex, psychological distress, and low school connectedness were associated with being bullied. Younger age, male sex, psychological distress, and low socioeconomic status were associated with being in a fight. Finally, younger age, male sex, psychological distress and low socioeconomic status, school connectedness, and parental involvement were associated with being attacked.

CONCLUSIONS: The study highlights individual and interpersonal factors that will be targeted in interventions. Stakeholder-agreed dissemination plans, policy initiatives, and plans for further research will be discussed.

PS02.52 - The Moderating Effect of Age on the Relationship between Psychological Distress and Fear of Cancer Recurrence in Lung Cancer Survivors

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60-80% of lung cancer survivors experience psychological distress. Fear of cancer recurrence (FCR) is a leading psychological issue faced by lung cancer survivors, with younger survivors reporting elevated levels of psychological distress and FCR.

We explored the degree to which the relationship between psychological distress and FCR varied by age in lung cancer survivors treated with curative intent.

We analyzed baseline data from a trial of a psychoeducational intervention to improve quality of life in lung cancer survivors who recently completed treatment at an academic hospital in the U.S. Measures included demographics, FCR Scale 7, and the Hospital Anxiety and Depression Scale. We conducted two moderation analyses to examine the interaction of age with two indices of psychological distress (anxiety and depression symptoms) on FCR. Post hoc analyses examined relationships between distress and FCR at older and younger ages (-/+1SD).

Participants (n=108; 56% female, 97% non-Hispanic White) had a mean age of 68.9 years (range=35.2 - 88.2, SD=7.2). The interaction of age with anxiety was associated with FCR (b=-0.032, p=0.028), such that the relationship between anxiety symptoms and FCR was higher among younger individuals. The interaction of age with depression was not associated with FCR (b=-0.019, p=0.351).

Results indicate that the relationship between greater anxiety symptoms and higher FCR was stronger among younger versus older survivors, whereas the relationship between greater depression symptoms and higher FCR did not differ by age. Future research should explore factors that may increase anxiety-related risk for greater FCR among younger survivors.

PS02.53 - Factors Associated with Weight Loss Difficulties in Adults: An Umbrella Review

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Factors Associated with Weight Loss Difficulties in Adults: An Umbrella Review

Kari Kuulman, Kadri Arumäe, Riin Mikk, Uku Vainik

Background: This review systematically maps and evaluates factors previously associated with weight loss difficulties in adults.
Purpose: The goal is to elucidate key barriers to successful weight loss and to inform the development of more effective interventions.
Method: An umbrella review was conducted, synthesizing data from systematic reviews and meta-analyses. The search included databases such as MEDLINE, PsycINFO, Scopus, and Web of Science, focusing on English-language studies conducted between 2014 and 2024 involving adult populations. The PICOS framework guided the research question, emphasizing psychological, physiological, behavioural, and environmental factors related to weight loss programs. Data extraction was performed using structured forms within the Covidence platform. The research was preregistered in PROSPERO
Results: A total of 1087 unique studies were found, of which 115 were eligible for full-text assessment. Finally, 51 studies were included in the umbrella review. The review identified factors associated with weight loss difficulties in six domains: behavioural, psychological, biological, environmental, demographic, and intervention-related. The psychological and behavioural domains contained the most factors. Only about 15% of the factors aligned with those included in the ADOPT framework, with behavioural (82%) and psychosocial (62%) domains showing the highest alignment.
Conclusion: This umbrella review highlights the complexity of weight loss by identifying numerous influencing factors. The findings emphasize the need to consider a broad range of factors beyond the ADOPT framework and suggest a need for more targeted and nuanced interventions. Future research should prioritize understanding the relative impact of these factors to enhance weight management strategies.

PS02.54 - Knowledge about the Respiratory Syncytial Virus (RSV) Results from a German representative sample of people over 60 years of age

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Background: Respiratory Syncytial Virus (RSV) causes diseases which are dangerous for people over 60 years of age. Following the approval of two vaccines by the European Medicines Agency in the previous fall, the question now arises as to how much the target group knows about RSV.
Purpose: The study aims to explore the knowledge and misconceptions about RSV and socio-demographic determinants that are associated with higher vs. lower knowledge in the target group of people over 60 years of age.
Method: We collected data from n = 1127 people over 60 years of age in a preregistered, representative online survey in Germany. RSV-awareness was collected. An RSV knowledge scale was developed and used questions about RSV-disease, vaccines, infectiousness of children and risk groups, among other facts.
Results: Only 54% of participants showed RSV-awareness, with higher educated participants being better informed. The knowledge items revealed well-known facts and misconceptions. Grandparents did not show higher knowledge or awareness than participants without grandchildren.
Conclusion: Educational interventions should be conducted regarding the RS-virus and respective vaccine, as awareness, particularly regarding the infectiousness of children and the availability of a vaccine, is low within the target group.

PS02.56 - Building Technology Approaches to Shape Future Healthcare in Regional Australia: Co-designing with Consumers

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Background: More technology is embedded in health care service delivery to improve health outcomes. However, most are driven and designed by researchers/clinicians and not by consumers and their future adoption and sustainable value is often questionable.

Purpose: This study aimed to understand the pressing health care needs from adults in regional/rural Victoria, Australia, who have lived experience of chronic diseases themselves or as carers and explore how technology can play a role in healthcare and/or service delivery from consumers' perspectives.

Method: Participants (N=20) from the local community in regional Victoria, Australia and the university's rural health consumer panel attended a half-day innovation design workshop. Three scenarios were developed by the researchers to elicit discussions in three groups. A facilitator was present to guide discussions. Participants collaborated and proposed solutions to address three health issues.

Results: Participants suggested three designs: 1) a virtual 24/7 AI based GP service for improving healthcare access in rural areas with limited GP access; 2) a community robot for reducing social isolation by connecting individuals with shared interests and noted that the service could enhance sense of purpose and belonging, promoting peer mentoring and encouraging community-led initiatives; 3) a 24/7 AI based medication plan assistant to offer immediate, reliable advice to alleviate stress, particularly for rural elderly patients with complex medication plans.

Conclusion: All groups agreed that technology could play a significant role in addressing healthcare accessibility, and social isolation issues leading to improved health outcomes. Participant emphasised the importance of ensuing these technologies are user friendly, culturally appropriate, secure, and do not replace essential human interactions in healthcare. Addressing trust, safety concerns will be crucial to ensure successful adoption and sustainable impact.

PS02.57 - Connecting Bio-psychosocial as an Integrated Approach for Behavioural Change as a Wellbeing Coordinator

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Background
While biological factors and physical health provide a foundation, psychosocial elements shape the motivation and capacity for change. Social influences create the context in which behaviours are maintained or modified. Connecting between these dimensions is crucial for designing holistic interventions that address the complexity of human behaviour.

Positioned at the intersection of support, advocacy and education, the wellbeing coordinators design and implement strategies tailored to the unique of individuals, ensuring addressing underlying barriers to change by collaborating with stakeholders, creating resources, and enhancing access that can encourage sustainable lifestyle changes.

Method
To implement an integrated approach as a wellbeing coordinator leveraging the bio-psychosocial aspect through the following:
- Assessments & Analysis
- Interventions (Biological, Psychological & Social)
- Collaborative Engagement (Education & Advocacy, stakeholder involvement)
- Monitoring and Feedback
- Evaluation (outcome and sustainability)

Results
Improved overall health – better health management through personalized plans through targeted interventions (e.g. lifestyle changes, medication adherence, etc).

Greater health literacy – increased understanding of the relationship between biological, psychological, and social factors in maintaining health and make informed decisions about their health & wellbeing.

Stronger social support – increased participation in the community fostering a sense of belonging and encouraging collective behavioural change within a community.

Conclusion
By addressing and leveraging on the interconnected aspects of physical, psychological, and social health, the wellbeing coordinator can facilitate comprehensive and sustainable behavioural change that enhanced quality of life of individuals.

PS02.58 - Similarities and Differences in Aspects of Sexual Agreements Among Sexual and Gender Minority Couples

Dr. Jason Mitchell[1]
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Background: Sexual agreements, an explicit conversation about whether to permit sexual behaviors with others, is one dynamic to leverage for preventive interventions.

Purpose: Sexual agreements among sexual and gender minority (SGM) adult couples, other than gay male couples, remains understudied.

Method: We established an online cohort of 184 SGM adult couples where both partners independently completed an online survey every 6 months. We analyzed variables from wave 3 data collection regarding establishment, type, and adherence to a sexual agreement. Data were analyzed descriptively and comparatively by SGM couple group.

Results: Proportions of partners concurring about having a sexual agreement varied by SGM couple group (□2(8)=24.40, p=0.002). Higher proportions of queer (43%) and trans (100%) couples had both partners concur about having a sexual agreement; gay male couples had the lowest percentage who concurred (32%). Almost all SGM couple groups had similar combined proportions of discordance and partners who concurred about not having a sexual agreement (57%-68%). Irrespective of SGM couple group, almost all reported, and had partners concur, that their sexual agreement was either ‘closed’ or ‘open with guidelines’. Lesbian couples had the lowest proportion who reported having an ‘open with guidelines’ sexual agreement. While the vast majority of partners reported adhering to their sexual agreement, gay male couples had the highest proportion of one or both partners who had broken their sexual agreement (12%).

Conclusion(s): Few subtle differences about aspects of sexual agreements existed by SGM couple group. Mechanisms are needed to assist couples with establishing a sexual agreement.

PS02.59 - Evaluating CareLine: Usage Patterns and Participant Perspectives of a Telephone-Based Eldercare Programme

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Background: As Singapore's aging population grows, social isolation and loneliness have become significant health challenges. CareLine, a telephone-based support service established by Changi General Hospital in 2016, provides a critical social safety net for seniors living alone, combining social engagement with emergency response.

Purpose: This study evaluates CareLine's utilisation and impact on seniors' well-being and safety, offering evidence from Singapore on the role of telephone-based interventions in eldercare.

Methods: A mixed-methods approach was employed, including a retrospective analysis of the CareLine call log dataset from 2016 to 2024 and in-depth interviews with service users and CareLine agents.

Results: Results show that CareLine has engaged 9,512 participants, logging over 318,950 calls. The majority were outbound calls (239,193), primarily for social support, highlighting the service's proactive outreach. Frequent users were predominantly over 75 years and living alone (54.7%). Interviews revealed users' appreciation for the sense of connection and safety provided by CareLine agents, while providers emphasised the need for flexibility and adaptability to meet evolving user needs.

Conclusion: CareLine demonstrates a scalable model of telephone-based support addressing both social and emergency care needs for seniors. This study underscores the value of such interventions in supporting aging populations and offers a model that could be adapted to other contexts facing similar demographic challenges.

PS02.60 - Mediating effect of job accomplishment between critical incident stress and work engagement among Japanese firefighters

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Background: Firefighters are required to deal with critical incident stress, making it a stressful and risky profession.
Purpose: The study aimed to clarify key factors to cope with a stressful mission and lead to work engagement among Japanese firefighters.
Method: A web survey of 130 firefighters (124 men, 4 women, and 2 not-answer; mean age = 46.4 years, SD = 10.0) was conducted in November 2024, in Japan. Evaluations of critical incident stress levels, work value scales including job accomplishment, job autonomy, stress coping skills, and social support were used to investigate associations with the Japanese version of work engagement. The multivariate regression analyses were performed with adjusting for confounding factors including years of service. The PROCESS macro was used to investigate an indirect effect of job accomplishment.
Results: Job accomplishment and job autonomy were positively associated with work engagement (adjusted beta=0,33, p=0.030 and 0.27, p<0.001, respectively), but critical incident stress was not (adjusted beta=-0.05, p-0.47). Critical incident stress and job autonomy were positively associated with job accomplishment (adjusted beta=0.25, p=0.005 and 0.23, p=0.012, respectively). An indirect effect of job accomplishment was significantly associated with critical incident stress and work engagement (B = 0.013, SE = 0.005, beta = 0.080, Z = 2.37, p = 0.018, 95%CI: 0.02 - 0.14).
Conclusion: Job accomplishment mediated an association between critical incident stress and work engagement among firefighters. Job autonomy may also help firefighters to achieve job accomplishment.

PS02.61 - Emotion Regulation Interventions on Physical Activity: A Systematic Review and Meta-Analysis

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Background: Considerable research has established the effectiveness of interventions focused on proactive behavioral regulation (e.g., planning, problem solving) in promoting physical activity (PA), yet recent research and theorizing has also begun to consider the potential importance of reactive behavioral regulation, in the form of emotion regulation (ER; i.e., intra-psychic tactic(s) to manage one's emotions). Purpose: To examine the effectiveness of ER interventions to change subsequent PA and to explore potential moderators of the findings. Methods: Eligible studies were published in a peer-reviewed journal in English, included an experimental design with PA as the dependent variable and ER as the independent variable, among an adult (>18 yrs.) sample. A literature search was completed in March 2024 using five common databases. Results: The search yielded 30 independent effect sizes and random-effects meta-analysis showed positive changes in PA favoring the intervention over the control group g = 0.24 (95% CI = 0.12 to 0.36). The point estimate, however, showed significant (Q = 40.32, p = 0.03) heterogeneity, and follow-up moderator analyses found that studies with smaller sample sizes, all-female samples, feasibility designs, and shorter follow-up assessments of PA reported significantly larger effect sizes when compared to larger samples, mixed gender samples, and effectiveness trials with longer follow-up periods. Conclusions: PA can change as a result of experimental intervention using ER approaches, but estimates are biased by preliminary phase studies. Intervention quality will improve with larger sample trials that incorporate longer follow-ups and focused comparisons of the effectiveness of different behavior change techniques.

PS02.62 - Antecedents and Consequences of physical activity participation in transgender and gender diverse young people: A Scoping Review

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Background: Transgender and gender-diverse (TGD) youth face significant health disparities, including higher rates of chronic diseases and mental health challenges than cisgender peers. Despite the well-established benefits of physical activity (PA) for physical and mental health, TGD youth participate at lower rates, often encountering unique barriers. Existing research primarily focuses on adults or barriers to participation, leaving critical gaps in understanding the antecedents and consequences of PA for TGD youth. Purpose: This scoping review aimed to (1) identify the antecedents of PA participation among TGD youth, (2) explore the consequences of PA involvement, and (3) highlight research gaps to inform future studies. Methods: Following the PRISMA-ScR framework, this review included studies on TGD youth aged 10–24 years from diverse backgrounds and stages of gender-affirming care. Quantitative, qualitative, mixed-methods studies, and opinion papers in English have been included without time restrictions. A systematic search of Scopus, Web of Science, CINAHL, PsychINFO, and PubMed was conducted, along with an exhaustive hand search. Two independent reviewers screened studies, with conflicts resolved by a third reviewer. Data is narratively synthesized to identify key themes and gaps. Results: Preliminary analysis has identified several antecedents such as social support, access to inclusive spaces, and internalized stigma, and consequences like improved mental health and community belonging. Conclusion: This review provides comprehensive insights into TGD youth's PA experiences, contributing to evidence-based strategies for equitable PA participation and guiding future research to promote their health and well-being.

PS02.63 - One-year course of performance in executive functions in kidney transplant recipients

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Background: There is little knowledge about long-term cognitive performance in patients who received a kidney transplant. One of our prior analyses showed that the cognitive domain of executive functions is especially affected, but the course is unclear.
Purpose: We were interested in the course of performance in executive functions in kidney transplant recipients.
Method: We assessed fifty-nine patients who received a kidney transplant in the past (age 55±13 yrs, 43 men) at T0, +3 months, and +1 year using a comprehensive neuropsychological test battery. Executive functions were measured via trail making test B (TMTB, cognitive flexibility) and digit span backward (working memory).
Results: 33 patients (56%) showed any cognitive impairment at T0. Repeated measures analyses revealed no change in digit span backwards over time ($F[1.92]=0.10$, $p=.89$). There was change in performance in TMTB ($F[1.92]=4.72$, $p=.013$, partial $\eta 2 = 0.13$) with a decrease from T0 to T1, and best average performance at T3. Further analyses showed an interaction effect ($F[1.92]=4.59$, $p=0.15$, partial $\eta 2 = 0.23$) revealing an overall decline in those patients with cognitive impairment at T0 who received a kidney from a deceased donor, while patients without cognitive impairment at T0 and/or with a kidney from a living donor showed no change or an improvement in TMTB performance.
Conclusion: It is important to investigate treatment and prevention options for decline in cognitive performance (especially cognitive flexibility) in kidney transplant recipients. More research is needed concerning the potentially protecting role of having received a kidney from a living donor.

PS02.64 - Long-term physical activity and sitting behaviours of individuals with atrial fibrillation and the influence of a discussion: The CHAMPLAIN-AF Study

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Background: Patients with atrial fibrillation (AF), most common arrhythmia, usually report low physical activity (PA) levels. Discussing PA with a healthcare professional may improve moderate-to-vigorous-intensity PA (MVPA). Studies evaluating this population's MVPA levels are limited, (single time points or small sample sizes).
Purpose: To assess the long-term MVPA, sitting time (ST), and cardiorespiratory fitness (CRF) of patients with AF and their association with speaking about PA with a healthcare professional.
Methods: Observational study (Ottawa and Gatineau, Canada). Survey for three consecutive years to determine MVPA, ST (Short-Form International PA Questionnaire) and estimate CRF (Duke Activity Status Index, DASI). Medians, 95% confidence intervals, and Spearman correlation (rho) were used.
Results: We included 135 participants (mean [SD] age, 69[12.8] years; 97[71.8%] males). Median MVPA at baseline (Y1) was 177.5 (54.8-300.2) min/wk, increasing at year 2 (Y2) (180; 115.7-244.2 min/wk) and year 3 (Y3) (232.5; 161.2-303.7 min/wk), no change between Y2 and Y3. No change in ST Y1 (5.0; 4.3-5.7 h/d) to Y2 (5.5; 5.0-5.9 h/d), but increased in Y3 (5.0; 4.3-4.6 h/d). DASI scores improved from baseline (43.0; 38.3-47.8) to Y2 (50.7; 47.3-54.1) and to Y3 (50.7; 47.3-54.0). No associations observed between MVPA, ST, and speaking to a healthcare professional about PA at any timepoint.
Conclusion: MVPA and CRF improved, but ST increased from Y1 to Y3. Increasing MVPA did not translate to reduced ST, suggesting interventions should target each behaviour separately. Speaking about PA with a healthcare professional did not seem to affect these behaviours, questioning the effectiveness of such interactions.

PS02.65 - Clustering of Health Behaviors and Their Interaction with Depressed Mood Among Acute Coronary Syndrome Patients

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Background: Health behaviors, including smoking, exercise, diet, and medication adherence contribute to Acute Coronary Syndrome (ACS). Patients are often asked to make significant, simultaneous changes to these behaviors following ACS.
Purpose: Little is known about the patterns of clustering and how this clustering may relate to mental wellness.
Methods: Participants had an ACS, smoked > 1 cigarette per day, were willing to consider quitting, and were aged 18-75. This analysis focused on 227 participants who completed assessments of smoking, exercise, diet, medication adherence, and depression. Latent class analysis was used to identify patterns of health behaviors. Socio-demographics, psychosocial, and depression outcomes were then compared across classes using analysis of variance and chi-squared tests.
Results: This sample was 67.8% male, 41.4% identified as a racial or ethnic minority, and had a mean age = 54.9 years. A three-class model was best supported. Smoking and diet were relatively stable across classes. Class 1 (n = 93) was characterized by near ideal medication adherence and virtually no self-reported exercise. Class 2 (n = 24) was characterized by universal medication non-adherence and moderate exercise. Class 3 (n = 110) was characterized by near ideal medication adherence and high exercise. There were significant between-class differences in depression such that Class 1 had the highest depression scores and were more likely to have clinically significant depression symptoms compared to Classes 2 and 3.
Conclusion: Results underscore the need for flexible, multiple health behavior interventions that can address depressed mood when needed.

PS02.66 - Changing attitudes towards prenatal diagnosis and Image of disabled children.

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– Background
In Japan, due to the increase in the number of children with developmental disabilities in regular classrooms, it has finally become compulsory for students in teacher training programs to study “special support education.
– Purpose
The purpose of this study was to conduct a survey analysis of teacher training students' images of children with disabilities and their attitudes toward prenatal diagnosis.
– Method
The subjects were 60 university students in the control group and 100 in the intervention group. They were prompted to fill in a web-based fill-in questionnaire before and after the lecture. The questionnaires were about (i) the image of disabled children and (ii) prenatal diagnosis. For (1), an analysis of variance of two factors with correspondence was conducted. For (ii), a Friedman test was conducted on attitudes at four time points for the intervention group only.
– Results
Significant trends were observed before and after the lecture in the intervention group in the items “calm”, “familiar” and “seeing disabled people makes me want to do my best” images about disabled children.Regarding the prenatal diagnosis, 33% of the respondents answered “would like to have it” after the group discussion, which was higher than the other time points; the Friedman test showed a predominant difference at the 1% level, so a comparison between the two groups showed no significant difference between any of the items.
– Conclusion
be made aware of their obligation to have a “positive image” of children with disabilities.
Students' attitudes toward prenatal diagnosis were more likely to become aware of their own ideas through mixed-gender group discussions.

PS02.67 - Effectiveness of a Stress Management Program Using the Movie “Inside Out” as an Introductory Material for Elementary School Students

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Background and Purpose:
This study used the movie “Inside Out” as an introductory material for a stress management program in which previews were viewed for elementary school students to increase their emotional motivation. The reframing technique was learned experientially through simple crafts, and the stress management and assertion training program was conducted in three 45-minute sessions by externalizing and characterizing the technique.
Method:
The subjects were 63 students in grades 4 through 6 of a public elementary school. The program consisted of 3 hours. For the evaluation, elementary school students were asked to write freely about their stress reaction and self-assertion before and after the class and one month later.
Results:
A two-factor analysis of variance was conducted. There were no significant differences in timing before and after the class, but all stress reactions were lower. In addition, self-efficacy for assertive expression was higher. From the free descriptions, it was found that before the class, many of the students expressed themselves by blaming others, but after the class, they used “I” messages and changed their expressions to gentle difference and asking.
Conclusion:
The effectiveness of the program effect was not found, as both pre and post-program scores were low for the stress response. From the free descriptions, the children were able to express themselves assertively. It was considered that the class-wide implementation of the program enabled the children to continue to be aware of and enhance assertive self-expression among themselves on a daily basis even after the class.

PS02.68 - Barriers to Treatment, Adherence, and Asthma Status in Swedish Primary Care Patients

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Inadequate asthma control is quite common, indicating challenges with treatment of asthma in primary care. Barriers to treatment can occur throughout the entire treatment chain, however, the extent is unknown, as is the extent to which this affects adherence and ultimately asthma status.

The aim was to explore how barriers to treatment and medication adherence are associated with asthma status in primary care patients.

Asthma patients 18 years and older, visiting primary care centres in Sweden, filled out a questionnaire about barriers to care, adherence, socioeconomic factors, and the Asthma Control Test. Questions on adherence were divided into intentional and non-intentional non-adherence. Asthma control was defined as well-controlled or not (a score of 20-25 vs. 5-19). Information about medication dispensed during the preceding year was collected from the Swedish Prescribed Drug Register. Overuse of short-acting beta2-agonists (SABA) was defined as purchasing 600 doses or more per year.

On average, respondents reported two barriers to treatment, with the most common being physical barriers to accessing primary care. More than half of the respondents (52.4%) had not well-controlled asthma. In this group, a higher proportion overused SABA (27.5%), were intentionally non-adherent (51.2%), and had sought acute care for their asthma in the preceding year (26.8%), compared to those with well-controlled asthma (19.2%, 42.1%, and 10.3%, respectively).

On a structural level, physical barriers to care need to be addressed in Swedish primary care. For better disease control and prevention of SABA overuse, closer follow-up in clinical practice is needed.

PS02.69 - Three-Month Weight Change After Transitioning from GLP-1 based Telemedicine Weight Management Program to an Evidence-Based Behavioral Weight Management Program

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Background: Despite indications of long-term use for obesity, patients are discontinuing GLP-1 medications for a variety of reasons. Weight regain is common after discontinuation of GLP-1 medications, and effective solutions are needed to support this transition.

Purpose: To evaluate weight change after transitioning from a GLP-1-based telemedicine weight management program (WW Clinic) to an evidence-based behavioral weight management program (WW).

Methods: Patients using GLP-1s at WW Clinic who transitioned to behavioral-only treatment were followed for 13 weeks. Patients were members of WW Clinic for ≥90 days, last prescribed semaglutide or tirzepatide, transitioned to a WW behavioral program within 30 days, had recorded weights, and did not cancel the GLP-1 based program to switch medication provider. Generalized linear models assessed weight changes.

Results: 200 records (92.5% female, mean [SD] age 52.4 [10.5]) were analyzed. Patients had an average BMI of 36.5 kg/m2 (SD: 6.6) when discontinuing WW Clinic, held a WW Clinic membership for 193.1 (SD: 83.8) days, and lost 10.8% (95% CI: -14.6, -7.0) body weight during their WW Clinic membership. After transitioning to behavioral-only treatment, patients lost an additional 1.8% (95% CI: -4.9, 1.38) body weight, resulting in a total 12.6% (95% CI: -17.5, -7.7) weight loss. Notably, 61.0% lost further weight, 39.0% maintained weight, and no patients gained weight.

Conclusions: An evidence-based behavioral weight management program supported avoidance of weight regain after discontinuing a GLP-1-based telemedicine weight management program. Data should be further validated in a randomized controlled trial.

PS02.70 - Improvements in Quality of Life and Eating Behaviors in Telemedicine Patients Taking GLP-1s within a GLP-1 Specific Behavioral Program

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Background: Guidelines recommend behavioral support alongside use of glucagon-like peptide-1 receptor agonists (GLP-1's) for obesity treatment. There is limited knowledge of the effectiveness of this approach for health outcomes beyond weight.

Purpose: We evaluated the impact of GLP-1s with a GLP-1-specific behavioral program provided by a telemedicine weight management clinic, WW Clinic, on quality of life, weight bias internalization, and eating behaviors.

Methods: 166 patients treated with GLP-1 and GLP-1-specific behavioral program were recruited for a 6-month single-arm clinical trial. Participants (M 44.5 years [SD: 10.49]; 92% female; 81% White; M BMI: 37.2 kg/m² [SD: 6.85]) completed the Impact of Weight on Quality of Life-Lite (IWQOL-Lite), Weight Bias Internalization Scale-2F (WBIS), and Eating Disorder Examination Questionnaire (EDE-Q) at baseline, 3-, and 6-months. Wilcoxon rank-sum tests evaluated outcomes differences. P values were adjusted using a False Discovery Rate approach.

Results: Participants significantly improved their IWQOL from baseline (M: 54.7; SD: 17.15) to 3- (M: 67.12; SD: 17.4; $p < .0001$) and 6-months (M: 75.1; SD:16.1; $p < .0001$). Significant improvements were observed for WBIS from baseline (M: 62.7; SD: 9.4) to 3- (M: 58.4; SD: 9.2; $p < .001$) and 6-months (M: 55.2; SD: 11.1; $p < .001$), and EDE-Q from baseline (M: 1.9; SD: 0.9) to 3- (M: 1.6, SD: 0.7; $p < .0001$) and 6-months (M: 1.3; SD: 1.1; $p < .0001$). Similar patterns were observed for measures' subscales.

Conclusion: A telemedicine program providing GLP-1s with GLP-1-specific behavioral support shows promise for psychosocial health outcomes (quality of life, weight bias internalization, and eating behaviors) beyond weight.

PS02.71 - Oral Anti-Obesity Medications With Or Without Behavioral Treatment: The Medications With Or Without WW Randomized Controlled Trial

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Background: Anti-obesity medications (AOMs) produce meaningful weight losses. Globally, national guidelines recommend the pairing of AOMs with behavioral treatment. Limited evidence has assessed the benefits behavioral treatment provides in real-world settings.
Purpose: We evaluated effectiveness of taking oral AOMs in a telemedicine weight management clinic (WW Clinic) with versus without concurrent behavioral treatment.

Methods: This randomized controlled trial randomized patients determined eligible for bupropion and naltrexone to medications (bupropion and naltrexone) with or without virtual behavioral treatment for 12-weeks. Participants received clinical care from a licensed clinician. Intention-to-treat ANCOVA analyses assessed differences in baseline to week 12 changes between groups. Missing data was imputed by last observation carried forward with adjustment for baseline weight, sex, age, race/ethnicity, and education.

Results: 101 participants (M: 43.9 years old [SD: 10.7], M: BMI 37.0 kg/m2 [SD: 6.3], 94.1% female [n=99]) were randomized between June 24th, 2024 and October 16th, 2024. Statistically significant differences were observed in weight loss percentage between groups (p=0.04). At 12 weeks, participants who received behavioral treatment alongside medications lost an average -4.20% (95% CI: -5.42, -2.98) bodyweight, equating to -4.37 kg (95% CI: -5.7, -3.04). Participants who did not receive behavioral treatment alongside medications lost an average -2.73% (95% CI: -3.83, -1.63), equating to -2.82 kg (95% CI: -3.94, -1.69).

Conclusions: Taking oral AOMs combined with behavioral treatment at a commercial telemedicine clinic resulted in significantly greater weight loss compared to medications without adjunct behavioral treatment. This supports the notion that AOMs are enhanced by combination behavioral treatment.

PS02.72 - Promoting Healthy Eating Through Technology-Driven Menu Labeling in Hispanic Restaurants: A Scoping Review

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Hispanic-owned restaurants in the U.S. are important for preserving cultural food traditions and influencing dietary habits. However, barriers such as limited consumer nutrition literacy hinder their ability to promote healthier menu options. These challenges are significant given the disproportionately high rates of obesity, type 2 diabetes, and cardiovascular disease among Hispanic populations. Emerging technologies such as augmented reality (AR) and artificial intelligence (AI) offer promising avenues to improve menu labeling and encourage healthier eating behaviors. This scoping review synthesized current evidence on nutrition-related menu labeling interventions among Hispanic populations and assessed the potential of AI and AR technologies to support healthier dietary choices. A systematic search was conducted using PubMed, ScienceDirect, and Web of Science with keywords including “AR,” “AI,” “menu labeling,” “Hispanics,” and “eating habits.” Peer-reviewed studies were included based on relevance to Hispanic nutrition and menu labeling strategies. Findings suggest that prolonged U.S. residence is linked to reduced adherence to traditional Hispanic diets and elevated risk of chronic diseases. Traditional diets are associated with improved metabolic health, while Western dietary patterns contribute to inflammation and insulin resistance. AI and AR have demonstrated effectiveness in enhancing dietary engagement in broader populations, though their use in Hispanic-owned restaurants remains limited. Calorie and graphic-based labeling show promise, but effectiveness varies by education level. This review highlights key research gaps and supports the design of culturally relevant, technology-driven menu interventions. The results of this scoping review will inform future initiatives to improve food menus in Hispanic restaurants.

PS02.73 - Development and Preliminary Validation of a Comprehensive Workplace Loneliness Assessment Model

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Background
Workplace loneliness is a domain-specific component of loneliness. Few previous attempts have been made to develop its theoretical model.
Purpose
The present study aimed to propose a model of the psychological process of workplace loneliness and to preliminarily test its validation.
Method
Based on a qualitative study of workplace loneliness, a literature review, and a discussion among collaborators, we developed a multi-component model of the psychological process of workplace loneliness. Preliminary validation was conducted against predetermined hypotheses in a sample of full-time employees in Japan.
Results
Seven components were identified: A) difficulties in human relationships at work; B) feelings of loneliness at work (number of symptoms, severity, frequency, duration), C) associated symptoms (cognitive, emotional, and behavioral changes, and vicious cycle); D) positive coping; E) unsuccessful attempt to alleviate workplace loneliness; F) work-life interference; G) self-stigma. Of the respondents (N=1000), 381 (38.1%) endorsed one of the loneliness symptoms. Most of the hypotheses were supported: 90% of those who endorsed workplace loneliness reported some difficulty in human relationships at work; the severity and frequency of workplace loneliness were significantly and moderately correlated with duration, greater associated symptoms, and the presence of a vicious cycle (Pearson or point-biserial rs=0.33 to 0.40, $p<0.05$). These variables were positively correlated with an unsuccessful attempt, interference in work and life, and self-stigma (ibid., 0.11 to 0.30, $p<0.05$).
Conclusion
The proposed model for assessing a psychological process of workplace loneliness was supported by the empirical data. Further elaboration of the model and measures is needed.

PS02.74 - Ageing Well for Black British Adults with Lifelong Disability

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Credited in part to advances in health and social care, there is an increasing number is ageing adults with lifelong disability (LD). Despite the increase in life expectancy among adults with LD very little is known about the experience of ageing in this population, especially among Black older adults with LD. This is of particular interest as there is evidence to suggest disabled people of colour and non disabled black people have poorer health and wellbeing outcomes than White disabled inviduals and White non-disabled adults.While there is increasing attention on the intersectionality of ageing, disability and race, there is limited evidence on how these overlapping identities influences ageing of Black British adults with LD. This study aimed to address this gap and explore ageing well for this population. A total of 34 sem-structured interviewed were conducted with Black adults aged 30-76 with a range of conditions including Autism, Cerebral Palsy, Down's Syndrome, Spina Bifida, Deafness and Blindness. Thematic analysis was used ti identify key themes across participant experiences. Findings revealed a complex interplay of identities leading to a lifelong process of navigating diference and discrimination. Core themes included identity overshadwoing, resilience and coping, perceptions of disability and ageing and systemic barriers. Additionally, findings revealed individual nuances in perceptions of support, expressions of identity and perceived vulnerability.
These findings highlight the need for awareness of intersectionality in policy recommendations, care and support services and public awareness at large. The study aids to a growing body of work calling for the centring of race and disability within ageing research and practice.

PS02.75 - Development and Validation of A Nomogram Prediction Model of Suicidal Ideation in Community Residents

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Objective: To explore the risk factors of suicidal ideation in community residents in Shandong province, China, and to establish a prediction model and a nomogram for the risk of suicidal ideation. Methods: Totally 11 087 community residents in Jining City, Zoucheng City, and Weifang City, Shandong Province, were recruited as the study subjects. The General Information Questionnaire, Composite International Diagnostic Interview, General Anxiety Disorder-7, were used to collect demographic information, mental health status, family information, and lifestyle using a computer-assisted interview system to conduct face-to-face interview. LASSO regression and binary logistic regression analyses were used to develop a nomogram model of the risk of suicidal ideation. Results: Young people, female, smoking, non-new town residents, no physical exercise, difficulty approaching people, anxiety symptoms and depression were effective predictors of suicidal ideation. The area under the curve (AUC) of the training set (AUC) was 0.89(95%CI:0.85-0.93) and AUC of the validation set AUC was 0.83(95%CI:0.75-0.92). Con-clusion: The nomogram prediction model constructed in this study on suicidal ideation in com-munity residents has a high degree of differentiation and accuracy. It could be used to screen people at high risk of suicide and provide intervention to suicidal ideation in community residents.

PS02.76 - Association Analysis Between Comorbidity with Chronic Disease and Depressive Symptoms in Middle-aged and Elderly Population

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Background: With an aging population and changes in lifestyle, chronic disease comorbidity and depression have gradually become significant mental health issues faced by aging societies. Objective: Investigate the comorbidity rate of chronic diseases and the prevalence of depressive symptoms among the middle-aged and elderly population, and explore the association between comorbidity with chronic disease and depressive symptoms in middle-aged and elderly people. Methods: A cross-sectional study was conducted in Shandong Province. A total of 9 535 middle-aged and elderly people aged 45 years and over were recruited in the study. General information questionnaire, the chronic disease information questionnaire and Patient Health Questionnaire were used for face-to-face interview to screen symptoms and collect information. Univariate analysis and multivariate logistic regression analysis were employed to explore the association between comorbidity with chronic disease and depressive symptoms. Results: The prevalence of depressive symptoms among middle-aged and elderly individuals was 8.7%, while among those with comorbid chronic diseases, the prevalence of depressive symptoms was 29.6%. Respectively, demonstrating an increasing trend with the number of chronic diseases (P<0.001). Multivariate analysis revealed that comorbid chronic disease (OR = 1.47, 95%CI: 1.22-1.78) were risk factors of depressive symptoms. Conclusion: Individuals in middle and old age with multiple chronic conditions are more likely to be diagnosed with depressive symptoms, and the detection rate of these symptoms increases with the number of comorbid chronic conditions. Therefore, it is recommended to strengthen mental health interventions for middle-aged and elderly individuals with multiple chronic conditions.

PS02.77 - Impacts of traumatic experiences on panie attack, depression and anxiety symptoms among community residents

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Background:Traumatic events are closely related to residents' mental health status, which will increase the risk of panic attack and be the main risk factor of depression and anxiety symptoms.Purpose: To investigate the impact of traumatic events on panic attack, depression and anxiety symptoms among community residents. Methods: Totally 11,280 community residents from Jining, Zoucheng, and Weifang in Shandong Province were recruited. Composite International Diagnostic Interview, Patient Health Questionnaire, 7-item generalized anxiety disorder scale and general information questionnaire were used for face to face interview to collect information. Propensity Score Matching was conducted to match 5,184 community residents for analysis. Logistic regression was employed to analyze the impact of traumatic events on panic attack, depressive symptoms, and anxiety symptoms among the study sample. Results: Traumatic events were identified as risk factors for panic attack (OR=3.26,95%CI:2.26-4.70), depression symptoms (OR=1.92,95%CI:1.56-2.37) and anxiety symptoms (OR=1.57,95%CI:1.24-1.99). Conclusion: Traumatic events are extensively impacting the mental health of community residents. Community and family should provide timely psychological support and early intervention, in order to prevent the occurrence of mental disorders and symptoms in community residents.

PS02.78 - Analysis of the current situation of adolescents' alexithymia and related factors

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Background：Alexithymia, which is characterized by difficulty in identifying and describing one's emotions, lack of imaginative ability, and a tendency to process emotional information in an extroverted manner, is an important research topic in the field of adolescent mental health. Adolescents are at a critical stage of psychological development, facing multiple stressors such as academic pressure and social challenges. Alexithymia may affect their emotional regulation and social adaptation, and increase the risk of psychological problems, and studies have shown that alexithymia is closely related to depression, anxiety, and other psychological problems, and has a high prevalence in the adolescent population (Nga & Chan, 2020). However, current research on alexithymia in Chinese adolescents still suffers from insufficient geographic coverage, incomplete analysis of influencing factors, and the Toronto Alexithymia Scale has been used to assess the level of alexithymia. Psychological resilience, as a core ability to cope with adversity, social support, as an important external protective factor, and loneliness and sleep quality, as typical emotional and physiological indicators, may be complexly associated with alexithymia.Purpose：To analyze the level of adolescents' alexithymia and explore its influencing factors. Methods ：A total of 8566 adolescents from 13 middle schools in Shandong, Anhui, Hunan, Henan, and Hebei provinces were conveniently selected from February to April 2024, and questionnaires were administered to them to assess the related factors using the Perth Affection Narrative Disorder Scale (PAQ-24), the Psychological Resilience Inventory (CD-RISC-10), the Loneliness Scale (ULS-6), the Perceptual Social Support Scale (PSSS), and the Brief Pittsburgh Sleep Quality Index Scale (PSQI-6), which were used to assess the level of adolescents' emotional disturbance and the short-form Pittsburgh Sleep Quality Index Scale (PSQI-6) were used to assess relevant factors. Statistical tests were performed using one-way analysis of variance, Pearson correlation analysis, and multiple linear regression. Results ：The total score of alexithymia in adolescents was (80.46±26.40), which was moderate. Univariate analysis showed that the alexithymia scores differed significantly ($P<0.05$) in terms of grade level, whether they smoked or drank alcohol, whether they lived in school, the number of children in the family, the experience of being left behind, the type of caregiver, the educational level of the parents, the annual income of the family, the relationship with classmates and teachers, the frequency of contacting friends and family members, whether they encountered bullying at school, their dietary habits, the frequency of exercising, and the duration of the exercise. Correlation analysis showed that alexithymia was negatively correlated with psychological resilience ($r=-0.303$, $P<0.01$), comprehending social support ($r=-0.272$, $P<0.01$), and positively correlated with loneliness ($r=0.399$, $P<0.01$) and Pittsburgh Sleep Quality Index ($r=0.247$, $P<0.01$). Multiple linear regression analysis further revealed that psychological resilience ($\beta=-0.171$, $P<0.001$), loneliness ($\beta=0.300$, $P<0.001$), perceived social support ($\beta=-0.073$, $P<0.001$), and sleep quality ($\beta=0.092$, $P<0.001$) were the core influences on alexithymia, and additionally smoking behavior ($\beta= 0.035$, $P=0.001$) and annual family income ($P<0.05$) had a borderline significant effect on alexithymia. Conclusion： Adolescents' alexithymia is affected by multidimensional factors such as psychological resilience, social support, loneliness, sleep quality, and lifestyle habits, and the risk of alexithymia needs to be reduced through comprehensive strategies such as improving psychological resilience, social support networks, and intervening in poor lifestyle habits.

PS02.79 - Stress Interventions for Immigrant Parents in the United States: A Scoping Review

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Background
Beyond common parenting stressors, immigrant parents in the US face unique challenges related to immigration policy and structural inequities. Although stress interventions exist for parents broadly, little is known about those tailored to US immigrant parents.

Purpose
This scoping review aimed to map the intervention and participant characteristics of stress interventions implemented among US immigrant parents.

Method
A comprehensive literature search was conducted in April 2024 across APA PsycINFO, PsycARTICLES, CINAHL Plus, ERIC, Embase, MEDLINE, the International Bibliography of Social Sciences, and the Cochrane Library. Peer-reviewed, English-language articles were included without date limits. Five independent reviewers screened studies and extracted data.

Results
Of 7,329 titles and abstracts screened, 6 unique interventions were identified. All were secondary prevention interventions aiming to manage or regulate stress. Three were quasi-experimental studies, 2 were randomized control trials, and 1 was a randomized trial without a control group. Four interventions were delivered in-person, and 2 virtually. One intervention lasted less than a month; the others ranged from 1 to 6 months. Sample sizes were generally small, with half involving fewer than 25 participants. Most participants were women aged 30–39, residing in the US for 5–10 years, with a high school education or less. Only one intervention included fathers. Three included single parents; none included non-biological or non-residential parents.

Conclusion
Despite the heightened stress faced by US immigrant parents, few targeted interventions exist. More research is needed and should prioritize underserved groups—particularly fathers and parents in non-traditional family structures.

PS02.80 - Personas related to Type 1 Diabetes Technology: Clustering Attitudes/Experiences of Dutch People with Diabetes, Family Members, and Healthcare Providers

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Background
Newer technological devices (insulin pumps, glucose sensors) contribute to more optimal diabetes management and quality of life. However, the uptake stays behind. This commonly relates to psychological reasons. Parents and partners (P/P) and healthcare providers (HCPs) may have a large impact on decision-making.

Purpose
To determine how personal reasons for device non-uptake cluster together into 'personas' for creating meaningful interventions for those who need help to uptake and/or continued device usage.

Methods
A survey was conducted among Dutch people with type 1 diabetes (PWD) (12+, n=219) , P/P (18+, n=55) and HCPs (n=118). K-means cluster analyses were based on technological attitudes for all and reasons for device non-uptake (PWD&P/P) or technological readiness (HCPs). Cluster validation was based on demographics, glucometrics and professional characteristics with ANOVAs and X^2-tests. Personas were created per sample based on cluster analysis and cluster validation.

Results
For each sample the largest persona had positive attitudes and experiences (50-69%). The smallest persona among PWD and P/P (9-32%) reported multiple concerns and more often used insulin pens. For PWD, a third persona was characterized by burden of wearing the devices (31%). Two HCPs personas reported more negative attitudes, but one (34%) felt far less ready than the other (16%).

Conclusion
Most of the participants had positive attitudes and experiences. Technological concerns seem to cluster together in general, or specifically relate to the burden of wearing a device. General interventions and wear-specific interventions are therefore needed. HCPs could benefit from support that emphasizes on technological readiness.

PS02.81 - The Evaluation of Nonprescription Drug Information in China: Readability, Comprehensibility and Communicative Effectiveness

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Background: The increase in self-medication with OTC drugs underscores the need for clear labels and inserts, which are the primary information sources for consumers without professional guidance. Research shows that Chinese OTC drug inserts have low readability, but little is known about consumers' perceptions and responses to these inserts in China.
Purpose: This study aims to explore factors affecting consumers' understanding of and compliance with OTC drug package inserts in China, with a focus on readability, comprehensibility, and communicative effectiveness.
Methods: This study collected 92 Class A OTC drug inserts from the 2022 Sales Ranking by the Chinese Nonprescription Medication Association. Readability was tested with the Chinese Resource Platform. To identify reading challenges, semi-structured interviews with medical professionals and a focus group with consumers were held. Comprehensibility was assessed through open-ended interviews on seven inserts to evaluate understanding. Communicative effectiveness was measured by interviewing participants about their likelihood to follow the instructions.
Results: The readability assessment showed that these inserts were generally written at a secondary education level, with the main challenges in technical sections (e.g., pharmacology) due to long sentences with listing terms. Interviews with medical professionals and the focus group discussion revealed that consumers struggled most with the usage and dosage section. Comprehensibility tests found that college-level participants answered only 70% of the questions correctly, below the 90% comprehension threshold recommended by the European Commission. Communicative effectiveness interviews revealed that even with understanding, consumers may not follow the recommended regimen, such as exceeding the dosage, due to their personal habits.
Conclusions: Even university students face difficulties when reading Chinese OTC drug package inserts. Furthermore, the divergence between comprehension and compliance underscores a complex relationship between understanding and behavior, emphasizing the need for a deeper exploration into factors that influence how pharmaceutical information translates into action.

PS02.82 - Web-Based Self-Management Alters Default Mode Network EEG in Young Females With IBS

Ph.D Toyohiro Hamaguchi[1], Ph.D Jun Tayama[2], Ph.D Kohei Koizumi[1], Ms Toru Yasukawa[1], Ms Shota Tasaka[1], Ph.D Hirokazu Takizawa[1], MD, Ph.D Shin Fukudo[3]
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Background: Irritable bowel syndrome (IBS) manifests with specific abdominal symptoms that have been associated with altered brain activity patterns. The default mode network (DMN), a collection of neural regions active during rest, shows functional alterations in IBS patients. E-health interventions provide an accessible platform for IBS self-management, potentially addressing both symptom severity and underlying neurological patterns.

Objective: This study examined whether a web-based self-management program could reduce IBS symptom severity and normalize default mode network EEG activity patterns in young adult females with IBS.

Methods: We conducted a randomized controlled trial with 50 female university students (age 19-24) who met Rome IV criteria for IBS. Participants were randomly assigned to either an 8-week web-based self-management intervention (e-health) or treatment as usual (TAU) control group. The e-health intervention consisted of five structured learning modules accessible via computer or mobile device, covering lifestyle modifications, stress management, dietary recommendations, and symptom monitoring. EEG recordings were performed at 11 sites according to the international 10-20 system at baseline and after 8 weeks. Primary outcomes included changes in IBS Severity Index (IBS-SI) scores and alterations in alpha and beta wave EEG network connectivity. Advanced network analysis was applied to assess changes in functional connectivity patterns across brain regions, with particular focus on default mode network characteristics.

Results: Forty-six participants completed the study (24 e-health, 22 TAU). The e-health group showed significant reductions in IBS-SI scores compared to the TAU group (mean difference -58.3, 95% CI [-94.7, -21.9], p=0.003). Network analysis of alpha and beta wave EEG data revealed substantial remodeling of functional connectivity in the e-health group, particularly in frontal regions. The e-health group demonstrated increased node strength in prefrontal areas and normalized network density (0.372 at follow-up vs. 0.455 in TAU group), suggesting more efficient neural processing within the default mode network. These neurophysiological changes correlated significantly with symptom improvement ($r=-0.42$, $p<0.01$).

Conclusion: Web-based self-management intervention for IBS not only reduced symptom severity but also induced measurable changes in default mode network EEG characteristics. These findings provide neurophysiological evidence supporting the efficacy of e-health approaches in IBS management and suggest that symptom improvement may be mediated through normalization of brain network functioning. E-health interventions represent a promising, accessible tool for providing evidence-based self-care strategies for IBS patients.

PS02.83 - Reach in the SAGE study: Results from a Cluster Randomized Controlled Trial

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Background: Randomized controlled trials (RCTs) can yield information about potential for scalability by reporting reach. For clustered RCTs, reach can be measured at the cluster and the individual level, investigating the representativeness of both the implementation context and the sample.
Purpose: Compare the reach of preschools and participant dyads recruited using two methods in Sustainability via Active Garden Education (SAGE), a cluster RCT conducted in low-income preschools.
Method: Preschools were recruited using two methods: Direct outreach from a list of preschools generated to fit inclusion criteria and community advisory board (CAB)-facilitated network outreach with follow-up. Dyads consisting of a child (3-5 years) and one parent were recruited from enrolled preschools.
Results: Direct outreach yielded a preschool recruitment rate of 35.7%, while CAB outreach netted 46.7%. A total of 38 preschools were initially enrolled, and 24 (N = 6 direct; N = 18 CAB-facilitated) were retained in the study (63.2% site retention). Preschools that discontinued after allocation cited leadership changes, low parent participation, or dissatisfaction. Direct outreach preschools netted 126 eligible dyads, a yield of 58.7%; CAB outreach netted eligible 316 dyads, a yield of 73.1%. By the end of the study, across the intervention and wait list arms, 72.5% (N=221) of the N=305 initially enrolled dyads participated in the SAGE intervention. There were no demographic differences by recruitment strategy or between dropouts and completers.
Conclusions: CAB facilitation produced stronger recruitment and retention with no appreciable differences in representation. School-based studies should include community partnerships for more robust study outcomes.

PS02.84 - Acute, Next-Day Effects of Alcohol Use and Blackout Drinking on Cognitive Functioning: An Intensive Longitudinal Examination among Young Adults

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Background: Young adults (ages ~18-25) are at highest risk of heavy alcohol use relative to other age groups. Recent laboratory evidence revealed that alcohol use behavior is associated with brain morphometry among young adults. Scant research has focused on identifying whether young adults experience functional cognitive consequences after drinking and alcohol-induced memory loss ("blackout drinking") events.

Purpose: We collected intensive 21-day data to examine acute effects of any alcohol use and higher-risk use behavior on next-day cognitive functioning.

Method: Participants were 304 (79% female) college-attending young adults who reported past-year blackout drinking. Participants completed a baseline survey and up to 21 daily diaries assessing prior-day alcohol use and self-reported cognition (prospective/retrospective memory lapses, general cognitive issues).

Results: Multilevel models examined associations between any alcohol use, high-intensity drinking (8+/10+ drinks in a sitting for females/males), and blackout drinking on multiple next-day (~11 am) cognitive outcomes. Presence of alcohol use was unassociated with cognitive outcomes. Days with high-intensity drinking were associated with more next-day cognitive issues (B=.07, p<.05). Days with blackout drinking were associated with more next-day retrospective memory lapses (B=0.03, p<.05) and cognitive issues (B=.001, p<.05). High-intensity drinking was unassociated with retrospective memory lapses, and high-intensity and blackout drinking were unassociated with prospective memory lapses.

Conclusions: Young adults experienced more cognitive issues (executive functioning, attention) the morning after heavy drinking and blackout drinking events. As a key indicator of longer-term cognitive outcomes is observed functional impacts in young adulthood, early prevention and intervention in this age group is warranted.

PS02.85 - Pilot study on the feasibility and effectiveness of an ecological momentary music intervention for stress reduction in Turkish immigrant women

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Background:
Chronic perceived ethnic discrimination (ED) has been demonstrated to dysregulate psychobiological stress systems, which may exert long-term detrimental effects on health. Therefore, reducing stress in individuals affected by chronic ED may constitute a pivotal component of health promotion.
Purpose:
This pilot study assessed the feasibility of an ecological momentary music intervention to reduce stress in the daily lives of Turkish immigrant women reporting chronic experiences of ED. Additionally, we aimed to provide preliminary evidence on the effectiveness of the intervention.
Method:
We used an intra-individual randomized design to investigate the effects of music listening on psychological and biological (cortisol, alpha-amylase) stress parameters in response to discriminatory and/or stressful events. Twenty participants were instructed to answer discrimination- and stress-related items four times a day via a smartphone-based application for 35 days. Additionally, they were to report any discriminatory and/or stressful events. To assess the feasibility of the intervention, semi-structured interviews were conducted with participants after their study participation.
Results:
High rates of app usage and participants' positive self-reports suggest the feasibility of the intervention. Results further indicate that music listening elicits immediate (Post 1: $b = -14.64$, $p = .045$, Post 2: $b = -14.62$, $p = .047$) and intermediate ($b = -1.24$, $p < .001$) effects on subjective stress levels, but not on biological stress parameters.
Conclusion:
The present pilot study confirmed the feasibility of the ecological momentary music listening intervention and provided preliminary evidence of its effectiveness. A larger main study is currently being conducted for validation purposes.

PS02.86 - Behind the Pain: Sensor-Based Detection of Fear and Stress in Low Back Pain Simulation

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Background. Chronic primary low back pain is affecting millions globally, significantly impacting daily life. A key factor in this condition is fear avoidance (FA) behavior, in which individuals avoid certain movements for fear of worsening pain. This creates a cycle of physical inactivity, leading to deconditioning, disability, and distress.
Purpose. This pilot study assesses participants' FA and stress responses during back-stressing movement tasks. We aim to discriminate between high and low FA based on movement patterns during standard tasks using state-of-the-art machine learning (ML) algorithms. The main focus of this study is to investigate feasibility and acceptability of the methodology.
Method. Twenty pain-free participants performed movement tasks from the Back Performance Scale and a sit-to-stand-task with and without a low back pain simulator. Pain, fear, avoidance, and stress were measured through self-report, psychophysiological, and biological markers (e.g., heart rate variability, salivary cortisol). Movement was assessed with motion capture. In a qualitative interview, participants evaluated feasibility and acceptability.
Results. Analysis of preliminary data revealed higher pain reports during the movement tasks with the back pain simulator than without. Computation of the ML algorithms is still ongoing. Qualitative data indicated principal feasibility and acceptability. Participants noted that the back pain simulator and motion capture suit together restricted their movement, possibly influencing movement outcomes.
Conclusion. This pilot study supports the feasibility of using a back pain simulator with motion capture to assess pain-related movement behavior. Insights gained will guide technical refinements for the main study focusing on movement, pain, stress, and fear-avoidance classification.

PS02.87 - Exploring the Relationship Between Well-being, Anxiety, Experiential Avoidance, and Resting-State EEG Activity: How Far Can Neurofeedback Take Us?

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Background
Eudaimonic well-being (EWB) is transdiagnostically associated with depression, anxiety disorders, eating disorders, and psychotic disorders (Ruini & Cesetti, 2019). Thatcher et al. (2015) developed standardized weighted low-resolution brain electromagnetic tomography Z-score neurofeedback (swLZNFB).

Purpose
As swLZNFB targets resting-state brain activity, the aim of this study is to investigate the relationship between resting-state brain activity and psychological indices, with a view to future neurofeedback.

Methods
The study included 20 healthy university students. Participants completed questionnaires on EWB, trait anxiety, and experiential avoidance, followed by a 7-minute resting-state EEG recording with eyes open. Spearman's rank correlation was used for delta-band brain activity. Based on Wu & Lin (2023), the significance level was set at $p < .001$.
This study was approved by the Ethics Review Committee on Research with Human Subjects of Waseda University (2023-127).

Results
Trait anxiety was significantly correlated with brain activity in the posterior cingulate cortex (PCC), specifically in Brodmann area (BA) Right 29 ($r = .69$) and BA Left 29 ($r = .74$). Moreover, experiential avoidance too (BA Right 29, $r = .74$; BA Right 26, $r = .71$; BA Right 23, $r = .69$). No brain regions were significantly correlated with EWB.

Conclusions
PCC is a central hub of the default mode network (Greicius, M.D., 2003) and activates when anxiety is induced (Gorka, A. X. et al., 2023). Furthermore, swLZNFB may have the potential to alleviate negative components, and it may be necessary for individuals to discover their own purpose of life by themselves for EWB.

PS02.88 - Health Professionals' Perceptions of Their Role, Emotions, and Capabilities to Support Behaviour Change: A TDF Based Analysis in Antioquia, Colombia

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Background: Health professionals perceive their role in different ways and these perceptions influence their clinical practice. Purpose: To use the Theoretical Domains Framework (TDF) to map health professionals' perceptions of themselves and their practice within the health system. Method: A total of 188 health professionals participated in 18 focus groups (70.7% women and 29.3% men). An inductive analysis was carried out using the TDF as a framework to organize and interpret emerging categories. Results: Regarding beliefs about capabilities, health professionals expressed confidence in their ability to guide patients toward healthier lifestyles. However, they also acknowledged that achieving lasting change largely depends on patients' individual contexts. Within the domain of social/professional role and identity, professionals showed a strong awareness of being role models. They emphasized that their credibility is linked to personal coherence—patients tend to distrust recommendations when professionals do not practice what they preach. In terms of intentions and goals, participants highlighted the importance of negotiating with patients to ensure adherence. They said that setting shared, and realistic goals is essential, especially in contexts where social and economic conditions pose additional barriers. In the emotion domain, professionals reported feeling frustrated when patients fail to follow treatments despite their efforts. Some admitted to using fear as a strategy to gain compliance, although they recognized its limitations. Conclusion: Health professionals see themselves as key agents of change, aware of the influence their actions have. These findings offer insights to strengthen their role and design more humane, credible, and context-sensitive interventions.

PS02.89 - Cultural Adaptation of a Digital Healthy Eating Related Content Using a Participatory Technique

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Background: Implementation science highlights the importance of cultural adaptation. Frameworks by Barrera and Castro (2009), along with the Ecological Validity Model (Bernal et al., 1995), offer tools to ensure cultural relevance in programmes. Purpose: To adapt and develop content of a Canadian mobile health behaviour change application to the Colombian context. Method: (1) Selection of bibliographic resources (Canadian application workbooks, Colombian Food-Based Dietary Guidelines, WHO recommendations), (2) Review by three nutritionists, a health sector representative and two potential users, (3) Evaluation of a first version by an executive committee using the “crazy six” participatory technique, (4) Content codification at two levels: thematic and type, (5) Prioritisation of topics for development by nutritionists. Further phases include drafting, adaptation, user testing, and final adjustments. Results: Nutrition specialists recommend promoting fruit and vegetable intake equally, avoiding technical language, and focusing on skills development. Patients are interested in learning about basic nutrition and biological processes. Both groups note that referencing calories may be counterproductive. They suggest using national statistics, acknowledging economic limitations, and offering practical alternatives. Conclusion: Cultural adaptation requires contextualized examples, consideration of local food availability and cultural practices, and accessible language and format. This participatory process revealed essential needs and helped ensure the adapted content is relevant and appropriate for the Colombian population.

PS03.01 - Thinking Back to Move Forward: Application of an Implementation Premortem to Optimize a Health Intervention Across Contexts

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Implementation failure is a significant challenge to program success. Regrettably, facilitators/barriers to implementation are usually understood after a program has been conducted. In this presentation, we will discuss an application of the implementation premortem – a novel qualitative strategy that leverages prospective hindsight and proactive problem solving to identify implementation facilitators/barriers prior to program execution. This technique can be adapted to proactively identify and address implementation facilitators/barriers to ensure that interventions in complex, contextually-rich environments are efficient. This application describes implementation-related program priorities identified by Black men for barbershop-based programs. In the United States, barbershop-based efforts to promote health among Black men have been uniquely successful; however, limited guidance exists on how to optimize outcomes in these diverse contexts. Twenty-three Black men participated in focus group activities. Participants were: (i) given details about a barbershop-based health promotion effort, (ii) told that the effort had failed, and (iii) were asked to identify potential sources of program failure and strategies to overcome those challenges. The Exploration, Preparation, Implementation, and Sustainment (EPIS) Framework and an inductive thematic qualitative data analytic approach were used to identify implementation priorities. Participants indicated that the most significant source of program failure was the need to promote Program Fit during the Implementation Phase. Participants also reported implementation-related concerns regarding accessibility, convenience, community ownership, climate, staffing processes, cultural sensitivity, engagement, and trust of the effort. These findings can be incorporated into an intervention during development, and prior to implementation, to promote efficiency and optimize outcomes.

PS03.02 - Managing Inner Barriers: How Training Beginners Overcome Demotivation Through Self-Talk – A Qualitative Study on Promoting Physical Activity

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Background: Intrapersonal barriers, such as demotivation, hinder the initiation and maintenance of sports behavior among adult training beginners. These barriers present significant challenges for behavior change and physical activity promotion. Self-talk has been frequently investigated as a strategy for self-regulation in sports for athletes and barrier management (Fritsch et al., 2024; Fritsch & Latinjak, 2021; Van Raalte et al., 2016; Krämer & Göhner, 2016). However, the potential of self-talk for training beginners in conjunction with actual behavioral performance is still unexplored (Weinberg, 2018).

Purpose: In order to address this knowledge gap this study examines the content of successful and unsuccessful goal-directed self-talk in demotivational situations experienced by training beginners.

Method: An explorative qualitative approach was employed. Seven training beginners recorded self-talk during demotivational situations over eight weeks using the think-aloud method (Konrad, 2020). Data were analysed with structuring content analysis (Kuckartz & Rädiker, 2023).

Results: Results indicate distinct differences between successful and unsuccessful self-talk. Successful self-talk emphasized strengthening self-confidence and self-image, often paired with negative evaluations of avoidant behavior, and focus on the disadvantages of non-training. In contrast, unsuccessful self-talk often combined negative evaluations of avoidant behavior with content promoting extrinsic motivation or self-control.

Conclusion: The findings suggest that self-talk can help overcome demotivation and facilitate training adherence in beginners. Notably, successful self-talk includes content combinations that differ from patterns identified in athletes (Fritsch & Latinjak, 2021), such as greater emphasis on self-image reinforcement. These insights contribute to the development of low-threshold interventions for promoting physical activity in training beginners.

PS03.03 - Power of Personal Narratives or Research Evidence in Encouraging Stress Management Behaviors

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Background
Effective stress management is crucial for improving mental health and well-being. While messages tailored to individual differences have shown promise, the comparative effectiveness of personal narrative versus research evidence-based messages and potential moderators in promoting stress management remains underexplored.

Purpose
This study investigates whether narrative or research evidence-based messages are more effective in influencing behavioral intentions and decision-making regarding stress management. It examines whether characteristics, notably decision style (Hamilton et al., 2016), experiential thinking style (Norris & Epstein, 2011), and need for cognition (Lins de Holanda Coelho et al., 2020), moderate these effects.

Method
A total of 172 college students were randomly assigned to receive a narrative-based message or a research evidence-based message about stress management. Behavioral intentions and decisions for playing a breathing exercise video were assessed. Moderators including rational vs intuitive decision style, experiential thinking style were analyzed, with pre-existing stress management behaviors as covariates.

Results
Results found that the narrative message was slightly more effective than the research evidence-based message in encouraging stress management behavioral intentions (d = 0.33, 95% CI [0.02, 0.64], p = .036). For breathing exercise decisions, narrative message was more effective for people with intuitive decision style and experiential thinking style, whereas research evidence-based message outperformed narrative message for people with a rational decision style.

Conclusion
Narrative messages may hold an advantage in promoting stress management decisions, particularly when tailored to individual decision-making and thinking styles.

PS03.04 - The influence of physiological arousal on interoceptive sensitivity and response bias

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Background
According to the predictive processing theory, our brain continuously makes assumptions about the causes of sensory input based on prior experience and knowledge. In somatic symptom disorders, perception appears to be decoupled from sensory input and liberally biased in the sense of a “better-safe-than-sorry” strategy.

Purpose
Empirical studies show that physiological states of arousal can change interoception. Up to now, interoceptive processes have mainly been measured at rest and with a focus on interoceptive accuracy.

Method
100 participants underwent a cardiovascular signal detection task (cvSDT). In this task, participants are asked to indicate whether the perceived number of heartbeats matches a presented number of heartbeats. After 4 of 8 blocks, math tasks were completed before each cvSDT block. Subjective arousal was measured via self-assessment manikin after math tasks (before cvSDT blocks). Participants' responses were classified as hits or false alarms and sensitivity and response bias were calculated.

Results
Subjective arousal and heart rate were elevated during math tasks ($p < .001$). Heart rate was not associated with SDT indices ($p > .05$). Sensitivity was elevated ($M = 0.66$ vs. $M = 0.21$, $F(1, 80) = 4.597$, $p = .035$, $d = 0.48$) and response bias was more liberal ($M = -0.17$ vs. $M = 0.12$, $F(1, 80) = 14.795$, $p < .001$, $d = 0.86$) after completion of math tasks.

Conclusion
Liberal response bias was associated with an overestimation of heartbeats. This “better-safe-than-sorry” strategy is discussed as a transdiagnostic mechanism that could be particularly relevant in somatic symptom disorders.

PS03.05 - Cumulative effects of sensory impairment on onset of insomnia in the older survivors affected by the Great East Japan Earthquake

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Background: Functional decline among survivors of the Great East Japan Earthquake has increased with the ageing of the population. Hearing and visual impairments are common in older adults, but longitudinal data are scarce, particularly on the association between dual sensory impairment and insomnia.
Purpose: To clarify the relationship between the cumulative number of sensory impairments and the risk of insomnia in disaster survivors.
Methods: 2854 physically active and insomnia-free Japanese older survivors aged ≥ 65 years (48.5% men; mean age 73 years) were examined. Hearing and vision impairments were self-reported. The onset of insomnia was assessed between 2011 and 2018 using the Athens Insomnia Scale. A Cox proportional hazards model that fitted the proportional sub-distribution hazards regression model with weights for competing risks of death was calculated for the onset of insomnia.
Results: During a mean follow-up of 4.6 years, 664 (23.3%) participants developed insomnia. Compared with no sensory impairment, the adjusted Hazard Ratios (95% Confidence Intervals) were 0.77 (0.40-1.51) for hearing loss only, 1.63 (1.32-2.00) for visual impairment only, and 2.48 (1.41-4.38) for dual sensory impairment. When hearing and visual impairments were examined separately using the variables no diagnosis, treated and untreated, only the untreated group for visual impairment had a significantly higher risk of insomnia: 1.68 (1.38-2.05).
Conclusion: The more sensory impairments older survivors have, the higher the risk of insomnia. The risk of insomnia for visual impairment disappeared in those who completed treatment. Appropriate treatment could help prevent insomnia and the health risks associated with insomnia.

PS03.06 - Staff and student acceptability and feasibility of an evidence-based physical activity and mental wellbeing program in Australian secondary schools

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Background: Physical inactivity and mental health are key priorities for adolescent wellbeing, with significant short- and long-term impacts. Schools, with their wide reach, are ideal settings for interventions. Research shows a bi-directional relationship between physical activity and mental health. Combining interventions targeting both physical activity and mental health may enhance outcomes and address curriculum space challenges.

Purpose: To assess the acceptability, feasibility, perceived effectiveness, and factors influencing the implementation of an evidence-based physical activity and mental wellbeing program in Australian secondary schools.

Methods: A pilot study of a 5-week teacher-led physical activity and mental wellbeing program for Year 7 students in two NSW schools collected survey and focus group data on implementation fidelity, acceptability, feasibility, confidence to deliver, perceived effectiveness and factors influencing implementation.

Results: Seven teachers (64%) and 87 students (58%) participated. Both schools implemented all program components. Teachers found the program acceptable (40%-100%) and feasible (71%), with implementation support rated as acceptable (71%-86%) and confidence to deliver components ranging from 71%-100%. Students found the program information acceptable (74%-78%) and both teachers and students believed most components positively impacted student health and wellbeing (40%-83%). Teachers identified two main implementation barriers: sufficient financial resources (86%) and recognition for program implementation (71%). Students suggested increasing participation through active lessons, peer and teacher involvement, and more autonomy in activities.

Conclusions: The physical activity and mental wellbeing program were acceptable and feasible, and potential implementation barriers and factors to improve student participation were identified. Findings support a controlled study to assess the effects on student health outcomes.

PS03.07 - A cost-effectiveness analysis of the ‘Click & Crunch’ online intervention to improve healthy food purchases from primary school canteens

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Background: Behavioural interventions can be delivered via online school canteens to improve healthy purchasing for students. However, no evaluations of the cost or cost-effectiveness of online canteen interventions have been conducted.

Purpose: The aim of this economic evaluation was to calculate the cost and cost-effectiveness of implementing a behavioural intervention to improve healthy purchasing from online school canteens.

Method: The ‘Click & Crunch’ cluster randomised controlled trial was conducted in 17 Australian primary schools. Eight control schools (848 students) received the standard online canteen. Nine intervention schools (1,359 students) received the ‘Click & Crunch’ behavioural intervention delivered through the online canteen. Incremental Cost Effectiveness Ratios (ICERs) were calculated for the cost per student to achieve: 1) a unit decrease in the mean energy (kJ) content; and 2) a percentage increase in the mean proportion of healthier ‘Everyday’ items purchased in their online lunch orders (from a health service and societal perspective).

Results/conclusion: It cost AUD$568 per school (range $343-$806) to implement. The ICER was AUD$0.06 for mean energy content and AUD$0.46 for mean proportion of ‘Everyday’ foods (from a health perspective). At a willingness to pay of AUD$0.20 and AUD$1.20 per student, the intervention would have a 95% and 99% probability of being cost effective for the energy (kJ) content and proportion of ‘Everyday’ items respectively.

PS03.08 - Smoking and Vaping in Prevocational Schools: Insights and Strategies for Effective Prevention Programs

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Background: Smoking (cigarettes and e-cigarettes) is more prevalent among students in prevocational education, yet prevention programs often do not adequately address this group.
Purpose: To explore the current situation, health cognitions towards smoking and vaping and prevention, and the experiences and requirements for effective smoking and vaping prevention programs in prevocational schools.
Method: Six focus groups with (non)smoking and vaping students aged 11-16 years (n=40) and individual interviews (n=6) with teachers were conducted at two prevocational schools. Interactive tasks were used in the focus groups (e.g. mind maps). Qualitative data were analyzed separately using the Framework Approach.
Results: Students perceived e-cigarettes as less unhealthy than traditional cigarettes, viewed smoking as a personal choice and commonly denied addiction despite regular use. E-cigarettes use was prevalent in and around schools, while cigarettes use was confined to outdoor areas, making vaping more appealing to students. Students bought e-cigarettes via Snapchat and dealers, thereby circumventing age limits and flavor bans. Regarding prevention programs, students expressed a desire for non-judgmental, open discussions without parental involvement. Students with parents who smoke found parental correction ineffective. Teachers were divided regarding education on health risks of smoking, citing its potential to provoke or elicit defensiveness, but agreed on the need for e-cigarette information and a unified school prevention approach.
Conclusion: Findings from this study, together with evidence-based prevention elements, will guide iterative co-creation sessions with students and teachers, aimed at designing a smoking- and vapingintervention program that effectively addresses the needs of prevocational students.

PS03.09 - Cultural differences in the use of coping strategies: a cross-national comparison between Brazilian and Finnish university students

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The coping pattern of individuals who experience different cultures is influenced by different worldviews and ways of dealing with problems. This study aimed to carry out a transnational comparison identifying the coping strategies adopted by university students in Brazil and Finland, estimating the probability of adopting each strategy based on demographic characteristics and verifying the relationship between them. It is a cross-sectional observational study with data collected in Brazil (n=398, 66.6% female, mean age=21.0 years) during 2023 and in Finland (n=165, 67.3% female, mean age=26.9 years) during 2023/2024. A demographic questionnaire and the BriefCOPE Inventory were used. Prevalences of commonly used coping strategies (mean score≥3) were calculated by CI95%. A multiple logistic regression was estimated (Odds Ratio [OR]). Network analysis was performed to identify the relationship between coping strategies. In Brazil, the most prevalent coping strategies were ‘Planning’ and ‘Self distraction’, and in Finland ‘Emotional Support’ and ‘Venting of Emotions’. In both samples, female students were more likely to use emotion-focused coping strategies, such as ‘Emotional Support’ (OR: Brazil=3.12; Finland=3.29). For Brazilian sample, students with some type of mental health care were more likely to use adaptive strategies (‘Active Coping’: OR=3.51; ‘Instrumental Support’: OR=1.92). The network analysis in Brazil showed that the most relevant strategy for maintaining the network was ‘Instrumental Support’ and in Finland was ‘Planning’. These results offer mental health indicators associated with cultural differences that are relevant for structuring higher education that is concerned with psychosocial demands presented by students.

PS03.10 - Food insecurity among Asian Americans and community-based solutions during the COVID-19 pandemic

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Background: Food security is a critical social determinant of health. The COVID-19 pandemic increased food insecurity and anti-Asian racism. Yet, little research has examined how Asian American communities experienced these intertwined challenges.

Purpose: To explore food insecurity among Asian Americans during the pandemic and community-based programs addressing this issue.

Methods
In 2024, we conducted 15 interviews with staff from organizations in Chicago, USA serving Asian Americans experiencing food insecurity. Interviews explored program activities, the pandemic's impact, and related barriers and opportunities. Data were analyzed using inductive qualitative thematic analysis.

Results
Participants were mostly female (86.7%) and averaged 7.6 years of related experience. Within the Asian American communities, groups vulnerable to food insecurity include immigrants, older adults, and those living with poverty or limited social networks. Programs addressing food insecurity include food and groceries distributions and public benefits assistance. The pandemic exacerbated food insecurity because demand for assistance was increasing while the supply was falling (e.g., food pantries closure). Many programs expanded or adapted their operations to meet community needs. Anti-Asian racism disproportionately impacted East and Southeast Asians and directly contributed to their food insecurity. Identified barriers to food security included access to culturally relevant foods and cultural stigma towards assistance, while opportunities included more outreach to increase awareness of available food resources as well as introducing greater flexibility around eligibility.

Conclusion
This study highlights food insecurity among Asian Americans, compounded by anti-Asian racism during the pandemic. Community-based programs played a critical role in mitigating food insecurity and fostering community resilience.

PS03.11 - Early Post-operative signs of Lymphedema and Lymphedema Prevention Behaviour in Patients with Gynecological malignancies

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– Background
Lymphedema is a progressive condition once it develops, making it important for patients to take lymphedema-preventive action in the early post-operative period. However, the details of the development of lymphedema in the early postoperative period after gynecological malignancies have not been clarified.
– Purpose
The aim of this study was to determine the early post-operative signs of lymphedema and lymphedema-preventive behaviour in patients with gynecological malignancies.
– Method
Fifty-two patients who underwent surgical treatment for gynaecological malignancies at University Hospital A were recruited and, after discharge, 23 patients were included in the study for whom a longitudinal study was possible. Body composition was measured preoperatively, at discharge and after discharge, and muscle mass (BI) was used to determine signs of lymphedema as water content in the lower limbs. The study was conducted after approval by the ethics committee at his university（No.705）.
– Results
The 51 female patients ranged in age from 22 to 83 years (mean 54.9 years) and 24 (47.1%) had uterine cancer, 16 (31.4%) had cervical cancer and 10 (19.6%) had ovarian cancer.One year postoperatively, weight gain showed a slight increase, averaging 0.22 Kg, but the lower limb BI value per body weight increased by an average of 0.29 Kg and a maximum of 2 Kg, with increased water content in the left lower limb compared with the right lower limb.
In terms of lymphedema prevention actions, weight measurement and observation of oedema could be carried out, but massage and other lymphedema prevention activities that were not felt to be necessary were not carried out.
– Conclusion(s)
Signs of lymphedema in the left lower limb of patients with gynecological malignancies from the early post-operative period, but there were large individual differences and lymphedema-preventive behaviours such as weight measurement and observation of lymphedema.

PS03.12 - Symp124 - We are all in this together: Grief and suicide prevention in the community

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Background

Recent research has highlighted the previously unrecognized mental health and substance use service needs within the Asian American community. Culturally oriented community education programs have been shown to have a positive impact on mental health, particularly in marginalized or underserved communities.

Purpose & Method

In response to clusters of local high school student suicides in the recent past years, the Stanford Mental Health for Asians Research and Treatment (SMHART) clinic developed a community parents support and educational program tailored to address mental health, including addiction, in the Asian American community.

Results & Conclusion(s)

This initiative offers culturally relevant psychoeducation, focusing on addiction and suicide prevention and resources. By disseminating crucial information and developing coping skills, the program aims to reduce stigma and create a supportive environment. Additionally, it establishes a framework for other Asian communities in the Bay Area and beyond. We will describe how we delivered the series as five interactive sessions in the community and discuss its potential impact.

PS03.13 - Reciprocal Health Importance and Shared Eating Behaviors in Singapore: Network Analysis of Interactivity and Closeness with Implications for Family-Based Interventions

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Background: Non-communicable diseases (NCDs) in Singapore are influenced by diets shaped by social networks. However, the mechanisms of influence, particularly in collectivist contexts with strong intergenerational ties, remain underexplored. Such insights are crucial for tailored family-based interventions.
Purpose: This study examined how family network structures, interaction patterns, and individualism/collectivism shaped reciprocal importance in health and shared eating behaviors.
Method: Data from a social network survey administered at baseline from a larger dietary intervention (involving Singaporean young adults and their family members) were analyzed. Social network analyses mapped family (e.g., siblings, parents, grandparents etc.) and friend interactions. Multilevel mixed-effects models assessed whether importance in alter's health and frequency of eating with alter (both ranked 1–10) were driven by type of relationship (younger/older gen family, friend), emotional closeness, frequency of interaction (both ranked 1-10), and individualism/collectivism.
Results: The study included 116 participants and 1153 dyadic relationships across 36 family networks. Networks averaged 9.7 members, 33.2 relationships. Interaction frequency (β = 0.19, 95% CI: 0.14–0.24) predicted health importance, mediated by eating frequency (β = 0.40, 95% CI: 0.36–0.44). Multigenerational family ties showed the highest reciprocal health importance (5.08 young-old, 5.00 old-young) compared to unigenerational (4.77 old-old, 4.61 young-young) and friend (2.13) ties. Emotional closeness (β = 0.50, 95% CI: 0.45–0.55) emerged as a key driver, while individualism/collectivism had no direct effect.
Conclusion: Multigenerational family ties may drive reciprocal health promotion, with shared meals as key spaces for influence. Family-based interventions, especially dietary ones, should leverage family network strengths.

PS03.14 - Emotional and Physical Intimacy in Chronic Pelvic Pain Patients

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Background
Social factors significantly influence pain perception and burden, with social support shown to alleviate acute pain. However, the effects of social interactions, including emotional and physical intimacy, on chronic pain conditions such as chronic pelvic pain (CPP) remain inconclusive. Existing research suggests potential protective effects of intimacy, yet evidence is inconsistent, especially regarding stress modulation and hormonal pathways.
Purpose
This study investigates how emotional and physical intimacy, along with affectionate touch, relate to pain perception, pain-related disability, stress, and hormonal markers (cortisol and oxytocin) in gynecologically caused CPP.
Method
Data from 66 female participants were collected through a 7-day ecological momentary assessment. Participants reported pain intensity, stress levels, and social interactions five times daily and completed daily intimacy assessments. Salivary cortisol and oxytocin were measured using enzyme-linked immunoassays. Hierarchical multilevel models analyzed within- and between-person associations.
Results
Physical touch reduced stress within individuals ($b = -0.496$, $p = 0.011$). Emotional intimacy marginally predicted lower pain-related disability between individuals ($b = -0.022$, $p = 0.061$). Unexpectedly, physical touch amplified the link between stress and pain ($b = 0.723$, $p = 0.034$) and stress and disability ($b = 0.752$, $p = 0.053$). Further analyses, also including the partner's data, are currently conducted.
Conclusions
Findings reveal physical touch's dual role in reducing stress while potentially amplifying stress-pain linkages, possibly via self-focus mechanisms. Emotional intimacy showed limited impact on pain outcomes. Examining dyadic intimacy perceptions may inform therapeutic strategies to optimize social support for CPP management.

PS03.15 - A Mixed-Methods Evaluation of Perfect Fit: An mHealth Intervention with a Virtual Coach to Promote Smoking Cessation and Physical Activity

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Background

Mobile health (mHealth) interventions with virtual coaches offer scalable, cost-effective solutions for health behavior change, but commonly present challenges such as insufficient personalization. Perfect Fit (PF), a personalized mHealth intervention with a text-based virtual coach, supports adults in quitting smoking and becoming more physically active. Through innovative techniques (e.g. sensor technology) and development involving end-users, PF aimed to overcome challenges of mHealth interventions.

Purpose

To examine the feasibility, acceptability, and preliminary effectiveness of PF.

Method

A single-arm, mixed-method study was conducted with 100 adults who smoke. The intervention lasted approximately 16 weeks. Quantitative data included usage data and self-report questionnaires on feasibility, acceptability, effectiveness, and participant characteristics at baseline, post-intervention, and 2-month follow-up. Qualitative data included post-intervention semi-structured interviews with 12 participants. Descriptive analyses, generalized linear mixed models, and the Framework Approach were used for data analysis.

Results

PF was rated as moderately feasible and acceptable (n=77). Twenty-seven percent of participants completed PF after 16 weeks. Significantly more PF completers self-reported smoking abstinence (69.7%) than non-completers (26.7%) at 2-month follow-up ($p<.001$). Participants also showed a significant increase in self-reported physical activity, with completers demonstrating a larger effect ($p<.001$). Qualitative analysis indicated that many participants appreciated the combined focus on smoking cessation and physical activity. A more human-like coach (e.g., less repetitive) and fewer technical issues are needed to improve adherence and effectiveness.

Conclusions

PF shows promise as a multiple health behavior change strategy in promoting public health. Findings identify improvements for PF and guide future development of mHealth interventions.

PS03.16 - Developing a Mobile Application-Based Yoga Program for Patients with a Thoracic Cancer and their Family Caregivers

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Background: We completed an efficacy trial of a yoga program for patients undergoing thoracic radiotherapy and their family caregivers. Translating an instructor-led intervention to a mobile application-based delivery may facilitate the implementation of this yoga program into routine oncological clinical care.

Purpose: To develop a prototype of the app-based yoga program with a user centric approach.

Methods: Ten patients with a diagnosis of lung or esophageal cancer and their family caregivers (total n=20) participated in semi-structured interviews. Half of the sample had previously participated in the instructor led yoga program and half of the sample was yoga naïve. Participants provided feedback on various mockups, wireframes and yoga videos to guide the development of the app's content, features and workflow.

Results: All patients (60% male, 70% NHW, mean age: 62 years) and their caregivers indicated that developing an app-based program is important and useful. Of the 20 participants, 95% mentioned that having an initial orientation with a yoga interventionist is important, and 90% stated that at least one check-in should be available (65% desired weekly check-ins). Participants provided feedback on characteristics of the instructor and instruction preferences. Other desired features included the importance of scheduling sessions on a calendar (95%), monitoring progress (95%), receiving practice reminders (90%), content on symptom management education (90%), and daily inspirations (85%). All participants indicated the importance of including practices of various lengths.

Conclusions: Both patients and caregivers deemed an app-based yoga program as important. We are currently field-testing this app to ensure feasibility and acceptability.

PS03.17 - Minority stress and psychological well-being in queer populations

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Background: Queer individuals experience unique stressors related to their minority status, negatively impacting their mental health. One factor contributing to these disparities is exposure to minority stress, which involves social stressors related to minority status.

Purpose: Previous research has focused on the negative impacts of minority stress, with less attention to its impact on positive psychological functioning. This study explored the relationship between minority stress and psychological well-being among queer individuals in German-speaking countries.

Method: 270 Participants completed an online survey assessing minority stress and psychological well-being. Data was analysed using both quantitative and qualitative methodology.

Results: Proximal factors of minority stress—such as self-stigma, concealment, and expectations of rejection—had a particularly negative impact on psychological well-being, as revealed by Analyses of Covariance, but no effects could be found for gender and sexual orientation. Additionally, gender identity but not sexual orientation had a significant effect on minority stress, with non-binary and other gender identities reporting higher minority stress compared to females. Thematic analysis revealed concerns about survey inclusivity, gender identity challenges, and intersectionality of minority identities.

Conclusions: Our findings emphasize the significant impact of minority stress on the psychological well-being of queer individuals, particularly non-binary people and those with diverse gender identities; they also show the need for inclusive research methodologies, tailored interventions, and policies addressing the range of experiences within the queer community.

PS03.18 - Factors Associated with COVID-19 Severity in the Post Pandemic Period

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Background. Decreasing COVID-19 severity in people with higher risk remains critical to decreasing morbidity and long COVID.

Purpose. This study describes factors associated with COVID-19 severity in a diverse cohort and seeks to identify disease and patient characteristics predictive of COVID-19 outcomes for personalized clinical interventions.

Method. Individuals (n=92) with confirmed COVID-19 diagnosis were enrolled 11/2022 to 11/2024 in South Florida in a prospective cohort with purposive sampling of people living with HIV. Participants were followed 2 weeks, and up to 140 days if COVID-19 symptoms persisted.

Results. Participants were female (72%), Hispanic (66%), non-Hispanic white (14%) and non-Hispanic Black (21%); aged <30 (21%) >65 (17%), married (47%), and college educated (21%). About 10% were not COVID-19 vaccinated and 32% had >= 2 booster doses. Health conditions included HIV (7%; 67% on antiretrovirals), high cholesterol (42%), hypertension (33%), kidney disease (11%), chronic obstructive pulmonary disease (19%), heart-related condition (10%), and pneumonia (27%). Mental health conditions included depression (25%), PTSD (11%), and schizophrenia (2%). COVID-19 symptoms included fever, headache, cough, fatigue, shortness of breath, insomnia, and memory problems. Baseline median of 5 symptoms (IQR: 2.0-8.5) defined disease severity.

Conclusion. Disease severity was associated with older age, Black race, male sex, depression or PTSD, pneumonia, and atrial fibrillation; crude OR 1.2 - 2.1 (all $p < 0.05$). HIV+ status, COVID-19 vaccination, and boosters were associated with lower severity. Results, despite potential confounds, e.g., residual ART, ritonavir, used in Paxlovid, time of last vaccination, merit investigation of impact of HIV status and vaccination.

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PS03.19 - Symp394 - Conducting Focus Groups to gain Insights from Informal Caregivers of People living with Dementia regarding Digital Resilience Interventions

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Background: Resilience promotion seems to be important for informal caregivers (ICs) of people living with dementia (PwD). Chronic stress is common among ICs, which makes them particularly vulnerable. Usually, ICs are restricted in their mobility due to caregiving. Online-interventions therefore might be an important option for supporting ICs. However, many ICs report concerns about whether existing online applications meet their needs.
Purpose: We are therefore planning to gain insights from informal caregivers about their needs regarding online-interventions by conducting focus groups in the sense of participatory research.
Method: ICs of PwD must be at least 18 years old and will be recruited via dementia networks restricted to Rhineland-Palatinate. We are currently planning to conduct three focus groups with six participants each (total n = 18). Two focus groups will be held in presence and one focus group will be conducted online. Each group is led by a moderator using semi-structured interview guidelines. Group discussions will be recorded. Data will be used to adapt an existing online-intervention to the specific needs of ICs.
Results: Questions focus on which content the ICs consider important in relation to online-interventions and what potential barriers they anticipate when using it. Discussions will be transcribed and qualitatively analyzed. Preliminary findings will be presented at the conference.
Conclusions: This study provides insights into the needs of ICs regarding digital resilience interventions. Their feedback will help us to guide the adaptation process of a digital intervention fostering resilience in ICs of PwD and augment its acceptance this way.

PS03.20 - International Students' Main Reasons for Seeking Psychological Support at Semmelweis University Budapest

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Background: Over 1,800 students attend English-language courses at Semmelweis University. Our Department offers them a free of charge Student Counselling Service.
Purpose: We determined the typical reasons for self-referral in order to plan a mental health promotion program.
Method: We analyzed data of 159 students who presented for Psychological Counselling between September 2021 and December 2024.
Results: The students came from 57 different countries; 50 (31.4%) were males and 109 (68,6%) females. Regarding their year of study, 31,4% were 1st year; 27,7% 2nd; 11,3% 3d; 8,2% 4th; 7,5% 5th; 6,3% 6th year and 7,5% did their PhD. The total number of consultations was 796, that means 5.01 sessions in average. The most frequently reported reasons for referral were anxiety (46); relationship problems (40); depression (36); family problems (25); stress (23); learning difficulties (16); luck of motivation (9); low self esteem (9); life management difficulty (7); eating disorder (7); loneliness (6); grief or PTSD (6); ADHD (5); sleep problems (5). In most cases at least 2 causes were mentioned.
Conclusions: International students most often face difficulties during their the first two years of study, related to acculturation issues, different study expectations, changes in their social network and unresolved family problems. In addition to the individual consultations, we started peer mentoring program where upper year students support first year students. We developed a structured psychosocial and study skills training offered as credit course to first year medical students to promote their mental health and resilience during university and later in professional career.

PS03.21 - Assertively Expressing Symptoms and Needs: The Impact on Social Well-being in Women with Breast Cancer

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Background: Women diagnosed with breast cancer (BC) may experience unmet social support needs and decreased social well-being (SWB), which may in turn negatively impact health. Expressing physical and psychological BC-related symptoms and associated needs in an assertive manner may serve as a protective role for SWB. Psychosocial interventions, such as remotely-delivered cognitive behavioral stress management (R-CBSM) teaches coping effectiveness and coping strategies including assertiveness to facilitate communicating BC-specific needs.

Purpose: To examine the effect of assertiveness and expressing BC-related symptoms and associated needs on SWB among women with BC.

Method: Women (N=30) diagnosed with Stage 0-III BC enrolled in a 10-week R-CBSM trial and were re-contacted 2-5 years after study completion. Women self-reported their SWB, assertiveness, and symptom expression. A moderation analysis adjusting for cancer stage was used to test whether assertiveness was related to SWB and if symptom expression moderated these effects.

Results: Women were on average 59.43 years old and mostly non-Hispanic (65.5%), White (83.3%), and had stage I BC (60%). Assertiveness and symptom expression were significantly associated with greater SWB ($B = 2.64$, $SE = .04$, $p < .001$; $B = 0.42$, $SE = 0.18$, $p < .05$), respectively. The interaction of assertiveness and symptom expression approached statistical significance ($B = -.07$, $SE = 0.03$, $p = .056$) such that the effect of assertiveness on SWB decreased as symptom expression increased.

Conclusion: Assertiveness and expression of BC-specific symptoms were associated with better SWB among women with BC. Providing communication strategies may mitigate potential BC-related impacts on SWB.

PS03.22 - Multifaceted health coaching intervention for cardiovascular risk prevention – Exploratory qualitative study of Chinese client's perspectives

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Background
Cardiovascular diseases, a leading cause of death globally and in Hong Kong, lead to disability, mood changes, and increased healthcare burden. Lifestyle modifications can prevent these diseases. Health coaching, a client-centered approach, aids in behavior change. Despite its promise, cultural nuances in Hong Kong, like traditional diets and collectivist values, may influence health coaching effectiveness.
Purpose
It aims to understand these factors via qualitative interviews.
Methods
Participants were recruited from the WeWatch project to assess health coaching effectiveness for cardiovascular disease prevention in middle-aged adults (35-59 years). Eighteen health coaches underwent training and provided 6-12 sessions over 6 months, combining in-person and remote meetings. Semi-structured focus group interviews were conducted 7-8 months post-intervention with 18 participants. Interviews followed a guide focusing on lifestyle changes and health coaching experiences. Thematic analysis, based on Braun and Clarke's approach, identified emergent themes.
Results
The study revealed challenges faced by middle-aged individuals in adopting healthy habits due to various barriers. Comfort foods and inactivity hinder behavioral changes. The end of health coaching programs posed a barrier. Participants cited facilitators from health coaching for promoting healthy behaviors. Clients noted health coach characteristics impacting effectiveness. A mix of online and offline channels was preferred for health coaching modality in Hong Kong for a more versatile approach.
Conclusions
Psychological, behavioral, and cultural factors impact health decisions. Tailored health coaching in Hong Kong and similar cultures should consider unique cultural and environmental contexts (e.g., family-based health coaching, exploring indoor exercises).

PS03.23 - FBT-DBT Online Intervention for Caregivers of Anorexia Nervosa: A Preliminary Study in China

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Background: Anorexia nervosa (AN) is associated with significant psychological and behavioral disturbances, placing substantial psychological burden and stress on primary caregivers. Interventions targeting caregivers have been shown to effectively reduce symptom exacerbation in patients and may shorten the treatment process. Purpose: This study aimed to assess the efficacy of an online intervention combining Family-Based Therapy (FBT) and Dialectical Behavioral Therapy (DBT) in reducing the burden, negative emotions, and symptom-related impacts on caregivers of Chinese patients with AN. Furthermore, the study explored the feasibility of delivering FBT -DBT via an online format in China. Methods: Caregivers of AN patients were recruited through convenience sampling from the Eating Disorder Diagnosis and Treatment Center at Shanghai Mental Health Center, including outpatient clinics, inpatient wards, and support groups. A total of 50 caregivers (from 29 families) meeting inclusion criteria participated in a 12-week (57-hour) online intervention combining FBT and DBT. Participants were assessed at baseline, week 4, week 8, week 12 (end of the intervention), and week 24 (3-month follow-up) using the Zarit Caregiver Burden Interview (ZBI), Eating Disorders Symptom Impact Scale (EDSIS), Depression Anxiety and Stress Scale (DASS), and General Health Questionnaire (GHQ). Results: Analysis of variance revealed a significant reduction in subjective burden among caregivers at the end of the intervention and during the 3-month follow-up ($p = 0.002$). Negative experiences related to managing the patient’s nutritional needs ($p < 0.001$), disordered behaviors ($p < 0.001$), and feelings of guilt ($p < 0.001$) also decreased significantly. However, no significant changes were observed in caregivers' anxiety, depression, stress, or family interactions ($p > 0.05$). The BMI of patients with AN increased significantly at both the end of the intervention and the 3-month follow-up ($p < 0.05$). Regression analysis using BMI change as the dependent variable indicated that improvements in caregivers' negative experiences (EDSIS score reduction) significantly predicted BMI increase in AN patients ($p = 0.041$). Conclusions: The combined FBT and DBT online intervention effectively reduced subjective burden and the negative impact of AN symptoms on caregivers in China, with sustained effects observed at the 3-month follow-up. However, the intervention did not significantly improve caregivers' anxiety, depression, stress, or family interactions. Improvements in caregivers' experiences related to managing patients’ symptoms significantly predicted BMI gains in AN patients. Given the limited clinical resources in China, this combined online intervention demonstrates high feasibility and potential for wider dissemination, benefiting more caregivers and patients with AN.

PS03.24 - The Relationship between Leadership Styles and Mental Health among Japanese Workers

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Background and Purpose: While deteriorating mental health can affect leadership, the impact of leadership on leaders themselves remains unclear. This study examined the relationship between leadership and mental health among Japanese workers.
Methods: Participants were 527 employees (500 men, 27 women; mean age = 53.72 ± 8.77 years) at or above the section manager level. Mental health was measured using the Kessler Psychological Distress Scale 6 items (K6), and leadership was assessed with the Human Capital Sustainability Leadership (HCSL) Scale (Di Fabio & Peiro, 2018), which encompasses four leadership styles: ethical, sustainable, mindful, and servant.
Results: Pearson's correlation analysis revealed significant negative correlations between all four leadership styles and K6 scores (r_s = -.289 to -.231, $ps < .001$). However, multiple regression analysis indicated that only ethical leadership was significantly associated with K6 scores ($R^2 = .086$, $p < .001$; $\beta = -.224$, $p < .01$). Higher levels of ethical leadership were associated with better mental health.
Conclusions: While consideration for others often involves self-sacrifice, ethical leadership may be more focused on the self compared to other leadership styles, which emphasize consideration for others. This may explain why ethical leadership was the only leadership style significantly associated with better mental health in this study.

PS03.25 -Nursing Support for Life after the Discharge of Liver Transplant Recipients in Japan

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Background: In Japan, liver transplant recipients, mainly living donor transplant recipients, are increasing in number annually, highlighting the importance of considering their lives after transplantation. Nurses need to help recipients maintain good health after hospital discharge.
Objective: This study aimed to identify the nursing support provided to posttransplant recipients during their hospital stay, taking into account their life after discharge.
Methods: Ten nurses who had assisted in liver transplantation for at least 5 years were semiconstructively interviewed and analyzed using the qualitative synthesis method (KJ method).
Results: The reality of nursing support is characterized into six; “efforts to improve teamwork,” “efforts to provide emotional support to patients, families, and key persons,” “step-by-step efforts for patients from preoperative to post-discharge life,” “efforts to manage patients’ physical condition,” “continuous efforts to complement each other during the transition phase,” and “efforts to prepare for medical support after discharge.”
Conclusion: Japanese ward nurses have few opportunities to interact with recipients and their families after discharge; consequently, they can hardly imagine what life will be like after discharge. However, they work in cooperation with other medical professionals, have a long-term perspective from postoperative life to life after discharge, and provide step-by-step support tailored to each patient’s needs during the transition phase.

PS03.26 - Ethnic variations in sexual health behaviours: findings from Singapore youth sexual health survey

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Background: Singapore youth are significantly affected by HIV and other sexually transmitted infections (STIs), however, published literature on sexual behaviours across different ethnic groups is limited.

Purpose: The study aims to fill this critical gap in literature by exploring patterns of sexual health knowledge, practice, risk behaviours and determinants that influence such behaviours, while recommending suitable interventions to match varying ethnic/cultural communities.

Methods: Cross-sectional survey was conducted online among youths aged 18-29 in Singapore from January to February 2021. It included quantitative measures of sexual behaviour, HIV/STI testing, prevention knowledge, demographic and psychosocial factors.

Results: Total of 761 participants (mean age [s.d.], 23.65 years [3.1]) were recruited. Poorer mental wellbeing scores (IRR=1.10, 95% CI: 1.00 – 1.20) and stronger bonding social capital (IRR=3.29, 95%CI: 1.03 – 10.57) is associated with inconsistent condom use in youth who identified as Others. Younger age of sexual debut for Chinese (Coef= -2.16, 95% CI: -3.30 – -1.02) and Indian (Coef = -2.81, 95% CI: -4.51 – -1.10) gay/lesbian youth, increasing potential exposure to other risk behaviours. Chinese (IRR= 2.24, 95% CI: 1.30 – 3.88) or Malay (IRR=3.46, 95% CI: 1.72 – 6.94) gay/lesbian youth are positively associated with voluntarily testing for HIV.

Conclusions: Findings underscore the need for culturally and educationally tailored interventions that consider the complex interplay of ethnicity and religiosity in shaping sexual behaviours of youth. Efforts should be concentrated on improving awareness and accessibility of HIV prevention technologies and testing behaviours, alongside promoting consistent and correct condom use across demographic groups.

PS03.27 - Ageing Well in the LGBTQ+ Community: A Systematic Review and Meta-ethnography

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Background
Existing frameworks of "ageing well" often neglect the unique cultural and structural stressors experienced by the LGBTQ+ community, exacerbating inequalities in ageing experiences.

Purpose
To reconceptualise “ageing well” for LGBTQ+ individuals by integrating social science for public health, examining healthcare trajectories.

Method
We conducted a systematic search of mixed-methods and qualitative studies across six databases (i.e. PUBMED, Scopus, Web of Science, PsycINFO, EMBASE, ASSIA) and Synthesised studies focusing on LGBTQ+ individuals' experiences and expectations of ageing well using Noblit and Hare’s meta-ethnography approach.

Results
We included 86 eligible studies exploring diverse constructs of lived experiences and needs. Nearly half (49%) included only participants aged 55+. Most were from North America (65%), followed by Europe (20%), Asia (7%), Oceania (6%), and other regions (2%). Participants included gay men (32.8%), lesbians (26.2%), bisexuals (8.2%), transgender (4.9%), queer (4.9%), and gender non-conforming individuals (1.6%). Eight studies (9.3%) focused on populations with HIV.

We synthesised five themes:
1. Acceptance of Self: Embracing one’s LGBTQ+ identity without fear, fostering resilience and emotional wellbeing.

2. Social Connectedness: Building supportive relationships to combat isolation and encourage shared queer experiences.

3. Financial and Housing Security: Ensuring stability through planning, investments, and accessible housing adaptations despite structural inequities.

4. Healthcare Accessibility and Inclusivity: Accessing LGBTQ+ affirming care to improve health and trust.

5. Community Engagement and Generativity: Contributing through mentoring, activism, and fostering inclusive, resilient communities.

Conclusions
This meta-ethnography highlights the unique and diverse needs of LGBTQ+ individuals and advocates for inclusive frameworks tailored to their challenges.

PS03.28 - Mental Health and Lifestyle Behaviours: A Qualitative Study Among Dutch Vocational Education Students

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Background: The rising prevalence of mental health issues among adolescents (ages 10-25) is concerning. Unhealthy lifestyle behaviours, such as insufficient physical activity, poor diet, smoking, excessive alcohol use, and poor sleep, are common among young adults. Students in vocational education—those who receive practical training tailored to specific careers— often from lower socioeconomic backgrounds are particularly susceptible due to limited access to health resources and increased stressors. Unfortunately, they are frequently overlooked in research and interventions addressing these challenges.

Purpose: The current study explored Dutch vocational students' perspectives on their mental health and lifestyle, emphasising the factors they identified as impeding or facilitating healthy lifestyle behaviours and positive mental health.
Method: A total of 45 participating Duch vocational education students were subjected to 17 semi-structured individual interviews and seven focus group interviews.

Results: Thematic analysis revealed key impending factors in mental health, including social obstacles, stress, loneliness, and lack of professional support, while facilitators are social support and a positive mindset. Factors that impede lifestyle behaviours include limited time, finances, stress, and poor mental health. Conversely, social support and established routines serve as essential facilitators. Barriers to mental health also affect lifestyle behaviours, including stress and lack of support. Conversely, social support and established routines can enhance mental well-being and healthy lifestyle behaviours.

Conclusion: The study provides an initial insight into the mental health and lifestyle behaviour of vocational education students, highlights facilitating and impeding factors, and, therefore, provides valuable knowledge for future health promotion research targeting this group.

PS03.29 - Trajectories of Changes in Mental Health Symptoms During COVID-19: Evidence from a Systematic Review and Meta-analysis of 284 Studies

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Background: Few systematic reviews provide a comprehensive synthesis of the impact of the COVID-19 pandemic on mental health outcomes during the pandemic.

Objectives: To synthesize the trajectories of changes in general mental health, anxiety, and depression symptoms of diverse populations throughout the COVID-19 pandemic.

Methods: We conducted a living systematic review and searched among 9 databases. We conducted meta-regression with linear mixed models. Risk of bias was assessed using an adapted Joanna Briggs Institute Checklist for Prevalence Studies.

Results As of April 03, 2023, we reviewed 149,026 unique citations and included 284 eligible publications from 275 cohorts that had multiple data points of COVID -19 mental health outcomes during the pandemic. Most publications (275, 97%) reported all time points from January 1, 2020 to December 31, 2021, and were from high-income (226, 80%) or upper-middle income (54, 19%) countries. The main analysis results suggest no consistent pattern of the effect of time on changes of

mental health outcomes. Each quarter of a year since COVID-19 onset was associated with a minimal improvement in general mental health (0.02 standardized mean difference (SMD), 95%CI -0.02 to -0.02) and in depression symptoms (0.03 SMD, 95%CI -0.03 to -0.03), while with minimally worsened anxiety symptoms (0.02 SMD, 95%CI 0.02 to 0.02). Substantial heterogeneity and risk of bias were present across analyses.
Conclusions: Generally high risk of bias and the extreme heterogeneity makes it essential to interpret findings cautiously. However, there is no clear trend of change across the three outcomes throughout the COVID-19 pandemic.

PS03.30 - Do Text Message Reminders Increase or Only Accelerate Men's Participation in Colorectal Cancer Screening?

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Background
SMS reminders are commonly used as part of invitation procedures to colorectal cancer screening. However, it is unclear whether they increase overall screening participation rates or simply accelerate the timing of participation.

Purpose
This study aimed to evaluate the effect of a single SMS reminder incorporated into the standard invitation procedure on participation rates over the course of a year and on the timing of participation.

Method
A three-arm randomized controlled trial included Estonian men who had not collected a fecal immunochemical test (FIT) kit four months after receiving an invitation letter. Arm one (n=1,439) received no SMS (control). Arm two (n=1,447) received an SMS emphasizing timely screening, and arm three (n=1,442) received an SMS highlighting that the test kit was waiting. Follow-up included an email 133 days and a second SMS 175 days after the first SMS reminder. Completion dates were tracked until February 1, 2024 (281 days post- SMS reminder). Logistic regression analyzed FIT completion rates, and linear regression assessed time to completion.

Results
Completion rates did not differ significantly between the control (46.49%) and intervention arms (arm two: 45.54%, p=0.609; arm three: 47.29%, p=0.665). However, intervention arms showed reduced time to completion. Arm three participants completed FIT 26.82 days earlier (M=103.26 days), and arm two 15.33 days earlier (M=114.75 days) than controls (M=130.08 days, p<0.001).

Conclusion
A single SMS reminder does not significantly increase overall FIT completion rates long term but can prompt earlier participation among those inclined to screen, potentially enabling earlier detection and treatment.

PS03.31 - Time-varying mediation of relaxing music on mood via stress system

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Background and purpose: Music has been suggested to influence mood and stress, with evidence indicating that stress response systems, including the hypothalamic-pituitary-adrenal axis and the sympathetic nervous system, play a role in mood regulation. However, it remains unclear whether the effects of music on mood are mediated by stress systems and whether such mediation varies over time. This study conducted a secondary analysis to explore time-varying mediation effects of stress on the relationship between music and mood.
Method: Following the Trier Social Stress Test, 25 female participants listened to relaxing music for 10 minutes, while 27 served as a control group with no intervention. Both groups then experienced a 50-minute stress recovery period. Saliva samples were collected at five intervals to measure cortisol and salivary alpha-amylase (sAA). Mood was assessed at each collection point using the short version of the German Multidimensional Mood Questionnaire. A time-varying mediation model was applied, with intervention condition as the time-invariant predictor, stress markers as the time-varying mediators, and mood dimensions as the time-varying outcomes.
Results: Relaxing music led to lower cortisol levels and higher sAA levels. Cortisol positively predicted all mood dimensions, while sAA negatively predicted mood. A significant negative time-varying mediation effect through cortisol was observed, which strengthened after the music ended. A significant negative mediation effect through sAA was also found but remained stable post-music.
Conclusion: The findings showed that stress mediates the effects of music on mood, with distinct patterns observed for different stress systems.

PS03.32 - Feasibility of Implementing Remote Patient Monitoring in a U.S. Safety-net Oncology Setting: Early Lessons Learned

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Background. Remote patient monitoring (RPM) of toxicities and biometric data during chemotherapy can enable earlier detection of adverse events and intervention to mitigate their effect. There is limited knowledge regarding the implementation of RPM in medically underserved U.S. patients.
Purpose. To evaluate the effectiveness of RPM in improving cancer care outcomes.
Method. Eligibility: Adult patients with advanced cancer receiving chemotherapy in a safety-net integrated health care system in Houston, Texas. Patients were randomized 1:1 to RPM plus usual care or usual care alone. RPM-assigned patients used Bluetooth-enabled devices daily to measure biometrics and self-report symptoms. A digital nurse navigator received alerts when biometrics or symptoms exceeded pre-established thresholds and triaged patients according to standard care.
Results. To date, 182 patients enrolled (91 randomized to RPM) including: 66% female, 67% Spanish-speaking, 73% with no health insurance, 82% unemployed, 63% not married/partnered. Mean age was 53 years (range, 18-80 years). Most frequently reported symptoms as high or medium alerts, respectively, were pain and nausea. Most frequently reported biometrics as high or medium alerts were changes in blood pressure and weight. 100% of patients assigned to RPM reported satisfaction and ease of use with the intervention. Of 61 patients who were invited but refused, 50% indicated that managing their diagnosis and treatment was too overwhelming to consider RPM. Few (20%) refused due to unwillingness to use technology.
Conclusion(s). Preliminary findings support the feasibility of implementing RPM with medically underserved cancer patients in a safety-net oncology care setting.

PS03.33 - Effects of Video Call and Self-Image Display on Self-Focused Attention and Self-Evaluation in Individuals with High Social Anxiety.

Ms. Ayaka Yanagida[1,2], Effects of Video Call and Self-Image Display on Self-Focused Attention and Self-Evaluation in Individuals with High Social Anxiety Nozomi TOMITA[3], Effects of Video Call and Self-Image Display on Self-Focused Attention and Self-Evaluation in Individuals with High Social Anxiety Mao NANAMORI[1,2], Effects of Video Call and Self-Image Display on Self-Focused Attention and Self-Evaluation in Individuals with High Social Anxiety Hiroaki KUMANO[4]
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Background: Social anxiety disorder (SAD) is maintained by self-focused attention and negative self-perception. Yanagida et al. (2023) investigated how video calls affect SAD maintenance mechanisms during speech tasks, comparing video calls with face-to-face interactions and examining the impact of self-images on screens or mirrors. However, their findings were limited by a small sample size.
Purpose: This study aims to address the limitation of the previous research by increasing the number of participants and reanalyzing the data to provide more robust insights into how video calls and self-images influence self-focused attention and negative self-perception in individuals with SAD.
Method: 53 university students with high social anxiety were stratified randomized to one of four conditions: face-to-face with self-image, face-to-face without self-image, video call with self-image, and video call without self-image. Each participant performed a 3-minute speech task, and self-focused attention and negative self-perception were measured using questionnaires before and after the task. The study was approved by the Institutional Review Board.
Results: A three-way ANOVA revealed a significant interaction between self-image and time for self-focused attention ($F(1, 49) = 4.93$, $p = .03$), with a significant increase from pre- to post-task in the no-self-image group. A significant interaction between condition and time was also observed ($F(1, 49) = 5.08$, $p = .03$), with an increase in the video call group from pre- to post-task. For negative self-perception, the main effect of time and the interaction between self-image and time were significant ($F(1, 49) = 14.56$, $p < .01$; $F(1, 49) = 5.23$, $p = .03$), showing a significant decrease during the task in the self-image group. No interaction between self-image and video call was found.
Conclusion: Although video calls heightened self-focused attention, the presence of self-images mitigated this effect and contributed to modifying negative self-perception. The lack of interaction between self-image and video call suggests that showing self-images during video calls could be beneficial for individuals with SAD.

PS03.34 - Greater Perceived Social Standing Mitigates Effects of Objective Neighborhood Disadvantage on Quality of Life in Older Women with Breast Cancer

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Background: Living in a disadvantaged neighborhood has been linked to numerous negative health outcomes among breast cancer (BC) patients. Perceived social standing (i.e., subjective socioeconomic status; SSS) may buffer effects of socioeconomic adversity on quality of life (QOL) in BC patients.

Purpose: To examine the impact of SSS and neighborhood disadvantage on QOL among women with BC.

Methods: Older women (≥50yrs) with non-metastatic BC participated in a stress management trial after surgery and before beginning adjuvant treatment. At baseline, participants completed the Functional Assessment of Cancer Therapy-Breast questionnaire, which measures QOL, and the MacArthur Network Sociodemographic Questionnaire, which measures SSS relative to others in the United States (0-10), with higher rankings indicating higher perceived SSS. The Area Deprivation Index (ADI) geocodes the degree of neighborhood disadvantage (1-10) via participants' addresses, with higher ADI indicating more disadvantage. Linear regressions examined associations between QOL, SSS, and ADI, adjusting for cancer stage and age.

Results: Most participants (N=99) identified as White (80%) and non-Hispanic (56%), had stage I BC (59%), and were 60.7 years old (SD=7.56). Greater SSS (B=3.15, SE=1.08, p=.005) and age (B=.59, SE=.29, p=.044) related to better QOL. Although ADI did not relate to QOL overall, SSS interacted with ADI in predicting QOL (B=.94, SE=.45, p=.038), such that greater ADI related to poorer QOL in women with low perceived SSS.

Conclusions: Living in a disadvantaged neighborhood and having lower perceived social standing related to poorer QOL. Yet, having higher perceived social standing buffered this effect, suggesting a potentially modifiable intervention target.

PS03.35 - Persisting Cancer Thought Intrusions Moderate the Effects of Optimism on Quality of Life in Older Breast Cancer Survivors

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Background: A breast cancer (BC) diagnosis and treatment have lasting negative effects on quality of life (QoL) among older survivors. While adjusting to life after BC, maintaining positive expectations has been shown to improve QoL. However, persisting cancer-related intrusive thoughts may contribute to the reduced QoL long after treatment.
Purpose: To explore the relationships among optimism, cancer-related intrusive thoughts, and QoL in BC survivors.
Methods: Women who completed treatment for Stage 0-III BC two to five years ago completed optimism, cancer-related thought intrusions, and QoL assessments. General linear modeling and moderation analyses, adjusting for cancer stage and adjuvant treatments, tested if optimism related to better QoL and whether thought intrusions moderated these effects.
Results: Of the 27 women, the majority were White (82.93%) and non-Hispanic (53.66%), with an average age of 64.07 years (SD = 6.55). Greater optimism was associated with better overall (B = 6.17, SE = 1.74, p = .002), emotional (B = 0.82, SE = 0.33, p = .022), and breast cancer-specific (BCS) QoL (B = 2.40, SE = 0.63, p = .001) but neither social nor physical well-being (p's > .05). The positive effect of optimism on BCS QoL was moderated by intrusive thoughts (B = 1.11, SE = 0.05, p = .030), such that greater intrusions diminished optimism's benefits.
Conclusion: Optimism relates to better QoL during survivorship after BC treatment, but its impact on QoL may be reduced for older survivors with persistent cancer-related intrusions, underscoring the need for interventions addressing these thoughts throughout survivorship.

PS03.36 - Disease Journey, Social Support and Quality of Life of Patients with Phenylketonuria in China: A Large-scale Cross-sectional Study

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Background: Phenylketonuria (PKU) is a rare inherited disorder affecting amino acid metabolism, causing intellectual delay and needing lifelong treatment, which burdens families and society.
Purpose: To understand the disease journey, social support, and quality of life of PKU patients in China, aiding policy formulation.
Methods: A cross-sectional study among PKU patients (children, adolescents, adults) in China was conducted from August to November 2024 using the China Cloud Platform for Rare Diseases.
Results: 263 valid questionnaires from 24 provinces showed 53.16% males, avg. age 7.62 years. Most (86.69%) were diagnosed via newborn screening, but 16.73% were misdiagnosed (e.g., as developmental delay, cerebral palsy). Primary treatment was a low-phenylalanine diet, costing avg. 29,833.45 yuan/year for special formula. Only 2.66% used medication due to high costs (34.6%). 59.32% sought treatment elsewhere due to local resource scarcity, with average follow-up compliance. Most (85.55%) underwent genetic testing, but over 50% didn't understand its importance; 4.56% had family members with PKU.
9.81% of patients/families reported discrimination. Only two communities provided targeted care. Illness impacted family routines (care: 94.68%, diet: 89.35%) and family members' personal development (health: 76.81%, work: 76.43%). Main external support issues were lack of economic assistance (87.45%) and medical resources (60.46%).
Health utility values were 0.95 for 4-16-year-olds and 0.73 for adults.
Conclusion: PKU patients in China face resource scarcity, inadequate support, and lower quality of life. Government should allocate resources to support them.

PS03.37 - A Home-based Rehabilitation Integrating Behavioral Theory And Digital Health Technology For Spinal Muscular Atrophy Patients In China

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Background: Spinal Muscular Atrophy (SMA) is a relatively high-incidence genetic rare disease that can lead to disability and death in patients, posing a significant health and social challenge that cannot be ignored. Due to shortages of rehabilitation resources and heavy economic burdens, the coverage and compliance of rehabilitation treatment for SMA patients in China are currently low.
Purpose: This study aims to develop digital home-based rehabilitation exercise techniques suitable for SMA patients in China.
Methods: Based on the Behavior Change Wheel Framework (BCW) and the Motivation-Action-Maintenance (MAM), a theoretical framework for home-based rehabilitation exercise behavior intervention tailored for SMA patients in China was constructed. Based on this theory, we developed a patient-centered digital health platform specifically designed for SMA rehabilitation exercise behavior intervention, incorporating motivational interviewing and cognitive-behavioral therapy. Leveraging video motion capture technology and AI-driven motion analysis algorithms, we further developed intelligent monitoring and real-time feedback technology for home-based rehabilitation. Adhering to the principles of value co-creation and service design, we ultimately established an integrated digital health platform that seamlessly integrates all the aforementioned technologies for home-based SMA rehabilitation interventions.
Results: The BCW and MAM frameworks were effectively utilized in the development of a WeChat mini-program, which has been successfully developed and initially verified.
Discussion: This study integrates behavioral theory and digital health technology, thereby enhancing traditional evaluation methods and providing more precise and personalized interventions for SMA patients in China.

PS03.38 - Multimodal Assessment of Physical Activity in a Non-Randomized Controlled Intervention Study – Lessons Learned

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Background: Multi-modal data offer insights into how well various assessment tools capture PA.
Purpose: To outline the multimodal PA assessment methodology used in the ‚10,000 Steps NRW' study and present descriptive baseline findings which are compared to representative data of the ‚NAKO German National Cohort'.
Method: In the non-randomized controlled study ‚10,000 Steps NRW', PA of residents of two cities was assessed at baseline and 1 year. The multimodal test battery was comprised of the Global Physical Activity Questionnaire (GPAQ) assessing min/day and intensity (moderate/vigorous), 7-day accelerometry using ActiGraphs wCT3X-BT devices (min/day, moderate/vigorous intensity), and YAMAX EX210 pedometers (steps/day for 7 days, reported elsewhere). Median (mdn) and interquartile ranges (IQR) for PA self-reported via GPAQ and PA measured via accelerometry are reported.
Results: Combining data of intervention and control, the availability of data varied across instruments: GPAQ (n=627), ActiGraph (n=192). The analyses of the different assessment tools revealed differing average baseline values for moderate to vigorous PA (MVPA). On average, women engaged in 116 min/day (58-212 min, GPAQ) vs. 246 min (203-289 min, accelerometers), while men engaged in 88 min/day (41-154 min, GPAQ) vs. 204 min (165-258 min, accelerometers). Among participants aged 18–39 years, the daily MVPA ranged from 183-271 min (accelerometers) vs. 184-270 min (accelerometers) for those aged ≥40 years.
Conclusions: Results on PA in our study demonstrate the importance of combining multiple assessment tools. Participants of ‚10,000 Steps NRW' displayed higher levels of subjectively reported and objectively measured PA than participants of the ‚NAKO German National Cohort'.

PS03.39 - Attitudes toward Self, Religious Coping, and Age: A Moderated Mediation Model of Quality of Life in Cancer Patients

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Attitudes toward Self, Religious Coping, and Age: A Moderated Mediation Model of Quality of Life in Cancer Patients

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Abstract
Background: Cancer significantly impacts health-related quality of life (HRQoL), particularly in low- and middle-income countries (LMICs), where healthcare disparities exacerbate distress. Cognitive vulnerabilities, specifically attitudes toward self (ATS)—including negative generalization, self-criticism, and high standards—may influence HRQoL through coping mechanisms. Religious coping, shaped by cultural norms, may mediate these effects, with age as a potential moderator.
Purpose: This study examines the roles of ATS, religious coping, and age in influencing HRQoL among cancer patients in an LMIC context.
Methods: A cross-sectional study of 565 cancer patients in Southwest Nigeria employed validated self-report measures to assess ATS, HRQoL, and religious coping. Mediation and moderation analyses were conducted.
Results: Negative generalization ($\beta = -0.25$, $p < .001$) and self-criticism ($\beta = -0.19$, $p < .001$) reduced physical well-being, while high standards positively influenced emotional well-being ($\beta = 0.27$, $p < .001$) but negatively impacted functional well-being ($\beta = -0.13$, $p < .01$). Negative religious coping (NRC) mediated the relationships between ATS and HRQoL, amplifying negative effects on physical ($\beta = -0.25$, $p < .001$) and functional well-being ($\beta = -0.32$, $p < .001$). Age moderated these effects, with older patients experiencing sharper declines in physical ($\beta = -0.09$, $p < .01$) and functional well-being ($\beta = -0.10$, $p < .01$). Positive religious coping showed limited effects.
Conclusion: Cognitive vulnerabilities reflected in ATS and maladaptive coping significantly affect HRQoL, particularly in older patients. Tailored interventions integrating CBT with cultural and religious practices are essential in LMICs.
Keywords: Age, attitude towards self, cancer, health-related quality of life, religious coping

PS03.40 - Utilizing Narrative Persuasion to Promote Influenza Vaccination Behaviors among Community-Dwelling Older Adults: The SILVER Study

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Background
The participation rates in seasonal influenza vaccination (SIV) schemes remained suboptimal among community-dwelling older adults. Effective and sustainable behavioral interventions are urgently needed. Persuasive communication in narrative form can potentially address people's resistance to persuasion and promote behavior change.

Purpose
To design a WhatsApp-based biographical narrative intervention for promoting SIV behaviors among community-dwelling older adults in Hong Kong.

Method
This intervention development study is part of a randomized controlled trial (RCT). Maximum variation sampling was used to recruit older narrators with diverse sociodemographic backgrounds and SIV-related experiences. Potential persuasive topics were identified based on a literature review of associated factors. Biographic-narrative interviews were conducted to elicit firsthand experiential stories regarding SIV. The video recordings of the interviews were analyzed and transformed into a series of intervention videos (SILVER Talks). A mobile intervention platform was then developed.

Results
A total of 16 narrators were selected from 132 older adults through screening surveys and pre-interview talks. The quality of the candidates and their experiences (e.g., persuasiveness) were evaluated. A generic interview guide was designed using the biographic-narrative interview method and further tailored to each narrator. The interviews were then analyzed using framework analysis. Finally, four intervention videos with collective biographical narratives were produced for four coherent themes. A WhatsApp Chatbot was developed for intervention delivery.

Conclusions
This study established the procedures for seamlessly combining behavior change theories and persuasion theories to translate biographical narratives into a behavior change intervention. It has important implications for utilizing narrative persuasion to promote health behaviors.

PS03.41 - Proof of Concept of a Training Program for Physicians in Motivational Communication

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Background: Behaviour change counselling (BCC) can improve health outcomes, but barriers to knowledge translation have limited uptake by clinicians. The Motivational Communication (MC) framework, developed using an Integrated Knowledge Translation (iKT) approach and the Obesity-Related Behavioural Intervention Trials (ORBIT) model, aims to address this gap. The "MOTIVATOR" online MC training for physicians was co-created, optimized, and accredited in prior phases.

Purpose: This study, aligned with phase 2.a of the ORBIT model, assessed MOTIVATOR's readiness for efficacy testing by conducting a proof-of-concept protocol.

Methods: A quasi-experimental pre-post design was used with 16 physicians. The Motivational Communication Competency Assessment Task (MC-CAT) was administered before and after the 4hr MC workshop. Participants scoring <80% at pretest (with at least 50% scoring ≤70%) were included. Using preliminary data, a two-pronged decision rule was set to evaluate the program's readiness for efficacy testing: (1) 60% of participants with pre-test scores ≤70% must improve to above 70% (criterion for competency), and (2) 60% of those with pre-test scores between 71-80% must show improvement.

Results: Two participants were excluded due to incomplete participation. Seven participants scored ≤70% at pretest (range: 41-70%), and 100% improved to above 70% (mean increase: +27%, SD: 8.79%). Among the seven scoring 71-80% at pretest, 5 (71%) showed improvements (mean increase: +5%, SD: 3.22%), while two remained unchanged.

Conclusion: Results suggest MOTIVATOR can enhance MC skills in physicians, particularly for those scoring ≤70% at pretest. Higher pretest scores may see marginal improvement. Based on our decision rule, MOTIVATOR is ready for efficacy testing.

PS03.42 - Analyzing Medication Adherence in Hypertensive Albanian Patients Using the System Dynamics Modeling Approach

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Background: Medication adherence (MA) in chronic diseases significantly impacts clinical outcomes. Low MA is associated with an increased risk of hospitalization and mortality. The system dynamics (SD) approach, employing computer simulations, can be used for analyzing the intricate and dynamic nature of MA as a human behavior. SD enables systematic evaluation of potential interventions to overcome barriers to MA and improve resource utilization.
Purpose: This study aims to analyze the impact of improved MA in people with Hypertension (HTA) based on health outcomes indicators.
Method: We collated published data from Albania's health system, international reports, and published studies and used Stella Architect software to build an MA model. A three-pilar model was built. In the end, a Delphi study was conducted with three different profile healthcare professionals to evidence how much and how long would take for every specific intervention to improve MA.
Results: Our model showed that by increasing MA the cost of the cardiovascular events prevented were similar to the extra medication costs. However, we evidenced major social cost savings. The Delphie study showed that we could gain major MA improvement by targeting interventions that simultaneously increase medication dispensing and intake, rather than focusing on interventions to improve the actual HTA diagnosis.
Conclusion: Poor MA can be associated with increased social and healthcare costs. SD modeling is an innovative way to analyze factors that impact MA.

PS03.43 - Characterizing Unmet Supportive Care Needs in Diverse Adolescent and Young Adult Cancer Survivors

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Background: Research on supportive care needs (USCN) of adolescent and young adult (AYA) cancer survivors is limited, particularly for diverse populations. AYAs face distinct psychosocial and healthcare challenges, requiring a better understanding of their unmet needs. This study compared self-reported USCN between AYAs and older (>39 years) cancer survivors to identify age-specific care gaps and improve outcomes.
Methods: From October 2019 to October 2024, 20,520 cancer survivors (1,287 AYAs, 19,233 non-AYAs) at Sylvester Comprehensive Cancer Center completed the My Wellness Check™ (MWC) questionnaire. The MWC assesses 16 domains of USCN (e.g., stress management, financial concerns, oncofertility) and patient-reported outcomes (PROMIS® measures of pain interference, fatigue, physical function, anxiety, and depression) alongside health-related quality of life (FACT-G7). Sociodemographic, clinical characteristics, and prevalence of USCN were compared using chi-square and t-tests.
Results: AYAs were more likely to be female (64% vs. 51%), non-White (20% vs. 14%), Hispanic (56% vs. 44%), uninsured (4% vs. 3%), and unpartnered (59% vs. 34%) (all $p < 0.01$). AYAs reported higher rates of at least one USCN (33% vs. 28%) and greater needs in coping with cancer (14% vs. 11%), financial concerns (12% vs. 9%), work-related issues (6% vs. 3%), oncofertility (10% vs. 1%), and childcare (3% vs. 0.5%) (all $p < 0.001$).
Conclusions: Both groups face substantial USCN, but AYAs report additional age-specific challenges. These findings, consistent with prior research, uniquely highlight the unmet needs of a more ethnically diverse population, emphasizing the need for culturally tailored, age-appropriate interventions.

PS03.44 - Excessive adaptation, psychosocial stress, alexithymia, and somatosensory amplification in Japanese persons with psychosomatic illness conditions

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Background: It is hypothesized that excessive adaptation and alexithymia play an important role in the onset of psychosomatic illness. Purpose: We clarified the effects of both factors on mind/body symptoms, using the pre-existing database of psychosomatic patients. Method: The data of 604 outpatients were analyzed among those visiting a psychosomatic outpatient clinic at a Japanese university hospital for the first time. The outcome was the total number of somatic symptoms, and the candidate clinical predictors were perceived psychosocial stress, alexithymia, somatosensory amplification, adaptation, anxiety, and depression. All the patients completed questionnaires assessing the outcome and the predictors. Results: The average number of reported somatic symptoms was 4.8; the most frequent was fatigue (75%), followed by insomnia (56%), low-back pain (50%), headache (45%), and palpitations (43%). Multiple regression analysis showed that the total number of somatic symptoms was significantly associated with the degree of perceived psychosocial stress, alexithymia, somatosensory amplification, and depression. Also, structural equation models indicated links between excessive adaptation (via perceived psychosocial stress, alexithymia, and somatosensory amplification) and the total number of somatic symptoms. Conclusions: The results suggested that the association between psychosocial stress and reported somatic symptoms is mediated by alexithymia and somatosensory amplification in psychosomatic patients. From a view of behavioral medicine, excessive adaptation may be a key factor for stress management in those who do not recognize exposures of psychosocial stressors.

PS03.45 - The Impact of Healthcare Climate on Rehabilitation Adherence in Patients with Hand Injuries

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Background: Hand injuries can have a profound impact on patients' functional outcomes and overall quality of life. Understanding the factors that influence rehabilitation adherence is critical for improving recovery strategies.
Purpose: This study aimed to explore the relationship between patients' perceptions of the healthcare climate and their adherence to rehabilitation protocols in a sample of hand injury patients.
Method: The study involved inpatients with hand injuries (N = 40; M age = 41.68, SD = 13.93; age range = 18 to 76 years; female = 37.5%) who were experiencing fractures and nerve damage. Participants completed a daily survey over a two-week period, which collected data on demographic factors (age, sex, education), characteristics of the injury (dominant hand, injured hand, duration of injury), Health Care Climate Questionnaire (HCCQ) and Rehabilitation Adherence Scale. To test if the changes in the healthcare climate dimensions were associated with changes in patient rehabilitation adherence, the extent of change between two time points was indicated by the standardized residual change score (Δ).
Results: There was a significant positive relationship between ΔHCCQ (the standardized residual change scores between T1 and T2) and ΔAdherence (the standardized residual change scores from T8 to T14 and the average of the previous seven days), with $\beta = .95$, $p < .01$, $R^2 = .91$.
Conclusions: The findings indicated that higher perceived support in the healthcare climate was associated with increased adherence to rehabilitation protocols, underscoring the critical role of the healthcare climate in promoting adherence to rehabilitation among hand injury patients.

PS03.46 - Parenting with pleasure - despite cancer? Online-based parenting program for parents with cancer

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Background: Especially in families with underage children, parental cancer can have an impact on the mental well-being (e.g. anxiety, depression, etc.) of the children. In addition to changes in the family routines, the illness can also have an impact on parenting behavior. However, inconsistent parenting behavior poses a risk for the child's further socio-emotional development and can lead to a long-term deterioration of the parent-child relationship as well as to effects on the child's psychological development. Purpose: The aim of the study is to improve the parenting behavior of parents, reduce anxiety, depression and stress and increase the quality of life.
Method: This waiting list control group study enables parents with cancer to participate in the Triple P online parent training program. At baseline, 6 months and 12 months, online questionnaires are used to assess parenting behaviors as well as children's well-being.
Results: To date, N=115 parents (87.9% mothers) between the ages of 30 and 58 have participated. Initial results show greater leniency in parenting behavior as well as more anxiety and depression in parents with the disease. The changes in parenting behavior following participation in online parent training will be presented at the congress.
Conclusions: In addition to improving parenting behavior, there is hope that online parent training can also have a positive influence on problem behavior and the well-being of children. In this way, an important topic - parenting in the case of cancer - can also be brought into focus in clinical care, thus reducing the mental distress of the entire family.

PS03.47 - Health Decisions and Priorities of Sexual and Gender Minority Couples

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Background: Relationship partners influence one another's health and wellbeing.
Purpose: Despite the plethora of health disparities that affect sexual and gender minority (SGM) couples, far less is known about partners concordance about their health-related decision-making and priorities.

Method: We established an online cohort of 184 SGM adult couples in the U.S. Both partners of the couple independently completed an online survey every 6 months. We analyzed 4 variables from wave 3 data collection: a) within-dyad concordance about health-related decisions, b) health priorities incompatible with partner's goals, c) confidence about having shared health priorities with the partner, d) difficulty making decisions with partner because of having different priorities. All variables were responded to using a 5-point Likert-type scale with options of 0=not at all to 4=a great deal. Data were analyzed descriptively to calculate individual and within-dyad absolute means.

Results: Both partners of SGM couples, on average, perceived to be: "a lot" on the same page about their health-related decisions (M=2.89, SD=0.87) and confident about having shared health priorities (M=3.04, SD=0.90). In contrast, both partners of SGM couples, on average, perceived to be: "a little" incompatible with their partner's goals (M=0.88, SD=1.10) and between "not at all" and "a little" about difficulties making decisions due to different priorities (M=0.64, SD=0.87). Absolute score differences of these variables revealed means of 0.72, 0.84, 1.03, and 0.74, respectively.

Conclusion(s): Skill-based activities are needed to help reduce tensions between partners about their health priorities, either due to having different ones and/or difficulty in making related decisions.

PS03.48 - Exploring Group Singing for Older Adults - Therapeutic and Individual Factors: An Integrative Review

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Background: The ageing population is a global concern for medical and healthcare systems worldwide. To address this social phenomenon, the concept of healthy ageing and the implementation of community-based arts programmes such as group singing are developed.

Purpose: The present integrative review is used to investigate group singing as a potential intervention to improve the psychological well-being of older adults. It aims to identify how group singing is conducted for older adults and analyse the individual factors and therapeutic outcomes of the process.

Method/Results: A systematic literature search was conducted and a total of 27 studies met the inclusion criteria. Analysis and synthesis resulted in: (i) a proposed intervention protocol based on the activity theory of ageing; (ii) three themes related to the therapeutic outcomes; and (iii) six individual factors related to group singing.

Conclusion: The review found that group singing improves the mood, quality of life, and psychological well-being of older adults. To achieve these outcomes effectively, the six individual factors become crucial to the process. By understanding and activating these factors consciously and intentionally, the music therapist can utilise the music in group singing as an effective medium to reach out to this specific age population.

PS03.49 - Exploring Community Singing for Mothers of Fallen Soldiers — a Music Therapy Intervention to Enhance Well-Being

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Background: Ongoing wars around the world have left populations with severe mental illnesses including post-traumatic stress disorder (PTSD). The present study examines music therapy, particularly community singing, as a potential intervention to support the well-being of mothers of fallen soldiers.

Method: A community singing program (six group sessions, each lasting 90 minutes) was offered to Armenian mothers who lost their sons in the war, and feedback was gathered through a questionnaire. Analysis was conducted using thematic analysis to identify themes relating to their experiences and perceptions of the music therapy program.

Results: Results show that community singing delivered substantial benefits, including enhanced self-confidence and improved mood.

Conclusion: Overall, the responses from the participants were positive and this suggests that music therapy can be beneficial to support the well-being of mothers of fallen soldiers. This study contributes to the growing body of evidence supporting the effectiveness of community singing as a valuable intervention in aiding individuals coping with profound grief and loss. Future research should continue to refine music therapy programs for this population and explore its transformative potential in supporting healing and recovery.

PS03.50 - How to distribute scarce health resources globally in pandemics? Here's what people say

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Background
During the COVID-19 pandemic, countless individuals across the world needed novel and/or sophisticated health care resources simultaneously, leading to dramatic global shortages.
How to distribute resources in such situations? This dilemma is neither new nor understudied. Yet, the international community failed to respond efficiently and fairly during the pandemic: Numerous countries secured resources for themselves, which caused drastic global inequalities and prolonged the pandemic.

Purpose
In doing so, did governmental actions align with the will of the people? Which ethical principles do citizens prefer to be applied in a future pandemic?

Method
We developed the Global Resource Distribution Principles Scale to ask representative samples of adults in England and Germany to rate different ethical strategies for global resource allocation, both during the COVID-19 pandemic (2021; nEngland = 1328, nGermany = 1364) and in spring 2024 (nGermany = 1155). Applying extensions of bifactor(S-1) structural equation models, we tested preregistered hypotheses based on literature on justice attitudes.

Results
Results show that regarding both COVID-19 and a fictional future pandemic, participants preferred an equal, equitable and efficient global resource distribution and disapproved of merit or entitlement considerations. Preferences were relatively consistently across different types of health resources.

Conclusions
With their responses, citizens in England and Germany call upon the global community to develop fairer and more efficient global distribution mechanisms. This more global public health perspective and emphasis on justice could inform preparations for future pandemics or other global emergencies.

PS03.51 - Emotion Suppression Differentially Moderates the Link Between Stress and Cardiovascular Disease Risk in Japanese and Americans

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Prior work has found that the association between stress and cardiovascular disease (CVD) is moderated by emotion regulation (ER) and expressive suppression, which is linked with adverse health outcomes in Western but not Eastern populations. Cultural differences in biological stress responses and suppression use suggest that these factors may have different implications for CV outcomes. Thus, we examined if ER differentially moderates the relationship between stress and CVD risk between Japanese and American adults. Participants were from the Midlife in Japan and United States studies (Japanese: N = 315, Mage = 59.22, 149 females; Americans: N = 524, Mage = 51.98, 291 females). Stress was indexed using the perceived stress scale. Trait suppression was indexed using the Emotion Regulation Questionnaire. CVD risk was indexed using a composite score of body mass index, C-reactive protein, interleukin-6, systolic blood pressure, and high-density lipoprotein cholesterol ratio. Adjusting for age, sex, education, tobacco, alcohol, and prescription medication use, results showed robust cultural differences among those with high suppression (r = -.10 [-0.19, -0.01]). Higher stress was linked with higher CVD risk in Americans regardless of the level of suppression (r's > .11, p's < .07). Among Japanese with high suppression, higher stress was associated with lower CVD risk (r = .09 [-0.23, 0.05]). Findings suggest that suppression may not be universally 'maladaptive.' Results emphasize the importance of considering cultural context when assessing the impact of emotion suppression on health, which may help explain differences in CVD outcomes between individuals from Eastern and Western populations.

PS03.52 - Can Lifestyle Vigorous Physical Activity Prevent Geriatric Depression?

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Background: The association between lifestyle vigorous physical activity and mental health remains unclear.

Purpose: Thus, this study aimed to examine whether lifestyle vigorous physical activity is associated with the risk of depression in older adults.

Methods: A total of 214 older adults (mean age: 76.6 years, 46.3% males) were recruited. The participants were categorized into exercisers and non-exercisers based on their self-reported regular exercise habits. Each participant wore an accelerometer for 7 days to determine vigorous physical activity (recommended duration or bouts of lifestyle vigorous physical activity for non-exercisers: 4.4 min per day or three bouts per day) and reported their depressive symptoms via the 15-item Geriatric Depression Scale, with a score of ≥5 indicating clinical depressive symptoms. Logistic regression models were used. Each model assessed the association between independent and dependent variables (risk of depression), considering older adults with and without exercise habits.

Results: The results showed that for non-exercisers, the recommended duration or bouts of lifestyle vigorous physical Activity were not related to geriatric depression. However, In the group with regular exercise habits, a significant association was observed solely when the recommended bouts of VPA were met, correlating with lower odds of depression risk (Odds Ratio = 0.22, 95% confidence interval = 0.05–0.90) in crude model. This association persisted in adjusted model (Odds Ratio = 0.07, 95% confidence interval =0.01–0.56). Furthermore, a significant association was also discerned between adherence to the recommended duration and depressive symptoms in the model 2 (Odds Ratio =0.11, 95% confidence interval =0.01–0.89).

Conclusion: For older adults who were non-exercisers, the recommended duration or bouts of lifestyle VPA were not associated with geriatric depression. However, negative associations were observed among exercisers. This study suggests that lifestyle VPA alone may not be sufficiently effective in preventing geriatric depression. These findings emphasize the importance of highlighting the psychosocial health benefits of structured exercise.

PS03.53 - A Comparative Study on Food Education Policies and School Lunches in Japan and China: Historical and Social Perspectives

Ms. Chenyue Wang[1], A Comparative Study on Food Education Policies and School Lunches in Japan and China: Historical and Social Perspectives Kumi Hirokawa[1], A Comparative Study on Food Education Policies and School Lunches in Japan and China: Historical and Social Perspectives Toshio Takatorige[1]
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Background: Japanese school lunches was originally designed to prevent nutritional deficiencies. With the enactment of the Basic Act on Shokuiku in 2005, the focus shifted toward food education. Food education initiatives remain underdeveloped in China.
Purpose: This study investigated and compared the current state of school lunches and food education activities in elementary schools in Japan and China, focusing on differences in their goals and management methods.
Methods: Three establishments (A, B, C) with different feeding methods in Changzhou City, China, and the public elementary school lunch system in Takatsuki City, Japan, were selected for comparison due to the sister-city relationship between these cities. Establishments A, B, and C serve approximately 1,800, 160, and 10,000 children, respectively, while 16,592 children in Takatsuki City are eligible for school lunches. Evaluations were based on 16 goals outlined in Japan's Fourth Basic Plan for the Promotion of Shokuiku.
Results: Establishments A and C in China scored low for "reduction of food waste" (0/10) due to students' preferences. Establishment B scored low for "nutritional balance" (3/10) because students chose only preferred foods. Food safety scores were consistent across A, B, and C. Advanced technologies, such as AI cooking robots, were noted in Establishment C. In Takatsuki City, the school lunch menu cooked and served at the school was the same in all 41 public elementary schools.
Conclusions: The differing approaches to school lunches reflect historical and societal contexts. Japan integrates school lunches into education, emphasizing food education, while China efficiently outsources school lunch management.

PS03.54 - Evaluating the Effectiveness of Treading Water Training in Developing Children's Swimming Competence: A 4-Randomized Controlled Trial

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Objective: This study employed a double-blinded randomized controlled trial (RCT) design to examine the effectiveness of a 4-week treading water training (TWT) on children's swimming competence and treading water skill.

Methods: After using G*Power software to calculate the minimum sample size, we recruited a total of 15 students (male = 53%, female = 47%; age range, 5–10 years) from a local swimming club in Hong Kong. The intervention group (N = 8) received a 4-week TWT with drowning prevention education, whereas the control group (N = 7) received a drowning prevention information sheet and regular training. We assessed swimming competence (via an objective rating on the Swimming Competence Questionnaire) and treading water skill (indicated by treading water duration) at baseline and post-intervention. Mann–Whitney U test tested if the intervention group had better improvement in swimming competence and treading water skill than the control group.

Results: The findings from the RCT show that the intervention group had significantly more improvements in swimming competence ($p = .04$; Cohen' $d = 1.05$) and treading water skill ($p = <.001$; Cohen' $d = 3.63$) than the control group after the TWT.

Conclusion: These findings support the effectiveness of treading water training on improving children's swimming competence and treading water skill, highlighting the benefits of incorporating TWT into traditional swimming trainings to bolster children's safety.

Keywords: treading water, children's swimming competence, learn-to-swim program, drowning prevention, water safety

PS03.55 - Culturally Adapted, Low-Threshold Psychoeducational Intervention for Asylum Seekers (LoPe-study): Results of a Multicenter Randomized Controlled Trial

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According to the UN Global Trends Report, over 117 million individuals globally were displaced in 2023 due to violence, conflict, war, or political persecution. Refugees frequently suffer from mental health issues. The lengthy asylum process and discrimination can exacerbate these conditions, even after arriving in safe countries. Additionally, language barriers, the fear of stigma, and a lack of information hinder access to psychotherapy.

Purpose: This study aimed to examine the efficacy of a culturally-sensitive, low-threshold psychoeducation program, "Teagarden," on enhancing mental health awareness and promoting psychotherapy utilization.

Method: Conducted across four locations, the study included 170 asylum seekers from diverse countries who had recently settled in Germany. Participants were randomly assigned to an intervention (IG, n=87) or a waitlist group (WL, n=83). The IG immediately began the intervention, consisting of two 90-minute group sessions, while the WL participated two months later. Assessments took place at pre- and post-intervention, and 2- and 6-month follow-ups, measuring mental health knowledge, openness to psychotherapy, and psychological distress (GHQ).

Results: IG-participants experienced significantly greater gains in mental health knowledge and reductions in psychological distress compared to the WL at post-intervention. No significant difference was found regarding openness to psychotherapy. After the WL had completed the intervention, both groups showed similar levels of knowledge improvement.

Conclusion: The results demonstrate the effectiveness of the "Teagarden" intervention in increasing understanding of mental health disorders and treatment. The identified reduction in psychological distress supports the potential for brief, accessible interventions to improve the well-being of asylum seekers.

PS03.56 - Motivation for Experiential Activities for Elderly Personas

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Aim
This research examines the motivations of older adults in Singapore to engage in recreational and experiential learning activities. Amid a rapid demographic shift and rising numbers of seniors living alone, understanding these drivers is critical to addressing the biopsychosocial well-being of this population. Using the Recreation Experience Preference (REP) Inventory (Driver, 1976), the study explores perceived benefits derived from participation, offering insights to enhance active and healthy ageing strategies to support the overall well-being of elderly population in Singapore.

Methods
Participants aged 65 and above, recruited through Active Ageing Centres, completed the REP questionnaire during experiential learning activities. A total of 65 participants (19 males, 46 females, mean age = 72) provided demographic information and responses to the REP domains encompassing 35 scales of desired recreational outcomes.

Results
Seniors prioritize intrinsic motivations such as achievement, autonomy, meaningful connections, and learning. Achievement/Stimulation was linked to self-confidence, skill development, and excitement, with social recognition being less important. Autonomy/Leadership revealed a strong desire for independence and control. Social domains highlighted gender differences; females preferred active interpersonal interactions, while males leaned toward passive observation. Learning opportunities for knowledge expansion and novel experiences were widely appreciated, while fitness and relaxation preferences varied by age and gender.

Conclusion
The findings emphasize the importance of designing tailored programmes that foster independence, personal growth, and social engagement. By aligning with these preferences, recreational activities can better promote active ageing, enhancing the physical, psychological, and social well-being of seniors in Singapore.

PS03.57 - A web-based intervention to reduce stigma in care for higher-weight patients.

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Background
Stigma associated with higher body weight contributes to patient healthcare avoidance, poor experiences of interpersonal care, and poor patient health outcomes. There are two dominant models of care intended to reduce stigma: stigma-sensitive care, in which weight loss care is approached in a patient-centered and non-judgmental way, and weight-inclusive care, in which weight loss is not a focus, rather attention is shifted from reducing body size to improving health behaviors.
Purpose:
We developed and evaluated a web-based learning experience (LE) with multiple attitudinal and behavioral targets.
Method:
The LE provides education on weight bias and its impact on care, stigmatizing attitudes and beliefs, strategies to interrupt the impact of weight bias on behavior, strategies to address the clinic environment, and specific strategies to reduce stigma during healthcare encounters, including examples of both stigma-sensitive and weight-inclusive care. We conducted a pre-post evaluation of the intervention in a sample of 26 healthcare providers.
Results:
Several measures showed significant improvement, including knowledge about weight bias (e.g., Assumptions we make about people may influence the signs and symptoms we notice: mean change=+.54/5 points, p<001), self-efficacy (e.g., “I feel confident that I can effectively treat a patient with a higher body weight” (+.54 points/5, p<.001), and behavioral intentions (e.g., In the future, I plan to refer patients with higher weight to experts and resources who can work with them to make behavior changes: +.31/5 points, p=.02).
Conclusions:
This LE showed promise at reducing stigma and improving care experiences for people with higher weight.

PS03.58 - Classification of Supine and Non-Supine Apnea-Hypopnea Index (AHI) in Obstructive Sleep Apnea (OSA)

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Background: OSA is a condition characterized by restricted airflow during sleep through narrowing of the upper airway. AHI, a marker of OSA severity, is often greater in the supine (back) sleeping position as compared to the non-supine (sides/stomach) sleeping position.
Purpose: To identify the unique patterns across the proportion of time spent in the supine and non-supine sleeping position (exposure) and the AHI in the supine and non-supine sleeping position (severity).
Method: Latent class analysis (LCA) tested potential classification of 755 Veterans with OSA by including the following observed variables: supine AHI, non-supine AHI, proportion of sleep time in supine position, and proportion of sleep time in non-supine position. Proportion variables were calculated by dividing supine or non-supine sleep time by the overall total recording time.
Results: A 4-class solution fit the data best (Vuong-Lo-Mendell-Rubin LRT [VLMR-LRT] p= .005). The 4 classes identified were 1) moderate supine AHI/predominantly non-supine position, 2) severe supine AHI/mostly non-supine position, 3) moderate supine AHI/mostly supine position, and 4) moderate supine AHI/predominantly supine position. The retained class solution demonstrated good class separation (entropy= .91). Overall AHI (not accounting for position) were equivalent in all 4 classes.
Conclusion: The 4 classes suggest that there are unique subgroups when accounting for AHI severity and proportion of time spent in each sleeping position. Therefore, when treating OSA, both the severity of AHI in each sleeping position, in addition to the time spent in each sleeping position is of relevance.

PS03.59 - The significance of avoiding negative self-evaluation: Insights from longitudinal relationship between resilience and depressive symptoms at sub-symptom level

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Background: Psychological resilience (PR) is an important component of positive psychology. The longitudinal relationship between depressive symptoms and PR was still inclusive.
Purpose: This study aimed to examine symptom-centric trajectories within and across these two psychological clusters through dynamic network modeling.
Method: Using a 3-year community-based cohort with 3,321 older adults aged ≥ 60, we applied cross-lagged panel network (CLPN) analyses to examine the longitudinal relationship identify key bridge symptoms between depressive symptoms and PR stratified by NLEs. Linear regression models further examined the joint association between bridge symptom and syndrome level on external psychological cluster change and relative outcome (e.g., cognitive function).
Results: Negative self-appraisal within depressive symptoms and optimism within PR were identified as key bridge symptoms, regardless of whether individuals had experienced NLEs or not. Negative self-appraisal was also the highest Out-Expected Influence. Furthermore, compared to baseline category of “with negative self-appraisal-with depressive symptoms”, categories of “without negative self-appraisal-with depressive symptoms” and “without negative self-appraisal-without depressive symptoms” were both associated with subsequent improvement in PR [β (95%CI) = 5.84 (1.92, 9.76) and β (95%CI) = 6.67 (4.08, 9.26), respectively] and cognitive function [β (95%CI) = 1.10 (0.11, 2.09) and β (95%CI) = 1.60 (0.94, 2.26), respectively].
Conclusion: Negative self-appraisal may be a predominant symptom as target for improving psychological health. In addition, optimism may amplify its positive effects by reducing negative self-appraisal.

PS03.60 - Efficacy of an Online Mindfulness Program to Reduce Fear of Recurrence in People Diagnosed with Cancer: A Randomized Controlled Trial

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Background
Online mindfulness programs may support between 30% and 54% of the cancer population experiencing sub-clinical or clinical fear of cancer recurrence (FCR).

Purpose
To determine the efficacy of MindOnLine, a 9-session mindfulness-based online program for people diagnosed with cancer, in reducing FCR.

Methods
Randomised controlled trial comparing MindOnline with a wait-list control. Adults, ≥18 years, living in Australia, who had completed active treatment/surveillance for stages 1–3 breast, prostate or colorectal cancer, within the past 5 years, had internet access, and FCR Inventory (FCRI) severity scores ≥13 were eligible. MindOnLine incorporated education, mindfulness practices, and meditation. Outcomes were assessed at baseline, 9-weeks and 9-months post-recruitment. Linear mixed models assessed MindOnLine's impact on primary (FCR) and secondary (depression and anxiety) outcomes.

Results
358 participants were randomly assigned to MindOnLine (n=183) or wait-list control (n=175); 58% had breast, 26% prostate and 16% colorectal cancer; 52% were ≥60 years old; 69% were female. At 9-weeks, MindOnLine significantly reduced FCRI total score (-5.5 points, 95% CI [-8.5, -2.4], p=0.0004); anxiety score (-1.3, [-2.2, -0.5], p=0.0024); and depression score (-1.4 points, [-2.3, -0.5], p=0.0019) compared to participants in the control group. These effects were sustained at 9-months (FCRI: -4.8 points, [8.4, -1.2]; p=0.0095; anxiety: -1.2, [-2.2, -0.16], p=0.023; depression: -0.97, [-1.9, -0.02], p=0.044). MindOnLine reduced FCR in people living with breast and colorectal cancer, but not with prostate cancer.

Conclusions
Self-directed online mindfulness programs can support people with FCR. Further research is required to understand how mindfulness programs can be effective for all population groups.

PS03.61 - Improving Psychosocial Support for Adults Living with Inflammatory Bowel Disease in New Zealand: a Qualitative Study

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Background and Purpose: Inflammatory bowel disease (IBD) is a growing public health issue in New Zealand, linked to reduced quality of life and psychological distress. Despite its impact on psychological wellbeing, psychosocial support is often missing from routine IBD care. This study examined the experiences of adults diagnosed with IBD in New Zealand, the psychosocial challenges they faced, and practical recommendations for improving support during diagnosis and early disease management.
Methods: Semi-structured interviews were conducted with twelve participants living with IBD in New Zealand. Data was analysed using the framework method, a type of thematic analysis, using a realist epistemology and both inductive and deductive coding.
Results: Four key themes emerged including ‘trust and mistrust’, ‘care not cure’, ‘educate, adhere, empower’, and ‘dynamics of coping and adjustment’. These themes captured the psychosocial experiences, challenges, and recommendations for newly diagnosed IBD patients in New Zealand.
Conclusions: Participants faced challenges navigating the healthcare system, lacked psychosocial support, and struggled to adjust to a lifelong condition. They provided key suggestions for improving psychosocial support for IBD patients in New Zealand. The study highlights practical recommendations to enhance psychosocial care, aiming to reduce the burden of IBD on individuals and the broader healthcare system.

PS03.62 - Effects of a Parent-Child Single-Session Growth Mindset Intervention on Adolescent Depression and Anxiety Symptoms: A 3-Arm Waitlist Randomized Controlled Trial

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Background: As recent evidence has shown the promise of single-session interventions in reducing and preventing youth internalizing problems, this study aims to develop and examine a parent and child single-session digital intervention on mindsets of intelligence, failure, and emotion (PC-SMILE) to tackle depression and anxiety in young people.
Objective: Using a 3-arm randomized controlled trial, this study examined the effectiveness of PC-SMILE compared to the waitlist control group, the PC-SMILE group and child single-session intervention (C-SMILE) group on depression and anxiety (primary outcome) and significantly improve secondary outcomes, including children's academic self-efficacy, hopelessness, psychological well-being, and parent-child interactions and relationships.
Methods: 408 parent-child dyads were recruited from 7 secondary schools and randomly assigned to three conditions. Students in the three groups were assessed at 3 time points, baseline before intervention, 2 weeks post intervention, and 3 months post intervention. The intention-to-treat principle and generalised estimating equation models were used for data analysis.
Results: The intent-to-treat analysis found no significant time*group interaction effects on all outcome measures. However, the results revealed a significant decrease in anxiety symptoms and hopelessness and a significant improvement in parent-child relationships for the PC-SMILE group, and the enhancement on parent-child relationships sustained till 3-months-follow-up.
Conclusions: The single-session interventions towards both parents and children were effective at reducing anxiety and hopelessness among adolescents and improving parent-child relationships. Our data revealed the potential benefits of brief web-based interventions for adolescents and parents, which may be scalable, destigmatized, and cost-effective alternatives to school-based programs.

PS03.63 - Improvement of Psychological Adjustment in Fibromyalgia Subjects After a 4-Weeks Taoist Qigong Programme

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Background: Qigong is an ancient Chinese psychosomatic exercise that exerts significant changes of psychobiological variables, and has been said to induce noteworthy physical and psychological benefits. Notwithstanding its clinical potential, qigong has been scarcely studied in fibromyalgia, and the specific effects of Taoist qigong in this syndrome are unknown. Since treatment of fibromyalgia remains a serious challenge, shedding light on the psychological action of Taoist qigong in these subjects is essential.
Purpose: The present study was designed to explore whether Taoist qigong could improve psychological adjustment in fibromyalgia individuals after a short period of practice.
Method: 39 individuals with fibromyalgia participated in the study, 16 in the experimental group and 23 in the control. Experimental subjects engaged in a four-weeks Taoist qigong training programme. To assess psychological adjustment, instruments such as the Depression Anxiety Stress Scales (DASS-21), the Negative and Positive Affect Scale (NAPAS), and the Life Satisfaction Scale (SWLS), were employed before and after the experiment concluded.
Results: The experimental group displayed a significant improvement in anxiety, depression, and stress, including total distress. Likewise, a significant reduction of negative affect was also observed, although the positive affect component of this scale remained without changes, as did Life Satisfaction.
Conclusions: The practice of Taoist qigong for a short period of one month induced a noteworthy improvement of several mood indexes in subjects with fibromyalgia. Qigong, therefore, may be a potential therapeutic tool in subjects with this syndrome.

PS03.64 - Longitudinal Association Between Social Support and Posttraumatic Growth Among Type 2 Diabetes Patients in Hong Kong: A Cross-Lagged Panel Analysis

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Background: Due to its chronic nature, patients with type 2 diabetes mellitus (T2DM) can experience psychological challenges such as anxiety and depression. However, patients with T2DM would also have positive changes, including posttraumatic growth (PTG). Social support serves as a protective factor during stressful circumstances, fostering emotional connection, health reappraisal, optimism, and reduced illness burden in T2DM patients. While social support has been associated with PTG in trauma populations, their bidirectional relationship remains unexplored in T2DM patients.
Purpose: This study aims to examine the bidirectional relationship between social support and PTG in T2DM patients.
Method: T2DM patients (N=323) recruited from public hospitals in Hong Kong (mean age=66.1; 49.5% male) completed longitudinal surveys across three timepoints (baseline(T1), 1-month(T2), 3-month(T3)) measuring aforementioned variables. A cross-lagged panel model (CLPM) was used to analyze the bidirectional relationship between the two variables.
Results: The CLPM showed a good fit ($\chi 2/df=2.605$, $p<0.001$; TLI=0.913; CFI=0.923; RMSEA=0.070; SRMR=0.060). Social support at T2 significantly predicted PTG at T3 ($\beta=0.161$, 95%CI[0.051, 0.271]), showing that greater perceived social support at T2 led to higher PTG at T3. However, PTG at T1 and T2 did not predict subsequent social support, and social support at T1 did not significantly influence PTG at T2.
Conclusion: Findings reveal a unidirectional relationship where sustained social support fosters PTG in T2DM patients, particularly over longer timeframes. PTG did not significantly impact social support. These results emphasize the critical role of stable social support in promoting PTG in chronic illness management, offering key implications for targeted interventions.

PS03.65 - Analysis of the process of loneliness and isolation in the workplace (21): Intentions after using a loneliness-detecting application

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Background
Early detection of workers' loneliness can help prevent mental health problems, especially in the recent remote working environment. Our research project (PI: Prof. Y. Matsui) examines the processes by which feelings of loneliness worsen among workers, and has developed a smartphone application to detect loneliness.

Purpose
The loneliness-detecting Stroop app was developed in this project. It is administered to workers and feedback is provided to them, exploring what behavioral intentions are generated.

Method
An online survey of 610 Japanese workers was conducted in February 2025. Ninety-three workers, who gave informed consent and properly completed an app and questionnaire, were included in the analysis. Participants were asked what they would do in future after receiving feedback on their level of loneliness. There were three such levels: normal, somewhat concerned, and concerned.

Results
After seeing the feedback, 62.5% of participants classified as "concerned" looked at the "Tips for Improving Your Connectedness" section of the app. This percentage was significantly higher than for those classified as "normal" or "somewhat concerned." The most common response in all groups was "I decided to look at myself dispassionately." In contrast, the numbers of participants who stated they had "consulted or thought about consulting a specialist or counselling service" or "consulted or thought about consulting supervisors or colleagues" were low.

Conclusions
Posting a collection of tips on the app may encourage self-care by making the content easier to read, especially for workers rated "concerned."

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PS03.66 - Network Analysis of the Symptom Structure and Associated Factors of Subjective Cognitive Decline among Middle-aged and Older Adults

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Background:With the increasing trend of aging in China's demographics, understanding subjective cognitive decline (SCD) is becoming increasingly important for early intervention and improving the health of the middle-aged and elderly population.
Objective: To investigate the symptom network structure of subjective cognitive decline (SCD) and its associated factors in middle-aged and older adults.
Methods: A cross-sectional study was conducted among 8,262 community residents aged 45 years and over in Shandong Province (Jining, Weifang, and Zoucheng). SCD was assessed using the 8-item Ascertain Dementia (AD8) questionnaire, while mental health status was evaluated with Patient Health Questionnaire-9 and General Anxiety Disorder-7. SPSS and R were applied to construct the SCD symptom network model and examine its association with psychological factors.
Results: The prevalence of SCD was 24.53%. “Difficulty using household appliances” emerged as the core symptom, with the strongest connections to “forgetting appointments” (edge=2.13) and “declining daily memory and thinking ability”. Additionally, “poor self-rated mental health” was most strongly linked to “loss of interest, change in hobbies and reduced activities” (edge=0.38).
Conclusion: SCD symptoms in middle-aged and older adults exhibits strong interconnections and are closely linked to the individual's mental health condition.

PS03.67 A Study of The Reliability and Validity of The Chinese Version of The Perth Alexithymia Questionnaire in Adolescents

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Background：Emotional processing skills are an important component of mental health. Adolescence is a critical stage of emotional and social cognitive development, and epidemiological studies have shown that approximately 36% of individuals in the adolescent population suffer from alexithymia. In view of the specificity and complexity of their psychological development stage, it is particularly necessary to conduct a study on the reliability of the Chinese version of the Perth Alexithymia Questionnaire (PAQ).
Objective:The Perth Alexithymia Questionnaire (PAQ) was translated into a Chinese version of the questionnaire and tested for reliability and validity in adolescents.
Methods:The Chinese version of the PAQ scale was formed according to the procedures of forward translation, back translation, cultural adaptation and pre-survey. During February and April 2024, 7 975 adolescents from Shandong Province, Anhui Province, and Hunan Province were selected to test the reliability of the Chinese version of the PAQ. The item analysis was performed using the coefficient of determination and correlation coefficient methods, and the reliability and validity were assessed using confirmatory factor analysis, criterion-related validity, internal consistency reliability, and test-retest reliability. The Toronto Alexithymia Scale, the Patient Health Questionnaire and the Generalized Anxiety Disorder Scale were used as validity scales, and 1 083 adolescents were retested 4 weeks later to determine the reliability of the retest.
Results:The results of the confirmatory factor analysis showed that the Chinese version of the PAQ scale was a 5-factor model (GFI=0.921, NFI=0.938, CFI=0.940, TLI=0.931, RMSEA=0.060). The Cronbach's α coefficient for the Chinese version of the PAQ total scale was 0.953. The Cronbach's α coefficients for the five subscales of Negative-Difficulty Identifying Feelings, Positive-Difficulty Identifying Feelings, Negative-Difficulty Describing Feelings, Positive-Difficulty Describing Feelings, and General-Externally orientated Thinking were 0.821, 0.852, 0.807, 0.834 and 0.859, respectively. The retest reliability of the Chinese version of the PAQ scale was 0.762. The retest reliabilities for the five subscales of Negative-Difficulty Identifying Feelings, Positive-Difficulty Identifying Feelings, Negative-Difficulty Describing Feelings, Positive-Difficulty Describing Feelings, and General-Externally orientated Thinking were 0.717, 0.676, 0.716, 0.709 and 0.692, respectively. The total score of the Chinese version of the PAQ scale was positively correlated with the total score of the Toronto Alexithymia Scale, depressive symptoms, and anxiety symptoms ($r=0.782, 0.378, 0.369$, $P<0.01$).
Conclusion:The Chinese version of the PAQ scale showed excellent psychometric properties on all measures in the adolescent population and can be used as an important tool for assessing adolescents' alexithymia.

PS03.68 - Anxiety symptoms and related factors of elderly residents in new townships

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【Abstract】 Objective：To investigate anxiety symptoms and associated factors in old residents of new townships, and to provide prevention to anxiety. Methods：A cross-sectional study was conducted in older residents in new townships of three urban areas in Shandong Province from 2021 to 2023. The study instruments included Ascertain Dementia-8, Generalized Anxiety Disorder-7, self-administered demographic characteristics information questionnaire. Multivariate analysis of factors associated with anxiety symptoms in elderly residents was performed using multivariate logistic regression. Results：The prevalence rate of mild anxiety symptoms was 5.8%, and the rate of moderate to severe anxiety symptoms was 1.3% in 3 313 residents. Multivariate analysis found that Self-assessed general psychological condition (OR=0.52), good family environment (OR=0.34), no self-perceived cognitive impairment (OR=0.31), no chronic diseases (OR=0.42), and only one chronic diseases (OR=0.61) were protective factors for mild anxiety symptoms, and very good dietary structure (OR=2.15) and fair dietary structure (OR=2.39) were risk factors for those. Very good family atmosphere (OR=0.11) and average family atmosphere (OR=0.16), and no self-perceived cognitive impairment (OR=0.14) were protective factors for moderate-to-severe anxiety symptoms, and 0-3 years (OR=3.24) and 4-6 years (OR =3.28) of relocation were risk factors for those. Conclusion: The family environment, dietary structure, and relocation in elderly residents in new townships are related factors for the occurrence of anxiety symptoms, and intervention measures should be taken.

PS03.69 - Precision Exercise in Alzheimer's Disease: A Sequential Multiple Assignment Randomized Trial (SMART)

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Background: Moderate-intensity continuous aerobic training (MICT) is well-documented for improving cardiorespiratory fitness (CRF); however, there are substantial variability in CRF among older adults, which may contribute to inconsistent cognitive effects of MICT in individuals with Alzheimer's disease (AD).
Purpose: To examine the feasibility of using aerobic fitness, as measured by peak oxygen consumption (VO2peak), to identify non-responders to MICT from the FIT-AD Sequential Multiple Assignment Randomized Trial (SMART).
Method: The FIT-AD SMART aims to enroll 108 older adults with early AD, assigning 72 to MICT and 36 to stretching exercises for six months. After three months, VO2peak is reassessed to identify non-responses (<5% improvement in VO2peak from baseline) who are re-randomized to either high-intensity interval training or a combined aerobic and resistance exercise for another three months.
Results: On January 2, 2025, 19 participants completed 3-month assessment (70.95±5.75 years of age, 16.05±2.74 years of education, and 22.74±3.51 on the Montreal Cognitive Assessment [MoCA]). Thirteen participants were randomized to MICT and 11 completed 3-month exercise testing. The 11 MICT participants' VO2peak was 19.05 mL/kg/min at baseline and 20.40 mL/kg/min at 3 months (15.2% increase). Six were non-responders (VO2peak change: -2.96%±8.85%), and five were responders (VO2peak change: 36.9%±51.9%). In contrast, VO2peak of the stretching group (n=6) decreased 6.2%.
Conclusion: VO2peak did not improve among half of MICT participants and is a key physiological marker for identifying exercise non-response in older adults with AD early during exercise interventions.

PS03.70 - Impact of Pre-Sleep Psychological States on Sleep Duration: An Ecological Momentary Assessment Analysis

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Psychological states are widely recognized to influence sleep, and prior research has indicated that symptoms of various mental disorders can adversely affect sleep quality. However, there has been little investigation into the relationship between real-time psychological evaluations using ecological momentary assessment and subsequent sleep outcomes. Moreover, the effects of mental disorders and genders on the relationship between psychological evaluations and sleep outcomes remain insufficiently understood.

In this study, we examined whether pre-sleep anxiety, depression, positive mood, optimism, and anger influence sleep duration and sleep efficiency. We also explored whether these effects differ across diagnostic groups, including anxiety disorders, mood disorders, psychosomatic disorders, and eating disorders, as well as between genders.

A multilevel analysis using a random intercept model revealed that elevated levels of pre-sleep anxiety significantly shortened subsequent sleep duration, whereas none of the other psychological states demonstrated a significant effect. Adding diagnostic group and gender into the model led to a deterioration in model fit. No significant differences emerged regarding sleep efficiency for any of the five psychological states.

These results highlight the potential importance of addressing pre-sleep anxiety to improve sleep quality, regardless of diagnostic status or gender. Our findings suggest that interventions targeting anxiety before sleep may enhance sleep duration.

PS03.71 - Psychological Impact on Women with a Family History of Cancer Undergoing Screening Tests

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Background. Breast cancer screening may have a significant emotional impact, particularly among women with a family history of cancer.
Purpose. This study aimed to examine the association between anxiety, negative psychological consequences and family history of cancer in women undergoing breast cancer screening.
Method. A non-experimental, cross-sectional study was conducted with a sample of 468 women attending a specialized breast cancer screening clinic in Guadalajara, Mexico. Psychological consequences were assessed using the Psychological Negative Consequences Questionnaire (CCPN) and the Hospital Anxiety and Depression Scale (HADS). Statistical analyses included a Student's t-test and Pearson correlation analysis.
Results. Women with a family history of cancer reported significantly higher levels of anxiety during screening (p=.023), along with greater impairment in physical health (p=.012) and emotional functioning (p=.039), compared to women without such a history. Additionally, sociodemographic variables such as age and education level were negatively correlated with anxiety (r=-.155, p=.001; r=-.177, p<.001) and negative psychological consequences (r=-.185, p<.001;r=-.138, p=.003).
Conclusion. Women with a family history of cancer exhibit increased anxiety and greater physical and emotional distress during breast cancer screening. However, higher age and education level appear to mitigate these effects, highlighting the need for tailored psychological interventions for younger women, those with lower education level, and those with a family history of cancer.

PS03.72 - Understanding the Psychological Barriers to Home Modifications for Fall Reduction in Adults over the age of 50.

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Background: Falls are a major health risk for older adults, often resulting in serious injury and long-term care (Montero-Odasso et al., 2022). Adults aged 50+ may also be vulnerable due to age-related changes in physical and cognitive function, highlighting the importance of early intervention (Karvonen-Gutierrez et al., 2020). Home modifications are an effective measure (Clemson et al., 2023), yet many individuals resist making changes to their environment . Qualitative findings from our recent mixed methods systematic review identified emotional attachments and resistance to change as key barriers to accepting home modifications.

Purpose: This study aimed to further explore findings from the five qualitative studies included in the systematic review and to identify additional barriers through a Patient and Public Involvement (PPI) workshop.

Methods: A World Café approach (Lohr et al., 2020) was used to facilitate open discussion with six participants aged 50+. Discussions centered on barriers to home modifications, with participants documenting insights on notepads. Data from notes and verbal quotations were analysed using Thematic Analysis (Braun & Clarke, 2022).

Results: Emotional attachments and resistance to change were reaffirmed, consistent with findings from the review. A novel theme, stranger danger was also identified, describing discomfort with allowing unfamiliar individuals into the home. This had not been identified in the previous five studies.

Conclusion: Identified barriers may limit the uptake of home modifications even when beneficial. Future co-design workshops will explore psychological interventions using behaviour change techniques to improve receptivity and early action among adults aged 50+.

PS03.73 - Post-migration Stress and Mental Health in Forcibly Displaced People: Protocol for an Ecological Momentary Assessment Study

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Background. Emerging research recognizes post-migration stress as a significant factor negatively impacting the mental health of forcibly displaced people (FDP), even independently of pre-migration trauma exposure. However, no study has yet investigated the detrimental effects of post-migration stress on psychological and physiological indicators of mental health in FDP's daily life. Purpose. The aim of the study is to understand how everyday post-migration stress affects psychological distress in FDP, as chronic stress exposure is associated with detrimental mental health. Method. We aim to recruit 60 Arabic- or Farsi-speaking adult FDPs (≤ 36 months of stay in Austria), who will complete daily smartphone-based questionnaires for 14 days. Following an ecological momentary assessment (EMA) design, participants will be prompted repeatedly throughout the day to report on experienced migration-specific stressors, their perceived momentary stress levels, transdiagnostic symptoms of psychological distress, and disorder-specific symptoms of depression, anxiety, and PTSD. Additionally, participants will provide saliva samples to measure psychobiological stress system functioning, indicated by salivary cortisol and alpha-amylase levels. Anticipated results. We expect higher perceived (post-migration) stress to be directly associated with stronger transdiagnostic psychological distress, disorder-specific symptoms (i.e., depression, anxiety, and PTSD), and psychobiological stress levels. Additionally, we anticipate time-lagged effects of perceived (post-migration) stress on symptoms of transdiagnostic psychological distress and psychobiological stress markers. The hypotheses will be tested by employing multilevel analyses. Conclusion. The study results shall bring insight into the nuanced impact of post-migration stress on refugees' well-being in daily life, thus informing more targeted interventions.

PS03.74 - Tri-use of Alcohol, Nicotine, and Cannabis among Young Adults: Day-Level Comparisons in Substance Use Outcomes to Dual-Use and Alcohol-Only Use

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Alcohol, cannabis, and nicotine use are common among young adults with many “co-using” substances on the same day. Most co-use research has focused on alcohol and cannabis co-use, but many alcohol+cannabis use days involve nicotine. Nicotine is rarely considered, and such “tri-use” (same-day alcohol+cannabis+nicotine use) may increase one’s risk for heavy use and harms. The current daily diary study compared substance use outcomes across tri-use, dual-use, and alcohol-only use days. Participants were 99 young adult college students (Mage=20.28, SD=1.29) who reported weekly co-use and reported on substance use behavior each day across four consecutive weekends. We conducted a series of multilevel models to examine the role of type of use day (tri-use [alcohol+cannabis+nicotine] and dual-use [alcohol+nicotine or alcohol+cannabis] compared to alcohol-only use days) on the outcomes of number of drinks consumed, odds of heavy episodic drinking (HED; 4+/5+ drinks in one day for females/males), odds of high-intensity drinking (HID; 8+/10+ drinks), and odds of experiencing alcohol-related harms. Participants reported more alcohol and greater odds of HED and HID on tri-use days than alcohol-only days. Participants had higher odds of HID on tri-use days than alcohol+cannabis days. Participants reported more drinks on alcohol+nicotine days than alcohol-only days. Harms did not differ by type of use day. Overall, findings support that young adults reported heavier alcohol use on days when nicotine was co-used relative to days with alcohol+cannabis or alcohol-only use. Future studies should continue to consider the role of nicotine use when exploring risks of alcohol and cannabis co-use.

PS03.75 - Evaluating an educational program to enhance healthcare professionals' support for cancer patients with minor children

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Background: Cancer patients who are parenting face unique psychosocial challenges, including communicating with their children about the illness and maintaining their parental role during treatment. Although healthcare professionals are expected to support these patients, opportunities to acquire relevant knowledge and skills remain limited.

Purpose: This study aimed to evaluate the effectiveness of our educational program designed to enhance healthcare professionals' knowledge, reduce anxiety, and improve perceived competence and difficulty in supporting cancer patients with minor children.

Method: Participants were healthcare professionals with 5 or more years of oncology experience. The program included lectures on parenting cancer patients' concerns and support strategies, as well as roleplay activities. Online questionnaires were administered at 3 time points: before, immediately after, and 3 months following the program. Primary outcomes were changes in knowledge and anxiety scores related to supporting cancer patients with minor children.

Results: Twenty-four healthcare professionals participated, most of whom were nurses (78%), with an average of 14.4 years of oncology experience (5-32 years). Wilcoxon signed-rank tests showed significant improvements in knowledge and anxiety scores from pre- to post-program ($p < .05$) and from pre- to 3-month follow-up ($p < .01$). While only 1 difficulty and 1 competence item improved immediately after the program ($p < .05$), 10 of 16 difficulty items and 3 of 7 competence items showed improvement at 3-month follow-up ($p < .05$).

Conclusions: The program improved healthcare professionals' knowledge and reduced anxiety. Improvements in difficulty and competence at follow-up suggest continued application of program-acquired skills in clinical practice.

PS03.76 - Effects of Trait Impulsivity on Alcohol Cue-Induced Heart Rate Variability and Drinking Behavior

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Alcohol consumption is a risk factor for a variety of health harms, making it critical to understand the predictors of drinking behavior. Studies have demonstrated that drinkers exposed to alcohol cues (e.g., the sight/smell of alcohol) exhibit heightened levels of self-reported craving and psychophysiological responses, including changes in heart rate (HR) and heart rate variability (HRV). These effects tend to be more exaggerated among individuals with high levels of trait impulsivity. Whether psychophysiological responses to cues predict drinking behavior, especially among impulsive individuals, has not been well studied. We hypothesized that impulsivity would predict higher levels of HR and HRV in drinkers exposed to alcohol cues, and these responses would predict drinking behavior. Social drinkers from a New York City university (n = 33 Male, 40 Female, mean age = 21.5 + 2.0) completed measures of past-90-day drinking and trait impulsivity and participated in an experiment in which cardiovascular responses were measured during counterbalanced 90-second exposures to a glass of 1) alcohol and 2) water. HR and HRV were assessed using a Biopac MP150 system, and spectral density analyses of HRV were performed using Acknowledge 3.1 software. Mediational analyses yielded partial support for the study hypotheses. We observed direct effects of impulsivity on drinking behavior, as well as indirect effects through HRV, but not for HR. This study highlights the importance of psychophysiological responses to alcohol cues as predictors of drinking behavior, but raises important questions about the potential complex mechanisms underlying the relationship between trait impulsivity and alcohol consumption.

PS03.77 - The Effects of Hopelessness and Depression on Suicidal Ideation in Daily Life

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Backgroud:
Suicidal ideation refers to thoughts or desires to die. One prominent theory that explains the emergence of suicidal ideation is the hopelessness theory (Beck et al., 1975), which posits that hopelessness is a proximal factor and a stronger predictor of suicidal ideation than depression. While suicidal ideation is known to fluctuate in daily life, this temporal relationship has not been extensively examined in real-world settings.
Perpose
This study aimed to investigate the effects of hopelessness and depression on suicidal ideation in daily life using Ecological Momentary Assessment (EMA).
Method:
Twenty-eight participants who had experienced suicidal ideation within the past month were recruited. They were instructed to complete brief questionnaires assessing suicidal ideation, hopelessness and depression four times per day over seven consecutive days.
The study was approved by the Ethics Review Committee on Research with Human Subjects at Waseda University (2023-391(1)).
Results:
Multilevel multiple regression analyses were conducted. When predicting concurrent suicidal ideation, both hopelessness ($\beta = .308$, $p < .001$) and depression ($\beta = .711$, $p < .001$) were significant predictors. However, when predicting subsequent suicidal ideation, only depression was significant ($\beta = .220$, $p = .037$), while hopelessness was not ($\beta = .138$, $p = .212$).
Conclusion:
The standardized partial regression coefficient for depression was larger than that for hopelessness, contrary to findings from previous cross-sectional studies. As hopelessness may reflect more stable, trait-like beliefs shaped by prior learning experiences, its association with short-term fluctuations in suicidal ideation may be weaker.

PS03.78 - Characteristics and outcomes of a smoking cessation treatment on cancer patients

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Backgrounds：Continued smoking after a cancer diagnosis can be associated with lower treatment tolerance, increased risk of cancer recurrence, and reduced quality of life. Therefore, supporting patients with cancer to quit smoking should be standard care.
Purpose：This study is a retrospective review of smoking cessation treatment at an oncology hospital. The purpose of the study is to explore factors associated with smoking cessation in cancer patients.
Method：The subjects of the study were cancer patients who visited a smoking cessation outpatient clinic in the past three years. Attitudes towards smoking cessation treatment, smoking status, and smoking cessation resource that the patients used were evaluated. The chi-square test and Wilcoxon rank sum test were used to examine differences between those who were able to quit smoking and those who were not.
Results：A total of 102 patients had received smoking cessation treatment. Esophageal, lung, and head and neck cancer were the top three cancer group. Approximately 70% of patients were able to successfully quit smoking. In addition to medication, they used coping behaviors such as chewing gum, drinking tea, taking walks. Patients who quit smoking had a shorter time from cancer diagnosis to cessation treatment ($p < .05$) and more frequent cessation counuseling ($p < .05$) than patients who failed to quit. Self-efficacy to quit smoking was also high ($p < .05$).
Conclusion：It is important to explain to patients the necessity of smoking cessation and provide support from the early stage of cancer diagnosis.

PS03.79 - Patient perceptions of healthcare providers' physical activity recommendations after transcatheter closure for patent foramen ovale (PFO)-associated stroke: A qualitative analysis

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Background: In younger adults, the presence of a patent foramen ovale (PFO) in the heart (i.e., a small flap-like opening between the left and right atria) is a risk factor for stroke due to the potential for paradoxical embolism. When the PFO is the suspected cause of the stroke, the PFO is closed via a small occluder delivered via a transcatheter procedure. Currently, there are no established guidelines for returning to physical activity after transcatheter closure for PFO-associated stroke.

Purpose: To elicit patient perceptions of physical activity recommendations from healthcare providers after transcatheter closure for PFO-associated stroke.

Method: A purposive sample of 24 individuals who had a PFO-associated stroke and subsequent transcatheter closure participated in this study. Data were collected using structured interviews and data were analyzed using Braun and Clarke's thematic analysis methodology. NVivo software was used to manage data, code, and generate themes.

Results: Participants were on average 47.8 years of age (SD=8.9). All participants were diagnosed with ischemic stroke and received subsequent PFO closure via transcatheter closure. The main themes related to recommendations for returning to physical activity: (1) No clear messaging (e.g., "Just go about your normal day"); (2) Fear-based messages (e.g., "Just don't push yourself to your previous activity levels"); and (3) Vague messages (e.g., "Listen to your body").

Conclusion: PFO-associated stroke survivors received unclear, and often confusing advice for returning to physical activity after transcatheter closure. Healthcare providers should deliver tailored physical activity recommendations to help individuals regain their pre-stroke physical activity patterns.

PS03.80 - Tailored Interdisciplinary Multimodal Pain Treatment in Outpatient Care: Do Program Differences Matter?

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Background:
Interdisciplinary multimodal pain treatment (IMPT) is considered the gold standard for chronic musculoskeletal back pain. While meta-analyses demonstrate positive short- and long-term effects, IMPT programs vary greatly in structure and content, and the impact of program differences remains unclear.
Purpose:
This study investigates whether different short-term, tailored outpatient IMPT programs differ in their effectiveness.
Method:
Analyses were based on routine assessment data from a German treatment center specializing in back pain. Following a holistic assessment, patients were allocated to 1 of 4 IMPT groups, all comprising pain education, physical training, physiotherapy, medical advice, relaxation, and group counselling. The groups varied in treatment emphasis: G1 (high activity), G2 (added psychotherapy), G3 and G4 (balanced). Outcomes (pain intensity, quality of life in pain [QLIP]) were assessed pre- and post-treatment and analyzed using mixed ANOVAs.
Results:
All groups (G1: n=105, G2: n=132, G3: n=145, G4: n=132) showed significant improvements over time in all outcomes ($Fs>243.51$, $ps<.001$, $\eta^2>.11$). Significant main effects of group ($Fs>7.79$, $ps<.001$, $\eta^2>.03$) indicated that G1 had significantly lower impairment pre- and post-treatment than all other groups ($ps<.006$). For QLIP, a significant interaction effect was found ($F=4.65$, $p=.003$, $\eta^2=.01$), showing lower improvements in G1 compared to other groups.
Conclusion:
Tailored short-term outpatient IMPT significantly reduced pain and improved QLIP across all groups. Despite variation in treatment focus, outcomes were largely comparable. Since we only used routine assessment data and tailored treatment allocation, future studies should use randomized controlled designs and determine the specific contributions of individual treatment components.

PS03.81 - Predictors of Reduced Quality of Life in Hyperhidrosis: Focus on Severity, Symptom-Specific Anxiety, and Sites of Sweating

Associate Professor Sayaka Ogawa[1], Predictors of Reduced Quality of Life in Hyperhidrosis: Focus on Severity, Symptom-Specific Anxiety, and Sites of Sweating Jun Tayama[2], Predictors of Reduced Quality of Life in Hyperhidrosis: Focus on Severity, Symptom-Specific Anxiety, and Sites of Sweating Hiroyuki Murota[3]
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Background: Hyperhidrosis decreases an individual's quality of life (QOL). The Hyperhidrosis Quality of Life Index (HidroQoL©) can measure the impact of hyperhidrosis on quality of life. However, there has been no examination of the predictors of reduced quality of life in hyperhidrosis patients. Therefore, this study aimed to examine predictors of reduced quality of life in patients with hyperhidrosis, focusing on severity, anxiety regarding specific symptoms for hyperhidrosis, and sites of sweating.
Methods: Participants were 528 Japanese individuals (272 males, 256 females, mean age 41.9 ± 15.2 years) who met the criteria for hyperhidrosis and scored ≥2 on the Hyperhidrosis Disease Severity Scale (HDSS). A multiple regression analysis was conducted with HidroQoL scores as the dependent variable and HDSS, Anxiety for Specific Symptoms of Hyperhidrosis Scale (ASSHS), sites of sweating, sex, and age as predictors. This study was approved by the ethics committee of Nagasaki Junshin Catholic University Graduate School of Humanistic Studies (2023011A).
Results: Multiple regression analysis revealed that HDSS score (β = 0.338, p = 0.001), ASSHS score (β = 0.298, p = 0.001), sex (β = -0.087, p = 0.018), head/face hyperhidrosis (β = 0.118, p = 0.003), and axillary hyperhidrosis (β = 0.171, p = 0.001) significantly affected the HidroQoL. The overall model was significant, with an adjusted R^2 of 0.334 (p = .001).
These results suggest that the impact of hyperhidrosis on quality of life may vary by severity of hyperhidrosis, symptom-specific anxiety, and sites of sweating.

PS03.82 - “I’m not just a number”: Exploring the supportive care needs among Hong Kong women having experienced a recent pregnancy loss

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Background. Pregnancy loss(PL) is as common as 15–25% among clinically-recognized pregnancies. Still being a taboo topic in many cultures, reviews have identified multifaceted supportive care needs(SCNs) among women with PL. Whether those needs apply to the cultural/healthcare contexts of Hong Kong women with PL has been unclear.

Purpose. SCNs among Hong Kong women with PL were explored using a qualitative approach.

Method. With purposive sampling through hospitals/online communities, 22 women with PL in the past year(55% aged≥35; 80% early miscarriage; 27% with prior PL history) participated in a semi-structured interview. Guided by the Supportive Care Needs Framework(SCNF), the interview scripts were coded line-by-line and analyzed thematically using Atlas.ti.

Results. Most participants expressed SCNs in: 1)coping with pain/fatigue and weakened immunity; 2)coping with depression/grief, shame/guilt, and trauma reminders; 3)trustworthy advice for post-PL recovery(e.g., nutrition, traditional Chinese medicine); 4)information/consultations about common causes/myths of PL and future pregnancy planning; 5)coping with challenges in communicating with spouse/partner; 6)information about peer-support groups, grief-counseling services/hotlines, and baby memorial services. Others concerned about 7)the costs for additional couple/fetus-related genetic testing and assisted reproduction services, plus 8)the quality disparities in PL-related services from different hospital departments(e.g., obstetrics/gynaecology versus emergency). For those having experienced recurrent miscarriage/PL, 9)information about child adoption and assisted reproduction were also needed.

Conclusion. SCNs of Hong Kong women with PL were multifaceted. To improve PL-related services, timely psychological support(e.g., grief-/family-counseling, support groups), information support in various domains(e.g., post-PL recovery, supplementary testing, future pregnancy planning), and streamlined collaborative care between different hospital units should be provided.

PS03.83 - Clinical Effects of Value Orientation Brief Therapy on Adolescent Bipolar Depression and Event-Related Potentials

Professor Changhong Wang[1,2,3,4], Clinical Effects of Value Orientation Brief Therapy on Adolescent Bipolar Depression and Event-Related Potentials Chang Liu[1], Clinical Effects of Value Orientation Brief Therapy on Adolescent Bipolar Depression and Event-Related Potentials Mingke Quan[1], Clinical Effects of Value Orientation Brief Therapy on Adolescent Bipolar Depression and Event-Related Potentials Yixuan Zhang[1], Clinical Effects of Value Orientation Brief Therapy on Adolescent Bipolar Depression and Event-Related Potentials Mengya Liu[1], Clinical Effects of Value Orientation Brief Therapy on Adolescent Bipolar Depression and Event-Related Potentials Zishuo Feng[1], Clinical Effects of Value Orientation Brief Therapy on Adolescent Bipolar Depression and Event-Related Potentials Bin Pan[1], Clinical Effects of Value Orientation Brief Therapy on Adolescent Bipolar Depression and Event-Related Potentials Yufei Wang[1], Clinical Effects of Value Orientation Brief Therapy on Adolescent Bipolar Depression and Event-Related Potentials Qinlin Lei[1]
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Aims: The study aims to evaluate the clinical efficacy of Value Orientation Brief Therapy (VBT) in adolescents with bipolar disorder and to observe changes in event-related potentials (ERPs) before and after VBT treatment.
Methods: This study included 59 adolescents diagnosed with bipolar disorder according to DSM-5 criteria. They were randomly divided into two groups: a medication + VBT group (n=30) and a medication-only group (n=29). Both groups were treated with quetiapine and magnesium valproate, while the combined group received an additional 8-week VBT intervention. Efficacy was assessed using the Hamilton Depression Scale (HAMD), Hamilton Anxiety Scale (HAMA), and ERPs.
Results: After treatment, the combined group showed significantly greater reductions in HAMD and HAMA scores and better clinical efficacy compared to the medication-only group ($P<0.01$). Additionally, the P300 amplitude at the Fz lead was significantly higher in the combined group than in the medication-only group ($P<0.05$), while no differences were observed in other ERP indicators between the groups.
Conclusion: The combination of VBT and medication yielded better therapeutic outcomes compared to medication alone. VBT may offer advantages over medication-only treatment in improving attention and information processing in adolescents with bipolar depression, highlighting its potential as a complementary therapeutic approach.

PS03.84 - Effects of Value Orientation Brief Therapy on Brain Activation in Adolescents with Bipolar Depression

Professor Changhong Wang[1], Effects of Value orientation Brief Therapy on Brain Activation in Adolescents with Bipolar Depression Yixuan Zhang, Effects of Value orientation Brief Therapy on Brain Activation in Adolescents with Bipolar Depression Mingke Quan, Effects of Value orientation Brief Therapy on Brain Activation in Adolescents with Bipolar Depression Mengya Liu, Effects of Value orientation Brief Therapy on Brain Activation in Adolescents with Bipolar Depression Zishuo Feng, Effects of Value orientation Brief Therapy on Brain Activation in Adolescents with Bipolar Depression Bin Pan, Effects of Value orientation Brief Therapy on Brain Activation in Adolescents with Bipolar Depression Yufei Wang, Effects of Value orientation Brief Therapy on Brain Activation in Adolescents with Bipolar Depression Qinlin Lei, Effects of Value orientation Brief Therapy on Brain Activation in Adolescents with Bipolar Depression Chang Liu
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Aims The aim of this study was to analyze the changes in the activation status of frontal and temporal brain regions in adolescent patients with bipolar disorder with depressive episodes before and after receiving pharmacological and psychotherapeutic treatments by using quantitative assessment methods and functional near-infrared spectroscopic imaging in order to verify the therapeutic effect of VBT.
Methods This study randomized 61 adolescent bipolar depression patients into VBT+medication (n=32) and psychotherapy+medication (n=29) groups. Both received quetiapine/valproate for 8 weeks, with the VBT group showing superior HAMD/HAMA improvement and enhanced prefrontal/temporal activation via fNIRS.
Results After treatment, the VBT combination group exhibited significantly greater reductions in HAMD and HAMA scores ($P<0.05$), with changes in Oxy-Hb concentrations in specific channels (2/17/36) showing significant correlations with improvements in anxiety/depressive symptoms.
Conclusion (1): Both medication combined with VBT and medication combined with supportive psychotherapy can significantly improve the anxiety and depression symptoms of adolescent bipolar depression patients, but the efficacy of medication combined with VBT is more significant. (2) VBT can increase the activation level of the left temporal lobe ependymal cortex and right temporal lobe ependymal cortex in adolescents with bipolar depression. (3) The significant changes in temporal lobe integral values under the VFT task in adolescent bipolar depression patients treated with drugs combined with VBT compared with the baseline period may be related to the enhanced hemodynamic response of the temporal lobe cortex in adolescent bipolar depression patients.

PS03.85 - Health Professionals' Perceptions of Their Patients' Lifestyles: A Theoretical Domain Framework Based Analysis in Antioquia, Colombia

Ms Mariantonia Lemos[1], Ana Maria Peralta[1], Carolina Usuga[1], Carla Maldonado[1], Maria del Pilar Guevara[1], Isabela Cano[1], Elizabeth Rendon[1], Kim Lavoie[3], Simon Bacon[2]
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Background: Health care practitioners' expectations about patient outcomes influence their recommendations and can unintentionally undermine patients' knowledge and motivation to change. Purpose: To apply the Theoretical Domains Framework (TDF) to explore health professionals' perceptions of their patients and their lifestyles. Method: Eighteen focus groups were conducted with 188 health professionals (70.7% women, 29.3% men). An inductive thematic analysis was conducted using the TDF to identify key domains. Results: In the domain of skills, professionals observed low literacy and digital skills among older adults, while younger patients' digital fluency could support intergenerational strategies. Under beliefs about capabilities, many patients were seen as struggling to adopt healthier habits, affecting adherence. For social influences, family support and in-person consultations were considered crucial for engagement. Regarding beliefs about consequences, professionals noted that some patients were unaware of long-term risks due to lack of symptoms. In environmental context and resources, older adults were the most frequent users of services. Professionals emphasized adapting recommendations to economic and cultural realities and acknowledged available community resources. However, barriers such as brief consultations and poor connectivity were also noted. Conclusion: Health professionals' insights reveal both barriers and facilitators that patients face in managing their health. These findings inform the design of interventions aligned with the local social, cultural, and economic context.

PS03.86 - Barriers and Facilitators to Obtaining Care in Black Emerging Adults

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Background: Black emerging adults aged 18-25 encounter systemic barriers that limit their health engagement, including access to insurance, having a usual source of care, and medical mistrust (Armstrong et al., 2006; Lau et al.,2013). While many studies have examined healthcare utilization in Black adults, few have focused on the qualitative experiences of Black emerging adults.
Purpose: This study aimed to identify patterns of how Black emerging adults obtained care in the healthcare system.
Method: Data was collected from a mixed-methods study at a Southeastern university through an online research platform for undergraduate students from 2023-2024. Fourteen participants (average age of 18.79 (SD = 1.12), 86% assigned female at birth) completed a semi-structured interview. Participants were asked about barriers and facilitators to obtaining care. In NVivo 12, thematic analysis was used to analyze themes across participants.
Results: Participants identified several barriers and facilitators to care, including ease of access, the patient-provider relationship, negative experiences within families, and a focus on prevention. Many reported positive experiences, citing proximity, insurance coverage, and effective communication as key factors. They emphasized the importance of providers being thorough, supportive, attentive, and kind. While most faced few barriers to care, they noted negative healthcare experiences from their family members, highlighting issues such as inadequate treatment and provider dismissal. Additionally, a prevention mindset motivated them to seek care, ensuring nothing was wrong and remaining attentive to unusual bodily changes.
Conclusion: Future studies can use these results to tailor programming to Black emerging adults to enhance health service utilization.

PS03.87 - Implementing Digital Mental Health Therapeutics into County Behavioral Health Programs: Using the CFIR Framework to Identify Barriers and Facilitators

Dr. Margaret Schneider[1], William Bevens[2], Judith Borghouts[1], Biblia Cha[1], Elizabeth Eikey[2], Bessie Mathew[1], Dana Mukamel[1], Stephen Schueller[1], Nicole Stadnick[2], Sarah Elizabeth Stoeckl[1], Kai Zheng[1], Dr Dara Sorkin[1]
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Background: Digital mental health interventions (DMHIs) represent a promising solution to address growing unmet mental health needs but integrating them into clinical and community settings is challenging. The Consolidated Framework for Implementation Research (CFIR) is useful for examining multilevel factors affecting DMHI implementation.

Purpose: To identify barriers to, facilitators of, and best practice recommendations for implementing DMHIs using CFIR's domains: outer setting, inner setting, individuals, innovation, and implementation processes.

Methods: This study stems from a state-funded project involving 14 County/City behavioral health departments in California, USA, where DMHIs were explored as part of County services. Over 6 years, the evaluation team documented 2,732 learnings and recommendations across quarterly and annual reports. Two coders categorized these insights using the CFIR framework to identify implementation determinants.

Results: Counties/cities adapted implementation efforts in response to unforeseen events (e.g. COVID-19). A shared vision, clear budgeting, and strong project management were key to navigating these external events (outer setting). Challenges included securing support from behavioral health department leadership and program staff, Peers, and consumers, timeline changes, and inadequate staffing (inner setting). Effective consumer engagement relied on simple enrollment processes, availability of technical support, alignment with consumer preferences, and clear data privacy (individuals). Digital products that met user needs and demonstrated effectiveness were preferred (innovation). Finally, Counties/Cities tailored their projects through technology selection, project planning/execution, marketing, crisis support, digital literacy/other trainings, and evaluation (implementation process).

Conclusions: Successful implementation of DMHIs requires consideration of multiple layers of consideration of system and individual-level barriers and facilitators.

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