activities in previous year, 50 adolescents (42%) had PARI in leisure activities and 15 (12.6%) in school activities. PARISC led to an average of 10 missed days from school or leisure-time activities. PARILT led to 7.2 missed days and PARIS led to 6.2 missed days. Spearman’s correlations (n = 50 for PARISC and n = 119 for PARILT and PARIS) revealed associations between MAI and PARISC, PARILT and PARIS, but not between MVPA or 20-metre shuttle run laps and PARISC, PARILT and PARIS. Not surprisingly, percentage of body fat was negatively associated with the number of 20-metre shuttle run laps. In addition, results of crude linear regression models showed that frequency of MVPA was not associated with frequencies of PARISC (B coefficients (B)/95% CI: 0.03/-0.11-0.18), PARILT (B/95% CI: 0.04/-0.05-0.13) or PARIS (B/95% CI: -0.02/-0.07-0.02) among Slovak adolescents in our pilot study.

Conclusions
Estimating the burden of PARI is important in advocating the need of directing sufficient resources to PARI prevention along with the PA promotion. Improvement and understanding of factors associated with PARI might be helpful in PARI prevention. In addition, it might, among other things, estimate the associations between change in physical activity patterns and mental health outcomes.

Results
In total, 585 boys (45%) and girls (55%), aged 13-14 years (baseline) from 34 schools around Stockholm, were included in the study. Between 2019-2021 there was a decrease in HRQoL (p > 0.001) and increase in psychosomatic problems (p > 0.001) among both boys and girls. There was a significant positive relationship between change in MVPA and change in HRQoL (b = 0.02, CI: 0.00, 0.05).

Conclusions
The results suggest that the COVID-19 pandemic has impaired the mental health of Swedish adolescents but increased physical activity was related to positive changes in the mental health outcome HRQoL.

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P05-11 Motor Competence Assessment of Czech School-Age Children: Lack of Movement or Developmental Coordination Disorder?
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Background
Physical activity (PA) in Czech children is insufficient. In the last two decades, the prevalence of physical inactivity and excessive time spent in sedentary activities has increased (Ga´ba et al. 2019). The determinants of PA are complex and wide-ranging: individual, socio-demographic, interpersonal, environmental. Motor skill acquisition in early childhood may be an important prerequisite for child PA participation and engagement in PA later in life (Loprinzi et al. 2012).

The aim of this study was to estimate motor competence (MC) level in a Czech school children, identify children with motor impairments and analyze the possible causes.

Methods

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P05-12 Objectively measured physical activity, chronic illness and health service utilisation - a latent class analysis of activity behaviours in older adults
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Background
Physical activity contributes to the prevention of chronic illness as well as promotion of physical and mental health, but most adults remain inactive. Chronic illness affects mainly middle aged and older adults, and very little objectively measured data on physical activity behaviours and associated health outcomes of this population is published. The aims of
this study are to: 1. Objectively measure physical behaviour outcomes of adults participating in the Move for Life study; 2. Develop distinct activity profiles based on six behaviour variables; 3. Investigate whether health outcomes differ across the activity profiles.

Methods
Participants were Irish adults aged 50 years and older. Using the activPAL, objectively measured data were collected on average daily: light intensity physical activity (hours); moderate to vigorous intensity physical activity (minutes); step count; time in bed (hours); standing time (hours); and waking sedentary time (hours). Data were obtained on chronic illness and health service utilisation. Validated questionnaires were used to collect data on wellbeing, loneliness and social isolation. Hierarchical cluster analysis using squared Euclidian distance was used to cluster behaviours based on similarity, using SPSS version 26. Regression models explored associations between health outcomes and activity profiles, adjusted for age and sex.

Results
Data from 485 participants were analysed, and four activity profiles were identified: sedentary (n = 50, 10.3% of total), low active (n = 295, 60.8%), moderate active (111, 22.9%) and higher active (n = 29, 6%). We will present the differences across the activity profiles for chronic illnesses, multi-morbidity, health service utilisation and validated health tools, comparing to data from the Irish Longitudinal Study on Ageing (TILDA) and the English Longitudinal Study on Ageing (ELSA).

Conclusions
The use of physical activity behaviour clusters may identify people with multi-morbidity and higher utilisation of health services. These findings could be factored into the development of future targeted physical activity interventions.

Keywords: older adults, physical activity, multi-morbidity, device-measured, latent class analysis