

## EW0166

**Behavioural equivalents as predictors of psychiatric disorder in people with intellectual disability**

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**Introduction** The last decades' considerable advances of the psychiatric assessment in People with Intellectual Disability (PwID) do not include the ability to identify Behavioural Equivalents (BE) of psychiatric symptoms and their relationship with different psychiatric syndromes. Recent reports have found BE to be differentially associated with one or more specific Psychiatric Disorders (PD).

**Aims** The present study was aimed at evaluating the correlations between BE and DSM-5 syndromic groups of symptoms, in a wide multicentric sample of PwID.

**Methods** An observational cross-sectional analysis was performed for a sample of 843 adults with ID, randomly or consecutively recruited among those living in residential facilities of the National Healthcare System, or in private institutes of care, or those attending psychiatric outpatient clinics. The total sample was administered with the SPAID-G (Psychiatric Instrument for Intellectual Disabled Adult - General version), which is a checklist for the detection of significant behavioural changes from the baseline. The items of the checklist represents BE of the symptoms of the main psychiatric disorders included in the DSM-5.

**Results** Many significant correlations were found, some of the most relevant were for mood disorders. Psychomotor agitation, aggressivity, disorganised behaviour and distractibility were most pronounced in bipolar patients; for depressed patients, irritability and weight loss had higher correlations than in other diagnostic groups.

**Conclusions** Although not diagnostically specific, some BE seem to be more strongly related with specific PD. This line of research could improve the definition of the specific expression and clustering of psychiatric symptoms in PwID.

**Disclosure of interest** The authors have not supplied their declaration of competing interest.

<http://dx.doi.org/10.1016/j.eurpsy.2017.01.2035>

## EW0167

**Perceptions of residents and non-residents in psychiatry on training needs and care of patients with intellectual disability and mental health problems: A study from Singapore**S. Sajith<sup>1,\*</sup>, W. Wong<sup>2</sup>, J. Chiu<sup>1</sup>, P.C. Chiam<sup>3</sup><sup>1</sup> Institute of Mental Health, General Psychiatry, Singapore, Singapore<sup>2</sup> Institute of Mental Health, Community Psychiatry, Singapore, Singapore<sup>3</sup> Institute of Mental Health, Geriatric Psychiatry, Singapore, Singapore

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**Background and Objective** Psychiatric assessment and care of people with Intellectual Disability (ID) is complex due to their cognitive and communication impairments. Demand for further training in this area by trainees in psychiatry has been well documented. The main aims of this study were to explore the attitudes and perceptions of psychiatry residents and non-residents (non-trainees) with regards to care of patients with ID as well as their knowledge and training in this area.

**Method** The study was conducted as an anonymous survey at the Institute of Mental Health, Singapore. A survey questionnaire devel-

oped by the study team was sent to residents and non-residents in psychiatry.

**Results** Forty-eight out of the 76 questionnaires were returned with a response rate of 63.16%. Twenty-eight participants described themselves as non-residents and the rest were residents. All participants responded that postgraduate training was required in the area of ID and mental health and majority reported that available training was inadequate. Ninety percent of respondents believed that people with ID were vulnerable to exploitation by other patients in the inpatient unit and 94% of respondents believed that people with ID should be managed by a specialist team.

**Conclusion** Currently residents and non-residents in psychiatry see that training in ID and mental health as well as services for people with ID as inadequate. Efforts should be made to include specialist training in psychiatry of ID in the Singapore psychiatry curriculum to enhance the confidence and expertise of psychiatrists in this field.

**Disclosure of interest** The authors have not supplied their declaration of competing interest.

<http://dx.doi.org/10.1016/j.eurpsy.2017.01.2036>

## EW0168

**Does a bespoke intellectual disability (ID) epilepsy service reduce mortality? A 11 year study of sudden unexpected death in epilepsy (SUDEP) in Cornwall UK**

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**Aim** Epilepsy is the second most common cause of premorbid mortality in the ID population. Rates of SUDEP are considered up to 9 times higher in the ID population. Cornwall UK (population 600,000 i.e. 1% of UK) runs a specialist ID epilepsy community service for adults with ID. It delivers reasonable adjustments and person centered care to this population. We measured how service outcomes on SUDEP compared to regional and national averages.

**Methods** Data of all Cornwall epilepsy deaths 2004–2015 using the Cornwall Coroner's database and the Public Health Cornwall was reviewed systemically. We identified patients with and without ID.

**Results** There were 113 epilepsy deaths of which 57 were SUDEPs of which 3 were identified to have a clinical diagnosis of ID. In another 2 cases it was not evident if they had an ID or not. None of the 5 was known to the ID Epilepsy service. Mean and 95% confidence intervals were calculated using a binomial calculation, making no prior assumptions about the population distribution.

**Conclusion** Cornwall's specialist ID epilepsy service is a rarity in the UK. A recent study using the Leicestershire ID Register revealed 26 people with ID of the total deaths of 83 SUDEP. This contrasts greatly with Cornwall only 5.26% of SUDEP deaths had ID compared to 23.4% in Leicestershire and similarly when compared to neighboring Plymouth (population 300,000) which had 26% ID deaths in its SUDEPs between 2004–2012. It is possible that having an ID dedicated epilepsy service saves lives.

**Disclosure of interest** The author has not supplied his/her declaration of competing interest.

<http://dx.doi.org/10.1016/j.eurpsy.2017.01.2037>