

Many families have been displaced and their children forced into the streets. However, little is known about mental health among the street working children in this region.

**Objectives:** To explore mental health and trauma among street working boys in Duhok.

**Methods:** A cross sectional study was conducted on street working boys (n=100), eight to 16 years old in Duhok. A control group of age-matched school boys (n=100) were recruited. The Child Behaviour Checklist 6-18 was used for assessment of the children’s competences and behavioural problems. Mental disorders were assessed by using the Mini-International Neuropsychiatric Interview for Children and Adolescence. Experienced trauma was assessed by the Harvard-Uppsala Trauma Questionnaire for Children.

**Results:** Sixty-one percent of the street working boys had at least one psychiatric disorder (57 % anxiety disorders). Street working boys reported more traumatic events than school boys, 96% vs 64% ( $X^2= 32, p < 0.001$ ), the largest effect size was found for torture (OR 28.4) and the smallest effect size for maltreatment or assault (OR 2.7). Also, they reported higher levels of internalising symptoms, T-score 59.4 (8.2). There was a significantly increased risk of more externalising symptoms with increasing working hours, OR 2.90 [95% CI 1.02; 8.29].

**Conclusions:** Internalizing symptoms, anxiety disorders and trauma were more common in street working boys compared to school boys. More working hours increased the risk for more externalising symptoms.

**Disclosure:** No significant relationships.

**Keywords:** mental health; street working boys; trauma

**EPV0084**

**Clinical features of bipolar disorder in adolescents with intellectual disability**

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**Introduction:** Bipolar disorder in children and adolescents is distinguished by a variable and complex clinical expression. Mood is difficult to assess, mood symptoms are often masked and signs of disorganization may be in the limelight. This can be more difficult when adolescents have intellectual disability (ID).

**Objectives:** This work aims to describe diagnostical and therapeutic features of bipolar disorder in adolescents with ID.

**Methods:** Case reports about five patients who have been diagnosed with bipolar disorder associated to ID, all seen and treated in child and adolescent psychiatry department of Razi Hospital, in Tunis.

**Results:** The study focused on three girls and two boys, all with mild to moderate ID. Four patients had psychiatric family history of bipolar disorder and ID. Only one patient was followed since childhood for mixed ADHD. The average age of onset of bipolar disorder was 14 years. Four cases were inaugurated by manic access; the fifth was a depressive disorder followed by a manic shift under sertraline. Only one case was rapidly favorable, under 10mg of Olanzapine, without any recurrence or relapse during 18 months of follow-up. Another case was slower but also favorable, under 10mg of Olanzapine. We found resistance to usual treatments for 2 patients;

these did not evolve well under conventional thymoregulators, or different antipsychotic molecules, nor with combinations of two thymoregulators + an antipsychotic. One of them benefited from a combination of clozapine and lithium with excellent response.

**Conclusions:** Bipolar disorder comorbid with ID in adolescents is a difficult diagnostic entity and particularly hard to manage.

**Disclosure:** No significant relationships.

**EPV0085**

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

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

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

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

**Results:** The European REPPR for CD is calculated at 1.5% (Figure1). The REPPR among males is 1.8% whereas the rate

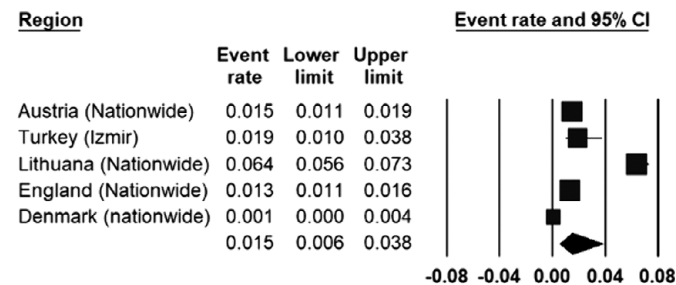


Figure 1: Forest plot showing the prevalence rates of conduct disorder

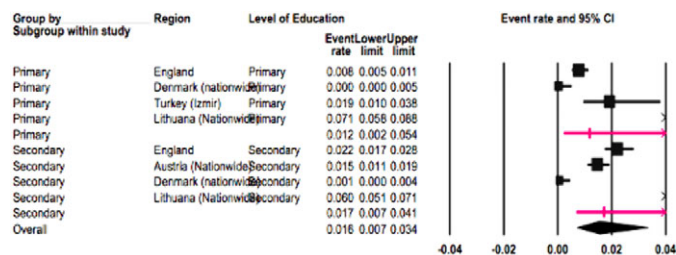


Figure 2: Forest plot showing the prevalence rates of conduct disorder with level of education as the unit of analysis.

among females is 1.0% (Figure 2). The prevalence rate of CD in primary school children is 1.4 times lower than the prevalence of secondary school children.

**Conclusions:** Gender, culture and socioeconomic inequality may contribute towards diagnostic inequality and prevalence differences. It is recommended that these aspects are addressed, and routine screening and early intervention services are developed.

**Disclosure:** No significant relationships.

**Keywords:** Child; adolescent; Conduct; prevalence

## EPV0087

### Testing the clinical application of the child psychosis-risk screening system (CPSS)

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**Introduction:** Children in a prodromal state manifesting as truancy or social isolation (hikikomori) often complain of problems that are physical in nature and are subject to significant changes. We developed the Child Psychosis-Risk Screening System (CPSS) that incorporates childhood psycho-behavioral characteristics revealed through a retrospective survey of schizophrenia patients into its algorithm.

**Objectives:** Our research aimed to test the risk identification of pediatric and psychiatric clinic outpatients using the CPSS.

**Methods:** We conducted an epidemiological study involving 204 outpatients between the ages of 6 and 14 years who had been examined at a pediatric or psychiatric clinic using the CBCL and clinical data from medical charts. Logistic regression analysis and T-tests were performed using each clinical data variable to clarify the risk of the CPSS calculated from the CBCL data and contributing factors.

**Results:** The results of the logistic regression analysis demonstrated that the diagnostic category (physical illness or DSM-5 diagnosis) and chief complaint did not contribute to differentiate between the high-risk and low-risk groups. Meanwhile, the environmental factors of "abuse" and "social isolation" did contribute to the discrimination of the two groups.

**Conclusions:** The fact that the diagnostic category during childhood does not contribute to the discrimination of the high-risk group warrants attention. It is possible that the high-risk group only had a latent endophenotype that had not yet manifested during this period. The factors suggested to have an association with the high-risk group may be reflecting activators and the dynamic state of the critical period for psychosis.

**Disclosure:** No significant relationships.

**Keywords:** schizophrenia; prodromal state; Screening; CBCL

## EPV0088

### The relationship between comorbid overweight-obesity and cold executive functions, verbal short-term memory, and learning in attention deficit hyperactivity disorder

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**Introduction:** Attention deficit hyperactivity disorder (ADHD) is the most common neurodevelopmental disorder in childhood. ADHD is a risk factor for the development of overweight and obesity. One neuropsychological factor that may play a prominent role in the relationship between ADHD and obesity is executive functioning.

**Objectives:** The aim of this study is to investigate the relationship between comorbid obesity/overweight and cold executive functions, verbal short-term memory, and learning in children with ADHD. This is the first study to examine relationship between verbal short-term memory-learning and obesity in patients with ADHD.

**Methods:** This study was conducted with 70 patients with ADHD and 30 healthy controls. In this study, patients diagnosed with ADHD were divided into two groups according to body mass index (BMI) as <85 percentile and ≥85 percentile. Cold executive functions were evaluated by Stroop Test (ST) and Cancellation Test (CT). Serial Digit Learning Test (SDLT) was administered to measure verbal short-term memory and learning capacity. In order to evaluate the severity of ADHD objectively, parents completed the Conners' Parents Rating Scale-Revised Short Version (CPRS-RS).

**Results:** The ST, SDLT and CT scores were significantly lower in both groups with ADHD than the control group. The CPRS-RS subscale scores were significantly higher in both groups with ADHD than the control group. There was no statistically significant difference in ST, SDLT, CT scores and CPRS-RS subscale scores between the two groups with ADHD.

**Conclusions:** This study shows that overweight/obesity comorbid with ADHD was not associated with cold executive functions, verbal short-term memory, learning, or ADHD symptom severity.

**Disclosure:** No significant relationships.

**Keywords:** Executive functions; obesity; learning; attention deficit hyperactivity disorder

## EPV0089

### Behavior problems associated with brain heterotopia

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