An analysis of environmental factors showed that children were brought up in conditions of insufficient attention, hypopedia. One third of the cases came from incomplete families. About a quarter of the children grew up in large families, were the youngest children of elderly parents.
In heredity, cases of manifest psychosis were not identified. However, an analysis of the personal qualities of parents speaks of schizotypical stigmatization; in almost every family, fathers or mothers had coronary heart disease and joint damage. Insufficient level of education of some parents.
Conclusions: In general, the mental state of children, we can conclude that it corresponds to dysontogenetic with a predominance of schizotypical stigmas in half of them, partial underdevelopment of the sensory and emotional-volitional spheres, similar to disorders in children from conditions of maternal deprivation.

Disclosure of Interest: None Declared

EPP0541

Poor motor skills in childhood predict bully victimization across the lifespan: A study of adults with Autism Spectrum Disorder

M. R. Glans

Faculty of Medicine and Health, University Health Care Research Centre, Örebro, Sweden
doi: 10.1192/j.eurpsy.2023.843

Introduction: Children with autism spectrum disorder (ASD) are frequently clumsy and are more likely to be bullied compared to typically developing peers. The link between motor skills and bully victimization is poorly understood.
Objectives: The aim of the current study was to evaluate the effect of poor motor skills in childhood on bully victimization from early life to adulthood in those with ASD.
Methods: In this cross-sectional study, 182 adults diagnosed with ASD completed a questionnaire on their recollection of bully victimization at different stages of life and their performance in physical education (PE), as a proxy for motor skills, and academic skills at age 12. Prevalence rates of bully victimization (defined as bullied ≥twice monthly) were compared at different time periods between those with- and without a memory of poor motor skills by chi-square tests. Moreover, logistic regression evaluated the associations while adjusting for candidate covariates sex and academic skills.
Results: Out of the total sample of 182 adults (mean age=33 years, 48% female), 50% reported below average performance in PE. Prevalence rates of bully victimization were more common in those categorized as having poor motor skills as compared to those without poor motor skills in all measured time periods; 72% vs 28% p=.001 in nursery school, 69% vs 31%, p>.001 at 7-9 years, 61% vs 39%, p=.001 at 10-12 years, 64% vs 36%, p>.001 at 13-15 years, 73% vs 27%, p=.005 at 16-18 years and 73% vs 27%, p=.009 in working life. The statistically significant associations seen in the prevalence comparisons remained in the logistic regression models.
Conclusions: The present study adds to the small, but growing, body of literature supporting an association between poor motor skills and bully victimization amongst children and adolescents with ASD. Moreover, we showed that the effect of childhood clumsiness on bully victimization continues into adulthood. Possibly, poor motor skills and social deficits share the same biological pathways and contribute to the risk of being perceived as "different", and consequently bullied, by peers.

Disclosure of Interest: None Declared

EPP0542

Familial Autism Spectrum Disorder : A clinical study from South Tunisia

I. Boujelben[1], M. Chaabane[1,2]*, I. Ben ayed[1], D. Ben Touhemi[2], N. Gharbi[1], M. Guirat[1], I. HajKacem[2], H. Ayadi[2], H. Kamoun[1] and Y. Moalla[2]

[1]Department of Medical Genetic and [2]Department of Child Psychiatry, Hedi Chaker Hospital, Sfax, Tunisia
*Corresponding author.
doi: 10.1192/j.eurpsy.2023.844

Introduction: Autism Spectrum Disorder (ASD) is a multifactorial neurodevelopmental disorder, with both contribution of genetic and non-genetic factors. A collaboration of *de novo* mutations and prenatal with postnatal environmental factors are likely to play a role. ASD can be syndromic or non-syndromic. The etiology of non-syndromic ASD is still relatively undefined due to its genetic heterogeneity. Contrary to non-syndromic ASD, syndromic ASD is often associated with chromosomal abnormalities or monogenic alterations. Familial cases of ASD support the strong genetic component of ASD.
Objectives: To collect clinical arguments supporting a genetic cause of autism spectrum disorder.
Methods: We present a clinical study of familial cases of ASD. The families were recruited as part of a collaborative project between the department of Medical Genetic and the department of Child Psychiatry in Hedi Chaker Hospital, Sfax, Tunisia. The clinical and paraclinical data were collected retrospectively.
Results: Our study included 11 unrelated families from southern Tunisia, each with two ASD children, among them four couples of twins. Most families (80%) are consanguineous belonging to a middle socioeconomic class. None of the parents suffered from psychiatric disorder and a familial history of autism was reported in one family. Perinatal history, including advanced maternal or paternal age, fetal suffering and/or gestational problems, was found in 35% of cases.
The average age was 9.89 ± 3.787 (3 to 17 years) with a balanced sex-ratio.
ASD was syndromic in seven out of 11 families: facial dysmorphism in half of cases (6/11 families) and/or another comorbidity in 25% of cases (celiac disease, congenital heart disease or idiopathic hydrocephaly). ASD was associated with other(s) neurodevelopmental disorder(s) in all children. Most of cases (14/22) had delayed psychomotor development and all of them had intellectual disability with various degrees. Epilepsy was identified in three cases belonging to unrelated families. Other behavioral problem was identified in 65% of cases.
When the autism spectrum disorder is syndromic and/or associated with other(s) neurodevelopmental(s) disorder(s), this points more towards a genetic origin.
Conclusions: Our study highlights the interest of clinical investigations to determine genetic risk factors of ASD. The identification of a genetic cause in familial cases would contribute not only to

better understand the pathological processes of ASD but also to provide an appropriate genetic counseling.

Disclosure of Interest: None Declared

EPP0543

Coping Strategies of Parents of Children with Autism Spectrum Disorders after Psychoeducation

M. Ivanov*, O. Bogacheva, A. Koval-Zaytsev and E. Balakireva

[1]Department of Child Psychiatry, Federal State Budget Scientific Institution "Mental Health Research Centre", Moscow, Russian Federation

*Corresponding author.

doi: 10.1192/j.eurpsy.2023.845

Introduction: Not only children with autism spectrum disorders (ASD) need specialized care, but the whole family as a whole. The family is seen as an important resource in the treatment and rehabilitation process.

Objectives: To identify coping strategies for parents of children with ASD after psychoeducation.

Methods: The study involved 75 families (75 mothers and 68 fathers aged 27 to 38) raising children with ASD (age range from 3 to 5 years). All children were diagnosed under subheading F84 "Pervasive developmental disorders" according to ICD-10 (F84.01; F84.02; F84.11; F84.12). Diagnosis period for a child: from 6 months to 1 year.

The main instrument was "Ways of Coping Checklist" (R. Lazarus & S. Folkman) (in Russian adaptation by L.I. Wasserman et al.).

Psychoeducational work was carried out with all parents, including:

- attitude and acceptance of the child's illness;
- awareness of the disease and ways of helping a child with ASD;
- compliance with the recommendations of specialists working with the child (psychiatrist, psychologist, speech therapist, social pedagogue);
- skills of interaction with the child in the conditions of the house and society;
- emotional experiences of parents (anxiety due to insufficient information about the child's illness);
- emotional acceptance of the child.

Results: After completing the psychoeducational program, the parents' scores on the "positive reappraisal" scale increased, which may indicate that parents, in spite of everything, are looking for positive aspects in the situation of raising a child with ASD and focus their attention on their own personal growth. Thus, mothers of children often undergo training in programs for working with children with ASD, begin to conduct educational webinars, blogs, and share their experience in solving problems with other parents. There is also an increase in scores on the "confrontation" scale, as well as a decrease on the "distancing" scale.

Conclusions: Conducting psychoeducation with the parents of underage patients allows us to come closer to solving one of the main issues of psychosocial rehabilitation - the socialization of a child with ASD and the whole family as a whole.

Disclosure of Interest: None Declared

EPP0544

Distinct childhood neurodevelopmental trajectories following very preterm birth

M. Solerdelcoll Arimany[1,2]* and C. Nosarti[3]

[1]Department of Child and Adolescent Psychiatry and Psychology, Institute of Neuroscience, Hospital Clínic de Barcelona, Barcelona, Spain; [2]Department of Child and Adolescent Psychiatry, Institute of Psychiatry, Psychology & Neuroscience, King's College London and [3]Department of Child and Adolescent Psychiatry, Institute of Psychiatry, Psychology and Neuroscience. King's College London, London, United Kingdom

*Corresponding author.

doi: 10.1192/j.eurpsy.2023.846

Introduction: Very preterm birth (VPT; <32 weeks' gestation) constitutes itself an environmental risk factor for a wide range of severe mental disorders. Particularly, 25% of VPT screen positively for autism spectrum disorder (ASD) and often present with co-occurring developmental difficulties, making it challenging to identify those likely to develop ASD traits. Therefore, neurodevelopmental trajectories associated with ASD outcomes need to be identified.

Objectives: Here, we investigated infant-to-childhood ASD traits trajectories, and their association with neurodevelopmental comorbidities, in a sample of VPT children screening positively and negatively on the Modified Checklist for Autism in Toddlers (M-CHAT).

Methods: VPT individuals from the Evaluation of Preterm Imaging study (ePrime) underwent behavioural assessments at 2 (M-CHAT and Bayley Scales of Infant Development; N=451) and 4-7 years (Social Responsiveness Scale (SRS-2); N=251). To furtherly assess the presence of comorbid neurodevelopmental disorders at children aged 4-7 years, further assessments of cognitive (WPPSI), ADHD (ADHD-RS-IV scale), and emotional and behavioural problems (SDQ and ECBQ) were conducted.

Results: Findings of the ePRIME 4–7-year follow-up substudy will be presented. VPT children will be grouped using M-CHAT scores, as they reportedly show distinct neurodevelopmental characteristics. Preliminary results showed that ASD traits in infancy are associated with increased neurodevelopmental impairment.

Conclusions: VPT infants may be an undescribed "at risk of ASD" or ASD cluster, with clinical features and comorbid neurodevelopmental disorders that differentiate them from other "at-risk" populations. Our findings support the need for routine ASD and ADHD assessments in VPT infants at preschool but also at school ages; and highlight the importance of interpreting ASD screenings in combination with other developmental measures when assessing VPT children. Our results could guide clinicians and researchers to offer personalised interventions aimed at supporting children's development based on their distinct phenotypic presentations. Further research is needed to develop more accurate screening tools.

Disclosure of Interest: None Declared