

for these virtual activities is made to the detriment of the sleep in 75% of the cases ( $n=27$ ). The connection was accompanied with a masturbatory activity in 38.9% ( $n=14$ ).

**Conclusion** Contrary to preconceived ideas, the computer screen does not protect from sexual risk behaviors. Therefore, a sexual education for the youngest is more than ever necessary to avoid such drift.

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

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#### EV274

### Delayed memory in ADHD children

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**Introduction** It is known that children with ADHD have deficit in cognitive abilities. However there are different opinions about the nature of this deficit. It is necessary to conduct researchers for revealing specific profile of impairments in different cognitive domains in ADHD children to better understanding the nature of this disorder.

**Aims** The aim of this research was to examine the hypothesis that children with ADHD have a specific deficit in memory – weakness in delayed memory.

**Methods** The experimental group included 15 Russian-speaking children with ADHD at age 7–8 years. The control group included 15 typically developing children. The children from experimental and control group were matched for IQ, gender and age. Children from both groups were assessed with NEPSY using memory for names subtest. This subtest is designed to assess the ability to learn the names of children in immediate and delayed conditions. Two-way ANOVA was used to reveal group differences in reproducing the names in two conditions.

**Results** We have not revealed significant differences between children from experimental and control group in the reproducing the names in immediate condition.

However, the interaction of condition type and group was significant ( $P \leq 0.05$ ). ADHD children were less successful in reproducing the names in delayed condition.

**Conclusions** In view of the obtained results, it can be assumed that children with ADHD have specific deficit in memory domain – weakness in delayed memory. It is necessary to confirm this result using different memory tasks.

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

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#### EV275

### The possible role of mothers' thrombophilic predisposition as a risk factor mental and motor delay in toddlers

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**Introduction** Inherited thrombophilia is described as a risk factor for burdened obstetrical history. But the relationships between mothers' thrombophilic predisposition (MTP) and mental status in their children is not investigated thoroughly.

**Objectives** To investigate the mental and motor neonates' status, born from MTP.

**Methods** Case-control study. Thirty-seven children born from MTP were assessed at 1, 3, 6 and 12-month (1st group). MTP carried more than 5 thrombophilic single nucleotide polymorphisms and

had burdened obstetrical history; 47 neonates with clear mothers' obstetrical history and 2 and less SNPs (2nd group); informed consent form. The quantity of term and preterm neonates were equal in groups.

**Results** We found the neonates from both group were comparable under the 6-month age (table). But in year-old children mental and/or motor delays were more frequent in 1<sup>st</sup> group despite on comparable level of paresis and brain ultrasound data. There were no thrombotic episodes in children in 1st group.

**Conclusions** There were no direct link between MTP and neurological outcomes in children: paresis and ischemic lesions in brain were not differ in groups. Confirmed MTP can cause mental and motor delays to year-old period, milestones must be supervised thoroughly until 3 y.o.

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

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#### EV276

### Differential diagnosis of recurrent hypersomnia. Case report of primary narcolepsy and acute transient psychotic attack

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**Introduction** We report a case of 17-year-old boy with excessive daytime sleepiness.

**Objectives** Case presented in our study is an example of atypical narcolepsy with coexistence of psychotic symptoms that were especially prominent during the first attack. Excessive daytime sleepiness period was followed by psychotic symptoms including delusions of reference and persecution, as well as visual and acoustic hallucinations. However, during the second attack, negative psychotic symptoms were more prominent.

**Aims** Clinicians should not forget that child and adolescent patients, which demonstrate psychotic symptoms and excessive daytime sleepiness component, should be evaluated for a diagnosis of primary hypersomnia.

**Method** Patient did not exhibit any comorbidities that would match with secondary hypersomnia. The initial sleep study did however reveal increased REM sleep latency (43% of total sleep time). The result of polysomnographic study was abnormal and suggestive of narcolepsy. In multi-sleep latency test mean REM latency was 1.7 min, sleep-onset REM (SOREM) was observed 3 times. Between the tests he had no episodes of cataplexy.

**Result** Patient was diagnosed with primary hypersomnia-narcolepsy without cataplexy. We found that mixed symptoms of narcolepsy and psychotic attack improved with anti-psychotic agent treatment.

**Conclusion** Child and adolescent patients, which demonstrate psychotic symptoms and excessive daytime sleepiness component, should be evaluated for a diagnosis of primary hypersomnia following a multidisciplinary cooperation of neurologists, pediatricians and psychiatrists.

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

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