consent form were sent to their parents/legal guardians, and the students who returned these forms were included in the study. The numbers, percentages, average values, and standard deviation, which are among the descriptive statistical methods, were used in evaluating the data. The Pearson correlation and regression analysis were applied between the continuous variables of the study.

Results It was observed in the study that 4.6% of the students had internet addiction at pathological level. The factors that influenced the internet addiction were determined as the social support received from the family, being male, low school success, weekly allowance being high, studying at senior grades, and going online frequently.

Conclusions When the study results are analyzed it is observed that the internet addiction in secondary school students in our country is at a rate that has to be taken seriously.

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

http://dx.doi.org/10.1016/j.eurpsy.2017.01.447

EV0119

The screening of the risk of autism spectrum disorders in children aged 16–24 months in Russia, 2015

M. Ivanov[1,*], N. Simashkova[1], G. Kozlovskaya[1], E. Makushkin[2]
[1] Federal State Budgetary Scientific Institution "Mental Health Research Center", Department of Child Psychiatry, Moscow, Russia
[2] Federal State Budgetary Institution "Federal Medical Research Center of Psychiatry and Narcology of V.P. Serbsky" of the Russian Ministry of Health of the Russian Federation, Administration, Moscow, Russia
* Corresponding author.

Introduction Improving the mental health diagnosis in young children is the high-priority problem in reducing the rate of child disability due to mental illnesses. In 2015, the Ministry of Healthcare (Russia) introduced the pilot project – the total screening of the paediatric population at an early age, detecting autism spectrum disorders (ASD) risk group.

Objectives To determine the broad range of mental disorders: from minor borderline states (states of risk) to serious mental disorders, with an emphasis on determination of ASD in children aged 16–24 months in general population.

Methods The survey was conducted by the total screening in primary health care institutions (in the three largest regions of Russia: Volgograd, Novosibirsk, Chelyabinsk regions). The screening tool: checklist for parents aimed at detection of risk of occurrence of ASD in early children, for screening in general population.

Results and conclusions During 2015, 34,770 parents of children aged 16–24 were questioned. Of these 4102 children or 11.8% (118:1000) formed the risk group in ASD. By the risk group in ASD predisposition (diathesis) is understood, that does not correspond fully to the clinical criteria of illness. This state of predisposition may last for several years and pass either to illness or to health.

The part of the children of the risk group in ASD were consulted by psychiatrist on a voluntary basis (2774 cases). Fifteen children (0.4:1000) were diagnosed with prominent clinical disorders in ICD-10 (F84). This prevalence rate cannot be extrapolated on the general population of the children at the considered age.

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

http://dx.doi.org/10.1016/j.eurpsy.2017.01.448

EV0120

The use of guanfacine (Intuniv XR) in the treatment of disruptive mood dysregulation disorder – Clinical experience from telepsychiatry

U. Jain
SMS Medical College, Psychiatry, Jaipur, India

Background Disruptive mood dysregulation disorders (DMDD) is new to DSM-5 and represents children with rage episodes. Medical treatment is critical but few randomized trials. DMDD may be a replacement for the diagnosis of Bipolar Disorder noted in DSM-IV with a heavy use of atypical neuroleptics. DMDD reflects a more moderate treatment of these symptoms.

Method Telepsychiatry referrals 6–9 year old children randomized into $n = 12 =$ group A (11 males/1 female), $n = 13 =$ group B (11 males/2 females). ANOVA not significant (NS) in age and gender. Group A received guanfacine (GUA) titrated to weight between 3–4 mg. Both groups received behavior support. Group B did not receive medications. Analysis by t-test comparison.

Results Group A showed significant improvement in frequency but not in intensity of rage episodes ($P < 0.05$). Major side effects include sedation and gastric irritation. Dropouts from original sample of 22 per group were based on inability to titrate, cost of drug, inability to swallow pills, worsening of symptoms with addition of an atypical neuroleptic.

Conclusion GUA is a possible treatment for DMDD but there are limitations requiring further study. Group B did show improvement reflecting the utility of behavioral strategies (future studies require control groups) but GUA may provide a useful alternative to neuroleptics. Cardiovascular issues were not a problem and were assessed. Future studies are warranted.

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

http://dx.doi.org/10.1016/j.eurpsy.2017.01.449

EV0121

Telepsychiatry: The new reality of psychiatry in the future

U. Jain
SMS Medical College, Psychiatry, Jaipur, India

Background Do we need to work from offices in psychiatry? The clinical interface has been debated particularly in child and adolescent psychiatry with continued beliefs related to the differences in therapeutic alliance when compared to face-to-face practice. That literature clearly shows that telepsychiatry is equal in its therapeutic effects. But not much has been written about the other advantages of telepsychiatry, which may be intuitive but needs to be documented.

Methodology The University of Toronto Telepsychiatry Program is the largest in the world with over 60 psychiatrists and 1400 sites. This is an anaectodal review of 25 years of practice using this medium outlining the advantages (ADV) and disadvantages (DADV) to this medium.

Results ADV: convenience from home, complete access to hospital files, physician safety during sessions, able to see multiple sites and include multisystem professionals including schools, cost effective (when compared to outreach psychiatry), simplicity of connection with minimal interference. DADV: novelty to client, quality of video to pick up very subtle nonverbal information, technical support required, capital cost to set up, mental health biases to technology.

Conclusion This technology is evolving. It is essential physicians understand the issues whether it be privacy, cost, utility and clinical application. The long-term impact will likely affect future practice and allow resource sensitive care to outlying areas with the ability