

International Neuropsychiatric Interview) to assess current ADHD status and comorbid psychiatric disorders.

**Results** Among the 232 with research-identified childhood ADHD, 68 (49 men and 19 women) had persistent adult ADHD. Compared to subjects without childhood ADHD, adults with persistent ADHD were significantly more likely to have any (81% vs. 35%,  $P < 0.001$ ) as well as each of the specific psychiatric comorbidities. The associations retained significance when stratified by gender and there were no significant gender by ADHD interactions on psychiatric disorders except for dysthymia with which ADHD was more strongly associated in women than men. Among subjects with persistent ADHD, externalizing psychiatric disorders were more common in men (73%) and internalizing disorders were more common in women (53%).

**Conclusion** Persistent ADHD is associated with an increased risk of comorbid psychiatric disorders in both adult men and women. Clinicians treating adults with persistent ADHD need to be aware of comorbid psychiatric disorders, especially externalizing disorders for men and internalizing disorders for women.

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## EW102

### Clinical correlates of comorbid chronic tics and Tourette syndrome in a National Inpatient Children's Unit

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**Introduction** Chronic tics and Tourette syndrome (TS) can be comorbid with several neuropsychiatric conditions and may add to the complexity of children's clinical presentation and need for inpatient input.

**Objectives** To review the clinical notes of all children admitted to a National Children's Inpatient Unit (aged up to 12 years) over a 5-year period and analyse their demographic and clinical characteristics including the presence of chronic tics/TS.

**Aims** To assess the clinical correlates of comorbid chronic tics/TS in an inpatient preadolescent population.

**Methods** A retrospective naturalistic study of all patients admitted to our unit from 2009 to 2014 was conducted. Children with and without chronic tics/TS were compared in terms of age, gender, family history of mental illness, history of neurodevelopmental problems in siblings, medication on admission and at discharge, length of admission and functional outcomes using Chi<sup>2</sup> and *t*-tests for categorical and continuous data respectively.

**Results** A total of 133 children (mean age = 11.2 years) were included. Twenty-five (18.8%) were diagnosed with chronic tics/TS. Autism spectrum disorder was the most commonly comorbid diagnosis (84%), with the second most common being an anxiety disorder/OCD (52%). Statistically significant higher percentages of learning disability, neurodevelopmental problems in siblings, medication at discharge and longer inpatient admissions were identified in children with tics compared with the rest of the sample. No other differences were found.

**Conclusions** The prevalence of chronic tics/TS in children needing inpatient treatment is significant. In our sample, chronic tics/TS seem to represent a marker of increased neurodevelopmental deviance and overall symptom severity.

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

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## Classification

### EW103

### Diagnostic stability of acute and transient psychotic disorder: A systematic review and meta-analysis

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**Introduction** The validity and diagnostic stability of acute and transient psychotic disorder (ATPD) has been questioned by several authors, since its introduction in the International Statistical Classification of Diseases (ICD-10).

**Objective** To determine the overall diagnostic stability of ATPD in scientific literature.

**Method** A systematic review and meta-analysis of prospective studies and retrospective chart reviews. Computerized search was performed in MEDLINE/PubMed, EMBASE, and Google Scholar, using the terms: "acute and transient psychotic disorder", or "acute psychosis", and "stability", or "outcome", or "long-term", or "follow-up", or "course". Search was restricted to works in English published between 1993 and 2015, according to ICD-10 criteria. Opinion articles, individual case reports, researches with less than ten subjects, and overlapping studies were excluded. Data analysis was conducted using MedCalc software, version 15.8. Statistical procedure was calculated for meta-analysis of proportions.

**Results** Twenty-six studies met the inclusion criteria ( $n = 10852$ ). For methodological purposes, a distinction was made between short-term (less than 2 years), medium-term (between 2–7 years), and long-term stability (more than 7 years). For short-term group ( $k = 5$ ), the overall stability was 60.69% (fixed effects model); Cochran's heterogeneity statistic  $Q = 14.9$ ,  $I^2 = 73.15\%$ ,  $P = 0.0049$ . For medium-term group ( $k = 15$ ), it was 49.99%;  $Q = 181.6$ ,  $I^2 = 92.29\%$ ,  $P < 0.0001$ . For long-term group ( $k = 6$ ), it was 61.86%;  $Q = 35.12$ ,  $I^2 = 92.29\%$ ,  $P < 0.0001$ .

**Conclusion** The global stability of ATPD indicates at the validity of the construct, but should be redefined in future revisions of ICD, to clarify better diagnostic criteria, and more predictive power.

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

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## Cognitive neuroscience

### EW104

### Human factors in driving accidents: A cognitive investigation in the Gulf context

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