

ing problem levels while controlling for pre-treatment trajectory, and to seek evidence of a dose-response relationship.

**Methods** Six-year follow up data were used from the Tracking Adolescents' Individual Lives Survey (TRAILS). We identified adolescents with a clinical level of problem behaviour on the Child Behaviour Checklist or Youth Self Report and first SMHT between the ages 13 and 16. Adolescents with a clinical level of problem behaviour but without SMHT use served as control group. A psychiatric case register provided data on number of treatment contacts. Using regression analysis, we predicted the effect of treatment on post-treatment problem scores.

**Results** Treated adolescents more often had a (severe) diagnosis than untreated adolescents. Pre-treatment trajectories barely differed between treated and untreated adolescents. Treatment predicted an increase in follow-up problem scores, regardless of the number of sessions.

**Conclusion** The quasi-experimental design calls for modest conclusions. We might however need to take a closer look at real-world service delivery, and invest in developing treatments that can achieve sustainable benefits.

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

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#### EW0077

### Perceived competence in adolescents having prosocial behaviour: A Tunisian study

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**Introduction** Perceived competence (PC) is a self-perception of an individual in its capabilities and ability to control his environment. It is posited to orient individuals to the possibility of success and to facilitate the adoption of approach goals.

**Objectives** We aimed to assess the PC of adolescents engaged in prosocial activities and to determine factors that influence it.

**Methods** We led a transversal study, over four months, from June until September 2016. It included 90 adolescents aged 14–20 years and members of voluntary association in Sfax (Tunisia). PC was assessed using the “perceived competence in life domains” (PCLD) for the life spheres of leisure, interpersonal relationships, school, and general domains.

**Results** The average age of participants was 16 (14 to 20 years). The sample was female-dominated (53%). All participants were secondary school pupils. Almost 70% were from a high socio-economic level and over 60% had parents' high level of education.

The mean scores of PC ranged from 19 (SD = 5.4) in leisure domain to 16 (SD = 4) in interpersonal relationships domain. PC was significantly correlated with socio-economic level ( $P = 0.00$ ), participating in sports and extra-curricular activities ( $P = 0.00$ ), academic proficiency ( $P = 0.01$ ) and smoking ( $P = 0.00$ ).

**Conclusion** Overall, our results evidenced the positive self-perception of competence among adolescents having prosocial activities. It indicated that high socio-economic level, participating in sports and extra-curricular activities and smoking were enhancing factors of adolescents PC.

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

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#### EW0078

### Evaluation of anxiety in children with acute leukemia: A prospective study of 20 cases

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**Introduction** The occurrence of acute leukemia (AL) in childhood causes a profound upheaval in the child itself and also within his family. Exposure to this test could contribute to the emergence of anxiety.

**Objective** Our work aims to describe the characteristics of anxiety in this population during the management of the AL.

**Patients and methods** Our study, still in progress, is prospective and conducted among 20 children hospitalised in hematology department of UMC Hedi Chaker Sfax (Tunisia) during the year 2015–2016. It is performed in two times. The anxiety was assessed using the STAI scale.

**Preliminary results** The average age of our population is 7 years (minimum age = 4 years, maximum age = 11 years). The majority of our patients come from urban areas (76.9% of cases). About their sibling rank, they are mostly the youngest in 53.8% of cases, the oldest in 30.8% of cases and juniors in 7.7% of cases. The most common diagnosis is the lymphoblastic B AL (46.2% of cases).

Referring to the STAI scale, 30% of our patients were anxious and had high scores during the first evaluation. Then, the anxiety level attenuates gradually during management period and only 15% were anxious at the 2nd evaluation time.

**Conclusion** Several factors such as hospitalisation, diagnosis announcement and cancer treatment contribute to the triggering and maintaining of anxiety. Early detection of anxiety and the good listening between the care team and the parents could appease the high level of anxiety and ensure better management.

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

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#### EW0079

### Early screening for autism spectrum disorder

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**Introduction** Most parents to children with Autism Spectrum Disorder (ASD) can report concerns about their child's development within the first year of life. In spite of this, children with ASD are rarely diagnosed before the age of 3–4 years. Early identification allows early intervention, which seems to be substantial for improvement of core behavioural symptoms in children with ASD. The Child Behaviour Checklist for ages 1½ to 5 (CBCL/1½–5) have shown promising utility for early detection of children with ASD.

**Objectives** This study will estimate the positive predictive value of CBCL/1½–5 Pervasive Developmental Problems (PDP) scale in a 2 phase screening study. Furthermore, it will analyse the stability of the CBCL/1½–5 PDP-score in pre-school children from 2½ to 5 years.

**Aims** The present study aims to validate CBCL/1½–5 for early screening of ASD in a general population sample.

**Methods** Parents, enrolled in the Odense Child Cohort (OCC), answered the CBCL/1½–5 when the child reached 27 months of age. Parents with children above the age of four and a raw score  $\geq 5$  (90th percentile) on the PDP scale, received the Social Responsiveness Scale (SRS) questionnaire. Children with a high score on the SRS were invited to a clinical examination consisting of ADOS and ADI-R. Children in OCC were re-assessed with CBCL/1½–5 again at age five years.

**Results** Results will be presented at the EPA conference 2017 in Florence.

**Conclusions** The results may contribute to enhance the outcome of treatment by detecting children with ASD at an earlier age.

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

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## e-Poster walk: Co-morbidity/dual pathologies and guidelines/Guidance – part 1

### EW0080

#### Prevalence and predictors of ADHD symptoms in adults admitted for substance use disorder treatment: A prospective cohort study

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**Introduction** Substance use disorders (SUD) are common in adults with ADHD. A co-occurring ADHD diagnosis is associated with poorer treatment outcomes for both the ADHD and the SUD and higher rates of relapse to substance use.

**Objectives** To explore the relationship between ADHD and SUD longitudinally to identify factors to help improve treatment outcomes.

**Aims** Prevalence of ADHD symptoms was investigated in a national cohort of SUD patients one year after SUD treatment initiation. Factors at baseline related to ADHD symptoms were explored at follow up.

**Methods** Five hundred and forty-eight individuals were interviewed in a multi-center study involving 21 treatment facilities at treatment initiation and one year later ( $n = 261$ ). ADHD symptoms were measured by the Adult ADHD Self Report Scale (ASRS-v.1-1) at follow-up. Individuals who screened positively for ADHD (ADHD+) were compared to those who screened negatively on baseline variables. Emotional distress was measured by Hopkin's Symptom Check List-25.

**Results** At follow-up 35% screened positively for ADHD. In bivariate analysis the ADHD+ group was older, was less likely to have children, reported lower educational level, had more frequent use of stimulants, cannabis and benzodiazepines, and experienced higher degree of emotional stress. When controlling for other significant variables in a logistic regression analysis, the ADHD+ group was associated with more frequent use of cannabis (OR 2.14; CI 1.08–4.23) and of higher psychiatric symptom burden (OR 1.79; CI 1.22–2.61).

**Conclusions** A high prevalence of ADHD symptoms and associated challenges underline the importance of systematic screening of individuals entering SUD treatment.

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

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### EW0081

#### The duration of undiagnosed bipolar disorder: Impact of substance use disorders co-morbidity

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**Aims** Study the impact of substance use disorders (SUD) co-morbidity on the duration of undiagnosed bipolar disorder (DUBP).  
**Methods** Case-control study during a period of six months from July 2015 to December 2015. One hundred euthymic patients with BD (type I, II or unspecified) were recruited in the department of psychiatry C Razi Hospital, during their follow-up. Two groups were individualized by the presence or not of a SUD co-morbidity. In our study DUBP was defined as the period between the first symptoms and the beginning of treatment by a mood stabilizer.

**Results** The beginning of addictive behaviour preceded the installation of bipolar disease in 32% of cases. Installation of bipolar disorder preceded the installation of addictive behaviour in 12% of cases. The beginning of addictive behaviour was concomitant with the installation of bipolar disease in 6% of cases. The average DUBP in the full sample was 4.80 years with a standard deviation of 8.04 and extremes ranging from 0.08 to 37.5.

The average DUBP in patients with SUD co-morbidity was 5.91 years with a standard deviation of 8.16 and extremes ranging from 0.08 to 35, and 3.68 years with a standard deviation of 7.84 and extremes ranging from 0.08 to 37.5 in patients without SUD co-morbidity.

**Conclusions** According to studies over two thirds of patients with bipolar disorder received misdiagnoses before diagnosis of BD, and among the factors involved can report the presence of SUD co-morbidity. Hence, we should detect BD among patients with SUD.

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

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### EW0082

#### Smoking, preparing the patient with a severe mental disorder for change

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**Introduction** Smoking is a serious health problem for people with mental illness like the bipolar disorder patients. The developmental of motivational tools such as brief intervention it is necessary in the context of community care.

**Objectives** Evaluating the change in motivational stage after brief intervention and evaluating the clinical and smoking factors in relation with this.

**Methods** Two hundred and twenty patients diagnosed with bipolar disorder (according DSM-5 criteria) that were in the euthymic phase (defined as less than 7 points in YMRS and 10 points in HDRS) and attended the community care centers of three provinces of Andalusia (Spain). Patients who consumed in the last month qualified for the level of motivation for change (measured by URICA scale).