

Introduction: Williams syndrome (WS) is a rare genetic disorder caused by a deletion at chromosome 7q1123. WS is associated with high empathy, relatively good face memory and low social anxiety. Despite these strengths, WS individuals typically have an intellectual disability, difficulties with visuospatial perception, non-social anxiety and complex social cognition. Attention to other's eyes is crucial for adaptive social understanding. Consequently, eyes trigger quick and automatic gaze shifts in typically developing individuals. It is not known whether this process is atypical in WS.

Objectives: To examine visual attention to other's eyes in Williams syndrome.

Methods: Individuals with WS ($n = 35$; mean age 23.5 years) were compared to controls ($n = 167$) in stratified age groups (7 month, 8-12 years, 13-17 years, adults). Participants were primed to look at either the eyes or the mouth of human faces. The latency and likelihood of a first gaze shift from, or to the eyes, was measured with eye tracking.

Results: WS individuals were less likely, and slower to orient to the eyes than typically developing controls in all age groups from eight years of age (all $p < .001$), but did not differ from 7 months old infants. In contrast to healthy individuals from eight years and above, WS individuals did not show a preference to orient towards the eyes relative to the mouth.

Conclusions: Despite the hyper-social behavioral phenotype, WS is associated with reduced attention to other's eyes during early stages of processing. This could contribute to the difficulties with complex social cognition observed in this group.

Disclosure: No significant relationships.

Keywords: visual attention; Williams syndrome; Rare genetic syndromes; face processing

O161

The psychosocial factors in the formation of symptoms of dementia

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Introduction: The growing prevalence of severe cognitive impairment in populations, the involvement of a significant number of people of working age in the medical, psychological and social problems associated with dementia, the insufficiency and inconsistency of information about the mechanisms of formation of these disorders actualize a comprehensive social study of dementia.

Objectives: the psychosocial mechanisms of the formation of clinical, functional disorders in dementia, to develop comprehensive medical and psychosocial programs to help patients with dementia and those involved in caring for them, based on the proposals of the psychosocial model of dementia

Methods: A selective observational comparative dynamic study of 315 people with Alzheimer's dementia and 214 people who care for the patients was carried out.

Results: Changes in family-role and social parameters, a high level of "expressed" emotions of caregivers have an adverse effect on the development of psychotic ($r = 0.618$), affective ($r = 0.701$), behavioral ($r = 0.837$) dementia disorders. The degree of adherence to

anti-dementia therapy by the caregiver is one of the important factors determining the amount of care received by the patient ($r = 0.698$). Agitation / aggression ($r = 0.761$), anxiety ($r = 0.562$), sleep disturbances ($r = 0.521$) contribute to increased compliance. The low satisfaction of the caregiver with premorbid ($r = 0.698$) and current ($r = 0.653$) relationships with the patient leads to a decrease in the compliance of the caregiver.

Conclusions: The mechanism of psychopathological symptoms, functional disorders is heterogeneous, depending on the biological causes and psychosocial conditions of functioning of patients.

Disclosure: No significant relationships.

Keywords: PSYCHOSOCIAL FACTORS; dementia; noncognitive SYMPTOMS OF DEMENTIA

O162

Role of multidimensional evaluations in the support of school trajectories of children with mild to moderate intellectual disability

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Introduction: There is a lack of objective evaluation with validated tools in school children with intellectual disability (ID). Standardized and validated tools, allowing children evaluations and follow-up, exist but are poorly used. Our action-study wishes to develop evaluation practices to better adapt to the specific needs of children with ID.

Objectives: We evaluated the multidimensional profiles (cognitive, adaptive and behavioral) of children with ID attending regular or adapted school system.

Methods: School children, aged 5 to 13 years old, with mild to moderate ID were enrolled in this French cohort study. The multidimensional evaluation consisted of a school evaluation grid proposed by the French educational system, a scale of school needs (GEVA-sco), an intellectual assessment (WISC IV), a behavior adaptive scale (Vineland II) and a behavior rating scale (the French Nisonger Child Behavior Rating Form (Nisonger CBRF)). The results of this multidimensional assessment were analyzed.

Results: Between November 2014 and June 2016, 121 children were enrolled, 3 children were lost to follow-up. Analysis was performed on 118 children. Seventy one (60.2 %) were male. Fifty-two (44.1%) were aged 6 to 9 years. Sixty-eight (57.6%) children were in regular schools and 50 (42.4%) in adapted schools. Children in regular schools had a higher mean IQ score (57.5) than children in adapted schools (43.5). The adaptive behavior profile of children in regular school is less severe than in children in adapted schools.

Conclusions: Multidimensional evaluations allow optimizing and personalizing support. Evaluation of adaptive behavior is more informative than cognitive profile which does not differentiate between children skills

Disclosure: No significant relationships.

Keywords: multidimensional evaluations; psychometric evaluation; Intellectual disability

Mental health care

O163

Post traumatic stress disorder symptoms and stress burden among caregivers of patients with severe mental illness

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Introduction: Care givers of patients with severe mental disorders have been shown to be under heavy stress burden that reflect itself through various heterogenous psychiatric symptoms that may mimic PTSD with associated negative impact on interpersonal relations and work performance

Objectives: to assess the prevalence of PTSD symptoms among care givers of patients with severe mental illness

Methods: 70 patients care givers of severely mentally ill patients compared to control 70 care giver of patients with chronic debilitating medical illness were recruited from outpatient of the university hospital outpatient facilities, random selection. Severe mental illness was defined by Global assessment of function GAF score above 50 and duration exceeding 2 years. Both groups were subject to Zarit burden interview to assess stress burden and post traumatic stress diagnostic scale PDS to assess PTSD symptoms

Results: 43% of care givers of severely mentally patients showed moderate to severe burden on the Zarit scale compared to only 10% among care givers of medically ill patients, this difference was statistically significant ($p < 0.001$). Among care givers of severely mental patients showed moderate to severe score on post traumatic stress diagnostic scale compared to 0% among those taking care of medically ill patients. this difference was statistically significant ($p < 0.001$)

Conclusions: Stress burden among care givers of patients with severe mental illness is high and may manifest symptoms of post traumatic disorder. This highlight the importance of particular psychological support and assessment among care givers of patients with severe mental illness

Disclosure: No significant relationships.

Keywords: ptsd; stress burden; Mental illness; care giver

O164

Utilizing a novel digital affect mirror, morphii, to assess affective determinants of health

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Introduction: Decades of research have shown that affect, emotions and moods, significantly impact all aspects of health behaviors. This research utilized a novel digital analogue technology (Morphii) to assess eight affective domains: stress, anxiety, loneliness, irritability, depression, pain, energy and overall feelings of wellness.

Objectives: To demonstrate the feasibility of use and strength of relationship/comparison to validated measures.

Methods: A U.S. census-based sample of adults ages 18-80 ($n=985$) completed online assessments including the 8 Morphii's and additional comparative mental/behavioral health assessments (PSS-4, GAD-7, UCLA Loneliness Scale V3, BITE, PHQ-8 & PHQ-2, P4 Pain Scale, WHO-5, CFQ-11, ESS, and Vitality Subscale SF-36) via the Prolific Academic online platform and were compensated nominally for their participation. The resulting sample was 51.6% female and 74.2% White.

Results: Each Morphii was compared with the common corresponding industry assessment (e.g., Depression Morphii with PHQ) resulting in Pearson correlations ranging from $-.519$ to $.761$, with 6 of the 8 showing correlations above $.700$. Pearson correlations between dysfunction and each of the 8 Morphii's were significant at the $p < .000$ level, ranging from a low of $.421$ (Loneliness) to a high of $.607$ (Depression). Internal reliability was very good (Cronbach's Alpha = $.862$). Respondents who expressed an assessment modality preference (55.2%) chose the Morphii type over traditional assessment format at a 2.5:1 ratio.

Conclusions: Morphii provides a reliable and valid assessment option with the ability to obtain a comprehensive (8 domains at once), efficient (less than 60 second administration), assessment with increased patient/client preference and engagement.

Disclosure: Milanak - submitting author - I serve on the advisory board for ADoH Scientific to consult on scientific research of Morphii development. To date, I have not been paid any money for this advisory role.

Keywords: Assessment; Affect; healthcare analytics; Whole person health

O165

Experiences of fear in hospital settings from the perspectives of mental health service users and informal caregivers

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Introduction: In the literature, service users and informal caregivers have been critical towards psychiatric inpatient care. However, little is known about their fears related to hospital care.

Objectives: We describe service users' and informal caregivers' experiences of fear in psychiatric hospital settings.

Methods: The data were collected from seven mental health associations located in six Finnish cities. Focus group interviews ($f=8$) were conducted (2015–2016) with service users ($n=20$) and