EV0157

Quality of life in parents of children with attention-deficit-hyperactivity disorder

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Aim The aim of our study was to investigate and compare the quality of life of parents of children with ADHD and parents of children within psychiatric troubles.

Methods We conducted a cross sectional and comparative study, on 20 families of children with ADHD, followed in child and adolescent psychiatry department of Sfax, Tunisia, and 20 control families. We used the Short Form Health Survey (SF 36) translated and validated in Arabic to evaluate the quality of life of the parents of the two groups.

Results The average age of the patients of our survey was 9 years 8 months with a predominance of boys. We objectified a significant difference between the overall scores of the quality of life of parents of children with ADHD and the control sample. A highly significant difference was noted in the following areas: mental health, bodily pain and social functioning. The difference was significant in vitality score. The difference was not significant in 4 scores: general health, physical functioning, role physical, and role emotional.

Conclusion Families with a child with ADHD have many challenges which impact certainly in their quality of life. As a child and adolescent's psychiatrics, we should be aware of these consequences in order to help the parents to improve their quality of life.

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Developing and implementing digital-assisted parent training intervention for disruptive behavior in primary health care

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Background According to many epidemiological studies early prevention of mental health problems is essential in childhood. The objectives are:

- to determine whether a digital-assisted intervention using whole-population screening that targets the most symptomatic 4-year-old children is effective at 12 months after the start of treatment;
- to describe the Finnish Strongest Families intervention model in primary health care.

Methods The target population was children with high level of DBD symptoms screened from the population of 4-year olds attending annual child health clinic check-ups. The RCT study was conducted in southwest-Finland between 2011 and 2013. In the control group, participants (n = 232) were given access to a parent training website and a telephone call from a coach. Participants (n = 232) in the intervention group received internet and telephone delivered the Finnish Strongest Families program.

Results During the 12-months follow-up results of the intervention showed the behavioural problems of the four-year-old children reduced significantly in the families who participated in the 11-week program compared to the control group. So far, this evidence-based intervention has been implemented in 13 municipalities in Finland and the nationwide implementing process is in progress.

Conclusions Training parents online and over the telephone significantly decreases preschool children's disruptive behavior. Therefore, it is important to provide low threshold, digitally delivered, family oriented promotion, prevention and early intervention programs in the primary care. More studies are needed to evaluate the long-term effects and cost-effectiveness of digital interventions in preventive mental health care.

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EV0159

Communication in ASD – parents as partners for improving language development

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The increase in the prevalence of autism spectrum disorder (ASD) has important consequences to the health and educational systems. The need for specialized care that can improve the chances for a good prognosis must be considered in the research about intervention proposals. Parents can be very important participants in this process. Several intervention programs include the participation of parents but there is relatively little information in the literature about the results of these proposals. This poster will present the results of three different intervention programs with the participation of parents in three different regions of Brazil. In Rio de Janeiro, the parents were instructed about everyday attitudes and interactive management in six monthly group sessions discussing specific issues. In Rio Grande do Sul, specific themes regarding communication awareness and language development were discussed with parents in eight individual sessions conducted once each month. In Sao Paulo, parents were instructed once a week, during ten weeks, about executive functions stimulation. Participants were 18 children and they were all receiving regular speech-language therapy before, during and after the period of instruction to the parents. The results regarding the social-cognitive and communicative performance show a clear effect of the parents' instruction. Each program's results will be discussed individually but the overall results point out to the value of including parents as partners in language and communication intervention processes.

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Neurobiological marker for child and adult ADHD diagnoses

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Attention deficit hyperactivity disorder (ADHD) is one of the most common neurodevelopmental disorder. It is a chronic disease where 50–60% of ADHD cases persist into adult life. ADHD is associated with a range of clinical and psychosocial impairments. In children hyperactivity, impulsivity and inattention are the core

symptoms of ADHD. In adults these core symptom are also present but inattention is more prominent. Correct diagnosis of ADHD remains challenging, especially as several other psychiatric and medical disorders show the similar symptomology.

Objectives The diagnosis of ADHD is clinical based upon a cluster of symptoms and criteria established by guidelines such as the DSM-5. Yet, objective markers are needed to support the clinical ADHD diagnosis in children and adults. Studies suggest that a neurobiological marker (eye vergence i.e. where the eyes move in opposite directions) can detect ADHD in children and adults. The eyes converge during orienting attention, as evidenced by visual event related potentials at parietal locations. This attention related vergence is impaired in ADHD patients.

Methods We review the neurobiology and findings of eye vergence and the relevance of its measurement for the clinical diagnosis of ADHD.

Results Neural circuits underlying eye vergence and attention largely overlap. Using machine learning, eye vergence measurements can classify ADHD in children and adults with high (> 90%) accuracy.

Conclusions Eye vergence is a promising candidate for an objective clinical diagnosis of ADHD.

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EV0161

Anxiety-depressive disorders in children: Neurobiological and neurohormonal aspects

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Objective The need for diagnosis and correct classification of depression among children is dictated by its burdeness with age, high risk of recurrence at further stages of child development and propensity to suicidal behavior.

Materials and methods One hundred and sixty adolescents with ADD were included in our study. The study design comprised: clinicopsychopathological, somatoneurological, psychological and neurohormonal methods.

Results Clustering symptom of anxiety and depression have shown that for children in early puberty is typical more formation of somatic (35.2%), behavioral (21.6%), phobic (21.6%) variants of depression, less-anxiety (13.5%), asthenia (8.1%). For children in puberty – apathetic (30.1%), anxiety (28.9%), dismorfofobic (27.7%), behavioral (13.3%) variants. The proportion of suicidal behavior of depression increases in proportion to age, mainly due to suicidal thoughts, sayings, auto-aggressive behavior. Analysis of the formation conditions of anxiety and depression in children showed a significant correlation of genetic, biological and socioenvironmental components.

Symptoms of the minimal brain dysfunction (MBD) at an early ontogeny (prognostic value = ± 4.8), loaded natal period (PV = ± 4.2), frequent colds in the medical history (PV = ± 3.7), signs of cerebroorganic failure (PV = ± 3.8) and obesity as an endocrine disorder (PV = ± 2.1), sex and age of the manifestation of the first depressive episode in the early stages ontogenesis in boys aged 7 years (PS = ± 5.3), in girls aged 9 years (PS = ± 3.9) have been registered among biological risk factors for the ADD formation. Prognostic

significance of neurohormonal parameters as regards the risk for ADD formation in adolescents is based on a decreased serotonin level in patients with depressive anxiety (PV=+2.8) and a reduced melatonin level, irrespective of the variant of clinical depression (PV=+2.4).

Conclusion Determination of neurobiological and neurohormonal risk markers for the development of the ADD makes it possible to carry out psychoprophylactic measures.

Keywords Children; Anxiety-depressive disorder; Prognostic value; Neuro-biological; Neurohormonal aspect

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EV0162

A technology for providing therapeutic training of children with the anxiety-depressive disorders, comorbid with obesity

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Background and aims The study considers the problem of the anxiety-depressive disorders (ADD) in children with concomitant obesity in the context of the search for effective methods of their correction.

Materials and methods Included 64 children at puberty with the anxiety-depressive disorders, comorbid with obesity. Design comprised: clinicopsychopathological, somatoneurological, psychological monitoring (CDRS-R); the Spielberger, "Me and my illness" and "Man in the Rain" projective drawing tests.

Results The symptoms of emotional and vegetative tension, depression registered in all studied children.

In the developed model of support, the interventions of primary level are aimed on family and closest encirclement of the child (family psychotherapy, psycho-educational programs for children and their parents). Strategies:

- stressful situation in the family (practical, psychological support and education of parents);
- for relief of depressive and vegetative-anxious symptoms (using art therapy, cognitive behavioral therapy);
- for education of patients in the wider context quality of life, coping, motivation and modification of inappropriate behaviors (modeling of new cognitions).

The technology includes the diagnosis of the psychosomatic core of the disease, areas of neurotic fixation of the child with ADD and obesity, correction of emotional homeostasis and cognitive imbalance by activation of the personality individual resources as a result using cognitive-behavioral and art-dynamic therapy, as well as a "Control of eating behavior" training program, and solving certain situational problems by a child with the disease.

Conclusion Our method makes the tactics of psychotherapeutic and psycho-educational intervention at an early stage of the disease.

Keywords Children; Anxiety-depressive disorder; Art-therapeutic intervention

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