EPV0196

Neurodevelopmental disorders in ICD-11 classification

N. Zigic[1]*, I. Pajevic[1], M. Hasanovic[1], E. Avdibegovic[2], N. Aljukic[1] and V. Hodzic[3]

[1]Department of Psychiatry, University Clinical Center Tuzla, Bosnia and Herzegovina, University Clinical Center Tuzla; [2]Faculty of Medicine, Tuzla and [3]Pediatric ward, Health Center Banovići, Banovići, Bosnia and Herzegovina
*Corresponding author.
doi: 10.1192/j.eurpsy.2023.1547

Introduction: The term "neurodevelopmental disorders" was first used in DSM-5. The ICD-11 retained this term, with some changes in the classification compared to DSM-5 and ICD-10.
Objectives: To identify changes on neurodevelopmental disorders in three classifications.
Methods: Review of neurodevelopmental disorders in ICD-10, DSM-5 and ICD-11.
Results: Neurodevelopmental disorders applie to a group of disorders with early onset that affect cognitive and social development. ICD-10 doesn't have a dedicated group for neurodevelopmental disorders and uses different terminology for specific conditions. DMS-5 replaced term "Mental Retardation" with less stigmatizing "Intellectual Disability", while ICD-11 proposes term "Disorders of intellectual development". They continue to be defined on basis of significant limitations in intellectual functioning and adaptive behaviour. In recognition of lack of access to locally appropriate standardized measures and due to importance of determining severity for treatment planning, ICD-11 provide a comprehensive set of behavioural indicator tables. Another big change is made with hyperkinetic disorder, that is classified among behavioural disorders in child and adolescent age in ICD-10. In DSM-5 and ICD-11 is among neurodevelopmental disorders, replaced with term "Attention deficit hyperactivity disorder". Pervasive developmental disorders that is consisted of eight different subtypes in ICD-10, in DSM-5 and ICD-11 is replaced with "Autism spectrum disorders" category. Guidelines for autism spectrum disorder have been substantially updated to reflect the current literature. According to ICD-11, autism spectrum disorders and ADHD may coexist in an individual, which is useful since there is good evidence that children with this comorbidity can benefit from stimulant medications. Finally, tic disorders in ICD-11 are classified under the Diseases of the nervous system, while in DSM-5 they are placed within neurodevelopmental disorders.
Conclusions: ICD-11 doesn't deviate significantly from DSM-5 when it comes to neurodevelopmental disorders, which is in accordance with the goal of WHO and APA to harmonize two psychiatric classifications.

Disclosure of Interest: None Declared

EPV0197

Clinician-Administered PTSD Scale for DSM-5,child and adolescent version: A transcultural validation

N. kouki[1]*, S. Bourgou[1], H. rezgui[1], A. Naffeti[2], M. Hamdoun[2] and A. belhadj[1]

[1]child and adoescent psychiatry, Mongi Slim and [2]forensic medicine, Charles Nicolle, tunis, Tunisia
*Corresponding author.
doi: 10.1192/j.eurpsy.2023.1548

Introduction: Posttraumatic stress disorder in the paediatric population has clinical features. The Clinician-Administered PTSD Scale for DSM-5,child and adolescent version (CAPS-CA-5) is the gold standard for the positive diagnosis.
Objectives: The objectives of our work were to translate the CAPS-CA-5 into Tunisian dialectal Arabic and to validate it in our Tunisian sociocultural context.
Methods: This is a descriptive cross-sectional study conducted in the child psychiatry department of Mongi Slim Hospital and the forensic medicine department of Charles-Nicolle Hospital (Tunisia), among children older than seven years who were exposed to a potentially traumatic event at least one month before. We validated the tool through translation, content, construct validity and reliability. The statistical processing for this data was carried out using SPSS 26 software.
Results: We conducted our study with 150 patients. The validation was made on 146 records after the exclusion of 4 incompleted assessments.
We initially translated the CAPS-CA-5 into Tunisian dialect. We validated the content through pre-test and scientific committee evaluation.
Afterwards, we validated the construction. We calculated the Bartlett's sphericity test (p<0.001) .The KMO index that was 0.766. Concerning the reliability study, we found a Cronbach's alpha coefficient equal to 0.92. We studied also the inter-raters reliability; we found an intra-class coefficient between 0.8 and 1
Conclusions: We validated the first Tunisian diagnostic tool for PTSD in children according to the DSM-5 criteria with satisfactory psychometric qualities.

Disclosure of Interest: None Declared

EPV0198

Clinician-Administered PTSD Scale for DSM-5,child and adolescent version: Clinical characteristics of paediatric population

N. Kouki[1]*, S. Bourgou[2], H. rezgui[2], A. naffet[3], M. Hamdoun[3] and A. Belhadj[2]

[1]child an adolescent psychiatry; [2]child and adolescent psychiatry, Mongi slim and [3]forensic, charles nicolle, tunis, Tunisia
*Corresponding author.
doi: 10.1192/j.eurpsy.2023.1549

Introduction: Posttraumatic stress disorder in the paediatric population has clinical features. The Clinician-Administered PTSD Scale for DSM-5,child and adolescent version (CAPS-CA-5) is the gold standard in positive diagnosis
Objectives: The objectives of our work was to study the clinical characteristics of the paediatric population with the diagnosis of PTSD.
Methods: This is a descriptive cross-sectional study conducted in the child psychiatry department of Mongi Slim Hospital and the forensic medicine department of Charles-Nicolle Hospital, among children older than seven years who were exposed to a potentially traumatic event at least one month before. We made clinical assessment for PTSD using CAPS-CA-5 which is currently being validated in Tunisian dialect. Then We investigated the clinical characteristics of PTSD according to age, gender, history, and event specifics.