European Psychiatry S225

#### **EPP0156**

## Qb technology – evaluating its use in adhd diagnosis within a child and adolescent mental health service.

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Introduction: Attention Deficit Hyperactivity Disorder (ADHD) is a neurodevelopment disorder characteristically compromising of three persistent symptoms; Inattention, hyperactivity and impulsivity. Within the Tameside and Glossop CCG continuous performance tests from the company QbTech are used to aid diagnosis. Objectives: The aim of this research is to evaluate the effectiveness of using both the QbCheck (triage tool) and QbTest (diagnostic tool) concordantly in the diagnostic pathway of ADHD in young people. Methods: 20 Patients who had undergone both performance tests were identified and then five components evaluated in the QbCheck were then compared to the QbTest results.

**Results:** In the five areas identified by both the QbTest and QbCheck up to 80% had the same outcomes in the two tests. However, in one area (hyperactivity) only 60% of QbChecks outcomes were replicated by the QbTest. The symptom of inattention most commonly correlated between the two tests. The average wait between tests was 9.8 months. 100% of those who scored on QB Check, received diagnosis of ADHD, suggesting high referrer specificity.

Conclusions: QbCheck diagnostic outcomes are comparable to patients who have undergone both the QbCheck and QbTest, only having one of these continuous performance tests making up the ADHD diagnostic pathway could be cost and time saving in the pathway to diagnosis. As QbCheck can be completed within the child's school this reduces the number of clinic appointments that need to be attended by patients and their families.

Keywords: ADHD; CAMHS; QB Technology; school

### **EPP0155**

# Model of therapeutic intervention in anorexia nervosa of adolescents with depressive behavioral disorders

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**Introduction:** Anorexia nervosa is often associated with the development of depressive disorders.

**Objectives:** Skillful dissimulation of the true causes of fasting in adolescents leads to diagnostic errors and delayed adequate therapy.

**Methods:** The study design includes clinical psychopathological, somatic-neurological, and psychological methods for examination of 54 adolescent girls aged 12-14, with a recurrent depression, and

factors determine disorders in alimentary behavior (anorexia nervosa) in teen-agers. The following psychological tests were performed: Children's Depression Rating Scale Revised, Columbia - Suicide Severity Rating Scale, Mendelevitch - Yakhin Scale to establish a neurotic state.

**Results:** in all adolescent girls with anorexia nervosa depressive disorders were present in prepuberty. Behavioral syndrome and aggressive vulnerability prevailed in the structure of depression. Cognitive component was represented in the form of unstable type of poor memory and decreased rate of sensorimotor reactions with episodic recurrent attacks of bulimia. Our model of therapeutic intervention included: behavioral intervention, intravenous administration of Cerebrolysin 10,0 with 0,9 % Sodium chloride 200,0 (No.15). Therapeutic neuroplasticity, multimodal effect, and a disease - modifying therapy effects in short terms provide regression of emotional-cognitivity.

**Conclusions:** In adolescent girls with a recurrent depression anorexia nervosa has specific features that require early differentiation, neurotropic and neurodegenerative therapy.

**Keywords:** depression; adolescent; behavioral disorders; anorexia nervosa

#### **EPP0156**

## The use of an electronic form to register play observation of a child with anxiety: A study case at a university clinical practice in Brazil

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**Introduction:** The modality of assessment used at a University Clinical Practice in Brazil is interventive psychodiagnosis in which the active participation of children and families is considered. Orientation is given following the input provided by children and their parents.

**Objectives:** Evaluating the use of an electronic form to be fulfilled during the observation of a child's play in psychological session.

**Methods:** A child at the age of 5yrs 4m was brought for psychological assessment with the complaint of aggressiveness and irritability. His parents answered the Child Behavior Checklist (CBCL -1 1/12 5 yrs) and the Psychology interns had to observe the child's play and fulfill an electronic form in which the choice of toys and plays, motricity, creativity, symbolic abilities, frustration tolerance, adequation with reality were verified.

Results: The results of CBCL indicated that the child was within the clinical range regarding anxiety and depression along with somatic complaints. The indicators observed in the electronic form such as rigidity in the modality of play, the lack of adequate ability of impersonating in role-playing, the difficulty of using creativity during play unless he was guided by peers or the Psychology interns and the constant anguish of separating himself from his parents were crucial for parents' orientation. The psychological treatment lasted five months and benefited from the information obtained through the form once the symptoms of irritability and aggressiveness were reduced.

**Conclusions:** This modality of assessment can be instructional for parents and may also reduce financial and time costs once provides specific indicators to observe during play.

Keyword: Treatment

#### **EPP0158**

# The relationship between executive dysfunctions and quality of life of children and youth with psychiatric disorders

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**Introduction:** The high cognitive abilities named executive functions (EF) are responsible for emotional regulation and for goal-oriented behavior. EF are frequently disrupted in anxiety disorders and negatively affect daily function and quality of life (QoL). Nevertheless, EF evaluation is usually performed in the laboratory using neuropsychological assessments that refer to specific components (such as working memory, inhibition), but lacks a comprehensive profile of EF and the expressions in real life context.

**Objectives:** To elaborate the knowledge about EF in daily life of children/youth with psychiatric disorders, by comparing their EF to those of healthy controls, using an ecological measure that imitates daily life scenarios; To examine the relationship between EF and QoL in the study group.

Methods: Participants were 49 children and youth aged 8-18 years: 25 subjects with psychiatric (mainly anxiety) disorders and 24 healthy controls. The children's parents completed a socio-demographic questionnaire, the Child Behavior Checklist (CBCL) to profile emotional difficulties; The Behavior Rating Inventory of Executive Functions (BRIEF) which examines EF components related to meta-cognition and behavioral regulation; and the Pediatric Quality of Life Inventory (Peds-QoL).

**Results:** The study group had more EF difficulties [reduced behavioral regulation (F=31.81; p<.001) and metacognition (F=26.25; p<.001)], and lower QoL. In the study group, EF difficulties correlated with reduced physical, emotional, social, and school-related-QoL.

Conclusions: EF should be evaluated in children/youth with psychiatric disorders, by ecological evaluation that reflect the difficulties in daily life. This may focus intervention on child's specific needs and improve the outcomes in terms of better function, development and QoL.

**Keywords:** quality of life; daily life activities; children and youth; Executive functions

#### **EPP0159**

# Social cognition in adolescents at risk for psychosis: A 2-year follow-up study.

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**Introduction:** Deficits in social cognition have been reported in people at ultra-high risk (UHR) of psychosis exclusively using socio-cognitive tasks and in adolescent and young adult mixed population.

**Objectives:** Aim of this study was (1) to assess subjective experience of social cognition in adolescent help-seekers identified through UHR criteria, (2) to explore its significant correlations with psychopathology and functioning in UHR individuals; and (3) to monitor longitudinally its stability after a 24-month follow-up period.

**Methods:** Participants [51 UHR, 91 first-episode psychosis (FEP), and 48 non-UHR/FEP patients], aged 13–18 years, completed the comprehensive assessment of at-risk mental states and the GEOPTE scale of social cognition for psychosis.

Results: In comparison with non-UHR/FEP patients, both UHR and FEP adolescents showed significantly higher GEOPTE total scores. After 12 months of follow-up, UHR individuals had a significant decrease in severity on GEOPTE "Social Cognition" subscore. In the UHR group at baseline, GEOPTE scores had significant positive correlations with general psychopathology, positive and negative dimensions. Across the 2-year follow-up period, social cognition subscores specifically showed more stable associations with general psychopathology and negative symptoms.

**Conclusions:** Social cognition deficits are prominent in UHR adolescents and similar in severity to those of FEP patients at baseline. However, these impairments decreased over time, presumably together with delivery of targeted, specialized models for early intervention in psychosis.

**Keywords:** Ultra-High Risk; adolescence; social cognition; early psychosis

#### **EPP0160**

## An eye-tracking study for measuring the attentional characteristics towards emotional scenes in children with autism spectrum condition

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**Introduction:** The difficulties in social interaction present in individuals with autism spectrum conditions may are related with the abnormal attentional processing of emotional information. Specifically, it has been hypothesized that the hypersensibility to threat shown by individuals with autism may explain an avoidance behaviour. However, this hypothesis is not supported by research and the underlying psychological mechanisms of social interaction in autism still unclear.

**Objectives:** The aim of the present study was to examine attentional processing biases by administering a computer-based attentional task in a sample of 27 children with autism spectrum conditions and 25 typically developed participants (age 11-15 years).