EW0593

A neuro-developmentally sensitive and trauma informed service delivery approach for child and youth mental health and psychiatry

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This presentation will introduce the innovative approach to child and youth mental health and psychiatry using the neurosequential model of therapeutics (NMT). This is a neuro-developmentally sensitive and trauma informed approach and acknowledges the importance of early experiences shaping the organization of the brain. An outline of the stress response and its relevance to hyperarousal and dissociative responses will be discussed as this impacts attachment and the reward neuro-biology. The hierarchy of brain development will be emphasized in the clinical approaches to child psychiatry especially in reference to child maltreatment and neglect. The critical role of sensory integration, self regulation, relational health and cognitive development in treatment planning will be discussed versus the categorical diagnosis of ADHD, autism, bipolar disorder and depression. This has profound economic and psychopharm practice implications in child and youth mental health treatments. Consequently the importance of these concepts in informing public policy for early child development and school mental health literacy will be emphasized. Additionally the outcome of these approaches on the reduction of staff turnover, critical incidents in schools and residential placements will be shared.

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

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Family-based whole exome sequencing of autism spectrum disorder reveals novel de novo variants in Korean population

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Objectives The objective of this family-based whole exome sequencing (WES) is to examine genetic variants of autism spectrum disorder (ASD) in Korean population.
Methods The probands with ASD and their biological parents were recruited in this study. We ascertained diagnosis based on DSM-5^{TM} criteria, using Autism Diagnostic Observation Schedule and Autism Diagnostic Interview–Revised. We selected probands with typical phenotypes of ASD both in social interaction/communication and repetitive behaviour/limited interest domains, with intellectual disability (IQ < 70), for attaining homogeneity of the phenotypes. First, we performed WES minimum 50× for 13 probands and high-coverage pooled sequencing for their parents. We performed additional WES for 38 trio families, at least 100× depth. De novo mutations were confirmed by Sanger sequencing. All the sequence reads were mapped onto the human reference genome (hg19 without Y chromosome). Bioinformatics analyses were performed by BWA-MEM, Picard, GATK, and snpEff for variant annotation. We selected de novo mutation candidates from probands, which are neither detected in two pooled samples nor both parents.
Results Fifty-one subjects with ASD (5 females, 40∼175 months, mean IQ 42) and their families were included in this study. We discovered 109 de novo variants from 46 families. Twenty-nine variants are expected to be amino acid changing, potentially causing deleterious effects. We assume CELSR3, MYH1, ATXN1, IDUA, NFKB1, and C4A/C4B may have adverse effect on central nerve system.
Conclusions We observed novel de novo variants which are assumed to contribute to development of ASD with typical phenotypes and low intelligence in WES study.
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e-Poster Walk: Comorbidity/Dual pathologies and guidelines/Guidance - Part 2

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Dual diagnosis and treatment: The experience of a multiprofessional team in mental health

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Introduction The work was developed with the people hospitalized in the period of 1 year in a psychiatric clinic in Rio de Janeiro city, Brazil. 175 patients who presented dual diagnosis were evaluated.
Objectives The research aims to know the distribution of the most frequent psychiatric diagnosis associated with the disorders for the use of psychoactive substances. The work also has as objective to assess the treatment of patients carrying these disorders so that there is a better efficiency of the individual treatment plan.
Methods The work consisted of the evaluation of all patients who were admitted to the clinic in the period of 1 year, using the ICD-10 for the diagnosis of dual pathologies. All the patients were assessed by the multiprofessional team, composed by general practicioner, psychiatrist, psychologist, pharmaceutic, therapist in chemical dependence, family therapist and physiotherapist. The patients were treated with the use of psychopharms, cognitive behavioral psychotherapy, 12-step program, art therapy and moderate physical activity. Family members of all patients were also interviewed.
Results In the evaluation conducted by the team, it was found the following distribution of the most frequent diagnosis associated to disorder for the use of psychoactive substances: depression (26.3%), personality disorder (22.9%), bipolar disorder (22.3%), non-

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schizophrenic psychosis (12.6%), schizophrenia (9.1%), and other diagnosis (6.8%).
Conclusions The formulation of the dual diagnosis provided a better approach of the patients on the part of the team, promoting the strengthening of the therapeutic bond and causing positive impact on the evolution of these disorders.
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Comorbid depressive symptoms in persistent delusional disorder: A retrospective study from India

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Background Previous studies have reported depressive symptoms in patients with persistent delusional disorder (PDD). Patients with PDD and depression may need antidepressants for treatment.
Aim The aim of the study was to compare the sociodemographic profile, clinical presentation and treatment response in patients with PDD with and without comorbid depressive symptoms.
Methods We conducted a retrospective chart review of patients diagnosed with PDD (ICD-10) from 2000 to 2014 ($n = 455$). We divided the patients into PDD + depression ($n = 187$) and PDD only ($n = 268$) for analysis.
Results Of the 187 patients with PDD + D, only eighteen (3.9%) were diagnosed with syndromal depression. There were no significant differences in sociodemographic profile including sex, marital and socioeconomic status (all $P > 0.05$). PDD + D group had a significantly younger age at onset ([PDD + D: 30.6 9.2 years vs. PDD: 33.5 11.1 years]; $t = 2.9$, $P < 0.05$). There was no significant difference between the clinical presentation including mode of onset, the main theme of their delusion and secondary delusions (all $P > 0.3$). However, comorbid substance dependence was significantly higher in patients with PDD only. ($\chi^2 = 5.3$, $P = 0.02$). In terms of treatment, response to antipsychotics was also comparable ([> 75% response: PDD + D = 77/142 vs. PDD = 106/179); $\chi^2 = 1.9$, $P = 0.3$). There was a significant difference between the two groups in terms of antidepressant treatment ([PDD + D = 32/187; 17% vs PDD: 17/268; 6%), $\chi^2 = 12.9$, $P = 0.001$).
Discussion Patients with PDD + D had significantly earlier onset of illness. These patients may require antidepressants for treatment.
Disclosure of interest The authors have not supplied their declaration of competing interest.

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EW0597

Association between Internet addiction and depression in medical students, faculty of medicine in Thailand

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Introduction Internet addiction has become a harmful behavioral problem found to be highly prevalent in high school and college students. Many studies demonstrated significantly association between Internet addiction and depression.
Aims To study the prevalence of Internet addiction and the association between internet addiction and depression in medical students, faculty of medicine, Ramathibodi hospital.
Methods A cross-sectional study was conducted. Participants were the first to fifth-year medical students who agreed to participate in this study. Demographic characteristics were derived from self-rated questionnaire and were analyzed by descriptive statistics. Thai version of Young's Internet Addiction Diagnostic Questionnaire and Thai version of Patient Health Questionnaire (PHQ-9) were used to assess internet addiction and depression, then Chi^2 test and logistic regression were used to analyze the associations between internet addiction, depression and associated factors.
Results From 705 participants, 24.5% had internet addiction and 29.0% had depression. There was statistically significant association between Internet addiction and depression (odd ratio: 1.92; 95% confidence interval [CI]: 1.34–2.77, P-value < 0.000). Logistic regression analysis illustrated that the Internet addiction group had risk of depression 1.58 times higher than the group without Internet addiction (95% CI: 1.04-2.38; P-value < 0.031). Academic problem was found to be a significant predictor of both Internet addiction and depression. Furthermore, Internet addiction, relationship problems with friend and lover, and health problem were also significant predictors of depression.
Conclusions Internet addiction was common psychiatric problem which associated with depression among medical students. We suggest that surveillance of Internet addiction should be considered in medical schools.
Disclosure of interest The authors have not supplied their declaration of competing interest.

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The cannabis profile: A high-risk subtype

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Introduction The first phase following the diagnosis of a first psychotic episode (FEP), is crucial to determine clinical and functional long-term outcome. Cannabis exerts a mediating action on the debut of the disease and determines a poor prognosis.
Objectives The description of a specific population profile of increased vulnerability to maintain cannabis use after a FEP could help to identify this high risk subtype of patients and speed up the implementation of specific interventions.
Materials and methods One hundred and seventy-eight patients were recruited from PAFIP (early intervention program on FEP), obtaining detailed socio-demographic assessment. They were followed-up for a year during which cannabis consumption was assessed by Drake scale every three months. We divided the sample into two groups:
– those patients who neither smoked cannabis before the FEP nor during follow-up period (nn);
– consumers group: cannabis users before the FEP who kept on smoking during the follow-up period (ss) and those who smoked before the FEP and gave up consumption during follow-up (sn).