European Psychiatry S225

EPP0156

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

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doi: 10.1192/j.eurpsy.2021.600

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

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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.