## 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.
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**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.
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**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.
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**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.

**Results:** We conducted our study with 150 patients . The diagnosis of PTSD according to DSM 5 criteria was retained in 56.2% of patients (N=80).
The average age was 12.4 years with extremes ranging from 7 to 17 years. We noted a female predominance at 58.8% (n=47)
Male gender was significantly associated with persistent avoidance (p=0.03). Sexual assault was significantly associated with the severity of flashback symptoms (p<10-3) and reckless and self-destructive behaviors (p<10-3) and with the frequency of dissociative symptoms (p<10-3).
We also noted in our work that dissociative symptoms were significantly more frequent in victims with no personal psychiatric history with a p value of 0.021.
In our population, we found a predominance of hypervigilance and a greater severity of exaggerated startle reactions in the absence of a family psychiatric history with a p value of 0.048 and 0.008 respectively.
We noted a significant predominance of exaggerated startle reactions in relation to the absence of exposure to previous traumatic events with a p equal to 0.043
**Conclusions:** The specificities identified in relation to the child should be taken into consideration during further evaluations and further analysis in the general population.

**Disclosure of Interest:** None Declared

## EPV0199

## Diagnostic stability in adolescents transiting to adult services: exploring the patterns of diagnostic adjustments

N. Baldaquí[1]*, C. Crucilla[2], M. G. Menditto[2], L. Malvini[2], A. M. Maltese[2], M. Percudani[2] and S. Barbera[2]

[1]Psychiatry and Psychology Department, Hospital Clínic de Barcelona, Barcelona, Spain and [2]Psychiatry Department, ASST Grande Ospedale Metropolitano Niguarda, Milan, Italy
*Corresponding author.
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**Introduction:** Most mental illness of adult life begin in late adolescence, affecting young people when they require transition to adult services. In <18 years old patients is more difficult to establish a definitive diagnosis, so diagnoses are often unstable and temporary. In young patients, understanding diagnostic stability may help in clarifying the course, developmental changes, and long-term prognoses of psychiatric disorders. Little research has explored the diagnostic adjustments that occur in child and adolescent mental health services, however previous studies reported that moods disorders and schizophrenia showed more stability than other diagnoses.
Understanding diagnostic trajectories is necessary to improve developmental psychopathology, in order to acquire more discrete diagnostic entities, and clinical judgements, regarding risk and prognosis.
**Objectives:** as the evidence of diagnostic stability from childhood (child and adolescent mental health services) to adulthood (adult services) is limited, the aim of this study is to describe the clinical features in patients from child and adolescent mental health services in transition to adult services and to compare the main diagnosis of these patients made in both services.
**Methods:** all individuals, between 18 and 25 years old, admitted to our outpatient clinic specialized in prevention, diagnosis and treatment of mental illness in adolescents (ASST Grande Ospedale Metropolitano Niguarda, Milan), referred to our service between 2021 and 2022. Clinical Diagnosis were establish using ICD-10 criteria.
**Results:** 301 new patients were admitted in our outpatients service: 171 in 2021 and 130 in 2022 (until October). The mean age was 21,08. The 30.2% of patients come from child and adolescent mental health services (29,2% in 2021 and 31,5% in 2022). The main diagnosis of these patients were: first reaction to severe stress and adjustment disorders (F43), second specific personality disorders (F60) and thirst eating disorders (F50). The main diagnosis made in our services were: first specific personality disorders (F60), second first reaction to severe stress and adjustment disorders (F43), thirst other anxiety disorders (F41). 56,1% of patients have the same diagnosis in both services and 43.9% have a different diagnosis. There were not differences in sex (60,5% female and 39,5% male). Patients from child and adolescent mental health services were youngers (19,68 vs 21,69), not statistically significant.
**Conclusions:** Further research is required to understand diagnostic trajectories, especially longitudinal studies in minors during transition period to adult services, in order to find patterns of diagnostic adjustments.

**Disclosure of Interest:** None Declared

## EPV0200

## Young Adults' New Cognitive Formations and the Feeling of Becoming an Adult

O. V. Markish*, S. M. Churbanova and O. B. Chesnokova

[1]Department of Developmental Psychology, Faculty of Psychology, Lomonosov Moscow State University, Moscow, Russian Federation
*Corresponding author.
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**Introduction:** In adolescence, the person transitions from the reality of childhood, where he is mostly dependent on his parents, to the reality of adult life, which necessitates the acquisition of adult role systems, established autonomy, and ability to accept responsibility. The most important feeling during that time is that of maturation into adulthood.
**Objectives:** This study was designed to investigate the impact of new cognitive formations on the maturation of young adults' self-consciousness from the perspective of a subjective evaluation of the experience of becoming an adult, particularly its cognitive component.
**Methods:** The study was based on Akimova's Adult Practical Thinking Scale (Akimova et al., 2008), Zack's Theoretical Thinking Scale (Zack, 2010), Personal Differential Test (Bazhin & Etkind, 1983), Szustrowa's Egocentric Associations Scale with content analysis applied (Szustrowa, 1976), The Feeling of Becoming an Adult Expression Scale (Andriushchenko et al., 2014) and included 64 participants aged 18-22 years. The approbation group had 12 participants and the core group had 52 participants.
**Results:** The IBM SPSS 22 statistical rank correlation analysis provides support for: negative moderate correlation between (1) the reflective type of theoretical thinking and personal egocentrism (rs=-.31; p=.024), (2) adult practical thinking level and awareness of a new position in adolescents-adults relations self-consciousness component (rs=-.28, p=.048); positive moderate correlation between (1) social intelligence and the feeling of becoming an adult expression degree (rs=.39; p=.004), (2) orientation to