

**Introduction:** According to the Journal of Laws of the Republic of Poland, juveniles considered to be socially maladjusted are referred to the facilities called Youth Educational Centres. The aforementioned decision must be processed by court. Adolescents held there are guilty mainly of truancy, acts of vandalism, and the crime of theft. Other reasons might include substance abuse, fleeing from home and loitering without legal guardian's supervision. The key purpose behind those institutions is adjusting to social standards, as well as rehabilitation of each juvenile delinquent. On the other hand, such behaviors may result from various mental disorders, which are often overlooked and underestimated.

**Objectives:** The aim of this study was to assess the prevalence of psychiatric disorders among the inmates of Youth Educational Centres with a primary focus on bipolar disorder. The existing knowledge on this subject is insufficient whereas the only available papers are based on retrospective studies of documents, which may have led to underestimation of mental condition in this population.

**Methods:** Patients were examined in person, using the K-SADS diagnostic interview. The missing details were also collected during reviewing the inmates' documents. The study group consists of juveniles staying in two Youth Educational Centres, a male and female one, located in Silesian Province of southern Poland. Participation in the research was voluntary whereas information gathered during the interview remains confidential.

**Results:** The study included 80 adolescents who previously had consented to participate. 60% (n=48) of them were males. Among the male patients 27.08% met the criteria for an episode of mania/hypomania, 37.5% for a depressive disorder whereas 22.92% fulfilled the criteria for both mania and depression. Seven boys were diagnosed beforehand, those included: one case of bipolar disorder, one schizoaffective disorder and five of them were receiving outpatient treatment for depressive episodes. Among female inmates: 40.63% met the criteria for both mania/hypomania and depressive disorder whereas as many as 78.13% claimed to have depressive disorder. Two girls have already been diagnosed – one suffered from bipolar disorder, manic depression and schizophrenia and the other was treated for depressive episodes.

**Conclusions:** Social maladjustment is often accompanied by a mental disorder or may be caused by one. Psychiatric disorders in adolescents, particularly bipolar disorder, usually have an atypical course, which can delay the appropriate diagnosis. Postponement of the crucial treatment is directly related to significant deterioration of the patient's prognosis. In order to provide adequate and necessary support, juveniles referred to the Youth Educational Centres should be examined by a certified psychiatrist before the admission to such facility.

**Disclosure of Interest:** None Declared

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### Yoga as an Adjunct Treatment for Attention Deficit Hyperactivity Disorder (ADHD)

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**Introduction:** Attention Deficit Hyperactivity Disorder (ADHD) affects about 9.4% (6.4 million) children in the United States. Pharmacological treatment, including stimulants, is a known therapy for ADHD. However, its possible subtherapeutic effectiveness, residual symptoms, and adverse effects have prompted us to explore the current evidence of Yoga as an add-on therapy that has shown synergistic effects in recent studies.

**Objectives:** 1) We aim to assess Yoga's efficacy as an add-on treatment for ADHD.

2) Assess the current evidence of Yoga as an add-on therapy for ADHD.

**Methods:** We searched PubMed, PubMed Central, Medline, Web of Science, and Biosis databases with the keywords "Attention Deficit Disorder with Hyperactivity" (MeSH) and "ADHD" in the context of "Yoga" (MeSH). Identified 4 relevant studies that were published until September 30, 2022.

**Results:** A study by Jensen et al. found improvement in impulsivity, hyperactivity, and restlessness in the ADHD with medications patient group after 20 Yoga sessions. Study utilized Conners' Parents Rating Scales and found improvement in the Yoga group on Oppositional, Global Index Emotional Lability, Global Index Total, Global Index Restless/Impulsive, and ADHD Index scale, changes associated with the number of sessions (Jensen et al. *J Atten Disord* 2004; 7 205-216). In another study, children with ADHD showed significant improvement after 8 weeks of 16 Yoga sessions in accuracy rate and reaction time in the Visual Pursuit Test and Determination Test (Chou et al. *Peer J* 2017; 5 e2883). A nine-year-old male case showed improvement in inattentive and hyperactive-impulsive symptoms on Vanderbilt Assessment Scales from parents and teachers after 6 months of Yoga practice (Gunaseelan et al. *Cureus* 2021; 5, e2883). Another 6-week Yoga intervention randomized trial in pre-school ADHD children showed significant improvement in hyperactivity and inattention with fewer distractibility errors of omission and faster reaction time (Cohen et al. *J Dev Behav Pediatr* 2018; 39 200).

**Conclusions:** The results suggest that Yoga has beneficial effects as an adjunct treatment to pharmacotherapy in ADHD for reducing hyperactivity and inattentiveness. Additionally, studies indicate its effectiveness in managing stress, anxiety, energy levels, and impulse control by staying focused with the help of breath and mind control. To explore the full spectrum of benefits and effectiveness of Yoga as an add-on therapy for ADHD patients, we recommend robust well-design future studies.

**Disclosure of Interest:** None Declared