

Image:

Principal diagnosis (ICD-11)	% in our sample	Comorbidities	% in our sample
Without ICD-11 diagnosis	16.5	Without ICD-11 diagnosis	57.27
Attention deficit hyperactivity disorder, predominantly inattentive presentation (ICD-11 6A05.0)	12.7	Attention deficit hyperactivity disorder, predominantly inattentive presentation (ICD-11 6A05.0)	0.88
Attention deficit hyperactivity disorder, predominantly hyperactive-impulsive presentation (ICD-11 6A05.1)	0.68	Attention deficit hyperactivity disorder, predominantly hyperactive-impulsive presentation (ICD-11 6A05.1)	0.2
Attention deficit hyperactivity disorder, combined presentation (ICD-11 6A05.2)	22.37	Attention deficit hyperactivity disorder, combined presentation (ICD-11 6A05.2)	2.25
Social anxiety disorder (ICD-11 6B04)	1.33	Social anxiety disorder (ICD-11 6B04)	0.88
Generalised anxiety disorder (ICD-11 6B00)	1.37	Generalised anxiety disorder (ICD-11 6B00)	0.1
Separation anxiety disorder (ICD-11 6B05)	4.1	Separation anxiety disorder (ICD-11 6B05)	1.37
Agoraphobia (ICD-11 6B02)	0.2	Agoraphobia (ICD-11 6B02)	0.1
Anxiety or fear-related disorders, unspecified (ICD-11 6B0Z)	8.5	Anxiety or fear-related disorders, unspecified (ICD-11 6B0Z)	4.99
Obsessive-compulsive disorder (ICD-11 6B20), including PANDAS syndrome	2.73	Obsessive-compulsive disorder (ICD-11 6B20), including PANDAS syndrome	1.76
Tic disorders (ICD-11 6B05.0)	1.07	Tic disorders (ICD-11 6B05.0)	0.88
Body-focused repetitive behaviour disorders (ICD-11 6B25)	0.3	Adjustment disorder (ICD-11 6B43)	1.37
Adjustment disorder (ICD-11 6B43)	3.83	Body distress disorder, unspecified (ICD-11 6C20.2)	0.29
Body distress disorder, unspecified (ICD-11 6C20.2)	2.93	Selective mutism (ICD-11 6B06)	0.1
Selective mutism (ICD-11 6B06)	0.29	Hypochondriasis (ICD-11 6B23)	0
Hypochondriasis (ICD-11 6B23)	0.3	Specific phobia (ICD-11 6B03)	0.39
Specific phobia (ICD-11 6B03)	1.56	Dissociative neurological symptom disorder (ICD-11 6B60)	0.2
Dissociative neurological symptom disorder (ICD-11 6B60)	0.39	Panic disorder (ICD-11 6B81)	0.39
Panic disorder (ICD-11 6B81)	0.88	Enuresis (ICD-11 6A27)	1.08
Enuresis (ICD-11 6A20)	0.28	Mood disorders, unspecified (ICD-11 6A8Z)	1.66
Mood disorders, unspecified (ICD-11 6A8Z)	8.25	Mood disorders, unspecified (ICD-11 6A8Z)	0.39
Mood disorders, unspecified (ICD-11 6A8Z)	0.29	Schizophrenia or other primary psychotic disorders spectrum (ICD-11 6A2Z)	0.1
Schizophrenia or other primary psychotic disorders spectrum (ICD-11 6A2Z)	0.49	Autism spectrum disorder (ICD-11 6A0Z)	0.49
Autism spectrum disorder (ICD-11 6A0Z)	1.86	Feeding or eating disorders (ICD-11 6B88)	0.78
Feeding or eating disorders (ICD-11 6B88)	6.74	Post-traumatic stress disorder (ICD-11 6B40)	0.1
Post-traumatic stress disorder (ICD-11 6B40)	0.1	Disorders due to substance use or addictive behaviours (ICD-11 6C4, 6C5)	1.56
Disorders due to substance use or addictive behaviours (ICD-11 6C4, 6C5)	0.88	Oppositional defiant disorder (ICD-11 6C00)	0.46
Disinhibited social engagement disorder (ICD-11 6B45)	0.1	Developmental learning disorder (ICD-11 6A89)	0.1
Developmental learning disorder (ICD-11 6A89)	0.49	Disorders of intellectual development (ICD-11 6A00)	1.17
Disorders of intellectual development (ICD-11 6A00)	0.1	Other specified factors influencing health status or contact with health services (ICD-11 QF4Y)	8.41
Other specified factors influencing health status or contact with health services (ICD-11 QF4Y)	0.29	Dilatula	0.2
		Sleep-wake disorders (ICD-11 6B7A)	0.29

Image 2:

MASC Questionnaire		Psychiatric family history		
		Yes	No	t test*
MASC Questionnaire	Physical symptoms	8,68 (7,43)	7,04 (7,01)	*
	Harm avoidance	12,61 (8,25)	11,15 (8,18)	*
	Social anxiety	9,57 (7,68)	8,46 (7,69)	*
	Separation anxiety	7,44 (5,86)	6,62 (5,86)	*
MASC Questionnaire		% altered		chi2
	Physical symptoms	32,5	25	*
	Harm avoidance	66,67	59,64	*
	Social anxiety	26,39	21,99	
Separation anxiety	35	29,67		

Image 3:

MASC QUESTIONNAIRE	Distribution by sex				Previous pharmacological treatment				Previous psychological treatment			
	Total Mean(SD)	Male Mean(SD)	Female Mean(SD)	t test*	Yes	No	t test*	Yes	No	t test*		
MASC Physical symptoms	7,16 (7,21)	5,96 (6,00)	9,56 (7,96)	*	8,45 (7,59)	7,36 (7,06)	*	9,01 (7,95)	7,21 (6,92)	*		
MASC Harm avoidance	11,66 (8,23)	10,5 (8,04)	13,02 (8,24)	*	11,46 (8,24)	11,4 (8,23)		12,56 (8,33)	11,47 (8,25)	*		
MASC Social anxiety	8,85 (7,71)	7,35 (6,93)	10,61 (8,17)	*	9,03 (7,87)	8,8 (7,63)		9,86 (8,07)	8,55 (7,57)	*		
MASC Separation anxiety	6,91 (5,87)	6,21 (5,74)	7,72 (5,92)	*	6,30 (5,31)	7,09 (6,02)		7,12 (5,72)	6,85 (5,91)	*		
	% de alterados				% altered				% altered			
MASC Physical symptoms	27,64	17,93	38,98	*	33,47	25,89	*	35,06	25,47	*		
MASC Harm avoidance	62,1	55,25	70,13	*	62,29	62,06		65,8	63,03			
MASC Social anxiety	33,54	19,02	48,81	*	19,92	24,62		27,27	22,45			
MASC Separation anxiety	33,54	22,84	36,3	*	23,54	30,74		34,63	30,64			

Conclusions: Anxiety disorders are the most common form of Mental Disorder in young people, with a global prevalence of 6.5% (Rapee et al.2023). However, in our sample the most common one is ADHD as our center is specialized in it. We found that the most prevalent one was Oppositional Defiant Disorder, as it is the most frequent comorbidity of ADHD (Vallejo-Valdivielso et al,2019; Faraone et al,2021). The increase of one point in the Physical Anxiety subscale increases the probability of indicating pharmacological treatment, which could be explained because of how functional limitation these symptoms cause. The increase in all the subscales of the MASC implies an increase in the probability of an indication for psychological treatment as it is the gold-standard treatment for anxiety in children.

Disclosure of Interest: None Declared

EPV0194

Relationship between MASC scores and diagnosis in a sample of children and adolescents in Spain

C. Canga-Espina^{1*}, C. Vidal-Androher², A. Diez-Suarez¹, C. Maestro-Martin² and M. Vallejo-Valdivielso¹

¹Child and Adolescent Psychiatry and ²Clinical Psychology, Clínica Universidad de Navarra, Pamplona, Spain

*Corresponding author.

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Introduction: Anxiety is one of the most common Mental Health diagnosis in underage population. We decided to study if there was any variable that would lead us to a specific diagnosis, using the MASC questionnaire (*Multidimensional Anxiety Scale for Children*).

Objectives: 1. Describe the prevalence of the different anxiety disorders and the differences in its prevalence according to sex. 2. Examine possible differences and associations between MASC questionnaire scores and a specific anxiety diagnosis.

Methods: This is a descriptive, observational, retrospective, quantitative study with data from patients between June 2016 and 2023. **Inclusion criteria:** 3-18 year-old-spanish-speakers who met criteria for a ICD-11 disorder. **Exclusion criteria:** absence of legal representatives, intellectual disability. **Variables:** sex, ICD-11 diagnosis, MASC's subscales (Physical Symptoms, Harm Avoidance, Social Anxiety and Separation Anxiety) and CGI. **Statistical analyzes** were performed with STATA-15 program, using as **independent variables** MASC questionnaire and **dependent** one Anxiety Diagnosis.

Results: The sample contains 1024 patients. Figure 1 shows the distribution of Anxiety Disorders: Unspecified Anxiety Disorder (47%), Separation Anxiety Disorder (23%), Simple Phobias (9%) and Social Anxiety Disorder (7%). Figure 2 represents the distribution by sex, with the differences being statistically significant (p<0.05) for all anxiety disorders, meaning that girls have higher prevalence of all anxiety disorders. Figure 3 shows how age correlates significantly and directly with all the subscales, meaning the older the patients are the higher the scores. We also found that boys have lower scores and a lower percentage of alteration in all subscales. CGI scale also correlates positively with all the subscales, specially with Physical Symptoms. All these data have been adjusted.

Image:

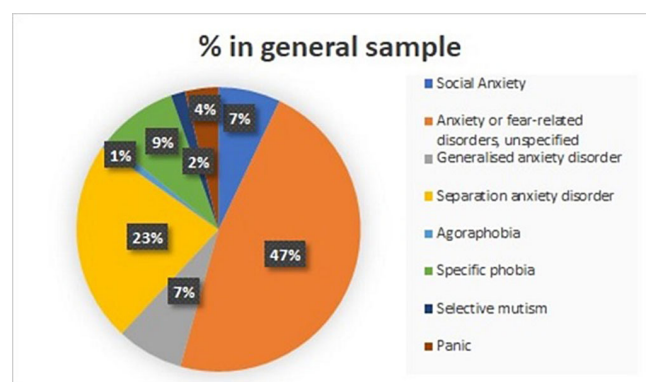


Image 2:

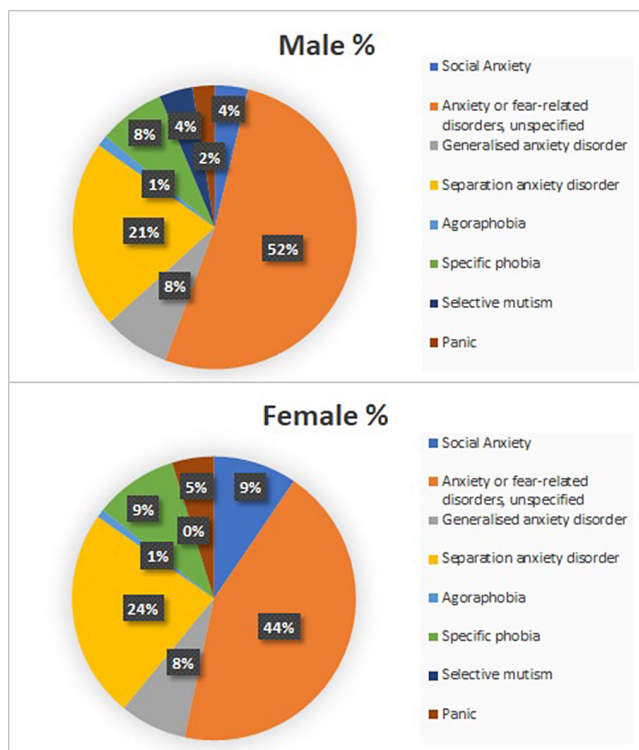


Image 3:

Q2 VS BASAL	EDAD	AFS	AEP	AS	AxS	CGI
Age	1					
Physical symptoms	0,2436	1				
Harm avoidance	0,1932	0,7351	1			
Social anxiety	0,1946	0,6911	0,7213	1		
Separation anxiety	-0,0079	0,617	0,7881	0,6661	1	
CGI	0,1818	0,1431	0,0736	0,1021	0,679	1

r= -1		r= +1
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Conclusions: Anxiety disorders are the most common form of Mental Disorder in young people (lobal prevalence of 6.5%, Rapee et al.2023). Prevalence for specific Anxiety Disorders in underage population are less reliable, because of the unequal age of samples (Rapee et al.2023). Separation Anxiety disorder is the most prevalent among children (La Maison et al., 2018), while Social Anxiety disorder is among adolescents (Lawrence et al.2015). We did not categorized our sample, being Separation Anxiety disorder the most frequent followed by Social Anxiety. We observed a correlation between some subscales and a specific diagnosis: the risk of presenting a Social Anxiety disorder is multiplied by 1.08 for each point of increase in that subscale and the risk of presenting a Separation Anxiety disorder is multiplied by 1.05 for each increase of 1 point in Separation Anxiety subscale. However, the diagnosis of Simple Phobia decreases with the increase in scores in all subscales, maybe due to the fact that there are not many items that specifically evaluate fears.

Disclosure of Interest: None Declared

EPV0196

Influence of genetic background on the clinical picture of bipolar affective disorder in a population of children and adolescents

K. Kamińska, M. Bień, K. Dąbrowska*, M. Janas-Kozik, L. Cichoń and K. Wilczyński

Medical University of Silesia, Katowice, Poland

*Corresponding author.

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Introduction: Bipolar disorder in children is characterized by a different course than in adults, which is a diagnostic difficulty. DAT-1 is a dopamine transporter gene that regulates dopaminergic neurotransmission through the mechanism of active reuptake of this neurotransmitter from the synapse. Polymorphisms within the described gene can result in changes in dopamine levels, which may have implications for the development of bipolar disorder.

Objectives: The aim of the project was to analyze the relationship between single nucleotide polymorphisms (SNPs) within the dopamine transporter gene DAT-1 and the risk of development of bipolar disorder in a population of children and adolescents.

Methods: 21 healthy controls (12 females, 9 males) have been recruited into the study and 13 patients (9 girls, 4 boys) with bipolar disorder diagnosis from Department of Psychiatry and outpatient clinic, were recruited for the study group. Questionnaires such as the KSADS-PL were carried out and blood was taken for laboratory tests of four SNPs within the DAT-1 transporter. PQStat, Microsoft Excel 2013 and StatSoft STATISTICA were used to perform the statistical analysis.

Results: SNPs within the dopamine transporter gene and environmental risk factors influenced the risk of developing bipolar disorder in the population of children and adolescents.

Conclusions: The ambiguity in results emphasizes the necessity for further investigations into correlation between genetic factors in bipolar disorder etiology. Future research should involve more participants. The results of this project are likely to make a significant and valuable contribution to the current knowledge of bipolar disorder and to the development of innovative diagnostic methods, making a significant contribution to the advancement of science.

Disclosure of Interest: None Declared

EPV0198

Projective technique “Bird’s Nest Drawing” in child clinical psychology

M. Zvereva^{1*}, N. Zvereva¹, A. Sergienko¹, S. Strogova¹, D. Klak¹, E. Antonova¹ and E. Balakireva²

¹clinical psychology and ²child psychiatry, FSBSI MHRC, Moscow, Russian Federation

*Corresponding author.

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Introduction: The “Bird’s Nest Drawing” technique is one of expressive drawing projective techniques. In Russia it has been