

Introduction Irritability is the most frequently reported symptom in child and adolescent depression. The association of both has been linked with high rates of chronicity, comorbidity and impairment.

Objectives To study the association between irritability and depressive symptoms in children and adolescents.

Methods We have studied 857 participants recruited from the only child and adolescent mental health clinic in a catchment area of 122,968 people under 18 (2004–2010). A sample of 857 participants (112 controls and 745 patients) was included to carry out a cross-sectional study. Irritability was measured by a Visual Analog Scale (VAS irritability)–scored from 0 to 10–, and depressive symptoms by the Children's Depression Inventory (CDI). The participants were categorized into controls and patients, and according to their irritability (≤ 4 [I], 5 [II] and ≥ 6 [III]). The mean of CDI score was calculated for each of the groups, adjusted by sex and age, and analyzed by ANCOVA.

Results The following means were obtained from the controls: 13,71 (group I), 9,82 (group II) and 17,45 (group III). Regarding to the patients: 13,92 (group I), 11,54 (group II) and 15,64 (group III). A quadratic association ($P < 0.0015$) was found between VAS irritability score and CDI score.

Conclusions There is not a linear association between irritability and depressive symptoms in children and adolescent. High rates of depressive symptoms were associated both with high and low rates of irritability. Several questions remain unexplained about the status of irritability in psychiatry, as Stringaris group has been pointed out.

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EW0340

Negative psychotic symptoms in 22q11.2 deletion and their association with neuropsychological profile

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22q11.2 deletion syndrome (22q11.2 DS) is associated with a markedly elevated risk for schizophrenia spectrum disorders. The role of negative symptoms in the pathogenesis of schizophrenia in this population and their link to role, social and cognitive functioning is still unclear. Aims of this study were investigate the association between negative symptoms, social and role functioning and neurocognitive performance in the sample of individuals with 22q11.2DS and compare them to healthy controls. The study was conducted on a sample of 60 individuals with 22q11.2DS (mean age = 14.8; SD = 4.8) and 56 healthy control (HC) participants (mean age = 13.8; SD = 5.4). Individuals with 22q11.2DS and high level of negative symptoms showed significantly higher level of impairment in several neurocognitive domain (i.e. visuospatial abilities, verbal response inhibition) compared with individuals with 22q11.2DS and low level of negative symptoms and healthy controls. They showed also lower global functioning, specifically role functioning and not social functioning. Negative symptoms are frequent in 22q11.2DS and are associated with specific cognitive deficit and low role functioning. These results suggest that negative symptoms should be considered an important target in the assessment of risk of conversion to full-blown psychosis and in planning of psychological interventions for this population.

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EW0341

Correlations between the parents' ADHD score and the child's ADOS score in parents of children with comorbid ADHD–autism spectrum disorder

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From assortative mating theory to genetic background, several ethipathogenic hypotheses in ASD deal with the traits of parents. Background several ethipathogenic hypotheses in ASD deal with the traits of parents. The objectives of our study were to measure the ADHD and autism spectrum disorder quotients in parents of children diagnosed with ASD comorbid with ADHD and to correlate the measurements for the tests in parents with those in their children. The specific aim was to identify whether any significant correlations exist.

Method Fifty-two pairs of parents of children with autism spectrum disorders and ADHD were included in this study, based on informed consent and the ethical committee's approval. The child's diagnosis was established by a specialist in child and adolescent psychiatry, based on the child's clinical symptoms and on specific diagnostic scales, such as the ADOS and ADHD-rating scale. The parents completed an Autism Spectrum Quotient Scale (ASQS) and an adult ADHD scale. The data were analyzed using SPSS 22.0 and Excel. The correlations were verified using Spearman's non-parametric correlation test.

Results There was a strong correlation between the parents' ADHD scores ($r = 0.5$, $P < 0.001$), and a reverse medium correlation between the mother's ADHD score and the child's ADOS score ($r = -0.32$, $P = 0.02$). The father's ASQS and ADHD scores correlated between each other ($r = 0.31$, $P = 0.02$). There were no correlations between the parents' and the child's ADHD score, nor between the child's ADOS score and the parents' ASQS scores.

Conclusion Our results suggest that ADHD symptoms in parents of children with autism spectrum disorders comorbid with ADHD might be predictors for the child's prognosis.

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EW0342

The co-occurrence of non-suicidal self-injury and attempted suicide among adolescents hospitalized in clinic for mental disorders “Dr Laza Lazarevic”

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Introduction The phenomenon of non-suicidal self-injury (NSSI) as an act of deliberate destruction of body tissue without suicidal intent is common in adolescence. NSSI and suicide attempts (SA), although distinct behaviors differing in intent, form and function, often co-occur in the same individual.

Objective and aims Recent studies investigate the association between SA and NSSI among adolescent, as well as risk factors associated with these phenomenon. We investigated the co-occurrence of NSSI and SA among adolescents treated in hospital during the previous year.

Method We conducted a cross-sectional study among hospitalized adolescents in the Clinic for mental disorder “Dr Laza Lazarevic”, aged 14 to 18 years, in the period from 01.01.2015 to 01.01.2016. The data were obtained from clinical interviews of patients.

Results Study included 146 adolescents, 51.4% male and 48.6% female, average age 15.5. We found a statistically significant difference of NSSI ($c^2 = 9.951, P = 0.002, \phi = 0.276$) and SA ($c^2 = 4.517, P = 0.034, \phi = 0.192$) among female adolescent. The co-occurrence of NSSI and SA was found in 4.8% of adolescents, which does not indicate a statistically significant difference ($c^2 = 1.009, P = 0.315, \phi = -0.101$) compared to the total population of hospitalized adolescents.

Conclusion Although our study did not confirmed a higher incidence of SA in adolescent with NSSI, understanding of what percentage of those engaging in NSSI also make SA, and how they are related have great significance in their prevention taking into account the dangerousness and lethality of those behavior.

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

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EW0343

Untreated remission of adolescents' mental health problems: Challenging the treatment gap?

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Introduction Mental health problems are highly prevalent and are associated with a high burden, but such problems are often left untreated. This is referred to as the “treatment gap”. The question of who is most likely to remit from their mental health problems without treatment has received surprisingly little attention. A few studies do suggest that untreated remission is common in the general population, but these are in particular limited by short follow-up times.

Objectives The aims of this study are to describe untreated remission of mental health problems in adolescence, and to assess the extent to which mental health problems recur after untreated remission.

Methods Data from the Dutch community-based cohort study TRacking Adolescents' Individual Lives Survey (TRAILS) were used. Depressive and anxiety problems were assessed using the Youth Self-Report at ages 11, 13, and 16, and the Adult Self-Report at ages 19 and 22.

Results Preliminary analyses show high rates of untreated remission (approximately 80% over all waves). However, a substantial proportion of remitted cases still report sub clinical levels of mental health problems at follow-up. More elaborate analyses are ongoing, and will be presented at the conference.

Conclusions First results suggest that untreated remission is common in adolescents. The presence of residual symptoms may point towards an elevated risk of recurrence in adolescents who remit without treatment. Further knowledge about untreated remission is of vital importance for an accurate assessment of the treatment gap, and for prevention and early intervention programmes.

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EW0344

Self-harm and attachment in adolescents: What is the role of emotion dysregulation?

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Introduction Self-harm typically occurs in adolescence and has been conceptualized as a dysfunctional strategy to regulate intense negative emotions. Furthermore, empirical literature outlines that self-harmers are more prone to have an insecure attachment style. Moreover, the link between quality of attachment and capacity to regulate emotions has been theoretically and empirically supported.

Objective To examine the associations between attachment style, self-harm behaviors and emotion dysregulation among a sample of adolescents. The sample consisted of 740 adolescents aged between 13 and 19 years (mean age = 16.70, SD = 0.91).

Aims To explore the nature of different pathways by which insecure attachment leads to self-harm behaviors.

Results As expected, insecure attachment and emotion dysregulation were positively associated with self-harm behaviors. Moreover, emotion dysregulation mediated the link between attachment styles and self-harm. Specific pathways between types of insecure attachment dimension of emotion dysregulation and self-harm behaviors emerged.

Conclusions Such results confirm the theorization of self-harm behaviors as a dysfunctional strategy to regulate emotions. Moreover, such emotion dysregulation in self-harmers seem to be connected to insecure attachment. Depending on the subtype of insecure attachment, specific dimensions of emotion dysregulation seem to be involved in self-harm behavior, suggesting interesting clinical implications.

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EW0345

A population service evaluation of the ADHD pathway of children and young people's services, Malta

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Introduction ADHD is the commonest neurodevelopmental disorder in young people (YP) aged 5–18 years. YP with untreated ADHD are 5 times more likely to develop co-morbid psychiatric disorders.

Objectives To carry out a population service evaluation of the assessment process and management of YP with ADHD at Child and Young People's Service (CYPS), Malta age 0–16 years for 2014.

Aims To describe the service input, assessment and treatment of YP attending CYPS and compare to ADHD NICE guidelines 2008.

Methods All patients diagnosed with ADHD at CYPS throughout 2014 were included. The incidence of YP with ADHD on treatment age 3–16 years in Malta was calculated. Information was collected from; (i) retrospective case file review and (ii) methylphenidate and atomoxetine registry and compared with NICE guidelines.

Results One hundred and thirty-six YP were diagnosed with ADHD. The minimum 12-month incidence of ADHD on treatment (3–16 years) in Malta was 553 per 100,000. Pre-diagnosis assessments were more frequently performed by other YP services ($n = 97$,