

**Methods:** This is a validation study conducted on a sample of 200 patients followed at RAZI Hospital in Tunisia, outside any period of hospitalization. The questionnaire consisted of 28 items and was structured around eight dimensions (the patient's perception of his or her own mental disorder, the quality of the doctor-patient relationship, the quality of the nursing team-patient relationship, the organisational aspect and conditions of the hospital ward, the therapeutic discharge planning, the respect of human rights, and the quality of the patient's health, The organisational aspect and conditions of the hospital ward, Therapeutic discharge planning, Respect for patients' human rights, Satisfaction with overall care and Loyalty.

**Results:** Both face validity and content validity were satisfactory. Internal consistency was sufficient with a Cronbach's alpha of 0.913. The inter-dimensional correlation reflected statistically significant and logical correlations within our scale. Temporal stability was satisfactory. An exploratory factor analysis revealed seven factors with a Kaiser-Meyer-Olkin score of 0.852.

**Conclusions:** Our scale has demonstrated good psychometric properties. It can be reliably used as a measure of the satisfaction of Tunisian patients with the psychiatric care received.

**Disclosure:** No significant relationships.

**Keywords:** validation; psychiatric care; patient perception; satisfaction scale

## EPV0740

### Is it Attention Deficit Hyperactivity Disorder (ADHD) or Stimulant use disorder ? How is ADHD diagnosed?

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**Introduction:** From clinical experience, majority of patients in adult forensic services who have childhood diagnosis of ADHD self-report onset of substance misuse around the age of 12.

**Objectives:** Aim of the study was to explore if routine screening of childhood substance use is considered by ADHD diagnostic services.

**Methods:** PsycINFO and Embase databases were searched with the keywords: Attention Deficit Hyperactivity Disorder, ADHD, primary care/general practice, family physicians ,paediatrics, and children/adolescents, child and adolescent psychiatry, diagnostic assessments, substance / drug use, prescription drugs and drug screening.

**Results:** 24 articles were retrieved for age groups 12 to 17 years. Studies identified substance misuse as highly comorbid with ADHD but more so in conduct disorder. Studies identified diversion risk in adolescents.

**Conclusions:** Both ADHD and amphetamine misuse disorders are Axis I disorders (Baldwin 2009). Literature links substance misuse in ADHD to conduct disorder. There needs to be research into the diagnostic overlap between conduct disorder and ADHD and how this fits into the trauma model of adult offender treatment pathways. Treatment pathways for ADHD or conduct disorder and childhood onset substance misuse disorder are not clear both in

primary or secondary care. Literature appears to put emphasis on early diagnosis and prescription stimulant treatment outside the social and psychological context and cites outcomes of the short term studies as reason for continued prescriptions in adolescence and beyond. There is need for studies exploring perspectives and trajectories of amphetamine use in adults who were diagnosed with ADHD in childhood, adolescence and as adults.

**Disclosure:** No significant relationships.

**Keywords:** ADHD; stimulant; Child and adolescent psychiatry; primary care

## EPV0741

### The epidemiology of distress: prevalence and associated factors of symptoms of depression, anxiety, and loneliness at the end of the first wave of COVID-19 in Qatar

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**Introduction:** There is paucity of epidemiological studies from the Arab world and most of the focus of available international data is on the early months of the pandemic.

**Objectives:** We conducted the first cross-sectional national phone survey of adults in Qatar during the end of the first wave of the pandemic (December 2020 -January 2021) to estimate the prevalence and determinants of depression and/or anxiety.

**Methods:** We used the Physician Health Questionnaire-9 and Generalized Anxiety Disorder-7 with cut-off scores of  $\geq 10$ ; the revised UCLA loneliness scale; and questions related to COVID-19 status, death of family or friend, quarantine, health and changes in living arrangements. Bivariate and logistic regression models estimated associations between thirteen variables and combined depression-anxiety (score of 20 or higher).

**Results:** The two-week prevalence of depression was 6.5% (95%CI: 5.1-8.4), of anxiety 5.1% (95%CI: 3.8-6.9), but only 2.5% sought mental health professional help since the pandemic started. When including loneliness (OR=1.57,  $p < 0.001$ ) in the model, the following variables were statistically significantly associated with depression-anxiety: female gender (OR=1.90,  $p=0.037$ ), Qatari nationality (OR=2.37,  $p=0.018$ ), Arab ethnicity (OR=3.14,  $p=0.007$ ), and COVID-19 death of family or friend (OR=3.06,  $p=0.003$ ). Without adjusting for loneliness, younger age (18-29 versus 40+ years of age: OR=2.9,  $p=0.004$ ) and chronic health conditions (OR=2.0,  $p=0.029$ ) were significantly associated with depression-anxiety.

**Conclusions:** Prevalence of depression and/or anxiety during the end of the first wave of COVID-19 pandemic in Qatar was similar to pre-pandemic estimates. Mental health service should focus on young adults, women, the bereaved, lonely and those with chronic health problems.

**Disclosure:** No significant relationships.

**Keywords:** Covid-19; Loneliness; Qatar; Depression-Anxiety