

conducted on the impact of COMT functional polymorphism in 22q11DS, suggesting that attenuated psychotic manifestations are frequent in children and adolescents and represent one of the strongest predictors for the onset of psychotic disorder.

**Objectives** We explored possible interaction between COMT polymorphism and subclinical psychiatric symptoms in a 22q11.2DS cohort of 42 participants aged 6 to 26 years: 17 hemizygoty for COMT-Met and 25 hemizygoty for COMT-Val.

**Aims** To analyse impact of COMT gene in 22q11DS and its related psychiatric correlates.

**Method** Each participant, genotyped for the catechol O-methyltransferase (COMT) Met/Val polymorphism, underwent structured psychiatric and cognitive assessment. Analysis of positive and negative symptoms was performed by the structured interview for prodromal syndromes (SIPS). Finally, longitudinal data available in a subsample of 24 individuals were used to explore the developmental trajectories of psychotic symptoms one year later.

**Results** There was a significant positive correlation between COMT Val polymorphism and positive symptoms; at follow-up, no significant correlation were found between COMT polymorphism and psychiatric symptoms. No other significant differences were found between groups (Comt/Met-Comt/Val) on any other CBCL or QI score.

**Conclusions** COMT and additional genes microdeleted might interact in the susceptibility to schizophrenia in 22q11.2DS: psychotic symptoms might result from an epistatic interaction with other genes. Moreover, gene-environment, in presence of genetic vulnerability could increase the risk of schizophrenia in 22q11DS.

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

<http://dx.doi.org/10.1016/j.eurpsy.2017.01.261>

**0040**

### Coping victimization among peers in Spain

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**Background** Bullying at school and victimization problems in adolescence have a negative impact in personal identity development specifically in mental health field.

**Objective** To analyze coping profiles used in a communitarian adolescents sample in relation to victimization among peers and controlling the other victimization subtypes.

**Method** From Barcelona Metropolitan area, 1031 adolescents between 12 and 20 years old participated (37.5% boys; 15.7% foreigners). The different coping strategies were assessed with adolescent coping orientation for problem experiences test and the victimization types with juvenile victimization questionnaire.

**Results** A 46.2% of adolescents suffered a victimization event by peers in the last year. As victimization level by peers advance, it presents an increase of unproductive coping strategies ( $P < .001$ ;  $d$ -Cohen = 0.92). Regularly women score higher than men in low and moderate victimization groups ( $P < .05$ ). However, when it reaches the highest expression (higher risk profile), unproductive strategies use in both genders is very similar and significant differences disappear. The results show that avoidant coping type is associated with a higher rate of victimization by peers. Positive relationship between previous victimization in other areas and peer victimization rate was found.

**Conclusions** It is of high importance to develop and strengthen coping psychoeducation programs centered in solving this prob-

lem and struggling against victimization consequences by peers in adolescence. Due to that, increase of this victimization type is very related to the use of unproductive strategies use and therefore a coping by avoiding the problem.

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

<http://dx.doi.org/10.1016/j.eurpsy.2017.01.262>

**0041**

### Early childcare and trajectories of behavioral difficulties in children: The EDEN mother-child cohort study

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**Background** There is no consensus of the relationship between early childcare and later psychological development.

**Methods** We studied 1428 children participating in the French EDEN cohort. Childcare was reported prospectively between ages 4 months and 3 years: childminder, collective care, informal care. Children's behavior was assessed by mother-reported strength and difficulty questionnaire (SDQ) scores at ages 3.5, 5.5 and 8 years. Trajectories of children's behavioral difficulties (emotional difficulties, behavioral problems, peer-relations difficulties, symptoms of hyperactivity and inattention, prosocial behavior) were identified using group-based trajectory modelling (PROC TRAJ, SAS). To control for selection and confounding factors, we used propensity scores based on over 30 covariates, included in multinomial regression models as inverse probability weights of exposure.

**Results** Compared to children in informal care, those who were cared for by a childminder or in collective care were less likely to have peer problems (respectively, ORs for the intermediate level trajectory = 0.67 [95% IC: 0.47–0.95] and 0.49 [95% IC: 0.34–0.72]; ORs for the high level trajectory = 0.47 [0.27–0.82] and 0.33 [0.17–0.62]). Collective care was also associated with a reduced likelihood of intermediate ( $OR = 0.71$  [0.52–0.98]) and high trajectories of hyperactivity and inattention ( $OR = 0.50$  [0.35–0.81]), intermediate ( $OR = 0.58$  [0.39–0.88]) and high trajectories of emotional symptoms ( $OR = 0.54$  [0.32–0.92]) and intermediate ( $OR = 0.72$  [0.51–1.01]) and high behavioral problems trajectories ( $OR = 0.54$  [0.34–0.85]).

**Conclusion** Childcare attendance prior to school entry – particularly collective childcare – may have beneficial effects for children's psychological development and peer relations.

**Disclosure of interest** The author has not supplied his declaration of competing interest.

<http://dx.doi.org/10.1016/j.eurpsy.2017.01.263>

**0042**

### Predicting secondary mental health care use in adolescence using self-, parent- and teacher-reported problem behavior in a community-based record-linkage study

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**Introduction** In adolescence, help-seeking is affected by different actors. The influence of each actor on help-seeking is often studied in isolation, or, if multiple informants are included, using only few assessments of adolescents' mental health.

**Objectives** The aim of this study is to determine the extent to which self-, parent- and teacher-reported problem behavior predict secondary care in adolescence and to what extent the informants' relative importance changes over time.

**Methods** Data from the Dutch community-based cohort study tracking adolescents' individual lives survey (TRAILS) were linked to administrative records of secondary care from 2000 (age 9) to 2011 (age 21). Internalizing and externalizing problems were assessed using the youth self-report, child behavior checklist and teacher checklist of psychopathology at ages 11, 13 and 16, and the adult self-report at age 19.

**Results** The annual incidence of secondary care fluctuated between 1.3% and 2.4%. In Cox regression analyses that adjusted for sociodemographic covariates and problem behavior, internalizing problems but not externalizing problems predicted secondary care. Secondary care between the ages 11 to 13 years was predicted best by teachers, between the ages 13 to 16 by parents, and between the ages 16 to 21 by adolescents.

**Conclusions** The relative importance of informants for predicting secondary care shifts over time, which suggests that each informant is the driving force behind secondary care at a different phase of adolescence. The treatment gap may be reduced by improving problem recognition of teachers in secondary education and by educating young adults about mental health problems.

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

<http://dx.doi.org/10.1016/j.eurpsy.2017.01.264>

**0043**

### Mental disorders are increasing among children and adolescents in Sweden – a nationwide study with focus on gender differences

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**Introduction** An increasing number of young people in Sweden are diagnosed with mental disorders and there appears to be significant gender differences in disease pattern.

**Objective** To more thoroughly characterize the increase in mental disorders among young people with focus on gender differences.

**Aim** To increase the knowledge of age and sex-specific trends in incidence and prevalence rates of mental disorders among children and adolescents.

**Method** Data on psychiatric diagnoses for the last 10 years were obtained from Swedish national registers held by the National Board of Health and Welfare in Sweden.

**Results** Neuropsychiatric, depressive and anxiety disorders have increased markedly among young people the last decade. In addition, men are increasingly diagnosed with substance-related disorders whereas women with borderline personality disorder.

**Conclusion** The increase in mental disorders among young people is marked and disease affects men and women differently. Because of greater awareness today, some conditions like ADHD are more frequently diagnosed. However, the increase in depressive and anxiety disorders appears genuine and represents an additional challenge.

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

<http://dx.doi.org/10.1016/j.eurpsy.2017.01.265>



**0044**

### The impact of age on the prevalence and clinical relevance of attenuated psychotic symptoms in patients of an early detection service

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**Introduction** Compared to 16–40-year-olds, 8–15-year-olds of the community reported higher frequencies of perceptual and lesser clinical significance of non-perceptual attenuated psychotic symptoms (APS).

**Objectives/aims** We examined if a similar age effect is present in a clinical never-psychotic sample ( $n = 133$ ) referred to a specialized service for clinical suspicion of developing psychosis.

**Methods** APS and brief intermittent psychotic symptoms (BIPS) were assessed using items P1-3 and P5 (non-perceptual) and P4 (perceptual) of the structured interview for psychosis-risk syndromes, current axis-I disorders with the mini-international neuropsychiatric interview and psychosocial functioning with the Social and Occupational Functioning Assessment Scale (score < 71 indicative of at least some difficulty in social, occupational, or school functioning).

**Results** Overall, 64% reported APS (61%) or BIPS (7%); any perceptual APS/BIPS was reported by 43% and any non-perceptual APS/BIPS by 44%. In correspondence to the results of the community study, perceptual but not non-perceptual APS/BIPS were significantly more frequent in younger age groups below the age of 16 (8–12 yrs:  $OR = 4.7$  (1.1–19.5); 13–15 yrs:  $OR = 2.7$  (0.9–7.7)); 20–24-year-olds as reference group). An age effect of APS/BIPS on presence of any current axis-I disorder (59%) or functional difficulties (67%) could not be detected. Yet, when APS onset requirements were met, the likelihood of a psychiatric diagnosis increased significantly with advancing age.

**Conclusion** Overall, the replicated age effect on perceptual APS in this clinical sample highlights the need to examine ways to distinguish clinically relevant perceptual APS from perceptual aberrations likely remitting over the course of adolescence.

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

<http://dx.doi.org/10.1016/j.eurpsy.2017.01.266>

**0045**

### Basic symptoms in the community and their association with age

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**Introduction** Limited clinical relevance of attenuated psychotic symptoms before the turn from early to late adolescence, i.e., age 15/16, was reported.

**Objective** This emphasizes the potentially important role of neurodevelopmental aspects in the early detection of psychoses.

**Aims** We examined the age effect on prevalence and clinical relevance of 14 cognitive and perceptual basic symptoms (BS) included in risk criteria of psychosis in a random representative 8–40-year-old community sample ( $n = 689$ ).

