

in such settings and rare causes related to hypoxia cannot be ruled out (Table 1).

Table 1

BFCRS	Prior treatment	After treatment
First 14 items	23 points	14 points
Total score	29 points	18 points

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

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## EV750

### Challenging behaviour in people with intellectual disabilities: The assessment and intervention team

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**Objectives** People with intellectual disabilities (ID) present with behaviours that challenge community services. Community models of care as alternatives to hospital care exist but are often vary in their function. Certain strategies have been developed to manage challenging behaviour in people with ID. Data from a three-year period on a community-based service for people with ID and challenging behaviour that uses an objective, multi-disciplinary approach is presented.

**Methods** A case note survey of adults with ID under the care of the Assessment and Intervention Team (AIT), a challenging behaviour service in the London Borough of Haringey.

**Results** Over the three-year period, 65 adults were managed by AIT. Forty-four were male and 21 were female. The age range was 21–64 years of age. The level of ID was mild ID 61%, moderate 39%. Diagnoses included psychotic disorder (25%); mood disorder (20%); developmental disorder (40%); dementia (10%); challenging behaviour (45%). Six people (11%) were admitted to hospital during their time with AIT. The length of care under AIT ranged from four to fourteen months.

**Conclusions** AIT managed effectively people with ID living in the community who presented with complex problems putting their placement at risk. The rate of hospital admission was reduced in this period compared with the previous three years. The length of stay in in-patient services was reduced. The most common reasons for the behaviours included mental illness and 'challenging behaviour'. People with developmental disorders were a large proportion. Community alternatives are effective with positive benefits to the person.

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## EV751

### Evaluation of DBT manual adapted for people with intellectual and developmental disabilities (IDD): First results

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**Introduction** In contrast to psychopharmacological treatment, the current evidence base in psychotherapy for people with IDD

is limited. But psychotherapeutic approaches offer an alternative treatment modality in people with IDD.

**Objectives** Orientated on the "Dialectic-Behaviour-Therapy" concept, we developed an adapted manual for people with IDD and impulsive behaviour.

**Aims** This study presents the first results of an evaluation our adapted DBT manual.

**Methods** Three closed groups with 11 patients in total were prospectively included in a six-week in-patient psychotherapeutic DBT-programme. There was no randomisation or control group. Typical borderline symptoms (BS) were recorded using the "Borderline Symptom List" (BSL) and a short screening version for personality disorders (PSS-K). Impulsivity and behaviour in general were observed with the scale for impulsiveness and emotional deregulation (IES) and the German Developmental Behavioural Checklist (VFE). Special tendencies to self-harm were assessed using the scale for self-harm behaviour (IEFAS). From these scales, the means were observed during the course of our hospital therapy program over 6 weeks.

**Results** There were 19 patients in total in 3 different groups. Eight dropped out for a variety of reasons. The mean scores for the remaining 11 patients in the BSL and PSS-K reduced significantly. The scores for impulsivity and self-harm improved. Overall, there was no significant change in behaviour.

**Conclusion** This study presents the results of a trial of a DBT manual for people with IDD and BS. In general the BS declined, the impulsivity improved. The study is limited by the small numbers in the patient sample and the absence of a control group.

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

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## EV752

### Psychotherapy for ADHD in people with IDD

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**Introduction** Psychopharmacology and psychotherapy in children with ADHD is still well established and has been studied for many years. There has been a growing interest in treatment of ADHD in adults for some years. Whereas meanwhile the psychopharmacological treatment is well studied, the psychotherapeutic interventions are still to optimize.

**Objective** Since the acceptance of the diagnosis of "ADHD" in adults, there has been a growing interest in using medication as the first-line therapy. There is an established evidence base for psychopharmacological treatment in ADHD. The current therapeutic recommendations for the general population apply to people with ADHD and IDD. The study is a review of psychotherapeutic interventions in the treatment of ADHD in adults with and without IDD supported by a case study.

**Methods** A literature search was conducted in "Pubmed" and "PsycInfo" using the keywords "Psychotherapy", "ADHD", "Adults" and further "Psychotherapy", "ADHD", "Adults", "intellectual", "disabilities". Exclusion criterion was ADHD as a sub-syndrome in the presence of other syndromes.

**Results** Only 2–3 publications on psychotherapy in adults with ADHD were found. Very little was found on people with IDD, and these were especially combined with the Fragile X Syndrome.

**Conclusion** Psychotherapy in adults with ADHD is not yet well elaborated in the scientific literature. There are some common used intervention strategies like psycho-education, cognitive behavioural therapy, and attention focusing interventions such as mindfulness-strategies. Using the principles of Easy-to-Read language and modifying the general therapeutic settings as rec-