

## EV0595

### German mental health care in people with intellectual and developmental disabilities (idd) in comparison to other European countries

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**Introduction** In Germany, mental health care in people with IDD is mostly determined by experts' opinions. Particularities of the psychiatric assessment and treatment of people with IDD and a comorbid psychiatric disorder are taught neither at medical schools nor in the scope of the medical training of psychiatrists.

**Objectives** The present study examined the influence of socio-political aspects of health care on quality and organisation of mental health care in people with IDD.

**Methods** Various aspects of health care systems in Germany and three other European countries were explored and juxtaposed subsequently with a special developed questionnaire.

**Results** The health care systems of four different European countries differ in socio-economical, educational and system-financed aspects.

**Conclusions** Differing organisational levels of national health care systems and socio-economical aspects within these countries contribute to the organisation of the mental health care system in people with IDD. Suggestions for a better harmonisation of European mental health care in people with IDD are offered.

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## EV0596

### Preliminary study on the analysis of cognitive profile in subjects with ASD: WISC-IV

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Autism spectrum disorder (ASD) is a neurodevelopmental disorder, observed in several contexts and characterized by persistent deficits in the communication, social interaction and behavioral areas (DSM V, 2013). ASD includes a wide range, "a spectrum," of symptoms, skills, and levels of disability. In the last years, we have noticed a substantial change in the diagnostic criteria due to the fact that, although the huge heterogeneity shown by the disorder, in the majority of autistic subjects, both those with high and low IQ, we can identify a common profile of functioning, as regards communicative, social, motor and behavioral skills (Sharma et al., 2012). As reported by Frith (1989; 2003), this kind of functioning is based on a different cognitive style, characterized by a strong prevalence of "bottom-up" elaboration processes, coexistent with the inability of the subject to integrate perceptual data into a global and coherent representation (weak central coherence theory). In this study, we have administered WISC IV to two adolescents (16 years old), already diagnosed for ASD with a low functioning. As expected, results have evidenced the presence of a rigid cognitive style with impaired conceptualization abilities and high attention to details. Specifically main falls have occurred in the area of visual-perceptual reasoning, underlining a lack of visual-spatial processing skills, as well as a lack of fluid reasoning skills. Particularly deficit resulted in the categorization capabilities and abstraction.

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## EV0597

### Occupational activation centers as a solution to improve vocational rehabilitation of patients with intellectual disabilities in Poland

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**Introduction** Since the 1990's the main form of vocational rehabilitation centers in Poland were occupational therapy workshops (OTW), but the low ratio of the employment of the participants of OTW's led to the creation of newer, more effective institutions called Occupational Activation Centers (OAC). They were expected to be professional activity establishments, aimed at launching new career paths of people with intellectual disabilities, enabling the candidates to pass through various stages of rehabilitation and vocational activation.

**Materials and methods** The analysis of available statistical data concerning the activity of OAC's in Poland was done.

**Results** In the whole country the number of these facilities is 53, while the number of occupational therapy workshops is 665. The Law on OAC's restricts the employment of people with moderate disability in total employment to 35%, this indicator covering not only the persons with mental retardation, but also people with autism and mental illness. In addition the OAC's activity generates the cost of creating them inadequate for the quantity and quality of jobs being created.

**Conclusion** It turned out that the creation of OAC's occurred too slowly in relation to the already operating OTW's and the weaknesses in the Polish system of rehabilitation and employment of people with intellectual disabilities necessitates the need to find innovative ways to solve this problem.

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## EV0598

### Managing challenging behavior in people with intellectual disabilities in communities and reducing hospital stays: Current and future challenges from an European perspective

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Prevalence of intellectual disability (ID) ranges from 0.05 to 1.55%. A total of 10–15% of the people with ID present with challenging behavior (CB). This causes a significant strain on mental health services. People with ID; end up staying in psychiatric inpatient units for longer periods. Most people with ID move out of their family home to various care settings due to severity of their behavior difficulties. Few European countries have specialist services for people with ID whereas most countries manage people with ID and CB using adult mental health services. There is ongoing debate whether patients with ID and CB need to be managed by specialist services. There are significant financial implications looking after people with ID and CB. This has often led to over prescribing of psy-

chotropic medications to people with ID without a mental disorder to manage their behaviors. There are significant strains on mental health services to manage people with ID and CB. This presentation discusses. Describe people with CB and ID and their characteristics including mental disorder, use of psychotropic medications, socio demographic factors and financial costs to look after them. Social and health care approach to look after people with CB in the UK, Challenges to develop services for people with CB in ID in Germany and Poland. Do we need specialist services for people with ID and CB? Pros and cons.

*Disclosure of interest* COI: Bhatika Perera, I have received travel grants from pharmaceutical companies to attend ADHD conferences and I have been a speaker at pharmaceutical company sponsored events on ADHD.

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#### EV0599

### Descriptive study of people, with intellectual disability, presenting with challenging behavior in north London, UK

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Prevalence of intellectual disability (ID) ranges from 0.05 to 1.55%. A total of 10–15% of the people with ID present with challenging behaviour (CB). This causes a significant strain on mental health services. People with ID often end up staying in psychiatric inpatient units for longer periods. Most people with ID move out of their family home to various care settings due to severity of their behavioural difficulties. This descriptive study shows characteristic features of people with ID and CB and financial costs to look after them in the community. This study highlights the importance to improve services to manage challenging behaviour, which may lead to better quality of life to the person with CB and reduction in financial pressures.

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#### EV0600

### An evidenced based checklist to support anti-dementia medication withdrawal in people with down syndrome (DS), intellectual disability (Id) and dementia

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DS with aging is associated with greatly increased risk of developing dementia similar to Alzheimer's. Anti-dementia drug discontinuation is recommended when clinical benefit is not determined. In DS it is more complex as medication ill effects of stopping needs to be weighed in balance to extraneous processes such as environment changes, sensory impediments and physical ill health and natural progression of dementia.

*Aim* Can identified risk factors extracted from a comprehensive literature review be developed into an evidence based check list to support risk minimized person centered withdrawal of anti-dementia drugs when considered not to be efficacious in DS?

*Method* A detailed literature review using Medline, PsychInfo, CINAHL and Embase with relevant search terms in various permutations and combinations without any date limit enquiring current evidence base on anti-dementia medication withdrawal was conducted. The review also looked to extract the common risk factors in stopping medication. All risk factors were collated, reviewed by a focus group of experts, developed into a checklist.

*Results* Thirty abstracts were obtained following the search. Six papers were short-listed. No papers identified a structured approach to medication reduction. An 18-factor checklist was applied prospectively to 30 cases. The checklist was sensitive to identify change to guide clinical decision-making.

*Conclusions* Currently, decision to peg medication withdrawal risk is arbitrary and clinical in dementia especially in DS dementia. The evidenced based developed checklist is useful to support and structure clinical decisions. It helps clinicians and patients to focus on promoting safety, reduce harm and guide treatment.

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#### EV0601

### Descriptive study of patients with intellectual disability attended in a community mental health care center

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*Introduction* The rate of mental illness among people with intellectual disability is at least 2.5 times higher than in the general population [1].

*Objective* To describe the clinical and sociodemographic characteristics of all patients with intellectual disability treated in a community mental health care center (CMH) located in a city of 120,000 inhabitants on the outskirts of Barcelona with a high poverty index.

*Methods* Documents and patient records were reviewed. Clinical, sociodemographic and other treatment data of patients with intellectual disability treated at the CMH were collected.

*Results* The sample consisted of 118 patients. Mean age: 39.5 (SD: 15), 54% men. 92% single and 23.7% legally incapacitated. 46.6% never completed basic education and 44.1% completed primary school. Employment status: 14.4% unemployed, 14.4% currently active, and 50% pensioned. Patients living mainly with their family (parents:) 86%. 68.6% of patients showed aggressive behavior, but the rate of hospital psychiatric admissions was low (mean: 1.1 (SD: 2.3)). Organic comorbidity: 44.9%. Functionality measured with GAF mean: 45 (SD: 12). Level of intellectual disability was mostly mild (62%). Psychiatric diagnoses were: psychotic disorders: 49.25%, affective disorders: 6.8%, personality disorder: 3.4%, Obsessive-compulsive disorder: 3.4%, autism: 11.9% and other diagnoses: 37.3%. Patients treated with anti-psychotics: 78.8%, anti-depressants: 40.7%, and mood stabilizers: 70.5%.

*Conclusions* Intellectually disabled patients from our sample showed high comorbidity with psychotic disorders, were highly medicated and often exhibited aggressive behavior.

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