consent form were sent to their parents/legal guardians, and the students who returned these forms were included in the study. The numbers, percentages, average values, and standard deviation, which are among the descriptive statistical methods, were used in evaluating the data. The Pearson correlation and regression analysis were applied between the continuous variables of the study.
Results It was observed in the study that 4.6% of the students had internet addiction at pathological level. The factors that influenced the internet addiction were determined as the social support received from the family, being male, low school success, weekly allowance being high, studying at senior grades, and going online frequently.
Conclusions When the study results are analyzed it is observed that the internet addiction in secondary school students in our country is at a rate that has to be taken seriously.
Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV0119

The screening of the risk of autism spectrum disorders in children aged 16–24 months in Russia, 2015

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Introduction Improving the mental health diagnosis in young children is the high-priority problem in reducing the rate of child disability due to mental illnesses. In 2015, the Ministry of Healthcare (Russia) introduced the pilot project – the total screening of the paediatric population at an early age, detecting autism spectrum disorders (ASD) risk group.
Objectives To determine the broad range of mental disorders: from minor borderline states (states of risk) to serious mental disorders, with an emphasis on determination of ASD in children aged 16–24 months in general population.
Methods The survey was conducted by the total screening in primary health care institutions (in the three largest regions of Russia: Volgograd, Novosibirsk, Chelyabinsk regions). The screening tool: checklist for parents aimed at detection of risk of occurrence of ASD in early children, for screening in general population.
Results and conclusions During 2015, 34,770 parents of children aged 16–24 were questioned. Of these 4102 children or 11.8% (118:1000) formed the risk group in ASD. By the risk group in ASD predisposition (diathesis) is understood, that does not correspond fully to the clinical criteria of illness. This state of predisposition may last for several years and pass either to illness or to health.
The part of the children of the risk group in ASD were consulted by psychiatrist on a voluntary basis (2774 cases). Fifteen children (0.4:1000) were diagnosed with prominent clinical disorders in ICD-10 (F84). This prevalence rate cannot be extrapolated on the general population of the children at the considered age.
Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV0120

The use of guanfacine (Intuniv XR) in the treatment of disruptive mood dysregulation disorder – Clinical experience from telepsychiatry

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Background Disruptive mood dysregulation disorders (DMDD) is new to DSM-5 and represents children with rage episodes. Medical treatment is critical but few randomized trials. DMDD may be a replacement for the diagnosis of Bipolar Disorder noted in DSM-IV with a heavy use of atypical neuroleptics. DMDD reflects a more moderate treatment of these symptoms.
Method Telepsychiatry referrals 6–9 year old children randomized into $n = 12$ = group A (11 males/1 female), $n = 13$ = group B (11 males/2 females). ANOVA not significant (NS) in age and gender. Group A received guanfacine (GUA) titrated to weight between 3–4 mg. Both groups received behavior support. Group B did not receive medications. Analysis by *t*-test comparison.
Results Group A showed significant improvement in frequency but not in intensity of rage episodes ($P < 0.05$). Major side effects include sedation and gastric irritation. Dropouts from original sample of 22 per group were based on inability to titrate, cost of drug, inability to swallow pills, worsening of symptoms with addition of an atypical neuroleptic.
Conclusion GUA is a possible treatment for DMDD but there are limitations requiring further study. Group B did show improvement reflecting the utility of behavioral strategies (future studies require control groups) but GUA may provide a useful alternative to neuroleptics. Cardiovascular issues were not a problem and were assessed. Future studies are warranted.
Disclosure of interest The author has not supplied his declaration of competing interest.

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EV0121

Telepsychiatry: The new reality of psychiatry in the future

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Background Do we need to work from offices in psychiatry? The clinical interface has been debated particularly in child and adolescent psychiatry with continued beliefs related to the differences in therapeutic alliance when compared to face-to-face practice. That literature clearly shows that telepsychiatry is equal in its therapeutic effects. But not much has been written about the other advantages of telepsychiatry, which may be intuitive but needs to be documented.
Methodology The University of Toronto Telepsychiatry Program is the largest in the world with over 60 psychiatrists and 1400 sites. This is an anaectodal review of 25 years of practice using this medium outlining the advantages (ADV) and disadvantages (DADV) to this medium.
Results ADV: convenience from home, complete access to hospital files, physician safety during sessions, able to see multiple sites and include multisystem professionals including schools, cost effective (when compared to outreach psychiatry), simplicity of connection with minimal interference. DADV: novelty to client, quality of video to pick up very subtle nonverbal information, technical support required, capital cost to set up, mental health biases to technology.
Conclusion This technology is evolving. It is essential physicians understand the issues whether it be privacy, cost, utility and clinical application. The long-term impact will likely affect future practice and allow resource sensitive care to outlying areas with the ability

to impact a country's mental health significantly. Health economic data is required for future research.
Disclosure of interest The author has not supplied his declaration of competing interest.

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EV0122

Yes we can – Positive CAMHS

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Yes We Can Youth Clinics has fundamentally innovated (mental) health care for children and adolescents just by taking a different approach: the force of Positive Health!
The WHO definition of Health, adopted in 1948 and since then never amended, has become obsolete: "Health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity."
A new, more positive definition ought to replace the obsolete.
"The ability to adapt and self-manage physical, mental and social well-being challenges."
Different approach WHO.
Health care is to be claimed unlimitedly, making sure you get better, free from symptoms, against any price, something you undergo and releases you from the responsibility to self-manage and recover.
YES WE CAN.
Care appealing to personal strength and possibilities. Care that also demands commitment, not a lack thereof. Care that apart from physical/mental functioning also deals with a spiritual dimension within a personal context. Care that deals with purpose (life goals) for both the patient and the caretaker.
Conclusion Yes We Can and Positive Health has been very successful:
– perfect climate for recovery: e.g. role models, positive group dynamics, expert experience, no coercion or compulsion, structured healthy program;
– focus on strength hand abilities, coping skills, learn what is important, moral, values;
– system oriented: family therapy is mandatory;
– after-care (helping back to school/work);
– be Aware: old fellows help with prevention by visiting various schools.
Illustration Vision of Yes We Can and life story of a fellow.
Disclosure of interest The author has not supplied his declaration of competing interest.

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EV0123

Teenagers with addictive behaviour: Characteristics of the addiction and the psychiatric comorbidities

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Introduction Addiction at a young age constitute a problem of public health. Adolescence is a period at risk for the addicting conducts.
Objectives To establish the characteristics of the addiction and the psychiatric comorbidities.
Methods We led a retrospective descriptive study which concerned 62 teenagers, having addicting conducts, followed in the outpatient clinic of the hospital Razi between January, 2013 and December, 2014.
Results Tobacco is the most consumed product with 90,3% of users, followed by the alcohol (59.7%).
Fifty percent consumed the cannabis.
Benzodiazepin, Trihexyphenidyl chlorhydrate, buprenorphin with high dosage and the organic solvents were raised respectively to about 14.5%, 22.6%, 12.9% and 14.5% of the patients.
The average age of initiation for tobacco was 12 years.
The most frequent motive for consultation was behaviour disorders (37.1%).
Among our patients, 43.5% had psychiatric family history, 11.3% had undergone sexual abuse during their childhood, 17.7% had histories of suicide attempts.
The found diagnoses were the dependence in a substance (25.8%), followed by the major depressive episode (14.5%), the adjustment disorder with depressed mood (11.3%) and the bipolar disorder (8.1%).
Seventeen percent of them had personality traits who would evoke the borderline personality and 11.3% antisocial personality.
Conclusion It is essential to diagnose and to take care of the teenagers having addicting conducts, as early as possible, to avoid transition to a chronic state in the adulthood.
Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV0124

6-months follow up of lisdexanfetamine in adolescent with attention deficit hyperactivity disorder comorbid with severe conduct disorder

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Introduction Adolescents with conduct disorders (CD) often associate symptoms of executive dysfunction and developmental history of attention deficit hyperactivity disorder (ADHD). There is high-quality evidence that psychostimulants have a moderate-to-large effect on conduct problems in youth with ADHD. Lisdexanfetamine (LXD) reduces impulsivity and others ADHD symptoms, has better daylong coverage and less abuse potential than others stimulants.
Aims To evaluate the efficacy of lisdexanfetamine associated to psychological and family interventions in these multi-problem cases.
Method This work presents for discussion the preliminary measures of the effectiveness and security of LXD (range between 50–70 mg, during 6 months), prescribed to seven boys, ages 15 to 17 with ADHD comorbid with severe conduct disorders. All of them were living in a Young Offender Centre, received intensive psychological and psycho-educational treatment during 6 months before and during the use of LXD. Structured clinical assessment, ADHD and Conduct Disorder Scales were performed before the onset and followed 3 and 6 months.
Results Measures of ADHD, and CD symptoms improved at 3 and 6 months comparing to basal measures. Secondary effects were well tolerated and all patients showed a good adherence to treatment except for one of them who was drop out because of increase of anxiety.
Conclusions Evidence indicates that LXD can be beneficial and well tolerate for impulsive and aggressive behaviours in teenagers