

effects of parent's and child's psychopathology on parenting qualities. Cognitive/schema therapy is a promising treatment approach for adult ADHD; we know little about the effect of cognitive factors on parenting, however.

Objectives: We aimed to fill this gap by exploring the role of dysfunctional schema modes in the associations between adult ADHD symptoms, child's externalizing symptoms, and perceived parental competence in a dimensional approach.

Methods: A community sample of parents (N=100, mean age=38.25 years, SD=5.73) filled out online questionnaires assessing ADHD symptoms (Adult ADHD Self-Report Scale), dysfunctional schema modes (Schema Mode Inventory), perceived parental competence (Parental Sense of Competence Scale), and child's psychopathology (Strength and Difficulties Questionnaire).

Results: In a multivariate model, higher levels of parental ADHD symptoms were related to higher levels of dysfunctional schema modes. However, neither the child's externalizing symptoms nor the interaction term of parent's symptoms by the child's symptoms had any effect on dysfunctional schema modes. Furthermore, the child's externalizing symptoms had a direct negative association with parental self-efficacy beliefs, whereas the relationship between adult ADHD symptoms and parental self-efficacy was mediated by the detached and overcompensating dysfunctional schema modes.

Conclusions: Our results suggest that the activation of dysfunctional schema modes is related to the parent's but not the child's psychopathology. The activation of dysfunctional schema modes may play an important role in the self-efficacy beliefs of parents with ADHD. Targeting that cognitive factors may enhance the effect of behavioral parent training programs.

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Keywords: adhd; attention-deficit/hyperactivity disorder; parenting; schema modes

EPV0127

A good investment: longer-term cost savings of sensitive parenting in childhood

C. Bachmann^{1*}, J. Beecham², T. O'Connor³, J. Briskman⁴ and S. Scott⁴

¹Universitätsklinikum Ulm, Dept. Of Child & Adolescent Psychiatry, Ulm, Germany; ²London School of Economics and Political Science, Pssru, Canterbury, United Kingdom; ³University of Rochester, Dept. Of Psychiatry, Rochester, United States of America and ⁴Institute of Psychiatry, Psychology and Neuroscience, Dept. Of Child & Adolescent Psychiatry, London, United Kingdom

*Corresponding author.

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Introduction: Good quality parenting in early childhood is reliably associated with positive mental and physical health over the life-span.

Objectives: The hypothesis that early parenting quality has significant long-term financial benefits has not been previously tested.

Methods: Design: Longitudinal study with follow-up from 2012 to 2016; UK multicentre study cohort. *Participants:* 174 young people drawn from 2 samples, one at moderate risk of poor outcomes and one at high risk, assessed aged 4–6 years then followed up in early adolescence (mean age 12.1 years). *Measures:* The primary

outcome was total costs: health, social care, extra school support, out-of-home placements and family-born expenditure, determined through semistructured economic interviews. Early parenting quality was independently assessed through direct observation of parent–child interaction.

Results: Costs were lower for youths exposed to more sensitive parenting (most sensitive quartile mean £1,619, least sensitive quartile mean £21,763; $p < .001$). Costs were spread across personal family expenditure and education, health, social and justice services. The cost difference remained significant after controlling for several potential confounders. These included demographic variables (family poverty, parental education); exposure to child abuse; and child/young person variables including level of antisocial behaviour in both childhood and adolescence, IQ and attachment security.

Conclusions: This study is the first showing that more sensitive early parental care predicts lower costs to society many years later, independent of poverty, child and youth antisocial behaviour levels and IQ. The findings provide novel evidence for the public health impact of early caregiving quality and likely financial benefits of improving it.

Disclosure: No significant relationships.

Keywords: costs; sensitive responding; Children; parenting

EPV0128

Self-reported Depressive Symptoms of school-age siblings of individuals with an Autism Spectrum Disorder (ASD): Findings from a Greek sample

E. Koukouriki*

University of Ioannina, Special Education Lab, Department Of Primary Education, Ioannina, Greece

*Corresponding author.

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Introduction: Previous studies have shown elevated levels of depressive symptoms in parents of children with ASD. However, few studies have assessed depressive symptoms in neurotypical ASD-siblings and most have done so, within a broad age range, while studies focusing on a certain developmental stage (middle childhood in particular) using a self-report depression-specific assessment tool are sparse.

Objectives: This study aimed to investigate the depressive symptoms of Greek school-age neurotypical siblings of individuals with an Autism Spectrum Disorder through a self-reported questionnaire.

Methods: The sample included 85 school-age neurotypical ASD-siblings (8–13 years old). The Children's Depression Inventory (CDI) and a demographics questionnaire were administered to all participants.

Results: Results showed that a considerable percentage of the sample (15.3%) scored twice as high as the mean score. ASD-siblings in the present study scored higher (mean total score in CDI was 7.24 ± 6.27) than children of similar age and nationality. Further, 5.9% of the siblings in the present study exhibited severe depressive symptoms (using 19 as a threshold) whereas 12.9% of ASD-siblings scored above 15 and therefore should be further evaluated by mental health services.

Conclusions: The results of the present study documents a relatively high prevalence of depressive symptoms in neurotypical

siblings of individuals with ASD. ASD-siblings showed higher levels of depressive symptoms compared to normative data. This is the first study addressing depressive symptoms in siblings of autistic children conducted in the Greek cultural context. The present study highlights the need for the development and implementation of appropriate and effective interventions within the Greek healthcare system for ASD-siblings.

Disclosure: No significant relationships.

Keywords: Autism Spectrum Disorders; self-report; depressive symptoms; neurotypical siblings

EPV0130

Efficacy and Tolerability of Ziprasidone Use in Children and Adolescents, a Systemic Review and Meta Analysis

A. Wadhwa^{1*}, A. Sareen², C. Soeung³ and I. Penuelas-Calvo⁴

¹University of Alabama, Psychiatry, Birmingham, United States of America; ²Bronx Care Health System-Affiliated with the Icahn School of Medicine at Mount Sinai, Psychiatry, New York, United States of America; ³Bronx Care health System, Psychiatry, New York, United States of America and ⁴Fundación Jiménez Díaz, Psychiatry, Madrid, Spain

*Corresponding author.

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Introduction: Ziprasidone is an atypical antipsychotic that has demonstrated efficacy for the treatment of bipolar disorder and schizophrenia. There is some preliminary evidence for Ziprasidone use in children and adolescents with several open label studies and some randomized control trials, therefore it is advantageous to understand where Ziprasidone lies in the treatment algorithm of children and adolescents.

Objectives: The aim of our study is to examine the efficacy and tolerability of Ziprasidone in children and adolescents.

Methods: We conducted a literature search consisting of open label or randomized control trials (RCT) that report on Ziprasidone use in children on the PubMed database. We found 13 studies (11 open label and 2 RCT) that met our inclusion criteria. Our outcome measures included efficacy measures such as BPRS, YMRS, CGI-S and adverse effects such as weight gain, increase in BMI, QTc prolongation, sedation, dizziness and EPS.

Results: Data from thirteen studies was meta-analyzed (Total n=560, mean age=13.16 years, male=70.35% that reported the use of Ziprasidone in children and adolescents. We found that Ziprasidone was efficacious in children and adolescents in measures of BPRS (-13.493, p<0.05), YMRS (-14.225, p<0.05), CGI-S (-1.430, p<0.05). In measures of adverse effects, Ziprasidone was not found to cause any significant weight gain (0.164, p>0.05) or change in BMI (-0.159, p>0.05). QTc prolongation was found to be significant (13.122, p<0.05).

Conclusions: Ziprasidone is an efficacious in children and adolescent population. It does not cause significant weight gain, however QTc prolongation and sedation were found to be the most significant side effects.

Disclosure: No significant relationships.

Keywords: Ziprasidone

EPV0133

The system of institutional care for children with developmental disabilities in Russia: problems and current results of reforming

O. Rusakovskaya^{1*} and E. Volodenkova²

¹V. Serbsky National Medical Research Centre for Psychiatry and Narcology, Forensic Psychiatry In Civil Process, Moscow, Russian Federation and ²Krasnoyarsk Region Neuropsychiatric Facility, Ministry Of Health, Krasnoyarsk, Russian Federation

*Corresponding author.

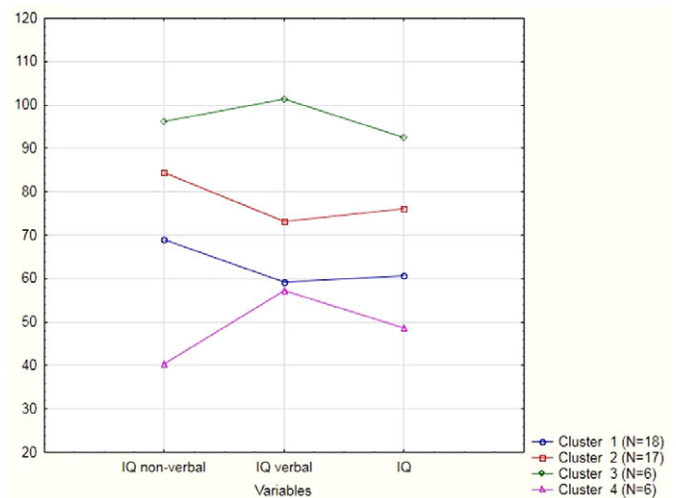
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Introduction: As part of the full-sized personal examination of persons, living in residential facilities for mentally disabled people (Kekelidze, 2020) 621 children, living in 3 asylums “for children with mental retardation” of Krasnoyarsk region were examined. In 134 cases diagnosis “Moderate or severe mental retardation” wasn’t confirmed. In 2020 a full examination of 47 children with non-confirmed diagnoses was carried out in one of the asylums.

Objectives: The main purpose of this investigation is to present the results of this full examination and sum up the main problems of the system of institutional care for children with intellectual and developmental disabilities in Russia.

Methods: Clinical and psychological examination, Wechsler Intelligence Scale for Children (WISC-II), analysis of pedagogical characteristics.

Results: Figure 1 presents the results of cluster analysis of WISC-II. In 37 cases diagnoses were reversed to Mild intellectual disability. In one case – 10 y.o. boy - to developmental delay through social-pedagogic neglect.



In the beginning of 2021 32 children were transferred to boarding schools with educational programme for children with mild intellectual disabilities. 13 children adapted to new developmental and educational conditions relatively successfully, 4 children – unsuccessfully and were returned to the first institute.

Conclusions: The success of adaptation did not depend on IQ, but on the age of the child and the severity of emotional and behavioral disorders, as well as on the willingness of the institution to provide personalized assistance to the child. The results identify the main