

EW0324

Cognitive, emotional and personal features of children with cleft lip and palate

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Introduction Cognitive and behavioural problems usually accompany isolated clefts of the lip and/or the palate (ICLP) [1].

Aims To investigate cognitive, emotional and personal features of children with ICLP in comparison with non-cleft children from complete families and non-cleft orphans.

Methods The ICLP group consisted of 29 children (age 14.2 ± 0.7). The first comparison group (1CG) consisted of 34 non-cleft children (age 14.1 ± 0.5). The second comparison group (2CG) consisted of 30 non-cleft orphans (age 13.8 ± 0.8). Drawing tests "House-Tree-Person" have been selected to evaluate the level of children's development, emotional and personal features in all three groups. M. Luscher Color test was chosen to figure out the children's psychological state, regardless of education level.

Results The most characteristic features of the ICLP children and 2CG were similar. They included infantilism (69%; 43.3%), low self-control (65.5%; 56.7%), demonstrative demeanor (62%; 36.7%), escape from reality into fantasy (93%; 76.7%), anxiety (69%; 63.3%). ICLP children compared with the 1CG has shown significantly higher level of aggression (79.3% vs. 4.2%), increased self-esteem (59.6 vs. 4.2%), impulsiveness (51.7% vs. 16.7%), the importance of other people's opinions (59.6% vs. 29.2%). Contrary, the feelings of lack of emotional warmth, the need for protection were observed in 1CG more frequently—70.8% vs 55.2% in ICLP and 60% in 2CG.

Conclusions Psychological correction in children with ICLP should be aimed at increasing the adaptive functions, facilitating communication with peers, search the area for self-realization.

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

Reference

[1] van der Plas E, Kosciak TR, Conrad AL, et al. J Clin Exp Neuropsychol 2013;35(5):489–500.

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EW0325

Prenatal and perinatal factors in autism spectrum disorders—a case control study of a Serbian sample

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Introduction Autism spectrum disorders (ASD) are complex psychiatric disorders, with both genetic and environmental factors

implicated in their etiology. Recent studies suggest the prenatal and early postnatal genesis of ASD, therefore, understanding the effect of environmental risk factors could be important for prevention and treatment of ASD.

Aims The aim of this study was to determine the association of prenatal factors and perinatal complications with ASD.

Methods Our study included 102 subjects with ASD (80% boys) aged 9.35 ± 5.85, and 107 age and sex matched healthy controls (77% boys). For the diagnosis of ASD, we used the ICD-10 criteria and Autism Diagnostic Interview-Revised (ADI-R). A questionnaire regarding prenatal and perinatal factors/complications was administered to all subjects.

Results Logistic regression model of having autism vs. being a control subject included gender, age, maternal and paternal age at birth, pregnancy order, smoking in pregnancy, number of medication during pregnancy (mostly tocolytics, antihypertensives, antiarrhythmics), and early postnatal complications (mostly prematurity, low birth weight, hyperbilirubinaemia). The model was significant, explaining about the third of variance, with number of medication during pregnancy and having an early postnatal complication as significant predictors.

Conclusions Our study has shown a significant association of specific prenatal and perinatal factors and ASD, even after controlling for other potential confounding variables. Identifying specific risk factors is important for prevention of ASD. It is also the first step in defining basis of the gene–environment interaction mechanism, which might enable development of an individualised therapeutic approach for this group of disorders.

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EW0326

Sensory processing disorders and psychopathology

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Introduction Sensory processing is the individual's ability to receive, process and integrate sensory information from the environment and body movement in the central nervous system, in order to produce adaptive responses. Sensory processing disorders (SPD) are associated to difficulties in regulating emotions and behaviours as well as motor abilities in response to sensory stimulation that lead to impairment in development and functioning. It is estimated that SPD affect 5–16% of school-aged children. Although these diseases constitute a primary diagnostic category in the Diagnostic Classification of Mental Health and Development Disorders of Infancy and Early Childhood: DC0-3, they have not yet been validated by the Diagnostic and Statistical Manual of Mental Disorders-DSM. In the latest edition of DSM, SPD were only included as one of the diagnostic criteria of autism-spectrum disorders. However, several studies have suggested that SPD may present themselves solely or coexist with other clinical conditions.

Objective The aim of this study was to review systematically the relationship between SPD and psychopathology.

Methodology Articles indexed in the Pubmed database were analyzed.

Results/conclusion Although sensory processing problems are well known to occur in association with autism, their relationship with other mental disorders is not a well studied area. Some studies have related them with ADHD, behavioural disorders and learning disorders. Some studies also comproved that SPD are a valid diagnosis and that there are individuals with SPD who do not meet the criteria for other known disorder. One study found an abnormal

white matter microstructure in children with SPD. Despite these findings SPD need to be further studied.

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EW0327

Altered puberty timing in recent decades: Implications for adolescence-onset conduct disorder

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Introduction In industrialised countries, the age of puberty onset has substantially diminished over the last 150 years. Several factors, like improved nutrition and health care have contributed to this, but there are concerns about other factors, like obesity, levels of divorce and chemicals. There is an association between early puberty and externalizing disorders in both girls and boys.

Aim To describe trends in advanced puberty timing and adolescence-onset conduct disorder (CD), analyse if an association exists between both and evaluate which measures can be taken to prevent youth from antisocial activities during adolescence.

Method A systematic literature review using Medline, Embase and Psycinfo Databases.

Results Family break-up and increased stress are risk factors for adolescence-onset conduct disorder. Obesity is associated with low SES families, so prevention campaigns giving advice on healthy nutrition may be beneficial. On the general level, there is no clear positive correlation between adolescence-onset CD and early puberty over the last decades as numbers of CD are decreasing.

Conclusion Potential mental health gains can be obtained to focus on children with multiple risk factors for early puberty. More research is needed to assess, which interventions (diet, advice on body changes, social expectations, etc.) are most useful.

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EW0328

Onset paranoid symptoms in depressive and non-depressive middle adolescence sample: School-based preliminary study from Croatia

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Introduction There is a lack of epidemiological evidence on the prevalence and incidence of mental health disorders in adolescence in Croatia. Depressive disorder and paranoid symptoms have been demonstrated to be closely related in adult community samples or patients with adult depression. The present study used a cross-sectional design to evaluate a sample of Croatian adolescents.

Objectives Examine the prevalence of paranoid symptoms in adolescents attending grammar school as a preliminary study of clinical characteristic of depression in adolescence.

Methods A sample of 450 individuals, average age 15.7 (SD=0.45); female 232 (51.6%), male 218 (48.4%). The screening was followed by the use of a structured psychiatric interview (HAMD-21), which was administered to confirm the presence or absence of depression disorder. Item paranoid symptoms were administered to evaluate the level OD symptoms (0–none;

1–suspicious; 2–ideas of reference; 3–delusions of reference and persecutions).

Results A total of 450 participants were screened, using HAMD-21, paranoid symptoms occurred (44.9%). Depressed adolescents: moderate, severe and very severe, defined as more than 14 points in HAMD-21 presented paranoid symptoms 68.1%, and non-depressed 32.2%.

Conclusion The depressive group displayed more frequent and intense paranoid symptoms than the control group ($P < 0.001$). Among non-depressed the incidence of paranoid symptoms is a surprisingly high. This could be the consequences of the war in Croatia, transition, as well as the influence of social networks on adolescent communication. This requires future studies.

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EW0329

Relationship between early maladaptive schemes and traumatic childhood experiences with suicidal behavior in adults

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Exposure to traumatic events in childhood is associated with suicidal behavior in adulthood, in the form of ideas, attempted or completed suicide. The abuse causes impaired cognitive schemes in the attachment figure, abandonment, mistrust and vulnerability to damage. The literature has demonstrated the dose–response relationship between a traumatic event in childhood and the development of mental disorders and the possibility of suicidal behavior. In addition, abuse is transmitted through the generations along with another factor of suicidal vulnerability (family history of suicide). Abuse in childhood is associated with depression, anxiety, antisocial behavior or substance. In fact, in investigations is suggested the vulnerability to any psychopathological disease. A history of suicidal behavior increases the risk for these children. Since child abuse increases suicidal behavior, we can find families in which coexists history of suicidal behavior and child abuse. The high prevalence of abuse and vulnerability neurodevelopmental leads us to consider a plan of action for this population. Rejection and/or contempt suffered in a developing brain might be related to subsequent alterations in emotional regulation or impulsivity. For these associations should conduct a more thorough screening in children's consultations to address this issue. It is very important to approach about cognitive schemes that subsequently repeated dysfunctional acts. Impulsive or unstable behavior could be reduced. This would decrease the consequences that these children have in adulthood.

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EW0330

Executive functioning impairments in adolescents with early diagnosis of obsessive compulsive disorder

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Despite the neuropsychology literature provide reliable evidence of impaired executive functions in obsessive-compulsive disorder (OCD), it has not been determined whether these deficits are prior to onset of the disorder or they begin to appear as consequence. To investigate whether recent onset of OCD in ado-