

**Conclusions:** The new and effective family interventions do not stigmatize families as being 'sick' or in need of therapy to 'straighten them out'. Family interventions are viewed as conferring added therapeutic protection to the patient and relatives.

**Disclosure:** No significant relationships.

**Keywords:** family interventions; psychiatry; recovery; Rehabilitation

## Research methodology

### O245

#### Phase space dynamics of eye-movement deficits in psychiatric patients

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**Introduction:** Eye movement deficits in psychiatric patients have often been investigated with linear models, which fail to fully capture the complex dynamics characterizing eye movements.

**Objectives:** The present work aims to investigate the deficits in fixational eye movements in psychiatric patients according as non-linear chaotic dynamic.

**Methods:** We recruited 191 patients (91 males, average age 45 years) diagnosed with schizophrenia, bipolar disorder, depression and personality disorder. The control sample consisted of 22 healthy subjects (12 males, mean age 41 years). Fixational eye movements were recorded with the Eytribe infrared system and off-line analyzed using Matlab. The dynamics of fixation eye movements were investigated using a phase space graph, which refers to chaotic system analysis. This analysis allows to evaluate how the changes in space during fixation as a function of their speed.

**Results:** A major difference emerged: psychiatric patients showed larger and faster eye movements gravitating around a single point of density, while control subjects exhibited slower and smaller eye movements with multiple drifts and microtremors.

**Conclusions:** In conclusion, the dynamics of fixational eye movements in psychiatric patients seemed to be characterized by poorer efficiency in space exploration. These differences could be attributed to a worse coordination between the perceptual and the oculomotor system.

**Disclosure:** No significant relationships.

**Keywords:** inpatients; chaotic system analysis; space exploration; Fixational eye movements

### O246

#### Early screening of autism spectrum disorder in general and pediatric practices, nurseries and early child care centers: Kitcat french study protocol using a two-stage procedure

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**Introduction:** Early screening of children at-risk to develop Autism Spectrum Disorder (ASD) needs to be improved to propose early interventions. This detection should allow diagnosis of ASD before the age of 3. An early screening performed at the general practitioner of the family should facilitate accessibility to diagnosis and a better collaboration between professionals.

**Objectives:** Our primary objective is to estimate the positive predictive value of an early detection kit composed of 2 questionnaires (First screening: M-CHAT-R/F™ + CSBS DP™-ITC) and a confirmation of the detection with a phone call by a neuropsychologist. Patients with confirmed positive M-CHAT-R/F™ and/or CSBS DP™-ITC scores are referred to a level 2 team for pre-diagnosis and diagnosis assessment.

**Methods:** The KitCAT study is a cohort study of 1,700 children aged 16 to 24 months seen in routine care in general or pediatric practices, or in nurseries and child care centers.

**Results:** Seven hundred and five children have already been enrolled in the study. Twenty nine patients, ie 4.1%, (with a confirmed positive M-CHAT-R/F™ and/or CSBS DP™-ITC scores) were referred to a level 2 team where a pre-diagnosis assessment was conducted by using the following test: ADI-R, ADOS 2, BLR, WPPSI-IV and Vineland II. The diagnosis of ASD (using the same test than the pre-diagnosis) was confirmed for the first two patients aged of 3.

**Conclusions:** The preliminary results confirm that the use of 2 questionnaires may optimize the reliability of the screening. A thousand children are still needed for the final analysis and further results are expected.

**Disclosure:** No significant relationships.

**Keywords:** questionnaires (M-CHAT-R/F™ + CSBS DP™-ITC); autism spectrum disorder; early screening; Neurodevelopmental disorders

### O247

#### A french adaptation of the vineland adaptive behavior scales VABS-II

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**Introduction:** For populations with intellectual disability and autism spectrum disorder, it is essential to complete cognitive assessment with an adaptive behavior scale.

**Objectives:** To translate VABS-II from English to French and establish norms for the French population.

**Methods:** We used the Parent/Caregiver form in order to assess psychometric characteristics of the VABS-II and to develop norms for the French population. VABS-II comprises 4 domains, 11 subdomains, and an optional maladaptive behavior index. The French translation of the VABS-II followed standard cross-cultural translation methods. The study was performed in the Rhône-Alpes-Auvergne department comprising 12 % of France inhabitants and well representing the French general population.

**Results:** From 4576 VABS-II questionnaires distributed, 1707 were returned and 1654 were analyzed. The reason for exclusion was the impossibility to score one of the subdomains. From 174 questionnaires included in the test-retest, 95 were analyzed, and 79 questionnaires were excluded because 86 under 34 days, 8 > 3 months, and one participant that changed age group between test and retest. Scores based on French norms fluctuated around values based on US norms on all subdomains.

**Conclusions:** The French Vineland questionnaire is the single test with the adequate norms to allow identifying children with adaptive behavior difficulties. It should be used as a complement of the assessment of the intellectual quotient, according to DSM V, for the diagnosis of intellectual disabilities. It must be done in reference to the developmental and cultural standards specific to the environment in which the person is evolving.

**Disclosure:** No significant relationships.

**Keywords:** autism spectrum disorder; French norms; adaptive behavior; validation

## Schizophrenia and other psychotic disorders

### O248

#### Drug attitude inventory is relevant to LAI treatment persistence in schizophrenia: Preliminary results

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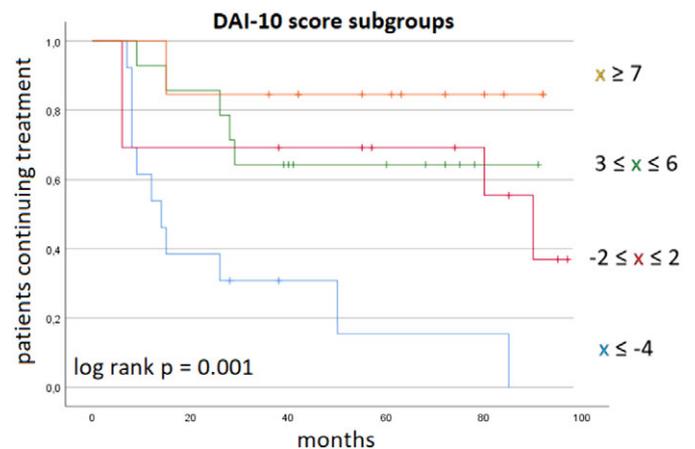
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**Introduction:** Patients' attitudes and subjective experience are crucial in the management of severe mental illness, but their practical value is overlooked.

**Objectives:** To identify predictors of future adherence to LAI antipsychotic maintenance treatment of schizophrenia among socio-demographic, clinical, and psychometric characteristics – including Drug Attitude Inventory-10 (DAI-10) and Subjective Well-being under Neuroleptics short form (SWN-K) scores.

**Methods:** Retrospective baseline data from 53 clinically stable outpatients with schizophrenia switched from oral to LAI therapy were collected. Patients continuing treatment at the time of analysis (n=29) were compared to those who had discontinued it (n=24). Selected variables were further evaluated in survival analyses.

	Continued treatment	Discontinued treatment	$\chi^2$ or t
Treatment persistence (months)	63.79±21.01	23.88±25.80	6.21**
Age (years)	39.17±10.11	35.58±13.39	1.11
Male	15 (51.7%)	13 (54.1%)	0.03
Single	20 (69.0%)	15 (62.5%)	0.25
Instruction (years)	13.28±3.31	11.83±3.56	1.53
Employed	20 (69.0%)	7 (29.2%)	8.32**
Illness duration (years)	17.69±10.53	13.42±11.36	1.42
Previous hospitalisations	2.10±1.32	2.67±1.86	-1.29
MADRS	13.59±9.06	14.67±8.99	-0.43
YMRS	5.52±5.57	6.00±9.94	-0.22
p-PANSS	12.17±5.20	14.38±6.13	-1.41
n-PANSS	10.90±5.39	15.63±7.93	-2.48*
g-PANSS	29.38±10.33	33.63±10.26	-1.49
PANSS	52.66±17.57	63.96±20.61	-2.15*
DAI-10	3.86±4.96	-1.13±5.80	3.38**
SWN-K	74.93±23.07	81.00±15.60	-1.09



**Results:** Between-group differences are presented in Table 1 (\*\*:  $p < 0.01$ ; \*:  $p < 0.05$ ).

Cox regression analysis included instruction, employment, hospitalisations, PANSS subscales and DAI-10 scores: a protective role against treatment discontinuation was outlined only for employment (HR 0.16; 95%CI 0.05-0.50) and higher DAI-10 scores (HR 0.85; 95%CI 0.78-0.94). DAI-10 scores delineated distinct adherence trajectories (Figure 1).

**Conclusions:** Baseline DAI-10 scores may identify patients at risk of dropout after switching to LAI.

**Disclosure:** No significant relationships.

**Keywords:** Drug Attitude Inventory; adherence; schizophrenia; LAI