

analyses will address a Linear Discriminant Analysis to proceed to a machine learning oriented approach.

Disclosure: No significant relationships.

Keywords: methylation; epigenetics; postnatal risk factors; psychopathology trajectories

O157

Epigenetic modulation in obsessive-compulsive disorder: Methylation and hydroxymethylation of the *bdnf* gene exon I promoter

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Introduction: Several evidence recognizes Brain Derived Neurotrophic Factor (BDNF) as a promising biomarker in the pathophysiology of psychiatric disorders, including Obsessive-Compulsive Disorder (OCD), considering the involvement of epigenetic regulation in BDNF altered expression.

Objectives: This study aims to investigate, in a sample of OCD patients, the epigenetic modulation in terms of levels of methylation and hydroxymethylation on the BDNF gene exon I promoter.

Methods: Fifty OCD patients, recruited from Psychiatry Unit 2, Sacco University Hospital in Milan and fifty healthy controls, comparable by age and gender. Saliva samples were collected by oral swab and epigenetic analysis were performed at the University of Teramo. Statistical analyses were performed with t test with Bonferroni correction.

Results: Data analysis showed a significant decrease in 5-methyl cytosine levels (5mC) (mean OCD: 1.221%; mean CTRL: 1.784%; $p < 0.001$) and a significant increase in 5-Hydroxy-methyl cytosine levels (5hmC) (mean OCD: 1.018%; mean CTRL: 0.527% $p < 0.0001$) in BDNF gene exon I promoter of OCD patients compared to controls. Regarding 5mC of site 3 and 5hmC of site 1 and 2 of the exon I promoter CpG islands, no statistical significance was found.

Conclusions: Present results showed significant differences in epigenetic modulation of BDNF gene, which might not be univocally interpreted. They could represent an intrinsic OCD characteristic or the effect of antidepressant drugs, assumed by all recruited patients. Further studies, comparing OCD subjects in treatment vs drug-free, are necessary to define BDNF epigenetic modulation role and its possible use as biomarker in the characterization of OCD.

Disclosure: No significant relationships.

Keywords: Molecular Neurobiology; genetics; Obsessive-Compulsive disorder; Neuroscience in Psychiatry

O159

WPA Global Guidelines for Telepsychiatry

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Introduction: The current pandemic has only confirmed the need for international collaboration and more extended use of telepsychiatry than before. Unfortunately, regulatory constraints and lack of standardization are posing significant barriers to the internationalization of telepsychiatry. A need for global guidelines and service standardizations is of utmost importance in this rapidly growing but not yet well-established field. By mastering telepsychiatry, the professionals also may enable the remote provision of other eMH approaches complementary to well-known, traditional service(s). However, first, one ought to become familiar with the basics of telepsychiatry. Globally standardized telepsychiatric service and uniform regulations are prerequisites for fruitful international cooperation.

Objectives: - to present the main objectives and messages of the WPA Global Guidelines for Telepsychiatry.

Methods: A structured review of the main challenges, innovations, and settings in the first Global Guidelines for Telepsychiatry, published by WPA.

Results: With proper preparation and thoughtful risk management, telepsychiatry can be an invaluable tool for allowing greater access to care. However, certain prerequisites must be fulfilled to achieve the desired goals. These prerequisites are e.g. choice of the technology, settings, patient/provider preferences as well as competencies and skills, all outlined in this document.

Conclusions: This WPA document may pave the way for the development of global regulations in order to break down the barriers of accessibility for both the professionals as well as for the patients worldwide. Further, it may help professionals in setting up a standardized telepsychiatry service(s) in addition to the existing mental health system(s).

Disclosure: I am the author of WPA Global Guidelines for Telepsychiatry but have no financial interest.

Keywords: International collaboration; WPA; Regulative issues; Telepsychiatry Global Guidelines

Intellectual disability

O160

Social orienting is reduced in williams syndrome

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Introduction: Williams syndrome (WS) is a rare genetic disorder caused by a deletion at chromosome 7q1123. WS is associated with high empathy, relatively good face memory and low social anxiety. Despite these strengths, WS individuals typically have an intellectual disability, difficulties with visuospatial perception, non-social anxiety and complex social cognition. Attention to other's eyes is crucial for adaptive social understanding. Consequently, eyes trigger quick and automatic gaze shifts in typically developing individuals. It is not known whether this process is atypical in WS.

Objectives: To examine visual attention to other's eyes in Williams syndrome.

Methods: Individuals with WS ($n = 35$; mean age 23.5 years) were compared to controls ($n = 167$) in stratified age groups (7 month, 8-12 years, 13-17 years, adults). Participants were primed to look at either the eyes or the mouth of human faces. The latency and likelihood of a first gaze shift from, or to the eyes, was measured with eye tracking.

Results: WS individuals were less likely, and slower to orient to the eyes than typically developing controls in all age groups from eight years of age (all $p < .001$), but did not differ from 7 months old infants. In contrast to healthy individuals from eight years and above, WS individuals did not show a preference to orient towards the eyes relative to the mouth.

Conclusions: Despite the hyper-social behavioral phenotype, WS is associated with reduced attention to other's eyes during early stages of processing. This could contribute to the difficulties with complex social cognition observed in this group.

Disclosure: No significant relationships.

Keywords: visual attention; Williams syndrome; Rare genetic syndromes; face processing

O161

The psychosocial factors in the formation of symptoms of dementia

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Introduction: The growing prevalence of severe cognitive impairment in populations, the involvement of a significant number of people of working age in the medical, psychological and social problems associated with dementia, the insufficiency and inconsistency of information about the mechanisms of formation of these disorders actualize a comprehensive social study of dementia.

Objectives: the psychosocial mechanisms of the formation of clinical, functional disorders in dementia, to develop comprehensive medical and psychosocial programs to help patients with dementia and those involved in caring for them, based on the proposals of the psychosocial model of dementia

Methods: A selective observational comparative dynamic study of 315 people with Alzheimer's dementia and 214 people who care for the patients was carried out.

Results: Changes in family-role and social parameters, a high level of "expressed" emotions of caregivers have an adverse effect on the development of psychotic ($r = 0.618$), affective ($r = 0.701$), behavioral ($r = 0.837$) dementia disorders. The degree of adherence to

anti-dementia therapy by the caregiver is one of the important factors determining the amount of care received by the patient ($r = 0.698$). Agitation / aggression ($r = 0.761$), anxiety ($r = 0.562$), sleep disturbances ($r = 0.521$) contribute to increased compliance. The low satisfaction of the caregiver with pre-morbid ($r = 0.698$) and current ($r = 0.653$) relationships with the patient leads to a decrease in the compliance of the caregiver.

Conclusions: The mechanism of psychopathological symptoms, functional disorders is heterogeneous, depending on the biological causes and psychosocial conditions of functioning of patients.

Disclosure: No significant relationships.

Keywords: PSYCHOSOCIAL FACTORS; dementia; noncognitive SYMPTOMS OF DEMENTIA

O162

Role of multidimensional evaluations in the support of school trajectories of children with mild to moderate intellectual disability

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Introduction: There is a lack of objective evaluation with validated tools in school children with intellectual disability (ID). Standardized and validated tools, allowing children evaluations and follow-up, exist but are poorly used. Our action-study wishes to develop evaluation practices to better adapt to the specific needs of children with ID.

Objectives: We evaluated the multidimensional profiles (cognitive, adaptive and behavioral) of children with ID attending regular or adapted school system.

Methods: School children, aged 5 to 13 years old, with mild to moderate ID were enrolled in this French cohort study. The multidimensional evaluation consisted of a school evaluation grid proposed by the French educational system, a scale of school needs (GEVA-sco), an intellectual assessment (WISC IV), a behavior adaptive scale (Vineland II) and a behavior rating scale (the French Nisonger Child Behavior Rating Form (Nisonger CBRF)). The results of this multidimensional assessment were analyzed.

Results: Between November 2014 and June 2016, 121 children were enrolled, 3 children were lost to follow-up. Analysis was performed on 118 children. Seventy one (60.2 %) were male. Fifty-two (44.1%) were aged 6 to 9 years. Sixty-eight (57.6%) children were in regular schools and 50 (42.4%) in adapted schools. Children in regular schools had a higher mean IQ score (57.5) than children in adapted schools (43.5). The adaptive behavior profile of children in regular school is less severe than in children in adapted schools.

Conclusions: Multidimensional evaluations allow optimizing and personalizing support. Evaluation of adaptive behavior is more informative than cognitive profile which does not differentiate between children skills