

marginally significant correlation between the DCDQ and the BPA divided attention test ($r=0.646$, $p=0.083$), which engages working memory abilities. A marginally significant negative correlation was found between the DCDQ and the FDT cognitive flexibility test ($r=-0.637$, $p=0.065$), indicating that higher DCDQ scores were associated with shorter times to complete the test. A negative correlation was also observed for the most severe items of the ADHD questionnaire related to hyperactivity and impulsivity. However, inattention complaints did not correlate with the DCDQ scores.

Conclusions: Developmental coordination disorders should not be overlooked in studies and assessment protocols for children with suspected ADHD. Further investigations are needed to identify the domains and characteristics most closely associated with DCD. This will provide evidence to support the development of care programs and intervention strategies for these children.

Disclosure of Interest: None Declared

EPV0284

Evaluation of cognitive functions of children aged 8-18 years with acute leukemia 2 years after the end of treatment

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Introduction: Children with a history of acute leukemia may experience some deficits in their cognitive functions in the late period (Hewitt *et al.* Childhood Cancer Survivorship 2003). These deficits negatively affect their quality of life by impairing their academic, social and psychological functioning (Jacola *et al.* Lancet Psychiatry 2016; 3-10-965-972).

Objectives: The aim of this study was to compare the cognitive functions of children with a history of leukemia compared to their healthy peers.

Methods: Our study was conducted with 42 cases with a history of leukemia who were followed up in the Pediatric Hematology outpatient clinic of Dokuz Eylül University Faculty of Medicine and 41 healthy controls who were admitted to the Child and Adolescent Psychiatry outpatient clinic of Dokuz Eylül University Faculty of Medicine. After obtaining informed consent from both parents and participants, the Wisconsin Card Sorting Test (WCST), Stroop Test-TBAG form, Trail Making Test (TMT) A and B forms were administered to all participants. The parents of all participants were given a sociodemographic data form and the Childhood Behavior Checklist (CBCL) and asked to complete it. The teachers of all participants were given the Conner's Teacher's Rating Scale-Revised Long form (CTRS-RL) and asked to complete it.

Results: All sub-dimension CBCL scores of the case group were significantly higher than the control group ($p<0.05$). All sub-dimension CTRS scores of the case group were found to be significantly higher than the control group. The case group performed worse than healthy controls in WCST, Stroop-TBAG and Trail-Making Test. The mean Stroop2-time score was higher in the group

that received cranial radiotherapy, whereas the Trail-Making-B-error score was higher in the group that did not. The group receiving the medium-high risk chemotherapy protocol performed worse overall on the Stroop test. Women in the case group performed worse on the WCST than men. Stroop5-error scores were higher in the group with a history of sequelae. It can be said that there is a negative correlation between age at diagnosis, age at the end of treatment and time elapsed after treatment and cognitive test performances. There was a moderate positive correlation between the duration of the treatment and the CBCL-attention problems score ($r=0.348$, $p=0.024$) and the CTRS-attention problems score ($r=0.432$, $p=0.04$).

Conclusions: In conclusion, it can be said that leukemia treatment may cause deficits in areas such as attention, memory, learning, processing speed, executive function and problem solving in the late period (Montour-Proulx *et al.* J Child Neurol 2005; 20 2 129-133). The difference in the severity of deficits in these areas between individuals can be explained by many biological, social and psychological factors (Duffner *et al.* J Pediatr Hematol Oncol 2014; 36 1 8-15).

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EPV0287

Prevalence and correlates of suicide attempts in juvenile bipolar and major depressive disorders

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Introduction: Major depressive disorders (MDD) and bipolar disorders (BD) are strongly associated with suicide attempts in youth. However, little is known regarding the differences in prevalence and clinical-related features of suicide attempts between these two disorders.

Objectives: The study aimed to examine the prevalence of suicide attempts and related factors in children and adolescents with major mood disorders and compare clinical features between BD and MDD patients who attempted suicide.

Methods: A cross-sectional study was conducted at the Child and Adolescent Psychiatry Department of the Institute of Psychiatry and Mental Health Gregorio Marañón. Patients with diagnosis of major mood disorder were included. All patients were evaluated with K-SADS, CGI (Clinical Global Impression), HDRS (Hamilton Depression Rating scale), YMRS (Young Mania Rating Scale), Conners Rating Scale and CGAS (Children's Global Assessment Scale). Bivariate analysis was conducted to compare patients with and without suicide attempts and BD versus MDD attempters. Subsequently, a multivariate analysis was performed to assess the combined influence of suicide attempts related factors.