

EPP0183

Quality of life in a sample of schoolchildren with attention deficit and hyperactivity disorder.

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Introduction: Schoolchildren with ADHD have difficulties in different areas of their lives and sometimes need drug treatment. To comprehensively assess the response to treatment, it is interesting to use quality of life questionnaires where the child's perspective is assessed.

Objectives: To evaluate the quality of life in children with ADHD.

Methods: Sample of 14 schoolchildren from 11 to 14 years of age who attended a primary care check-up and were diagnosed with ADHD under treatment with long-acting methylphenidate. Parent informed consent. AUQUEI questionnaire Spanish versión

Results: Participants answered the questionnaire before starting treatment, at 3 months and 6 months. Four factors were differentiated with different scores: In the baseline results (before treatment), great difficulties were observed in academic performance in 90% (F4, mean 5), family life in 70% (F1, mean 5) and 30% % in leisure (F2, mean 10). After months of treatment, an improvement was observed in the scores regarding academic performance (F4, mean 13) and family life (F1, mean 9). The female sex presented better total scores in quality of life at six months evaluation.

Conclusions: The AUQUEI is an easy-to-apply questionnaire specific to the child population that provides us with a profile from the child's point of view and can be very useful in the primary care consultation in the comprehensive assessment of the quality of life of the schoolchild with ADHD and pharmacological approach.

Keywords: ADHD; schoolchildren; quality of life; methylphenidate

EPP0181

Adolescents and dual pathology. Assessment of treatment with paliperidone palmitate long-term injectables.

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Introduction: Today cocaine use is very frequently associated with adolescents with maladaptive personality traits and impulse control disorder. It requires a multidisciplinary approach and individualized treatments to improve the clinic and achieve the abandonment of consumption.

Objectives: 1. To assess the efficacy of monthly injectable paliperidone palmitate treatment in controlling impulsivity. 2. Determine the consumption of toxins after treatment.

Methods: Sample: Adolescents, 14-17 years old, with a diagnosis of Personality Limit T and cocaine consumption who start treatment with Paliperidone Palmitate LD IM (50-100mg / month) in

monotherapy, with Diazepam 5mg if significant anxiety. Retrospective data collection. Plutchik impulsivity scale (IE) before starting treatment and at 3 months. Statistical analysis SPSS 20.0

Results: Twelve adolescents who met the inclusion criteria were included and 12 adolescents, 83% male, 16% female, completed the questionnaires. After its application and correction through non-parametric tests (N <30), scores in the EI questionnaire of a mean of 37.42 points in the pretest were observed, corresponding to a severe level of impulsivity; and a mean of 26.28 points in the post-test, compatible with a mild-moderate degree of impulsive symptoms. A decrease in the consumption of toxins was observed in 65% of the cases.

Conclusions: In our experience, the management of toxic consumption in adolescent population with severe impulsivity symptoms has great limitations due to the scarce resources available. The Palpitate of Paliperidone long-term treatment has been useful in the approach of serious registered cases, being associated with symptomatic improvement and decrease in consumption.

Keywords: Dual pathology; adolescent; cocaine; borderline personality disorder

EPP0183

Mental health and climate change – a developmental life course perspective

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Introduction: Climate change is a major global public health challenge that will have wide ranging effects on human psychological health and wellbeing through the increased incidence of acute (e.g., storms, floods, wildfires), sub-acute (e.g., heat stress, droughts, lost agricultural yields) and long-term stressors (e.g., changes to landscapes and ecosystems). Children and adolescents are particularly at risk because of their rapidly developing brain, vulnerability to disease and limited capacity to avoid or adapt to climate change-related threats and impacts. They are also more likely to worry about climate change impacts than any other age group.

Objectives: To produce a new conceptual framework that describes climate change-related threats to youth mental health from a developmental life course perspective.

Methods: We critically review and synthesis literature documenting the pathways, processes and mechanisms linking climate change to increased mental health vulnerability.

Results: We show that climate change-related threats can additively and interactively increase psychopathology risk from conception onwards, that these effects are already occurring and that they constitute an important threat to mental health and therefore human capital worldwide. We then argue that birth cohort studies are uniquely positioned to examine climate change-related threats and that incorporating relevant measures into existing and planned birth cohorts is a matter of social justice and crucial long-term investment in mental health research.

Conclusions: Climate change is affecting the healthy psychological development of children and these risks are increasing worldwide.

New theoretical and empirical work is urgently needed so that threats can be tracked and mitigated.

Keywords: disasters; climate change; developmental psychopathology; child and adolescent mental health

EPP0184

Childhood mental health and juvenile delinquency: A within-family comparison

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Introduction: Child mental health is associated with prospective delinquent outcomes. However, this association might be confounded by genetic and other shared factors

Objectives: We aimed to examine the association between the behavioral symptoms of Attention-Deficit/Hyperactivity Disorder, conduct disorder, depression, and oppositional defiant disorder in childhood (age 4-12) and the prospective delinquent outcomes as measured by lifetime illicit drug use, criminal activities, and victimization prior to age 18, using the nationally representative U.S. survey that allowed us to compare siblings in the same mother.

Methods: Aged-adjusted subscales of ADHD, conduct disorder, depression, and ODD were obtained from the mother-reported survey responses. Within-family analyses were performed to control for family-specific unobserved factors as well as child-specific observed factors.

Results: Antisocial scores in childhood were strongly associated with lifetime arrest, probation, and incarceration as well as lifetime illicit drug use in adolescence. ADHD scores are associated with lifetime victimization in physical attack and rape, but not with criminal activities or illicit drug use.

Conclusions: Conduct disorder consistently increases lifetime illicit drug use and criminal activities independently of genetic factors and gender. ADHD is not associated with lifetime illicit drug use or criminal activities, but is associated with lifetime victimization. No significant gender differences are found although anxiety/depression symptoms are often positively associated with delinquent outcomes only among females.

Keywords: childhood; mental health; ADHD; delinquency

EPP0185

Behaviour in childhood is associated with distinct patterns of partnering in adulthood

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Introduction: Childhood behavioral problems are highly prevalent in school-aged children and are associated with poor long-term outcomes. Yet little is known about their association with patterns of partnering in adulthood.

Objectives: To (1) describe patterns of partnering from age 18-35 years in a large population-based sample, and (2) examine the association between childhood behavioural problems and adult partnering patterns.

Methods: Behavioural ratings were prospectively obtained from teachers when children (n=2960) were aged 10-12 years – for inattention, hyperactivity, aggression-opposition, anxiety and pro-sociality – and linked to their tax return records from age 18-35 years. We used group-based trajectory modelling to identify distinct trajectories of partnering (married or cohabitating) and multinomial regression models to examine the association between childhood behaviour and trajectory group membership.

Results: Five distinct trajectories of partnering were identified: early-partnered (n=420, 14.4%), mid-partnered (n=620, 21.3%), late-partnered (n=570, 19.2%), early-separated (n=460, 15.5%), and delayed-or-unpartnered (n=890, 30.0%). After adjustment for sex and family background, children rated as being anxious or inattentive were more likely to remain unpartnered from age 18 to 35 years, while those rated as aggressive-oppositional or inattentive were more likely to separate and return to unpartnered status. Prosocial behaviours were consistently associated with earlier and more sustained partnership. Participants in the early-separated and delayed-or-unpartnered trajectories were also more likely to have left high school without a diploma and to have lower earnings.

Conclusions: Childhood behavioural problems were associated with increased likelihood of being unpartnered and of partnership dissolution, which has implications for the psychological health and wellbeing of individuals and their families.

Keywords: ADHD; Conduct disorder; Disruptive behaviours

EPP0188

Honouring COVID-19 restrictions: A qualitative study of the virtual asd diagnostic pathway in a uk nhs camhs service.

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Introduction: The Multi-Agency Autism Team (MAAT) diagnose Autism Spectrum Disorder (ASD) in children and young people using a multi-stage assessment process. In March 2020, the UK went into lockdown due to the COVID-19 pandemic, affecting the MAAT's ability to continue their typical diagnostic pathway.

Objectives: This qualitative study aimed to assess the effectiveness and feasibility of a virtual ASD diagnostic pathway.

Methods: From March – September; one hundred detailed developmental history assessments were conducted over the telephone, fifteen socially-distanced BOSA (Brief Observation of Symptoms of Autism) assessments were piloted, twenty-five multi-disciplinary formulation meetings were held over a video platform, and sixty diagnosis feedback consultations were conducted via telephone or video call. Structured interviews were conducted with clinicians and service-users.