symptoms and ADHD severity and executive functions in children and adolescents with ADHD without a diagnosis of DCD.
Objectives: The study sample consisted of children aged 7-15 years with ADHD who were evaluated in the outpatient clinic of the Department of Child and Adolescent Psychiatry at Selçuk University. Children with medical conditions requiring physical therapy, neurological disorders, DCD, tic disorders, movement disorders, autism spectrum disorder, and intellectual disability were excluded from the study.
Methods: The Turgay Disruptive Behavior Disorders Screening and Evaluation Scale based on DSM-IV was used to determine the severity of ADHD and the Stroop Test was used to evaluate executive functions. Revised Developmental Coordination Disorder Battery was applied for the symptoms of DCD. Ethics committee approval for the study was obtained from Selçuk University Faculty of Medicine Local Ethics Committee. (2024/411)
Results: 15 girls and 19 boys between the ages of 7-15 participated in the study. The mean age was 10.71±2.83 years. A significant correlation was found between patients' Turgay attention subscale (p:0.010), oppositional defiant subscale (p:0.027) and conduct disorders subscale (p:0.028) scores and DCD symptom levels. No correlation was found between Stroop test results and DCD symptom levels.
Conclusions: In this study, the relationship between ADHD severity, executive functions and symptoms of DCD in children and adolescents diagnosed with ADHD was examined. The findings indicate that ADHD severity and DCD symptoms may be related in individuals with ADHD without a diagnosis of DCD. This may indicate that in individuals diagnosed with ADHD, DCD symptoms may be related to ADHD severity rather than executive functions. The fact that the study was single centered and the sample size was small limits the generalizability of the findings. Studies with larger samples are needed.

Disclosure of Interest: None Declared

EPP634

Family dynamics and adolescent behavioral disorders: Insights from the NKI Rockland Sample

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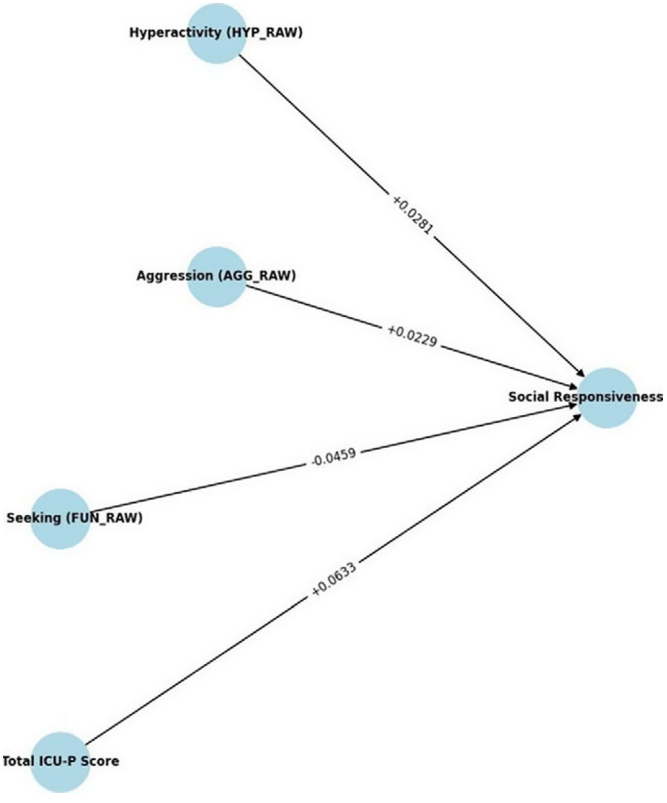
Introduction: Familial dynamics profoundly impact the behavioural development of adolescents. This study investigates the impact of family-related behaviours, such as hyperactivity, aggression, and callous-unemotional features, on social responsiveness and the propensity for behavioural disorders, offering essential insights for targeted interventions.
Objectives: The study aimed to: (1) examine the influence of hyperactivity, aggression, callous-unemotional traits(CU), and thrill-seeking behaviour on social responsiveness and behavioural disorders; (2) assess the predictive efficacy of various behavioural traits through structural equation modelling (SEM) and logistic regression; and (3) recommend practical interventions derived from these findings.
Methods: Data were obtained from adolescents 12 to 17 years participating in the enhanced Nathan Kline Institute Rockland Sample (NKI-RS), a continuous, institutionally focused initiative designed to establish a large-scale lifespan sample. Behavioural evaluations comprised the Behaviour Assessment System for Children (BASC), Social Responsiveness Scale (SRS), and Inventory of Callous-Unemotional Traits (ICU-P). Structural Equation Modelling (SEM) was utilised to investigate the intricate associations between behavioural characteristics and social responsiveness (Figure 1), whereas logistic regression was applied to forecast the probability of behavioural disorders (Figure 2).
Results: Structural Equation Modelling analysis indicated that CU traits were the most significant predictor of diminished social responsiveness ($\beta = 0.738$, $p < 0.001$), succeeded by hyperactivity ($\beta = 0.384$, $p = 0.069$) and agression ($\beta = 0.183$, $p = 0.038$). Engagement in fun-seeking behaviour demonstrated a protective effect ($\beta = -0.638$, $p = 0.001$). Logistic analysis indicated that elevated ICU-P scores heightened the probability of behavioural problems (OR = 2.09, $p < 0.001$), whereas fun-seeking behaviour diminished this probability (OR = 0.52, $p < 0.001$), yielding an AUC of 0.83 (Figure 3).

Image 1:



Conclusions: CU qualities represent the most significant risk factor for behavioural disorders, whereas a propensity for fun-seeking behaviour offers a protective effect. Practical implementation should focus on two main areas: (1) early screening for CU traits

and hyperactivity in family settings to identify at-risk adolescents, and (2) promoting adaptive fun-seeking activities that enhance social responsiveness and reduce behavioral risks. Family-oriented therapies that include good social activities and behavioural management can markedly diminish the risks associated with behavioural disorders.

Disclosure of Interest: None Declared

EPP637

Psychiatric Care for Children and Adolescents After the Onset of Type 1 Diabetes: Implementation of a Multidisciplinary Programme

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Introduction: Type 1 Diabetes Mellitus (T1DM) is a chronic autoimmune disease characterized by the destruction of insulin-producing beta cells in the pancreas. It commonly presents in childhood or adolescence. As one of the most prevalent chronic conditions in children, T1DM significantly affects the lives of patients and their families. In Western Europe, the incidence rate is 10-20 new cases per 100,000 individuals per year. T1DM requires structured insulin self-management, blood glucose monitoring, physical activity, and a healthy diet what can be challenging for children and adolescents. T1DM in children and adolescents is associated with various psychosocial problems, including a heightened risk of psychiatric disorders such as depression or anxiety, and problems with eating, alcohol use, or sleep. Effective management requires a multidisciplinary approach, involving psychiatric care to address mental health concerns and improve disease management.
Objectives: Here we present a novel programme that aims to address the integration of psychiatric care for children and adolescents with T1DM by facilitating early detection of mental health issues, enhancing education for patients, families, and healthcare providers, promoting multidisciplinary collaboration, and offering tailored treatment. We present preliminary outcomes of our programme.
Methods: Our programme at the Puerta de Hierro University Hospital involves comprehensive mental health assessments for paediatric T1DM patients. Paediatricians refer patients to Child Psychiatry after T1DM onset. The initial evaluation includes a clinical history, mental health background, risk factor assessment, and the completion of routine measures. Follow-up is scheduled based on the clinical presentation with a maximum treatment time of 12 months. Image 1 shows the flowchart with the referral and treatment process in our programme. Our multidisciplinary team consists of one child and adolescent psychiatrist, one clinical psychologist and one mental health nurse and we work collaboratively with paediatricians.
Results: From October 2023 to September 2024, we received 13 referrals (61.5% females) with a mean age of 10.4 years. Of those, 38.5% had a diagnosis of emotional disorder, 30.8% attention-deficit hyperactivity disorder, 7.7% conduct disorder, 15.4% required parenting support, and 15.4% required psychological support. Patients and families show high rates of improvement regarding their mental health problems and psychological adjustment and are satisfied with the care provided.

Image 1:

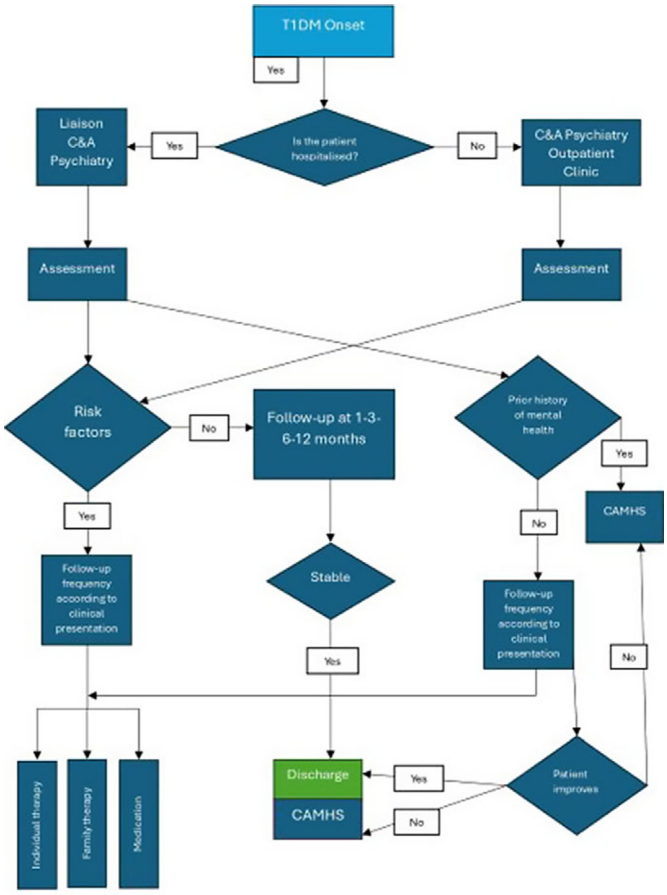

Figure 1. Flowchart of referral and treatment process.
CAMHS = Child and Adolescent Mental Health Service; C&A = Child and adolescent; T1DM = Type-1 Diabetes Mellitus

Conclusions: Early and effective psychiatric intervention is crucial in managing the complex needs of children and adolescents with T1DM. The implementation of this multidisciplinary programme is feasible, and it has shown promising results. In the future, a randomised controlled trial should be conducted to assess the effectiveness of this intervention.

Disclosure of Interest: None Declared

EPP638

Early-onset psychosis as a manifestation of Fahr's syndrome: a case report

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Introduction: Fahr's syndrome/disease is a rare neurological disorder characterized by calcification in brain areas such as the basal