chotropic medications to people with ID without a mental disorder to manage their behaviors. There are significant strains on mental health services to manage people with ID and CB. This presentation discusses. Describe people with CB and ID and their characteristics including mental disorder, use of psychotropic medications, socio demographic factors and financial costs to look after them. Social and health care approach to look after people with CB in the UK, Challenges to develop services for people with CB in ID in Germany and Poland. Do we need specialist services for people with ID and CB? Pros and cons.

Disclosure of interest COI: Bhathika Perera, I have received travel grants from pharmaceutical companies to attend ADHD conferences and I have been a speaker at pharmaceutical company sponsored events on ADHD.

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EV0599

Descriptive study of people, with intellectual disability, presenting with challenging behavior in north London, UK

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Prevalence of intellectual disability (ID) ranges from 0.05 to 1.55%. A total of 10–15% of the people with ID present with challenging behaviour (CB). This causes a significant strain on mental health services. People with ID often end up staying in psychiatric inpatient units for longer periods. Most people with ID move out of their family home to various care settings due to severity of their behavioural difficulties. This descriptive study shows characteristic features of people with ID and CB and financial costs to look after them in the community. This study highlights the importance to improve services to manage challenging behaviour, which may lead to better quality of life to the person with CB and reduction in financial pressures.

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EV0600

An evidenced based checklist to support anti-dementia medication withdrawal in people with down syndrome (DS), intellectual disability (Id) and dementia

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DS with aging is associated with greatly increased risk of developing dementia similar to Alzheimer's. Anti-dementia drug discontinuation is recommended when clinical benefit is not determined. In DS it is more complex as medication ill effects of stopping needs to be weighed in balance to extraneous processes such as environment changes, sensory impediments and physical ill health and natural progression of dementia.

Aim Can identified risk factors extracted from a comprehensive literature review be developed into an evidence based check list to support risk minimized person centered withdrawal of anti-dementia drugs when considered not to be efficacious in DS?

Method A detailed literature review using Medline, PsychInfo, Cinahl and Embase with relevant search terms in various permutations and combinations without any date limit enquiring current evidence base on anti-dementia medication withdrawal was conducted. The review also looked to extract the common risk factors in stopping medication. All risk factors were collated, reviewed by a focus group of experts, developed into a checklist.

Results Thirty abstracts were obtained following the search. Six papers were short-listed. No papers identified a structured approach to medication reduction. An 18-factor checklist was applied prospectively to 30 cases. The checklist was sensitive to identify change to guide clinical decision-making.

Conclusions Currently, decision to peg medication withdrawal risk is arbitrary and clinical in dementia especially in DS dementia. The evidenced based developed checklist is useful to support and structure clinical decisions. It helps clinicians and patients to focus on promoting safety, reduce harm and guide treatment.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV0601

Descriptive study of patients with intellectual disability attended in a community mental health care center

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Introduction The rate of mental illness among people with intellectual disability is at least 2.5 times higher than in the general population [1].

Objective To describe the clinical and sociodemographic characteristics of all patients with intellectual disability treated in a community mental health care center (CMH) located in a city of 120,000 inhabitants on the outskirts of Barcelona with a high poverty index.

Methods Documents and patient records were reviewed. Clinical, sociodemographic and other treatment data of patients with intellectual disability treated at the CMH were collected.

Results The sample consisted of 118 patients. Mean age: 39.5 (SD: 15), 54% men. 92% single and 23.7% legally incapacitated. 46.6% never completed basic education and 44.1% completed primary school. Employment status: 14.4% unemployed, 14.4% currently active, and 50% pensioned. Patients living mainly with their family (parents:) 86%. 68.6% of patients showed aggressive behavior, but the rate of hospital psychiatric admissions was low (mean: 1.1 (SD: 2.3)). Organic comorbidity: 44.9%. Functionality measured with GAF mean: 45 (SD: 12). Level of intellectual disability was mostly mild (62%). Psychiatric diagnoses were: psychotic disorders: 49.25%, affective disorders: 6.8%, personality disorder: 3.4%, Obsessive-compulsive disorder: 3.4%, autism: 11.9% and other diagnoses: 37.3%. Patients treated with antipsychotics: 78.8%, anti-depressants: 40.7%, and mood stabilizers: 70.5%.

Conclusions Intellectually disabled patients from our sample showed high comorbidity with psychotic disorders, were highly medicated and often exhibited aggressive behavior.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV0602

Effect of chronic exposure of Losartan in mouse prenatal alcohol exposure (PAE) model

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Background and aims Foetal alcohol syndrome (FAS) is a condition that currently affects 1% of babies born in Europe and North America. It is characterised by memory impairment, developmental delay and distinctive facial features. This research uses a mouse prenatal alcohol exposure (PAE) model to explore the effects of PAE on learning, memory and to explore the potentially beneficial effects of common drugs previously shown to have cognitive enhancing effects in both humans and animals.
Methods Sixty mice ($M = 30$ $F = 30$) C57 mice were exposed to 5% ethanol throughout pregnancy. After weaning the offspring received Losartan (10 mg/kg) via their drinking water for 8 weeks. At 3 months, learning and memory was assessed using the novel object recognition paradigm.
Results PAE caused a significant decrease in offspring body weight. Treatment with Losartan caused no growth impairment or renal damage. Novel object recognition indicated that PAE caused male offspring to spend significantly less time exploring the novel object than controls and that treatment with Losartan had the effect of improving awareness of the novel object both in the control and alcohol group and decreasing anxiety ($P \leq 0.05$). A significant opposite effect was noticed in the female alcohol progeny when compared to the male alcohol progeny ($P \leq 0.05$). Losartan in female alcohol progeny had no effect on anxiety. Male control Losartan spent more time exploring the novel object than male alcohol Losartan ($P \leq 0.05$).
Conclusions Losartan had no deleterious effects on the development of the animals, and was able to improve learning and memory in control animals without effect in PAE mice.
Disclosure of interest The author has not supplied his declaration of competing interest.

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EV0603

Kleefstra syndrome: Considerations about treatment strategy in 2 patients with a causative Ehmt1 mutation and apathy

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Introduction Kleefstra syndrome [OMIM: 610253] is caused by a 9q34.3 micro-deletion or an intragenic mutation in the EHMT1 gene. Its core phenotype comprises intellectual disability, childhood hypotonia and distinct dysmorphisms. The syndrome can be associated with congenital anomalies, epilepsy, cardiac arrhythmias and a typical sleep pattern. Starting from adult age, a regressive phenotype may develop.
Objectives Further delineation of the neuropsychiatric phenotype.
Aims Formulating a comprehensive treatment approach.
Methods Detailed examination of two patients with EHMT1 mutation.
Results Patient 1, male aged 34 years, showed recurrent behavioral problems with aggression and self-injuries as well as obstipation. Elsewhere, a diagnosis of autism was established. Aged 24, he suffered from some epileptic seizures. Recently, paroxysmal atrial fibrillation was diagnosed. Neither treatment with pipamperone and risperidone nor with valproate was effective for behavioral control. Array analysis and metabolic screening did not reveal abnormalities. Whole exome sequencing revealed an intragenic EHMT1 mutation. Patient 2, female aged 53 years, was known with childhood epilepsy and developed gradual decline of general functioning with motor slowing from her third decade. In her thirties, a mood/anxiety disorder was suspected for which several antidepressants were given without any effect. Array analysis was normal. A pathogenic nucleotide deletion was identified resulting in a frame-shift in exon 21 of the EHMT1 gene. In both patients marked apathy was observed (AES = 62 and 64, respectively).
Conclusions Apathy syndrome in Kleefstra syndrome should be differentiated from depression and autism. Apart from treatment with selected psychotropics, individually targeted contextual measures should always be implemented.
Disclosure of interest The authors have not supplied their declaration of competing interest.

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e-Poster viewing: Mental health care

EV0604

Innovative home based assertive outreach service for treatment of schizophrenia in Larkano, Pakistan (SOUL): Programme implementation and outcomes at the end of five years

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Introduction There is a significant service gap in provision of essential treatment to patients with severe mental disorders in low-income countries, which leads to increased mental health disability and bigger disease burden on the families and society. The SOUL programme is a first of its kind in the country, which utilizes assertively engaging patients at their homes.
Objectives The key objectives are early recognition, treatment and psychosocial support to patients with the diagnosis of schizophrenia. Additional objectives include social recovery of the patients, psycho education to family members and generating clinical and functional outcomes.
Methods Programme design developed by host psychiatry department through stakeholder consultation. Training was undertaken for programme team and included training on use of outcome measures namely Brief Psychiatric Rating Scale (BPRS), Clinical Global Impression (CGI) and Global Assessment of Functioning (GAF). Hosting carers and families meetings on regular intervals serve the purpose of family psycho-education and receiving informal feedback about the service.
Results Preliminary findings on clinical and functional outcomes of cohort of 125 patients recruited over continual basis over 5 years are presented. Complex community intervention shows significant change in all outcome scales (with good effect size) with before and after analysis at one year. The programme demonstrated excellent engagement with patients and very low dropout rate.
Conclusions Low cost community intervention involving trained doctor and psychiatric nurses working under close supervision of a