

Many families have been displaced and their children forced into the streets. However, little is known about mental health among the street working children in this region.

**Objectives:** To explore mental health and trauma among street working boys in Duhok.

**Methods:** A cross sectional study was conducted on street working boys (n=100), eight to 16 years old in Duhok. A control group of age-matched school boys (n=100) were recruited. The Child Behaviour Checklist 6-18 was used for assessment of the children’s competences and behavioural problems. Mental disorders were assessed by using the Mini-International Neuropsychiatric Interview for Children and Adolescence. Experienced trauma was assessed by the Harvard-Uppsala Trauma Questionnaire for Children.

**Results:** Sixty-one percent of the street working boys had at least one psychiatric disorder (57 % anxiety disorders). Street working boys reported more traumatic events than school boys, 96% vs 64% ( $X^2= 32, p < 0.001$ ), the largest effect size was found for torture (OR 28.4) and the smallest effect size for maltreatment or assault (OR 2.7). Also, they reported higher levels of internalising symptoms, T-score 59.4 (8.2). There was a significantly increased risk of more externalising symptoms with increasing working hours, OR 2.90 [95% CI 1.02; 8.29].

**Conclusions:** Internalizing symptoms, anxiety disorders and trauma were more common in street working boys compared to school boys. More working hours increased the risk for more externalising symptoms.

**Disclosure:** No significant relationships.

**Keywords:** mental health; street working boys; trauma

**EPV0084**

**Clinical features of bipolar disorder in adolescents with intellectual disability**

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doi: 10.1192/j.eurpsy.2021.1692

**Introduction:** Bipolar disorder in children and adolescents is distinguished by a variable and complex clinical expression. Mood is difficult to assess, mood symptoms are often masked and signs of disorganization may be in the limelight. This can be more difficult when adolescents have intellectual disability (ID).

**Objectives:** This work aims to describe diagnostical and therapeutic features of bipolar disorder in adolescents with ID.

**Methods:** Case reports about five patients who have been diagnosed with bipolar disorder associated to ID, all seen and treated in child and adolescent psychiatry department of Razi Hospital, in Tunis.

**Results:** The study focused on three girls and two boys, all with mild to moderate ID. Four patients had psychiatric family history of bipolar disorder and ID. Only one patient was followed since childhood for mixed ADHD. The average age of onset of bipolar disorder was 14 years. Four cases were inaugurated by manic access; the fifth was a depressive disorder followed by a manic shift under sertraline. Only one case was rapidly favorable, under 10mg of Olanzapine, without any recurrence or relapse during 18 months of follow-up. Another case was slower but also favorable, under 10mg of Olanzapine. We found resistance to usual treatments for 2 patients;

these did not evolve well under conventional thymoregulators, or different antipsychotic molecules, nor with combinations of two thymoregulators + an antipsychotic. One of them benefited from a combination of clozapine and lithium with excellent response.

**Conclusions:** Bipolar disorder comorbid with ID in adolescents is a difficult diagnostic entity and particularly hard to manage.

**Disclosure:** No significant relationships.

**EPV0085**

**The prevalence of conduct disorders among young people in europe: A systematic review and meta-analysis**

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doi: 10.1192/j.eurpsy.2021.1693

**Introduction:** This systematic review estimates the pooled prevalence (PP) of Conduct Disorder (CD) among 5-to-18-year-old YP living in Europe, based on prevalence rates established in the last five years (LFY).

**Objectives:** Trends of prevalence rates across countries, gender and level of education were analysed. The random effects pooled prevalence rate (REPPR) for CD was calculated.

**Methods:** A search strategy was conducted on three databases. Studies were also identified from reference lists and grey literature. Eligible studies were evaluated for reliability, validity and bias, and REPPRs were calculated.

**Results:** The European REPPR for CD is calculated at 1.5% (Figure1). The REPPR among males is 1.8% whereas the rate

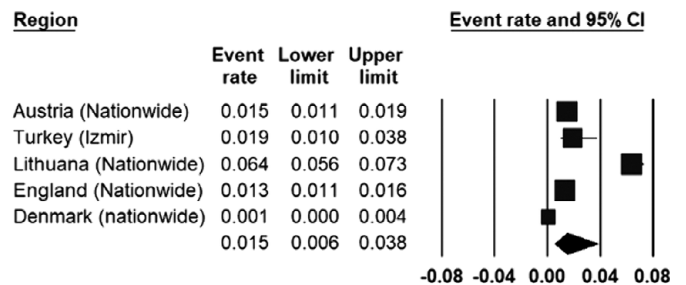


Figure 1: Forest plot showing the prevalence rates of conduct disorder

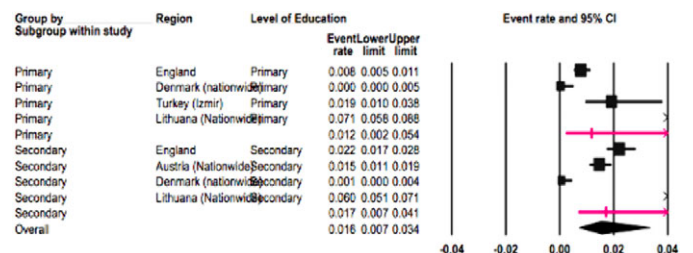


Figure 2: Forest plot showing the prevalence rates of conduct disorder with level of education as the unit of analysis.