

adolescents and young adults. This can have a negative impact on their psychosocial well-being.

**Objectives:** To investigate the relationship between cyber victimization, depression, and suicide, identifying risk factors, prevention and intervention strategies through an case report.

**Methods:** We report the clinical case of a 16-year-old Tunisian man who developed a depressive disorder after being cyber-victimized. We also conducted a literature review in PubMed database keywords: depression, suicide, cybervictimisation, adolescents to identify risk factors, prevention and intervention strategies.

**Results:** The adolescent was a member of a youth group called The Gung, which organized climbing challenges that were then broadcast on Facebook. He was the victim of cyberbullying after failing a challenge that was broadcast live. As a result, he was rejected by his group of friends and subjected to death threats and bullying. A clinical examination revealed major depressive disorder, low self-esteem, and low self-assertion. The patient was treated with a combination of medication and psychotherapy, and he had a good outcome with social and educational reintegration.

Several studies have found that cyber victimization is associated with depressive disorders, anxiety disorders, and suicidal behavior among youth. Several risk factors have been identified, including low socioeconomic status, disrupted family dynamics, low self-esteem, and psychiatric disorders. Prevention and intervention strategies involve families, educational institutions, civil society, and health professionals.

**Conclusions:** The seriousness of cyber victimization among youth is undeniable. Early and personalized intervention is necessary to prevent suicidal behavior and restore the well-being of adolescents.

**Disclosure of Interest:** None Declared

## EPV0155

### ADHD: Development of a printable poster for parents, teachers and healthcare professionals

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**Introduction:** ADHD is a very frequent reason for consultation in child psychiatry. It affects 2.5% of children and 5% of adults. Diagnosis is clinical. Treatment is based on medication combined with psychosocial interventions.

**Objectives:** Develop an ADHD guide for caregivers.

**Methods:** We carried out a literature review covering the last 5 years using the google scholar and pubmed search engines, including the key words ADHD, in order to produce a printable guide for caregivers working with children, in particular school teachers and healthcare personnel.

**Results:** Attention deficit hyperactivity disorder (ADHD) is a neurodevelopmental disorder affecting 5% of school-age children. It is characterized by abnormally high levels of developmental inattention, hyperactivity and impulsivity, leading to impaired personal, social, academic or occupational functioning. Because of its pervasiveness, ADHD can interfere negatively with general well-being, as well as with social life, academic performance and the development of social skills, which can lead to low self-esteem.

ADHD has multiple etiologies. It is thought to be due to a complex interaction between genes and environment. In fact, genetic vulnerability predisposes to the disorder which, under the influence of an unfavorable environment, expresses itself in clinical symptoms represented by 2 dimensions: inattention, hyperactivity and impulsivity. Diagnosis is essentially clinical, and treatment is based on medication combined with psychosocial interventions.

**Conclusions:** ADHD is one of the most frequently encountered disorders in general practice, pediatrics and child psychiatry. Early recognition of the disorder enables appropriate management, while limiting the impact of the disease on the functioning of the young person and his or her family.

**Disclosure of Interest:** None Declared

## EPV0157

### Assessment of Sleep Habits and Problems in Children Aged 7 to 10: An Observational Study.

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**Introduction:** Appropriate sleep habits play a pivotal role in the physical and psychological development of children. However, sleep deprivation or sleep problems can have a significant impact on children's mental health and daily functioning. This study investigates the sleep habits and problems in children aged 7 to 10 who attend the Child and Adolescent Psychiatry Service at CHTMAD, Vila Real, Portugal.

**Objectives:** The primary objective of this study is to assess the sleep habits and problems in children aged 7 to 10, aiming to establish data that can guide the development, implementation, and reevaluation of future interventions tailored to this age group.

**Methods:** This study is observational in nature and involved the participation of 21 patients from the Child and Adolescent Psychiatry Service at CHTMAD, Vila Real, Portugal, throughout the year 2022. Questionnaires related to sleep habits were administered to this population. Parents were invited to complete the Children's Sleep Habit Questionnaire (adapted from the Children's Sleep Habit Questionnaire by Prof. Owens, 2000), while the children (patients) were asked to fill out the Sleep Self Report-PT (adapted from Owens 2000 Research Version) and the Strengths and Difficulties Questionnaire (SDQ-Por, by Robert Goodman, 2005).

**Results:** As of now, the results of this study are still being processed. The data collected from the questionnaires will be analyzed to gain insights into the sleep habits and issues of children aged 7 to 10 years attending the Child and Adolescent Psychiatry Service in Vila Real, Portugal. Findings will be discussed, and any significant observations or trends will be highlighted.

**Conclusions:** This research aims to provide valuable insights into the sleep patterns and problems experienced by children in the specified age group. By understanding these issues, we can develop and implement targeted interventions to improve sleep quality and overall mental well-being. The conclusions drawn from this study will contribute to the development of evidence-based strategies for enhancing the sleep health of children in the Child and Adolescent Psychiatry Service at CHTMAD, Vila Real, Portugal.

**Disclosure of Interest:** None Declared