

white matter microstructure in children with SPD. Despite these findings SPD need to be further studied.

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#### EW0327

### Altered puberty timing in recent decades: Implications for adolescence-onset conduct disorder

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*Introduction* In industrialised countries, the age of puberty onset has substantially diminished over the last 150 years. Several factors, like improved nutrition and health care have contributed to this, but there are concerns about other factors, like obesity, levels of divorce and chemicals. There is an association between early puberty and externalizing disorders in both girls and boys.

*Aim* To describe trends in advanced puberty timing and adolescence-onset conduct disorder (CD), analyse if an association exists between both and evaluate which measures can be taken to prevent youth from antisocial activities during adolescence.

*Method* A systematic literature review using Medline, Embase and Psycinfo Databases.

*Results* Family break-up and increased stress are risk factors for adolescence-onset conduct disorder. Obesity is associated with low SES families, so prevention campaigns giving advice on healthy nutrition may be beneficial. On the general level, there is no clear positive correlation between adolescence-onset CD and early puberty over the last decades as numbers of CD are decreasing.

*Conclusion* Potential mental health gains can be obtained to focus on children with multiple risk factors for early puberty. More research is needed to assess, which interventions (diet, advice on body changes, social expectations, etc.) are most useful.

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#### EW0328

### Onset paranoid symptoms in depressive and non-depressive middle adolescence sample: School-based preliminary study from Croatia

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*Introduction* There is a lack of epidemiological evidence on the prevalence and incidence of mental health disorders in adolescence in Croatia. Depressive disorder and paranoid symptoms have been demonstrated to be closely related in adult community samples or patients with adult depression. The present study used a cross-sectional design to evaluate a sample of Croatian adolescents.

*Objectives* Examine the prevalence of paranoid symptoms in adolescents attending grammar school as a preliminary study of clinical characteristic of depression in adolescence.

*Methods* A sample of 450 individuals, average age 15.7 (SD=0.45); female 232 (51.6%), male 218 (48.4%). The screening was followed by the use of a structured psychiatric interview (HAMD-21), which was administered to confirm the presence or absence of depression disorder. Item paranoid symptoms were administered to evaluate the level OD symptoms (0–none;

1–suspicious; 2–ideas of reference; 3–delusions of reference and persecutions).

*Results* A total of 450 participants were screened, using HAMD-21, paranoid symptoms occurred (44.9%). Depressed adolescents: moderate, severe and very severe, defined as more than 14 points in HAMD-21 presented paranoid symptoms 68.1%, and non-depressed 32.2%.

*Conclusion* The depressive group displayed more frequent and intense paranoid symptoms than the control group ( $P < 0.001$ ). Among non-depressed the incidence of paranoid symptoms is a surprisingly high. This could be the consequences of the war in Croatia, transition, as well as the influence of social networks on adolescent communication. This requires future studies.

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#### EW0329

### Relationship between early maladaptive schemes and traumatic childhood experiences with suicidal behavior in adults

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Exposure to traumatic events in childhood is associated with suicidal behavior in adulthood, in the form of ideas, attempted or completed suicide. The abuse causes impaired cognitive schemes in the attachment figure, abandonment, mistrust and vulnerability to damage. The literature has demonstrated the dose–response relationship between a traumatic event in childhood and the development of mental disorders and the possibility of suicidal behavior. In addition, abuse is transmitted through the generations along with another factor of suicidal vulnerability (family history of suicide). Abuse in childhood is associated with depression, anxiety, antisocial behavior or substance. In fact, in investigations is suggested the vulnerability to any psychopathological disease. A history of suicidal behavior increases the risk for these children. Since child abuse increases suicidal behavior, we can find families in which coexists history of suicidal behavior and child abuse. The high prevalence of abuse and vulnerability neurodevelopmental leads us to consider a plan of action for this population. Rejection and/or contempt suffered in a developing brain might be related to subsequent alterations in emotional regulation or impulsivity. For these associations should conduct a more thorough screening in children's consultations to address this issue. It is very important to approach about cognitive schemes that subsequently repeated dysfunctional acts. Impulsive or unstable behavior could be reduced. This would decrease the consequences that these children have in adulthood.

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#### EW0330

### Executive functioning impairments in adolescents with early diagnosis of obsessive compulsive disorder

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Despite the neuropsychology literature provide reliable evidence of impaired executive functions in obsessive-compulsive disorder (OCD), it has not been determined whether these deficits are prior to onset of the disorder or they begin to appear as consequence. To investigate whether recent onset of OCD in ado-