

among females is 1.0% (Figure 2). The prevalence rate of CD in primary school children is 1.4 times lower than the prevalence of secondary school children.

**Conclusions:** Gender, culture and socioeconomic inequality may contribute towards diagnostic inequality and prevalence differences. It is recommended that these aspects are addressed, and routine screening and early intervention services are developed.

**Disclosure:** No significant relationships.

**Keywords:** Child; adolescent; Conduct; prevalence

## EPV0087

### Testing the clinical application of the child psychosis-risk screening system (CPSS)

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**Introduction:** Children in a prodromal state manifesting as truancy or social isolation (hikikomori) often complain of problems that are physical in nature and are subject to significant changes. We developed the Child Psychosis-Risk Screening System (CPSS) that incorporates childhood psycho-behavioral characteristics revealed through a retrospective survey of schizophrenia patients into its algorithm.

**Objectives:** Our research aimed to test the risk identification of pediatric and psychiatric clinic outpatients using the CPSS.

**Methods:** We conducted an epidemiological study involving 204 outpatients between the ages of 6 and 14 years who had been examined at a pediatric or psychiatric clinic using the CBCL and clinical data from medical charts. Logistic regression analysis and T-tests were performed using each clinical data variable to clarify the risk of the CPSS calculated from the CBCL data and contributing factors.

**Results:** The results of the logistic regression analysis demonstrated that the diagnostic category (physical illness or DSM-5 diagnosis) and chief complaint did not contribute to differentiate between the high-risk and low-risk groups. Meanwhile, the environmental factors of "abuse" and "social isolation" did contribute to the discrimination of the two groups.

**Conclusions:** The fact that the diagnostic category during childhood does not contribute to the discrimination of the high-risk group warrants attention. It is possible that the high-risk group only had a latent endophenotype that had not yet manifested during this period. The factors suggested to have an association with the high-risk group may be reflecting activators and the dynamic state of the critical period for psychosis.

**Disclosure:** No significant relationships.

**Keywords:** schizophrenia; prodromal state; Screening; CBCL

## EPV0088

### The relationship between comorbid overweight-obesity and cold executive functions, verbal short-term memory, and learning in attention deficit hyperactivity disorder

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**Introduction:** Attention deficit hyperactivity disorder (ADHD) is the most common neurodevelopmental disorder in childhood. ADHD is a risk factor for the development of overweight and obesity. One neuropsychological factor that may play a prominent role in the relationship between ADHD and obesity is executive functioning.

**Objectives:** The aim of this study is to investigate the relationship between comorbid obesity/overweight and cold executive functions, verbal short-term memory, and learning in children with ADHD. This is the first study to examine relationship between verbal short-term memory-learning and obesity in patients with ADHD.

**Methods:** This study was conducted with 70 patients with ADHD and 30 healthy controls. In this study, patients diagnosed with ADHD were divided into two groups according to body mass index (BMI) as <85 percentile and ≥85 percentile. Cold executive functions were evaluated by Stroop Test (ST) and Cancellation Test (CT). Serial Digit Learning Test (SDLT) was administered to measure verbal short-term memory and learning capacity. In order to evaluate the severity of ADHD objectively, parents completed the Conners' Parents Rating Scale-Revised Short Version (CPRS-RS).

**Results:** The ST, SDLT and CT scores were significantly lower in both groups with ADHD than the control group. The CPRS-RS subscale scores were significantly higher in both groups with ADHD than the control group. There was no statistically significant difference in ST, SDLT, CT scores and CPRS-RS subscale scores between the two groups with ADHD.

**Conclusions:** This study shows that overweight/obesity comorbid with ADHD was not associated with cold executive functions, verbal short-term memory, learning, or ADHD symptom severity.

**Disclosure:** No significant relationships.

**Keywords:** Executive functions; obesity; learning; attention deficit hyperactivity disorder

## EPV0089

### Behavior problems associated with brain heterotopia

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