

diagnostic criteria of DSM-III/DSM-IV/DSM-V or ICD-10. The search was organized in chronological order by selecting studies published in the time period before, during and after the pandemic.

Results: Parents of children with ADHD tend to use inappropriate parenting styles, they are more disapproving, critical and exhibit poorer monitoring and more corporal punishment than parents of children without ADHD who try to control disruptive behaviors. These parenting styles can affect the course of the disease, worsen its manifestations and cause the secondary development of psychiatric and maladaptive behaviors. In some of the studies, during the outbreak of the COVID-19 pandemic, is observed a high prevalence of depressive symptoms (62.5%) among caregivers, while 20.5% and 36.4% indicated anxiety and stress symptoms, respectively. Some parents reported deterioration of general well-being in their children and this manifested as oppositional/defiant attitudes and emotional outbursts, sleep problems and anxiety in this context.

Conclusions: The pandemic has had psychological influences on parents with ADHD that affected their children's compliance with the medication and, consequently worsened their symptomatology. Society can be exposed to chronic stressors like Covid-19 anytime soon, so the main focus must be identifying needs to inform future interventions designed to support parents and ultimately their children. Psychoeducation of parents should be promoted in order to cope with the symptomatology of ADHD in the field of normality or under a chronic stressor.

Disclosure of Interest: None Declared

EPV0176

Prevalence and comorbidities of disruptive mood dysregulation disorder

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doi: 10.1192/j.eurpsy.2024.948

Introduction: Following the release of DSM-5 in 2013, a newly introduced diagnostic category emerged in psychiatric classification—the disruptive mood dysregulation disorder (DMDD). DMDD is a depressive disorder that begins in childhood and is marked by a consistently irritable or angry mood, frequently accompanied by temper outbursts that are notably severe.

Objectives: It is to study the prevalence and comorbidities of DMDD in Morocco, specifically at Arrazi University Psychiatric Hospital

Methods: Data were collected from youths aged 6 to 18 years who underwent a systematic assessment of symptoms. This assessment was extended to all patients consulting at Arrazi Hospital in Salé within the pediatric department over a period of four months (sample accrued from July 2023 to October 2023). The diagnosis of DMDD was established utilizing the diagnostic criteria outlined in DSM-5

Results: About 31% of the young participants met the operational criteria for DMDD. Those with DMDD exhibited increased comorbidity rates with attention-deficit/hyperactivity disorder (ADHD), another Depressive disorder and conduct disorder compared to those without DMDD. Additionally, they displayed elevated symptoms of aggressive behavior, rule-breaking, social issues, anxiety/depression, attention problems, and thought problems in comparison to all other participants without DMDD. It's noteworthy that youth with DMDD presented with at least one psychiatric comorbidity.

Conclusions: Given that DMDD is accompanied by other comorbid psychiatric disorders, particularly depression and anxiety, and appears to impact familial and occupational status in adulthood, the early detection and subsequent effective treatment of DMDD symptoms are of utmost importance.

Disclosure of Interest: None Declared

EPV0177

Attentional Bias to Angry Faces: Contrasting Responses in Typically Developing Children and Children with Autism Spectrum Disorder

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doi: 10.1192/j.eurpsy.2024.949

Introduction: Human faces generally attract immediate attention. However, it has been found that children with autism spectrum disorder (ASD) tend to allocate relatively less attention to faces. Previous research showed that typically developing children (TD) exhibited an attentional bias to angry faces, regardless of their anxiety levels, but it's unclear if this applies to children with ASD. Therefore, the present study aims to investigate attentional bias induced by angry and/or happy faces in children with ASD.

Objectives: We explored attentional bias toward angry faces in both TD children and children with ASD. We hypothesize that while TD children will show attentional capture effects in response to angry faces, children with ASD will not exhibit such attentional bias to facial stimuli, irrespective of their emotional content.

Methods: By now, five ASD participants (all male) and 34 TD participants (17 male), aged 6-12, have completed a continuous performance task. In this task, irrelevant distractors (angry or happy faces) appeared and disappeared abruptly, while the orientation of the target changed every 1,250 ms. Participants were asked to respond as quickly and accurately as possible to the orientation of the target. We designated the time when the distractor first appeared as T1, and subsequent time intervals at 1,250 ms increments were labeled as T2, T3, and T4. The time intervals when no distractor was present were labeled as TB (baseline). If the reaction time (RT) at T1 was significantly slower compared to TB, it indicated attentional bias by the distractor.

Results: For the RT data, separate repeated measures ANOVAs with 2 (emotion) * 5 (time) factors were conducted for each group. The results revealed a significant main effect of time ($F(4, 132) = 17.59, p < .01$) and a significant interaction between emotion and time ($F(3.27, 107.74) = 4.92, p < .01$) only in TD. Post hoc t-tests indicated that TD children exhibited significantly slower RT at T1 compared to TB, but this difference was observed only for angry faces ($t(33) = 4.84, p < .01$). In contrast, no significant effect was found in children with ASD. In other words, TD demonstrated attentional bias only when exposed to angry faces, while ASD children did not exhibit attentional bias to either emotion.

Conclusions: This study aimed to investigate attentional bias to angry faces in both TD and ASD children. The results indicate that TD children exhibited an attentional bias when exposed to angry faces, whereas ASD children did not display such bias. These findings are consistent with previous research suggesting that TD

children tend to show attentional bias towards angry faces, regardless of their anxiety levels. Furthermore, the absence of attentional bias to angry faces in ASD suggests that their characteristic of reduced attention to faces may contribute to the lack of attentional bias towards angry faces.

Disclosure of Interest: None Declared

EPV0179

Attitudes on pharmacotherapy among parents of children with autism spectrum disorders

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doi: 10.1192/j.eurpsy.2024.950

Introduction: Parent-mediated interventions for children with autism spectrum disorder (ASD) have been recognized as very valuable (1). There is a significant effect of parental attitudes towards treatment on treatment outcomes (2).

Objectives: To evaluate parental attitudes and need for professional support regarding pharmacological treatment of children with ASD.

Methods: We interviewed 67 parents (83.6% mothers) of children with ASD who are regularly treated at our institution. We created a questionnaire with sociodemographic information, clinical characteristics of the child, and parental experience/attitudes on pharmacological treatment.

Results: The average child age was 20.06±4.43; 80.6% were male. The child clinical characteristics and parental sociodemographics are shown Table 1.

Table 1. Clinical characteristics of children with ASD/parental sociodemographics

Clinical characteristics – children	N	Valid %	X	SD
Speech - 4 words or more	35	52.2		
Epilepsy	13	19.4		
Intellectual disability	21	31.3		
Parental sociodemographics				
Current age of parent (informant)			50.93	6.91
Parent (informant) education				
Primary and secondary school	25	37.3		
Attended/finished university or postgraduate degree	42	62.7		
Parent (non-informant) education				
Primary and secondary school	31	47		
Attended/finished university or postgraduate degree	35	53		

Parental attitudes and feelings when child is treated with medication are shown in Graph 1.

Graph 1. Parental attitudes on medication

We also examined what would help parents in reaching the decision on pharmacotherapy for their children (the results shown in Graph 2).

Graph 2. Parental need of support for decision on medication

In our further analysis, it was shown that the feeling of guilt and helplessness was significantly more present in parents who feared side-effects of medication (p=0.016 and p<0.001, respectively).

Image:

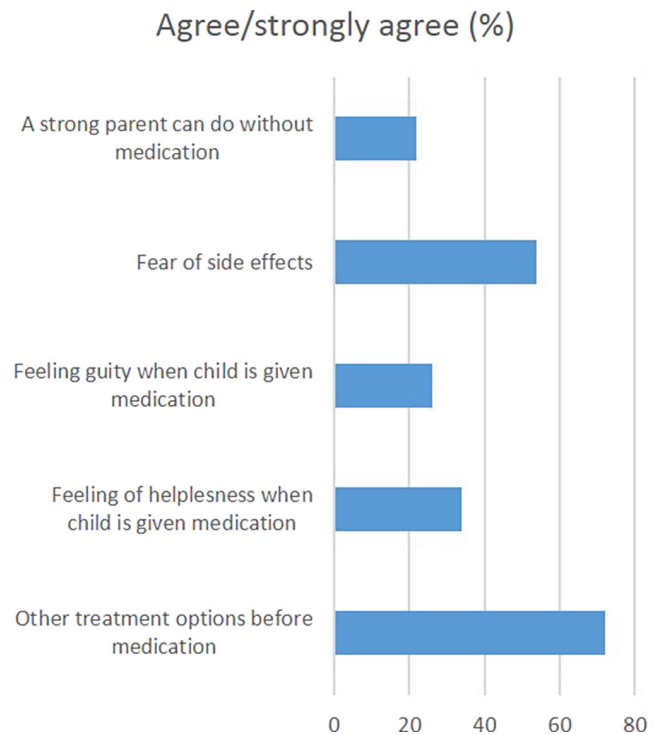


Image 2:

