chotropic medications to people with ID without a mental disorder to manage their behaviors. There are significant strains on mental health services to manage people with ID and CB. This presentation discusses. Describe people with CB and ID and their characteristics including mental disorder, use of psychotropic medications, socio demographic factors and financial costs to look after them. Social and health care approach to look after people with CB in the UK, Challenges to develop services for people with CB in ID in Germany and Poland. Do we need specialist services for people with ID and CB? Pros and cons.

Disclosure of interest COI: Bhathika Perera, I have received travel grants from pharmaceutical companies to attend ADHD conferences and I have been a speaker at pharmaceutical company sponsored events on ADHD.

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EV0599

Descriptive study of people, with intellectual disability, presenting with challenging behavior in north London, UK

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Prevalence of intellectual disability (ID) ranges from 0.05 to 1.55%. A total of 10–15% of the people with ID present with challenging behaviour (CB). This causes a significant strain on mental health services. People with ID often end up staying in psychiatric inpatient units for longer periods. Most people with ID move out of their family home to various care settings due to severity of their behavioural difficulties. This descriptive study shows characteristic features of people with ID and CB and financial costs to look after them in the community. This study highlights the importance to improve services to manage challenging behaviour, which may lead to better quality of life to the person with CB and reduction in financial pressures.

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EV0600

An evidenced based checklist to support anti-dementia medication withdrawal in people with down syndrome (DS), intellectual disability (Id) and dementia

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DS with aging is associated with greatly increased risk of developing dementia similar to Alzheimer's. Anti-dementia drug discontinuation is recommended when clinical benefit is not determined. In DS it is more complex as medication ill effects of stopping needs to be weighed in balance to extraneous processes such as environment changes, sensory impediments and physical ill health and natural progression of dementia.

Aim Can identified risk factors extracted from a comprehensive literature review be developed into an evidence based check list to support risk minimized person centered withdrawal of anti-dementia drugs when considered not to be efficacious in DS?

Method A detailed literature review using Medline, PsychInfo, Cinahl and Embase with relevant search terms in various permutations and combinations without any date limit enquiring current evidence base on anti-dementia medication withdrawal was conducted. The review also looked to extract the common risk factors in stopping medication. All risk factors were collated, reviewed by a focus group of experts, developed into a checklist.

Results Thirty abstracts were obtained following the search. Six papers were short-listed. No papers identified a structured approach to medication reduction. An 18-factor checklist was applied prospectively to 30 cases. The checklist was sensitive to identify change to guide clinical decision-making.

Conclusions Currently, decision to peg medication withdrawal risk is arbitrary and clinical in dementia especially in DS dementia. The evidenced based developed checklist is useful to support and structure clinical decisions. It helps clinicians and patients to focus on promoting safety, reduce harm and guide treatment.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV0601

Descriptive study of patients with intellectual disability attended in a community mental health care center

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Introduction The rate of mental illness among people with intellectual disability is at least 2.5 times higher than in the general population [1].

Objective To describe the clinical and sociodemographic characteristics of all patients with intellectual disability treated in a community mental health care center (CMH) located in a city of 120,000 inhabitants on the outskirts of Barcelona with a high poverty index.

Methods Documents and patient records were reviewed. Clinical, sociodemographic and other treatment data of patients with intellectual disability treated at the CMH were collected.

Results The sample consisted of 118 patients. Mean age: 39.5 (SD: 15), 54% men. 92% single and 23.7% legally incapacitated. 46.6% never completed basic education and 44.1% completed primary school. Employment status: 14.4% unemployed, 14.4% currently active, and 50% pensioned. Patients living mainly with their family (parents:) 86%. 68.6% of patients showed aggressive behavior, but the rate of hospital psychiatric admissions was low (mean: 1.1 (SD: 2.3)). Organic comorbidity: 44.9%. Functionality measured with GAF mean: 45 (SD: 12). Level of intellectual disability was mostly mild (62%). Psychiatric diagnoses were: psychotic disorders: 49.25%, affective disorders: 6.8%, personality disorder: 3.4%, Obsessive-compulsive disorder: 3.4%, autism: 11.9% and other diagnoses: 37.3%. Patients treated with antipsychotics: 78.8%, anti-depressants: 40.7%, and mood stabilizers: 70.5%.

Conclusions Intellectually disabled patients from our sample showed high comorbidity with psychotic disorders, were highly medicated and often exhibited aggressive behavior.

Disclosure of interest The authors have not supplied their declaration of competing interest.