

## EV217

### Educating, implementing and auditing nice standards for bipolar disorder

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**Introduction** The National Institute for Health and Care Excellence (NICE) sets standards of clinical practice in the UK. An extensive update on guidance regarding bipolar disorder was released in September 2014. Practitioners face the challenge of translating this guidance into practice. NICE suggests that interventions might be better delivered by bipolar specialist clinics. Updated NICE standards were integrated into a Bipolar Clinical Effective Practice Screen (BICEPS), allowing existing community psychiatric teams to deliver these revised clinical standards in bipolar care.

**Purpose** To assess the effectiveness of the BICEPS in delivering interventions aligned with NICE clinical standards.

**Method** Three psychiatric community teams were audited; two teams (1 and 2) used the BICEPS to support their interventions whilst a third team provided management as usual. Team 1 was previously familiarized with the concept.

**Results** Table 1.

**Conclusion** The teams using BICEPS show better concordance to NICE standards. Superior outcomes by the team previously acquainted with the concept suggest longer-term benefits and adaptability. Using BICEPS may offer a cheaper alternative to developing specialist clinics.

Table 1

	Team 1 (familiar with concept), n = 47	Team 2 (newly adopted), n = 16	Team 3 (control), n = 13
Information sharing with carer	44/47	6/16	4/13
In mania/hypomania			
Offering recommended medication	4/4	9/10	4/5
Consideration of removing antidepressant	1/1	2/4	0/1
Checking lithium levels in			
Mania/hypomania	2/2	4/4	N/A
Depression	2/2	1/1	1/2
Offering recommended medication in depression	3/4	0/10	1/6
Psychological intervention	42/47	6/16	4/13
Long term use of lithium	40/47	6/16	3/13
Physical care monitored	47/47	7/16	8/13
Concordance average (%)	92	44	32

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

<http://dx.doi.org/10.1016/j.eurpsy.2016.01.1202>

## EV218

### Psychological experiences reported by offsprings of mothers with bipolar disorder: A clinical-qualitative study in a Brazilian university outpatient service

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**Introduction** Children of patients with bipolar disorder are at increased risk of developing psychopathology and psychosocial difficulties.

**Objectives** To understand the emotional experiences of adult children of mothers with bipolar disorder.

**Method** Qualitative study, using in-depth semi-directed interviews with open-ended questions, sample closed by saturation information criteria, content analysis, discussion under psychodynamic concepts.

**Results** From interviewees' reports, it can be seen that offspring's experiences emotional vulnerability, such as directions given by early exposure to self injurious behaviour, psychiatric hospitalizations, routine absences from home and consequent perception of helplessness, especially in periods of the mother's crisis. The findings suggest that for the children the insecurity to assume the precociously inverted responsibility regarding the need of care to mother seems to experience by them as an entrapment to the care of the mother, for the effort they make to keep them alive, with an emotional burden due to both impaired childhood and adolescent.

**Conclusion** It was analyzed the assumption that the evolution of reactive psychological stages regarding the mother affected by a mental illness marked by bipolarity manifestations, alternating with phases of the normality of psychic manifestations, would follow the evolution of the oscillating psychological stages of his/her own mother, which minimizes often both the disease and the treatment during the phases of remission of manifestations.

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

<http://dx.doi.org/10.1016/j.eurpsy.2016.01.1203>

## EV219

### Fecundity and bipolar spectrum disorder

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**Introduction** Fertility and fecundity are usually considered signs of social and emotional well-being. Bipolar disorder (BD) is a prevalent psychiatric disease that influences the individual's life style and behaviours. Some studies have addressed the issue of fecundity among women with bipolar disorder but few have focused on determining the differences between disease subtypes, which is expected, taking into account the studied differences in demographic measures.

**Objectives** To examine the fecundity of a population of women with bipolar disorder.

**Aim** The aim of this study is to compare the fecundity among women diagnosed with subtypes I to IV of BD, according to Akiskal's bipolar spectrum disorder classification.

**Methods** A total of 108 female outpatients were divided into four groups. We analyzed number of offspring and demographic

features between patients with different subtypes of BD using multivariate analyses.

**Results** Our results showed a significantly higher average number of children for BD IV patients when compared with BD I patients. Although not reaching statistical significance, BD I patients had less offspring than BD II and BD III patients. BD I patients had lower marriage rates compared to the other groups.

**Conclusions** Our results suggest that the subtype of bipolar disorder influences fecundity and behaviours, as is expressed by the lower number of marriages seen in BD I patients. We found that fecundity is significantly impaired among BD I patients, which may imply that female with more severe disorders are less likely to become parents. Fecundity is higher among BD IV patients, which makes a way to speculate about the adaptive role of hyperthymic temperamental traits.

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

<http://dx.doi.org/10.1016/j.eurpsy.2016.01.1204>

## Child and Adolescent Psychiatry

### EV221

#### The impact of illness variables of a sample of ADHD children on their parents

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**Introduction** The symptoms and behavior of children with ADHD impose demands and difficulties on part of their caring parents, which may cause the latter group to suffer psychological stress.

**Objectives** The study of the suffering and symptomatic expression of psychological stress in parents of children with ADHD.

**Aims** To study type and severity of symptoms in children with ADHD and the effect of that on the stress response of their parents.

**Methods** Thirty-seven children with ADHD diagnosed clinically and with Conner's Test were studied using Child Behavior Chick List (CBCL). Available parents for each child were interviewed and studied with Symptom Chick List 90 Revised (SCL90R). Two control groups were used for both ADHD children and their parents.

**Results** The mean age of the children with ADHD was  $7.1 \pm 1.6$ , they were 22 males and 15 females. Parents of these children scored highly on total and subscales of SCL90R, they were significantly higher than their control group on total and some of these subscales including somatization, interpersonal, depression, paranoid ideation and hostility domains. Depression and paranoid ideation of ADHD children parents were positively and significantly correlated with most of the sub-items of Conner's test of their children. In addition, somatization, depression and hostility of parents were positively and significantly correlated with most of the sub-items of CBCL of their ADHD children.

**Conclusions** The symptoms, behavior and severity of illness of children with ADHD have a great impact on their parents' psychological state of suffering and stress.

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

<http://dx.doi.org/10.1016/j.eurpsy.2016.01.1206>

### EV223

#### Mental health care to children and adolescents

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Unit Mental Health Day Hospital Child and youthful, is a device of tertiary health care, integrated into the UGC Mental Health, led to intensive treatment of children and young people in the province of Huelva, with severe mental illness and who need specialized medical care.

To first access to this unit, the person should be referred for specialized Pediatrics; by your psychiatrist or psychologist benchmark for mental health teams; or from the Hospitalization Unit, as it is a third-level device.

When a patient was diagnosed with eating behavior disorder (TCA) is derived, an initial consultation with the child and parents, a first psychiatric evaluation, also by nutritional and Endocrinology Nursing is performed. After evaluation of these professionals, you can take the decision to begin an intensive outpatient treatment in which the patient would have frequent consultations with the psychiatrist, the nurse and endocrine.

They may also decide inpatient hospitalization and this could be partial, to be held in the Day Hospital; or all, if the patient is under 14 years and hospitalization for psychiatric criteria indicated; the patient would enter Pediatrics. If he is over 14 years old, would join Hospitalization Unit.

In Child and Adolescent Hospitalization Unit of Huelva patient it is included in a specific program for TCA where a psychiatric, endocrine, educational approach in the classroom is done. Coordination meetings with education, social services and early care centers that are also in contact with that child are also conducted.

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

<http://dx.doi.org/10.1016/j.eurpsy.2016.01.1208>

### EV224

#### Learning disorders and ADHD

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The term learning disorders alludes to problems in reading, calculate, writing and spelling. The prevalence of these disorders ranges from 5 to 15 percent of all the children in school age. As for sex distribution, men tend to have these problems often than women. This summary is about a 9-year-old male with multiple eye tics and suspected of having ADHD. He was referred by her general pediatrician. The patient did not have a history of mental illness, although he had a diagnosis of migraines.

J. is an only child, who lives with his parents in a district of the city of Huelva, where he was born. His psychomotor and social developments are within normal limits. His parents define him as an introverted child, sensitive, with low self-esteem and very attached to his mother.

The patient has a history of underperforming at school since he was in third grade, without being associated with external factors. He is going to support classes since then. He was evaluated by the guidance team from his school and they decided to do a curricular adaptation for him. Currently, he is repeating 4th year and he is going to educational support.

The patient's assessment consisted in clinical interviews with the patient and their parents and the implementation of additional tests like WISC-IV, D2, CDI, TALE, SNAP IV and a review of his clinical report.