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Introduction: Suicide is the most terrible outcome of bipolar disorders (BD). It impacts families and healthcare professionals deeply. Family history of suicide (FHS) is one of its main risk factors, whereas lithium treatment and absence of substance use disorders (SUD) are two of its few modifiable protective factors.

Objectives: To explore the relationship between FHS and clinical characteristics in BD. We hypothesized that FHS would be associated with less SUD, higher rates of lithium treatment and shorter duration of untreated illness (DUI).

Methods: Cross-sectional analysis of subjects with BD followed-up in a specialised outpatient unit (Barcelona, October'08-March'18). We described data with measures of frequency, central tendency and dispersion, and we used χ^2 , Fisher's test and t-tests for comparisons.

Results: The sample consisted of 83 subjects, 56.6% males, mean age 41.9 years (SD 12.7). 74.7% (n=62) had a diagnosis of BD-I and 25.3% (n=21) of BD-II. 11 subjects (13.3%) had FHS. Those with FHS did not show significant differences in sociodemographic data, DUI (58.5+/-60.4 vs 38.19+/-84.9 months, p=0.341), lithium use (72.7% vs 73.6%, p=0.95) or SUD (27.3% vs 23.6%, p=0.79). There were differences in terms of lifetime suicide attempts (54.5% vs 20.8%, p=0.026), family history of mental disorders (100% vs 69.4%, n=0.032).

Conclusions: Contrary to our hypothesis, FHS was not associated with the modifiable protective factors against suicide (namely, less SUD and more lithium prescription). Similarly, we did not find an association with earlier access to mental health services at symptom onset (DUP as proxy). Therefore, our results suggest FHS does not modify attitudes towards prevention.

Disclosure: No significant relationships.

Keywords: Suicide; Lithium; bipolar disorders

Child and Adolescent Psychiatry 02

EPP0291

Personal and psychophysiological characteristics of the witness experience of cyberaggression in virtual reality

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Introduction: The integration of virtual reality into everyday life is changing sociocultural practices, including those related to cyberaggression, which causes negative consequences for mental health and well-being. Particular attention needs to be paid to the poorly researched but widespread roles of bystanders and defenders in cyberaggression (Machackova, 2020; Polanco-Levican, Salvo-Garrido, 2021).

Objectives: The aim is to study the behavioral witness strategies in cyberaggression in VR and their relation to personal and psychophysiological characteristics.

Methods: 50 adolescents aged 14-18 years old (50% female) witnessed cyberaggression in an experimental situation in the virtual space of VR-chat. Participants also filled Ten-Item Personality Inventory (Gosling et al., 2003; Egorova, Parshikova, 2016), I7-Impulsiveness (Eysenck, Eysenck, 1985; Kornilova, Dolnikova, 2011), Prosocial Behaviour (Furmanov, Kuhtova, 1998). To determine the functional state Heart rate variability (UPTF 1/30 Psychophysiological, Medicom) was measured before and after the experiment.

Results: Behavioral strategies in VR-aggression were divided into uninvolved bystanders (58%) and defenders (42%). All participants experienced stress and functional state decline when faced with cyberaggression, but the defenders were more affected (U=207, p<0.043). Defenders were more likely to have higher social responsibility (U=207, p<0.056) and lower neuroticism (U=208, p<0.054). There were no significant differences in impulsiveness.

Conclusions: Cyberaggression in a virtual environment is stressful, especially for active defenders, who are more included in the situation compared to passive bystanders. The prosocial role of a defender rather than a passive bystander may be related to such characteristics as social responsibility and emotional stability, but not to impulsiveness. The research was supported by RSF (project No. 18-18-00365)

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Keywords: neuroticism; heart rate variability; virtual reality; cyberaggression

EPP0292

Assessment the functioning and disability in children with mental disorders

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Introduction: Despite youth's high Global Burden of Disease there is a substantial service delivery gap between this population's urgent needs and their access to health services. Because attention has remained under-prioritized (Babatunde et al., 2019), youth typically do not receive the treatment they require, i.e., they present an unmet need (Barwick et al., 2013). This is particularly problematic given that untreated mental disorders (MD) are associated with short-term and long-term functional deterioration.

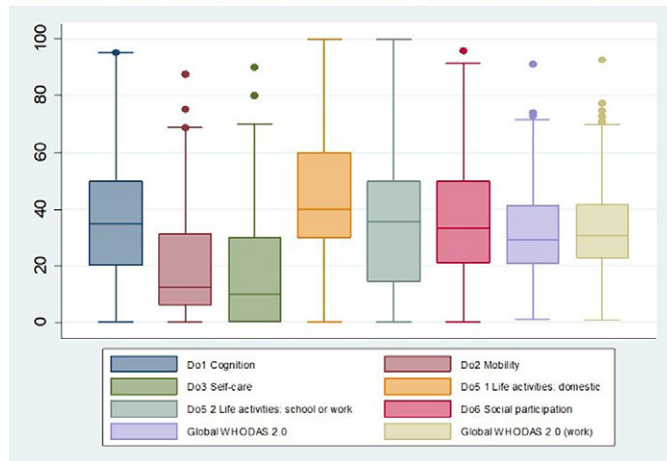
Objectives: To determine the level of functioning of children who receive mental healthcare in the selected psychiatric hospitals of Mexico.

Methods: A cross-sectional study was conducted during 2018-2020. Sample of children who received mental healthcare at the time of the study. Questionnaire for the evaluation of disability WHODAS 2.0 (World Health Organization-Disability Assessment Schedule) was applied. T test and analysis of variance were applied to know the differences of means of the variables and indicators.

Results: Sample (n= 397), 63% were boys. Mean (SD) for Age: 12 (3.6) and schooling: 5.8 (3.6). 51% (n =202) of children reported

having a generic diagnosis for hyperkinetic disorders and 34% depressive disorder. WHODAS scores: significant differences in the functioning domains (Do). Mean and (SD) for Do5 Life activities domestic: 45 (26.7); Do6 Social participation: 37 (20.6); and Do1 cognition: 36.6 (19.3). Figure 1.

Figure 1. Levels of functioning and disability of children with mental disorders, Mexico 2021.



Conclusions: The children with MD are more vulnerable due to the associated disability and it requires specific health interventions adapted to their mental health care needs. References: 1) Babatunde et al. (2021). *Glob.Soc.Welfare* 8, 29–46. 2) Barwick et al. (2013). *J. evid.based.soc.work*, 10(4), 338–352.

Disclosure: No significant relationships.

Keywords: Mental Disorders; functioning; WHODAS 2.0; Children

EPP0293

Genomic imbalances of chromosome 15 in patients with autistic features and global developmental delay

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Introduction: Background: Copy-number variants (CNVs) of chromosome 15 have been associated with neurodevelopmental disorders like autism spectrum disorders (ASDs) and developmental delay.

Objectives: We report 6 patients with autistic features and other neurodevelopmental problems carrying CNVs of chromosome 15.

Methods: Materials and methods: The probands belong to a group of patients referred to our clinic and laboratory with autism as main feature. A complete clinical evaluation was performed with focus on neurologic, psychiatric, and psychological evaluation with specific autism tests. Array-based comparative genomic hybridization (array-CGH) was performed using 180K platform (Agilent technology).

Results: six patients investigated by array-CGH had a CNV involving chromosome 15. Four of these patients, previously reported by us (ref 1), had small duplications of 15q13.3 involving *CHRNA7* and *OTUD7A* genes. The other two patients had large deletions of 15q21q22 and 15q24, respectively. A deletion of 15q21.2 - q22.2 was detected in one patient. The deleted region contains 62 genes and has been rarely reported in patients with neurodevelopmental disorders. A deletion of 15q24.1 - q24.2 was detected in the other patient. This region is recurrently deleted in developmentally delayed patients (ref 3).

Conclusions: Our data highlight that chromosome 15 is a hub for neurodevelopmental disorder and illustrates the utility of array-CGH in the investigation of patients with autism, specifically in the context of complex phenotypes. **Acknowledgment:** The research leading to these results has received funding from the EEA Grant 2014-2021, under the project contract No 6/2019. **References:** Genes (Basel). 2021 Jul 1;12(7):1025. <https://www.omim.org/entry/618060> Clinical Genome Resource. https://dosage.clinicalgenome.org/clinigen_region.cgi?id=ISCA-46296

Disclosure: No significant relationships.

Keywords: developmental delay; chromosome 15; genomic imbalances; autism

EPP0294

Dynamics of subjective pattern of health in frequently ill adolescents

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Introduction: It is known that frequently ill adolescents are significantly more likely to have a disharmonious subjective pattern of health and associated maladaptive behavior in the field of health.

Objectives: To study dynamics of subjective pattern of health in frequently ill adolescents.

Methods: The sample: 57 frequently ill adolescents (mean age 10.6±0.1) in 2014-2015, 2017 and 2019. We used: The method of unfinished sentences about health (Yakovleva, 2014), “Index of attitude toward health” (Deryabo, Yasvin, 1999).

Results: The index of emotionality has decreased (98.93 vs 84.87, p=0.015), while the cognitive indicator of the attitude toward health remains unchanged. The rate of positive self-assessment of health reduces and the rate of negative self-assessment of health increases. Frequently ill teenagers in older age are more likely to give an objective definition of the disease and less likely to emotionally assess it. At a young age they often pointed out active lifestyle as the main reason for health, with age the psychological characteristics of a person (strength of will, cheerfulness, etc.) this reason becomes. The rate of health recognition as the absolute value of man decreases (in the second cut answers, this category accounted for only 24.4%), but at a later age teenager show “adult” category of “quality of life” (noted by 7.4% of older teenagers).