

to impact a country's mental health significantly. Health economic data is required for future research.

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EV0122

Yes we can – Positive CAMHS

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Yes We Can Youth Clinics has fundamentally innovated (mental) health care for children and adolescents just by taking a different approach: the force of Positive Health!

The WHO definition of Health, adopted in 1948 and since then never amended, has become obsolete: "Health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity."

A new, more positive definition ought to replace the obsolete.

"The ability to adapt and self-manage physical, mental and social well-being challenges."

Different approach WHO.

Health care is to be claimed unlimitedly, making sure you get better, free from symptoms, against any price, something you undergo and releases you from the responsibility to self-manage and recover.

YES WE CAN.

Care appealing to personal strength and possibilities. Care that also demands commitment, not a lack thereof. Care that apart from physical/mental functioning also deals with a spiritual dimension within a personal context. Care that deals with purpose (life goals) for both the patient and the caretaker.

Conclusion Yes We Can and Positive Health has been very successful:

- perfect climate for recovery: e.g. role models, positive group dynamics, expert experience, no coercion or compulsion, structured healthy program;
- focus on strength hand abilities, coping skills, learn what is important, moral, values;
- system oriented: family therapy is mandatory;
- after-care (helping back to school/work);
- be Aware: old fellows help with prevention by visiting various schools.

Illustration Vision of Yes We Can and life story of a fellow.

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EV0123

Teenagers with addictive behaviour: Characteristics of the addiction and the psychiatric comorbidities

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Introduction Addiction at a young age constitute a problem of public health. Adolescence is a period at risk for the addicting conducts.

Objectives To establish the characteristics of the addiction and the psychiatric comorbidities.

Methods We led a retrospective descriptive study which concerned 62 teenagers, having addicting conducts, followed in the outpatient clinic of the hospital Razi between January, 2013 and December, 2014.

Results Tobacco is the most consumed product with 90,3% of users, followed by the alcohol (59.7%).

Fifty percent consumed the cannabis.

Benzodiazepin, Trihexyphenidyl chlorhydrate, buprenorphin with high dosage and the organic solvents were raised respectively to about 14.5%, 22.6%, 12.9% and 14.5% of the patients.

The average age of initiation for tobacco was 12 years.

The most frequent motive for consultation was behaviour disorders (37.1%).

Among our patients, 43.5% had psychiatric family history, 11.3% had undergone sexual abuse during their childhood, 17.7% had histories of suicide attempts.

The found diagnoses were the dependence in a substance (25.8%), followed by the major depressive episode (14.5%), the adjustment disorder with depressed mood (11.3%) and the bipolar disorder (8.1%).

Seventeen percent of them had personality traits who would evoke the borderline personality and 11.3% antisocial personality.

Conclusion It is essential to diagnose and to take care of the teenagers having addicting conducts, as early as possible, to avoid transition to a chronic state in the adulthood.

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EV0124

6-months follow up of lisdexanfetamine in adolescent with attention deficit hyperactivity disorder comorbid with severe conduct disorder

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Introduction Adolescents with conduct disorders (CD) often associate symptoms of executive dysfunction and developmental history of attention deficit hyperactivity disorder (ADHD). There is high-quality evidence that psychostimulants have a moderate-to-large effect on conduct problems in youth with ADHD. Lisdexanfetamine (LXD) reduces impulsivity and others ADHD symptoms, has better daylong coverage and less abuse potential than others stimulants.

Aims To evaluate the efficacy of lisdexanfetamine associated to psychological and family interventions in these multi-problem cases.

Method This work presents for discussion the preliminary measures of the effectiveness and security of LXD (range between 50–70 mg, during 6 months), prescribed to seven boys, ages 15 to 17 with ADHD comorbid with severe conduct disorders. All of them were living in a Young Offender Centre, received intensive psychological and psycho-educational treatment during 6 months before and during the use of LXD. Structured clinical assessment, ADHD and Conduct Disorder Scales were performed before the onset and followed 3 and 6 months.

Results Measures of ADHD, and CD symptoms improved at 3 and 6 months comparing to basal measures. Secondary effects were well tolerated and all patients showed a good adherence to treatment except for one of them who was drop out because of increase of anxiety.

Conclusions Evidence indicates that LXD can be beneficial and well tolerate for impulsive and aggressive behaviours in teenagers

with ADHD and severe CD. Limitations are the small number of cases and those related to the controlled observation method used.

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EV0125

The psychological profile and the counter attitudes of encopretic children's mothers: A Tunisian study

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Introduction Persistent encopresis is part of a fairly specific pathologic complex including personality, and familial factors. To a very large extent, interest in encopresis issues has revolved around the mother–child relationship.

Objectives In this study, we aimed to assess the psychological profile and the counter attitudes of encopretic children's mothers.

Methods We led a retrospective and descriptive study carrying on 91 medical records of children with encopresis, followed in the outpatient child psychiatry department of the Hédi Chaker university hospital of Sfax over a period of seven years, going from January 1st, 2000 till December 31st, 2006.

Results In our study, emotional deprivation was noted in 62.2% of cases. Besides, repeated separations from mothers were noted in 26.4% of cases with 2.2% cases of prolonged separations. Our study also revealed that 19.8% of mothers have obsessive personality traits while 14% have rather anxious traits. Furthermore, 6.6% of encopretic children's mothers were found to have anxio-depressive spectrum disorders according to the DSM-IV-TR. Mothers' intolerance towards encopresis was estimated at 53.3%. This intolerance was mainly reflected in physical punishment, depreciation, blame and humiliation. Toilet training was rigid in more than half of cases (62.2%).

Conclusion Childhood encopresis can be viewed as a result of a maternal-child conflict. In fact, the mother–child relationship appears to be directly involved in the genesis of encopresis. Nevertheless, the role of the own child neurodevelopmental state in response to the family system should not be ignored.

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EV0126

The synergistic relationship between perceived autonomy and environmental factors in adolescents with prosocial behaviour

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Introduction Perceived autonomy (PA) can be considered as the key mediating variable in promoting intrinsic motivation. Therefore, an environment that encourages autonomy increases intrinsic motivation and leads to continuance intention.

Objectives The main purpose of this study was to assess the social conditions which give rise to autonomous forms of motivation.

Methods We led a transversal study, over four months, from June until September 2016. It included 90 adolescents aged 14–20 years and members of voluntary association in Sfax (Tunisia). PA was assessed using the “perceived autonomy in life domains” (PALD) for the life spheres of leisure, interpersonal relationships, school, and general domains.

Results The average age of participants was 16 (14 to 20 years). The sample was female-dominated (53%). All participants were secondary school pupils. Almost 70% were from a high socioeconomic level and over 60% had parents' high level of education.

The mean scores of PA ranged from 117 (SD = 4.5) in general domain to 15 (SD = 4.5) in school domain.

There was a significant correlation between PA and parents' level of education ($P=0.01$), parental relationship ($P=0.01$), level of family communication ($P=0.00$), giving compliments ($P=0.01$) and rights in decision-making ($P=0.05$). The other factors that significantly enhance PA were having a good network of friends ($P=0.01$) and having sports and extracurricular activities ($P=0.03$).

Conclusion The present findings provide additional support for the synergistic relationship between family dynamics and family relationship perceptions and PA, and emphasize the role of parents to encourage autonomy.

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EV0127

Social and family characteristics of children with stuttering in Tunisia

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Introduction Stuttering constitutes for children a psychological and social disability, in which the environmental context plays an important role in the installation, stabilization and aggravation or attenuation.

Objective Our study aims to describe the socio-familial characteristics of children with stuttering.

Patients and methods This is a descriptive and analytical-retrospective study carried out on 80 children with stuttering and had been followed-up in the child psychiatry department of UMC Hédi Chaker Sfax (Tunisia) for more than 3 years (January 2012 to 31 December 2013).

Results In our study, the prevalence of stuttering in child psychiatry consultation department of Sfax is 4%. Most of the patients were either the youngest (36.25% of cases) or seniors (35% of cases). Personal history of speech disorder had been reported in 8 children (10% of cases). Family history of speech disorder was reported in 33.75% of cases. These disorders had been kind of stuttering in 60.66% of cases, speech delay in 18.52% of cases and sound speech disorder in 7.41% of cases.

The parent–child relationship is marked by a parental rigidity in 18.6% of cases. The existence of triggering factor was noted in 37.5% of cases: traumatic situation (30% of cases), the birth of a younger sibling (22% case).

Conclusion The emergence and evolution of stuttering depend on predisposing, precipitating and chronicising factors. Identifying these factors and adopting a favorable parental attitude contribute to the fight against stuttering in children and, at least, avoid aggravation and chronicity of this disorder.

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