

association in the schizophrenia group may be due to psychopathological symptoms, which should be elucidated in future research. Funding: Supported by the Hungarian Brain Research program#2017-1.2.1-NKP-2017-0002

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EPV1669

Parents' experience in the Ronald McDonald Houses

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Introduction: Child hospitalization is a difficult event in the life for the whole family, probably worst for families coming from far away, specially for accommodation. Ronald McDonald Houses (RMH) created in the immediate proximity of pediatric departments of hospitals, allows hospitalized children to benefit from the presence of his family nearby. The hypothesis that the family is stronger when it is grouped together (the “family-centered-care” concept) remains difficult to demonstrate (Cochrane, 2012). In France, there is no study describing the interest of such places, and families experiences.

Objectives: Our objectives are to describe the experience of parents in French RMH.

Methods: A cross-sectional study conducted between February and April 2016, invited 50 families to participate in the 9 French RMH, by feeling an anonymous questionnaire (socio-demographic characteristics, items related to hospitalization, anxiety and depression scale -HADS, conditions of stay at the house). Descriptive statistics presented mothers and fathers experience.

Results: Parents of 333 hospitalized child participated : 320 mothers, 246 fathers. 44.1% of child were aged less than one year. Services more represented were : intensive care unit, oncology and neonatal. Parents were socially rather disadvantaged, living mainly in couples, with an estimated mean home-hospital time of 2 hours. They reported financial problems (>40%), sleep deprivation (>1.5 hours), and anxiety-depressive disorders: anxiety (>50%) and depression (>20%). Satisfaction staying in the house was extremely high (>95%).

Conclusions: We observe an undeniable added value of the RMH in the care. Nevertheless, the high level of psychological suffering shows the importance of offering help at the psychosocial level.

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Keywords: accomodation; child hospitalization; family centered care; family experience

EPV1670

Motor learning principles in the service of speech disorders

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Introduction: Childhood Apraxia of Speech (CAS) was declared as a motor speech disorder by ASHA (2007). Yet, until then it was mainly addressed as a phonological disorder and until these days, 14 years later, the treatment of CAS is yet to be motor based worldwide. Professionals finds it hard to diagnose it clearly due to comorbidity with communication and language disorders.

Objectives: This non clarity might lead to non-accurate treatment since the essence of the syndrome is not addressed. An accurate treatment will integrate knowledge from several domains: communication, Language, Sensory, behavioural, emotional, cognitive and, the most important one for CAS, motor learning.

Methods: Motor learning is an area of knowledge which is learnt usually in sport academy, while Its main practical purpose is to improve training methods in sport. The use of motor learning knowledge doesn't belong to the world of sport primarily but rather to the world of movement wherever it exists. One of the fascinating areas of movement is speech.

Results: Speech in its basic form is motor based, before it being used as a motor tool for language and communication. It is the most complicated motor task in the human body since for every syllable we activate directly and indirectly over 100 muscles. The children who can't acquire speech spontaneously due to severe deficit in motor planning, need to practice motor speech tasks repeatedly and accurately.

Conclusions: This lecture will present the use of 20 motor learning principles in the speech treatment via the VML method

Disclosure: I am the founder of the VML method while teaching it in various countries

Keywords: Motor learning principles; Apraxia of speech; autism; VML method

EPV1671

Mental Confusion of Neurological Etiology in 41 cases

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Introduction: The confusional state is the clinical expression of a temporary acute cerebral decompensation. It is expressed by a global, fluctuating and reversible alteration of cognitive functions. It is a frequent reason for consultation in the emergency room.

Objectives: To determine the epidemiology, neurological etiologies and their risk factors.

Methods: Retrospective study based on the files of 41 hospitalized patients with confusional syndrome.

Results: We collected 41 patients. The mean age was 72.9 years. The sex ratio was 1.25. The antecedents found were arterial hypertension and diabetes in 10 patients, a history of stroke was ischemic in 21 cases and hemorrhagic in 6 cases, cerebral metastasis in 5 cases, hepatic encephalopathy in 6 cases and a toxic cause in 4 cases. Mental confusion was acute in 23 patients and subacute in 18. The confusional manifestations observed were essentially temporospatial disorientation in 27 patients, obnubilation in 22 cases, difficulty in paying attention and concentrating in 24 cases, and vague and slow verbal