Results: Social dysfunction with 80.1% and depression with 22.1% had the highest and lowest prevalence. 48.9% had psychosomatic problem, and 39.3% of them had anxiety. Regarding each person that had at least one mental health disorder as unhealthy, 88.5% of the studied population had mental health problem. Being a man, living with more than eight persons in the same home, and being ten or under ten years at the migration time were statistically significantly associated with higher levels of social dysfunction. Having psychosomatic problem was associated with unemployment, being born in Iran, being ten or less than ten years at the migration time, and having no entertaining programs. Having 1-3 children, living with more than eight persons in the same home, and positive history of chronic disease were statistically significantly associated with higher levels of anxiety. Moreover, having no entertaining programs, and family members' death during migration were associated with higher levels of depression.

Conclusion: Mental health problems related to immigration and living in camps, were common among Afghan refugees resettled in Bushehr refugee camp.

P0263

Prevalence of anorectic and bulimic symptoms in adolescences and their correlation with psychological distress

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Background and Aims: Eating Disorders are strongly associated with psychological distress. We examined this association for anorectic and bulimic symptoms and obesity.

Method: Cross sectional study of 2263 adolescents aged 15-18 years-old from 10 schools in Northwestern Greece. Subjects were screened using the 12-item general health questionnaire (GHQ-12). 873 subjects were selected for the second stage interview with the revised Clinical Interview Schedule (CIS-R) and asked for eating and dieting practices. Odds ratios adjusted for age and sex were computed for the association between eating disorder symptoms and scores on the CIS-R.

Results: Eating disorder symptoms are prevalent among adolescents (Anorectic symptoms=15.8% ♀/♂=30/1, Bulimic symptoms= 9.3% ♀/♂=2/1, Binge Eating symptoms=10.2% ♀/♂=1/1) and they are strongly associated with high psychological distress (CIS-R score≥18). The Odds Ratio (OR) of having a high score on the CIS-R for subjects with anorectic symptoms compared to healthy subjects was 3.7 (95% Confidence Intervals 2.1 − 6.5). For bulimia the OR was 12.9 (4.7 − 35.4) and for binge eating the OR was 7.2 (2.4 − 21.4). Obesity was not associated with higher psychological distress but it was found to influence satisfaction with body image and self reported physical health.

Conclusions: The prevalence of eating-related symptoms defines a risk-population, much larger than the clinical significantly cases of eating disorders. The ''eating related disorders'' should be considered in a continuum in the one side of which lie obesity and on the other anorexia/bulimia nervosa, connected with the pre-morbid situations of Anorectic/bulimic symptomatology.

P0264

Nutrition habits, physical exercise, smoking, alcohol and Cannabis use among anorectic and bulimic adolescents

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Objective: To test the hypothesis that Anorectic and Bulimic symptoms in adolescence are associated with smoking, substance use, unhealthy nutrition and increased physical exercise.

Method: Cross sectional study of 2263 adolescents aged 15-18 years-old from 10 schools in Northwestern Greece. Subjects were screened using the 12-item general health questionnaire (GHQ-12). 873 subjects were selected for the second stage interview with the revised Clinical Interview Schedule (CIS-R) and asked for eating and dieting practices. Odds ratios adjusted for age and sex were computed for the association between eating disorder symptoms and scores on the CIS-R.

Results: Bulimic but not anorectic symptoms were positively associated with weekly consumption of Sweets, Hams and Crisps (Odds ratios [OR] from 1.57 to 2.02, p<0.05) and increased alcohol consumption (OR=1.81, 95% Confidence Intervals: 1.23 - 2.67). Moderate to vigorous physical activity was negatively associated with symptoms (OR=0.31, 95% CI: 0.13-0.72). Both Anorectic and Bulimic Symptoms were not associated with weekly consumption of fruits-vegetables and nicotine or cannabis use.

Conclusions: These findings support the hypotheses that bulimic symptoms are correlated more than anorectic symptoms with bad nutrition habits and sedentary behavior. Neither the anorectics nor the bulimics used smoking as a weight-restriction strategy. Alcohol use but not other substances seem to be more prevalent among bulimic adolescents.

P0265

Outcome of autism spectrum disorders

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Background and Aims: Few studies have looked at the very long-term outcome of individuals with autism who were diagnosed in childhood. A longitudinal, prospective, community-based follow-up study of adults who had received the diagnosis of autism (classic and atypical) in childhood was conducted with the purpose of investigating diagnostic categories, outcome, symptoms, and symptom patterns. The present study is a follow-up study of 120 individuals with autism diagnosed in childhood 13-22 years after original diagnosis.

Methods: Diagnostic Interview for Social and Communicative Disorders (DISCO-10), Vineland Adaptive Behaviour Scales (VABS), Global Assessment of Functioning scale (GAF), outcome criteria and neuropsychiatric examination.

Results: Eighty-five percent of both the classic and atypical autism groups now received the diagnosis of classical autism when re-examined. Overall outcome was poor in 78% of cases. Only four