Introduction: Cri du Chat syndrome (CdCS) is a genetic disorder resulting from a variable size deletion of the end of the short arm of chromosome 5 (5p), including a critical region located at p15.2. It represents one of the most frequent chromosomal deletions, with an incidence in the general population of 1/20,000 to 1/50,000.
Objectives: Through this observation we update the scientific news of this rare syndrome and present an observation of a Cri du Chat syndrome confirmed by metaphasic karyotype (46,XY,del(5)(p13) de novo) with autism spectrum disorder.
Methods: Description a case with cat cry syndrome seen in child psychiatry consultation in our institution
Discussion through articles published on pubmed, googlescholar and science direct
Results: Typical features of CoCs present in the subject include intellectual disability, psychomotor acquisition delays, language delay, and dysmorphic features (e.g., wide and high nasal root, hypertelorism, and coarseness of features). Expected features of CoCs that are not present are: growth retardation, microcephaly, round facies, micrognathia, epicanthal folds and characteristic high-pitched cry. Behavioral features in this subject include symptoms of autism spectrum disorder.
Conclusions: The deletion of the short arm of chromosome 5, when it includes a critical region located at p15.2, is responsible for a well-characterized syndrome, Cri-du-Chat disease, including a characteristic craniofacial dysmorphia that evolves with age, the mental handicap in the characteristic form is very severe. Visceral malformations are relatively rare and not very specific.

Disclosure of Interest: None Declared

EPP0548

Psychometric properties of the parent-report version of the Strengths and Difficulties Questionnaire (SDQ) in a clinical population of Latvian children and adolescents

N. Bezborodovs[1,2*], A. Kocane[2], E. Rancans[1] and A. Villerusa[3]

[1]Department of Psychiatry and Narcology, Riga Stradins University; [2]Child psychiatry clinic, Children's clinical university hospital and [3]Department of Public Health and Epidemiology, Riga Stradins University, Riga, Latvia
*Corresponding author.
doi: 10.1192/j.eurpsy.2023.850

Introduction: Screening instruments can be crucial in child and adolescent mental healthcare practice by allowing to triage the patient flow in a limited resource setting and help in clinical decision making. However, for a screening procedure to work, we must be sure that the screening tools used have reasonable validity and clinical utility in the population they are used in.
Objectives: Our study aimed to examine the psychometric and predictive properties of the parent-report version of the Strengths and Difficulties Questionnaire (SDQ), with the application of the original UK-based scoring algorithm, in a clinical psychiatric population sample of Latvian children and adolescents.
Methods: 363 outpatients aged 2 to 17 years from two outpatient child psychiatry centres in Latvia were screened with the parent-report version of the SDQ and assigned clinical psychiatric diagnoses. The basic psychometric properties, and ability of the SDQ to predict the clinical diagnosis in major diagnostic groups (emotional, conduct, hyperactivity, and developmental disorders) was assessed.
Results: Most of the study participants were male (n=230, 63%). The mean age was 9,28 (SD=3,82) years for males and 10,93 (SD=4,11) years for females.
Emotional problems, hyperactivity, and prosocial subscales of the SDQ, as well as the externalising and total difficulties scales, demonstrated acceptable internal consistency (Cronbach's alfa > 0,7). The results for the conduct problems and internalising difficulties scales were also close to being on the acceptable level (0,68 and 0,69 respectively). The peer problems subscale was the only SDQ scale with poor internal consistency (0,57).
The subscales of the parent-report SDQ showed significant correlation with the corresponding clinical diagnoses. The sensitivity and specificity of appropriate subscales of the parent-report SDQ were 67% CI [0,57,0,77] and 57% CI [0,50, 0,64] for any emotional disorder, 78% CI [0,67, 0,89] and 57% CI [0,50, 0,64] for any conduct disorder, 65% CI [0,55, 0,75] and 78% CI [0,73, 0,83] for the hyperkinetic disorder, 72% CI [0,63, 0,81] and 44% CI [0,36, 0,52] for developmental disability.
Overall, none of the subscales of the SDQ has reached the interval of potential usefulness for clinical decision-making in specialized psychiatric settings, based on the positive likelihood ratio, negative likelihood ratio and diagnostic odds ratio estimates.
Conclusions: We suggest the SDQ rather be used in primary healthcare settings, where it can be an essential tool to help family physicians recognise children needing further specialised psychiatric evaluation. There is a need to assess the psychometric properties and validate the SDQ in a larger populational sample in Latvia, determine the population-specific cut-off scores, and reassess the performance of the scale in primary healthcare practice.

Disclosure of Interest: None Declared

EPP0549

Fecal Short-Chain Fatty Acids as Potential Biomarkers for Attention-Deficit/Hyperactivity Disorder

N. Boonchooduang[1*], O. Louthrenoo[1], N. Likhitweerawong[1], C. Thonusin[2,3], N. Chattipakorn[2,3] and S. C. Chattipakorn[2,3,4]

[1]Department of Pediatrics; [2]Cardiac Electrophysiology Research and Training Center; [3]Center of Excellence in Cardiac Electrophysiology Research and [4]Department of Oral Biology and Diagnostic Sciences, Chiang Mai University, Chiang Mai, Thailand
*Corresponding author.
doi: 10.1192/j.eurpsy.2023.851

Introduction: Growing evidence supports a possible link between gut microbiota and attention-deficit/hyperactivity disorder (ADHD) via the gut-brain axis. Short-chain fatty acids (SCFAs), the major metabolites produced by gut microbiota through anaerobic fermentation, may influence gut-brain communication.
Objectives: To determine the alterations of gut microbiota and fecal SCFAs in children diagnosed with ADHD compared to healthy subjects.
Methods: Fecal samples were collected from children with ADHD (n=10), and age- and sex-matched healthy controls (n=10) for gut microbiota and SCFAs analysis.
Results: There were no significant differences in the abundance of any bacterial phyla in feces between groups. However, fecal