

Introduction: Williams syndrome (WS) is a rare genetic disorder caused by a deletion at chromosome 7q1123. WS is associated with high empathy, relatively good face memory and low social anxiety. Despite these strengths, WS individuals typically have an intellectual disability, difficulties with visuospatial perception, non-social anxiety and complex social cognition. Attention to other's eyes is crucial for adaptive social understanding. Consequently, eyes trigger quick and automatic gaze shifts in typically developing individuals. It is not known whether this process is atypical in WS.

Objectives: To examine visual attention to other's eyes in Williams syndrome.

Methods: Individuals with WS ($n = 35$; mean age 23.5 years) were compared to controls ($n = 167$) in stratified age groups (7 month, 8-12 years, 13-17 years, adults). Participants were primed to look at either the eyes or the mouth of human faces. The latency and likelihood of a first gaze shift from, or to the eyes, was measured with eye tracking.

Results: WS individuals were less likely, and slower to orient to the eyes than typically developing controls in all age groups from eight years of age (all $p < .001$), but did not differ from 7 months old infants. In contrast to healthy individuals from eight years and above, WS individuals did not show a preference to orient towards the eyes relative to the mouth.

Conclusions: Despite the hyper-social behavioral phenotype, WS is associated with reduced attention to other's eyes during early stages of processing. This could contribute to the difficulties with complex social cognition observed in this group.

Disclosure: No significant relationships.

Keywords: visual attention; Williams syndrome; Rare genetic syndromes; face processing

O161

The psychosocial factors in the formation of symptoms of dementia

A. Sidenkova*

Psychiatry, Ural State Medical University, Yekaterinburg, Russian Federation

*Corresponding author.

doi: 10.1192/j.eurpsy.2021.351

Introduction: The growing prevalence of severe cognitive impairment in populations, the involvement of a significant number of people of working age in the medical, psychological and social problems associated with dementia, the insufficiency and inconsistency of information about the mechanisms of formation of these disorders actualize a comprehensive social study of dementia.

Objectives: the psychosocial mechanisms of the formation of clinical, functional disorders in dementia, to develop comprehensive medical and psychosocial programs to help patients with dementia and those involved in caring for them, based on the proposals of the psychosocial model of dementia

Methods: A selective observational comparative dynamic study of 315 people with Alzheimer's dementia and 214 people who care for the patients was carried out.

Results: Changes in family-role and social parameters, a high level of "expressed" emotions of caregivers have an adverse effect on the development of psychotic ($r = 0.618$), affective ($r = 0.701$), behavioral ($r = 0.837$) dementia disorders. The degree of adherence to

anti-dementia therapy by the caregiver is one of the important factors determining the amount of care received by the patient ($r = 0.698$). Agitation / aggression ($r = 0.761$), anxiety ($r = 0.562$), sleep disturbances ($r = 0.521$) contribute to increased compliance. The low satisfaction of the caregiver with pre-morbid ($r = 0.698$) and current ($r = 0.653$) relationships with the patient leads to a decrease in the compliance of the caregiver.

Conclusions: The mechanism of psychopathological symptoms, functional disorders is heterogeneous, depending on the biological causes and psychosocial conditions of functioning of patients.

Disclosure: No significant relationships.

Keywords: PSYCHOSOCIAL FACTORS; dementia; noncognitive SYMPTOMS OF DEMENTIA

O162

Role of multidimensional evaluations in the support of school trajectories of children with mild to moderate intellectual disability

N. Touil^{1*}, A. Curie², M.-P. Reymond¹, F. Subtil³, S. Roche⁴, S. Gaillard⁵, B. Kassai⁵ and V. Des Portes²

¹Filière Défisience, HOSPICES CIVILS DE LYON, Bron, France;

²Service De Neurologie Pédiatrique, HOSPICES CIVILS DE LYON, Bron, France;

³Pôle De Santé Publique, Service De Biostatistiques, HOSPICES CIVILS DE LYON, BRON, France;

⁴Service De Biostatistiques, HOSPICES CIVILS DE LYON, Bron, France and

⁵Epicime-cic 1407 De Lyon, HOSPICES CIVILS DE LYON, BRON, France

*Corresponding author.

doi: 10.1192/j.eurpsy.2021.352

Introduction: There is a lack of objective evaluation with validated tools in school children with intellectual disability (ID). Standardized and validated tools, allowing children evaluations and follow-up, exist but are poorly used. Our action-study wishes to develop evaluation practices to better adapt to the specific needs of children with ID.

Objectives: We evaluated the multidimensional profiles (cognitive, adaptive and behavioral) of children with ID attending regular or adapted school system.

Methods: School children, aged 5 to 13 years old, with mild to moderate ID were enrolled in this French cohort study. The multidimensional evaluation consisted of a school evaluation grid proposed by the French educational system, a scale of school needs (GEVA-sco), an intellectual assessment (WISC IV), a behavior adaptive scale (Vineland II) and a behavior rating scale (the French Nisonger Child Behavior Rating Form (Nisonger CBRF)). The results of this multidimensional assessment were analyzed.

Results: Between November 2014 and June 2016, 121 children were enrolled, 3 children were lost to follow-up. Analysis was performed on 118 children. Seventy one (60.2 %) were male. Fifty-two (44.1%) were aged 6 to 9 years. Sixty-eight (57.6%) children were in regular schools and 50 (42.4%) in adapted schools. Children in regular schools had a higher mean IQ score (57.5) than children in adapted schools (43.5). The adaptive behavior profile of children in regular school is less severe than in children in adapted schools.

Conclusions: Multidimensional evaluations allow optimizing and personalizing support. Evaluation of adaptive behavior is more informative than cognitive profile which does not differentiate between children skills