

Methods: Research on UpToDate using the terms “Autism Spectrum Disorders”; “Schizophrenia” and “psychosis”.

Results: Delusional beliefs and paranoid ideation are common findings in autistic individuals in the same way that they constitute one of the main features of schizophrenia spectrum disorders. However, in ASD individuals one must be vigilant of its distinction with “childish fantasies”. Both disorders (ASD and SCZ spectrum disorders) share Theory of Mind (ToM) impairments that contribute to the development of paranoia.

Sensory anomalies are common in ASD and might be confused with hallucinations. However, anomalous perceptual experiences can and do often happen in ASD and are clinically overlapping with hallucinatory phenomena. In the case of a neurodevelopment disorder, however, they could probably be better understood as a part of it more than the signal of a co-occurring psychotic disorder. Attenuated psychotic symptoms pose an even more complex subject because of the overlap between autistic symptoms and subclinical psychotic symptoms. Another area that poses diagnostic difficulties has to do with the distinction between negative symptoms seen in schizophrenia and autistic symptoms. Lack of emotional reciprocity in ASD can be confused with “blunted” affect in schizophrenia. Other overlapping features between these two entities can be identified.

Conclusions: The diagnostic boundaries between ASD and SCZ are not always clear. Their overlapping characteristics and potential co-occurrence might pose important diagnostic challenges in clinical practice. The clinical course of both diseases frequently represents a key element for the differential diagnosis between autism and psychosis. The profound knowledge of these two entities is of extreme importance contributing to the implementation of more targeted and effective management strategies.

Disclosure of Interest: None Declared

EPV0191

Preadolescent and Adolescent Victims of Cyber Victimization in Tunisia

A. Touiti^{1,2*}, W. Askri^{1,2}, S. Halayem^{1,2} and A. Bouden^{1,2}

¹Children and Adolescent Psychiatric Department, Razi Hospital, La Manouba and ²Faculty of Medicine of Tunis, Tunis El Manar University, Tunis, Tunisia

*Corresponding author.

doi: 10.1192/j.eurpsy.2024.956

Introduction: Nowadays children and adolescents are exposed to cyber victimization. This modern form of aggressive behavior has a negative impact on the psychological of victims, self esteem, and social interaction

Objectives: To investigate the relation between cyber victimization and depression in tunisian preadolescents and adolescents

Methods: The Arabic validated version of the “cyberbullying assessment instrument” was distributed through social media groups of preadolescent and adolescents in Tunisia. The participants were also invited to answer items about social and demographic characteristics. The participation was voluntary, without confidential data.

Results: Fifty four preadolescent and adolescent aged between 9 and 16 years old have participated. The average age was 12.4 years old. 64% of participants were girls. More than 80% of children have

their own smartphone and a personal count on social media. Among those respondents, 12 (22.2%) reported being cyberbullied at least once in the year. The children most likely to be bullied were girl aged between 9 and 12 years old with a poor socioeconomic level. Low self esteem, depressive symptoms, anxiety symptoms are associated with cyber victimization.

Conclusions: The level of cyber victimization among preadolescents and adolescents is underestimated. Psychiatric disorder associated to this phenomena have to be considered in order to develop strategies and intervention to reduce the cyberbullying among vulnerable population.

Disclosure of Interest: None Declared

EPV0193

Association and predictor role of MASC scores in pharmacological or psychological treatment indication in a sample of children and adolescent in Spain

C. Canga-Espina^{1*}, C. Vidal-Androher², M. Vallejo-Valdivielso¹, C. Maestro-Martin² and A. Diez-Suarez¹

¹Child and Adolescent Psychiatry and ²Clinical Psychology, Clínica Universidad de Navarra, Pamplona, Spain

*Corresponding author.

doi: 10.1192/j.eurpsy.2024.957

Introduction: Anxiety is one of the most common Mental Health diagnosis in underage population. We decided to study if there was any variable that would lead us to a specific treatment indication using the MASC (Multidimensional Anxiety Scale for Children).

Objectives: Prevalence of psychiatric disorders and comorbidities in an underage population.

Possible association between MASC questionnaire scores and the indication for pharmacological and/or psychological treatment.

Methods: This is a descriptive, observational, retrospective, quantitative study with data from patients between June 2016 and 2023.

Inclusion criteria: 3-18 year-old-spanish-speakers who met criteria for a ICD-11 disorder. **Exclusion criteria:** absence of legal representatives, intellectual disability. **Variables:** Age, sex, psychiatric family history, ICD-11 diagnosis, treatment indication and MASC's subscales (physical symptoms, harm avoidance, social anxiety and separation anxiety). **Statistical analyzes** were performed with STATA-15 program, using as independent variables MASC questionnaire, and dependent ones the indication treatment and diagnosis.

Results: The sample contains 1024 patients, with a mean age of 12 (SD 4.028). Table 1 shows that the most frequent diagnosis is ADHD, with combined presentation with a prevalence of 22.27%, followed by Anxiety Disorders, without differentiating by subtypes (17.93%). It also shows that Defiant and Oppositional Disorder is the most prevalent comorbidity (9.66%) followed by Anxiety Disorder not specified (4.99%). Table 2 stands that there are significantly higher scores in all MASC subscales in those patients who do have prior psychiatry family history. We found in Table 3 statistically significant differences were found between the score on the Physical Symptoms subscale based on whether the patient was undergoing previous treatment, both pharmacological (8.45 vs. 7.59) and psychological treatment (9.01 vs. 7.95) compared to those who were not (pharmacological 7.36 vs. 7.06), psychological (7.21 vs. 6.92). All these data have been adjusted.

Image:

Principal diagnosis (ICD-11)	% in our sample	Comorbidities	% in our sample
Without ICD-11 diagnosis	16.5	Without ICD-11 diagnosis	57.27
Attention deficit hyperactivity disorder, predominantly inattentive presentation (ICD-11 6A05.0)	12.7	Attention deficit hyperactivity disorder, predominantly inattentive presentation (ICD-11 6A05.0)	0.88
Attention deficit hyperactivity disorder, predominantly hyperactive-impulsive presentation (ICD-11 6A05.1)	0.68	Attention deficit hyperactivity disorder, predominantly hyperactive-impulsive presentation (ICD-11 6A05.1)	0.2
Attention deficit hyperactivity disorder, combined presentation (ICD-11 6A05.2)	22.37	Attention deficit hyperactivity disorder, combined presentation (ICD-11 6A05.2)	2.25
Social anxiety disorder (ICD-11 6B04)	1.33	Social anxiety disorder (ICD-11 6B04)	0.88
Generalised anxiety disorder (ICD-11 6B00)	1.37	Generalised anxiety disorder (ICD-11 6B00)	0.1
Separation anxiety disorder (ICD-11 6B05)	4.1	Separation anxiety disorder (ICD-11 6B05)	1.37
Agoraphobia (ICD-11 6B02)	0.2	Agoraphobia (ICD-11 6B02)	0.1
Anxiety or fear-related disorders, unspecified (ICD-11 6B0Z)	8.5	Anxiety or fear-related disorders, unspecified (ICD-11 6B0Z)	4.99
Obsessive-compulsive disorder (ICD-11 6B20), including PANDAS syndrome	2.73	Obsessive-compulsive disorder (ICD-11 6B20), including PANDAS syndrome	1.76
Tic disorders (ICD-11 6B05.0)	1.07	Tic disorders (ICD-11 6B05.0)	0.88
Body-focused repetitive behaviour disorders (ICD-11 6B25)	0.3	Adjustment disorder (ICD-11 6B43)	1.37
Adjustment disorder (ICD-11 6B43)	3.83	Body distress disorder, unspecified (ICD-11 6C20.2)	0.29
Body distress disorder, unspecified (ICD-11 6C20.2)	2.93	Selective mutism (ICD-11 6B06)	0.1
Selective mutism (ICD-11 6B06)	0.29	Hypochondriasis (ICD-11 6B23)	0
Hypochondriasis (ICD-11 6B23)	0.3	Specific phobia (ICD-11 6B03)	0.39
Specific phobia (ICD-11 6B03)	1.56	Dissociative neurological symptom disorder (ICD-11 6B60)	0.2
Dissociative neurological symptom disorder (ICD-11 6B60)	0.39	Tic disorder (ICD-11 6B05)	0.39
Panic disorder (ICD-11 6B61)	0.88	Enuresis (ICD-11 6A27)	1.08
Enuresis (ICD-11 6A20)	0.28	Mood disorders (ICD-11 6A2)	1.66
Mood disorders (ICD-11 6A2)	8.25	Mood disorders, unspecified (ICD-11 6A2Z)	0.39
Mood disorders, unspecified (ICD-11 6A2Z)	0.29	Schizophrenia or other primary psychotic disorders spectrum (ICD-11 6A2Z)	0.1
Schizophrenia or other primary psychotic disorders spectrum (ICD-11 6A2Z)	0.49	Autism spectrum disorder (ICD-11 6A0Z)	0.49
Autism spectrum disorder (ICD-11 6A0Z)	1.86	Feeding or eating disorders (ICD-11 6B88)	0.78
Feeding or eating disorders (ICD-11 6B88)	6.74	Post-traumatic stress disorder (ICD-11 6B40)	0.1
Post-traumatic stress disorder (ICD-11 6B40)	0.1	Disorders due to substance use or addictive behaviours (ICD-11 6C4, 6C5)	1.56
Disorders due to substance use or addictive behaviours (ICD-11 6C4, 6C5)	0.88	Oppositional defiant disorder (ICD-11 6C00)	0.46
Disinhibited social engagement disorder (ICD-11 6B45)	0.1	Developmental learning disorder (ICD-11 6A80)	0.1
Developmental learning disorder (ICD-11 6A80)	0.49	Disorders of intellectual development (ICD-11 6A00)	1.17
Disorders of intellectual development (ICD-11 6A00)	0.1	Other specified factors influencing health status or contact with health services (ICD-11 QF4Y)	8.41
Other specified factors influencing health status or contact with health services (ICD-11 QF4Y)	0.29	Dilatula	0.2
		Sleep-wake disorders (ICD-11 07A)	0.29

Image 2:

MASC Questionnaire		Psychiatric family history		
		Yes	No	t test*
MASC Questionnaire	Physical symptoms	8,68 (7,43)	7,04 (7,01)	*
	Harm avoidance	12,61 (8,25)	11,15 (8,18)	*
	Social anxiety	9,57 (7,68)	8,46 (7,69)	*
	Separation anxiety	7,44 (5,86)	6,62 (5,86)	*
MASC Questionnaire		% altered		chi2
	Physical symptoms	32,5	25	*
	Harm avoidance	66,67	59,64	*
	Social anxiety	26,39	21,99	
Separation anxiety	35	29,67		

Image 3:

MASC QUESTIONNAIRE	Distribution by sex				Previous pharmacological treatment				Previous psychological treatment			
	Total Mean(SD)	Male Mean(SD)	Female Mean(SD)	t test*	Yes	No	t test*	Yes	No	t test*		
MASC Physical symptoms	7,16 (7,21)	5,96 (6,00)	9,56 (7,96)	*	8,45 (7,59)	7,36 (7,06)	*	9,01 (7,95)	7,21 (6,92)	*		
MASC Harm avoidance	11,66 (8,23)	10,5 (8,04)	13,02 (8,24)	*	11,46 (8,24)	11,4 (8,23)		12,56 (8,33)	11,47 (8,25)	*		
MASC Social anxiety	8,85 (7,71)	7,35 (6,93)	10,01 (8,17)	*	9,03 (7,87)	8,8 (7,63)		9,86 (8,07)	8,55 (7,57)	*		
MASC Separation anxiety	6,91 (5,87)	6,21 (5,74)	7,72 (5,92)	*	6,30 (5,31)	7,09 (6,03)		7,12 (5,72)	6,85 (5,91)	*		
	% de alterados		chi2		% altered		chi2	% altered		chi2		
MASC Physical symptoms	27,64	17,93	38,98	*	33,47	25,89	*	35,06	25,47	*		
MASC Harm avoidance	62,1	55,25	70,13	*	62,29	62,06		65,8	63,03			
MASC Social anxiety	33,54	19,02	28,81	*	19,92	24,62		27,27	22,45	*		
MASC Separation anxiety	33,54	22,84	36,3	*	23,54	30,74		34,63	30,64	*		

Conclusions: Anxiety disorders are the most common form of Mental Disorder in young people, with a global prevalence of 6.5% (Rapee et al.2023). However, in our sample the most common one is ADHD as our center is specialized in it. We found that the most prevalent one was Oppositional Defiant Disorder, as it is the most frequent comorbidity of ADHD (Vallejo-Valdivielso et al,2019; Faraone et al,2021). The increase of one point in the Physical Anxiety subscale increases the probability of indicating pharmacological treatment, which could be explained because of how functional limitation these symptoms cause. The increase in all the subscales of the MASC implies an increase in the probability of an indication for psychological treatment as it is the gold-standard treatment for anxiety in children.

Disclosure of Interest: None Declared

EPV0194

Relationship between MASC scores and diagnosis in a sample of children and adolescents in Spain

C. Canga-Espina^{1*}, C. Vidal-Androher², A. Diez-Suarez¹, C. Maestro-Martin² and M. Vallejo-Valdivielso¹

¹Child and Adolescent Psychiatry and ²Clinical Psychology, Clínica Universidad de Navarra, Pamplona, Spain

*Corresponding author.

doi: 10.1192/j.eurpsy.2024.958

Introduction: Anxiety is one of the most common Mental Health diagnosis in underage population. We decided to study if there was any variable that would lead us to a specific diagnosis, using the MASC questionnaire (*Multidimensional Anxiety Scale for Children*).

Objectives: 1. Describe the prevalence of the different anxiety disorders and the differences in its prevalence according to sex. 2. Examine possible differences and associations between MASC questionnaire scores and a specific anxiety diagnosis.

Methods: This is a descriptive, observational, retrospective, quantitative study with data from patients between June 2016 and 2023. **Inclusion criteria:** 3-18 year-old-spanish-speakers who met criteria for a ICD-11 disorder. **Exclusion criteria:** absence of legal representatives, intellectual disability. **Variables:** sex, ICD-11 diagnosis, MASC's subscales (Physical Symptoms, Harm Avoidance, Social Anxiety and Separation Anxiety) and CGI. **Statistical analyzes** were performed with STATA-15 program, using as independent variables MASC questionnaire and dependent one Anxiety Diagnosis.

Results: The sample contains 1024 patients. Figure 1 shows the distribution of Anxiety Disorders: Unspecified Anxiety Disorder (47%), Separation Anxiety Disorder (23%), Simple Phobias (9%) and Social Anxiety Disorder (7%). Figure 2 represents the distribution by sex, with the differences being statistically significant (p<0.05) for all anxiety disorders, meaning that girls have higher prevalence of all anxiety disorders. Figure 3 shows how age correlates significantly and directly with all the subscales, meaning the older the patients are the higher the scores. We also found that boys have lower scores and a lower percentage of alteration in all subscales. CGI scale also correlates positively with all the subscales, specially with Physical Symptoms. All these data have been adjusted.

Image:

