omission errors. There was no significant difference between groups in auditory comprehension.

Conclusions: A differential profile was found in reading performance, consistent with the cognitive deficits classically pointed out in the literature for each diagnosis: phonological deficits in dyslexia, with problems in decoding and fluency; and attentional deficits in ADHD, with omission errors. In the comprehension measures, dyslexic group had significant lower performance than ADHD in the Cloze Reading Comprehension Test, but there was no difference in the Vocabulary subtest-WISC. An explanatory hypothesis is that, to understand the text, it is necessary to recognize the words previously, whereas, in the WISC, it is not necessary to read, since the questions are oral. These results corroborate the hypothesis that deficits in reading comprehension in dyslexia are more related to difficulties in word recognition and fluency skills than in general listening comprehension.

Disclosure of Interest: None Declared

EPV0143

DISRUPTIVE IRRITABILITY & FAMILY DYSFUNCTION CORRELATION: ANALYSIS THROUGH FAMILY DRAWINGS

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Introduction: Drawing represents mainly a motor activity of expression. Drawing represents a form of non-verbal language that is very important both cognitively and affectively. Therefore, it allows to hypothesise and evaluate the degree of neurodevelopment of individuals as well as their level of interaction with the environment.

Family sketches can be evaluated in a projective, neurocognitive and affective way to provide insights on the attachment system, degree of bonding, communication, social and affect interaction as well as difficulties or problems that have motivated emergency consultation.

Objectives: This study evaluate the possible correlation between family dysfunction and irritability as cause of request of consultation in an emergency department of mental health in child & adolescents through the analysis of family drawings.

Methods: This is a retrospective, observational study of correlation between the reasons of emergency consultations, dysfunctional irritability and family difficulties represented through family drawing. It is based on a randomised sample of 30 reports of emergency appointments of children between 8 to 13 years old that have been examined in the Child & Adolescent Psychiatry Emergency Department at the Pitié Salpêtrière Hospital during two years for Emotional or Irritability dysfunction.

An adaptation of both Goodenough-Harris Drawing projective test and Corman test were used to evaluate findings from family drawings as well as neurocognitive parameters of drawing technics, sociodemographic dates, cognitive level and family dysfunction.

Results: The degree of cohesion, identification and devaluation of adult figures have been important elements of interpretation in irritability dysfunction and family drawings.

Conclusions: The family environment could be a factor in the interpretation of chronic irritability and its manifestations on the child's family drawings establish a clear correlation.

The adapted assessment of the family drawing could be an important tool in the nosological exploration of children's mental health in emergency, especially on relational systemic representation and symbolization.

Disclosure of Interest: None Declared

EPV0144

Early childcare from 0 to 3 years and child behavioural difficulties at age 5.5 years in France, data from the ELFE mother-child cohort

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Introduction: Previous studies have showed that the type of early childcare can be associated with child behavioural difficulties though results vary across countries.

Objectives: To investigate the link between early childcare from birth to 3 years and child behavioural difficulties at age 5.5 years, in the French context.

Methods: In this study (n = 9,699), parents participating in the French ELFE birth cohort reported their child main childcare type used between birth and three years of age (centre-based (22.6%), childminder (43.6%), informal (8.2%) or parents only [25.7%)), and the child's behaviour through the Strengths and Difficulties Questionnaire (SDQ) at age 5.5 years. Scores were calculated for each SDQ subscale as well as the total SDQ scores. Logistic regression analyses were carried out adjusting on socio-demographic, parents' and child's characteristics to evaluate the association between early childcare type and abnormal SDQ total score (>16) as well as subscale scores.

Results: In the study population, 584 (6.02%) children had abnormal SDQ total score, and 1,104 (11.4%) in the emotional subscale, 573 (5.91%) in the peer relationship subscale, 1,433 (14.8%) in behavioural subscale, and 1,097 (11,3%) in the hyperactivity subscale. After adjusting, compared to children who were looked after by their parents only, those who were in centre-based childcare had a lower likelihood of having an abnormal SDQ total score ($OR_a = 0.76$ [95% CI: 0.58 – 0.99]), while there was no significant difference for children who were in a childminder's care ($OR_a = 0.94$ [95% CI: 0.75 – 1.17]) or in an informal childcare ($OR_a = 1.18$ [95% CI: 0.86 – 1.63]). In additional analyses, we found that compared to children in parental care only, children in centre-based childcare had a decreased likelihood of having abnormal internalising subscales scores: emotional subscale, ($OR_a = 0.81$ [95% CI: 0.67 – 0.99]) and peer relationship subscale, ($OR_a = 0.79$ [95% CI: 0.61 – 1.02]). All other associations were not significant except for the informal childcare which was associated to a higher likelihood of abnormal behavioural subscale ($OR_a = 1.29$ [95% CI: 1.03 – 1.62]).