

Variability (i.e., High Frequency and Low Frequency ratio, LF/HF). Child's psychological difficulties were measured with the parent report *Child Behavioral Checklist 6-18* (CBCL-6/18).

Results: Statistically significant correlations emerged between the HIF-Positive emotions scale and both externalizing ($rs = -.51$) and internalizing ($rs = -.46$) difficulties; the HIF-Negative emotions scale and internalizing difficulties ($rs = .49$); LF/HF and internalizing difficulties ($rs = -.58$). Finally, a non-significant but moderate effect was found between the HIF-Negative emotions scale and externalizing difficulties ($rs = .33$).

Conclusions: Although the limited number of participants, data suggest an interesting role played by both child's emotional experience and physiological reactivity on internalizing and externalizing difficulties as reported by mothers. More specifically, child's experience of positive emotions is associated with fewer internalizing and externalizing difficulties, while child's experience of negative emotions illustrates an opposite relationship, implying the relevance of looking at child's emotional subjective experience in understanding psychological difficulties. Moreover, LF/HF ratio – labeled as the child's sympathovagal balance – seems like it might be higher in children with less internalizing difficulties. Although doubts about LF/HF interpretation, several studies share this view showing a decrease in autonomic reactivity in internalizing problems, such as depression, in adults. Overall, our preliminary results underline the importance of studying the emergence of psychopathological outcomes in middle childhood connected to both psychological and physiological emotional processes.

Disclosure of Interest: None Declared

EPV0185

Food addiction and impulsivity in adolescents: A cross-sectional survey of 360 cases

M. Chaabane*, D. Ben Touhemi, K. Chiha, W. Kammoun, J. Boudabous, I. Hajkacem, H. Ayadi, K. Khemakhem and Y. Moalla
Department of Child Psychiatry, Hedi Chaker Hospital, Sfax, Tunisia
*Corresponding author.
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Introduction: Impulsive personality Traits have been highly associated with both alcohol abuse and drug addiction, but have been accorded little attention in the context of food addiction.

Objectives: To study the relationship between impulsivity and food addiction in school-aged adolescents.

Methods: It is a cross-sectional, descriptive and analytical survey, conducted in a sample of secondary school students, randomly collected in 6 schools in the region of Sfax during February 2022. A pre established form of 33 questions, including socio- demographic and family information was used. Impulsivity was evaluated by the Barratt Impulsivity Scale (BIS-11; Patton et al., 1995). The BIS is a 30-item questionnaire that measures impulsivity along the following dimensions: cognitive, motor, and non-planning. The validated arabic version was used. *

The 25-item Yale Food Addiction Scale (YFAS), validated in Arabic, was used to assess food addiction in adolescents.

Results: Our sample consisted of 360 adolescents, with an average age of 16.62 years, being male in 52.2% and with a low to medium socio-economic level in 72.7% of them.

A total of 20% of the adolescents showed a tendency to impulsivity, 23.6% had impulse control disorder.

The food addiction score of our sample ranged from 0 to 56 with an average of 16.37 ± 12.380 .

The average food addiction score for adolescents with impulse control disorder was 20.21 ± 14.819 while the average food addiction score for adolescents without impulse control disorder was 15.18 ± 11.291 .

Food addiction was strongly associated with impulsivity ($p < 0.001$). In particularly, Non-planning impulsivity was most strongly correlated with food addiction ($p < 0.001$, $r = 0.252$)

Conclusions: Impulsivity, commonly related to addictive substance use behaviors, may be a significant risk factor for food addiction. Early monitoring of impulse control disorder may help to reduce addictive food consumption.

Disclosure of Interest: None Declared

EPV0186

Internet gambling disorder in adolescents: Prevalence and associated factors; A cross-sectional study of 360 cases

M. Chaabane*, D. Ben Touhemi, K. Chiha, W. Kammoun, J. Boudabous, I. Hajkacem, H. Ayadi, K. Khemakhem and Y. Moalla
Department of Child Psychiatry, Hedi Chaker Hospital, Sfax, Tunisia
*Corresponding author.
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Introduction: Gambling disorders have increased over time due to the easy availability of online games.

Objectives: The purpose of this study is to determine the prevalence of internet gambling disorder in an adolescent population and to identify associated factors.

Methods: It was a cross-sectional, descriptive and analytical study, conducted among a sample of high school students, randomly collected in 6 schools in the region of Sfax during the month of February 2022. A pre-established form of 33 questions, including socio-demographic and family information was used.

The Arabic version of the Internet Gaming Disorder-20 (IGD-20) questionnaire was used to assess online gaming activity. It is a 20-item questionnaire on a five-point Likert scale ranging from 1 to 5 (strongly disagree to strongly agree). A respondent's score was obtained by aggregating the 20 items. The higher the score, the more severe the gambling disorder. The cut-off score for the IGD-20 is 70. A score below 50 indicates occasional use; a score between 50 and 70 indicates problematic use; and a score above 70 indicates an online gambling disorder.

Results: We collected 360 adolescents, 52.2% of whom were male. The mean age of our patients was 16.62 years.

A total of 4.7% of the adolescents had an online gambling disorder, 26.9% had problematic use, while 68.3% were occasional users.

The analytical study revealed that online video game addiction was associated with male gender ($p = 0.003$), the presence of relationship problems with parents ($p = 0.000$), and low academic achievement ($p = 0.000$).

Conclusions: We draw attention to the necessary debate between sensible and problematic use of new technologies and the need for longitudinal prevention in schools.

Disclosure of Interest: None Declared

EPV0187

The psychological impact on parents of children with pyridoxine-dependent epilepsy

I. Boujelbene¹, M. Chaabane^{1,2*}, M. Guirat¹, D. Ben Touhemi², S. Guidara¹, Y. Moalla², H. Kamoun¹ and I. Ben Ayed¹

¹Department of Medical Genetic and ²Department of Child Psychiatry, Hedi Chaker Hospital, Sfax, Tunisia

*Corresponding author.

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Introduction: Pyridoxine-dependent epilepsy (PDE) is a rare autosomal recessive disease usually associated with neonatal seizures that are sensitive to pyridoxine (vitamin B6). This disease can have a significant impact on family functioning, with significant psychological distress in parents. Post-traumatic stress disorder (PTSD), depression, and anxiety are the most common psychiatric outcomes in parents of children with PDE.

Objectives: To investigate the prevalence of significant symptoms of depression, anxiety, and stress in parents of children with PDE.

Methods: The study consisted of a survey of parents accompanying their children diagnosed with PDE. The diagnosis was already confirmed by objectifying a homozygous or a compound heterozygous mutation in the *ALDH7A1* gene in all siblings with heterozygous carrier parents. The Impact of Event Scale-Revised (IES-R) was used to assess parental post-traumatic stress, and the Hospital Anxiety and Depression Scale was used to screen for parental depression and anxiety.

Results: Our study included eight unrelated families with one infant presenting a confirmed PDE disease. The average age of the children with epilepsy was 4.18 years (8 months to 12 years) with equal representation of both sexes.

Half of parents surveyed had depressive symptoms and about two thirds reported anxious symptomatology. These troubles are mainly related to the uncertain prognosis of the disease, even with vitamin B6 supplementation, and the high risk of recurrence in siblings, which led some parents to not have other children. A higher anxiety scores was reported in parents who claimed to have difficulties in providing the necessary vitamin supplements to their affected children on a regular basis. PTSD was diagnosed in three parents: most parents reported difficulties in dealing with stress, specifically in relation to the unpredictability of seizures and the unavailability of medical care for their child, which taxed their financial resources and made it difficult for them to perform their roles effectively.

Besides, being an autosomal recessive transmission disease, the notion of responsibility/guilt was not reported by either parent, and both parents are equally involved in the care of their child.

Conclusions: A significant proportion of children's parents with pyridoxine-dependent epilepsy are suffering from depression, anxiety, and post-traumatic stress. A deeper understanding of the clinical expressions of these troubles could help practitioners to develop prevention and intervention strategies for these parents.

Disclosure of Interest: None Declared

EPV0188

Psychological impact of motor impairment in tow forms of congenital muscular dystrophy

I. Boujelbene¹, M. Chaabane^{1,2*}, M. Guirat¹, D. Ben Touhemi², N. Gharbi¹, M. your², H. Kamoun¹ and I. Ben Ayed¹

¹Department of Medical Genetic and ²Department of Child Psychiatry, Hedi Chaker Hospital, Sfax, Tunisia

*Corresponding author.

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Introduction: Congenital muscular dystrophies (CMDs) represent a heterogeneous group of early-onset muscle disorders presenting primarily with hypotonia and delayed motor development. Several genes are known to be responsible for CMDs, including the *LAMA2* gene, involved in merosin-deficient type 1A (MDC1A), and the *FKRP* gene involved in muscular dystrophy-dystroglycanopathy type B5 (MDDGB5). These two forms of CMD are autosomal recessive and are each characterized by the presence of a mutation with a founder effect in South Tunisia. Cognitive development associated with the founder mutation in the *LAMA2* gene (c.8007delT) is often conserved, whereas in the founder mutation of the *FKRP* gene (c.1364 C>A), motor impairment is associated with intellectual disability (ID).

Objectives: To compare the psychological impact of motor impairment in children presenting these two forms of CMD and their families.

Methods: The study consisted of a survey of parents of children with a confirmed diagnosis of MDC1A (5 from 3 unrelated families) or MDDGB5 (3 from 3 unrelated families). The correspondent founder mutation was already identified in the homozygous state by targeted sequencing. Participants' parents completed the Parent Strengths and Difficulties Questionnaire (SDQ), a behavioral screening tool designed for children aged from 2 to 17 years. The SDQ assesses emotional symptoms, behavior problems, hyperactivity, and peer relationships; The SDQ Impact Supplement assesses the impact of all these children's difficulties on their families.

Results: The average age of the children was 4.95±3.92 with two children who were not assessable by the SDQ (age< 2 years). Unlike children with MDC1A, ID has been reported in all children with MDDGB5. The mean SDQ total score for children with MDC1A was 11, whereas the mean score for children with MDDGB5 was 14.875, reflecting greater difficulty for children with MDDGB5. The family impact score was higher in families with children with MDDGB5 than in children with MDC1A (10,5 vs 7), which may be due to the burden of management of the ID associated with the motor impairment. The more pronounced difficulties associated with MDDGB5 are likely to be related to the associated ID. Whereas in MDC1A, the difficulties observed are related to the direct impact of the motor impairment. The presence of cognitive disorders associated with a motor deficit aggravates behavioral adaptation and makes the management of these children more difficult.

Conclusions: In the absence of a comparable study in the literature, the present is conducting future studies on the behavioral profile of children with CMD to obtain a better understanding of their difficulties in everyday life and to develop interventions adapted to their families

Disclosure of Interest: None Declared