

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

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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.

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EPV0193

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

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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.