in such settings and rare causes related to hypoxia cannot be ruled out (Table 1).

Table 1

BFCSR	Prior treatment	After treatment
First 14 items	23 points	14 points
Total score	29 points	18 points

Disclosure of interest The authors have not supplied their declaration of competing interest.

http://dx.doi.org/10.1016/j.eurpsy.2016.01.1734

EV750

Challenging behaviour in people with intellectual disabilities: The assessment and intervention team

K. Courtenay[1,*], S. Jaydeokar[2]
[1] *UCL, Department Mental Health Sciences, London, United Kingdom*
[2] *Barnet Enfield Haringey Mental Health NHS Trust, Intellectual Disabilities, London, United Kingdom*
[*] *Corresponding author.*

Objectives People with intellectual disabilities (ID) present with behaviours that challenge community services. Community models of care as alternatives to hospital care exist but are often vary in their function. Certain strategies have been developed to manage challenging behaviour in people with ID. Data from a three-year period on a community-based service for people with ID and challenging behaviour that uses an objective, multi-disciplinary approach is presented.
Methods A case note survey of adults with ID under the care of the Assessment and Intervention Team (AIT), a challenging behaviour service in the London Borough of Haringey.
Results Over the three-year period, 65 adults were managed by AIT. Forty-four were male and 21 were female. The age range was 21–64 years of age. The level of ID was mild ID 61%, moderate 39%. Diagnoses included psychotic disorder (25%); mood disorder (20%); developmental disorder (40%); dementia (10%); challenging behaviour (45%). Six people (11%) were admitted to hospital during their time with AIT. The length of care under AIT ranged from four to fourteen months.
Conclusions AIT managed effectively people with ID living in the community who presented with complex problems putting their placement at risk. The rate of hospital admission was reduced in this period compared with the previous three years. The length of stay in in-patient services was reduced. The most common reasons for the behaviours included mental illness and 'challenging behaviour'. People with developmental disorders were a large proportion. Community alternatives are effective with positive benefits to the person.
Disclosure of interest The authors have not supplied their declaration of competing interest.

http://dx.doi.org/10.1016/j.eurpsy.2016.01.1735

EV751

Evaluation of DBT manual adapted for people with intellectual and developmental disabilities (IDD): First results

S. Elstner
Ev. Krankenhaus Königin Elisabeth Herzberge, Psychiatry, Psychotherapy and Psychosomatics, Berlin, Germany

Introduction In contrast to psychopharmacological treatment, the current evidence base in psychotherapy for people with IDD is limited. But psychotherapeutic approaches offer an alternative treatment modality in people with IDD.
Objectives Orientated on the "Dialectic-Behaviour-Therapy" concept, we developed an adapted manual for people with IDD and impulsive behaviour.
Aims This study presents the first results of an evaluation our adapted DBT manual.
Methods Three closed groups with 11 patients in total were prospectively included in a six-week in-patient psychotherapeutic DBT-programme. There was no randomisation or control group. Typical borderline symptoms (BS) were recorded using the "Borderline Symptom List" (BSL) and a short screening version for personality disorders (PSS-K). Impulsivity and behaviour in general were observed with the scale for impulsiveness and emotional deregulation (IES) and the German Developmental Behavioural Checklist (VFE). Special tendencies to self-harm were assessed using the scale for self-harm behaviour (IEFAS). From these scales, the means were observed during the course of our hospital therapy program over 6 weeks.
Results There were 19 patients in total in 3 different groups. Eight dropped out for a variety of reasons. The mean scores for the remaining 11 patients in the BSL and PSS-K reduced significantly. The scores for impulsivity and self-harm improved. Overall, there was no significant change in behaviour.
Conclusion This study presents the results of a trial of a DBT manual for people with IDD and BS. In general the BS declined, the impulsivity improved. The study is limited by the small numbers in the patient sample and the absence of a control group.
Disclosure of interest The author has not supplied his/her declaration of competing interest.

http://dx.doi.org/10.1016/j.eurpsy.2016.01.1736

EV752

Psychotherapy for ADHD in people with IDD

S. Elstner
Ev. Krankenhaus Königin Elisabeth Herzberge, Psychiatry, Psychotherapy and Psychosomatics, Berlin, Germany

Introduction Psychopharmacology and psychotherapy in children with ADHD is still well established and has been studied for many years. There has been a growing interest in treatment of ADHD in adults for some years. Whereas meanwhile the psychopharmacological treatment is well studied, the psychotherapeutic interventions are still to optimize.
Objective Since the acceptance of the diagnosis of "ADHD" in adults, there has been a growing interest in using medication as the first-line therapy. There is an established evidence base for psychopharmacological treatment in ADHD. The current therapeutic recommendations for the general population apply to people with ADHD and IDD. The study is a review of psychotherapeutic interventions in the treatment of ADHD in adults with and without IDD supported by a case study.
Methods A literature search was conducted in "Pubmed" and "PsycInfo" using the keywords "Psychotherapy", "ADHD", "Adults" and further "Psychotherapy", "ADHD", "Adults", "intellectual", "disabilities". Exclusion criterion was ADHD as a sub-syndrome in the presence of other syndromes.
Results Only 2–3 publications on psychotherapy in adults with ADHD were found. Very little was found on people with IDD, and these were especially combined with the Fragile X Syndrome.
Conclusion Psychotherapy in adults with ADHD is not yet well elaborated in the scientific literature. There are some common used intervention strategies like psycho-education, cognitive behavioural therapy, and attention focusing interventions such as mindfulness-strategies. Using the principles of Easy-to-Read language and modifying the general therapeutic settings as rec-

ommended by NICE, an adaptation of these interventions in the treatment of adults with ADHD and IDD has potential.
Disclosure of interest The author has not supplied his/her declaration of competing interest.

http://dx.doi.org/10.1016/j.eurpsy.2016.01.1737

EV753

Think fast, treat faster – a case of a treatable rapidly progressive dementia

V. Espirito Santo[1,*], A.R. Figueiredo[2], R. Almendra[1], A. Almeida[3], P. Guimaraes[1], A.G. Velon[1]
[1] *Centro Hospitalar Trás-os-Montes e Alto Douro, Serviço de Neurologia, Vila Real, Portugal*
[2] *Centro Hospitalar Trás-os-Montes e Alto Douro, Serviço de Psiquiatria, Vila Real, Portugal*
[3] *Centro Hospitalar Trás-os-Montes e Alto Douro, Serviço de Neurologia, Neuropsicologia,, Vila Real, Portugal*
* *Corresponding author.*

Introduction Rapidly progressive dementias (RPD) are conditions that develop over days, weeks or months, which could be treatable if diagnosed in the acute phase.
Clinical case A 62-year-old man with personal history of type 2 diabetes, started complaining of fronto-temporal headache, nausea and sub-febrile temperature. He went to his family doctor who prescribed ciprofloxacin 500 mg bid. Later on, he had difficulty to sleep and referred complex visual hallucinations. His family noted involuntary movements of the left upper limb and that he became more clumsy needing help for daily life activities. He went to our hospital one week later. He was apyretic and hemodynamically stable. On neurological examination, he had executive and visuospecial dysfunction, left limbs bradykinesia and ipsilateral limb ataxia. Involuntary movements of his left upper limb resembled alien limb phenomena. Complete blood count, complete metabolic panel, iron, folic acid, vitamin B12, anti-neuronal antibodies were normal. HIV, hepatitis B and C serologies were negative. Cerebrospinal fluid study showed 4 cells (100% mononuclear), normal glucose and protein levels, negative bacteriological exam but positive Herpes Simplex-1 Virus (HSV) DNA. Brain CT and MRI showed signs of ischemic microangiopathic leukoencephalopathy. He started treatment with acyclovir 30 mg/kg/d IV and quetiapine 100 mg id. His symptoms improved but he remained with a mild mnesic cognitive deficit and bradykinesia that stayed stable 3 years later.
Conclusion This case exemplifies atypical HSV-1 encephalitis, one cause of RPD, that an early recognition is essential to reduce its associated morbidity.
Disclosure of interest The authors have not supplied their declaration of competing interest.

http://dx.doi.org/10.1016/j.eurpsy.2016.01.1738

EV754

Effectiveness of cognitive behavioral therapy in the treatment of a phobic disorder in a patient with Down syndrome and early Alzheimer's disease

J. Mallet[1,*], V. Guillard[2], O. Huillard[3], C. Dubertret[1], F. Limosin[4]
[1] *AP–HP, Louis-Mourier Hospital, Psychiatry, Colombes, France*
[2] *Groupe ERIC, Psychiatry, Plaisir, France*
[3] *AP–HP, Cochin Hospital, Medical oncology and ethics, Paris, France*
[4] *AP–HP, Corentin-Celton Hospital, Psychiatry, Issy-les-Moulineaux, France*
* *Corresponding author.*

Introduction Down syndrome was clinically described the first time in France by Esquirol (1838) followed by Down (England, 1866), to the identification of a chromosomal abnormality in 1959 (trisomy 21), which is the most common abnormality in neurodevelopmental disorders. Life expectancy increased from 9 years in 1929 to 55 currently. This is a common cause of mental retardation, and few tools are suitable for the care of these patients, including patients with Alzheimer's disease (prevalence of 55% between 50 and 59) or depression (prevalence 30%). No study evaluates the effectiveness of cognitive and behavioral therapy (CBT) in patients with Down syndrome but it is known to be effective in Alzheimer's patients. Some cases have been reported on the efficacy of CBT on phobias in patients with intellectual disability.
Objectives and aims To evaluate the efficacy of CBT in the treatment of a specific phobia in a patient with Down syndrome and early Alzheimer's disease.
Method Literature review and clinical case of a 51-year-old patient, hospitalized under constraints for behavioral disorders (agitation, body treatments refusals).
Results By adapting CBT techniques to the problem of intellectual disability, treatment against the phobia was effective with clinical improvement, which allowed a return home.
Conclusion The tools provided by CBT are suitable for the treatment of anxiety disorders in patients with intellectual disability, especially in patients with Down syndrome. Psychiatric disorders are under-diagnosed in these patients and under-treated. CBT is an aid to the treatment. It may allow the dismantling of symptoms and reduce behavioral problems.
Disclosure of interest The authors have not supplied their declaration of competing interest.

http://dx.doi.org/10.1016/j.eurpsy.2016.01.1739

EV755

Cretinism muscular hypertrophy: An unorthodox reflection

H. Mohsin*, A. Channa
Liaquat National Hospital, Psychiatry, Karachi, Pakistan
* *Corresponding author.*

The Kocher Debre Semelaigne Syndrome (KDSS) is also known as cretinism muscular hypertrophy. It is an unusual presentation in intellectually deficit children, commonly associated with congenital or iatrogenic hypothyroidism. The incidence of KDSS is less than 10%. It is more common in males, consanguineous marriage and age range from 18 months to 10 years [4]. The creatinine phosphokinase (CPK) is usually elevated [5]. It might be misdiagnosed particularly when other classical features of hypothyroidism are not dominant at first presentation. We present a case of 15-year-old intellectually deficit female. Her epilepsy had been managed on phenytoin for a decade. She had rigidity, leg cramps, malaise, oliguria, fever, myxedema, delayed deep tendon reflexes, calf muscle hypertrophy and agitation. Her agitation was controlled by haloperidol, which worsened the condition by altering her mental status. The patient was initially managed on line of Neuroleptic Malignant Syndrome due to raised CPK of 40,680 IU/L and mixed presentation. Nevertheless, no significant change was noticed until thyroid profile was done to exclude alternative resources. Thyroid stimulating hormone (TSH) was 74.5 IU, free T3 1.22 ng/dL, and free T4 0.43 ng/dL. Thyroxine was started along with change in antiepileptic and recovery was observed within five days. This case report highlights the inconsistent finding from previously reported cases of KDSS. The female gender, non-consanguineous marriage, slightly delayed onset with primarily neuromuscular symptoms, and raised CPK is not the frequent demonstration in KDSS. On parallel, thyroid work-up is not routinely done, which can lead to misdiagnosis and mismanagement.
References not available.
Disclosure of interest The authors have not supplied their declaration of competing interest.

http://dx.doi.org/10.1016/j.eurpsy.2016.01.1740