EPP0220

Associated factors of presenteeism in a random sample of Portuguese nurses: a cross-sectional study

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Introduction: Presenteeism is increasingly being seen as a threat to employee efficiency. Nursing professionals are exposed to occupational hazards that may compromise physical and mental health, interfere with the quality of life of the worker and the quality of care provided to the patient and cause illness and generate costs for the institutions.
Objectives: This study aimed to evaluate which are the personal (age, sex, educational qualifications), professional (organization, seniority in the organization, seniority in function, employment relationship, work regime and professional category) and health variables, that best relate to sickness presenteeism.
Methods: A quantitative cross-sectional study was conducted. The sample is probabilistic and the universe of this study included all nurses who work in Portuguese health institutions (whether they are of a public, private or public-private nature). Inclusion criteria were nurses with clinical activity and/or management in institutions in the aforementioned modalities, and nurses in teaching activity in higher education institutions were excluded from this study, on an exclusive basis. The final sample was composed of 424 nurses.
Results: Most of the nurses who answered the e-survey are female (86.8%), aged 40 years or over (59.9%), who live in the northern region of the country (31.4%), who work in public organizations (85.5%), in differentiated health care units (52.6%) and with an employment contract in public functions (63.7%). More than half (53.3%) of participants are specialist nurses and 72.4% of respondents did not have a previous disease condition. The variables that best correlated with presentism were the female gender, the organization where you work (public), and the presence of a previous disease condition.
Conclusions: The results presented may constitute a challenge for change for policymakers, managers and health professionals, in the sense of addressing presenteeism with the creation of occupational health programs directed to the needs of nurses. Other measures include flexible working hours, work policies that promote staff retention, and a strong commitment to the training and qualification of nurses capable of ensuring better performance and involvement in the organizational culture.

Disclosure of Interest: None Declared

EPP0221

Cerebellar dysfunction and autism spectrum disorders – what do we know?

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Introduction: Autism spectrum disorders (ASD) are complex neurodevelopmental conditions characterized by impairments in social cognition and repetitive behaviors with onset in early infancy.
Deficits in emotion recognition, social perception, and communication have been identified as core symptoms of ASD.
Comorbid disorders are frequent, namely psychiatric illness, epilepsy, sleep disruption, and hyperactivity.
Immune profile changes during early life may contribute to pathogenesis of ASD. Other risk factors include advanced parental age, fetal environment, fertility treatments, medications, and nutritional and toxic factors.
Several brain regions are involved in the pathophysiology of ASD but the cerebellum is the structure most consistently found altered.
An increased risk of ASD is associated with cerebellar damage.
Objectives: To highlight the importance of understanding the key processes of cerebellar development and how altered cerebellar function leads to social and cognitive impairments, and consequently ASD.
Methods: Non-systematic review of the literature using *Pubmed* database. Papers were selected according to their relevance.
Results: From imaging studies, we can understand that cerebellum is not just about motor function. Different tasks like adding working memory, emotional and social processing, and language seem to be part of core functions of the cerebellar circuit.
Adults with lesions in the cerebellum can develop cerebellar cognitive affective syndrome (CCAS), with core symptoms of impaired executive function, difficulties in spatial cognition, blunted affect, or inappropriate behavior. Some children who have tumor resection surgery for medulloblastomas also exhibit symptoms of CCAS, and some experience posterior fossa syndrome (PFS).
The linguistic, cognitive, and behavioral deficits in CCAS and PFS may contribute to explaining how cerebellar alterations are related to ASD, which is a neurodevelopmental disorder characterized by an earlier onset and broader spectrum of these symptoms.
Conclusions: The literature has suggested an important role for cerebellar dysfunction in etiology of ASD, under certain premises: (a) cerebellar expansion temporarily coincides with onset of ASD; (b) cerebellum is prone to lesions during this period; (3) cerebellar lesions contribute to dysfunctional social and language abilities.
Disturbances in cerebellar development lead to alterations in higher cognitive functions, due to changes in Purkinje cells. These dysfunctional neurons, once integrated into a brain circuit that controls complex tasks, lead to these functions becoming aberrant.
It is therefore fair to say that cerebellum is important for development of the so-called "cognitive and social brain" since it is itself part of this network. So, the cerebellum certainly plays a relevant role in pathophysiology of ASD.

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EPP0222

Attention-deficit/hyperactivity disorder and dementia – is there a link?

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Introduction: Attention-deficit hyperactivity disorder (ADHD) is a neurodevelopmental disorder characterized by cognitive deficits

and/or behavioral disturbances. The symptoms begin before 12 years and must cause an impact in different contexts. It is now recognized that in 40–60% of cases, ADHD symptoms persist into adulthood and old age, representing nearly 4% of adults and seniors.
Executive and memory deficits have been described in other neurodevelopmental disorders, such as autism, and older adults with these disorders are observed, later in life, with mild cognitive impairment (MCI) or dementia.
MCI is conceptualized as a prodromal stage of a neurodegenerative process, for which the pathological processes are not yet known. The term "MCI" is currently used to designate subjective complaints and performance below expected levels, in any cognitive domain.
There is, therefore, an overlap between ADHD and MCI in older adults, related to cognitive and behavioral symptoms. This overlap makes both syndromes difficult to distinguish, particularly in older patients.
Objectives: To highlight the importance of understanding the key processes of ADHD and MCI and how these entities may be related to each other.
Methods: Non-systematic review of the literature using *Pubmed* database. Papers were selected according to their relevance.
Results: Sleep disturbances are present in about 70% of adults with ADHD, and 59% of those with MCI. Depression and anxiety, respectively, are observed in about 44% and 35% of adults with ADHD, and 27% and 14% of those with MCI.
In the literature, the relationship between ADHD and MCI/Dementia remains unclear, although there are some hypotheses: (a) ADHD and MCI represent two points along a single pathophysiological continuum; (b) ADHD increases the risk for MCI and dementia (through an unrelated mediator); (c) ADHD and MCI manifest highly similar neurobehavioral symptoms through fundamentally distinct mechanisms (are unrelated). However, these three hypotheses are not mutually exclusive, i.e. ADHD may share common antecedent causal factors with MCI/Dementia and also increase the risk of MCI/Dementia through an unrelated mediator.
Neuroimaging evidence tends to support the hypothesis that neurobehavioral symptoms in ADHD and MCI manifest via distinct processes within the brain, with frontostriatal, frontal-temporoparietal, and fronto-cerebellar abnormal networks in ADHD and progressive neurodegeneration in MCI.
Conclusions: Whether or not ADHD is a phase of a neurodegenerative process, the current criteria for the diagnosis of MCI or Dementia may not be appropriate or valid in individuals with a premorbid history of ADHD.
The criteria for the diagnosis of MCI/Dementia in adults with a previous diagnosis of ADHD should therefore be revised to rely more on functional outcomes.
Future neurobiological and epidemiological studies are needed, to explore the relationship between MCI/Dementia and ADHD, in older adults.

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EPP0223

The effects of the mother's ADHD on her parenting role

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Introduction: Attention Deficit Hyperactivity Disorder (ADHD) is the second most common psychiatric disorder in childhood, affecting 5-7% of the child population. The same disorder in adults is less documented and is estimated at 2.5% of the population. The mothers of children with ADHD are 24 times more likely to develop ADHD than mothers of children without ADHD. About 17% of mothers of children with ADHD meet criteria for the disorder themselves. The core symptoms of ADHD are inattention, hyperactivity and impulsivity.
Objectives: The objective of this e-poster is to describe the effects of the mother's ADHD on her parenting role
Methods: The current poster is based on the bibliographic reviews of papers via the 'PubMed' search engines.
Results: In some studies mothers with ADHD may use ineffective discipline methods in order to limit their children.The mothers with ADHD often have difficulties with executive functions such as planning, organizing and implementing goals and with self-control. Characteristically, in a study with a sample of mothers with children aged 3-6 years were observed difficulties in defining the boundaries of the children, unstable behavior and low self-esteem. Additionally, mothers with ADHD may have difficulty forming and maintaining social relationships and this have a negative effect on children's social skills. The maternal role is influenced by when the mother suffers from depression, anxiety, uses alcohol or psychotropic substances. In addition, her role is influenced by when there are problems in the marital relationship or she is a single parent. The reactions of the mother with ADHD may be influenced not only by whether she has ADHD but also by whether or not her child has been diagnosed with ADHD. The mother with ADHD and child with ADHD has to deal not only with her own symptoms but also with her child's symptoms. The coexistence of the specific disorder in both may cause increased levels of stress to the mother. Nevertheless, some research reports that these mothers show empathy towards their children, i.e. they have a more positive and supportive behavior, they are more protective, less irritable and less frustrating (similarity-fit hypothesis). In other studies mothers with ADHD worsen their children's symptoms with their behavior (similarity-misfit hypothesis). There is a significant correlation between the mother's ADHD and the child's emotional, behavioral and social functioning.
Conclusions: In conclusion, mothers with ADHD may experience difficulties in all developmental stages of their children. Therefore, the treatment of the disorder (medication and cognitive-behavioral psychotherapy) is necessary in order to improve the mothers' symptoms, the mental condition of their children and the family's quality of life.

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EPP0224

Adherence to psychiatric medications and diagnosis

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Introduction: Patients with mental disorders frequently become non-adherent during their long term prescribed treatment. This