EPV0211

Multimethod Assessment of Mentalizing and its relations with Somatic Symptoms in Adolescents with Primary Headache

F. Bizzi¹, S. Charpentier Mora¹, M. Tironi^{1*}, A. Riva² and R. Nacinovich²

¹University of Genoa, Department Of Educational Sciences (disfor), Genoa, Italy and ²San Gerardo Hospital, Child Neuropsychiatry Clinic, Monza, Italy

*Corresponding author. doi: 10.1192/j.eurpsy.2022.1122

Introduction: Difficulties in mentalizing (i.e., the ability to reflect on self and others' internal mental states, operationalized as reflective functioning [RF]; Fonagy et al., 2012) have been associated with psychological symptoms (Luyten et al., 2020), including somatic symptoms (Bizzi et al., 2019). Therefore, the assessment of its dimensions may be clinically relevant for young patients with somatic symptoms, as with Primary Headache (PH), representing one of the most common somatic complaints in children and adolescents. **Objectives:** This study aimed to assess RF with a multi-method approach, exploring its relation with somatic symptoms.

Methods: 48 adolescents diagnosed with PH (M_{age}=14.83, SD=2.81; 67% females) were recruited from an Italian Child Neuropsychiatry Clinic. RF was measured both through the Child and Adolescent Reflective Functioning (CRFS) applied to the Child Attachment Interview transcripts and the self-report Reflective Functioning Questionnaire (RFQ), while the Children's Somatization Inventory (CSI-24) was used to measure the perceived severity of somatic symptoms.

Results: Different relations with somatic symptoms depended on the method used to evaluate RF: no significant correlations were found with the CRFS subscales (General, Other, Self), while a negative significant correlation was found with the RFQ subscale Certainty about mental states (RFQ_C) (r=-.46, p=.016). All subscales of CRFS were negatively correlated with RFQ_C (p=.05), but not with the other RFQ subscale (Uncertainty about mental states; RFQ_U). **Conclusions:** This suggests that two measures may lead to different dimensions of the same construct, thus a multi-method assessment of RF would be advisable in clinical practice.

Disclosure: No significant relationships.

Keywords: mentalizing; Primary Headache; Adolescents; somatic symptoms

EPV0212

Health-related quality of life of adolescents living with HIV treated at the HIV Clinic at the National Institute of Pediatrics at Mexico City

D.B. Montoya Moya¹*, D. Molina² and J. Ordoñez Ortega^{2,3}

¹Instituto Nacional de Pediatria, Salud Mental, Ciudad de Mexico, Mexico; ²INSTITUTO NACIONAL DE PEDIATRIA, Child And Adolescence Psychiatry, MEXICO, Mexico and ³Instituto Nacional de Pediatria, Infectology Department, Ciudad de Mexico, Mexico *Corresponding author. doi: 10.1192/j.eurpsy.2022.1123

Introduction: ATR for children has successfully increase survival to adolescence. Health-related quality of life (HRQoL) is relevant to evaluate the impact of the disease on well-being in adolescents

living with HIV (ALH). Kidscreen-52 questionnaire is validated in mexican adolescents to measure HRQoL

Objectives: To evaluate health related quality of life in a sample of 22 mexican ALH

Methods: A sample of ALH in treatment at the HIV Clinic during 2021, were evaluated with Kidscreen-52 by a child psychiatrist. Statistics included non parametric tests and Cohen "d" and "r" size effect to compare T means between ALH and Kidscreen-52 standardized scores. **Results:** Mean age:14.4+2.5. Gender: 11(50%)boys, 11(50%)girls. ALH showed significantly lower scores in all domains. Girls reported lower scores in physical well-being(p=0.047) and autonomy (p=0.023). Orphan ALH had lower scores in mood and emotions (p=0.021)

KIDSCREEN-52	ALH MEAN/ SD	KIDSCREEN-52 MEAN/SD	COHEN'S"d"	"r"
PYSICAL WELL-BEING	18.45+3.9	42.6+6.6	- 4.4	-0. 91
PSYCHOLOGICAL WELL- BEING	23.04+6.03	51.2+8.7	- 3.7	-0. 88
MOOD	25.3+6.13	44.8+7.5	- 2.8	-0. 81
SELF-PERCEPTION	20.27+3.22	47.3+7.6	- 4.6	-0. 91
AUTONOMY	18.09+4.9	46.6+9.4	- 3.8	-0. 88
SOCIAL SUPPORT AND PEERS	24+5.1	51.0+9.4	-3.5	-0. 87
PARENTS AND HOME LIFE	20.95+6.2	48.6+9.4	- 3.4	- 0.86
FINANCIAL RESOURCES	9.04+3.21	44.7+7.3	- 6.3	-0. 95
SCHOOL ENVIROMENT	19.73+7.13	53.3+7.9	- 4.46	-0. 91
SOCIAL ACCEPTANCE	12.91+2.11	46.3+9.6	- 4.8	- 0.92

Conclusions: - HRQoL were significantly lower in ALH. -Girls showed significantly lower scores in physical well-being and autonomy. - ALH orphans showed significantly lower scores in mood and emotions domain

Disclosure: No significant relationships. **Keywords:** health-related quality of life; HIV; Quality of Life

EPV0213

Emotion-focused Cognitive-Behavioral Therapy for externalizing disorders in children and adolescents : an attempt to resolve emotion regulation difficulties

N. Arfaoui^{1*}, M. Hajri¹, Z. Abbes¹, S. Halayem² and A. Bouden³ ¹Razi Hospital, Child And Adolescent Psychiatry, Manouba, Tunisia; ²Razi Hospital, Child And Adolescent Psychiatry, manouba, Tunisia and ³Razi hospital, Child And Adolescent Psychiatry, manouba, Tunisia

*Corresponding author. doi: 10.1192/j.eurpsy.2022.1124

Introduction: Deficient emotion regulation is a common and impairing area of difficulty among children and adolescents with externalizing disorders. Emotion focused cognitive behavioral therapy ECBT is a form of CBT that is suggested to be employed to improve dysregulation of anxiety and other kind of emotions in anxious youth.

Objectives: Examine the efficacy of an Emotion-focused Cognitive-Behavioral Therapy (ECBT) inspired program on emotional regulation difficulties and behavioral problems in children and adolescents with externalizing disorders