

nonapeptides – oxytocin and vasopressin – might play a pivotal role in their development.

Objectives: To evaluate if single nucleotide polymorphisms in OXTR and AVPR1A genes are linked to the severity of symptoms in autism spectrum disorder.

Methods: The study was conducted on the group of 40 Caucasian males with average age of 14,22 (SD: 1,71) years. ADOS-2 examination was utilized for confirmation of ASD diagnosis as well as evaluation of symptoms severity in each patient. The genotyping of preselected SNPs for each gene (rs10877969; rs7294536; rs2254298; rs53576) was conducted.

Results: “CC” genotype at rs7294536 ($p=0,033$) was significantly associated with higher outcomes of ADOS-2 especially in terms of social affect. In case of oxytocin receptor gene, frequency of “AA”/“AG” genotype at rs2254298 equaled 100% and of “AA”/“AG” genotype at rs53576 equaled 85% of the study group (expected “A” allele frequency in neurotypical European population was respectively 11% and 35% according to 1000Genomes database). For rs10877969 prevalence of “CC”/“CT” genotype equaled 95% while expected frequency of “C” allele in neurotypical European population was 13%.

Conclusions: Overrepresentation of minor alleles at rs2254298, rs53576 and rs10877969 in patients with ASD might indicate their link to development of ASD. Furthermore, significant association between minor allele at rs7294536 and symptoms severity suggest potential role of arginine-vasopressin receptor deficiency in clinical picture of ASD.

Disclosure: No significant relationships.

Keywords: oxytocin; vasopressin; autism; social

O028

Restricted visual scanpaths and hyperarousal during emotion recognition in childhood social anxiety disorder

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Introduction: Social anxiety disorder (SAD) typically develops during late childhood or early adolescence, and often runs a chronic course if left untreated. Maladaptive processing of social information has been suggested to contribute to the etiology and maintenance of SAD. Scanpaths are a succession of visual fixations and saccades through which individuals extract information during face perception. Atypically long scanpaths have previously been reported in adults with SAD but no studies have been conducted on youth samples. SAD has previously also been linked to atypical arousal during face processing.

Objectives: This study aimed to investigate differences in visual attention and arousal to emotional faces comparing children and adolescents with SAD to a non-psychiatric population of youths.

Methods: In one of the largest eye-tracking studies of pediatric SAD to date, children and adolescents with SAD ($n = 62$) and healthy controls ($n = 39$) completed a task where they were meant to recognise different emotional expressions in pictures of faces while

their eye movements were recorded. The visual scanpath and the pupil dilation response were examined.

Results: Youth with SAD showed restricted scanpaths, suggesting they scanned a more limited part of the face during face perception. Higher pupil dilation was also observed in the children and adolescents with SAD.

Conclusions: The restricted pattern of scanpath observed in youth with SAD is contrary to findings among adults, but similar to what has been reported in neurodevelopmental disorders associated with social interaction impairments such as autism. Restricted scanpaths may partially contribute to the maintenance of social anxiety disorder.

Disclosure: No significant relationships.

Keywords: social anxiety disorder; eye tracking; scanpaths; Children and Adolescents

O029

Mentalization in developmental age’s eating disorders: Comparison between anorexia nervosa and avoidant/ restrictive food intake disorder (ARFID)

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Introduction: Anorexia Nervosa (AN) and Avoidant/Restrictive Food Intake Disorder (ARFID) are two primary restrictive eating disorders described in DSM-5, characterized both of them by insufficient food intake. This behavior in ARFID is not driven by weight and shape concerns that typify AN. While there are several studies that highlight the presence of mentalizing difficulties in AN, there are still no data about mentalizing profile in ARFID.

Objectives: The aim of this study was to better characterize the mentalizing profile of AN and ARFID children and adolescent.

Methods: Two groups of AN or ARFID outpatients (15+15), aged 6 to 18 years, were assessed by Alexythymia Questionnaire for Children (AQC) and Toronto Alexythymia Scale-20 (TAS-20) to evaluate alexythymia; by Interpersonal Reactivity Index (IRI) and Basic Empathy Scale (BES) to assess empathy; by NEPSY-II social perception subtests to evaluate Theory of Mind and Emotion recognition. Exclusion criteria were the presence of intellectual disability, pervasive developmental disorders and binge eating behavior (eating disorder other than AN or ARFID).

Results: Preliminary results showed different mentalizing profiles between ARFID and AN patients, with differences in the score for affective empathy, lower in ARFID than in AN patients while the score for alexythymia traits resulted higher in AN population.

Conclusions: By our results, mentalization impairment appeared trans-diagnostic across several eating disorders. This first result should be further improved to better analyze this construct in order to develop effective clinical intervention to improve the subject’s affective regulation.

Disclosure: No significant relationships.

Keywords: eating disorders; mentalization; anorexia nervosa; ARFID