

Objectives: The aim is offering a perspective on the clinical characteristics, genetic and environmental implications, and treatment challenges of two siblings with EOS and seeking to enhance understanding of EOS's complexity, particularly in the context of treatment resistance.

Methods: A comprehensive retrospective review of the siblings' all medical records was conducted, focusing on their psychiatric history, symptoms, treatment trials, and responses of treatment. Both cases' current clinical situations were evaluated cross-sectionally.

Results: *Older sibling:* 19 year-old male, was diagnosed with EOS following the onset of symptoms as social withdrawal, negativism and suspiciousness at the age of 14. He referred to the inpatient clinic with the cause of drug intake refusal. Risperidone treatment started but there was no significant response. Risperidone to olanzapine switch made and clinical remission observed. After his discharge, 4 more hospitalisations in 5 years needed due to low socioeconomic status, parental neglect and him having no insight and stopped taking his medications repeatedly. Several depot form antipsychotic injections started to prevent recurrent hospitalisation. Despite that he needed several hospitalisations to adult psychiatry inpatient clinics. *Younger sibling:* 14 year-old female, were diagnosed with EOS following the symptoms as auditory hallucinations, suspiciousness, disorganised speech and behaviours at the age of 13. She referred to the same inpatient clinic with suicidal risk after 2 years of his brother's last hospital stay. She responded good to olanzapine treatment like her brother's, during her first stay. After 2 weeks of her discharge, her psychotic symptoms started again with no specific reason. Second hospitalisation needed due to her homicidal and suicidal risk. Clozapine and aripiprazole treatment started and she discharged in partial remission. She is being followed in outpatient clinic, with low functioning.

Conclusions: Despite trials of multiple antipsychotic medications and adjunctive treatments, both siblings demonstrated significant treatment resistance. These sibling cases underscore the complexity and challenges in managing EOS, particularly when it presents with treatment resistance. The shared familial environment and potential genetic factors demand further investigation to elucidate the pathogenesis of EOS and optimize therapeutic approaches.

Disclosure of Interest: None Declared

EPV0150

Effective Use of Clozapine in Managing Treatment-Resistant Conduct Disorder in an Adolescent Patient: An Unconventional Approach

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doi: 10.1192/j.eurpsy.2024.931

Introduction: This case report elaborates an unconventional approach to the management the use of clozapine, typically used in treatment-resistant Schizophrenia, in a 17-year-old female

patient with treatment-resistant Conduct Disorder, Attention Deficit and Hyperactivity Disorder and Intellectual Disability.

Objectives: The aim is to demonstrate the potential effectiveness and applicability of clozapine in treating severe, treatment-resistant behavioral problems associated with Conduct Disorder, even without the presence of psychosis, by detailing the clinical course, treatment strategy and outcome of this unique case.

Methods: A 17-year old female patient was referred to inpatient clinic due to escalating aggression towards her family members and risky sexual behaviors despite undergoing treatments before as risperidone, haloperidole, olanzapine, lithium, clonidine or aripiprazole. She was running away from home repeatedly and under the risk of sexual abuse. After comprehensive clinical and psychopathological assessment, a decision was made to initiate treatment with clozapine, closely monitoring the patient for adverse effects, and assessing its impact on the patient's aggressiveness and other behavioral problems. During her stay, clozapine dose titrated to 250 mg/day in addition to her current treatment as amisulpiride 800 mg/day and valproic acid 500 mg/day. Atropine solution as mouthwash used for salivary hypersecretion. No other side effects observed. Cognitive and behavioural therapy interventions made for anger management and impulsivity. Also focused on family-based interventions about establishing healthy boundaries.

Results: A significant reduction in aggressive behavior was noted under the treatment of clozapine. The patient's overall conduct and interaction with family improved remarkably. The treatment was well-tolerated except sialorrhea, leading to a successful integration back into her family and community.

Conclusions: This case highlights the potential of clozapine as a viable treatment option for managing severe, treatment-resistant behavioral problems in patients with conduct disorder, even in the absence of psychosis. A randomized-controlled trial showed that clozapine was more effective than risperidone in conduct externalization factors, delinquency trait and global functioning in children and adolescents (Juárez-Treviño *et al. Clin Psychopharmacol Neurosci.* 2019;17(1):43-53). While it necessitates careful monitoring due to its side-effect profile, this unconventional use of clozapine may open up new avenues for the management of treatment-resistant conduct disorder, thereby improving patient outcomes and quality of life. Further controlled studies are warranted to ascertain the safety and efficacy of this approach.

Disclosure of Interest: None Declared

EPV0151

Cyber victimisation and depression among adolescents in Tunisia: a case report study and review of literature

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doi: 10.1192/j.eurpsy.2024.932

Introduction: Cyber victimization is a form of violence that is perpetrated through social media, and its victims are primarily

adolescents and young adults. This can have a negative impact on their psychosocial well-being.

Objectives: To investigate the relationship between cyber victimization, depression, and suicide, identifying risk factors, prevention and intervention strategies through an case report.

Methods: We report the clinical case of a 16-year-old Tunisian man who developed a depressive disorder after being cyber-victimized. We also conducted a literature review in PubMed database keywords: depression, suicide, cybervictimisation, adolescents to identify risk factors, prevention and intervention strategies.

Results: The adolescent was a member of a youth group called The Gung, which organized climbing challenges that were then broadcast on Facebook. He was the victim of cyberbullying after failing a challenge that was broadcast live. As a result, he was rejected by his group of friends and subjected to death threats and bullying. A clinical examination revealed major depressive disorder, low self-esteem, and low self-assertion. The patient was treated with a combination of medication and psychotherapy, and he had a good outcome with social and educational reintegration.

Several studies have found that cyber victimization is associated with depressive disorders, anxiety disorders, and suicidal behavior among youth. Several risk factors have been identified, including low socioeconomic status, disrupted family dynamics, low self-esteem, and psychiatric disorders. Prevention and intervention strategies involve families, educational institutions, civil society, and health professionals.

Conclusions: The seriousness of cyber victimization among youth is undeniable. Early and personalized intervention is necessary to prevent suicidal behavior and restore the well-being of adolescents.

Disclosure of Interest: None Declared

EPV0155

ADHD: Development of a printable poster for parents, teachers and healthcare professionals

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doi: 10.1192/j.eurpsy.2024.933

Introduction: ADHD is a very frequent reason for consultation in child psychiatry. It affects 2.5% of children and 5% of adults. Diagnosis is clinical. Treatment is based on medication combined with psychosocial interventions.

Objectives: Develop an ADHD guide for caregivers.

Methods: We carried out a literature review covering the last 5 years using the google scholar and pubmed search engines, including the key words ADHD, in order to produce a printable guide for caregivers working with children, in particular school teachers and healthcare personnel.

Results: Attention deficit hyperactivity disorder (ADHD) is a neurodevelopmental disorder affecting 5% of school-age children. It is characterized by abnormally high levels of developmental inattention, hyperactivity and impulsivity, leading to impaired personal, social, academic or occupational functioning. Because of its pervasiveness, ADHD can interfere negatively with general well-being, as well as with social life, academic performance and the development of social skills, which can lead to low self-esteem.

ADHD has multiple etiologies. It is thought to be due to a complex interaction between genes and environment. In fact, genetic vulnerability predisposes to the disorder which, under the influence of an unfavorable environment, expresses itself in clinical symptoms represented by 2 dimensions: inattention, hyperactivity and impulsivity. Diagnosis is essentially clinical, and treatment is based on medication combined with psychosocial interventions.

Conclusions: ADHD is one of the most frequently encountered disorders in general practice, pediatrics and child psychiatry. Early recognition of the disorder enables appropriate management, while limiting the impact of the disease on the functioning of the young person and his or her family.

Disclosure of Interest: None Declared

EPV0157

Assessment of Sleep Habits and Problems in Children Aged 7 to 10: An Observational Study.

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doi: 10.1192/j.eurpsy.2024.934

Introduction: Appropriate sleep habits play a pivotal role in the physical and psychological development of children. However, sleep deprivation or sleep problems can have a significant impact on children's mental health and daily functioning. This study investigates the sleep habits and problems in children aged 7 to 10 who attend the Child and Adolescent Psychiatry Service at CHTMAD, Vila Real, Portugal.

Objectives: The primary objective of this study is to assess the sleep habits and problems in children aged 7 to 10, aiming to establish data that can guide the development, implementation, and reevaluation of future interventions tailored to this age group.

Methods: This study is observational in nature and involved the participation of 21 patients from the Child and Adolescent Psychiatry Service at CHTMAD, Vila Real, Portugal, throughout the year 2022. Questionnaires related to sleep habits were administered to this population. Parents were invited to complete the Children's Sleep Habit Questionnaire (adapted from the Children's Sleep Habit Questionnaire by Prof. Owens, 2000), while the children (patients) were asked to fill out the Sleep Self Report-PT (adapted from Owens 2000 Research Version) and the Strengths and Difficulties Questionnaire (SDQ-Por, by Robert Goodman, 2005).

Results: As of now, the results of this study are still being processed. The data collected from the questionnaires will be analyzed to gain insights into the sleep habits and issues of children aged 7 to 10 years attending the Child and Adolescent Psychiatry Service in Vila Real, Portugal. Findings will be discussed, and any significant observations or trends will be highlighted.

Conclusions: This research aims to provide valuable insights into the sleep patterns and problems experienced by children in the specified age group. By understanding these issues, we can develop and implement targeted interventions to improve sleep quality and overall mental well-being. The conclusions drawn from this study will contribute to the development of evidence-based strategies for enhancing the sleep health of children in the Child and Adolescent Psychiatry Service at CHTMAD, Vila Real, Portugal.

Disclosure of Interest: None Declared