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### Self-mutilations – an addictive behavior?

R. Velasco Rodrigues\*, J. Mesquita Reis, L. Queiroga  
Hospital Dona Estefânia, Child and Adolescent Psychiatry, Lisbon, Portugal

\* Corresponding author.

**Introduction** Self-mutilations are defined as an intentional behaviour that involves direct aggression to the person's body, without aware suicide intention. The Diagnostic and Statistical Manual of Mental Disorders IV (DSM-IV) included self-mutilation as part of the diagnostic criteria for the other specified disruptive, impulse-control, and conduct disorder or borderline personality disorder. Later, the DSM-5 suggests that this behavior constitutes a separate diagnostic entity. Despite the growing concern regarding the increased incidence of self-mutilation among adolescents, there is still no consensus on the pathogenesis of this behavior. Recent studies have suggested that, in some cases, non-suicidal self-injurious behavior may be understood as an addictive behavior. Based on this hypothesis, several researchers have conducted genetic, neurobiological and clinical studies, to verify the existence of common pathways between these two nosological entities.

**Objectives** The aim of this study is to conduct a literature review of studies that propose an additive model for self-injurious behavior, discussing its implications in the diagnostic and therapeutic interventions.

**Methodology** Articles indexed in the Pubmed database were analyzed as well as book and studies published in scientific journals.

**Conclusion** A better understanding of the pathogenesis of self-mutilation is crucial to our diagnostic and therapeutic interventions. Unfortunately, studies done on this topic in the past were inconclusive. Further clarification, through new studies, is needed in order for us to help adolescents with this behavior in a more effective way.

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### Face processing in autism spectrum disorder

E. Zaky

Faculty of Medicine, Ain Shams University, Pediatrics, Cairo, Egypt

**Background** Autism spectrum disorder (ASD) is a lifelong neurodevelopmental disorder that is characterized by impaired social and communicative abilities as well as restricted, repetitive, stereotyped pattern of behaviors, interests, and activities. Significant difficulties in social interactions in autistics are manifested by impairment in eye-to-eye contact, social reciprocity, and response to emotional cues.

**Objective** Highlighting the neurological basis of normal face processing and its abnormalities in ASD with percussions on the management plan of autistic children.

**Summary** Human face processing that was proved to be compromised in autistic individuals is pivotal for proper social interactions. Such simple spontaneous perceptual task in normal children is carried out by face processing areas of the brain; fusiform gyrus, superior temporal sulcus, and amygdala. Behavioral, electrophysiological, and neuroimaging studies showed evidences of dysfunction of such areas in autistics who often focus on face periphery and cannot interpret that it tells something about a person's state of mind. Very early targeted intervention can stimulate face processing areas of the brain during the early developmental phases of social brain circuitry which in turn will help autistics to pay attention to faces and learn to understand emotional expressions.

**Conclusion** Eventually, prevention or at least significant amelioration of severity and symptomatology spectrum of autism might be possible.

**Disclosure of interest** The author has not supplied his declaration of competing interest.

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### Depression episode in a patient with ataxic syndrome (case report)

B. Zenelaj, T. Jupe\*, V. Alikaj, B. Allkoja, V. Kodra  
University Hospital Centre "Mother Theresa", Psychiatry, Tirana, Albania

\* Corresponding author.

**Introduction** The etiologic diagnosis of ataxic syndrome is a challenge itself, requiring a complete history, physical examination, and sometimes neuroimaging, as well as extensive laboratory evaluation but despite that in many cases, the etiology remains uncertain. But in this case report, we are focused on a complication due to this syndrome, depression episode in a patient suffering from an yet unknown etiology of ataxic syndrome.

**Case presentation** An 18.5 years old Albanian female visits for the first time the child and adolescent psychiatry clinic suffering from insomnia for at least 3 months, had difficulties in taking care of her personal hygiene, did not communicate to anyone, loss of appetite, spent 2–3 hours crying without reason and depressive humor. She also manifested tremor and gait abnormalities, which according to her medical history a year ago, in Italy she was diagnosed with ataxic syndrome, but the etiology is not yet specified. BECK Depression Inventory at the first presentation scored 47 points. The girl was hospitalized and treated in our clinic.

**Conclusion** Patient suffering from ataxic syndrome have many neurologic complication with the passing of the years, but there has been little information or focus on the psychiatric ones and in the literature is described a syndrome called cerebellar cognitive affective syndrome with similar symptoms. In this case, we describe a patient with life-threatening situation due to her mental health condition and by treating the depression we noticed that the neurologic symptoms improved as well.

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### Comparison of cognitive functions children with the autism spectrum disorders and schizophrenia

N. Zvereva<sup>1,\*</sup>, N. Simashkova<sup>2</sup>, A. Koval-Zaitsev<sup>2</sup>

<sup>1</sup> Mental Health Research Center of RAMS, Clinical Psychology, Moscow, Russia

<sup>2</sup> Mental Health Research Center of RAMS, Child Psychiatry, Moscow, Russia

\* Corresponding author.

**Introduction** Autism spectrum disorder and early onset schizophrenia have many similar symptoms, however, these are different disorders. It is important to identify the main similarities/differences in the structure of cognitive impairment to define further assistance these children correctly. We distinguished two options for cognitive defect (total and partial) in children with schizophrenia.

**Aims** Comparison of cognitive functions at children with autism spectrum disorder and early onset schizophrenia.

**Objectives** Two groups with autism spectrum disorder (ASD1 – 22 patients of MHRC mean age 8.9; ASD2 – 27 pupils of special school mean age 7.4). Two groups with early onset schizophrenia