

period. Among children/adolescent and adult ADHD patients, 61.84% (95% confidence interval [95% CI] 61.74–61.93) and 78.72% (95% CI 78.53–78.91) had at least one psychiatric comorbidity, respectively.

Conclusions: Our results showed that the prevalence rate of diagnosed ADHD has increased in Korea; however, it is lower than the global average. Further studies are required to identify and treat vulnerable populations appropriately.

Disclosure of Interest: None Declared

EPV0224

psychiatric manifestations of corticosteroid therapy

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Introduction: Children and adolescents treated with corticosteroids (CS) may experience psychiatric side effects, including psychotic symptoms. These can occur at any time during treatment, including withdrawal. There is evidence in the adult literature that higher doses of CS increase this risk. However, the dose-response relationship is not clearly identifiable. This is probably a reflection of the complexity of the effects of CS on the central nervous system and the body.

Objectives: the objective of this study is to discuss the psychiatric manifestations secondary to corticosteroid therapy

Methods: This is a descriptive study of 10 children with a history of somatic pathologies for which they were placed on oral, nasal, or intravenous corticosteroid therapy and who during the course of this corticosteroid therapy presented with various psychiatric manifestations.

Results: The majority of the children studied were male, i.e., 7 boys to 3 girls, six children either 60%, were on nasal corticosteroids; 20% on intravenous corticosteroids, ., 20% orally.

The psychiatric manifestations noted were represented by : depressive disorder in 8 children Anxiety in 7 children a psychotic disorder in one child ADHD in 3 children.

Conclusions: A causal role of corticosteroid therapy in the development of mental disorders in children and adolescents has been widely discussed but the results are controversial with respect to the route of administration, the relationship with the dose and the chronology of the development of mental disorders.

Disclosure of Interest: None Declared

EPV0225

ASSOCIATION BETWEEN AUTOIMMUNE DISEASES AND MENTAL DISORDERS IN CHILDREN AND ADOLESCENTS

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Introduction: Autoimmune diseases play a role in the etiology of a range of psychotic disorders which has attracted increasing interest

in recent decades. This hypothesis is supported by genetic findings linking markers related to the immune system and mental disorders, and by clinical studies revealing increased levels of inflammatory markers in patients with mental disorders

Objectives: The objective of our work is to discuss the involvement of autoimmune diseases in the development of mental disorders in children and adolescents.

Methods: We conducted our study through the analysis of three clinical observations.

Results: These were three patients followed in the child psychiatry department for a characterized depressive disorder, an ASD and an acute psychotic attack, and in whom an autoimmune disease was revealed either in the history or on paraclinical explorations.

Conclusions: It appears legitimate to evoke and search for these autoimmune pathologies among the other organic etiologies, in front of any child or adolescent presenting acute and atypical psychiatric symptoms, tables of cognitive regression and resistances to the usual treatments. Biological immunological examinations, even invasive ones, should be repeated, if necessary.

Disclosure of Interest: None Declared

EPV0226

The metabolic syndrome and the prescription of psychotropic drugs in children and adolescents: three clinical cases

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Introduction: Antipsychotics have shown their interest in several pathologies of the child and the adolescent. However, in this vulnerable population, they are not without adverse effects. Depending on the type of molecule used, classical neuroleptics or second generation antipsychotics, but also within these own classes, the profile of tolerance and adverse effects differs. In this sense, children treated with psychotropic drugs have a higher risk of developing metabolic syndrome compared to children who do not take this treatment.

Objectives: The aim of this work is to discuss the metabolic syndrome in children treated with psychotropic drugs and this through three clinical vignettes.

Methods: we conducted our study through an analysis of three clinical cases

Results: It is about three children followed in the service of child psychiatry of the hospital Ar-razi of salé, aged respectively 11, 13 and 14 years, these children were put under psychotropic drugs for various mental disorders and developed during the evolution of metabolic side effects in particular a dyslipidemia, a diabetes of type 2 revealed by a diabetic ketoacidosis and a hyperprolactinemia.

Conclusions: Systematic monitoring and preventive programs targeting weight gain and metabolic side effects should be an integral part of the overall management of adolescents on psychotropic medications.

Disclosure of Interest: None Declared