

that may be present in several specifically undefined disorders and that may be associated with the development of more specific psychiatric disorders in adolescence and adulthood, such as Autism Spectrum Disorder, Schizophrenia or Bipolar Disorder. Those symptoms may include deficits in development, communication, language, social skills, motor coordination, attention, behavior, mood and sleep.

Objectives: To evaluate the association between Neurodevelopmental Disorders, which manifest by uncharacteristic and diffuse symptoms in early childhood, and Autism Spectrum Disorder, Schizophrenia and Bipolar Disorder.

Methods: We performed a non-systematic review of the existent literature with the keywords: "Attention Deficit"; "Hyperactivity Disorder"; "Autism Spectrum Disorder"; "ESSENCE"; "Schizophrenia"; and "Bipolar Disorder".

Results: Although *ESSENCE* is not a diagnostic term, some symptoms regarding *ESSENCE* are shared with early symptoms of different Major Psychiatric Disorders, namely speech and language delay, impulsivity, inattention, feeding difficulties, hypo/hyperactivity or other behavior problems.

There is a growing acceptance that the co-existence of disorders and the sharing of symptoms (so-called comorbidity) is a questionable concept, since we are usually not dealing with completely separate disorders.

Neurodevelopmental disorders present with frequent comorbidities and the overlap between the disorders still needs to be better studied, as in autism spectrum disorder and attention deficit hyperactivity, through a greater understanding of shared genetic and environmental factors and that reflect how early symptomatic syndromes can coexist in childhood, and later in adolescence and adulthood.

Conclusions: The concept of *ESSENCE* emphasizes the difficulty when making a diagnosis, specifically in Neurodevelopmental Disorders due to the fact that a variety of symptoms overlap. It is known that some disorders that will manifest in adulthood share symptoms with *ESSENCE*. Therefore, it is of great need to associate the current clinical findings with the present and future technologies, e.g. genetic markers, in order to identify a common core with *ESSENCE* and Major Psychiatric Disorders.

Disclosure of Interest: None Declared

EPV0159

How to adapt message to adolescents about sexuality?

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Introduction: A mature and fulfilling sexuality is based on appropriate sexual education. The message must be adapted to the level of knowledge and practices of young people. Old studies dating back more than 15 years have been published.

Objectives: The objective of this study is to assess adolescents' knowledge and attitudes about sexuality.

Methods: This is a descriptive cross-sectional study conducted among 80 adolescents using an anonymous online questionnaire.

Results: The average age of the participants was 18 years old 45% had had at least one sexual intercourse, they are mostly male. Only 9% had used a method of contraception. Most of them had heard of contraceptive techniques. Young age, male gender, lack of dialogue with parents, low socio-economic status and lack of sex education were significantly associated with a low level of knowledge about sexuality.

Conclusions: The results show that adolescents had risky practices with a lack of information. More studies are needed to approve these results and improve sexual health of these teenagers thanks to targeted sensitization.

Disclosure of Interest: None Declared

EPV0160

Therapeutic update in the treatment of disruptive disorder with emotional dysregulation in children and adolescents : review of the literature

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Introduction: Disruptive Mood Dysregulation Disorder (DMDD) is a new disorder that has been added to the category of mood disorders in the fifth Diagnostic and Statistical Manual of Mental Disorders to distinguish chronic non-periodic irritability from the periodic irritability of bipolar disorder. The main characteristic of DMDD is chronic and severe irritability. Because it is a new diagnostic entity, little research has been done on it and the literature on the subject is still expanding.

Objectives: The purpose of this review article is to gather information on new therapies for the treatment of this disorder in children and adolescents.

Methods: The studies related to the treatment of DMDD were collected and analyzed. This study retrieved related articles from PubMed, SpringerLink, ScienceDirect, NCBI, The American Journal of Psychiatry, and EBSCO. Use keywords "disruptive" AND "mood" AND "dysregulation" AND "disorder" OR "Treatment" AND "DMDD" OR "Drug" AND "mood" AND "disorder" OR "Treatment" AND "SMD" OR "Treatment" AND "BP" OR "Treatment" AND "ADHD" OR "Antidepressant" OR "Mental" AND "Stabilizer" OR "temper" AND "outburst" OR "aggressive" AND "antipsychotics".

Results: To date, no medication has been approved by the FDA to treat EDD. Because there are no treatment standards, drug therapy focuses on the primary symptoms of EDD, such as severe chronic irritability, temper tantrums, and comorbidities, such as ADHD. Currently, medications used by clinicians to treat patients with EDD include antidepressants (fluoxetine, sertraline, citalopram), stimulants (methylphenidate), anxiolytics mood stabilizers (sodium valproate) and antipsychotics (haloperidol, risperidone, aripiprazole in combination with methylphenidate in ADHD-EDD comorbidity), atomoxetine, guanfacine, and amantadine.

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irritability, temper tantrums, and comorbidities, such as ADHD. Currently, medications used by clinicians to treat patients with EDD include antidepressants (fluoxetine, sertraline, citalopram), stimulants (methylphenidate), anxiolytics mood stabilizers (sodium valproate) and antipsychotics (haloperidol, risperidone, aripiprazole in combination with methylphenidate in ADHD-EDD comorbidity), atomoxetine, guanfacine, and amantadine.

Conclusions: As a new diagnosis, treatment guidelines for DMDD are still unclear. Preliminary results from this study suggest that clinicians tend to prescribe a variety of psychotropic medications. This heterogeneity in treatment choices may reflect the fact that these patients are on a bridge between disruptive behavior disorders (including ADHD) and mood disorders. The relative merits or demerits of these treatment choices should be evaluated in further studies.

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EPV0162

Health Service Development and Planning for Autism in Egypt

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Introduction: Prevalence of Autism Spectrum Disorder (ASD) is 33.6% among children with developmental disabilities in Egypt. Children with ASD have unique needs & interventions must be individualized for successful outcomes. Many systems are involved to provide services or funding resources to assist patients with ASD & their families. Coordination of multiple services is a challenge for families.

Objectives: To understand the changing needs of the expanding autism population.

This effort would be intended for policymakers, service providers, community organizations & advocacy groups to better understand & address the needs of children with autism in Egypt. Needs assessment countrywide would be the first step in developing system of care for these children.

Methods: Surveying of children with autism & their families should be done to assess how or if the needs of children with autism & their families are met along with surveying service providers on the quality of service provided for children with autism.

A questionnaire will be designed for the families to assess the availability of mental health services for ASD patients and its accessibility along with its efficiency & meeting their expectations as regards appropriate care & support, in addition the role of these specialized services in promoting the understanding of the families of ASD patients. Furthermore assessing provision of appropriate primary health care services that are ready to accommodate ASD patients' special conditions as well as secondary & tertiary services. Another questionnaire would be provided to mental health professionals dealing with ASD patients, it would include providers at all levels of service like child psychiatrists, general psychiatrists,

behavioral therapists, psychologists, nurses, social workers & administrators of services. This questionnaire would assess presence of resources & appropriate management, available funding & if it meets the needs of services, appropriate training for professionals & service providers, coordination between facilities, barriers & limitations they face in their work as well as obtaining their suggestions to enhance the services provided.

Results: All the data will be collected & revised for completeness. Statisticians & community health professionals will be consulted for helping empower the study & guiding our field work. Clustering of data on geographical basis would help understand & prioritize areas of need as well.

Conclusions: To develop system of caring for autism in Egypt we should look at whether Egyptians living with autism are getting the services they need. We should identify barriers to accessing services & examine if the families of children with autism consider the services they do receive to be effective. We believe Egyptians with autism & their families are struggling to find the services they need & are often dissatisfied with the services that are provided.

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EPV0163

Maternal stress and postnatal hospitalization of the baby

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Introduction: Postnatal hospitalisation is an extremely traumatic event for both mother and baby. Such a situation reflects a psychological dysfunction with a risk of developing a post-traumatic stress disorder.

Objectives: To study the level of stress in mothers of babies hospitalised during the postnatal period in the neonatal unit and to identify the risk factors associated with the persistence of high levels of stress 3 months after discharge.

Methods: This was a longitudinal, descriptive and analytical study conducted between April and September 2021. The sample consisted of mothers of babies hospitalized in the neonatology department of Sfax-Tunisia for a period ranging from 5 to 15 days. Socio-demographic data were collected using a pre-designed form. The level of stress was assessed using the 22-item "Impact of Event Scale-Revised" (IES-R), validated in Arabic.

Results: The sample consisted of 86 mothers with a mean age of 32.17 years.

Severe stress symptoms were found in 77.90% of the mothers during their babies' hospitalisation. They persisted in 8.90% of the young mothers 3 months after discharge from hospital.

Certain factors were significantly associated with the persistence of a high level of stress in mothers 3 months after the discharge of their babies, such as the occurrence of postpartum complications ($p=0.012$), the absence of visits to the baby's intensive care unit ($p=0.047$) and a living environment with a single parent ($p=0.034$).