

## EV0106

### Low salivary secretory IgA levels correlate with hyperreactivity in children with autism

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**Introduction** Autism is a neurodevelopmental disorder characterized by deficits in communication and social skills as well as stereotypical behaviors. There are multiple lines of evidence, suggesting that the immune system is involved in autism. Since secretory IgA (SIgA) is the predominant antibody isotype in saliva and a marker of mucosal immunity, the aim of the study was to assess if the severity of clinical and behavioral parameters of autistic children was associated with low levels of SIgA in saliva.

**Objectives** To assess possible associations between salivary levels of SIgA and the severity of behavioral outcomes related to autism. In addition, were studied SIgA in saliva of children with autism and the frequency of respiratory tract infections diagnosed in the first 3 years of life.

**Methods** Saliva samples were obtained from 3–10 years old autistic children and age-matched typically developing Caucasian children from Patagonia, Argentina.

**Results** Autistic children with reduced levels of salivary SIgA had a higher incidence of respiratory diseases compared to controls. The reduction in SIgA levels inversely correlated with the severity of the behavioral disorders. The patients with the most severe impairment in autism-related behaviors had the lowest levels of SIgA in the cohort studied.

**Conclusions** These findings suggest that SIgA could be an early non-invasive indicator of the dysregulation of the immune system in some children with autism. Clearly, the characterization of immunological parameters has important implications for detection of subgroups of children with ASD, and should be considered when designing therapeutic strategies to treat behavioral impairments of ASD.

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## EV0107

### Clinical and social outcome of children and adolescents presenting in the emergency room for disruptive behavior in Lyon and the Rhône-Alpes region: A multidisciplinary approach

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Over the last decade, the frequency of emergency room (ER) visits for pediatric psychiatric disorders has increased in the most western countries. Although data available in France is scarce, a similar trend was observed concerning violent or runaway youth. There is no medical consensus on the status and care management of

disruptive behavior (DB) in children and adolescents in ER. Seclusion and physical restraint are often requested to treat violence. With a blur lawful framework for minors, such coercive measures raise ethical issues while contradicting the idea of the patients' autonomy and well-being. Moreover, consulting in the ER for such situations could lead to an inappropriate use of the healthcare system, a poor assessment of associated psychiatric disorders or co-morbidities and an underestimation of suicide risk. Thus, the ER visit for a disruptive child or adolescent is characterized by its uncertainty. It represents a situation of heterogeneity in care management as well as a stake of social exclusion and of dangerous behavior.

The study aims to:

- analyze these uncertainties by presenting a multidisciplinary and integrative research methodology through combining clinical evidence and social sciences comprehension;

- to implement a cohort to describe children and adolescents admitted to the ER for DB (aggressiveness, violence, fugue or theft), their care management and their social and clinical outcome;

- to pool these clinical data with an ethnographic fieldwork focused on DB as a “trouble” experienced by various professionals in the ER. We will focus our presentation on these methodological considerations.

**Disclosure of interest** The authors have not supplied their declaration of competing interest.

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## EV0108

### Child and adolescent service and community mental health center: HoNOS findings in a joint take in charge model in Trieste

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**Introduction** A collaboration between the Child and Adolescent Unit 2 (Badof-2) and Community Mental Health 2 (CMHC-2) started several years ago in order to have a joint take in charge of under 25 people presenting needs to either one of the services. A major focus has been put, in this period, on early psychotic onset.

**Objectives** The impact of schizophrenia and other psychotic disorders on daily life has been very well studied in clinical populations and in general ones, leaving some gaps on which are more heavily involved in the resulting disability. In this study, we have used the HoNOS scale, in the Italian validated version, in order to evaluate the single items.

**Methods** We have enrolled all the under-30 people taken in charge by the two aforementioned services in the period 2013–2016 with a ICD-10 F20–F29 diagnosis, dividing them in two subgroups ('13–'14 and '15–'16) in order to find if there was an impact of the prolonged time of take in charge. A HoNOS evaluation has been submitted to all the 21 people found.

**Results** HoNOS scores of the first subgroup are generally lower than the ones of the second subgroup (median: 6 vs. 16.5). Self-harmness, cognitive disorders and post-psychotic depression have a heavier impact in daily life than the classic positive and negative symptomatology. Focusing on psychosocial recovery programs, this area has been partly marginally affected.

**Conclusions** The two subgroups show different HoNOS scores, with lower ones in the '13–'14 group. More studies on general population and covariates should be conducted.

**Disclosure of interest** The authors have not supplied their declaration of competing interest.

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