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**Introduction:** The family of a child with a mental illness is a significant source for his support in harmonizing his development and achieving successful socialization.

**Objectives:** The objective of the survey is to develop a psychoeducational program for parents.

**Methods:** Questionnaire "Parental attitude to children's illnesses" (V.E. Kagan, I.P. Zhuravleva) Parents of 39 (22 mothers and 17 fathers) children aged from 3 to 6 with ASD - autism spectrum disorders (F84.01; F84.02; F84.11).

**Results:** Parents of children with ASD often do not realize the morbid nature of changes in the children's behavior and interpret them as spontaneity, pamperedness or even giftedness. Most parents underestimated the doctor's recommendations for compliance with the treatment regime. Taking into account the parents' complaints and the difficulties of understanding the child's problems, a psychoeducational course was developed, including 7 sessions: 1. acquaintance; 2. the concept of ASD, etiological factors, features of manifestation; 3. the role of the family in the treatment and rehabilitation process; 4. development of mental functions in children with ASD; 5. emotional development of children with ASD; formation of communication skills and social adaptation; 6. training organization and correctional and developmental classes for children with ASD; 7. summing up. The psychoeducational course is carried out in the form of group thematic seminars 7 meetings once a week for 1.5-2 hours. After completing the course, some families remain on individual psychological follow-up.

**Conclusions:** Completing a psychoeducational course makes it possible to fill the lack of information regarding the disease and treatment tactics, increases compliance and harmonizes parent-child relationships.

**Disclosure:** No significant relationships.

**Keywords:** Autism Spectrum Disorders; psychoeducation; Family; Parental Attitude

## EPV0218

### Clinical features and management of manic episodes in adolescents. A case review.

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**Introduction:** Assessment and management of bipolar disorder, and particularly manic episodes in adolescents means a challenge. The presence of comorbid disorders, and divergent interpretations of manic symptoms in the context of the adolescent natural immaturity, can make diagnosis and treatment hard goals to achieve. The existence of juvenile specific criteria for bipolar disorder is a debate topic. This concept emerged from an attempt to solve diagnosis issues and involves a wide range of definitions for mania.

**Objectives:** Literature review concerning bipolar disorder in young population: Main comorbidities, psychosocial problems, prognosis. Clinical presentation: Shared and specific features compared to adult population. Available treatment options. Issues related to safety and tolerability.

**Methods:** We present a case of a 16 year old woman diagnosed with bipolar II disorder, hospitalised in an inpatient adolescent unit in 2021. Review of the literature available (clinical guidelines, PubMed).

**Results:** Patient initially oriented as a Bipolar II disorder, after depressive episodes followed by hypomanic symptoms in the past years. The following clinical course was conditioned by personality traits. Emotional dysregulation and a complex family environment made affective symptoms difficult to evaluate, leading to a diagnostic hypothesis of personality-related disorder. After a period of outpatient treatment in a day hospital, she debuted with a clinical picture of manic symptoms, mixed features and rapid mood cycling.

**Conclusions:** After an initial trial, stabilization was achieved with aripiprazole and asenapine. Combination therapy might be necessary in longer-term treatment, according to existing evidence. Diagnosis and treatment concerns are interfered by the limited number of trials.

**Disclosure:** No significant relationships.

**Keywords:** bipolar disorder; manic episode; bipolar disorder treatment; Adolescents

## EPV0220

### Self-injury in adolescents: expression of subjective discontent in contemporary society

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**Introduction:** This research aims to enrich the reflection on the current affairs and is an invitation to think about worrying phenomena in youngsters: self-injuries or cuts. A focused study was conducted on twenty young people

**Objectives:** This is a reflection about worrying phenomena in youngsters: self-injuries or cuts. We try to figure out the underlying cause of such behaviour

**Methods:** Through a qualitative methodology, using clinical interview and questionnaire, we try to find the constitutive elements of self-injuries or cuts, considering three levels of analysis: Sociocultural, individual, and family changes. We examined twenty cases

**Results:** It appeared in the analysis that one of the triggers of the cutting phenomenon was related to experiences of rejection of significant figures, which is lived by the young person as a situation of abandonment that generates high amounts of anguish. This distressing experience generates a sensation of lack of control, appearing as unregulated affections, which they are unable to handle or manage. The intense anxiety is carried through the body, being an act of attack to the body, provokes physical pain an emotional relief

**Conclusions:** Young people's subjective perception of the maternal figure is that of a dominant, controlling and demanding personality, which hinders an adequate differentiation process. With respect to the description that the young people make of themselves, we see that they refer to a marked emotional lability and the presence of dysthymic experiences. It appeared in the analysis that one of the triggers of the cutting phenomenon was related to experiences of rejection or separation of significant figures.

**Disclosure:** No significant relationships.

**Keywords:** adolescence; self-injuries; identity; adolescence; self-injuries; characteristics of current society; identity

## EPV0223

### Electroconvulsive therapy in children and adolescents

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**Introduction:** Despite its good results and tolerability in adults, electroconvulsive therapy (ECT) is barely administered in children and adolescents, with scarce evidence in these patients.

**Objectives:** We aim to summarize the data available to give a clearer view of how children and adolescents might benefit from ECT.

**Methods:** We've done a bibliographic review in PubMed and Cochrane Library searching for articles that include the terms "electroconvulsive therapy" and "adolescents" and/or "children" and their variations.

**Results:** Current evidence supports the use of ECT in various indications as mood disorders, schizophrenia spectrum disorders, catatonia, neuroleptic malignant syndrome and self-injurious behaviours associated with autism, Tourette's syndrome or intellectual disability. The efficacy and safety it's comparable to adults and there are no absolute contraindications. Side-effect profile it's also similar to the general population, reporting as the most frequent adverse effects headache, generalized body aching, and nausea or vomiting.

**Conclusions:** ECT is an effective and safe treatment for severe mental disorders in children and adolescents.

**Disclosure:** No significant relationships.

**Keywords:** ECT; Adolescents; Electroconvulsive therapy; Children

## EPV0224

### Length of stay and reason for admission in an adolescents inpatient unit

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doi: 10.1192/j.eurpsy.2022.1131

**Introduction:** Psychiatric Inpatient units are important resources of the mental health network. These units have elevated costs, so it

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**Objectives:** Psychiatric Inpatient units are important resources of the mental health network. These units have elevated costs, so it is important to get to know some facts that might mediate the length of stay in these units.

**Methods:** An observational and descriptive analysis of the sample of patients between 12 and 17 years-old, that were admitted to the inpatient mental health unit since its opening on April 2021.

**Results:** 205 patients were admitted April 2021 until October 2021. The most common reason for admission (RFA) was suicidal ideation/attempt (57.07%), eating disorders (15.1%), mood disorders (11.2%), conduct disorders/challenging behaviors (7.8%) and psychosis (7.3%). Adolescents with eating disorders had the longest length of stay, with an average of 23.8 days. They were followed by those suffering from psychosis (17.8 days) and suicidal ideation/ attempts (17.1 days). Mood disorders average length of stay was 15.1 days and conduct disorders/challenging behaviors was the shortest one with a LOS of 12.5 days.

**Conclusions:** Adolescents with eating disorders seem to need longer length of stay, what differs from Zeshan et al study that concludes that patients with schizophrenia might need longer LOS. Nevertheless, just as Zeshan et al study, we conclude that patients admitted with conduct disorders/challenging behaviors have the shortest LOS.

**Disclosure:** No significant relationships.

**Keywords:** Adolescents; inpatient unit; Length of stay; reason for admission

## EPV0225

### Emotional regulation in non-suicidal self-injury – research on the use of transcranial direct current stimulation (tDCS).

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**Introduction:** DSM-5 defines non-suicidal self-injury (NSSI) as socially unaccepted, direct, repeated and deliberate harm done to one's own body. It is estimated that in a general population approximately 13-29% of adolescents present NSSI, and 70-80% among hospitalized youth. It seems that emotional dysregulation is the core characteristic of NSSI manifesting by self-harm behaviors, impulsiveness, lack of emotional awareness and experiencing high intensity of negative emotion. Emotional dysregulation is a pivotal characteristic of NSSI. Rationale of this theory is provided by the results of psychological and psychophysiological studies as well as those presenting brain activity. Neuroimaging data point to a variant pattern of brain activity of adolescents with NSSI during perception of emotionally negative stimuli i.e. hyperactivity in amygdala – a structure responsible for fear and automatic reaction to exciting stimuli and low activity of inferior frontal gyrus area – a structure responsible for inhibition and interpretation of social interactions. This activity pattern suggests a disorder of cortico-subcortical neuronal connections.