

NSSI in DSM-5. has been included among the conditions in need of further study.

NSSI can be interpreted as a maladaptive coping mechanism that can be regarded as an emotional dysregulation. Adverse childhood experiences including physical abuse, neglect or sexual abuse are the strongest predictors of the NSSI. Research has repetitively found strong associations between NSSI and identity diffusion and/or distorted personality traits.

Objectives: The aim of our study was to assess the association between childhood traumatization, personality characteristics including stages of identity development, and self-injurious behavior among female adolescents that experience difficulties with emotional regulation.

Methods: We compared our results to a Hungarian normative sample. The sample consisted of inpatients adolescents, age between 14 and 18, with a diagnosis consisting of „Emotional disorders with onset specific for childhood” or „Mixed disorders of conduct and emotions” with chronic nonsuicidal self-injurious behavior.

Childhood traumatization was measured with the short version of Childhood Trauma Questionnaire (H-CTQ-SF). Identity development and identity diffusion were measured with the Assessment of Identity Development in Adolescence Questionnaire (AIDA). Temperament and character factors were measured with the Junior Temperament and Character Inventory (JTCI).

Results: Adolescent patients with NSSI reported severe and multi-plex childhood traumatization. These patients scored higher on novelty seeking and harm avoidance and scored lower on the persistence, self-directedness, and cooperativeness factors in the JTCI. These results were compared with the Hungarian normative sample. Adolescents scored higher on the Discontinuity and Incoherence scales of the AIDA.

Conclusions: Our preliminary results suggest that childhood traumatization predicts self-injurious behavior in adolescent females. Additionally, we have found associations between signs indicative of personality disorder, including lower level of self-cohesion, self-integration and self-directedness.

Disclosure of Interest: None Declared

EPV0145

Therapy program assisted with therapy dogs for children with Autism Spectrum Disorder (ASD)

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Introduction: Autism spectrum disorders (ASD) is a neurodevelopmental disorder with an estimated lifetime prevalence of at least 1%. Some studies suggest that approximately 60% of children with ASD show emotional dysregulation and 44-86% sleeping disorders. Studies suggest that cognitive behavioral therapy and animal-assisted therapy AAT can be an intervention strategy to promote emotional and behavioral dysregulation and sleep disturbances.

Objectives: The purpose of this study was to investigate the effect of a therapy program assisted with dogs (AAT) together with cognitive behavioral therapy (CBT) on behavioral and emotional regulation and sleep disorders in children diagnosed with ASD.

Methods: The sample was composed of 24 children between 7 and 10 years old diagnosed with ASD randomized into two groups (CGT group (control group) and AAT + CBT group (experimental group)). Inclusion criteria: communication level of simple sentences, mild-moderate difficulties in behavioral and emotional regulation and sleep disturbances. Exclusion criteria: intellectual disability, children with specific dogs phobia. Assessment included ADOS-2, WISC-V, CGAS. dysregulation profile of Achenbach scale and Sleep Disturbance Scale for Children-Bruni. A program of 12 sessions (weekly one-hour sessions) focusing emotional and behavioral regulation and sleep disturbance was designed (Behavior Emotional Sleep Treatment Program. A pre-post evaluation was performed.

Results: Participants were 20 boys and 2 girls (2 participants dropped out), with a mean age of 9. Regarding the socio-demographic and clinical characteristics, no significant differences has been observed between both groups in the global functioning measured with the Children's Global Assessment scale (CGAS) (p=0.832), nor in the cognitive capacity (QI) neither in reference to the associated comorbidities (p=0.103) nor in the variable prescription pharmacological treatment (p= 0.142). In emotional self-regulation, a significant improvement in emotional regulation difficulties was observed after treatment in both groups (experimental group: p=0.014; control group: p=0.012). However, the comparison between the pre-post intervention results between groups, regarding the emotional regulation variable, a greater improvement is observed in the experimental group (p=0.013). Significant improvements were also observed in sleep disorders (Bruni scale total score and in the sleep conciliation and maintenance difficulties scale) in both groups.

Conclusions: To conclude, although this is a pilot study with a small sample size and further research is needed, results suggest that a therapy program assisted with therapy dogs and CBT have positive effects on emotional dysregulation and sleep disturbances in children with ASD and offers a possible intervention strategy.

Disclosure of Interest: None Declared

EPV0147

Antipsychotic use in under 25's - think carefully!

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Introduction: Antipsychotic use for adolescents (defined here as under 25 year olds) must be done with caution, giving due thought to advantages and potential side effects. Antipsychotics are extremely useful and effective drugs, but have side effects and many of these are problematic.

It has been noted that Risperidone is often used for this age group, despite the UK guidance being cautious about its use.

Objectives: To assess the extent of Risperidone prescribing in Norfolk/Suffolk for this patient group and to consider the monitoring of this.

Given that bone mass density is set down in teens – mid 20's, this is a particularly concerning issue when given to this age group. Additionally, distressing side effects and issues with fertility should be considered. If risperidone is used, Maudsley is very clear that this must be monitored: baseline/annual prolactin levels done, and action should be taken if these are elevated and/or the patient symptomatic.

Methods:

- 1) Evaluate numbers of adolescents, under 2ndry care Mental health service who have been prescribed Risperidone
- 2) Consider who prescribed it and the indication
- 3) to consider if routine monitoring had been completed (specifically, baseline prolactin and then annual prolactin levels)
- 4) to consider if these patients had developed side effects

Results: Almost 20% of 18-25 years olds, due to be seen in Youth Community Service had been prescribed Risperidone. Of these, only 44% had had prolactin levels done, despite the guidance. This equates to the over half not having prolactin checked. 60% of patients reviewed had symptoms of hyperprolactinemia. Indications for use included emotional dysregulation/EUPD, psychosis, ADHD, OCD/ASD and depression

Conclusions: Risperidone should be used with extreme caution in this patient group. Medication can be very useful for some young people experiencing distressing symptoms but, as Hippocrates advises, “do no harm” and seek not to cause iatrogenic harm.

Given that many of the young people seen by mental health services are experiencing emotional dysregulation (not necessarily an abnormal state in adolescent, when much is in flux), it is tempting to consider medication as one means of trying to alleviate distress. There is no clear treatment for dysregulated feelings, and most would accept that psychological support is more appropriate.

Disclosure of Interest: None Declared

EPV0148

Early Onset Schizo-Obsessive Disorder: A Case Series of 7 Inpatient Children

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Introduction: Schizo-obsessive disorder (SOD) is a complex psychiatric condition characterized by exhibiting symptoms of schizophrenia and obsessive-compulsive disorder (OCD)(Schirmbeck *et al.* Front Pharmacol. 2013 Aug 9;4:99). Some researchers prefer to describe this condition as a spectrum called “schizo-obsessive spectrum” and state that clinical representations such as OCD with poor insight, OCD with schizotypal personality disorder, schizophrenia with obsessive-compulsive symptoms and schizophrenia

with OCD are included in this spectrum(Poyurovsky *et al.* J Psychiatr Res. 2005 Jul;39(4):399-408). There is limited literature available on early on-set schizo-obsessive disorder in child and adolescent sample.

Objectives: This case series aimed to describe the clinical characteristics, phenomenology, diagnostic process and treatment response of SOD in a sample of inpatient adolescents and illuminate the intricate symptomatology between schizophrenic and obsessive-compulsive features.

Methods: A retrospective review was conducted of 7 adolescent patients who met DSM-V criteria for both schizophrenia and OCD in our inpatient clinic over the past year. Data were collected from medical records, including demographic information, clinical presentation, treatment history and response to treatment. All data were anonymized to maintain patient confidentiality.

Results: The sample consisted of 5 females and 2 males, with a mean age of 15,4 years. All patients presented with a mixed symptomatology of hallucinations, delusions and obsessive-compulsive symptoms. Many common points observed about clinical characteristics and psychiatric history of the patients. In most of the patients, the first psychiatric complaints started with obsessive-compulsive symptoms. It was observed that obsessions evolved into over-valued ideas and delusions in the course of time. Patients responded late and inadequately to pharmacological treatment, multiple drug use was necessary. Hospitalization lasted longer, the average time was 53 days. Most of the patients required augmentation with cognitive-behavioral therapy due to partial response or intolerable side effects. Unfortunately, no patient experienced full remission or returned to premorbid functioning.

Conclusions: This case series underscores the complexity of diagnosing and treating schizo-obsessive disorder in a pediatric population. It appears that a combined approach using both pharmacotherapy and psychotherapy may yield the most beneficial results. However, given the small sample size and retrospective design, these findings need to be interpreted with caution. Further research are crucial to corroborate our findings and refine treatment strategies.

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EPV0149

Treatment Resistant Early-Onset Schizophrenia: A Tale of Two Siblings

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Introduction: Early-Onset Schizophrenia (EOS) is a rare and severe form of schizophrenia that begins in childhood and it is often associated with genetic risk factors, poorer prognosis, and increased treatment resistance compared to adult-onset schizophrenia (Hatzimanolis *et al.* Eur Psychiatry 2020;63(1):e44). This case report presents two siblings diagnosed with EOS and treated at the same inpatient clinic in different years.