Conclusions: We replicated previous findings of significantly higher PRS for bipolar disorder and schizophrenia in postpartum psychosis compared with healthy controls. In contrast to previous research, we find postpartum psychosis cases to have higher PRS for bipolar disorder than bipolar disorder cases. Our findings highlight the genetic influence in postpartum psychosis and support previous genetic and epidemiological evidence that postpartum psychosis lies on the bipolar spectrum.

Disclosure of Interest: None Declared

Child and Adolescent Psychiatry 06

EPP0795

Management of risperidone-induced hyperprolactinemia in children: a case report

H. Belhadga*, Z. Elmaataoui and H. Kisra

Hôpital psychiatrique universitaire arrazi de sale, Hôpital psychiatrique universitaire arrazi de Sale, Sale, Morocco
*Corresponding author.
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Introduction: Antipsychotics have shown their interest in several pathologies of children and adolescents. However, in this vulnerable population, they are not exempt from adverse effects. Hyperprolactinemia is a frequent and underestimated consequence of treatment with these drugs.
Risperidone has a marked tendency to elevate prolactin and induce the impact of hyperprolactinemia, comparable to haloperidol, and higher than most atypical antipsychotics. Reported prevalences range from 43.2% to over 64% [4].
Aripiprazole is more neutral, even decreasing prolactin levels. Several studies have affirmed this nature, hence its usefulness and effectiveness in the management of antipsychotic-induced hyperprolactinemia.
Objectives: To highlight the importance of monitoring prolactinemia in children on antipsychotic drugs. evoke the different therapeutic alternatives for the management of this adverse effect. show the effectiveness of aripiprazole in the management of antipsychotic-induced hyperprolactinemia.
Methods: We report the case of a 14-year-old girl, followed since the age of 5 for an intellectual development disorder, who was put on risperidone to manage her aggressiveness and insomnia. the appearance of mild hirsutism (Ferriman and Gallwey score = 15) with amenorrhea for 3 months. Thus, we decreased the dose of risperidone to 1 mg/d and requested a prolactinemia, which came back very high at 1637 mUI/l (N=63.6 - 305.28). The diagnosis of antipsychotic-induced hyperprolactinemia was retained after elimination of a prolactinoma and the patient was put on aripiprazole according to the modalities of the antipsychotic switch. We report the case of a 14-year-old girl, followed since the age of 5 for an intellectual development disorder, who was put on risperidone to manage her aggressiveness and insomnia.the appearance of mild hirsutism (Ferriman and Gallwey score = 15) with amenorrhea for 3 months. Thus, we decreased the dose of risperidone to 1 mg/d and requested a prolactinemia, which came back very high at 1637 mUI/l (N=63.6 - 305.28). The diagnosis of antipsychotic-induced hyperprolactinemia was retained after elimination of a prolactinoma and the patient was put on aripiprazole according to the modalities of the antipsychotic switch.
Results: We observed a rapid decrease in serum prolactin as soon as 10 mg of aripiprazole was reached with a change from 1276 to 461 mIU/l after one month before its normalization the following month (237 mIU/l).
Conclusions: The prescriber must therefore make a choice that is adjusted to the patient's pathology, but also to the slightest sign of adverse effects. He will have to re-evaluate regularly the efficacy of the treatment and confront it with the possible adverse effects of the patient.

Disclosure of Interest: None Declared

EPP0796

Tyrosinemia type 1 and ADHD like symptoms similarity or comorbidity about a case

H. Belhadga*, Z. Elmaataoui and H. Kisra

Hôpital psychiatrique universitaire arrazi de sale, Hôpital psychiatrique universitaire arrazi de Sale, Sale, Morocco
*Corresponding author.
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Introduction: Many metabolic diseases influence brain function and are associated with psychiatric symptoms and neuropsychiatric disorders (including autism-spectrum disorders, ADHD and psychotic disorders). Attention-deficit-/hyperactivity disorder (ADHD) is among the most common neurodevelopmental disorders in children, with a worldwide prevalence of about 5% in childhood. Tyrosinemia is caused by a genetic mutation in the fumarylacetoacetase gene that leads to a deficiency in the encoded enzyme, which catalyzes the cleavage of tyrosine metabolites to acetoacetic acid and fumaric acid. In recent studies of children with tyrosinemia type 1, a strong correlation was observed between symptoms of ADHD and blood levels of tyrosine, supporting a direct role of this amino acid in the pathogenesis.
Objectives: we report this case of tyrosinemia type 1 associated to ADHD symptoms to contribute in literature to provide more insights into possible shared pathophysiological mechanisms and how these affect their treatment.
Methods: We report the case of an 8-year-old child, followed since the age of 3 months for a tyrosinemia type 1 who presented symptoms of ADHD.
Results: scales and questionnaires were used to detect ADHD symptoms, the **SNAP IV - Swanson, Nolan and Pelham Teacher and Parent Rating Scale** was used with the mother, the items concerning inattention (items 1 to 10) and Hyperactivity-Impulsivity (items 11 to 20) were revealing; The **Conners Evaluation Questionnaire** was delivered, confirming the same result, a **neuropsychological evaluation of the child with IQ evaluation by WISC-IV - Wechsler Intelligence Scale** for Children and Adolescents revealed limited intellectual performance with an IQ of 65.
Conclusions: NMDs, such as HT-1, constitute a large group of conditions that are often containable with early clinical intervention, but still present lifelong difficulties and high societal costs. many studies suggest that there may be similar biological mechanisms behind the cognitive difficulties seen in ADHD and HT-1. In

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