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**Introduction:** We report on the case of a 15 year old young person with a known diagnosis of autism presenting with a rapid and acute regression in functional abilities, decline in expressive speech and bizarre posturing. The symptoms first started during lockdown (April 2020) with anxiety related to school work followed by urinary incontinence, insomnia, muttering to self and incongruent smiling. Initial medical investigations including MRI, lumbar puncture and 24hour EEG were inconclusive, so she was referred to Paediatric Liaison for assessment.
**Objectives:** We demonstrate the value of a child psychiatry liaison service being involved with young people in an acute medical hospital
**Methods:** This young person had a thorough psychiatric assessment.
**Results:** Through daily psychiatric assessment and reviews with the young person, her parent, social care, wider community team, school and Paediatric Inpatient ward in order to expand on the understanding of the young person and develop a case formulation. She was started on oral Olanzapine 2.5mg which was gradually increased to 10mg OD with minimal improvement.
**Conclusions:** Childhood Disintegrative Disorder (CDD or Heller's Syndrome) is a rare pervasive disorder presenting as a loss of previously acquired skills after at least two years of normal development. Despite no longer being included in DSM-V, it is important for Psychiatrists to have a working knowledge of CDD and consider other differentials when assessing young people.

**Disclosure:** No significant relationships.
**Keywords:** Development; neurology; CAMHS; psychiatry

## EPV0065

## Suicide in adolescence

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**Introduction:** Suicide is one of the most common causes of death among young people worldwide. Adolescence is an important developmental period of life due to the increased risk of suicide and the prevalence of psychiatric disorders.
**Objectives:** To explore the suicidal ideation, intentions and risk factors of adolescents.
**Methods:** A clinical case study presentation will be performed.
**Results:** An adolescent female, aged of 16 years old, was admitted to the Department of Psychiatry for Children and Adolescents of a General Hospital, diagnosed with behavioral and emotional disorder and active suicidal ideation on ground of sexual abuse. During her hospitalization, she exhibited self-destructive behaviour by swallowing objects or causing extensive skin scarring as well as serious suicide attempts by hanging. Her emotional and behavioral status was unstable and unpredictable. The adolescent had repeatedly expressed her will to escape from an unbearable life.
**Conclusions:** The results of the presentation of our clinical case could contribute to the improvement of awareness regarding suicidal behavior in adolescence, which might have a significant effect on the prevention and treatment of this potentially lethal condition.

**Disclosure:** No significant relationships.
**Keywords:** Suicidal ideation; adolescence; Suicide; self-harm

## EPV0066

## Pathopsychological assessment of pediatric patients with autoimmune diseases of central nervous system

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**Introduction:** Autoimmune diseases of central nervous system (CNS) are wide spread in children. In some cases, mental disturbances in such patients are barely noticeable in the beginning, which hinders early detection of risks in the child's mental development.
**Objectives:** The study focuses on comparative analysis of the structure of mental disorders in pediatric patients with autoimmune diseases of CNS.
**Methods:** Research includes two cases: girls aged 14 and 16, one with acute disseminated encephalomyelitis (ADEM), disease onset at 4 years and 11 months, and another with multiple sclerosis (MS), disease onset at 5 years and 5 months. The following methods were used: analysis of patient's medical record, interview with neurologists, pathopsychological assessment.
**Results:** Common features in both cases: 1) organic brain disorders; 2) patients do not demonstrate intellectual deterioration, can master regular school curriculum; 3) detected mental disturbances reflect risks for mental and personality development. Specific features: 1) the patient with MS demonstrates polymorphism of mental disorders, while the patient with ADEM — homogeneity of mental disorders; 2) main problems of the patient with MS are related to self-regulation, which makes the general picture similar to pseudo-frontal syndrome; the patient with ADEM has major neurodynamic disturbances, which has similarity to psychoorganic syndrome; 3) predictors of personality disorders detected in case of MS determine the negative prognosis for mental development.
**Conclusions:** The delineated features evidence for further psychological study of CNS autoimmune diseases and formulation of criteria for clinical psychological assessment. These patients need to be monitored by psychologists to prevent personality disorders.

**Disclosure:** No significant relationships.
**Keywords:** CNS disease; autoimmune disease; pathopsychological assessment

## EPV0067

## Disruptive mood dysregulation disorder

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**Introduction:** Faced with a possible overdiagnosis of bipolar disorder in children and adolescents, a new diagnosis has been created in the mental illness classification system. This new diagnosis is named Disruptive Mood Dysregulation Disorder.
**Objectives:** We propose to carry out a bibliographic review on the new diagnostic category of Disruptive Mood Dysregulation Disorder.
**Methods:** We present the clinical case of a 10-year-old boy showing severe irritability symptoms.
**Results:** Disruptive Mood Dysregulation Disorder refers to persistent irritability and frequent episodes of extreme behavioral disturbance in children up to 12 years of age. Onset must occur before 10 years of age and the diagnosis should not be applied to children under 6 years of age. The clinical course of these patients in adolescence and adulthood tends towards unipolar depressive disorders or anxiety disorders rather than bipolar disorders.
**Conclusions:** The new diagnosis of Disruptive Mood Dysregulation Disorder allows us to differentiate between the classic episodic presentations of mania from the non-episodic ones of severe irritability.

**Disclosure:** No significant relationships.
**Keywords:** Disruptive Mood Dysregulation Disorder; bipolar disorder; Children and Adolescents

## EPV0068

## Structure of early signs of affective pathology in adolescents

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**Introduction:** Studies in adults with bipolar disorder (BD), shows that in 25% of cases first affective episode occurs under the age of 13 and in 63-69% under the age of 19. The most difficult problem is the early identification of BD, which starts in adolescence as a result of polymorphism of clinical symptoms, their syndromic incompleteness.
**Objectives:** Study of the structure of adolescents affective disorders on primary appointment in outpatient psychiatric unit.
**Methods:** Content analysis, sampling method, statistical method. 120 disease histories of adolescents who first applied for outpatient psychiatric unit in 2019 were used. 93 (77.5%) of them were girls and 27 (22.5%) of them were boys. The average age was 17 years.
**Results:** In the structure of initial diagnoses, according to ICD-10, mood disorders [F30-F39] - 56.0% prevailed. [F40-F49] - 25%, [F00-F09] - 6.6%, [F20-F29] - 6.6%, [F50-F59] – 4,2%, [F90-F99] – 1,6% were less likely. Structure of complaints of adolescents and their parents on primary appointment for specialized psychiatric care is shown in Table 1 (p<0,05).

| Signs, n=120 | Absolute frequency | % | 95% confidence interval |
|---|---|---|---|
| irritability | 95 | 79,2 | 71,9 - 86,4 |
| anxiety | 84 | 70,0 | 61,8 - 78,2 |
| mood falls | 83 | 69,2 | 60,9 - 77,4 |
| sleep disorders | 82 | 68,3 | 60,0 - 76,7 |
| mood swings | 71 | 59,2 | 50,4 - 68,0 |
| decline in academic performance | 66 | 55,0 | 46,1 - 63,9 |
| self-injurious behavior | 64 | 53,3 | 44,4 - 62,3 |
| refusal to attend school | 62 | 51,7 | 42,7 - 60,6 |
| attacks of death anxiety | 57 | 47,5 | 38,6 - 56,4 |
| appearance dissatisfaction | 49 | 40,8 | 32,0 - 49,6 |
| isolation | 49 | 40,8 | 32,0 - 49,6 |
| digestive disorders | 42 | 35,0 | 26,5 - 43,5 |
| suicidal behavior | 36 | 30,0 | 21,8 - 38,2 |
| mood rises | 36 | 30,0 | 21,8 - 38,2 |
| disorders of sex-role behavior | 21 | 17,5 | 10,7 - 24,3 |

**Conclusions:** Initial signs of emotional disorders in adolescence are polymorphic, nosologically nonspecific, and can lead to diagnoses that are not limited only by the affective pathology. The most common symptoms (irritability, anxiety, mood falls) can act as transdiagnostic phenomena that must be taken into consideration both in the diagnostic study and in further clinical and dynamic follow-ups and treatment.

**Disclosure:** No significant relationships.
**Keywords:** adolescents; early diagnosis; affective pathology

## EPV0069

## Child sexual abuse presenting to a teaching hospital in colombo, Sri Lanka

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**Introduction:** Child sexual abuse is a major public health problem in Sri Lanka, with prevalence rates ranging from 14-44%.
**Objectives:** We aimed to describe the victim and perpetrator characteristics, pattern of disclosure and psychological consequences of sexual abuse in children presenting to a tertiary care hospital in Sri Lanka.
**Methods:** This was a retrospective file review study of 164 victims who presented to a Teaching Hospital in Colombo, Sri Lanka, with alleged sexual abuse over a period of 5 years from 2015-2019.
**Results:** Majority of the victims were female and older than 12 years. Majority (73.6%) have been subjected to penetrative sexual abuse with 58.5% of victims reporting more than one incident of abuse. Almost all (99.9%) of the perpetrators were male, with 94.5% being known to the child. Only 42.7% (n=70) of the children revealed about the incident within the first week. Delayed disclosure (i.e. more than 1 week since the incident) was significantly higher in penetrative abuse (p<0.01), multiple incidents of abuse (p<0.01) and in abuse by a known person (p<0.05). Children who disclosed after one week were significantly less likely to disclose about the incident spontaneously (p<0.01). Psychological sequel was seen in 28.7%, with depression being the commonest diagnosis (8.5%). Psychological consequences were significantly in higher those who had physical evidence of abuse (p<0.01), delayed (after 1 week)