Schizophrenia was diagnosed in 0.2% of patients, and 0.6% presented with other disorders.
**Conclusions:** The findings highlight a high prevalence of post-traumatic stress disorder, affective disorders, and eating disorders, reflecting the diversity and complexity of the cases treated. These results provide valuable insights to optimize and adapt interventions according to patient needs, thereby strengthening the therapeutic model of Mental Health Day Hospitals in Chile.

**Disclosure of Interest:** None Declared

## EPV247

## Parental Alexithymia and Family Functioning in Families of Children with Autism Spectrum Disorder

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**Introduction:** Alexithymia is characterized by an impaired ability to be aware of, explicitly identify, and describe one's feelings. It was observed that a number of parents of children with autism spectrum disorder (ASD) exhibited traits resembling characteristics of ASD themselves, including difficulties in social interaction, specific patterns of cognitive functioning, and challenges in recognizing and expressing emotions.
**Objectives:** The aim of this study was to examine the relationship between parental alexithymia and family functioning in families of children with autism spectrum disorder (ASD) compared to families of typically developing (TD) children.
**Methods:** The study included 120 parents of children with ASD and 120 parents of TD children. Standardized instruments were used to assess alexithymia, parental stress, family cohesion and adaptability, emotional regulation strategies, resilience, and social support.
**Results:** The results showed that parents of children with ASD had higher levels of alexithymia, greater parental stress, lower social support, and more frequent use of negative coping strategies. Alexithymia was significantly associated with poorer family cohesion and adaptability, regardless of stress or resilience levels. Key predictors of better family functioning included lower stress levels, higher social support, and positive emotional regulation strategies.
**Conclusions:** These findings highlight the importance of interventions that promote emotional awareness and communication. These interventions can reduce parental stress, improve family functioning, and positively impact the child's development.

**Disclosure of Interest:** None Declared

## EPV248

## Shared Psychotic Disorder in Two Adolescent Sisters: A Case Report

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**Introduction:** Shared psychotic disorder (*folie à deux*) is a rare psychiatric condition in which a delusional belief is transmitted from a psychotic individual (the inducer) to another person (the induced), typically within a close and isolated relationship. Though mostly described in adult pairs, pediatric and adolescent cases remain underreported and diagnostically challenging.
**Objectives:** This case report aims to describe the clinical presentation and diagnostic challenges of a shared psychotic disorder in two adolescent sisters, and to review the relevant literature regarding its classification, risk factors, and management.
**Methods:** We conducted a detailed clinical observation of two sisters, aged 16 and 13, admitted for behavioral disturbances and persecutory delusions. Psychiatric evaluations were carried out, differential diagnoses were explored, and a review of the literature on shared psychotic disorder was undertaken to contextualize the case.
**Results:** The elder sister, Aya, exhibited a mystic-religious persecutory delusion with signs consistent with schizophrenia or persistent delusional disorder. The younger sister, Malak, progressively adopted similar delusional beliefs and behaviors within a highly fused sibling relationship, without prior psychiatric history—suggesting a diagnosis of shared psychotic disorder, imposed type. The symptoms persisted despite familial attempts at spiritual healing (roqya). The clinical evolution, relational dynamics, and symptom overlap support the diagnosis of a delusional disorder transmitted from Aya to Malak.
**Conclusions:** This case highlights the complexity of diagnosing and managing shared psychotic disorder in adolescents. The strong emotional bond, social isolation, and lack of psychiatric insight were key factors in the development of the disorder. Effective treatment requires a multidimensional approach including separation, psychopharmacological intervention, and psychotherapy. Early recognition and targeted intervention are essential to prevent chronic evolution or potential harm.

**Disclosure of Interest:** None Declared

## EPV250

## Parental occupational exposure to organic solvents and autism spectrum disorder

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**Introduction:** The etiology of autism spectrum disorder (ASD) is multifactorial, involving both genetic and environmental factors. Parental occupational exposure to neurotoxicants such as organic solvents has been proposed as a potential environmental risk factor.

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