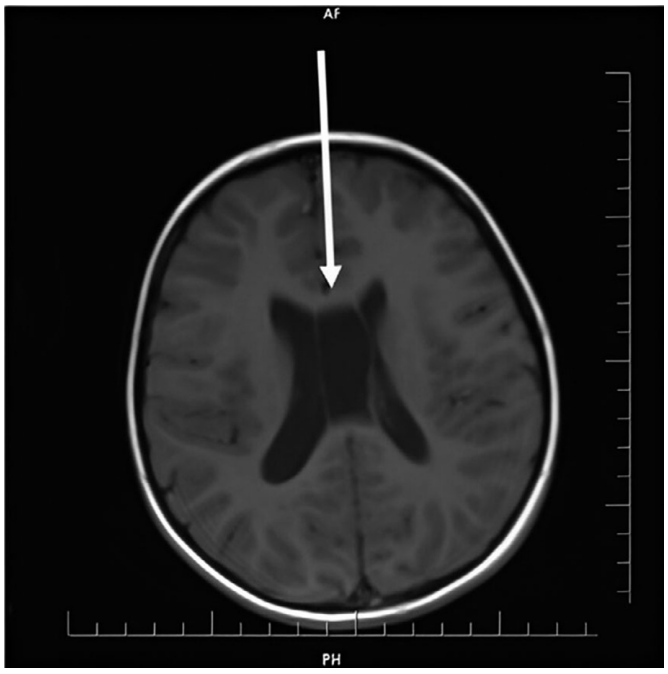
psychiatric diseases, supports the idea that neuroimaging findings that have emerged in recent years are changes in the neuroanatomical structure and brain connection of ASD.

Image 1:



Conclusions: Retaining the CSP or CV after birth may indicate abnormalities in the development of the brain. Isolated CV is rather unusual. Co-occurrence of enlarged CSP and CV persistent into adulthood is less common, but it has also been associated with neurodevelopmental disorders, decreased mental status, psychosis and bipolar disorder. (Landin-Romero *et al.,* 2015 Journal of Affective Disorders, 186, 53-57.) This case, based on the idea that CV is seen more frequently in psychiatric diseases, supports the idea that neuroimaging findings that have emerged in recent years are changes in the neuroanatomical structure and brain connection of ASD.

Disclosure of Interest: None Declared

EPV0273

Comparing the risk factors related to intra-familial and extra-familial sexual abuse in cases that underwent medicolegal evaluation and prepared a report

F. Bayraktar[1]* and S. Aras[1]

[1]Child and Adolescent Psychiatry, Dokuz Eylul University Faculty of Medicine, İzmir, Türkiye
*Corresponding author.
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Introduction: Childhood sexual abuse, a serious issue for all societies, is a complex experience that requires many legal and professional initiatives(Odacı et al. Psikiyatride Güncel Yaklaşımlar,2023).It is a widespread, multidimensional problem worldwide, with physical, mental, social, moral, cultural, and legal aspects(İşeri et al. Çocuk ve Ergen Psikiyatrisi Temel Kitabı,2008).
Objectives: This study aimed to evaluate risk factors and medicolegal assessment results in children who were sexually abused.
Methods: The records of children who were victims of sexual abuse retrospectively reviewed at Dokuz Eylül University Faculty of Medicine, Department of Child and Adolescent Psychiatry, between January 2010 and December 2023.Sociodemographic, clinical, psychometric, and medicolegal evaluation data were analyzed.
Results: Of the 537 cases that underwent medicolegal evaluation, 80.3% were male and 19.7% were female.The mean age at the time of sexual abuse incident was significantly higher in females(12.5 ±3.4) than in males(9.8±3.4).Before the incident, 63.0% of cases had at least one psychiatric diagnosis(most commonly Mental Retardation or Developmental Delay(57.5%), MDD(5%), and Conduct Disorder(4.7%)).The period after the incident, 77.1% had at least one psychiatric diagnosis(most commonly PTSD (57.9%) and MDD(49.7%)), most of which occurred after the incident.22.7% of the cases were victims of incest, 77.3% were victims of extra-familial abuse.The most common abuser was the father in incest(7.1%) and a familiar person(neighbor, etc.) in extra-familial abuse(22.4%).51.4% of cases experienced simple sexual abuse, while 48.6% faced sexual penetration.In 42.7% of the cases, sexual abuse was first disclosed to family members. In incest victims, compared to cases of extra-familial sexual abuse; the rates of being female(86.9%-78.3%), having successful-average academic success(55.2%-43.3%), having normal-borderline intelligence (77.7%-67.7%), having an unemployed father(25.5%-16.2%), being subjected to simple sexual abuse(63.1%-48.0%), being subjected to sexual abuse by a single perpetrator(90.2%-81.2%), being subjected to repeated sexual abuse(69.7%-45.8%), living in a broken family (66.7%-38.9%), not having a psychiatric diagnosis before the incident(50.8%-34.2%), and withdrawing the abuse allegation/complaint (18.9%-6%) were statistically significantly higher.The age at the date of the incident was significantly younger(median:11-13), and the time taken to apply to judicial authorities (months) was significantly longer(median:18.5-12).Predictive variables of incest have also been evaluated using logistic regression analysis.
Conclusions: In this study, the findings found in cases that underwent medicolegal evaluation support the literature findings regarding risk factors for sexual abuse and the negative effects of sexual abuse on children and adolescents.

Disclosure of Interest: None Declared

EPV0274

Adolescent motherhood: reflections based on a clinical case

H. Ben Mustapha[1]

[1]Essonne, Barthélemy Durand Public Health Establishment, Île-de-France , France
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Introduction: Adolescence and motherhood are transitional phases, moving from childhood to adulthood and from womanhood to motherhood. These processes involve significant psychological conflicts, where childhood narcissistic vulnerabilities risk being exposed.

Objectives: The study aims to describe the mother-infant bond and the management of adolescent motherhood. This case informs the psychopathological and therapeutic reflections throughout the study.
Methods: This study examines a clinical vignette of a 16-year-old adolescent followed in the Perinatal Department at Rouen University Hospital, alongside a literature review. Semi-structured interviews were conducted with the adolescent mother and her family from July 2019 to April 2020, covering sociodemographic data, pregnancy experiences and consequences, the adolescent's baby, the baby's father, and the adolescent's family. Written consent was obtained from the mother at the study's outset.
Results: The case involves M.D, a 16-year-old at 16 weeks gestation, is the youngest of two siblings and is in a relationship with a 25-year-old man. Her family history includes maternal depression, and her personal history includes ADHD with irregular follow-up, behavioral hospitalization at age 7, and a pregnancy termination in 2018. She was referred by a midwife due to challenges in envisioning her pregnancy. M.D. lives in a disrupted family dynamic marked by intrafamilial violence, conflicts with her brother, and repeated runaways. She was placed under social services following a report from her mother concerning behavioral issues. Her pregnancy was marked by anxiety over a potential forced termination, conflicts between adolescence and motherhood, and worries about childbirth. Motherhood posed additional challenges, such as infantile regression, irritability, impulsivity, difficulty caring for the baby, emotional immaturity, and ambivalence toward her pregnancy and motherhood. Her interactions and emotional attunement with the baby were inadequate. M.D. received multidisciplinary support (gynecologist, pediatrician, social worker, psychiatrist, child psychiatrist, psychologist, childcare provider) with extensive family and partner involvement. Improvements were noted in mother-infant bonding, reduced impulsivity, and decreased marital conflicts with Methylphenidate.
Conclusions: A collaborative care network is essential to support the bond between the adolescent mother and her child. The father's role can serve as a separating third party, facilitating the child's access to symbolic thinking. This role may also be filled temporarily by professionals who act as substitute third parties, supporting both the mother's and child's development.

Disclosure of Interest: None Declared

EPV0276

Substance Abuse: A growing issue in adolescent population

M. N. Bogdanovic[1]*, S. Brozan[1], A. Kaštelan[1] and D. Petrić[1]
[1]CHC Rijeka, Rijeka, Croatia
*Corresponding author.
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Introduction: Substance abuse among adolescents has risen significantly in recent years, with serious implications for mental health and development. Factors such as peer pressure, socioeconomic stress, and mental health issues contribute to this trend. Early substance use is linked to long-term risks, including substance use disorders and co-occurring psychiatric conditions. This study examines data from CHC Rijeka, highlighting trends in adolescent substance use over recent years, emphasizing the need for targeted prevention and treatment strategies.
Objectives: This study aims to analyze the number of adolescent patients having issues with drug abuse, who were hospitalized at the Adolescent Psychiatry ward in order to identify trends, assess associated risk factors.
Methods: We compared the numbers of hospitalized patients who were dignosed with substance abuse, as well as the percentages of those patients per year, from 2019 until 2024.
Results: From 2019 to 2024, the number of adolescents hospitalized for substance abuse at the Adolescent Psychiatry ward increased. In 2019, substance abuse was diagnosed in approximately 20% of all adolescent admissions, whereas by 2024, this figure had risen to 28%. This rise in the percentage of substance abuse diagnoses, relative to the total number of admissions, indicates a growing prevalence of substance use disorders among hospitalized adolescents. This trend mirrors broader national patterns of increasing adolescent substance use and underscores the urgent need for targeted prevention and intervention strategies, both in clinical settings and within the community.
Conclusions: The rising percentage of adolescents hospitalized for substance abuse highlights a critical public health issue. To address this, efforts should focus on early intervention, increasing access to mental health and substance use services, and implementing school-based prevention programs. Additionally, enhancing community support networks and reducing the stigma around substance abuse treatment are key to preventing further escalation of this growing trend.

Disclosure of Interest: None Declared

EPV0277

Retarded Catatonia in a 16-Year-Old Male With Schizo-Obsessive Disorder

E. Bolat[1]*, E. Akçay[1] and E. ÇÖP[1]
[1]Child and Adolescent Psychiatry, Ankara Bilkent City Hospital, Ankara, Türkiye
*Corresponding author.
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Introduction: Catatonia is a complex neuropsychiatric syndrome characterized by a range of motor, cognitive, affective, and autonomic disturbances. It is often associated with psychotic disorders, mood disorders, and pervasive developmental disorders in children. Despite its potential severity, catatonia can be effectively treated with timely intervention, including the use of benzodiazepines and electroconvulsive therapy (ECT). However, treating catatonia in the context of schizo-obsessive disorder presents significant challenges.
Objectives: The case highlights the importance of early diagnosis and intervention in managing catatonia, as well as the need for more ECT sessions in schizo-obsessive catatonia.
Methods: Clinical case report and brief literature review on schizo-obsessive catatonia was done. Informed consent from the patient's legal guardians was obtained.
Results: We present a case report of a 16-year-old male from Ankara, living with his family, who is a middle school graduate but could not start high school due to his disorder. He had been followed in our outpatient clinic with a diagnosis of Obsessive Compulsive Disorder for 4 years. The patient presented to the emergency department with agitation, disrobing, attempting to climb out of a window, and experiencing delusions. He was initially

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