

EPV0209

PSYCHIATRIC COMORBIDITY IN A SAMPLE OF PATIENTS WITH COGNITIVE-BEHAVIORAL MINORITY DISEASE

R. De la Mata^{1*}, C. Manso-Bazús², S. Pujol¹, L. Torrent¹, L. Urraca¹, D. Vázquez-Tarrio³, M. Esteve¹, E. Fernández⁴ and M. Pàmias¹

¹Children and adolescents Mental Health Service. Parc Taulí Hospital Universitari. Universitat Autònoma de Barcelona. Sabadell, Spain. CIBERSAM; ²Center of Genomic Medicine, Hospital Parc Taulí, Sabadell; ³ETSIAAB. Universidad Politécnica de Madrid, Universidad Politécnica de Madrid, Madrid, Spain and ⁴Fundación Orienta, Barcelona

*Corresponding author.

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Introduction: About the term cognitive-behavioral minority disease or rare disease are a group of diseases that affect between 6-8% of the population. It is estimated that there are more than 7000 in the world, the majority with a genetic basis and affect various organs and systems, they also present psychiatric comorbidities and cause a physical or mental disability. Given its definition, it is difficult to see a large number of these patients in our usual clinical activity, so their management can be complicated.

Objectives: To evaluate the prevalence of psychiatric comorbidity and the prevalence of psychopharmacological treatment in children and adolescents who present a minority disease.

Methods: This is a descriptive, controlled, retrospective cross-sectional study of a sample obtained by non-probabilistic sampling, which is representative of the study population.

The statistical analysis was made using the statistical program SPSS V22 (2013).

Results: With a sample of 114 patients, of which 26,6% presented fragile X syndrome, secondly 25,3% presented Prader-Willi Syndrome and 48,1% other chromosomal abnormalities.

By subgroups (male:female): in Prader-Willi syndrome 6:14 (30%:70%), in Fragile X syndrome 12:9 (57,14%: 42,86%) and in other diseases 25:13 (75,69%: 34,21%).

Conclusions: The creation of clinical expert units makes the possibility to increase knowledge of diseases whose prevalence in the population, thanks to technological advances, is increasing and where scientific knowledge is still limited.

These units are also important, in order to be able to offer personalized intensive treatments in order to reduce polypharmacy. There is not a great difference between the minority diagnosis and polypharmacy, although there is less polypharmacy than expected, which may be the result of the success of the most intensive and personal psychotherapeutic intervention in the unit.

Disclosure of Interest: None Declared

EPV0210

Prevalence and factors associated with non-suicidal self-Injury and suicidality in children and adolescent attending Emergency department in Oman

R. Alamri

¹Oman, Muscat, Oman

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Introduction: Non-suicidal self-Injury (NSSI) and suicidality are common reasons for emergency presentations in child and adolescent psychiatry (1). NSSI is defined as intentional destruction of one's body tissue without suicidal intent and has a prevalence rate in adolescents of approximately 30–40% in clinical samples (2). Suicide prevalence is around 24–33% (3).

There are many factors leading to suicidal or self-harming behavior. A prior history of self-injurious behavior is one of the strongest predictors of future suicidal behavior, both cross-sectionally and longitudinally (6). Additionally, longitudinal studies have found that a previous suicide attempt increases the risk of a future suicide attempt threefold.

Suicide and NSSI have a significant impact on families and communities. Hence, considerable clinical attention is warranted to develop preventive strategies.

Objectives: The aim of this study is to investigate the prevalence of non-suicidal self-Injury (NSSI) and suicidality among children and adolescents presenting in emergency department of the tertiary psychiatric services and to study their demographic and clinical characteristics.

Methods: This is a retrospective cross-sectional analytical study included all children and adolescent patients attended the emergency department at Sultan Qaboos University Hospital between June 2021 to March 2016. The data was collected using the hospital's electronic database to retrieve the medical records of children and adolescents who visited the emergency department. Patients who were 18 years of the age or younger were included in the study. The included patients must have been evaluated by a psychiatrist during their presentations in the emergency department.

Results: During the 63 months of observation, 114 patients attended the emergency department and required psychiatric evaluation, 44.7% (n=51) of patients presented with NSSI and/or SA. The mean age was 15.7. 80.4% (n=41) were females while 19.6% (n=10) were males. 37.3% had a primary diagnosis of major depressive disorder (MDD) and 21.5% had comorbid medical illness. 44% of suicidal attempts were with drug overdose, mostly paracetamol overdose, while the most used method for NSSI was cutting the body with a razor, 57%. 19 patients had a primary diagnosis of major depressive disorder, 17 patients had no clear diagnosis at presentation. 22% of the patients had other medical comorbidities, 5 patients with epilepsy. 51% of the patients had positive family history of mental illness.

Conclusions: Considering that NSSI and suicidality were found to be the main reasons for presenting to a child and adolescent emergency psychiatric service, it seems crucial for physicians at PEDs to provide proper crisis intervention and referral to mental health services when appropriate. Early identification of risk factors is highly recommended.

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EPV0211

Parents of children who are victims of trauma, allies or adversaries?

H. Ben Youssef, S. Bourgo, R. Gadhoum*, H. Rezgui, A. Ben Hamouda, M. Daoud, F. Charfi and A. Belhaj

¹Child and Adolescents psychiatry, Mongi Slim Hospital, Tunis, Tunisia

*Corresponding author.

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