

## P02-266

### A CASE OF SELECTIVE MUTISM IN AN EIGHT-YEAR OLD GIRL WITH THALASSAEMIA MAJOR AFTER BONE MARROW TRANSPLANTATION

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**Objective:** Selective Mutism (DSM-IV: 313.23, ICD-10: F94.0) is a rare phenomenon in child and adolescent psychiatry, with prevalence rates below 1%. Patients limit their verbal communication and social functioning is severely impaired. Evidence for treatment strategies is scarcely available, especially in patients with concomitant pediatric disorders.

**Method:** This case report provides information on the psychotherapeutic and psychopharmacological treatment of selective mutism in an eight-year old girl with thalassemia major. The patient presented to the psychiatric department after her second (successful) bone marrow transplantation for treatment of her selective mutism which was present already prior to transplantation. As permanent medications she received penicillin prophylaxis (500.000 IE/d) and deferasirox (Exjade; 20-25 mg/kg/d), a recently approved iron chelator.

**Results:** Long term psychotherapy (CBT) in a day-time clinic, supported by the use of the SSRI Fluoxetine (10 mg), led to a decrease in the Selective Mutism score from 29 to 17 points - GAF improved by 21 points. Reintegration in the school context was established. Mean levels of Fluoxetin and N-Fluoxetin were 287,8 ng/ml without significant level fluctuations.

**Conclusion:** This case adds further evidence, that a combination of psychotherapy and psychopharmacological interventions (SSRI) proves effective in treatment resistant Selective Mutism. Monitoring blood levels of the SSRI is crucial in providing treatment to patients receiving multi-pharmacological treatment.