Conclusions: Young people's subjective perception of the maternal figure is that of a dominant, controlling and demanding personality, which hinders an adequate differentiation process. With respect to the description that the young people make of themselves, we see that they refer to a marked emotional lability and the presence of dysthymic experiences. It appeared in the analysis that one of the triggers of the cutting phenomenon was related to experiences of rejection or separation of significant figures.

Disclosure: No significant relationships.
Keywords: adolescence; self-injuries; identity; adolescence; self-injuries; characteristics of current society; identity

EPV0223

Electroconvulsive therapy in children and adolescents

M. Esperesate Pajares*, C. Pastor Jordá, M. Taracena Cuerda, R. Puente García and A.M. Jiménez Bidón

Hospital 12 de Octubre, Psychiatry, Madrid, Spain
*Corresponding author.
doi: 10.1192/j.eurpsy.2022.1130

Introduction: Despite its good results and tolerability in adults, electroconvulsive therapy (ECT) is barely administered in children and adolescents, with scarce evidence in these patients.
Objectives: We aim to summarize the data available to give a clearer view of how children and adolescents might benefit from ECT.
Methods: We've done a bibliographic review in PubMed and Cochrane Library searching for articles that include the terms "electroconvulsive therapy" and "adolescents" and/or "children" and their variations.
Results: Current evidence supports the use of ECT in various indications as mood disorders, schizophrenia spectrum disorders, catatonia, neuroleptic malignant syndrome and self-injurious behaviours associated with autism, Tourette's syndrome or intellectual disability. The efficacy and safety it's comparable to adults and there are no absolute contraindications. Side-effect profile it's also similar to the general population, reporting as the most frequent adverse effects headache, generalized body aching, and nausea or vomiting.
Conclusions: ECT is an effective and safe treatment for severe mental disorders in children and adolescents.

Disclosure: No significant relationships.
Keywords: ECT; Adolescents; Electroconvulsive therapy; Children

EPV0224

Length of stay and reason for admission in an adolescents inpatient unit

M. Taracena Cuerda*, M. Esperesate Pajares, M. Feito Garcia, C. Arranz Martin, E. Sánchez Sampedro, A.M. Jiménez Bidón, R. Puente García and C. Pastor Jordá

Hospital 12 de Octubre, Psychiatry, Madrid, Spain
*Corresponding author.
doi: 10.1192/j.eurpsy.2022.1131

Introduction: Psychiatric Inpatient units are important resources of the mental health network. These units have elevated costs, so it is important to get to know some factos that might mediate the lengh of stay in these units.
Objectives: Psychiatric Inpatient units are important resources of the mental health network. These units have elevated costs, so it is important to get to know some factos that might mediate the lengh of stay in these units.
Methods: An observational and descriptive analysis of the sample of patients between 12 and 17 years-old, that were admitted to the inpatient mental health unit since its opening on April 2021.
Results: 205 patients were admitted April 2021 until October 2021. The most common reason for admission (RFA) was suicidal ideation/attempt (57.07%), eating disorders (15.1%), mood disorders (11.2%), conduct disorders/challenging behaviors (7.8%) and psychosis (7.3%). Adolescents with eating disorders had the longest length of stay, with an average of 23.8 days. They were followed by those suffering from psychosis (17.8 days) and suicidal ideation/attempts (17.1 days). Mood disorders average length of stay was 15.1 days and conduct disorders/challenging behaviors was the shortest one with a LOS of 12.5 days.
Conclusions: Adolescents with eating disorders seem to need longer lentgh of stay, what differs from Zeshan et al study that concludes that patients with schizophrenia might need longer LOS. Nevertheless, just as Zeshan et al study, we conclude that patients admitted with conduct disorders/challenging behaviors have the shortest LOS.

Disclosure: No significant relationships.
Keywords: Adolescents; inpatient unit; Length os stay; reason for admission

EPV0225

Emotional regulation in non-suicidal self-injury – research on the use of transcranial direct current stimulation (tDCS).

I. Makowska[1]*, K. Rymarczyk[2], D. Puzio[1], K. Pałka-Szafraniec[1] and J. Garnier[2]

[1]Medical University of Lodz, Child And Adolescent Psychiatry Unit, Lodz, Poland and [2]SWPS University of Social Sciences and Humanities, Faculty Of Psychology, Warszawa, Poland
*Corresponding author.
doi: 10.1192/j.eurpsy.2022.1132

Introduction: DSM-5 defines non-suicidal self-injury (NSSI) as socially unaccepted, direct, repeated and deliberate harm done to one's own body. It is estimated that in a general population approximately 13-29% of adolescents present NSSI, and 70-80% among hospitalized youth. It seems that emotional dysregulation is the core characteristic of NSSI manifesting by self-harm behaviors, impulsiveness, lack of emotional awareness and experiencing high intensity of negative emotion. Emotional dysregulation is a pivotal characteristic of NSSI. Rationale of this theory is provided by the results of psychological and psychophysiological studies as well as those presenting brain activity. Neuroimaging data point to a variant pattern of brain activity of adolescents with NSSI during perception of emotionally negative stimuli i.e. hyperactivity in amygdala – a structure responsible for fear and automatic reaction to exciting stimuli and low activity of inferior frontal gyrus area – a structure responsible for inhibition and interpretation of social interactions. This activity pattern suggests a disorder of cortico-subcortical neuronal connections.

Objectives: The aim was to verify tDCS as a therapeutic aid for patients who exhibit NSSI despite implementation of pharmacotherapy and psychotherapy.
Methods: We investigated the modulation effect of tDCS treatment at the right inferior frontal gyrus (rIFG) in hospitalized adolescents with NSSI.
Results: Preliminary tDCS stimulation results indicate potential usefulness of this method in regulating emotions and improving executive functions.
Conclusions: Prefrontal cortex stimulation may restore balance in aforementioned connections and, as a result, positively influence an emotional regulation i.e. lower the impulsiveness, agitation and, by doing so, decrease NSSI frequency.

Disclosure: No significant relationships.
Keywords: emotion regulation; NSSI; TdCS; Adolescents

EPV0227

QT Prolongation: Psychotropic medication versus illicit drugs

A. Florian[1]*, C. Florian[1], A. Ignat[1], C. Voinea[1], L. Popescu[1], G. Ganea[2], C. Gherghe[3] and L. Mateescu[1,4]

[1]"Prof. Dr. Al. Obregia" Psychiatry Clinical Hospital, Child And Adolescent Psychiatry, Bucharest, Romania; [2]Emergency Clinical Hospital for Children "M.S.Curie", Pediatric Cardiology, Bucharest, Romania; [3]Central Military Emergency Hospital "Dr. Carol Davila", Psychiatry, Bucharest, Romania and [4]Carol Davila University of Medicine and Pharmacy, Child And Adolescent Psychiatry, Bucharest, Romania
*Corresponding author.
doi: 10.1192/j.eurpsy.2022.1133

Introduction: Countless substances used for their psychotropic effects may induce adverse cardiac effects, such as QT prolongation. This category of substances holds illicit drugs as well as medications, with their effects influenced by dosage, concomitant use and patient specific factors. The appraisal of cardiac consequences is essential as delayed repolarization may lead to the rare but potentially deadly polymorphic ventricular tachycardia.
Objectives: The goal of this presentation is to underscore the cardiac risks associated with both medication use and substance abuse in order to ensure the suitable psychopharmacological treatment, especially in particular situations of drug using patients.
Methods: The subject of the presentation is a 17-year-old female adolescent hospitalized in our clinic, with multiple substance abuse, as seen in qualitative multidrug test (cannabis, amphetamines, ecstasy, barbiturates, benzodiazepines), previously under complex treatment prescribed by an adult psychiatrist (3 atypical antipsychotics, 1 selective serotonin reuptake inhibitor, 1 anticonvulsant, 1 benzodiazepine). Specialty literature has been reviewed concerning the cardiac effects of both the abuse substances and the psychiatric medications.
Results: Multiple drugs involved may cause a myocardial repolarization delay, the patient having a QTc of 508 msec at the admission. Consequent to parenteral fluids and treatment managing, ECG revealed a decrease to 379 msec 7 days later in the stay. This finding could not be viewed solely as caused by drug use, psychiatric medication or individual factors, but rather as their aggregation.
Conclusions: Psychotropic substances use may lead to QT prolongation, which calls for close cardiac supervision whenever patient's behaviour warrants or when pharmacologic intervention is required.

Disclosure: No significant relationships.
Keywords: substance abuse; Psychotropic agents; electrocardiogram; QT prolongation

EPV0228

Neuropsychological profile of Turner Syndrome in relation to deficits in academic and psychosocial areas. A case report

T. Castellanos Villaverde, S. Izquierdo Pérez, A. Hospital Moreno, I. Louzao Rojas* and E. Fernández-Jiménez

Hospital Universitario La Paz, Department Of Psychiatry, Clinical Psychology And Mental Health, Madrid, Spain
*Corresponding author.
doi: 10.1192/j.eurpsy.2022.1134

Introduction: Previous reviews reported an association between Turner Syndrome (TS) and a profile of deficits in some neurocognitive domains (visual-spatial domains, mathematics, and executive functions: cognitive flexibility, working memory, cognitive inhibition, and problem solving), although pointing out individual variability.
Objectives: To describe the neuropsychological profile of a patient with diagnosis of TS and psychosocial difficulties attended at the Service of Psychiatry, Clinical Psychology and Mental Health at La Paz University Hospital (Madrid).
Methods: A descriptive study is conducted on a single case of a 11-year-old woman with diagnosis of TS attended by a clinical psychologist at a child-adolescent Mental health center for social, family and academic difficulties. Neuropsychological assessment was completed in October, 2021. The Wechsler Intelligence Scale for Children-Five Edition (WISC-V) and Neuropsychological Assessment of Executive Functions in Children (ENFEN) batteries were administered.
Results: The full-scale intelligence quotient was observed in the normal range, with lower scores in non-verbal tasks. Deficits (range from $z = -2.00$ to -1.75) were observed in tests of working memory, processing speed and complex problem-solving tasks. The results showed great variability in other executive functioning tasks (selective attention tasks: from $z = -1.75$ to -0.75; and cognitive flexibility tasks: from $z = -2.25$ to 0.25).
Conclusions: The neurocognitive profile described in the literature was partially consistent with the results obtained in this study. The neuropsychological assessment can support the elucidation of clinical diagnostic and therapeutic factors in TS patients with relevant psychosocial or cognitive difficulties.

Disclosure: No significant relationships.
Keywords: Turner Syndrome; Executive functions; Neuropsychological Evaluation