Results: She has a history of daily consumption of at least 2 units of cannabis per day. She presents high emotional distress secondary to academic failure, consuming the substance as a coping strategy. Due to prohibition and control by her parents, the patient stopped taking the substance, presenting severe depressive symptoms, self-injury and suicide ideation. For this reason she is admitted to the inpatient psychiatric unit. The electrocardiogram performed on admission shows a corrected QT index of 524. Exploring physical symptoms, she recognized episodes of syncope and palpitations. Coordination was made with cardiology, who performed an echocardiogram with normal results and began follow-up with them without prescribing medication. It was agreed not to use drugs that could prolong the QT index. Evaluating the clinical situation, it was decided to start treatment with Vortioxetine up to 10 mg. With this treatment there was no worsening of the electrocardiogram and the patient's mood improved, anxiety and ideas of death were remitted
Conclusions: This work aims to show how vortioxetine has been effective and safe at the cardiological level in the case of moderate-severe depression in an adolescent with prolonged QT index

Disclosure of Interest: None Declared

EPV0170

Psychopharmacological management in patients with Di George syndrome

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Introduction: It is widely described in the scientific literature that patients who suffer from some type of congenital syndrome such as Di George Syndrome are more likely to present some type of psychopathological alteration during their development that may require intervention and treatment by infant and juvenile mental health teams in coordination with neuropediatrics (1). On this occasion, we will present the clinical case of a patient who regularly attends psychiatry consultations for management of anxious symptoms with impulse control deficits associated with intellectual disability, diagnosed since childhood with tetralogy of Fallot and later with Di George syndrome. In this type of case, treatment is usually considered taking into account possible comorbidities at the organic level (since there may be cardiological involvement, which can be an added difficulty when taking into account the adverse effects of some psychotropic drugs) (2).
Objectives: This is followed by the presentation of the clinical case, which can serve to exemplify this type of case and clarify any doubts that may arise regarding treatment.
Methods: Presentation of the clinical case and review of updated scientific literature on the subject.
Results: Patient who first came to the infantile-junior consultations at the age of 8 years due to delay in the acquisition of verbal language and impulsivity. The patient had a history of pediatric follow-up since birth for different physical symptoms that finally led to the diagnosis of Di George syndrome.
Given the difficulties he presented both at home and at school, different psychometric tests were performed and it was determined that it could be beneficial to initiate treatment with extended-release methylphenidate. Prior to treatment, psychomotor restlessness (without aggressiveness) and difficulty in concentration prevailed, which improved significantly after upward adjustment of the dose to a guideline corresponding to his age and weight. It was not necessary in this case to administer other treatments (the possibility of starting Aripiprazole in case of episodes of agitation was considered, but it was not necessary). The patient has continued to be monitored by cardiology to assess the possible side effects of the treatment (since it can increase heart rate and blood pressure (3), but so far no complications have been detected).
Thanks to psychotherapeutic and educational intervention, language acquisition was achieved, although to date he still requires support due to the difficulties he still presents.
Conclusions: It is important to take into account the possible side effects of psychopharmacological treatment in patients with an associated congenital syndrome. Intensive and comprehensive follow-up by psychiatry and pediatrics (and later by their primary care physician) should be performed.

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EPV0171

Case-study: Patient with acquired epileptic aphasia in childhood

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Introduction: Acquired epileptic aphasia or Landau-Kleffner syndrome (LKS) is a disorder with onset in the childhood between the ages of 2 and 8 years. The main defining psychopathological symptom of Landau-Kleffner syndrome is the acquired aphasia with epileptiform electroencephalographic abnormalities. The aphasia has both receptive and expressive features. The onset is usually subacute and the course is usually progressive with spontaneous improvements and exacerbations. The electroencephalographic abnormalities include pathological findings in the temporal and parieto-occipital brain regions.
Objectives: An 11 year old girl with generalized tonic-clonic and partial seizures is referred to our child and adolescence outpatient service due to language impairment. Her first generalized seizure has been at the age of 11 months old, caused by high temperature. The presence of articulation difficulties has raised suspicion for intellectual disabilities. She has been diagnosed with Epilepsy, grand mal seizures and has had continuous treatment with sodium valproate since the age of 3 years.

Methods: We used medical history, EEG-recordings, clinical observation and psychological assessment.
Results: Patient`s language development has been normal till the age of 3 years old. She has started using single words properly at the age of 1 year and 6 months old. Her first simple sentences have appeared at the age of 2 years old. At the age of 3 years old after severe generalized tonic-clonic seizures she has stopped talking for a month. After this month she had started vocalizing and using simple words, but she had lost her ability to form sentences. She has had some mild difficulties in understanding verbal information and following instructions. Her speech has had bad articulation and deficits in the verbal fluency. Her gross and fine motor development, her social skills and problem-solving abilities have all been intact and age-appropriate. She has worked with speech therapist for 5 years and achieved partial recovery from the acquired aphasia. She continues to have problems with the articulation – the speech is still with mild dysarthria. We used WISC-IV to assess her IQ (IQ=108).
Conclusions: The patient has already developed age-appropriate speech prior to the onset of the language impairment. Considered as secondary or acquired, the observed aphasia together with the medical data for her epileptic seizures allows us to diagnose the patient with Acquired epileptic aphasia or Landau-Kleffner syndrome. Later development will be presented and discussed.

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EPV0172

First episode psychosis in a young person with a diagnosis of Autistic Spectrum Disorder: A Case report

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Introduction: Psychotic disorders are significant comorbidities in young people with Autistic Spectrum Disorder (ASD). Evidence suggests that ASD & psychosis present with overlapping clinical features & cognitive symptoms leading to misdiagnosis (Trevisan *et al.* Front.Psych 2020;11:548). Clinicians encounter diagnostic dilemma during assessment of psychosis in adolescents with ASD.
Objectives: To discuss the clinical challenges in the assessment & treatment of young people with ASD & comorbid psychosis.
Methods: A case report of a young girl with ASD & comorbid psychotic illness.
Results: A young girl with ASD was admitted to CAMHS inpatient Unit with unusual beliefs & perceptual disturbances. She reported hearing the voice of 'Hydrogis' who was talking to her about his girlfriend. She made a voodoo doll & tried to set it on fire, as she believed that this would kill the girlfriend. She also heard voices of characters from a TV show, discussing her in third person. She absconded from home due to the distress associated. She attempted suicide by tying a ligature. She was seen responding to external stimuli, laughing incongruously & was thought disordered. Despite never being to USA, she spoke in American accent. She lacked insight & struggled to differentiate reality from fantasy. The aim of admission was to determine if the symptoms were part of ASD or a psychotic disorder. She had medication free assessment but continued to be very distressed. We commenced Aripiprazole which was optimised. She responded well to the treatment & was discharged to the care of Early Intervention in Psychosis team with partial remission of symptoms.
Conclusions: Historically psychotic illnesses & ASD were thought to be closely linked. Research suggest that they are two separate disorders with specific onset, progress, signs & symptoms. ASD might be misdiagnosed as psychosis as difficulties in communication may resemble thought disorder, 'melt down' may mimic catatonia & difficulties in recognising others' intentions may mimic paranoia. Our patient was experiencing first episode psychosis in late adolescence. This age of onset is consistent with research findings. A study to differentiate between ASD & psychosis found that positive symptoms like hallucinations & delusions were suggestive of psychosis while odd emotional gestures, stereotyped speech & restricted interests indicated ASD. Our patient predominantly had positive symptoms of delusions, hallucinations & thought disorder, hence our diagnosis of psychotic episode. In some cases, it is difficult to differentiate childhood fantasies from delusional beliefs (Ribolsi *et al.* Front.Psych 2022;13:768586). Bleuler explains that children with ASD replace imperfect realities with imaginations & hallucinations but Michael Rutter claims that autistic children lack fantasy. There are varying views on this subject & this is the challenge we faced when treating this young person.

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EPV0175

Worsening symptoms in ADHD children caused by increased parental stress before, during and after Covid-19

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Introduction: Attention Deficit Hyperactivity Disorder (ADHD) is a neurodevelopmental disorder characterized by high levels of inattention, hyperactivity, and impulsivity that are present before the age of seven, seen in a variety of situations, inconsistent with the child's developmental level and that cause social or academic damage. Parents may respond with high levels of verbal aggression and disciplinary measures to disruptive behaviors, which causes their children to respond negatively, influencing a bidirectional process of participating of a vicious circle. The pandemic has been a huge battle for everyone. Their anxiety in this extraordinary situation can also increase the children's psychological and behavioral problems.
Objectives: This literature review aims to explore the connection between the increase of parental stress among parents of ADHD children and worsening symptoms of ADHD, before and during COVID-19 outbreaks.
Methods: The literature review was performed by searching the following electronic databases (for all available years from 2005-2021): PubMed, PubMed Central, Springer Open, Hindawi, Google Scholar. We included studies with a primary focus on parenting stress in families that have children, aged 6-12 years old, with a clinical diagnosis of ADHD that was made by a specialist using the