prudent. The increase of intentional (i.e., suicidal) determined YFO is a major public health concern.

Disclosure of Interest: None Declared

EPV0137

Conversive and Factitious disorders: Differential diagnosis based on a case report

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Introduction: Conversive disorder is characterised by the presence of one or more involuntary neurological symptoms that are not due to a clear medical pathology. On the other hand, consciously simulated illnesses fall into two diagnostic categories: factitious disorders and malingering, which are differentiated by both the motivation for the behaviour and the awareness of that motivation. Factitious disorder behaviours are motivated by an unconscious need to assume the sick role, whereas malingering behaviours are consciously driven to achieve external secondary gains.
Objectives: Study of the differences between conversion disorder and factitious disorder and their repercussions from a case of difficult diagnosis.
Methods: Bibliographic review of scientific literature based on a relevant clinical case.
Results: We present the case of a 14-year-old male patient. Adoptive parents. Studying in high school. Social difficulties since childhood. He comes to the emergency department on several occasions referring stereotyped movements and motor tics in the four extremities with left cervical lateralization. Increase of these symptoms in the last month, so it was decided to admit him to the pediatric hospital. After observation and study of the patient's movements with normal complementary tests he should return home. The following day he returned to the emergency department after an episode of dizziness, mutism and emotional block. It was decided to admit him to Psychiatry for behavioral observation and differential diagnosis.
Conclusions: In the assessment of patients it is essential to make an appropriate diagnosis taking into account the patient's symptomatology and the patient's background and life context. Conversion disorder is the unintentional production of neurological symptom, whereas malingering and factitious disorder represent the voluntary production of symptoms with internal or external incentives. They have a close history and this has been frequently confounded. Practitioners are often confronted to medically unexplained symptoms; they represent almost 30% of neurologist's consultation. The first challenge is to detect them, and recent studies have confirmed the importance of "positive" clinical bedside signs based on incoherence and discordance. Multidisciplinary therapy is recommended with behavioral cognitive therapy, antidepressant to treat frequent comorbid anxiety or depression, and physiotherapy. Factitious disorder and malingering should be clearly delineated from conversion disorder. Factitious disorder should be considered as a mental illness and more research on its physiopathology and treatment is needed, when malingering is a non-medical condition encountered in medico-legal cases.

Disclosure of Interest: None Declared

EPV0138

Smith-Magenis Syndrome associated with Autism Spectrum Disorder with delayed diagnosis due to B12 deficiency: a case report

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Introduction: Smith-Magenis syndrome (SMS) is a complex genetic disorder characterised by distinctive physical features, developmental delay, cognitive impairment and a typical behavioural phenotype. SMS is caused by interstitial 17p11.2 deletions (90%) involving multiple genes, including the retinoic acid-induced 1 gene (RAI1), or by pathogenic variants in RAI1 itself (10%).
Objectives: In this case report, we present a case of Smith-Magenis syndrome with Autism Spectrum Disorder with karyotype 46,XX, 17p 11.2 gene deletion confirmed by Autism Spectrum Disorder, who was followed up in a paediatric neurology outpatient clinic with neuromotor developmental delay and whose diagnosis was delayed due to B12 deficiency. We also update scientific developments in Smith-Magenis syndrome.
Methods: We describe an 18-month-old male with Smith-Magenis syndrome and Autism Spectrum Disorder who was seen in our paediatric psychiatric outpatient clinic and who received B12 replacement with developmental delay.
Results: The patient was followed up in the paediatric neurology outpatient clinic with delay in neuromotor developmental milestones and this delay was thought to be due to B12 deficiency (B12<100 ng/L). The initial examination revealed delay in neuromotor and behavioural milestones, speech delay, wide and high nasal bridge and hypertelorism. Further physical examination revealed syndactyly of the second and third toes bilaterally and crossed lower teeth. Clinical and psychometric testing (Ankara Developmental Screening Inventory) by 2 consultants and 1 research assistant resulted in a diagnosis of intellectual disability and an additional diagnosis of Autism Spectrum Disorder due to social deficits that could not be explained by intellectual disability.
Conclusions: Smith-Magenis syndrome is a well-known disorder involving the deletion of chromosome 17p11.2, which contains the RAI1 gene. This condition is associated with neuromotor and behavioural delay, as well as distinctive dysmorphic features. Clinicians should consider Smith-Magenis syndrome in the differential

diagnosis for patients with delayed neuromotor and behavioural milestones, even in the presence of documented blood parameters (such as B12 deficiency) that may account for the delay.

Disclosure of Interest: None Declared

EPV0139

Specific intervention program for ARFID comorbid with ASD in a Children's Youth Autism Day Hospital

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Introduction: Children and adolescents with ASD are more likely to have eating problems compared to the general population of the same age, one of the disorders whose prevalence is increased in people with ASD is avoidant/restrictive eating disorder Food (ARFID) ARFID is characterized by a lack of interest in eating or avoidance of food intake, which in the case of people with ASD is usually related to impaired sensory processing and cognitive rigidity. For this reason, the Autism Day Hospital carries out a specific food intervention program.
Objectives: To retrospectively evaluate the results of the Food Program of the Autism Day Hospital during the year 2022.
Methods: A retrospective analysis of the cases of patients admitted to the Food Program of the Autism Day Hospital during the year 2022 is carried out. Results of the sensory pattern and presence of genetic alterations of each one of the patients are compared. And the results of the intervention are evaluated by quantifying the new foods introduced into the diet at the end of the admission.
Results: The sample is made up of a total of 5 children (4 boys and 1 girl) aged between 7 and 12 years. All of them meet diagnostic criteria for Autism Spectrum Disorder and present comorbidity with ARFID. Of the total sample, 1 of the patients presented in the genetic study a microdeletion S. in 15q13.3, duplication in 2q13 and duplication in 5p12-p11, with the genetic studies in the rest of the patients in the sample being normal. Regarding the results of the sensory pattern (Infant/Toddler Sensory profile test), all the patients presented differences in relation to other children of their age in the oral sensory pattern, this difference being definitive in 3 of the 5 patients in the sample. All the patients included in the program presented a satisfactory evolution, introducing at least 15-20 new foods into their usual diet, including different textures and consistencies.
Conclusions: The therapeutic approach to ARFID in children with ASD carried out from a multidisciplinary perspective; sensory integration, behavioral approach and, if necessary, psychopharmacological, has shown, based on the results obtained from the food program of the ASD Day Hospital, a favorable evolution of the eating disorder. For this reason, we consider the detection of this typical comorbidity of ASD and its referral to specific therapeutic programs to be of special importance.

Disclosure of Interest: None Declared

EPV0141

Clinical and electroencephalographic particularities of children and adolescents with behavioral disorders

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Introduction: Behavioral disorders are a frequent reason for consultation in child psychiatry. Children and adolescents with epilepsy are at risk of behavioral disorders that can affect their quality of life.
Objectives: The aim of this study was to investigate the electroencephalographic aspects of children with behavioral disorders and to determine the prevalence of comorbidity with epilepsy.
Methods: This was a retrospective descriptive study conducted from January 2019 to May 2022. We included all children and adolescents referred to the functional explorations department at Habib Bourguiba hospital, Tunisia for Electroencephalogram (EEG) as part of a workup to explore a behavioral disorder.
Results: A total of 117 patients were included in the study. The mean age was 14 ±4.2 years. The sex ratio was 1.29. Agitation was reported in 66.7% of patients. One case of attempted suicide was noted. Among these patients, 29.9% reported audiovisual hallucinations. Concentration difficulties were associated with 59% of cases. Ten patients had a history of epileptic seizures. Of the 117 EEGs performed, 59.8% were pathological. The abnormalities observed were paroxysms in 67.1% of cases and focal slowing in 25.7%. Five patients had a rapid rhythm on the EEG. An absence-type electro-clinical seizure was recorded in one patient. Patients with visual hallucinations had epileptiform abnormalities of occipital location in 41.7% of cases, and slow waves of anterior location in 50% of cases. Patients with auditory hallucinations had parietal epileptiform abnormalities in 89% of cases.
Conclusions: Ictal and interictal manifestations seem to play a part in the genesis of behavioral disorders in children and adolescents. An EEG would therefore be preferable in this age group, for better management.

Disclosure of Interest: None Declared

EPV0142

Study of EEG sensitivity and specificity in loss of conciousness in adolescents

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