that may be present in several specifically undefined disorders and that may be associated with the development of more specific psychiatric disorders in adolescence and adulthood, such as Autism Spectrum Disorder, Schizophrenia or Bipolar Disorder.Those symptoms may include deficits in development, communication, language, social skills, motor coordination, attention, behavior, mood and sleep.

Objectives: To evaluate the association between Neurodevelopmental Disorders, which manifest by uncharacteristic and diffuse symptoms in early childhood, and AutismSpectrum Disorder, Schizophrenia and Bipolar Disorder.

Methods: We performed a non-systematic review of the existent literature with the keywords: "Attention Deficit"; "Hyperactivity Disorder"; "Autism Spectrum Disorder"; "*ESSENCE*"; "Schizophrenia"; and "Bipolar Disorder".

Results: Although *ESSENCE* is not a diagnostic term, some symptoms regarding ESSENCE are shared with early symptoms of different Major Psychiatric Disorders, namely speech and language delay, impulsivity, inattention, feeding difficulties, hypo/hyperactivity or other behavior problems.

There is a growing acceptance that the co-existence of disorders and the sharing of symptoms (so-called comorbidity) is a questionable concept, since we are usually not dealing with completely separate disorders.

Neurodevelopmental disorders present with frequent comorbidities and the overlap between the disordersstill needs to be better studied, as in autism spectrum disorder and attention deficithyperactivity, through a greater understanding of shared genetic and environmental factors and that reflect how early symptomatic syndromes can coexist in childhood, and later in adolescence and adulthood .

Conclusions: The concept of ESSENCE emphasis the difficulty when making adiagnosis, specifically in Neurodevelopmental Disorders due to the fact that a variety osymptoms overlap. It is known that some disorders that will manifest in adulthood sharesymptoms with ESSENCE. Therefore, it is of great need to associate the current clinical findings with the present and future technologies, e.g. genetic markers, in order to dentify a common core with ESSENCE and Major Psychiatric Disorders.

Disclosure of Interest: None Declared

EPV0159

How to adapt message to adolescents about sexuality?

H. Ghabi*, A. Aissa, F. Askri, S. Jedda, Y. Zgueb and U. Ouali

Avicenna, Razi psychiatric hospital, Manouba, Tunisia
*Corresponding author.
doi: 10.1192/j.eurpsy.2023.1511

Introduction: A mature and fulfilling sexuality is based on appropriate sexual education. The message must be adapted to the level of knowledge and practices of young people. Old studies dating back more than 15 years have been published.

Objectives: The objective of this study is to assess adolescents' knowledge and attitudes about sexuality.

Methods: This is a descriptive cross-sectional study conducted among 80 adolescents using an anonymous online questionnaire.

Results: The average age of the participants was 18 years old 45% had had at least one sexual intercourse, they are mostly male. Only 9% had used a method of contraception. Most of them had heard of contraceptive techniques. Young age, male gender, lack of dialogue with parents, low socio-economic status and lack of sex education were significantly associated with a low level of knowledge about sexuality.

Conclusions: The results show that adolescents had risky practices with a lack of information. More studies are needed to approve these results and improve sexual health of these teenagers thanks to targeted sensitization.

Disclosure of Interest: None Declared

EPV0160

Therapeutic update in the treatment of disruptive disorder with emotional dysregulation in children and adolescents : review of the literature

H. Belhadga*, Z. Elmaataoui and H. Kisra

Hôpital psychiatrique universitaire arrazi de Sale, Hôpital psychiatrique universitaire arrazi de Sale, Sale, Morocco
*Corresponding author.
doi: 10.1192/j.eurpsy.2023.1512

Introduction: Disruptive Mood Dysregulation Disorder (DMDD) is a new disorder that has been added to the category of mood disorders in the fifth Diagnostic and Statistical Manual of Mental Disorders to distinguish chronic non-periodic irritability from the periodic irritability of bipolar disorder. The main characteristic of DMDD is chronic and severe irritability. Because it is a new diagnostic entity, little research has been done on it and the literature on the subject is still expanding.

Objectives: The purpose of this review article is to gather information on new therapies for the treatment of this disorder in children and adolescents.

Methods: The studies related to the treatment of DMDD were collected and analyzed. This study retrieved related articles from PubMed, SpringerLink, ScienceDirect, NCBI, The American Journal of Psychiatry, and EBSCO. Use keywords "disruptive" AND "mood" AND "dysregulation" AND "disorder" OR "Treatment" AND "DMDD" OR "Drug" AND "mood" AND "disorder" OR "Treatment" AND "SMD" OR "Treatment" AND "BP" OR "Treatment" AND "ADHD" OR "Antidepressant" OR "Mental"-AND "Stabilizer" OR "temper" AND "outburst" OR "aggressive" AND "antipsychotics.

Results: To date, no medication has been approved by the FDA to treat EDD. Because there are no treatment standards, drug therapy focuses on the primary symptoms of EDD, such as severe chronic irritability, temper tantrums, and comorbidities, such as ADHD. Currently, medications used by clinicians to treat patients with EDD include antidepressants (fluoxetine, sertraline, citalopram), stimulants (methylphenidate), anxiolytics mood stabilizers (sodium valproate) and antipsychotics (haloperidol, risperidone, aripiprazole in combination with methylphenidate in ADHD-EDD comorbidity), atomoxetine, guanfacine, and amantadine.

To date, no medication has been approved by the FDA to treat EDD. Because there are no treatment standards, drug therapy focuses on the primary symptoms of EDD, such as severe chronic