

overreactivity, hyperreactivity, SOR, etc.) and components relevant to sensory functioning.

**Conclusions:** In the present work, preliminary data are presented on new measures to take into account to evaluate sensory reactivity and pain in the population with autism. This is a first step to obtain an index of the gut-brain axis for the ASD population.

**Keywords:** ASD, gut-brain, sensory reactivity, pain

**Disclosure of Interest:** None Declared

## EPV0204

### Childhood and adolescent schizophrenia and networking

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**Introduction:** Reviewing the histories of patients with childhood and adolescent schizophrenia, on numerous occasions, traumatic factors with great emotional and social impact are observed, such as situations of mistreatment, abuse and emotional deprivation, where help is requested but resources are scarce and the approach is limited without work in network.

**Objectives:** 1. Analysis of the consultation pathways in adolescents with severe psychiatric and socio-familial symptoms and the time delay in optimal guidance. 2. Evaluate the services involved. 3. Evaluate the clinical control of treatment with aripiprazole.

**Methods:** Retrospective observational analysis, 5 months, of prodromal symptoms of childhood psychosis and help-seeking pathways in a 13-year-old adolescent, as well as a description of the pharmacological approach and professional teams involved.

**Results:** A 13-year-old adolescent who went to the emergency room with her mother for ingesting anti-cockroaches with self-inflicted intent. Reviewing his medical history, 4 serious autolytic gestures were detected in the last 2 months. Referred to Mental Health who did not attend.

On clinical examination, florid psychotic, with perplexity, self-reference, ideation of harm, language and behavioral disorganization. Auditory and kinesthetic hallucinations. A situation of neglect of the minor and abuse by the parents is detected; the risk had not been previously reported. Oral aripiprazole (up to 15 mg/day) was prescribed with good tolerance and progressive improvement in symptoms.

We worked jointly with Social Services, the Juvenile Prosecutor's Office, Education and the hospital Psychiatry unit. In some of the resources the situation was already evident, the scope of their action was limited and delaying attention for months.

**Conclusions:** Based on cases like this, we ask ourselves if psychiatrists are sensitized to the comorbidity of serious mental pathology and the existence of risk situations in minors and if they are oriented toward multiprofessional management. Networking provides us with an early diagnosis, improving the therapeutic approach.

**Disclosure of Interest:** None Declared

## EPV0205

### Characteristics of the stressors associated with suicidal behavior in adolescence

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**Introduction:** In the assessment of suicidal behavior, recent studies describe the great influence of an environmental component with adverse life events and stressors that can influence ideation and self-harm.

**Objectives:** -1. We propose to analyze the reasons for consultation of adolescents between 12 and 16 years old who consult for suicidal ideation/behavior. 2. Estimate the frequency of different socio-family life events.

**Methods:** -A retrospective review of emergency consultations in the last 4 months is performed. Sociodemographic data, vital events, reason for consultation and evolution in the following 40 days after the first consultation are collected.

**Results:** -Data are collected from 16 adolescents who consult due to suicidal ideation/gesture in a period of 4 months, of which 42% (7) are women and 57% (9) are men. The reasons recorded as stressful life events were: 32% unstructured family environment, 13% death of a close relative, 37% poor parental supervision, 26% end of a romantic relationship, 15% legal problems, 2% sexual or physical abuse, 68 % academic problems, 13% bullying. It was observed that in 63% of the cases they had more than one adverse experience.

**Conclusions:** -Different adverse life events frequently precede suicidal ideation and behavior that can be minimized or go unnoticed and undervalued. A meticulous clinical history can clarify some of the reasons that influence the hopelessness and clinical anguish that suicidal patients present. Its early detection provides the opportunity for an early and specialized approach

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## EPV0207

### General features of existential depression in youth

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**Introduction:** The axial symptom of existential depression in youth is overvalued ideas about the meaninglessness of human life, its inconsistency with a certain "spiritual self-ideal"; ideas of humiliation, insolvency, low value, imperfection of society are noted, which accompanies varying degrees of severity of suicidal thoughts. The high suicidal risk, insufficient knowledge of such conditions makes it important to study.

**Objectives:** Determination of the clinical and psychopathological consequences of existential depression in youth.

**Methods:** 53 male 16-25 years old with F31.3, F31.4, F32, F33 (ICD-10) with the existential depression were examined with clinical-psychopathological method, psychometric assessment of