

Introduction: Faced with a possible overdiagnosis of bipolar disorder in children and adolescents, a new diagnosis has been created in the mental illness classification system. This new diagnosis is named Disruptive Mood Dysregulation Disorder.

Objectives: We propose to carry out a bibliographic review on the new diagnostic category of Disruptive Mood Dysregulation Disorder.

Methods: We present the clinical case of a 10-year-old boy showing severe irritability symptoms.

Results: Disruptive Mood Dysregulation Disorder refers to persistent irritability and frequent episodes of extreme behavioral disturbance in children up to 12 years of age. Onset must occur before 10 years of age and the diagnosis should not be applied to children under 6 years of age. The clinical course of these patients in adolescence and adulthood tends towards unipolar depressive disorders or anxiety disorders rather than bipolar disorders.

Conclusions: The new diagnosis of Disruptive Mood Dysregulation Disorder allows us to differentiate between the classic episodic presentations of mania from the non-episodic ones of severe irritability.

Disclosure: No significant relationships.

Keywords: Disruptive Mood Dysregulation Disorder; bipolar disorder; Children and Adolescents

EPV0068

Structure of early signs of affective pathology in adolescents

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doi: 10.1192/j.eurpsy.2021.1678

Introduction: Studies in adults with bipolar disorder (BD), shows that in 25% of cases first affective episode occurs under the age of 13 and in 63-69% under the age of 19. The most difficult problem is the early identification of BD, which starts in adolescence as a result of polymorphism of clinical symptoms, their syndromic incompleteness.

Objectives: Study of the structure of adolescents affective disorders on primary appointment in outpatient psychiatric unit.

Methods: Content analysis, sampling method, statistical method. 120 disease histories of adolescents who first applied for outpatient psychiatric unit in 2019 were used. 93 (77.5%) of them were girls and 27 (22.5%) of them were boys. The average age was 17 years.

Results: In the structure of initial diagnoses, according to ICD-10, mood disorders [F30-F39] - 56.0% prevailed. [F40-F49] - 25%, [F00-F09] - 6.6%, [F20-F29] - 6.6%, [F50-F59] - 4.2%, [F90-F99] - 1.6% were less likely. Structure of complaints of adolescents and their parents on primary appointment for specialized psychiatric care is shown in Table 1 ($p < 0.05$).

Conclusions: Initial signs of emotional disorders in adolescence are polymorphic, nosologically nonspecific, and can lead to diagnoses that are not limited only by the affective pathology. The most

Signs, n=120	Absolute frequency	%	95% confidence interval
irritability	95	79,2	71,9 - 86,4
anxiety	84	70,0	61,8 - 78,2
mood falls	83	69,2	60,9 - 77,4
sleep disorders	82	68,3	60,0 - 76,7
mood swings	71	59,2	50,4 - 68,0
decline in academic performance	66	55,0	46,1 - 63,9
self-injurious behavior	64	53,3	44,4 - 62,3
refusal to attend school	62	51,7	42,7 - 60,6
attacks of death anxiety	57	47,5	38,6 - 56,4
appearance dissatisfaction	49	40,8	32,0 - 49,6
isolation	49	40,8	32,0 - 49,6
digestive disorders	42	35,0	26,5 - 43,5
suicidal behavior	36	30,0	21,8 - 38,2
mood rises	36	30,0	21,8 - 38,2
disorders of sex-role behavior	21	17,5	10,7 - 24,3

common symptoms (irritability, anxiety, mood falls) can act as transdiagnostic phenomena that must be taken into consideration both in the diagnostic study and in further clinical and dynamic follow-ups and treatment.

Disclosure: No significant relationships.

Keywords: adolescents; early diagnosis; affective pathology

EPV0069

Child sexual abuse presenting to a teaching hospital in Colombo, Sri Lanka

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doi: 10.1192/j.eurpsy.2021.1679

Introduction: Child sexual abuse is a major public health problem in Sri Lanka, with prevalence rates ranging from 14-44%.

Objectives: We aimed to describe the victim and perpetrator characteristics, pattern of disclosure and psychological consequences of sexual abuse in children presenting to a tertiary care hospital in Sri Lanka.

Methods: This was a retrospective file review study of 164 victims who presented to a Teaching Hospital in Colombo, Sri Lanka, with alleged sexual abuse over a period of 5 years from 2015-2019.

Results: Majority of the victims were female and older than 12 years. Majority (73.6%) have been subjected to penetrative sexual abuse with 58.5% of victims reporting more than one incident of abuse. Almost all (99.9%) of the perpetrators were male, with 94.5% being known to the child. Only 42.7% (n=70) of the children revealed about the incident within the first week. Delayed disclosure (i.e. more than 1 week since the incident) was significantly higher in penetrative abuse ($p < 0.01$), multiple incidents of abuse ($p < 0.01$) and in abuse by a known person ($p < 0.05$). Children who disclosed after one week were significantly less likely to disclose about the incident spontaneously ($p < 0.01$). Psychological sequel was seen in 28.7%, with depression being the commonest diagnosis (8.5%). Psychological consequences were significantly in higher those who had physical evidence of abuse ($p < 0.01$), delayed (after 1 week)