

EPV0209

PSYCHIATRIC COMORBIDITY IN A SAMPLE OF PATIENTS WITH COGNITIVE-BEHAVIORAL MINORITY DISEASE

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Introduction: About the term cognitive-behavioral minority disease or rare disease are a group of diseases that affect between 6-8% of the population. It is estimated that there are more than 7000 in the world, the majority with a genetic basis and affect various organs and systems, they also present psychiatric comorbidities and cause a physical or mental disability. Given its definition, it is difficult to see a large number of these patients in our usual clinical activity, so their management can be complicated.

Objectives: To evaluate the prevalence of psychiatric comorbidity and the prevalence of psychopharmacological treatment in children and adolescents who present a minority disease.

Methods: This is a descriptive, controlled, retrospective cross-sectional study of a sample obtained by non-probabilistic sampling, which is representative of the study population.

The statistical analysis was made using the statistical program SPSS V22 (2013).

Results: With a sample of 114 patients, of which 26,6% presented fragile X syndrome, secondly 25,3% presented Prader-Willi Syndrome and 48,1% other chromosomal abnormalities.

By subgroups (male:female): in Prader-Willi syndrome 6:14 (30%:70%), in Fragile X syndrome 12:9 (57,14%: 42,86%) and in other diseases 25:13 (75,69%: 34,21%).

Conclusions: The creation of clinical expert units makes the possibility to increase knowledge of diseases whose prevalence in the population, thanks to technological advances, is increasing and where scientific knowledge is still limited.

These units are also important, in order to be able to offer personalized intensive treatments in order to reduce polypharmacy. There is not a great difference between the minority diagnosis and polypharmacy, although there is less polypharmacy than expected, which may be the result of the success of the most intensive and personal psychotherapeutic intervention in the unit.

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EPV0210

Prevalence and factors associated with non-suicidal self-Injury and suicidality in children and adolescent attending Emergency department in Oman

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Introduction: Non-suicidal self-Injury (NSSI) and suicidality are common reasons for emergency presentations in child and adolescent psychiatry (1). NSSI is defined as intentional destruction of one's body tissue without suicidal intent and has a prevalence rate in adolescents of approximately 30–40% in clinical samples (2). Suicide prevalence is around 24–33% (3).

There are many factors leading to suicidal or self-harming behavior. A prior history of self-injurious behavior is one of the strongest predictors of future suicidal behavior, both cross-sectionally and longitudinally (6). Additionally, longitudinal studies have found that a previous suicide attempt increases the risk of a future suicide attempt threefold.

Suicide and NSSI have a significant impact on families and communities. Hence, considerable clinical attention is warranted to develop preventive strategies.

Objectives: The aim of this study is to investigate the prevalence of non-suicidal self-Injury (NSSI) and suicidality among children and adolescents presenting in emergency department of the tertiary psychiatric services and to study their demographic and clinical characteristics.

Methods: This is a retrospective cross-sectional analytical study included all children and adolescent patients attended the emergency department at Sultan Qaboos University Hospital between June 2021 to March 2016. The data was collected using the hospital's electronic database to retrieve the medical records of children and adolescents who visited the emergency department. Patients who were 18 years of the age or younger were included in the study. The included patients must have been evaluated by a psychiatrist during their presentations in the emergency department.

Results: During the 63 months of observation, 114 patients attended the emergency department and required psychiatric evaluation, 44.7% (n=51) of patients presented with NSSI and/or SA. The mean age was 15.7. 80.4% (n=41) were females while 19.6% (n=10) were males. 37.3% had a primary diagnosis of major depressive disorder (MDD) and 21.5% had comorbid medical illness. 44% of suicidal attempts were with drug overdose, mostly paracetamol overdose, while the most used method for NSSI was cutting the body with a razor, 57%. 19 patients had a primary diagnosis of major depressive disorder, 17 patients had no clear diagnosis at presentation. 22% of the patients had other medical comorbidities, 5 patients with epilepsy. 51% of the patients had positive family history of mental illness.

Conclusions: Considering that NSSI and suicidality were found to be the main reasons for presenting to a child and adolescent emergency psychiatric service, it seems crucial for physicians at PEDs to provide proper crisis intervention and referral to mental health services when appropriate. Early identification of risk factors is highly recommended.

Disclosure of Interest: None Declared

EPV0211

Parents of children who are victims of trauma, allies or adversaries?

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Introduction: trauma affects not the child but the whole family. how would the parents' reaction to trauma influence the child's resilience capacities?

Objectives: study the mental health status of parents of children consulting the trauma and resilience unit.

Methods: Descriptive and retrospective study of 20 consultants in the trauma and resilience unit at Mongi Slim hospital between January and April 2022. The evaluation of depressive symptoms in children was made by Children's Depression Inventory (CDI). The Hamilton Depression and Anxiety Scales were used to assess anxiety and depressive symptomatology in the parents of the consultants.

Results: The mean age of the children was 10.46 ± 3.24 .

The traumatic event was related to an assault in 75% of cases, 45% of which were intrafamilial, road accident and death of a relative in 10% respectively, 5% domestic violence.

Five consultants had a CDI score ≥ 8 and 15 had a score >10 . Only parents of children with a CDI score >19 had moderate to severe symptoms according to hamilton scales.

The diagnosis of adjustment disorder was made in 45% of cases, post-traumatic stress disorder 20%, acute stress disorder 10% other 15%

Conclusions: The parents' reaction to the tragedy would play a modulating role on the children's resilience capacities. less anxious and depressed parents would help their child build his/her coping mechanisms.

Disclosure of Interest: None Declared

EPV0212

Utilisation and acceptability of formal and informal support for adolescents following self-harm before and during the first COVID-19 lockdown: results from a large-scale English schools survey

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Introduction: Little is known about the perceived acceptability and usefulness of supports that adolescents have accessed following self-harm, especially since the onset of the COVID-19 pandemic.

Objectives: We aimed to examine the utilisation and acceptability of formal, informal, and online support accessed by adolescents following self-harm before and during the pandemic.

Methods: Cross-sectional survey (OxWell) of 10,560 secondary school students aged 12-18 years in the south of England. Information on self-harm, support(s) accessed after self-harm, and satisfaction with support received were obtained via a structured, self-report questionnaire. No tests for significance were conducted.

Results: 1,457 (12.5%) students reported having ever self-harmed and 789 (6.7%) reported self-harming during the first national lockdown. Informal sources of support were accessed by the greatest proportion of respondents (friends: 35.9%; parents: 25.0%).

Formal sources of support were accessed by considerably fewer respondents (Child and Adolescent Mental Health Services: 12.1%; psychologist/ psychiatrist: 10.2%; general practitioner: 7.4%). Online support was accessed by 8.6% of respondents, and 38.3% reported accessing no support at all. Informal sources of support were rated as most helpful, followed by formal sources, and online support. Of the respondents who sought no support, 11.3% reported this as being helpful.

Conclusions: More than a third of secondary school students in this sample did not seek any help following self-harm. The majority of those not seeking help did not find this to be a helpful way of coping. Further work needs to determine effective ways of overcoming barriers to help-seeking among adolescents who self-harm and improving perceived helpfulness of the supports accessed.

Disclosure of Interest: None Declared

EPV0213

A systematic review on the association of birth intervals and risk of autism spectrum and attention deficit hyperactivity disorders

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Introduction: Pregnancy interval may have various impacts on psychiatric and psychologic disorders of the offspring.

Objectives: This systematic review aimed to assess the relationship of short and long inter-pregnancy intervals (IPIs) with the risk of autism spectrum disorder (ASD) and attention deficit hyperactivity disorder (ADHD).

Methods: We performed a systematic search on electronic databases including Pubmed, Web of Science, Scopus, and Embase. We included observational studies that evaluated the association between IPIs and the risk of ASD and ADHD. Two reviewers independently screened and then extracted data on study characteristics, IPIs/ birth intervals, and outcome measures. The methodological quality of the included studies was evaluated following the Joanna Briggs Institute (JBI) critical appraisal checklist.

Results: At the final step, 19 out of 161 studies were included in our systematic review. Among them, 16 and 5 studies assessed the association between IPI and the risk of ASD and ADHD, respectively. In 9 studies, findings supported the association between short intervals and an increased risk of ASD. In addition, 7 studies reported significant association between both short and long intervals and an increased risk of ASD. Moreover, 3 studies demonstrated an association between short intervals and ADHD risk, while long birth interval was merely assessed in 2 studies with conflicting results.

Conclusions: This systematic review strongly confirmed the association of short and long birth intervals with ASD and ADHD. Future studies should investigate the mechanisms underlying these associations and the possible modifiers to decrease the risk of such disorders.

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