



Figure 2: Forest plot showing the prevalence rates of oppositional defiant disorder with level of education as the unit of analysis.

Conclusions: Gender, culture and socioeconomic diagnostic inequality may contribute to prevalence differences across countries. Routine screening and addressing these aspects may facilitate early intervention.

Disclosure: No significant relationships.

Keywords: Child; prevalence; Europe; oppositional defiant disorder

EPV0092

Community treatment for adolescents with mental health problems

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Introduction: This is the case of a 15-year-old boy who had been socially isolated in his house for over 1 year. He had become increasingly agitated, but refused any help offered.

Objectives: To establish the role of community treatment in adolescents with mental health problems.

Methods: Summary of the interventions taken place during the treatment

Results: Initially this young person refused any medical treatment, so we tried first supportive therapy and CBT. He did not obtain any benefits as he appeared to experience paranoid ideation and thoughts of being persecuted in the streets. With support from the occupational therapist, the young person started to take care of his personal hygiene. Afterwards he started to take oral medication with partial response. We decided to switch to im treatment. In conjunction with CBT, the young person was gradually able to leave the house. All the sessions during the first few months took place at his family home. These visits were weekly or twice weekly. Once he left the house, he attended the groups at the day hospital. After 18 months, he was discharged without medication and he is currently studying for a degree.

Conclusions: Community treatment in adolescent with mental health problems is a better option to establish good rapport and avoid stressful situations that could take place in an in-patient facility.

Disclosure: No significant relationships.

Keywords: Community treatment; adolescents; mental health

EPV0094

Treating children with disinhibited social engagement disorder symptoms: Filial therapy

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Introduction: Children affected by social neglect and other forms of abuse are at significant risk of developing mental health problems as well as social, academic, and behavioral functioning difficulties. Some studies have assessed the effectiveness of treatment for children with trauma-attachment disorder. Nevertheless, some questions remain to be answered regarding appropriate treatment.

Objectives: Aim This research identified how filial therapy affects the extent to which foster parents are responsive, sensitive, and attentive to the needs of their children in their care. Subsequently, the study explored how this bond, influenced during filial therapy, affects the signs and symptoms of disinhibited social engagement disorder.

Methods: Method This study used case study as the methodology to research the influence of filial therapy (CPRT) in foster children who show the symptoms of disinhibited social engagement disorder- aged three to six. Two sets of foster parents received a 10-session filial therapy model (CPRT) across 10 weeks. Pre and post measures of the parent-child relationship were analyzed.

Results: Result The findings indicate that filial therapy greatly enhances the bond between foster parents and children with DSEDs. Moreover, these improvements in the bond diminished the symptoms of disinhibited social engagement disorder.

Conclusions: Conclusion The impact of filial therapy as a responsive intervention reduced the symptoms of disinhibited social engagement disorder. The symptoms have declined very likely as a result of rebuilding, regenerating, and enhancing the relationship between foster children and foster parents.

Disclosure: No significant relationships.

Keywords: Filial Therapy; attachment disorders; Disinhibited Social Engagement Disorder; play therapy

EPV0095

Environmental stressors associated with suicidal behavior in adolescents with psychiatric pathology

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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 self-harm ideation and gesture.

Objectives: 1. To analyze the reasons for consultation of adolescents between 11 and 17 years of age who consult for suicidal behavior. 2. To estimate the frequency of the different socio-family life events.

Methods: A retrospective review of the emergency room visits in the last 3 months was carried out. Sociodemographic data, vital

events, reason for consultation and evolution are collected in the following 30 days after consultation in the emergency room.

Results: Data were collected from 16 adolescents who consulted in the emergency room for suicidal ideation / gesture in a period of 3 months, of which 43% (7) were women and 56% (9) were men between 11 and 18 years old. The reasons recorded as stressful life events were: 22% unstructured family environment, 10% death of a close relative, 43% little parental supervision, 26% end of a romantic relationship, 5% legal problems, 2% sexual or physical abuse, 70 % academic problems, 3% bullying. It was observed that in 63% of the cases they presented more than one adverse experience.

Conclusions: Suicidal ideation and behavior are frequently preceded by different adverse life events that can be minimized or go unnoticed and undervalued. A meticulous medical history can clarify some of the reasons that influence the hopelessness and clinical anguish that the suicidal patient presents. Its early detection provides the opportunity for an early and specialized approach.

Disclosure: No significant relationships.

Keywords: suicidal behavior; environmental stressors; adolescents; adverse life events

EPV0097

Cycloid psychosis

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Introduction: When we talk about cycloid psychosis we have doubts about their nosological enclave; whether they should be considered as a subform of schizophrenia or as independent psychoses. Some solutions were proposed, such as the thesis of mixed psychoses (Kretschmer) or that of intermediate forms (Bleuler, Schneider). Cycloid psychoses and bouffée délirante are recognized in ICD-10 under the name of acute polymorphic disorder without symptoms of schizophrenia (F23.0) and with symptoms of schizophrenia (F23.1).

Objectives: Clinical case

Methods: We present the case of a 16-year-old patient with no psychiatric history, with medical background of epilepsy; she was in follow-up by Neurology and in treatment with valproate. Neurology indicates to stop treatment; it is then when the patient begins to appear disoriented, confused, with significant anguish and lability and regressive behaviors. She has sudden mood swings (from laughing to crying); sudden changes in emotional reaction (from distress to anger) and sudden changes in behavior (from agitation to prostration); verbiage with pressure of speech and dysprosodia; delusional ideation and incongruous affect; visual, auditive and kinesthetic hallucinations with important repercussion. We request blood and urine tests, drug test, EEG, cranial MRI.

Results: She presents fluctuating, polymorphic and unstable affective and psychotic symptoms. What is the most appropriate diagnosis? We treat the patient with antipsychotic, mood stabilizer and anxiolytic treatment.

Conclusions: Psychopathology in early ages is not so clearly defined and it can take very different forms. The diagnosis of cycloid

psychosis can be useful as well as necessary to describe certain patients with similar characteristics and different from other groups.

Disclosure: No significant relationships.

Keywords: cycloid psychosis; Kretschmer; Bleuler; Schneider

EPV0098

Internet addiction disorder: When technology becomes a problem

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Introduction: Internet addiction disorder (IAD) is the compulsive and problematic use of the internet, resulting in significant functional impairment in several life domains. This happens when an individual engages in online activities disregarding daily responsibilities or other interests, and not realizing its negative consequences. Although not officially recognized as a disorder in the Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-V), the relationships between digital media use and mental health has been under debate and discussion amongst experts due to presenting some features of excessive use, withdrawal phenomena, tolerance, and negative repercussions typical of many substance abuse disorders.

Objectives: To present an overview of theoretical considerations on IAD and its eventual inclusion in the next version of the DSM.

Methods: Review of the most recent literature regarding internet addiction disorder. The research was carried out through the PubMed, MedLine, SpringerLink and LILACS databases, using the terms “internet addiction”, “addiction disorders” and “social media”, until December 2020.

Results: There is controversy around the diagnosis of internet addiction, including whether it is a unique clinical entity or a manifestation of other underlying psychiatric disorders, raising complex questions of causality. Since there are no standardized definition, there is lack of evidence-based recommendations to its approach.

Conclusions: Research suggests that some individuals dealing with internet addiction are at significant risk, therefore merit professional care. Further research is needed, with carefully controlled studies, emphasizing incapacity, prognosis and response to treatment, in order to consider internet addiction as a disease, and include it in DSM's next edition.

Disclosure: No significant relationships.

Keywords: Internet addiction; social media; Addictive disorders; technology addiction

EPV0099

Categorical-dimensional approach to diagnostic of schizotypal disorder

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