

## Child and adolescent psychiatry

### EPV0053

#### Child maltreatment, attachment and psychopathology: A case report

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**Introduction:** The exposure to child maltreatment increases the lifetime risk for many psychopathological symptoms: depression, anxiety disorders, bipolar disorder, schizophrenia, post-traumatic stress disorder, personality disorder and dissociation. Besides, adopted children, especially those with a history of institutional living before adoption, are at greater risk for a range of developmental, behavioral and attachment concerns. The case report is of a 17-year-old male, with reactive attachment disorder (RAD). He suffered child maltreatment in his family of origin before the international adoption.

**Objectives:** The aim of this study is to present a case-report illustrating the relationship between child maltreatment, adopted children and the reactive attachment disorder.

**Methods:** A bibliographic search was performed about reactive attachment disorder. Information regarding the clinical case was obtained by consulting the patient's file.

**Results:** A 17-years-old male who was adopted at age of 9 from Spain. According to reports from the orphanage, the patient suffered severe maltreatment by his family of origin, with scars on his back. The patient presents impulse control disorder, with verbal and physical heteroaggressiveness in situations of frustration, hunger and sleep. He stopped attending the institute at the age of 12, with marked isolation and reversal of the sleep-wake cycle. His treatment plan are partial hospitalization, psychotherapy and pharmacotherapy.

**Conclusions:** Both child maltreatment and adoption are risk factors for the presence of psychopathology during the lifetime. Especially during the pre-adoption process and the first years after adoption, both the family and the child should be able to use specialized Mental Health services.

**Disclosure:** No significant relationships.

**Keywords:** child maltreatment; reactive attachment disorder; adoption

### EPV0055

#### Children's psychiatric medical history. Review

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**Introduction:** The prevalence of mental disorders in children and adolescents varies between 5 and 22%, depending on the methodology, type of interview, samples and inclusion of the disability

criterion. Between 4 and 6% of children and adolescents have severe mental disorders.

**Objectives:** Reason for consultation. Current disease Milestones of psychomotor development. The presence of abnormal behaviors, delays in motor development, speech and socialization will be specified. As the child's behavior depends to a large extent on the context, specific methods should be used to evaluate the child's behavior at home, at school and in the clinical situation. Complementary exams: Genetic testing. Blood and urine tests, including toxics. EEG, polysomnography and evoked potentials. X-rays, CT-scans, MRI.

**Methods:** The essential source of medical history is clinical interviews. The semi-structured format is the most recommended by the different authors, because it allows some flexibility in the realization of the story, while providing a baseline to develop the interview (J. Diaz Atienza).

**Results:** The diagnostic formulation must be individualized without assigning a categorial psychiatric diagnosis. (Doménech E et al).

**Conclusions:** The main and irreplaceable evaluation technique remains the medical history. It is important to take into account the reason for consultation and the context of both the child's family and its ethnic, cultural and ethical characteristics. It is of the utmost importance to have and evaluate the stages of normal development and to adapt to the age that our patient has.

**Disclosure:** No significant relationships.

**Keywords:** medical history; CHILDREN'S PSYCHIATRIC; adolescents; psychopathology

### EPV0056

#### Atypical episodes of dissociation in an adolescent female - possible relationship with the menstrual cycle

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**Introduction:** Psychiatric symptoms related with menstrual cycle vary from dysphoria to psychosis. There are only a few cases of menstrual psychosis reported, all characterized by acute onset, against a background of normality, brief duration, with full recovery and a circa-menstrual periodicity.

**Objectives:** We report a case of dissociative disorder, in a teenage girl, with atypical presentation and an unusual periodicity of symptoms and recoveries.

**Methods:** Presentation of a case of dissociative disorder, followed by a review of the similar cases described in the literature.

**Results:** We are presenting a case of a 15 years old female, who presented in our Emergency Department for confusion, anxiety, negativism in verbal and non-verbal response, bradylalia and bradypsychia, insomnia for over 48 hours. The symptoms suddenly began two days before arrival in our clinic. From the patient's personal history, we retain the following: menarche at 14 years old, irregular periods, hypermenorrhea. Patient was born premature, G=1200g, spastic diplegia, periventricular leukomalacia (MRI - 2018). Three similar episodes happened a year ago, with one month periodicity, with spontaneous remission after 5-6 days. Patient was treated with antipsychotics and benzodiazepines for the second and the third episode, but the treatment was stopped six

month ago. The investigations results were normal, except for a high level of plasmatic cortisol. Patient fully recovered in the day the menses stopped.

**Conclusions:** We considered this case to be atypical due to the sudden debut and recovery and there are still some remaining questions. Is it hormonal related, menstrual related or is it exclusively a psychiatric condition?

**Disclosure:** No significant relationships.

**Keywords:** dissociative disorder; acute onset; periodicity; psychosis

## EPV0057

### 22Q11.2 deletion syndrome and psychosis: About a case

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**Introduction:** We present the case of a boy born in 2002 who was diagnosed with 22q11.2 DS at the age of 2 years. He was referred to neurology at age 9 for “attention deficits and irritability.” At age 12 he was referred to mental health for “irritability and anxious and depressive symptoms.” The boy was erroneously discharged with a diagnosis of “only” emotional disorder without subsequent follow-up. The evolution of this case resembles the evolution of others already described in the literature.

**Objectives:** To demonstrate the lack of knowledge of the variety of comorbid disorders in this syndrome (20 to 40% present psychotic symptoms).

**Methods:** Bibliographic search in the Pubmed database.

**Results:** There is a partial T-cell immunodeficiency in 22q11.2DS patients confirmed by significantly reduced percentages of circulating T and helper T cells. An increased percentage of Th17 was found in adults with psychotic symptoms compared to non-psychotic adults in one article. The percentage of Th17 was related to the presence of positive psychotic symptoms. Another study says higher levels of IL-17 were found in patients with fewer symptoms. The importance of Th17 and IL-17 in the development of the hippocampus and of Th17 in the development of psychosis is highlighted. In those patients, there is a high IL-6 / IL-10 ratio in favor of a pro-inflammatory state. High levels of IL-6 are correlated with greater neurocognitive deficits and negative symptoms.

**Conclusions:** 1. There is evidence for a theory of inflammation in psychosis development. 2. The 22q11.2 DS could be used as a research model.

**Disclosure:** No significant relationships.

**Keywords:** immunodeficiency; psychosis; neurodevelopment

## EPV0058

### Emotional and behavioral problems of 7-11 year old children in war-torn nagorno – karabakh region in azerbaijan

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**Introduction:** The present aimed to examine the mental health conditions of children, ages 7-11 years, living in conditions of war and conflict conditions in two districts of a Nagorno-Karabakh, Azerbaijan.

**Objectives:** The study surveyed teachers of 617 primary school children (mean age 8.9, SD 1.24; 50.7% female) across nine schools in Agdam and Karabakh districts.

**Methods:** The children were evaluated with the previously validated Azerbaijani version of the Strengths and Difficulties Questionnaire (SDQ) Teacher Form. The total difficulty and five subscale scores (emotional problems, conduct problems, hyperactivity/inattention, peer relationship problems, and prosocial behavior) were assessed.

**Results:** About a third of children (32.7%) had abnormal total scores, and a fifth (21.4%) were in borderline range. The SDQ subscale scores included emotional problems (19.4%); conduct problems (20.3%), hyperactivity/inattention (12.2%), peer relationship problems (31.1%), and pro-social behavior difficulties (13.1%). Boys had higher level of difficulties than females ( $p < .01$ ) with a negative correlation of children's school performance with maternal education.

**Conclusions:** The findings of the study show that more than half of the children living in the war zone in Azerbaijan have significant mental health problems. The psychological effects of the war environments have a profound effect on child development and education and need to be revisited under the United Nations Sustainable Development Goals. These include the provision of implicit supports in terms of their emotional, behavioral, psychosocial development and education of children and protection of children from wars, conflicts, and persecution.

**Disclosure:** No significant relationships.

**Keywords:** Emotional and behavioral problems; child mental health; Nagorno-Karabakh conflict; Azerbaijan

## EPV0061

### Case of psychological consultation and observation an adolescent with dissociative dysmnesia

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**Introduction:** Cases of memory loss are rare phenomena. We present a case-study of common psychological and psychotherapy observation 14,5 years old girl with dissociative dysmnesia during