Objectives: The aim is offering a perspective on the clinical characteristics, genetic and enviromental implications, and treatment challenges of two siblings with EOS and seeking to enhance understanding of EOS's complexity, particularly in the context of treatment resistance.
Methods: A comprehensive retrospective review of the siblings' all medical records was conducted, focusing on their psychiatric history, symptoms, treatment trials, and responses of treatment. Both cases' current clinical situations were evaluated cross-sectionally.
Results: *Older sibling:* 19 year-old male, was diagnosed with EOS following the onset of symptoms as social withdrawal, negativism and suspiciousness at the age of 14. He referred to the inpatient clinic with the cause of drug intake refusal. Risperidone treatment started but there was no significant response. Risperidone to olanzapine switch made and clinical remission observed. After his discharge, 4 more hospitalisations in 5 years needed due to low socioeconomic status, parental neglect and him having no insight and stopped taking his medications repeatedly. Several depot form antipsychotic injections started to prevent recurrent hospitalisation. Despite that he needed several hospitalisations to adult psychiatry inpatient clinics.*Younger sibling:* 14 year-old female, were diagnosed with EOS following the symptoms as auditory hallucinations, suspiciousness, disorganised speech and behaviours at the age of 13. She referred to the same inpatient clinic with suicidal risk after 2 years of his brother's last hospital stay. She responded good to olanzapine treatment like her brother's, during her first stay. After 2 weeks of her discharge, her psychotic symptoms started again with no specific reason. Second hospitalisation needed due to her homicidal and suicidal risk. Clozapine and aripipirazole treatment started and she discharged in partial remission. She is being followed in outpatient clinic, with low functioning.
Conclusions: Despite trials of multiple antipsychotic medications and adjunctive treatments, both siblings demonstrated significant treatment resistance. These sibling cases underscore the complexity and challenges in managing EOS, particularly when it presents with treatment resistance. The shared familial environment and potential genetic factors demand further investigation to elucidate the pathogenesis of EOS and optimize therapeutic approaches.

Disclosure of Interest: None Declared

EPV0150

Effective Use of Clozapine in Managing Treatment-Resistant Conduct Disorder in an Adolescent Patient: An Unconventional Approach

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Introduction: This case report elaborates an unconventional approach to the management the use of clozapine, typically used in treatment-resistant Schizophrenia, in a 17-year-old female patient with treatment-resistant Conduct Disorder, Attention Deficit and Hyperactivity Disorder and Intellectual Disability.
Objectives: The aim is to demonstrate the potential effectiveness and applicability of clozapine in treating severe, treatment-resistant behavioral problems associated with Conduct Disorder, even without the presence of psychosis, by detailing the clinical course, treatment strategy and outcome of this unique case.
Methods: A 17-year old female patient was referred to inpatient clinic due to escalating aggression towards her family members and risky sexual behaviors despite undergoing treatments before as risperidone, haloperidole, olanzapine, lithium, clonidin or aripipirazole. She was running away from home repeatedly and under the risk of sexual abuse. After comprehensive clinical and psychopathological assessment, a decision was made to initiate treatment with clozapine, closely monitoring the patient for adverse effects, and assessing its impact on the patient's aggressiveness and other behavioral problems. During her stay, clozapine dose titrated to 250 mg/day in addition to her current treatment as amisulpiride 800 mg/day and valproic acid 500 mg/day. Atropine solution as mouthwash used for salivary hipersecretion. No other side effects observed. Cognitive and behavioural therapy interventions made for anger management and impulsivity. Also focused on family-based interventions about establishing healthy boundaries.
Results: A significant reduction in aggressive behavior was noted under the treatment of clozapine. The patient's overall conduct and interaction with family improved remarkably. The treatment was well-tolerated except sialorrhea, leading to a successful integration back into her family and community.
Conclusions: This case highlights the potential of clozapine as a viable treatment option for managing severe, treatment-resistant behavioral problems in patients with conduct disorder, even in the absence of psychosis. A randomized-controlled trial showed that clozapine was more effective than risperidone in conduct externalization factors, delinquency trait and global functioning in children and adolescents(Juárez-Treviño *et al. Clin Psychopharmacol Neurosci.* 2019;17(1):43-53). While it necessitates careful monitoring due to its side-effect profile, this unconventional use of clozapine may open up new avenues for the management of treatment-resistant conduct disorder, thereby improving patient outcomes and quality of life. Further controlled studies are warranted to ascertain the safety and efficacy of this approach.

Disclosure of Interest: None Declared

EPV0151

Cyber victimisation and depression among adolescents in Tunisia: a case report study and review of literature

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Introduction: Cyber victimization is a form of violence that is perpetrated through social media, and its victims are primarily