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Catatonic features in adolescence: Interfaces with affective disorders

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Introduction Catatonia is a potentially life-threatening but treatable neuropsychiatric syndrome. The prevalence of catatonia in children and adolescents is probably underestimated since investigation on this matter is still lacking. Different studies have led to the recognition of catatonia as a separate psychiatric entity, as reflected in DSM-5, renewing interest on this subject. While in the adult population there is evidence highlighting the strong association between catatonia and affective disorders, this has been poorly reflected in child and adolescent psychiatry literature. In fact, most of the research in this population focuses on associations with organic, psychotic or developmental disorders.

Objectives We aim to illustrate the diagnostic challenges when facing an adolescent with catatonia encompassing psychiatric, neurologic and immunologic factors known as possible causes for this condition. We aim to explain the diagnostic procedure and the possible clinical results of this workup, as well as raise the discussion around treatment options.

Methods We used a clinical case vignette of a 14-year-old adolescent, presenting with a stress-induced catatonic syndrome and depressive symptoms without any prior organic or psychiatric condition. We reviewed the most relevant literature in order to contextualize our clinical case.

Results and conclusion Catatonia is an under-recognized condition in children and adolescents without a prior medical or psychiatric condition, especially when associated with affective disorders. The inclusion of catatonia as a specific syndrome in the psychiatric nosography may help its recognition. Case reports on this matter are therefore especially important as a way of pushing clinical investigation on this matter forward.

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Autism-plus spectrum disorders: Interfaces with psychosis

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Introduction Despite categorical differentiation, autistic and psychotic disorders are historically related diagnostic entities and there is still much controversy regarding their limits and developmental course. Particularly in children, the presence of idiosyncratic fears, difficulties in the social sphere and thought disorder are important factors in the differential diagnosis. There are some research-derived clinical constructs that operationalize symptomatology aiming to highlight the interfaces and the overlap between such disorders. Their clinical implications can be extremely relevant in the face of the limits of current nosology.

Objectives To phenomenologically describe differentiating parameters and high-risk clinical profiles for the development of psychosis in children with autism spectrum disorder.

Methods Selective review of the literature in PubMed (MEDLINE). Illustration with a clinical case vignette.

Results The clinical case reflects well the difficulties posed in the differential diagnosis due to the multiple interfaces between autism and psychosis. Constructs such as “multiple complex developmental disorder” or “multidimensionally impaired syndrome” allow a clearer and more practice-friendly characterization of such individuals.

Conclusion The constellation of symptoms identified in these criteria may become useful through the definition of subgroups of autism spectrum disorder individuals with complex psychopathology. Studies in this regard are still scarce, but the validation and reproduction of the positive results observed in the near future can help optimize the clinical approaches in these children.

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Rage as a hidden aspect in pediatric obsessive-compulsive disorder

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Introduction Pediatric obsessive-compulsive disorder (OCD) is a multifaceted clinical entity. Rage attacks have been repeatedly described in the phenotype of anxiety disorders in children and adolescents. It has been acknowledged that anxious youth who display rage have more severe clinical profiles and increased levels of dysfunction in most domains, consistent with the notion that rage is a marker of more severe psychopathology. However, this matter remains largely underappreciated in pediatric OCD. Namely, the role and functions of rage in pediatric OCD in relation to family accommodation and illness severity have highly relevant clinical management and treatment implications.

Objectives We aim to discuss how does rage look like in pediatric OCD, what are its associated features and its contributions to additional functional impairment. We examine the central role of family accommodation mediating clinical outcomes and review highly relevant diagnostic and treatment challenges.

Methods Selective review of the literature in PubMed (MEDLINE). Illustration with a clinical case vignette.

Results and conclusions Rage attacks are relatively common in pediatric OCD, have a negative impact on illness presentation, and contribute to functional impairment above and beyond obsessive-compulsive symptom severity. We hereby illustrate that rage may contribute to family accommodation of symptoms, which may further affect and perpetuate obsessive-compulsive symptom severity and impairment. There is a need to avoid misdiagnosis and to prioritize psychotherapeutic interventions and psychopharmacological treatment approaches. This provides important insights regarding the clinical validity of this component of OCD, aiming to capture further the attention of the clinical and research community.

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Encopresis: A medical and family approach

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Introduction Encopresis is a not very common disorder. The prevalence of this disorder is about 1.5% after the age of 5 years old and decreased even more as age increased, being very rare in adolescence.

Aim Here we present a clinical case of an 11-year-old girl, with a diagnosis of functional encopresis with constipation and overflow incontinence for 4 years.

Method In this case, we followed a program consisted of 12 sessions combining different techniques that are on experimental phase. The program we designed consist of toilet training, establishment-token economy- of a diet high in fiber with a progressive remove of laxative medication and a family intervention with both parents that got divorced 4 years ago.

Results Having both parents the same frame the patient's problem easily started to decrease. In follow-up (6 and 12 months), we observed good toilet habits and not constipations episodes.

Conclusions Even though all the techniques used were in experimental phase, we considered that because of the chronicity of this problem a multidisciplinary approach was the best option.

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Brain development in attention deficit hyperactivity disorder: A neuroimaging perspective review

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Introduction Attention deficit hyperactivity disorder (ADHD) is a challenge in child and adolescent psychiatry. In the recent decades many studies with longitudinal designs have used neuroimaging with ADHD patients, suggesting its neurodevelopmental origin.

Objectives Study the findings of neuroimaging (MRI, fMRI, DTI, PET) techniques on ADHD patients from a longitudinal point of view, looking also for the potential influence of treatments and other predictors (i.e. genetics).

Aims To provide a global perspective of all the recent findings on ADHD patients with the neuroimaging technics, focusing on longitudinal measurements of the changes in brain development.

Methods We conducted a review of the literature in the databases Pubmed and ScienceDirect (terms ADHD, neuroimaging, MRI, fMRI, DTI, PET, functional connectivity, metilphenidate and cortical thickness). We focused on studies using neuroimaging techniques with ADHD patients, looking at their populations, methodologies and results.

Results The studies found abnormalities in the structure of grey matter, activity and brain connectivity in many neural networks, with particular involvement of the fronto-parietal and Default Mode Network. There is also convergent evidence for white matter pathology and disrupted anatomical connectivity in ADHD. In addition, dysfunctional connectivity during rest and during cognitive tasks has been demonstrated.

Conclusions This evidence describe ADHD as a brain development disorder, with delays and disruptions in the global development of the central nervous system that compromises grey and white matters, most evident in the prefrontal cortex, parietal and posterior cingulate cortices, as well as basal ganglia, damaging activity and

structural and functional connectivity of various brain networks, especially the fronto-striato-parietal and default mode network.

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EV293

Emotion regulation strategies in adolescents with mitral valve prolapse

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Introduction Two thirds of adolescents with mitral valve prolapse (MVP) show signs of anxiety disorders. They display difficulty in emotion regulation (Van Der Ham et al., 2003; Scordo, 2007).

Objective To investigate into emotion regulation strategies in MVP adolescents.

Methods A projective study of emotion regulation was undertaken with our modified version of Rosenzweig Picture-Frustration Test (Zinchenko, Pervichko, 2014). Thirty-six adolescents with MVP (mean age was 17.1 ± 0.8 years) and 40 healthy adolescents (mean age was 16.7 ± 0.6 years) took part in the study.

Results MVP adolescents significantly more frequently ($P < 0.001$) would mark Rosenzweig's situations as potentially traumatizing. Ego-defence (E-D) and extrapunitive (E) reactions appear to be significantly ($P < 0.05$) more frequent among MVP adolescents. MVP adolescents are more than healthy subjects prone to avoid open verbal revelations of their thoughts and feelings that emerge in the situation of frustration. Content analysis of responses conditioned by cognitive control (when the task was to taper off arbitrarily the traumatizing effect of the situation) revealed that suppression of emotions was displayed by MVP adolescents in 52% of answers, and for healthy participants - 29% of answers ($P < 0.001$). Cognitive reappraisal strategy was displayed by MVP adolescents in 27% of answers, and for healthy participants - 38% of answers ($P < 0.05$). Twenty-one percent of answers of MVP adolescents and 33% of answers of healthy participants suggested cognitive transformation of emotional experience and actualization of new meanings in traumatic situations ($P < 0.05$).

Conclusions MVP adolescents appear to be more sensitive of frustrations and differ from healthy peers in more frequent use of the strategy of suppression of emotions.

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Adolescent prostitution: Which role plays psychopathology?

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Introduction The characteristics and the mental functioning of adolescent prostitutes were examined in several studies. Literature associates externalizing problems (i.e. impulsivity) with high rates of sexual activity and high rates of prostitution (Donenberg et al., 2005). Research has identified a link between psychopathology and high rates of health-risking sexual behavior and conduct problems. Despite the identification of psychopathology as a risk factor for the development of health-risking sexual, its role in prostitution has not been well examined.