

Introduction: Caring for individuals with intellectual disabilities is a passionate, but challenging profession. Whether working in residential homes or in occupational facilities, its staff deals with the ordinary issues of teamwork, but also with these clients behavioral comorbidities. It often includes self-harming and aggression towards others – namely towards the staff itself. This is particularly relevant since a high turnover of staff implies the loss of people who are familiar with the needs and specificities of those clients. The quality of care provided may also be affected.

Objectives: To investigate whether, or not, formal caregivers are at greater risk of occupational health issues, and what their main determinants are.

Methods: Research in Medline for *intellectual disability caregivers*. Only the relevant articles, published in English, were considered.

Results: Among formal caregivers of people with intellectual disabilities, job dissatisfaction and job strain were found to be especially relevant and were associated to the following variables:

- Younger workers or those with less professional experience
- Personality and individual maladaptive coping strategies
- Poor organizational support
- Conflicting, ambiguous, or overloaded professional roles
- Unclear work tasks

The incidence of Burnout Syndrome was also described as relevant among these workers and was associated not only to aggression towards the worker, but also to the fear of aggression.

Conclusions: Caring for people with intellectual disabilities, in a residential or in an occupational context, implies heavy emotional and physical demands and a high prevalence of job dissatisfaction, Job Strain and Burnout Syndrome. In addition to the high risks to the quality of life and health of caregivers, there are consequences for the quality of the care that is provided. For this reason, guaranteeing proper work conditions should be considered part of the Social Institutions main goals. Yet, we lack specific, controlled studies that properly evaluate what measures could indeed help institutions to prevent occupational (and mental) health distress among their staff.

Disclosure of Interest: None Declared

EPV0565

GABAPENTIN TREATMENT FOR CHALLENGING BEHAVIORS IN AUTISM SPECTRUM DISORDER AND INTELLECTUAL DISABILITY: A CASE REPORT

S. Marini*, L. D'Agostino and A. Gentile

Mental Health, National Health Service, Termoli, Italy

*Corresponding author.

doi: 10.1192/j.eurpsy.2023.1891

Introduction: Autism Spectrum Disorder (ASD) includes a group of developmental disabilities characterized by patterns of delay and deviance in the development of social, communicative, cognitive skills and the presence of repetitive and stereotyped behaviors as well as restricted interests (APA, 2013 DSM 5th ed.).

Objectives: A 22-years old male outpatient affected by Autism Spectrum Disorder (Level 3) and severe ID presented serious

challenging behaviors. The patient did not suffer from other psychiatric or neurologic pathologies. The patient did not have constipation or diarrhea or painful symptoms. The patients assumed carbamazepine (modified release) 800 mg/day (blood dosage 6,8 microgram/ml), clonazepam 2,5 mg/ml 15 drops/day, lorazepam 7,5 mg/die.

Methods: Due to the onset of challenging behaviors risperidone was introduced. At the dosage of 2 mg/day, the patient reached a discrete control of challenging behaviors. After stopping risperidone because of oculogyric crisis, the patient started to assume valproic acid (chronic formulation) up to 1000 mg/day. After three weeks the patient presented an increase in the blood dosage of ammonium. After the drug stop, the patient began to re-present challenging behaviors. The authors decided to add topiramate at a dosage of 25 mg per day. After three days, the patient began to present nocturnal urinary incontinence. Topiramate was stopped and Gabapentin was introduced in the treatment up to the dosage of 900 mg/day. Lorazepam was gradually tapered off until the intake was terminated, and clonazepam was reduced to 5 drops/day taken at bedtime. The dosage of carbamazepine remained stable.

Results:

Table 1. Behavior Problems Inventory subscales scores

Behavior Problems Inventory Subscales	Pre-treatment (T0)		Post-treatment (T1)		% Improvements	
	Frequency	Severity	Frequency	Severity	Frequency	Severity
Self-Injurious Behavior	6	2	5	2	16,7%	0%
Stereotyped Behavior	49	19	38	16	22,5%	15,8%
Aggressive/ destructive Behavior	39	25	24	20	38,5%	20%

Conclusions: According to the GABAergic hypothesis of ASD, inhibitory signaling of GABA within and between cortical minicolumns appears to be altered. This alteration would result in information processing with high discrimination between correlated stimuli rather than a generalization of them (Casanova et al. Neuroscientist 2003; 9: 496-507). Gabapentin is a ligand of the auxiliary alpha-2-delta subunit site of voltage-dependent calcium channels and acts as an inhibitor of the channel (Sills Curr Opin Pharmacol 2006; 6 (1):108-13). The altered expression of alpha-2-delta 1 or alpha-2-delta 3 can cause a chronic imbalance between arousal and inhibition that is quite characteristic of ASD (Nelson et al. Neuron 2015;87:684-698). The authors want to speculate on a hypothetical function of gabapentin in remodeling the expression of alpha-2-delta subunits in people with autism and the processing of neural information.

Disclosure of Interest: None Declared