

Results: revealed that telephone developmental history assessments were generally preferable over face-to-face appointments, and video-based formulation meetings were effective, productive and resulted in higher clinician attendance. The qualitative data on feedback appointments was mixed. Clinicians felt that telephone appointments were less personable and ethical; whereas, video-based feedback appointments allowed for more empathy. However, the majority of service-users opted for tele-calls over video-calls for these appointments. Socially-distanced BOSAs obtained positive clinician feedback in general. Service-user feedback was mixed; some found the experience uncomfortable and unfamiliar, whilst others enjoyed the experience. Overall, service-users were content with the knowledge that it may support a diagnostic outcome for their child.

Conclusions: We concluded that the overall experience of the virtual ASD diagnostic pathway was a positive and informative process, identifying opportunities for permanent change to the service.

Keywords: autism spectrum disorder; COVID-19; diagnosis; virtual

EPP0190

The requirement of an early detection of vulnerability base patterns in childhood to reduce relapse tendency in psychiatric pathology

L. Carpio Garcia*, C. Martín Villarroel, G. Belmonte García, J. Dominguez Cutanda, M. Sánchez Revuelta, J. Matsuura and E. García

Psychiatry, COMPLEJO HOSPITALARIO DE TOLEDO, Toledo, Spain

*Corresponding author.

doi: 10.1192/j.eurpsy.2021.623

Introduction: In order to understand etiopathogeny of any mental illness, it is important to be aware of the sequential emergence of symptoms, having presentations, that appear before, after or simultaneously. We could understand mental pathology as the sumatory of different factors and vulnerable cerebral substrates. Adverse external factors influence over them, causing relapses, that would lead to the evolution of diagnosis through time. However, patients usually come when pathology is already developed. Interventions are delayed, what is insufficient to modify the course of the illness. **Objectives:** Proving that replacing classic clinical evaluation by an open access/multiintervention model, would determine a better prevention and reduction of relapse tendency.

Methods: We have arranged a prospective descriptive study of 124 users along 2 years. The idea was to test a first sample which let us check the viability of our project. We adopted a qualitative approach, linking practice and research, which have implied to perform a structured clinical process based on a dynamic reevaluation performed for different professionals in various stages using Rodman's model.

Results: MultiIntervention model reduces the prognosis factor of delayed treatment thanks to reaching a high risk group in the early stages. That model allows us to determine the way each factor relates to each other, what facilitates multiple-intervention that tries to eliminate the symptom and also the relapse.

Conclusions: Late adolescence and early adulthood are stages in which many mental disorders start, however treatment delays some years. Rothman's model may be a useful tool, what means a

multiintervention treatment that mixes biological and psychosocial interventions.

Keywords: relapse tendency; Childhood psychiatry; adolescent

EPP0191

Who would like a monster like me to be alive? Obsessive compulsive disorder or pedophilia in a patient with high functioning autism spectrum disorder.

C. Pastor Jordá^{1*}, A. Gu², A. Kelly², D. Mckessy² and S. Shear²

¹Child And Adolescent Psychiatry, Alicia Koplowitz Foundation, Madrid, Spain and ²Child And Adolescent Psychiatry, UPMC Western Psychiatric Hospital, Pittsburgh, United States of America

*Corresponding author.

doi: 10.1192/j.eurpsy.2021.624

Introduction: Case of a 17yo patient with high functioning ASD and OCD with obsessions about being a pedophile, with suicidal ideation and self-harming behaviors. He was followed in outpatient care for one year since his first contact with Mental Health, following an inpatient admission for suicidal ideation.

Objectives: Differential diagnosis between OCD, ASD and possible pedophilia. Learn about different levels of care involved, and other possibilities. Therapy resources used.

Methods: Description of the case report: description of initial and final Mental Status Exam Differential Diagnosis: ASD vs OCD vs Pedophilia vs Depressive Disorder Children's Yale-Brown Obsessive Compulsive Scale Therapy: family based therapy, and Exposure response prevention therapy.

Results: Intrusive images, and reassurance seeking, helped with OCD diagnosis. ASD made symptoms harder to manage with SSRIs alone, which drove to add Aripiprazol at low doses in outpatient care. CY-BOCS showed obsessions other than doubts about being a pedophile. He participated in Exposure response prevention therapy with response, especially when antipsychotic medication was added. Family based therapy worked with his parents in not providing excessive reassurance, and with the patient in gaining insight about his OCD. Decreased anxiety, decreased self-deprecation and no new suicidal thoughts. Functionality of the patient in the community improved, with possibility of going college next year.

Conclusions: Recommendation of good assessment of sexuality in ASD population. Importance of individual and family therapy for OCD and specially when there is poor judgement and insight in the patient. Importance of combined treatment: pharmacology + therapy

Conflict of interest: Alicia Koplowitz Foundation

Keywords: ASD; Pedophilia; ocd

EPP0192

Differential diagnosis of auditory hallucinations in teenagers. Assessment and difficulties: Case report of a 13 year old patient.

C. Pastor Jordá^{1*}, P. Carroll², D. Bender² and R. Tumuluru²

¹Child And Adolescent Psychiatry, Alicia Koplowitz Foundation, Madrid, Spain and ²Child And Adolescent Psychiatry, UPMC Western Psychiatric Hospital, Pittsburgh, United States of America

*Corresponding author.

doi: 10.1192/j.eurpsy.2021.625