

using Raven Test and those with mental retardation were excluded. After one year, sixteen adolescents from the initial group were reassessed. The cognitive functioning was assessed with Trail Making A and B, verbal fluency tasks, Wisconsin Card Sorting Test and Rey Auditory Verbal Learning Test. The results from patients group were compared with those from healthy controls.

**Results** The results show weaker global cognitive performance from adolescents with early onset psychosis, initially and at one-year evaluation, than the healthy adolescents from the control group.

**Conclusions** This results are consistent with those of previous studies. The adolescents with early onset psychosis show multiple cognitive impairments initially and one year after the psychosis onset.

**Disclosure of interest** The authors have not supplied their declaration of competing interest.

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## EV238

### Gender dysphoria in USMIJ of Toledo. Report of a case

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The start of Child and Adolescent attention to gender dysphoria is very recent. In our Unit, it has objectified a growing increase in such demand over recent years.

As a typical example would be a patient of 13 years following gender dysphoria begins to present school failure and behavior problems at home with emotional instability.

According to the recommendations of the Group Identity and Sexual Differentiation (GIDSEEN) after early detection is to guide parents towards a comprehensive treatment at a specialized interdisciplinary teams and a psychosocial approach to improve the quality of life, decrease mental comorbidity and gender dysphoria own. Having no such care in our community has been necessary to make a referral to another community to attend this demand.

Currently it is giving adequate attention to these cases, but except for referral to another community. However, as we are seeing progression care in our area in the future could be feasible. Therefore, we consider as a first step dysphoria quantify each case in our area.

**Disclosure of interest** The authors have not supplied their declaration of competing interest.

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## EV239

### Wernicke-Korsakoff syndrome with psychotic symptoms in a severe case of anorexia nervosa: A case report

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**Introduction** The Wernicke-Korsakoff syndrome comprises a complex of symptoms including Wernicke's encephalopathy and the Korsakoff's syndrome. While the former is characterized by a classic clinical triad of ataxia, ophthalmoplegia and a global confusional state; the Korsakoff's syndrome is characterized by memory impairment and confabulation. These two entities are now considered as a clinical spectrum of a same disease caused by deficiency of thiamine (vitamin B1).

**Objective** To describe a case of Wernicke-Korsakoff Syndrome with psychotic symptoms in a 13-year-old female patient with anorexia nervosa.

**Method** The patient and family were interviewed. Literature relevant to the case was reviewed.

**Results** A 13-year-old Caucasian female was admitted to the emergency department with bradycardia (38 bpm) and a two-month history of weight loss totaling 6 kg. This loss of weight was a result of dietary restriction and over-exercise because she "felt too fat". On admission she has a body mass index of 12.17. She was diagnosed with anorexia nervosa and was hospitalized. On day 11 after hospitalization, patient initiated alteration in behavior, fluctuating mental state with periods of lucidity and periods of confusion, memory impairment and psychotic symptoms, with paranoid delusions and auditory hallucinations. The classic triad of Wernicke's encephalopathy was not present. The treatment with thiamine was initiated and the symptoms including psychotic symptoms improved.

**Conclusion** Wernicke-Korsakoff syndrome should be considered in cases of anorexia nervosa with a confusional state and memory impairment even if the classic symptoms are not present.

**Disclosure of interest** The authors have not supplied their declaration of competing interest.

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## EV240

### Disturbed sleep and activity as early signs of ADHD in preschool children

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**Introduction** Attention-deficit-hyperactivity-disorder (ADHD) is the most frequent psychiatric disorder present in childhood, and sleep-problems are a prominent, pervasive and clinically important feature of ADHD. Our understanding of whether sleep-problems mimic or exacerbate daytime ADHD-symptom expression remains insufficient. Furthermore we lack knowledge about the connection between objective measuring and subjective observations in children with early symptoms of ADHD.

**Objective** Future research that examines sleep-problems and daily activity in very young children with and without ADHD-like symptoms might help us identify early risk factors and achieve a better understanding of the importance of sleep in ADHD.

**Aims** To investigate if sleep-problems and activity level during day time is associated with early signs of ADHD.

**Methods** A sample of 50 preschool children ages 2–3 and their parents recruited in a birth cohort are invited to participate and divided into two groups of 25 cases and 25 controls based on ADHD-symptom score. An actigraph on the child's non-dominant