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Introduction: Brain heterotopia represent a group of rare malformations with a heterogeneous phenotype, ranging from asymptomatic to severe clinical picture (resistant epilepsy, severe developmental delay). The etiology is multifactorial, including both genetic and environmental factors.

Objectives: In this paper we present our experience regarding behavior problems in patients with heterotopia.

Methods: A cohort of 16 pediatric patients with brain heterotopia, six females and ten males, with age at last follow-up ranging from 2 months to 24 years were investigated by clinical examination, electroencephalographic studies, brain imaging, and genomic tests. Specific psychological tests and psychiatric evaluation were performed in all children for behavior problems assessment.

Results: Six individuals presented behavioral problems: autism (three patients) and hyperkinesia with attention deficit (three patients). All of them had intellectual disability or learning problems; five patients had epilepsy, with drug-resistant seizures in four cases. In two cases the behavioral problems occurred before the onset of epileptic seizures.

Conclusions: Behavior problems are important features in patients with brain heterotopia, making the management of these patients more difficult, especially when they occur in association with drug-resistant epilepsy. Acknowledgements: This work was supported partially by grants of the Romanian National Authority for Scientific Research and Innovation CCCDI – UEFISCDI, Projects COFUND-ERANET E-RARE 3-HETER-OMICS-2 Number 87/2019 and 88/2019 within PNCDI III.

Disclosure: No significant relationships.
Keywords: hyperkinesia with attention deficit; autism; Epilepsy; brain heterotopia

EPV0090

Suicidal ideation during the first wave of COVID-19 pandemic in a child and adolescent psychiatry emergency care sample

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Introduction: The COVID-19 pandemic forced many countries to apply restrictive measures. During the first wave Portugal went through a lockdown, and all the child and adolescents had to stay home and could only contact with the one’s they lived with for several months.

Objectives: This study aimed to evaluate the impact of those restrictions on suicidal ideation in the pediatric population evaluated in a child and adolescent psychiatry emergency care of a tertiary referral hospital.

Methods: We conducted an exploratory retrospective study. All the data from discharge notes were collected between March 15th and June 15th of 2020 (n=59), and in the homologous period of the

previous year (n=178). The referral after evaluation (primary care, child and adolescent psychiatry consultation, inpatient unit) was considered a measure of severity.

Results: The demographic variables (sex, age) were homogeneous between the two groups (p ≥ 0,05). 17,4% (n=31) of the sample from 2019, and 16,9% (n=10) of the sample of 2020 had suicidal ideation, which was not statistically different between groups (p=1,000). The referral, after evaluation between groups were also not statistically different (p=0,186).

Conclusions: Even though the proportion of patients with suicidal ideation was homogenous during the two periods, the total number of patients evaluated in the emergency room were lower during the first wave of Covid-19 pandemic. We assume that the population had fear of seeking help in hospital facilities, but we also believe that the pause on school burdens and the reconnection between some families could have function as protective factors.

Disclosure: No significant relationships.
Keywords: Restrictions; pandemic; COVID-19; Suicidal ideation

EPV0091

The prevalence of oppositional defiant disorders among young people in europe: A systematic review and meta-analysis

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Introduction: This systematic review estimates the pooled prevalence (PP) of oppositional defiant disorders (ODD) among 5-to-18-year-old YP living in Europe, based on prevalence rates established in the last five years (LFY).

Objectives: Trends of prevalence rates across countries, gender and level of education were analysed. The random effects pooled prevalence rate (REPPR) for ODD was calculated.

Methods: A search strategy was conducted on three databases. Studies were also identified from reference lists and grey literature. Eligible studies were evaluated for reliability, validity, bias, and the REPPR for ODD was calculated.

Results: The European REPPR for ODD is calculated at 1.9% (Figure 1). The REPPR among males is 4.8%, whereas the rate among females is 2.7% (95% CI: 0.7%- 1.4%). The prevalence rate of ODD among primary school children is 1.8 times higher than the prevalence of secondary school children (Figure 2).

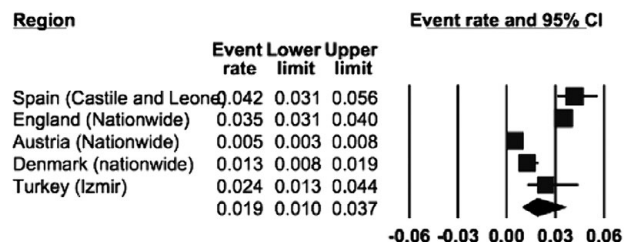


Figure 1: Forest plot showing the prevalence rates of oppositional defiant disorder

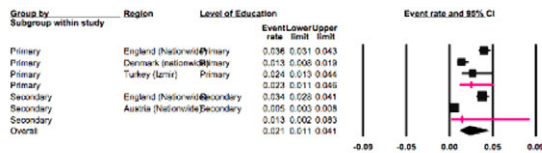


Figure 2: Forest plot showing the prevalence rates of oppositional defiant disorder with level of education as the unit of analysis.

Conclusions: Gender, culture and socioeconomic diagnostic inequality may contribute to prevalence differences across countries. Routine screening and addressing these aspects may facilitate early intervention.

Disclosure: No significant relationships.

Keywords: Child; prevalence; Europe; oppositional defiant disorder

EPV0092

Community treatment for adolescents with mental health problems

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Introduction: This is the case of a 15-year-old boy who had been socially isolated in his house for over 1 year. He had become increasingly agitated, but refused any help offered.

Objectives: To establish the role of community treatment in adolescents with mental health problems.

Methods: Summary of the interventions taken place during the treatment

Results: Initially this young person refused any medical treatment, so we tried first supportive therapy and CBT. He did not obtain any benefits as he appeared to experience paranoid ideation and thoughts of being persecuted in the streets. With support from the occupational therapist, the young person started to take care of his personal hygiene. Afterwards he started to take oral medication with partial response. We decided to switch to im treatment. In conjunction with CBT, the young person was gradually able to leave the house. All the sessions during the first few months took place at his family home. These visits were weekly or twice weekly. Once he left the house, he attended the groups at the day hospital. After 18 months, he was discharged without medication and he is currently studying for a degree.

Conclusions: Community treatment in adolescent with mental health problems is a better option to establish good rapport and avoid stressful situations that could take place in an in-patient facility.

Disclosure: No significant relationships.

Keywords: Community treatment; adolescents; mental health

EPV0094

Treating children with disinhibited social engagement disorder symptoms: Filial therapy

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Introduction: Children affected by social neglect and other forms of abuse are at significant risk of developing mental health problems as well as social, academic, and behavioral functioning difficulties. Some studies have assessed the effectiveness of treatment for children with trauma-attachment disorder. Nevertheless, some questions remain to be answered regarding appropriate treatment.

Objectives: Aim This research identified how filial therapy affects the extent to which foster parents are responsive, sensitive, and attentive to the needs of their children in their care. Subsequently, the study explored how this bond, influenced during filial therapy, affects the signs and symptoms of disinhibited social engagement disorder.

Methods: Method This study used case study as the methodology to research the influence of filial therapy (CPRT) in foster children who show the symptoms of disinhibited social engagement disorder- aged three to six. Two sets of foster parents received a 10-session filial therapy model (CPRT) across 10 weeks. Pre and post measures of the parent-child relationship were analyzed.

Results: Result The findings indicate that filial therapy greatly enhances the bond between foster parents and children with DSEDs. Moreover, these improvements in the bond diminished the symptoms of disinhibited social engagement disorder.

Conclusions: Conclusion The impact of filial therapy as a responsive intervention reduced the symptoms of disinhibited social engagement disorder. The symptoms have declined very likely as a result of rebuilding, regenerating, and enhancing the relationship between foster children and foster parents.

Disclosure: No significant relationships.

Keywords: Filial Therapy; attachment disorders; Disinhibited Social Engagement Disorder; play therapy

EPV0095

Environmental stressors associated with suicidal behavior in adolescents with psychiatric pathology

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Introduction: In the assessment of suicidal behavior, recent studies describe the great influence of an environmental component with adverse life events and stressors that can influence self-harm ideation and gesture.

Objectives: 1. To analyze the reasons for consultation of adolescents between 11 and 17 years of age who consult for suicidal behavior. 2. To estimate the frequency of the different socio-family life events.

Methods: A retrospective review of the emergency room visits in the last 3 months was carried out. Sociodemographic data, vital