local geo-cultural context, where data for a new classificatory system is scarce. Participants included children and adolescents admitted to the Child Psychiatry Unit or attending the Child Guidance Clinic. Demographic (age, sex) and clinical variables (ICD-10 diagnoses) were studied, with diagnoses categorized into types 1–4.
Results: Total sample size was 137. Adolescents (ten to 18 years of age) were almost double in numbers to that of children (below ten years of age). Boys outnumbered girls. Adolescents were more than children in both among girls and boys (even the single third gender was an adolescent). Most of the children and adolescents were having type 3 disorders, followed by type 1 and type 2 disorders. While majority had type 3 disorders below ten years of age (children), type 1 disorders were highest in the adolescents. Type 1 and type 3 disorders were almost equally distributed among girls, while boys predominantly had type 3 disorders. Within group comorbidity was maximum with type 3 disorders. Across group comorbidity was found mostly in type 2-type 3 disorders.
Conclusions: John Lennon "imagined" of having no countries and no religion too; thus, there will be nothing to kill and die for! Bono of U2 wanted to be there "where the streets have no name"! Likewise, we too dream of a land for child and adolescent psychiatry where if we cannot live without names then let us at least have a few and simple ones: ABCD!

Disclosure of Interest: None Declared

EPV0292

Obsessive-compulsive disorder in a child with poor tolerance to psychotropic drugs, the efficacy of psychotherapy

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Introduction: Obsessive-compulsive disorder (OCD) in children and adolescents presents similarly to that in adults, but with some particularities. In children, the most common obsessions are usually related to fears of contamination, harm to others, or catastrophic situations. The compulsions associated are often: excessive hand washing, repetitive checking, and the need for order. Treatment of OCD is based on both pharmacological measures and psychological therapies. At the pharmacological level, it focuses on the use of selective serotonin reuptake inhibitors (SSRIs). In terms of psychological treatment, cognitive behavioural therapy (CBT) is the psychotherapeutic intervention of first choice for the treatment of OCD, and is considered the most effective intervention, both in monotherapy and in combination with pharmacological treatment. Within CBT, the most effective is Exposure with Response Prevention (ERP).
Objectives: To present the adaptation of the different therapeutic interventions so that they are effective when applied to children, through a clinical case of a 10-year-old child with OCD.
Methods: Our patient first came to the emergency department due to intense anxiety, secondary to obsessive thoughts about suicide and sexual identity. Due to the incoercible anguish caused by these egodystonic thoughts and the secondary low mood, he was admitted to hospital. At the pharmacological level, sertraline was progressively administered up to a dose of 100mg/day and psychoeducation was provided. Despite the initial improvement in anxiety and hospital discharge, after a couple of weeks there was a further worsening, which persisted despite increasing the dose of sertraline. In successive outpatient consultations, psychoeducational intervention and review of confrontation techniques were carried out. The patient began with clinical symptoms typical of hypomanic turn, so SSRIs was lowered back to the initial dose, and aripiprazole 5mg was added. The importance of CBT was emphasised, teaching the parents to practice it daily with their child. In the next visits, psychotherapy work continued in the form of role-play, explaining the difference between distraction and confrontation, lowering the SSRI to 50mg and maintaining aripiprazole. Clinical stabilisation was achieved and has been maintained since.
Results: We see with this case that pharmacological treatment, although necessary to obtain changes at the neuro-biological level, is not sufficient for clinical remission, and that intensive psychotherapy is the cornerstone of the intervention
Conclusions: In conclusion, in the treatment of childhood OCD, the combination of pharmacological and psychological interventions is essential. Although pharmacological treatment is important, it alone does not always guarantee complete remission, highlighting the need for a comprehensive therapeutic approach to achieve sustained results over time.

Disclosure of Interest: None Declared

EPV0295

Scaling A Positive Parenting Intervention from an Institutional Service to the Community Practice: A Qualitative Study of Net PAMA Classroom's Success Factors and Challenges

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Introduction: Mental health issues in children and adolescents are often influenced by ineffective parenting strategies such as poor communication, harsh punishments, lack of positive reinforcement, and imbalance between relationship and regulation. Although effective parenting interventions exist, access is typically limited to institutional services. Net PAMA, an internet-based parent management training program, was created to improve access. However, only city-dwelling, educated parents were able to effectively learn from the platform. A combination of local facilitators and the internet-based program, called 'Net PAMA Classroom', was then proposed as means to reach out to underserved communities.
Objectives: This study examines the success factors and challenges of 'Net PAMA Classroom,' a community-based Parent Management Training intervention conducted by non-professional facilitators, with the use of the internet-based standardized program.
Methods: We interviewed fifteen Net PAMA Classroom facilitators. We then performed data triangulation and thematic analysis using Braun and Clarke's six-step approach.

Results: Three key themes were identified: curriculum, facilitators, and classroom management. Participants valued the practical skills provided through structured lessons. Successful facilitators had backgrounds in child and family work, prior facilitation experience, and supported parents in applying new skills. Support from community leaders significantly impacted the program's initiation, delivery, and sustainability. Recommendations include making the curriculum culturally relevant, flexible, and less internet-dependent. Addressing propriety issues is also crucial for the program's long-term success.
Conclusions: The Net PAMA Classroom's effectiveness relies on a robust curriculum, experienced facilitators, and effective classroom management. Enhancing cultural relevance and flexibility, reducing internet reliance, community support, and resolving propriety concerns are essential for sustainability and scalability.

Disclosure of Interest: None Declared

EPV0296

Descriptive study of the number and duration of physical restraints placed in patientes admitted to an adolescent psychiatric unit from 2020 to 2023

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Introduction: The management of situations of behavioral dyscontrol is essential in hospitalization units. Strategies such as verbal or pharmacological restraint are the first steps to assist in the emotional regulation of a patient with a potentially escalating state of restlessness. In cases where this fails or is not possible, and there is a risk to the patient or others, physical restraints are a strategy for managing the agitated state. The Adolescent Short Stay Unit at Puerta de Hierro Hospital consists of 11 beds. The age of admission is 12 to 17 years.
Objectives: To present data on the number of physical restraints placed in the Adolescent Brief Hospitalization Unit and the average time of placement from 2020 to 2023. The results from 2024 will be presented in the poster of this abstract.
Methods: Physical restraint data were reviewed through patient records and the physical restraint registry that is part of the unit's protocol.
Results: During **2020**, physical restraints were placed on 8.7% of the patients admitted that year (21 of 240). In that year, a total of 110 physical restraints were placed for a total of 707.73 hours and an average of 7.06 hours. During the year **2021**, 13.3% required physical restraint (30 of 2236). In that year 89 physical restraints were placed for a total of 470.25 hours and an average of 5.35 hours. In **2022**, 6.4% of the patients admitted required physical restraint (15 of 236), 11 of whom were women. In that year a total of 100 physical restraints were placed with a total of 457 hours and an average of 4.57. It should be noted that that year, of the 100 restraints, 52 were on the same patient, with 19 restraints on the second patient requiring the most restraints. In **2023**, 8.2% of patients required mechanical restraint (19 of 229), 14 of whom were women. A total of 169 restraints were placed for a total of 402 hours and an average time of 2.37 hours. This year, 2023, of the 169 restraints, 106 are on the same patient. From January to August **2024** restraints were applied to 10 patient. A total of 58 restraints were placed, with one patient requiring up to 30 restraints.
It should be noted that the patients who require the most physical restraints are patients with a diagnosis of autism spectrum disorder or patients with intellectual disabilities.
Conclusions: A decrease in the average restraint time has been observed(7.06 to 2.37), which we believe is due to greater training on the part of the nursing team. Patients with Autism Spectrum Disorder and patients with Intellectual Disability are those who have received more physical restraint, suggesting that their management requires a structure and intervention different from those offered by the short hospitalization units.

Disclosure of Interest: None Declared

EPV0297

Mental health in children and young people with psoriasis. A comorbidity to consider

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Introduction: Children and adolescents with chronic cutaneous conditions are at risk of experiencing adverse psychosocial effects such as anxiety, depression, and loneliness. Children with psoriasis had significantly higher rates of any psychiatric disorder, but these are often unrecognised or under-recognised and not referred to mental health services. It is also clear that the well-being of these children's families may also be impacted by their child's condition.
Objectives: The aim of this study was to review current knowledge of the comorbidity of psoriasis and psychiatric disorders in the paediatric population, which are often underdiagnosed and undertreated.
Methods: A narrative literature review was carried out in the PubMed, Cochrane and Embase databases, selecting only the articles published in the last 10 years, using the following keywords: psoriasis, psychiatric disorders, paediatric population.
Results: There is no doubt that psoriasis is one of the most debilitating chronic dermatological conditions affecting children from a quality-of-life perspective. Indeed, numerous studies have demonstrated that its impact is on par with that of other chronic conditions such as diabetes, asthma or epilepsy. Current research generally supports a positive association between paediatric psoriasis and the onset of anxiety and depression. However, it is difficult to establish a causal relationship as there is some evidence that psoriasis and psychiatric illness can exacerbate each other. Children with psoriasis had significantly higher rates of any psychiatric condition, particularly depression and suicidal ideation. Patients with higher disease severity (Psoriasis Area and Severity Index (PASI) and Body Surface Area (BSA) scores) and longer disease duration, are undoubtedly more likely to experience worse anxiety and depression. They may have other psychiatric comorbidities, such as excoriation (skin picking) disorder or obsessive-compulsive disorder (OCD), resulting in body-focused repetitive behaviours that exacerbate psoriatic plaques.
Paediatric patients with psoriasis appear to be more vulnerable to the psychosocial effects of their disease than adults, especially those