

EV280

Cognitive and functional outcomes after a trial of an mTOR inhibitor in an adolescent with neuropsychiatric sequelae of TSC

A. Lachman^{1,*}, C. van de Merwe², P. De Vries³

¹ Tygerberg, Psychiatry, Cape Town, South Africa

² Stellenbosch University, Psychology, Cape Town, South Africa

³ University of Cape Town, Psychiatry, Cape Town, South Africa

* Corresponding author.

Tuberous sclerosis complex (TSC) is a genetic autosomal dominant condition with multi-organ involvement and highly variable clinical manifestations. Neurological manifestations (subependymal nodules, cortical tubers, and subependymal giant cell astrocytomas [SEGAs]) are a leading cause of morbidity and mortality leading to cognitive impairment, behavioural disturbances and refractory seizure disorders. Experimental and human evidence suggest that the use of mTOR inhibitors may induce regression of TSC tumor types and provide an alternative to surgical resection of SEGAs. In the EXIST-1 trial everolimus (mTORi) was associated with clinically meaningful increases in the time to progression of subependymal giant cell astrocytomas and skin lesion response rate compared with placebo. We present a case of a 16-year-old girl (MM) referred with neuropsychiatric sequelae including disruptive and dangerous behaviours not responding to outpatient management. Multiple trials of anti-convulsants and antipsychotic treatments achieved poor responses. During admission to a state facility, MM had several seizures followed by aggressive outbursts, inappropriate behaviour and confusion. Her intrusiveness, sexual disinhibition and lack of response inhibition suggested frontal lobe dysfunction impacting on executive functioning. Despite seizure control being optimized to an acceptable rate with anticonvulsants, improvement in social or cognitive functioning was limited. She required individual constant supervision for personal safety and independent functioning. A trial of mTOR inhibitor was initiated, and achieved an improvement in cognitive, social and psychiatric functioning. This report will discuss the challenges in this complex case, and report on baseline as well as 6month post medication outcomes measured by radiological, functional and cognitive testing.

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

<http://dx.doi.org/10.1016/j.eurpsy.2016.01.1265>

EV286

A bizarre love

C. Noval Canga^{1,*}, R. Hernández Antón²,

S. Cepedello Pérez², S. Gómez Sánchez², L. Rodríguez Andrés²,

L. Gallardo Borge², G. Medina Ojeda², A. Alonso Sánchez²,

A. Álvarez Astorga², A. Portilla Fernández³

¹ Valladolid, Spain

² Hospital Clínico Universitario, Hospital Clínico Universitario, Valladolid, Spain

³ Hospital de Navarra, Hospital de Navarra, Pamplona, Spain

* Corresponding author.

Introduction Adoption constitutes a discontinuity in child care trajectory, that falls into a separation and a lost of reference figures, and therefore, the need to set up new attachment figures into a suitable familiar atmosphere.

Objectives This case is a review of how a child adoption process, that can be something positive at first, can also produce many problems in the future, added to difficulties in order to regulate stressing situations and also solving problems.

Methods The clinical case consists in a 25-year-old woman, who suffers from anxiety and self-injure behaviour. She has a diagnosis of non-specified personality disorder with limit characteristics. The patient was adopted a few months after her birth. At the

moment she's living with her adoptive father, her adoptive mother passed away when she was 4. At the age of 21, the patient meets her biological mother and since that moment she spends most of the weekends with her. After a few medical appointments, she admits that she has allowed sexual relationships with her biological mother since six months ago.

Results It's important to appreciate the value of familiar atmosphere, and in addition, the attachment between child and his parental figures. The quality of the attachment is going to have influence in emotional regulation.

Conclusions Children who have suffered neglect from their biological parents and have been adopted develop attachment behaviours characterized by negative experiences. In spite of being in a good familiar environment, they feel vulnerable and insecure. Early and appropriate attachment experiences can improve relationships between children and their new family.

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

<http://dx.doi.org/10.1016/j.eurpsy.2016.01.1271>

EV287

How does psychotropic medication consent work for youth in foster care

C. Pataki^{1,2,*}, C. Thompson^{3,4}, G. Crecelius², J. Tesoro^{2,5},

G. Polsky², P. Kambam²

¹ David Geffen School of Medicine at UCLA, Psychiatry & Biobehavioral Science, Los Angeles, California, USA

² Department of Mental Health, Juvenile Court Mental Health Service, Monterey Park, California, USA

³ David Geffen School of Medicine at UCLA, Psychiatry & Biobehavioral Science, Los Angeles, California, USA

⁴ Department of Mental Health, Juvenile Justice Mental Health Program, Los Angeles, California, USA

⁵ University of Southern California School of Pharmacy, Pharmacy, Los Angeles, California, USA

* Corresponding author.

Introduction It is well known that youth in foster care are at high risk for psychiatric disorders, recently reported in up to 89%, with over 55% exhibiting ADHD in one sample (Linares et al., 2013). Psychotropic medication use was reported in 59% of foster care youth within a 2-month period (Brenner et al., 2013). The psychotropic medication consent process in Los Angeles for dependent children is multidisciplinary, starting with the treating psychiatrist's written authorization request to Children's Dependency Court. Once received, it is distributed to the child's attorney, social worker, and Juvenile Court Mental Health Service (JCMHS). JCMHS reviews and provides recommendations to the judicial officer who ultimately approves, modifies, or denies consent.

Objectives To present the steps and reasoning in the process of review, consultation, recommendations and decisions in psychotropic medication consent for dependent youth.

Aims To provide an understanding of the multidisciplinary review process involved in determining psychotropic medication consent in foster care youth.

Method Presentation of a timeline, forms and guidelines used in the process including the "Psychotropic Medication Authorization Form" (PMA) (Judicial Council of California, 2008).

Results Categories of recommendations and approvals provided to the judicial officer will be presented and rationales for in-person consultations.

Conclusion The psychotropic medication consent process for foster care youth is a complex multidisciplinary process which includes a clinically significant set of recommendations from JCMHS to the judicial officer to aid in making informed decisions regarding psychotropic medication.