

Objectives: To assess the extent of Risperidone prescribing in Norfolk/Suffolk for this patient group and to consider the monitoring of this.

Given that bone mass density is set down in teens – mid 20's, this is a particularly concerning issue when given to this age group. Additionally, distressing side effects and issues with fertility should be considered. If risperidone is used, Maudsley is very clear that this must be monitored: baseline/annual prolactin levels done, and action should be taken if these are elevated and/or the patient symptomatic.

Methods:

- 1) Evaluate numbers of adolescents, under 2ndry care Mental health service who have been prescribed Risperidone
- 2) Consider who prescribed it and the indication
- 3) to consider if routine monitoring had been completed (specifically, baseline prolactin and then annual prolactin levels)
- 4) to consider if these patients had developed side effects

Results: Almost 20% of 18-25 years olds, due to be seen in Youth Community Service had been prescribed Risperidone. Of these, only 44% had had prolactin levels done, despite the guidance. This equates to the over half not having prolactin checked. 60% of patients reviewed had symptoms of hyperprolactinemia. Indications for use included emotional dysregulation/EUPD, psychosis, ADHD, OCD/ASD and depression

Conclusions: Risperidone should be used with extreme caution in this patient group. Medication can be very useful for some young people experiencing distressing symptoms but, as Hippocrates advises, “do no harm” and seek not to cause iatrogenic harm.

Given that many of the young people seen by mental health services are experiencing emotional dysregulation (not necessarily an abnormal state in adolescent, when much is in flux), it is tempting to consider medication as one means of trying to alleviate distress. There is no clear treatment for dysregulated feelings, and most would accept that psychological support is more appropriate.

Disclosure of Interest: None Declared

EPV0148

Early Onset Schizo-Obsessive Disorder: A Case Series of 7 Inpatient Children

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doi: 10.1192/j.eurpsy.2024.929

Introduction: Schizo-obsessive disorder (SOD) is a complex psychiatric condition characterized by exhibiting symptoms of schizophrenia and obsessive-compulsive disorder (OCD)(Schirmbeck *et al.* Front Pharmacol. 2013 Aug 9;4:99). Some researchers prefer to describe this condition as a spectrum called “schizo-obsessive spectrum” and state that clinical representations such as OCD with poor insight, OCD with schizotypal personality disorder, schizophrenia with obsessive-compulsive symptoms and schizophrenia

with OCD are included in this spectrum(Poyurovsky *et al.* J Psychiatr Res. 2005 Jul;39(4):399-408). There is limited literature available on early on-set schizo-obsessive disorder in child and adolescent sample.

Objectives: This case series aimed to describe the clinical characteristics, phenomenology, diagnostic process and treatment response of SOD in a sample of inpatient adolescents and illuminate the intricate symptomatology between schizophrenic and obsessive-compulsive features.

Methods: A retrospective review was conducted of 7 adolescent patients who met DSM-V criteria for both schizophrenia and OCD in our inpatient clinic over the past year. Data were collected from medical records, including demographic information, clinical presentation, treatment history and response to treatment. All data were anonymized to maintain patient confidentiality.

Results: The sample consisted of 5 females and 2 males, with a mean age of 15,4 years. All patients presented with a mixed symptomatology of hallucinations, delusions and obsessive-compulsive symptoms. Many common points observed about clinical characteristics and psychiatric history of the patients. In most of the patients, the first psychiatric complaints started with obsessive-compulsive symptoms. It was observed that obsessions evolved into over-valued ideas and delusions in the course of time. Patients responded late and inadequately to pharmacological treatment, multiple drug use was necessary. Hospitalization lasted longer, the average time was 53 days. Most of the patients required augmentation with cognitive-behavioral therapy due to partial response or intolerable side effects. Unfortunately, no patient experienced full remission or returned to premorbid functioning.

Conclusions: This case series underscores the complexity of diagnosing and treating schizo-obsessive disorder in a pediatric population. It appears that a combined approach using both pharmacotherapy and psychotherapy may yield the most beneficial results. However, given the small sample size and retrospective design, these findings need to be interpreted with caution. Further research are crucial to corroborate our findings and refine treatment strategies.

Disclosure of Interest: None Declared

EPV0149

Treatment Resistant Early-Onset Schizophrenia: A Tale of Two Siblings

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doi: 10.1192/j.eurpsy.2024.930

Introduction: Early-Onset Schizophrenia (EOS) is a rare and severe form of schizophrenia that begins in childhood and it is often associated with genetic risk factors, poorer prognosis, and increased treatment resistance compared to adult-onset schizophrenia (Hatzimanolis *et al.* Eur Psychiatry 2020;63(1):e44). This case report presents two siblings diagnosed with EOS and treated at the same inpatient clinic in different years.

Objectives: The aim is offering a perspective on the clinical characteristics, genetic and environmental implications, and treatment challenges of two siblings with EOS and seeking to enhance understanding of EOS's complexity, particularly in the context of treatment resistance.

Methods: A comprehensive retrospective review of the siblings' all medical records was conducted, focusing on their psychiatric history, symptoms, treatment trials, and responses of treatment. Both cases' current clinical situations were evaluated cross-sectionally.

Results: *Older sibling:* 19 year-old male, was diagnosed with EOS following the onset of symptoms as social withdrawal, negativism and suspiciousness at the age of 14. He referred to the inpatient clinic with the cause of drug intake refusal. Risperidone treatment started but there was no significant response. Risperidone to olanzapine switch made and clinical remission observed. After his discharge, 4 more hospitalisations in 5 years needed due to low socioeconomic status, parental neglect and him having no insight and stopped taking his medications repeatedly. Several depot form antipsychotic injections started to prevent recurrent hospitalisation. Despite that he needed several hospitalisations to adult psychiatry inpatient clinics. *Younger sibling:* 14 year-old female, were diagnosed with EOS following the symptoms as auditory hallucinations, suspiciousness, disorganised speech and behaviours at the age of 13. She referred to the same inpatient clinic with suicidal risk after 2 years of his brother's last hospital stay. She responded good to olanzapine treatment like her brother's, during her first stay. After 2 weeks of her discharge, her psychotic symptoms started again with no specific reason. Second hospitalisation needed due to her homicidal and suicidal risk. Clozapine and aripiprazole treatment started and she discharged in partial remission. She is being followed in outpatient clinic, with low functioning.

Conclusions: Despite trials of multiple antipsychotic medications and adjunctive treatments, both siblings demonstrated significant treatment resistance. These sibling cases underscore the complexity and challenges in managing EOS, particularly when it presents with treatment resistance. The shared familial environment and potential genetic factors demand further investigation to elucidate the pathogenesis of EOS and optimize therapeutic approaches.

Disclosure of Interest: None Declared

EPV0150

Effective Use of Clozapine in Managing Treatment-Resistant Conduct Disorder in an Adolescent Patient: An Unconventional Approach

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doi: 10.1192/j.eurpsy.2024.931

Introduction: This case report elaborates an unconventional approach to the management the use of clozapine, typically used in treatment-resistant Schizophrenia, in a 17-year-old female

patient with treatment-resistant Conduct Disorder, Attention Deficit and Hyperactivity Disorder and Intellectual Disability.

Objectives: The aim is to demonstrate the potential effectiveness and applicability of clozapine in treating severe, treatment-resistant behavioral problems associated with Conduct Disorder, even without the presence of psychosis, by detailing the clinical course, treatment strategy and outcome of this unique case.

Methods: A 17-year old female patient was referred to inpatient clinic due to escalating aggression towards her family members and risky sexual behaviors despite undergoing treatments before as risperidone, haloperidole, olanzapine, lithium, clonidin or aripiprazole. She was running away from home repeatedly and under the risk of sexual abuse. After comprehensive clinical and psychopathological assessment, a decision was made to initiate treatment with clozapine, closely monitoring the patient for adverse effects, and assessing its impact on the patient's aggressiveness and other behavioral problems. During her stay, clozapine dose titrated to 250 mg/day in addition to her current treatment as amisulpiride 800 mg/day and valproic acid 500 mg/day. Atropine solution as mouthwash used for salivary hypersecretion. No other side effects observed. Cognitive and behavioural therapy interventions made for anger management and impulsivity. Also focused on family-based interventions about establishing healthy boundaries.

Results: A significant reduction in aggressive behavior was noted under the treatment of clozapine. The patient's overall conduct and interaction with family improved remarkably. The treatment was well-tolerated except sialorrhea, leading to a successful integration back into her family and community.

Conclusions: This case highlights the potential of clozapine as a viable treatment option for managing severe, treatment-resistant behavioral problems in patients with conduct disorder, even in the absence of psychosis. A randomized-controlled trial showed that clozapine was more effective than risperidone in conduct externalization factors, delinquency trait and global functioning in children and adolescents (Juárez-Treviño *et al. Clin Psychopharmacol Neurosci.* 2019;17(1):43-53). While it necessitates careful monitoring due to its side-effect profile, this unconventional use of clozapine may open up new avenues for the management of treatment-resistant conduct disorder, thereby improving patient outcomes and quality of life. Further controlled studies are warranted to ascertain the safety and efficacy of this approach.

Disclosure of Interest: None Declared

EPV0151

Cyber victimisation and depression among adolescents in Tunisia: a case report study and review of literature

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doi: 10.1192/j.eurpsy.2024.932

Introduction: Cyber victimization is a form of violence that is perpetrated through social media, and its victims are primarily