Conclusions: The effectiveness of the rehabilitation process for severe neurotrauma in childhood is influenced by the involvement of adults close to the child. The personality traits of the parents, adaptability and resistance to stress, the severity of the child's illness - these factors turn out to be decisive. Most loved ones need medical and psychological support. Regardless of the severity of neurotrauma in children, parents become more active if they note the dynamics in improving mental health. In case of long-term, severe illness of children accompanied by disability, family members only provide care and supervision.

Disclosure of Interest: None Declared

EPV0901

Categorization in different modalities as cognitive processes impairment indicator in children with developmental learning disorder

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Introduction: Categorization is one of the main processes representing human thinking. There is plenty of categorization study methods, but none use the same methodology to study categorization in different modalities. Notably, it is hard to compare results of such categorization directly due to the different category familiarity degree. For example, visual forms and number of visual stimuli are more familiar than number of syllables, plural or singular word form. However, it is possible to compare quality (type) of categorization errors in different modalities considering the relation to different cognitive processes.
Objectives: To explore the categorization errors in visual and verbal modalities.
Methods: A special task inspired by Bruner concept formation study was used. 49 children with developmental learning disorder had to recognize common features in series of visual or verbal stimuli (5 series of 30 stimuli in each modality).
Results: 15 error types were identified in both visual and verbal modalities indicating the impairment of working memory, executive control, nominative processes, cognitive speed and categorization level.
Conclusions: Studying types of categorization errors may indicate the cognitive processes impairment and helps to clarify the relation between categorization and modality of input information.

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EPV0902

Psychiatric and behavioral problems in Prader-Willi syndrome: a clinical case

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Introduction: Prader-Willi syndrome (PWS) is a rare neurodevelopmental and multisystemic disorder. This syndrome is most often caused by paternal deletion or a maternal disomy of chromosome 15. PWS is characterized by hypotonia, hypogonadism, and hyperphagia. Intellectual disability, impaired social skills, emotional regulation, sleep disorders and behavioral problems (tantrums, temper outbursts, obsessive–compulsive symptoms, skin picking) are also present. Autism spectrum disorder, mood disorders, anxiety, and psychosis are common in these individuals. (Bos-Roubos *et al.* Frontiers in psychiatry 2022; 13 897138).
Objectives: The aim of the case is providing a review of psychiartric and behavioral problems in PWS.
Methods: Clinical case description and literature review on the subject.
Results: We report a clinical case of a 23 year old man who was diagnosed with PWS. Clinical features includes intellectual disability, obesity, scoliosis bracing, probable hypoventilation-obesity syndrome [using non-invasive ventilation], hypercholesterolemia and hypogonadism. He took 3 doses of testosterone in 2017, which had to be suspended due to serious changes in behavior. Behavioral sporadic problems, reactive to the environment, are also present such as impulsiveness, stubbornness, aggressive outbursts, oppositional behavior, self-injuring behavior (placement of foreign bodies in the ear canal), card obsession and suspicious posture. This clinical condition has an impact on PWS relatives and at social level. He was medicated with Paliperidone 9mg; Topiramate 50mg; Clozapine 25mg; Escitalopram 10mg; and Haloperidol 2mg/ml (SOS). Currently, the patient is stable, with little weight gain and sporadic episodes of greater impulsivity without clinical relevance. He has participating in integrated activities at the institution.
Conclusions: The main limitations in adolescence/adulthood are psychiatric and behavioral comorbidities, in association with hyperphagia and intellectual disability, which become more prominent with age. However, these symptoms are highly variable among individuals of different ages. Antipsychotics have been used for management of psychiatric and/or behavioral comorbidities. Other medications have also been used such as antidepressants (SSRI), antiepileptics, mood stabilizers and the response may vary depending on the individual. Weight gain, due to atypical antipsychotics, can be mitigated when food has controlled access. PWS has a major impact on the individual's social and family environment, which requires an appropriate multidisciplinary strategy. A safe and constant environment as well as behavioral management programs must be ensured. (Butler *et al.* Current pediatric reviews 2019; 15 207-244).

Disclosure of Interest: None Declared

EPV0903

Fragile X Syndrome and multidisciplinary strategy: a clinical case

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Introduction: Fragile X Syndrome (FXS) is a hereditary disease, linked to the X chromosome. FXS is the most common form of

inherited intellectual disability and monogenic cause of Autism Spectrum Disorder (Protic *et al*. Developmental medicine and child neurology 2024; 66,7 863-871). Other clinical features includes speech and language delay, deficits in executive functioning, attention deficit hyperactivity disorder, sensory hyperarousal, social anxiety and aggressive behaviour. Cardiac abnormalities, musculoskeletal and gastrointestinal symptoms are also present.

Objectives: The aim of the case is providing a review of multidisciplinar strategy in Fragil X Syndrome.

Methods: Clinical case description and literature review on the subject.

Results: We report a clinical case of a 25 year old man was diagnosed with autism spectrum disorder, moderate intellectual disability, associated with Fragile X Syndrome. The patient is followed up in a Psychiatry (neurodevelopment) consultation. The present clinical condition causes multiple difficulties in managing his daily life, requiring supervision to carry out most of the tasks assigned to him, resulting in dependence on a third person. Furthermore, the patient has permanent total incapacity for any employment activity. Despite the diagnosis presented, as a result of investment on the part of the clinical, school, social action teams and especially his parents, the patient does not present behavioral changes that justify, at the moment, the use of any psychotropic drug. However, it is important to have access to all non-pharmacological therapies, otherwise the patient will lose the benefits achieved to date. The patient is currently stable, taking a course to become an administrative assistant at an institution. He participates in dance groups, speech therapy and hydrotherapy.

Conclusions: The best approach involves a targeted intervention to control symptoms and improving the quality of life. The management includes non-pharmacological strategies, such as individualized educational support, applied behavior analysis, physical, occupation and speech-language therapy. A pharmacologic strategies that includes, for exemple, SSRIs and/or antipsychotics is often helpful. FXS has a major impact on the individual's social and family environment, which requires an appropriate multidisciplinary strategy that includes occupational, physical therapists, teachers, psychologists and psychiatrists. (Protic *et al.* International journal of molecular sciences 2022; 23 1935).

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EPV0904

"Exploring Nurses' Perspectives on the Behavioral Responses of Residents with Intellectual Disabilities and Dementia in Social Welfare Centers"

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Introduction: The behavioral disorders of individuals with dementia, as well as the attitudes and behaviors of people with intellectual disabilities, create challenges both in their home environment and for the nursing staff responsible for their care in Social Welfare Centers. This phenomenon is widely examined in both international and Greek literature; however, it remains a complex and multifactorial issue, not only in defining behavioral disorders but also in identifying the factors that cause them.

Objectives: This qualitative study aims to explore how nurses at Social Welfare Centers perceive behavioral disorders, the factors they associate with them, and their emotional reactions. The goal is to gain an in-depth understanding of the phenomenon, highlight its significance, and bring forward the nurses' perspectives.

Methods: A qualitative approach was adopted to explore the relationship between nurses and beneficiaries due to behavioral disorders. A relational perceptual framework was used. Eight semi-structured interviews were conducted with permanent nursing staff from Social Welfare Centers. This was followed by a literature review of behavioral disorders, focusing on both nurses and beneficiaries.

Results: The qualitative data analysis revealed three key themes: the role of the nurse and their relationship with beneficiaries in Social Welfare Centers, the behavioral disorders and emotional reactions of nurses based on their experiences, and the need for nursing staff education, along with the importance of an interdisciplinary team.

Conclusions: The onset, worsening, reduction, or elimination of behavioral disorders depends on the complex interaction between nurses and patients with dementia or intellectual disabilities. The need to focus on factors that increase the occurrence of such behaviors is emphasized, to assist nurses working in long-term care facilities in managing them without compromising the quality of care provided to the beneficiaries. More studies are required to provide guidelines for better management of behavioral disorders.

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EPV0905

Comparative Efficacy of Second-Generation Antipsychotics vs. SSRIs in Managing Behavioral Symptoms in Children and Adolescents with Autism Spectrum Disorder

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Introduction: Autism Spectrum Disorder (ASD) is characterized by social interaction challenges, repetitive behaviors, and behavioral issues such as irritability, aggression, and hyperactivity. These symptoms lead to significant functional impairments, placing emotional and financial burdens on caregivers. Current treatment options include second-generation antipsychotics (SGAs) and selective serotonin reuptake inhibitors (SSRIs), but direct comparisons of their efficacy in managing ASD-related behaviors are limited.

Objectives: This review aims to compare the efficacy and safety of SGAs and SSRIs in reducing behavioral symptoms in children and adolescents with ASD.

Methods: A comprehensive systematic review by Lamy et al. (2020) evaluated over 50 studies on pharmacotherapy for ASD, including randomized clinical trials (RCTs) of SGAs like risperidone and aripiprazole. Other studies focused on specific SSRIs, such as citalopram, in ASD populations. Additionally, two notable trials were