

in literature. More research should be done to improve our understanding of this disabling disorder.

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

<http://dx.doi.org/10.1016/j.eurpsy.2016.01.1235>

## EV251

### Hoarding disorder and obsessive-compulsive disorder

F. De la Torre Brasas<sup>1,\*</sup>, A. Duque Domínguez<sup>2</sup>, N. Echeverría Hernández<sup>2</sup>, M.D.M. Lázaro Redondo<sup>2</sup>, C. García Montero<sup>2</sup>, M. Otalora Navarro<sup>2</sup>, L. Martín Díaz<sup>2</sup>, A. Más Villaseñor<sup>2</sup>

<sup>1</sup> Valladolid, Spain

<sup>2</sup> Complejo Asistencial de Ávila, Servicio de Psiquiatría, Ávila, Spain

\* Corresponding author.

**Introduction** Hoarding disorder is described in the DSM-5 as a new clinical entity whose essential characteristic is the persistent difficulty discarding or parting with possessions, regardless of their actual value, arguing reasons of utility, aesthetics, attachment or strong fear of losing information.

**Objectives** We present the case of an 11-year-old male patient brought to the Health Mental office when his mother found in the school bag debris that he had collected from the garbage, and useless objects in a bedroom drawer. The patient recognizes the nonsense of his behaviour but is unable to get rid of these objects but he allows his mother to do it. He had lowered school performance and showed irritable, shy and solitary, difficulties to sleep and cried often without apparent reason. They also noted since six months before, strange movements with the neck and eyes.

**Methods** After ruling out, underlying organic pathology, we started treatment with sertraline 50 mg, aripiprazole 2.5 mg and cognitive behavioural therapy, with complete disappearance of symptoms including the movement disorder.

**Results** Obsessive compulsive disorder 300.3 (F42); Hoarding disorder 300.3 (F42); Provisional Tic disorder 307.21 (F95.0).

**Conclusions** Hoarding behaviour of strange objects is very unusual in Hoarding Disorder but more common in the Obsessive-Compulsive Disorder. In this case report, we consider the possibility of both disorders.

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

<http://dx.doi.org/10.1016/j.eurpsy.2016.01.1236>

## EV253

### When Ockham razor's principle is not applicable: Differential diagnosis of a rare case of child and adolescent psychosis

F. Dinamarca\*, A. Palma, M. Grifell, L. Galindo, L. Gonzalez, M.T. Campillo, V. Perez

Hospital Del Mar, Psychiatry service, INAD, Barcelona, Spain

\* Corresponding author.

**Introduction** The diagnosis of schizophrenia in children is rare. Less than 4% of schizophrenic patients begin before age 15 being much less stable than in adults as an entity in time. It is estimated that only 50% of diagnoses of schizophrenia in patients under 15 years are maintained over time. The most frequent differential diagnoses are bipolar disorder, post-traumatic stress disorder and dissociative disorder.

**Objective and methods** A case of a patient of 18 years old admitted in our service with diagnosis of paranoid schizophrenia due to the presence of delusional symptoms at age of 14 and due his evolution with impaired overall performance is presented. Upon arrival he presented delusions, self-referentiality and a strange phenotype

with a pitched voice. Clinical history included presence of sexual abuse prior to debut of psychotic symptoms and rare medical comorbidity (diagnosed at age 15 of hypertension and paroxysmal sinus tachycardia). A karyotype was done in a previous admission with normal results.

**Results** During hospitalization symptomatic remission was achieved in just two days by decreasing antipsychotic potency of the treatment, he also presented elevated metanephrines and also elevated plasma aldosterone and renin in blood tests.

**Conclusions** We discuss the differential diagnosis including schizophrenia, post-traumatic stress disorder with dissociative symptoms and endocrine pathology (pheochromocytoma and hyperaldosteronism).

L. Galindo is a Rio Hortega fellowship (ISC III; CM14/00111).

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

<http://dx.doi.org/10.1016/j.eurpsy.2016.01.1238>

## EV255

### Serving the underserved: Communication activities conducted at home with children of the autism spectrum

F.D. Fernandes<sup>1,\*</sup>, S. Moraes<sup>2</sup>, D. Defense-Netvral<sup>2</sup>, M. Barbosa<sup>2</sup>

<sup>1</sup> Cotia-SP, Brazil

<sup>2</sup> University of Sao Paulo, School of Medicine, SLP-PT and OT

Department, Sao Paulo, Brazil

\* Corresponding author.

The increase in prevalence of Autism Spectrum Disorders (ASD) demands that new strategies for delivering speech-language therapy services to them are tested and improved. Including families and familiar situations may be a way to provide more intensive stimulation. The aim of this study was to identify strategies to stimulate communication development of children with ASD that can be suggested to parents and followed-up systematically. Participants were 67 children with diagnosis within the autism spectrum that attended weekly speech-language therapy at a specialized service of a large university in São Paulo (Brazil). The study was conducted in four phases: planning of activities; four face-to-face meetings with the parents to suggest and discuss activities that should be conducted at home daily; during six weeks the parents continued to conduct the proposed activities at home, with systematic weekly follow-up by the child's therapist finally, individual the parents reported their impressions about the proposal and the outcomes regarding their child's development during individual interviews. Activities involved the main areas of disorders in ASD. They suggested that the parents used familiar situations as opportunities for games and plays involving language, cognitive and social demands. Parents reported difficulties in implementing the proposed routine of playing with their child for at least a few minutes every day. They mentioned "lack of time" and "being tired" as the main reasons for it. Nevertheless they all reported that they were more able to understand their child's needs and demands and that their child responded well to the suggestions.

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

<http://dx.doi.org/10.1016/j.eurpsy.2016.01.1240>

## EV256

### Psychiatric symptoms in patients with cystic fibrosis

M. Gonçalves<sup>1,\*</sup>, C. Pinho<sup>2</sup>

<sup>1</sup> Centro Hospitalar e Universitário de Coimbra, Centro de

Responsabilidade Integrada em Psiquiatria, Coimbra, Portugal

<sup>2</sup> Centro Hospitalar e Universitário de Coimbra, Serviço de Pedopsiquiatria, Coimbra, Portugal

\* Corresponding author.

**Introduction** Cystic fibrosis (CF) is an autosomal recessive disease characterized by abnormal airways secretions, chronic endobronchial infection, and progressive airway obstruction. In Portugal is estimated 30–40 born children with CF per year. The prognosis of CF has changed over the last decade, death in childhood is now rare, and children born today are likely to have a mean life expectancy of over 40–50 years. An understanding of the psychiatric aspects of CF is more important than ever.

**Methods** Review published and referenced scientific articles on MedLine/PubMed.

**Results** Researchers found CF can affect the patient and their family in many ways. Physical and social restrictions, the rigorous medical regimen, hospital admissions, concerns about illness, and uncertainties of the future can create anxiety and depression in patients and parent alike. They also may have problems with interpersonal relationships resulting in isolation and social maladjustment. Some studies also reported an increased risk of develop an insecure attachment and less adapted eating behaviors. The essential responsibilities of psychiatrist are: evaluating the psychiatric effects of living with CF, comprehensive assessment and intervention when emotional, behavioural and psychological difficulties arise and providing support.

**Conclusions** Awareness of types of emotional strain experienced by these children and their families can be of use to avert potential problems which may seriously impair therapeutic effectiveness and the patient's well being. Management requires an interdisciplinary team to maximise longevity and quality of life. All patients and their families must be offered the opportunity to meet with a Child and adolescents psychiatrist.

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

<http://dx.doi.org/10.1016/j.eurpsy.2016.01.1241>

## EV258

### Social media modulation of mood and anxiety in adolescents with chronic visible skin conditions

J. Gagnon\*, A.M. Duchemin

Ohio State University, Psychiatry, Columbus, USA

\* Corresponding author.

Chronic skin diseases are often associated with psychiatric disorders, and psychological factors such as stress can affect the management of skin conditions. In adolescents, skin diseases can have a profound impact on body image, self-esteem and social interactions. Social media is a mode of communication increasingly used, especially among adolescents. It has been shown to have detrimental effect by the negative influence of peers through social network interactions as well as positive effects by allowing support and access to care. The posting of pictures of individuals by others in social media may make this mode of communication particularly distressful for teens with a visible skin condition; they cannot control the photos being shared with the group and are reminded of the visibility of their skin condition through these postings. To determine how social media may impact mental health and skin disease management in adolescents' with chronic visible skin conditions, we conducted a survey of patients in the ambulatory setting. This cross-sectional study is based on an anonymous survey in teens, age 12 to 19, with various levels of chronic visible skin conditions. It explores the influences of social media on incidence and or severity of both psychiatric and dermatological health status as self-reported by patients. Acne, psoriasis, and atopic dermatitis are often associated with poor quality of life even with moderate skin disease. Taking in account the impact of social media on these

pathologies is especially critical among adolescents due to their wide use and relevance in this population.

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

<http://dx.doi.org/10.1016/j.eurpsy.2016.01.1243>

## EV259

### Parental group therapy & conduct disorders

E. Garcia\*, E. Guerrero, I. Vicente, R. Martinez

Hospital General de Ciudad Real, USMJ, Ciudad Real, Spain

\* Corresponding author.

Conduct disorders are common between ADHD, some series has shown that even almost 40% of patients develop some of the two main diagnosis: ODD or CD.

That comorbidity between ADHD and ODD or CD has made that treatment become complex and requires different interventions. One field of treatment has been parental functioning.

It has been common that reward or punishment as two effective strategies modulate familiar interactions when they are referred to ADHD sons.

However, in a long time, they failed to improve functioning, and frustration appears.

Attachment somehow is been hidden behind diagnosis and treatment, and family stop its evolution repeating wrong strategies.

Group therapy is a well-known tool that may help with this dysfunction in two ways: psychoeducation and debriefing.

The aim of this work is to resume our experience working with parents in a group therapy model.

We have found that affective symptoms are common between parents, and that they difficult parenting strategies.

Taking that into account we promoted emotional expression using debriefing groups as model, before introducing psychoeducational issues.

Our hypothesis is that change is not possible if there is not a corrective attachment experience that let parents recover their role.

We use it as a complementary tool to family and individual therapy. We will explain this model and its results based in therapists' and patients' experiences using open interviews.

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

<http://dx.doi.org/10.1016/j.eurpsy.2016.01.1244>

## EV261

### The other 25%: Autistic girls and women

M. Gill

Madera, USA

Autism spectrum disorder (ASD) is a pervasive developmental disorder characterized by impairments in social and communicative abilities, along with the presence of ritualistic and/or repetitive behaviors. One of the under-researched areas in the ASD literature is the large gender difference in the diagnosis rates. On average, the male to female ratio stands at 4.3:1, increasing to 9:1 in the absence of comorbid intellectual impairment. It has been evidenced that compared to boys, ASD is diagnosed later in cognitively able girls, despite there being no difference in the number of visits to a health-care professional during the diagnostic process and the age at which parents first express concern. The suboptimal identification of the disorder in cognitively able girls causes a large magnitude of gender discrepancy. These statistics may not be accurate since females may camouflage their difficulties and may be undetected due to their ability to disguise their symptoms better than males. The other hypothesis of under diagnosing ASD in girls is how we quantify and diagnose it. It is based on a male-centric presentation, which does not accurately reflect the disorder in girls. Altogether, these differ-