

EPV0216

Treatment of early resistant schizophrenia: a case report

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Introduction: Early-onset schizophrenia begins before the age of 18. Drug treatments are mainly based on antipsychotics, preferably atypical antipsychotics, which have fewer side effects compared to first generation antipsychotics.

Resistant schizophrenia is defined as an inadequate response to two different antipsychotic treatments for a sufficient duration and dosage. Clozapine is the only drug treatment currently approved for patients with resistant schizophrenia, for which the risk of agranulocytosis must be monitored.

In order to derive a clear benefit, different scientific organizations, recommend the use of Clozapine as early as possible, and they state that there is little evidence to support the use of very high doses of antipsychotics.

Objectives: We seek to determine the effectiveness of clozapine treatment in the management of early schizophrenia resistant to more than two antipsychotic treatments.

Methods: Description of a case of early resistant schizophrenia, in a 16-year-old girl, put on clozapine in comparison with the data of the literature.

Discussion: through articles published on google scholar, pubmed, and science direct

Results: Treatment with clozapine, showed efficacy in the case of early schizophrenia resistant to several lines of antipsychotics, including disappearance of auditory and visual hallucinations and delusions.

Conclusions: The efficacy of clozapine treatment in early resistant schizophrenia raises the question of its use in first line from the beginning of the schizophrenic disease, however its side effects and its difficulty of follow-up raise questions in relation to its use.

Disclosure of Interest: None Declared

EPV0217

The distribution of IQ index scores in the psychometric profile of children with High Intellectual Potential (HIP): Is the heterogeneity specific to HIP?

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Introduction: The majority of studies on the HIP IQ attest a heterogeneity of the IQ profile as specific to HIP. However, the

samples are recruited in clinical consultations. Thus, it is important to investigate new samples from schools.

Objectives: We aimed to analyze the index scores of the IQ profile of children without disorders or specific school assistance.

Methods: The WISC-V was conducted and analyzed in 80 healthy children (50 HIP vs. 30 non-HIP), aged 7-to-13 years-old (mean 10y; SD 1.8). All children were recruited in private and public schools in Paris.

Results: All IQ index scores were significantly higher in the HIP vs. non-HIP. In both groups, the Verbal Comprehension Index was the highest index while the Processing Speed Index was the lowest. There are significantly ($p=0.02$) more heterogeneous IQ profiles in HIP (64%) vs. non-HIP (47%), with a significantly larger gap between the highest and lowest index (respectively: median = 29.5 vs. 21.5). There was a significant-positive correlation between IQ level in general and the heterogeneity of the profile ($r = 0.42$; $p<0.001$).

Conclusions: The HIP children show better verbal, visual-spatial, fluid reasoning, working memory, and processing speed index scores. However, the distribution of IQ index scores was similar in both groups. Thus, the heterogeneity of the IQ profile is not specific to HIP children, but rather related to IQ score level. This highlights the importance of considering the IQ as a continuum rather than as a categorical distribution. Moreover, it points to the interest to better understand the IQ profile by completing it with multidimensional assessments.

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EPV0218

Analysis of the factors that influence caregiver burden in adolescents with dual diagnosis

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Introduction: Serious mental illness in adolescence that not only has a significant impact on the patient but also on other contexts such as their family. Caregivers assume almost all of the care. This responsibility exposes caregivers to intense overload with negative consequences.

Objectives: To evaluate and quantify the overload of the primary caregiver in children and adolescents with severe mental disorders.

Methods: A prospective study was designed using structured interviews in caregivers of patients between 11 and 18 years of age with severe mental disorders and substance use who were evaluated in the psychiatric emergency service for 2 months. The Zarit Caregiver Burden Scale was used for quantitative assessment. Diagnosis, main caregiver, socio-health resources were recorded.

Results: Of a total of 35 patients with serious mental illness between 11 and 16 years of age, the following was observed: intense caregiver burden in 42.2% of cases, moderate in 21%. Being the main caregiver the mother. 27.5% had adequate use of socio-health resources, while 42.7% had not requested them. The greatest need detected was economic and rehabilitation.

Conclusions: Serious mental disorder present since adolescence leads families to significant destabilization of the family nucleus and comorbidity of psychiatric disorders in caregivers. Good

orientation and evaluation of individual cases are necessary to guide families about the resources available in the social and health network, thus avoiding a high overload of caregivers and improving the quality of life of families.

Disclosure of Interest: None Declared

EPV0219

Separation-Individuation in Patterns in Turkey: An Investigation of Developmental, Gender and Contextual Differences

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Introduction: There is still a *paucity of studies* exploring the impacts of teenage employment on mental health and development. In many developing countries, youths participate intensively in the teenage labor force. The involvement of adolescent in the world of work would promote the development of responsibility and prepare the young person to function more effectively in adult roles.

Objectives: The purposes of the present study were to examine the adolescent separation-individuation among an understudied and vulnerable population; and to examine the Separation-Individuation Test of Adolescence (SITA) for revealing the differentiation working male group from student male group.

Methods: Participants completed the SITA. The group of study 1 consisted of 618 high school and 252 university students between the ages of 14 and 24, 489 of which were girls and 381 were boys. In Study 2, participants were 269 male adolescents between the ages of 15 and 17, 141 of which were full-time worker and 128 high school students. In study 1, these results were consistent with the *rapprochement subphase* of the separation-individuation process in adolescence -the striking desires for intimacy and independence.

Results: Our results support the gender specific patterns of identity formation and the argument that connectedness in close relationships plays a central role in the female identity development. Interestingly, there were no significant gender differences in the tendency to view close interpersonal relationships as threatening to their sense of independence and selfhood, and to deny or avoid dependency needs. The reason for this might be the cultural differences between the individualistic and collectivistic cultures. In study 2, working males could be distinguished from student counterparts by their increased tendency to seek close interpersonal ties with caretakers. The finding also suggested that student males reflected characteristics of the traditional view of adolescents' independence striving. Across both studies it was found that the traditional *Turkish child-rearing patterns* have been characterized by an emphasis on interpersonal relationships and close ties with family than individualistic cultures

Conclusions: Our results revealed that the subscales of SITA – especially dependency denial, rejection expectancy, nurturance seeking, engulfment anxiety, and teacher enmeshment- can help clinicians for assessing the adolescent separation-individuation process in a reliable way. We suggested that adolescent employment would lead to the *difficulties* in developing bonds with parents

because of the adolescents' long work hours, the early involvement with the world of work would lead to the *withdrawal from the more dependent, preadultlike student role*, and student adolescents would reflect characteristics of the traditional view of adolescents' independence striving.

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EPV0220

Major depressive disorder (MDD) in adolescents with Borderline (BPD) and Shyzotypal personality disorder (STPD)

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Introduction: MDD is a chronic illness characterized by complex patterns of persistence, remission and relapse. Personality disorder (PD) is a negative prognostic marker MDD and its chronicity, and dynamics of STPD and BPD in adolescence occurs most severely.

Objectives: The purpose of this study was to study the effect of STPD and BPD on the course of MDD in comparative groups in youth.

Methods: Clinical psychopathological interview and follow-up assessment, SCID-II, Hamilton Depression Rating Scale (HDRS). Sample: N=102 male and female with MDD in STPD and BPD into two equal groups of 51 people respectively. MDD was assessed in each of both PD groups in two time frames: current and during depressive the last 12 months in adolescence; three and more years later during adolescence. Outcome predictors included: clinical characteristics of MDD, duration of current episode, relapse rate. The average age of first MDD in both groups was 18.9±3.2 years.

Results: The first MDD with both PD in adolescence characterized by psychopathological variety due to type PD and age factor. Depressive was more variability of affect, and shorter duration (less than 6 months N=28 (55%)) in group BPD as opposed to the sustained mood problems seen in STPD – (6-12 months N=19 (37%); 12 months and more N=21(41%)) with MDD (p=0,004; $\chi^2=14,997$). During the subsequent follow-up assessment among patients with BPD had the highest percent recurrences once every 6 months or more (N=36 (71%)) and those with STPD significantly rarer recurrences, every 6 to 12 months (N=21(41%)), Less than once a year N=17 (33%)), (p=0,001; $\chi^2=23,252$). Diagnosis of PD in adolescence is based on pathological traits, and impairment in the affective disorder is measurement separately. When measuring impulsivity in the BPD group, significantly higher rates BIS-11 scale were noted (74±1) than in the SPD group (61±1).

Conclusions: Diagnosis of PD in adolescence is based on pathological traits, and impairment in the affective disorder is measurement separately. It has been confirmed that PDs are a negative prognostic marker of the manifestation of a MDD in adolescence, and the presence of BPD is a serious prognostic predictor of its persistence.

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