

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?S. Hamdioui^{1,2*} and L. Vaivre-Douret^{2,3,4,5,6}

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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