P01-382 - **CATATONIC FEATURES I EOPLE WITH A LEARNING DISABILITY AND AUTISM: IMPLICATIONS FOR TREATMENT**

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Aims: To extensively describe three patients including one child with catatonia anonymously in terms of etiology, management and outcome

Method: Uncovering environmental factors and crude observations. All patients receive a low EE, low activity structured programmed

Results: Mark an adolescent with mild learning disabilities and autism developed catatonic features, coinciding with anorectic behavior and 'tears behind his eyes'. He has remained refractory for medication. At admission under the above named regime he discloses sexually abuse, which coincides with resolvement of the catatonic features and anorexiaPeter a male in his late twenties has a diagnosis of schizophrenia due to recurrent catatonic features. An extensive developmental history reveals a childhood onset dysexecutive syndrome. He has remained refractory to medication, even when compliant. Following marked changes in his life, a relapse catatonia is treated in the community as above with visual augmentation and regular tutorials on events. A few months later he accepts medication and continues to incidentally experience a few days of mild catatonic features.Martha, a thirty year old with a tendency to concrete thinking and echolalia develops sudden catatonic features following a relationship break up. She is admitted under the mental health act and undergoes the described programme. She is also put on Citalopram 10mg, which coincides with resolvement of catatonia in five days.

Conclusion: Cognitive impairment, particularly a dysexecutive syndrome is susceptibility for catatonia at a time of cognitive overload and trauma. An ongoing low EE low activity structured programme is key to recovery in milder cases.

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