

Introduction: Faced with a possible overdiagnosis of bipolar disorder in children and adolescents, a new diagnosis has been created in the mental illness classification system. This new diagnosis is named Disruptive Mood Dysregulation Disorder.

Objectives: We propose to carry out a bibliographic review on the new diagnostic category of Disruptive Mood Dysregulation Disorder.

Methods: We present the clinical case of a 10-year-old boy showing severe irritability symptoms.

Results: Disruptive Mood Dysregulation Disorder refers to persistent irritability and frequent episodes of extreme behavioral disturbance in children up to 12 years of age. Onset must occur before 10 years of age and the diagnosis should not be applied to children under 6 years of age. The clinical course of these patients in adolescence and adulthood tends towards unipolar depressive disorders or anxiety disorders rather than bipolar disorders.

Conclusions: The new diagnosis of Disruptive Mood Dysregulation Disorder allows us to differentiate between the classic episodic presentations of mania from the non-episodic ones of severe irritability.

Disclosure: No significant relationships.

Keywords: Disruptive Mood Dysregulation Disorder; bipolar disorder; Children and Adolescents

EPV0068

Structure of early signs of affective pathology in adolescents

N. Osipova^{1*}, L. Bardenshteyn^{1,2}, N. Beglyankin¹, G. Aleshkina¹ and M. Dmitriev³

¹Department Of Psychiatry And Narcology, A. I. Yevdokimov Moscow State University of Medicine and Dentistry, Moscow, Russian Federation; ²Department Of Psychiatry And Narcology, A. I. Evdokimov Moscow State University of Medicine and Dentistry, Moscow, Russian Federation and ³Department Of Physics, Mathematics And Medical Informatics, Smolensk State Medical University, Smolensk, Russian Federation

*Corresponding author.

doi: 10.1192/j.eurpsy.2021.1678

Introduction: Studies in adults with bipolar disorder (BD), shows that in 25% of cases first affective episode occurs under the age of 13 and in 63-69% under the age of 19. The most difficult problem is the early identification of BD, which starts in adolescence as a result of polymorphism of clinical symptoms, their syndromic incompleteness.

Objectives: Study of the structure of adolescents affective disorders on primary appointment in outpatient psychiatric unit.

Methods: Content analysis, sampling method, statistical method. 120 disease histories of adolescents who first applied for outpatient psychiatric unit in 2019 were used. 93 (77.5%) of them were girls and 27 (22.5%) of them were boys. The average age was 17 years.

Results: In the structure of initial diagnoses, according to ICD-10, mood disorders [F30-F39] - 56.0% prevailed. [F40-F49] - 25%, [F00-F09] - 6.6%, [F20-F29] - 6.6%, [F50-F59] - 4.2%, [F90-F99] - 1.6% were less likely. Structure of complaints of adolescents and their parents on primary appointment for specialized psychiatric care is shown in Table 1 (p<0.05).

Conclusions: Initial signs of emotional disorders in adolescence are polymorphic, nosologically nonspecific, and can lead to diagnoses that are not limited only by the affective pathology. The most

Signs, n=120	Absolute frequency	%	95% confidence interval
irritability	95	79,2	71,9 - 86,4
anxiety	84	70,0	61,8 - 78,2
mood falls	83	69,2	60,9 - 77,4
sleep disorders	82	68,3	60,0 - 76,7
mood swings	71	59,2	50,4 - 68,0
decline in academic performance	66	55,0	46,1 - 63,9
self-injurious behavior	64	53,3	44,4 - 62,3
refusal to attend school	62	51,7	42,7 - 60,6
attacks of death anxiety	57	47,5	38,6 - 56,4
appearance dissatisfaction	49	40,8	32,0 - 49,6
isolation	49	40,8	32,0 - 49,6
digestive disorders	42	35,0	26,5 - 43,5
suicidal behavior	36	30,0	21,8 - 38,2
mood rises	36	30,0	21,8 - 38,2
disorders of sex-role behavior	21	17,5	10,7 - 24,3

common symptoms (irritability, anxiety, mood falls) can act as transdiagnostic phenomena that must be taken into consideration both in the diagnostic study and in further clinical and dynamic follow-ups and treatment.

Disclosure: No significant relationships.

Keywords: adolescents; early diagnosis; affective pathology

EPV0069

Child sexual abuse presenting to a teaching hospital in colombo, Sri Lanka

Y. Rohanachandra^{1*}, I. Amarabandu¹ and P.B. Dassanayake²

¹Department Of Psychiatry, University of Sri Jayewardenepura, Nugegoda, Sri Lanka and ²Office Of The Judicial Medical Officer, Colombo South Teaching Hospital, Nugegoda, Sri Lanka

*Corresponding author.

doi: 10.1192/j.eurpsy.2021.1679

Introduction: Child sexual abuse is a major public health problem in Sri Lanka, with prevalence rates ranging from 14-44%.

Objectives: We aimed to describe the victim and perpetrator characteristics, pattern of disclosure and psychological consequences of sexual abuse in children presenting to a tertiary care hospital in Sri Lanka.

Methods: This was a retrospective file review study of 164 victims who presented to a Teaching Hospital in Colombo, Sri Lanka, with alleged sexual abuse over a period of 5 years from 2015-2019.

Results: Majority of the victims were female and older than 12 years. Majority (73.6%) have been subjected to penetrative sexual abuse with 58.5% of victims reporting more than one incident of abuse. Almost all (99.9%) of the perpetrators were male, with 94.5% being known to the child. Only 42.7% (n=70) of the children revealed about the incident within the first week. Delayed disclosure (i.e. more than 1 week since the incident) was significantly higher in penetrative abuse (p<0.01), multiple incidents of abuse (p<0.01) and in abuse by a known person (p<0.05). Children who disclosed after one week were significantly less likely to disclose about the incident spontaneously (p<0.01). Psychological sequel was seen in 28.7%, with depression being the commonest diagnosis (8.5%). Psychological consequences were significantly in higher those who had physical evidence of abuse (p<0.01), delayed (after 1 week)

disclosure ($p < 0.05$) and in those who did not disclose spontaneously ($p < 0.01$).

Conclusions: The victim and perpetrator characteristics, pattern of disclosure is comparable with previous literature.

Disclosure: No significant relationships.

Keywords: sexual abuse; patterns of disclosure; victim characteristics

EPV0070

Teenage pregnancies resulting from rape in Sri Lanka – lessons learned

Y. Rohanachandra

Department Of Psychiatry, University of Sri Jayewardenepura,
Nugegoda, Sri Lanka
doi: 10.1192/j.eurpsy.2021.1680

Introduction: Rape resulting in pregnancy warrants special attention due to the associated psychosocial and physical adversities. There are no guidelines for the management of teenage pregnancies resulting from rape in Sri Lanka.

Objectives: This case series aims to describe the experience of four teenagers who became pregnant as a result of rape in Sri Lanka.

Methods: This is a case series of 4 pregnant teenagers who became pregnant as a result of rape

Results: This case series highlight the deficiencies in services in Sri Lanka such as lack of legal framework to terminate pregnancy following rape, delay in legal procedure leading to prolonged institutionalization of pregnant teenager, not giving the teenage mothers the choice of breastfeeding and lack of awareness about the psychological consequences of rape and teenage pregnancy.

Conclusions: Formulating a national guideline on managing rape related pregnancy in teenagers in Sri Lanka, with the involvement of all stakeholders is a need of the hour.

Disclosure: No significant relationships.

Keywords: teenage pregnancy; pregnancy following rape; pregnancy from sexual abuse; Sri Lanka

EPV0071

Increased externalizing and internalizing problems in children with sleep-disordered breathing

E. Csábi^{1*}, P. Benedek² and V. Gaál³

¹Cognitive And Neuropsychology, Institute of Psychology, University of Szeged, Szeged, Hungary; ²Sleep Lab, Heim Pál Children's Hospital, Budapest, Hungary and ³Department Of Paediatrics, University of Pécs, Pécs, Hungary

*Corresponding author.

doi: 10.1192/j.eurpsy.2021.1681

Introduction: Sleep-disordered Breathing (SDB) is a spectrum disorder ranging from primary snoring to obstructive sleep apnea (OSA). One of the most common sleep-disorder in childhood, however remarkably little is known of the effect of SDB on behavioral functions.

Objectives: The aim of our study to investigate the behavioral consequences of SDB compared to children with no history of sleep disorders.

Methods: Two hundred thirty-four children aged 4-10 years participated in the study. The SDB group consists seventy-eight children, sixty-one of the them with OSA and seventeen with primary snoring (average age: 6,7 (SD = 1,83), 32 female/46 male), One hundred fifty-six children participated in the control group (average age: 6,57 years (SD = 1,46), 80 female/76 male). The two groups were matched by age and gender. We used the Attention Deficit Hyperactivity Disorder Rating Scale, Strength and Difficulty Questionnaire, and Child Behavior Checklist to assess the behavioral functions. Furthermore, the OSA-18 Questionnaire was administered to support the diagnosis of SDB.

Results: According to our results, children with SDB showed a significantly higher level of anxiety and depression and demonstrated significantly higher externalizing (such as attentional problems, hyperactivity, or social problems) and internalizing behavior problems (aggression, rule-breaking behavior).

Conclusions: Due to the neurobehavioral consequences, our finding underlines the importance of the early diagnosis and treatment of sleep-disorder breathing.

Disclosure: No significant relationships.

Keywords: sleep-disordered breathing; behavioral consequences; externalizing; internalizing behavioral problem

EPV0072

Risk factors for severity of social withdrawal in adolescence: Understanding hikikomori as a spectrum

Y. Hamasaki^{1*}, T. Nakayama¹, S. Michikoshi¹ and T. Hikida²

¹Faculty Of Contemporary Society, Kyoto Women's University, Kyoto, Japan and ²Institute For Protein Research, Osaka University, Osaka, Japan

*Corresponding author.

doi: 10.1192/j.eurpsy.2021.1682

Introduction: Social withdrawal, or hikikomori, is one of Japan's most serious psychosocial issues. The concept gained international attention around 2010 and widespread psychiatric epidemiological studies have since been conducted.

Objectives: With an understanding of the extensive range of hikikomori circumstances as a spectrum, we aimed to quantitatively measure the severity of hikikomori in adolescent subjects, an age group considered particularly susceptible to the condition, and to identify factors associated with its severity.

Methods: We selected population demographics, socioeconomic data, and psycho-behavioral characteristics as factors related to hikikomori and explored their associations with hikikomori severity using cross-sectional analysis. Subjects were a patient group of middle school students examined as outpatients at a psychiatric clinic during adolescence for a chief complaint of hikikomori and a control group of middle school students matched for sex and age. Subjects' parents completed a questionnaire pertaining to their child's hikikomori symptoms and living environment along with the Child Behavior Checklist (CBCL). The data collected was then statistically analyzed.

Results: T-test results demonstrated that scores for all CBCL syndrome scales were significantly higher in the patient group, but no scores fell within the clinical range. Multiple regression analysis revealed that being anxious/depressed, somatic complaints, lack of communication between parents, and overuse of the Internet were statistical predictors of hikikomori severity.