diagnosed with psychosis and started on risperidone 1 mg and lorazepam 1 mg.
Five days later, during a follow-up, he exhibited non-compliance with commands, mutism, refusal to eat, and urinating in the living room for the past three days. Examination revealed no eye contact, no verbal communication, and a flexed arm posture, leading to a preliminary diagnosis of catatonia and hospital admission. Physical examination, blood tests, brain imaging, and EEG showed no pathological findings. No substances were detected in urine. Despite increasing lorazepam to 6 mg, catatonia symptoms persisted, leading to the initiation of ECT on the fifth day.
After 20 ECT sessions, catatonia symptoms and psychotic content improved, though obsessions persisted. He was diagnosed with schizo-obsessive disorder and treated with fluvoxamine 200 mg/day, olanzapine 10 mg/day, and clonazepam 4 mg/day, with maintenance ECT ongoing.
Conclusions: This case report highlights the complexity of schizo-obsessive catatonia and the necessity for a multifaceted diagnostic and therapeutic approach. The patient's journey from an initial diagnosis of Obsessive Compulsive Disorder to the emergence of psychotic and catatonic symptoms underscores the fluidity of psychiatric diagnoses. The significant improvement following multiple, longer ECT sessions underscores the therapy's potency, particularly in schizo-obsesive catatonia. This case underscores the importance of flexibility in psychiatric treatment, advocating for a tailored approach that evolves with the patient's symptoms.

Disclosure of Interest: None Declared

EPV0278

The importance of screening for trauma symptoms in children and adolescents

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Introduction: Children and adolescents frequently encounter a range of adverse childhood experiences (ACEs), which encompass various forms of adversity such as abuse, neglect, and household dysfunction. These experiences can have profound and lasting effects on an individual's health and well-being. Alarmingly, nearly three out of four children—approximately 300 million aged 2 to 4 years—are subjected to physical punishment and/or psychological violence by parents and caregivers. Moreover, statistics indicate that one in five women and one in thirteen men were sexually abused during their childhood (ages 0-17). Despite the widespread prevalence of these experiences, trauma in children often goes unrecognized. The nature of trauma can make it challenging for both the child and caregivers to identify and articulate trauma-related symptoms. Children may struggle to understand or express their experiences, and caregivers might misinterpret or overlook these signs, leading to underreporting and a lack of timely intervention.
Objectives: Experiencing adverse events during childhood or adolescence is particularly concerning because it can significantly disrupt normal developmental trajectories, affecting physical, emotional, and cognitive growth. During these formative years, the brain is highly plastic and sensitive to environmental influences, making it especially vulnerable to the effects of trauma and stress. Such exposure can result in long-term consequences, including a heightened risk of developing mental health disorders, behavioral issues, and challenges in academic and social settings.
In this context, early identification of children and adolescents who have faced adverse experiences is crucial. By providing appropriate support and resources early on, it is possible to foster resilience and promote more positive growth despite the challenges posed by early adversity.
Methods: Using tools like the Child PTSD Symptom Scale (CPSS), a widely recognized self-report instrument designed to assess the severity of post-traumatic stress disorder (PTSD) symptoms in children and adolescents aged 8 to 18, can be especially effective for identifying and evaluating the impact of trauma exposure in young individuals and facilitating early intervention.
Results: Research published by the National Institute of Mental Health (NIMH) indicates that early identification through screening can lead to timely interventions, significantly reducing the psychological harm associated with trauma exposure.
Conclusions: Research strongly supports the effectiveness of screening for trauma symptoms in children and adolescents, emphasizing its critical role in early detection, timely intervention, and the prevention of long-term negative outcomes. This proactive approach not only addresses the immediate psychological impact of trauma but also contributes to improved long-term well-being and quality of life for those affected.

Disclosure of Interest: None Declared

EPV0279

A case for personalised medicine in a 17 year old patient with obsessive compulsive disorder

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Introduction: Pharmacogenomic testing is a cutting-edge precision medicine tool that analyzes genetic variations influencing drug metabolism. By assessing an individual's unique genetic profile, this testing enables the personalization of treatment strategies, improving therapeutic outcomes, and enhancing patient care. Integrating pharmacogenomic testing into clinical practice holds great promise for improving the efficiency and effectiveness of mental health care delivery. In this case, a 17-year-old patient presented with a severe case of obsessive-compulsive disorder showed no response to treatment with sertraline (250mg). Sertraline is metabolized into N-desmethylsertraline through multiple pathways, including CYP3A4, CYP2C19, CYP2B6, and other CYP enzymes, with pharmacokinetic studies identifying CYP2C19 as the primary metabolic pathway.
Objectives: The patient had a poor response to pharmacological treatments previosly used, our aim was to determine the possible involvement of patient specific responses to treatments based on his pharmacogenetic proffile.
Methods: A blood sample was submitted for pharmacogenetic testing. This analysis includes genes involved in the metabolism of sertraline (CYP2C19, CYP3A4, and, to a lesser extent, CYP2B6 and CYP2D6) as well as other pharmacogenes associated with the

metabolism and response to psychiatric medications, including HTR2A, OPRM1, COMT, and DRD2.

Results: Gene | Genotype | Inferred Phenotype

- **CYP2C19** | *1/*1 | Normal Metabolizer
- **CYP2B6** | *1/*1 | Normal Metabolizer
- **CYP2D6** | *3/*4 | Poor Metabolizer
- **CYP3A4** | *1/*1 | Normal Metabolizer
- **OPRM1** | AA | Normal Genotype
- **HTR2A** (rs7997012 A>G) | GG | Normal Genotype
- **HTR2A** (rs6311 G>A) | GA | Heterozygous
- **DRD2A** (rs1799732 G>-) | GG | Normal Genotype
- **DRD2A** (rs1799978 A>G) | TT | Normal Genotype

Conclusions: The patient did not exhibit clinically significant alterations in the metabolism of sertraline (CYP2C19, CYP3A4 and CYP2B6). However, the lack of response to treatment should be further investigated, factors such as potential drug interactions, and other variables including age, renal function, and liver function should be considered. In contrast, the patient has notable alterations in CYP2D6 and HTR2A, which could be important for guiding future treatment decisions. Variants in HTR2A can significantly influence a patient's response to antidepressants, particularly selective serotonin reuptake inhibitors (SSRIs), specific polymorphisms in HTR2A, such as rs7997012 and rs6311 have been associated with differences in treatment outcomes, side effects, and remission rates. Has a CYP2D6 poor metabolizer, this patient may be at risk for higher drug levels and increased side effects when taking medications such as venlafaxine, fluoxetine, paroxetine (SSRIs), haloperidol, and risperidone.

Disclosure of Interest: None Declared

EPV0280

Collaborative interventions with law enforcement in the management of childhood trauma

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Introduction: Studies indicate that approximately 50% to 70% of children will experience at least one adverse childhood event, such as abuse, neglect, household dysfunction, community violence, or natural disasters.

Yet, accutely traumatized children are rarely seen in outpatient clinics until months or even years later, often presenting with chronic symptoms or maladaptive behaviors. Exposure to adverse childhood experiences (ACEs) has been linked to a wide range of psychiatric disorders, including mood disorders, personality disorders, and substance abuse. Beyond mental health, ACEs have been correlated with higher rates of chronic medical conditions such as heart disease, metabolic disorders, and autoimmune diseases, as well as a reduced life expectancy. Furthermore, children who are abused are more likely to perpetuate abuse in adulthood, leading to a cycle of violence that spans generations. Given its widespread and long-lasting effects, childhood trauma is indeed a public health pandemic.

Objectives: Enhancing our response to and prevention ACEs requires a multisectoral approach.

Methods: One key approach is a collaborative response with law enforcement. Police officers have unique access to children at risk, but they often lack the specialized training to respond effectively. With appropriate training, law enforcement can serve as a critical bridge to mental health assessments for children and their families. The Child Development-Community Policing Program exemplifies such collaboration. This initiative, a partnership between the New Haven Department of Police Services and the Yale University Child Study Center, brings together police officers and mental health professionals for joint training, consultation, and support. This partnership enables them to provide direct, interdisciplinary intervention to children and families who are victims, witnesses, or perpetrators of violent crimes. Law enforcement can refer cases to the Child and Family Traumatic Stress Intervention (CFTSI), designed for the peritraumatic period.

Results: CFTSI focuses on enhancing the caregiver's understanding and response to both their own and their child's traumatic reactions. It also aims to improve the child's comprehension of their emotional responses. The intervention includes establishing strategies to address trauma responses and assessing pre-existing vulnerabilities to determine the need for long-term treatment. Studies have shown that CFTSI is effective in reducing post-traumatic stress symptoms in children and adolescents. A randomized controlled trial (RCT) published in *Child Abuse & Neglect* found that children who received CFTSI had significantly fewer post-traumatic stress symptoms compared to those who received standard care.

Conclusions: Early intervention like this can make a significant difference in the lives of affected children, helping to mitigate the long-term impact of trauma and promote healing and resilience.

Disclosure of Interest: None Declared

EPV0281

Trajectories of adolescents admitted to the emergency department for suicidal behavior between 2019 and 2021: impact of the Covid-19 pandemic, descriptive analysis and predictive model development

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Introduction: Adolescent suicidal behaviors have seen a marked increase in incidence, particularly following the onset of the Covid-19 pandemic (Revet *et al.* Eur Child Adolesc Psychiatry 2023; 32 249–256). This surge has presented challenges for emergency and psychiatric services. It highlighted the need for improved understanding of predictive and protective factors linked to recurrent suicide attempts.

Objectives: This study aims to analyze the clinical trajectories of adolescents admitted to emergency departments for suicide attempts between 2019 and 2021 and to identify predictors of recurrence, with a particular focus on conditions that may elevate the risk of repeat attempts (Tomaszek *et al.* Front Psychiatry 2024).

Methods: We conducted a retrospective cohort study at the Montpellier University Hospital, examining pediatric emergency visits related to suicide attempts over three consecutive years (2019–2021). The dataset