

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.

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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, acutely 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.

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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