Image 3:

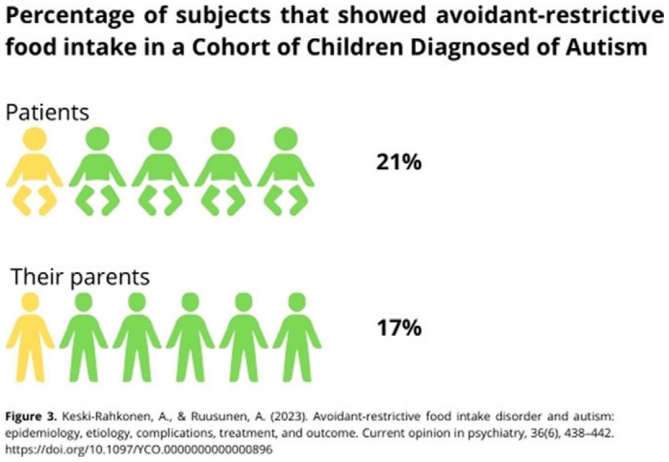

Figure 3. Keski-Rahkonen, A., & Ruusunen, A. (2023). Avoidant-restrictive food intake disorder and autism: epidemiology, etiology, complications, treatment, and outcome. Current opinion in psychiatry, 36(6), 438–442. https://doi.org/10.1097/YCO.0000000000000896

Conclusions: The relationship between ASDs and EDs is common. Brede et al. (2020) proposed that certain autism traits, such as sensory sensitivities, social difficulties, identity issues, and the need for control, may contribute to restrictive eating behaviors. Westwood et al. (2018) [Figure 2] found a high prevalence of autism symptoms in adolescents with severe anorexia nervosa. Additionally, studies like Keski-Rahkonen et al. (2023) [Figure 3] report a significant prevalence of Avoidant/Restrictive Food Intake Disorder (ARFID) in individuals with ASD and their relatives. Further research is crucial to improve treatment approaches for these comorbid conditions.

Disclosure of Interest: None Declared

EPV0312

Characterizing the 16p12.2 Microdeletion and Its Association with Psychotic Disorders: A Genetic and Clinical Perspective

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Introduction: This report presents a case involving a patient diagnosed with a 16p12.2 microdeletion and associated psychotic symptoms.
Objectives: Throughout the course of this case, we will develop a deeper understanding of the symptoms associated with this chromosomal anomaly.
Methods: The case is described below: A 15-year-old woman was admitted to the psychiatric unit at Puerta de Hierro Hospital due to behavioral disturbances. The patient was born with plagiocephaly, experienced learning difficulties, and has a documented history of a 16p12.2 microdeletion, epilepsy, and obesity. Her first contact with mental health services occurred in 2017 due to disruptive behaviors, and she began treatment with risperidone. Her condition worsened in 2020, leading to three hospital admissions and treatment changes, including aripiprazole, clozapine, and paliperidone, under the diagnosis of an unspecified psychotic disorder related to the 16p12.2 microdeletion. Currently, she is on sertraline (200 mg), paliperidone (12 mg), and valproic acid (600 mg).
The patient lives with her parents and twin sister, who has the 16p12.2 microdeletion and schizophrenia. Recently, she has shown increased irritability, heteroaggressiveness, insomnia, and difficulties with emotional regulation. The diagnosis is behavioral disturbances in the context of the 16p12.2 microdeletion.
Results: Upon admission, the valproic acid dosage was increased to 900 mg, and olanzapine 2.5 mg was introduced. This was accompanied by therapy and a structured environment. The result was progressively more syntonic behavior and an improved capacity for self-regulation.
Conclusions: Most genomic disorders result from non-allelic homologous recombination (NAHR) between segmental duplications. The clinical presentation of the 16p12.2 microdeletion is highly heterogeneous and includes developmental and growth delays, craniofacial anomalies, epilepsy, sleep disorders, learning difficulties, hypotonia, cardiac malformations, and psychiatric and behavioral disturbances. Diagnosis is established through chromosomal microarray analysis or other genomic tests. Treatment is directed at addressing the specific problems identified.

Disclosure of Interest: None Declared

EPV0314

ADHD symptoms among school-age children in Monastir (Tunisia): A cross-sectional study

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Introduction: Attention deficit disorder with or without hyperactivity (ADHD) is a neurodevelopmental disorder. It represents the most common psychiatric disorder in pediatric population. Children with ADHD can experience academic and social difficulties, as well as psychological complications.
Objectives: The objective was to determine the prevalence rate and the clinical profile of children with ADHD symptoms in the governorate of Monastir (Tunisia) and to study the comorbid symptoms.
Methods: We carried out a cross-sectional study, applying the Strengths and Difficulties Questionnaire (SDQ) scale and the short versions of Conners 3 to parents and teachers of 435 school children in a sample of 18 public and private schools randomly selected from 6 delegations in the governorate of Monastir.
Results: The prevalence of ADHD symptoms was 12% of which 51.9% were boys and 48.1% were girls. The average age was 9.8 [9.2;10.4] years.
We found a predominance of the inattentive form with a frequency of 57.7% compared to the impulsive-hyperactive and combined forms which have a frequency of 17.3% and 25% respectively.
In 40% of the ADHD group, an emotional disorder was found, and in 54% of cases there were behavioral disorders, with a statistically significant difference. Relationship problems rise to 74%, but with no statistically significant difference.