

Child and adolescent psychiatry

EPV0053

Child maltreatment, attachment and psychopathology: A case report

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Introduction: The exposure to child maltreatment increases the lifetime risk for many psychopathological symptoms: depression, anxiety disorders, bipolar disorder, schizophrenia, post-traumatic stress disorder, personality disorder and dissociation. Besides, adopted children, especially those with a history of institutional living before adoption, are at greater risk for a range of developmental, behavioral and attachment concerns. The case report is of a 17-year-old male, with reactive attachment disorder (RAD). He suffered child maltreatment in his family of origin before the international adoption.

Objectives: The aim of this study is to present a case-report illustrating the relationship between child maltreatment, adopted children and the reactive attachment disorder.

Methods: A bibliographic search was performed about reactive attachment disorder. Information regarding the clinical case was obtained by consulting the patient's file.

Results: A 17-years-old male who was adopted at age of 9 from Spain. According to reports from the orphanage, the patient suffered severe maltreatment by his family of origin, with scars on his back. The patient presents impulse control disorder, with verbal and physical heteroaggressiveness in situations of frustration, hunger and sleep. He stopped attending the institute at the age of 12, with marked isolation and reversal of the sleep-wake cycle. His treatment plan are partial hospitalization, psychotherapy and pharmacotherapy.

Conclusions: Both child maltreatment and adoption are risk factors for the presence of psychopathology during the lifetime. Especially during the pre-adoption process and the first years after adoption, both the family and the child should be able to use specialized Mental Health services.

Disclosure: No significant relationships.

Keywords: child maltreatment; reactive attachment disorder; adoption

EPV0055

Children's psychiatric medical history. Review

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Introduction: The prevalence of mental disorders in children and adolescents varies between 5 and 22%, depending on the methodology, type of interview, samples and inclusion of the disability

criterion. Between 4 and 6% of children and adolescents have severe mental disorders.

Objectives: Reason for consultation. Current disease Milestones of psychomotor development. The presence of abnormal behaviors, delays in motor development, speech and socialization will be specified. As the child's behavior depends to a large extent on the context, specific methods should be used to evaluate the child's behavior at home, at school and in the clinical situation. Complementary exams: Genetic testing. Blood and urine tests, including toxics. EEG, polysomnography and evoked potentials. X-rays, CT-scans, MRI.

Methods: The essential source of medical history is clinical interviews. The semi-structured format is the most recommended by the different authors, because it allows some flexibility in the realization of the story, while providing a baseline to develop the interview (J. Diaz Atienza).

Results: The diagnostic formulation must be individualized without assigning a categorial psychiatric diagnosis. (Doménech E et al).

Conclusions: The main and irreplaceable evaluation technique remains the medical history. It is important to take into account the reason for consultation and the context of both the child's family and its ethnic, cultural and ethical characteristics. It is of the utmost importance to have and evaluate the stages of normal development and to adapt to the age that our patient has.

Disclosure: No significant relationships.

Keywords: medical history; CHILDREN'S PSYCHIATRIC; adolescents; psychopathology

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Atypical episodes of dissociation in an adolescent female - possible relationship with the menstrual cycle

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Introduction: Psychiatric symptoms related with menstrual cycle vary from dysphoria to psychosis. There are only a few cases of menstrual psychosis reported, all characterized by acute onset, against a background of normality, brief duration, with full recovery and a circa-menstrual periodicity.

Objectives: We report a case of dissociative disorder, in a teenage girl, with atypical presentation and an unusual periodicity of symptoms and recoveries.

Methods: Presentation of a case of dissociative disorder, followed by a review of the similar cases described in the literature.

Results: We are presenting a case of a 15 years old female, who presented in our Emergency Department for confusion, anxiety, negativism in verbal and non-verbal response, bradylalia and bradypsychia, insomnia for over 48 hours. The symptoms suddenly began two days before arrival in our clinic. From the patient's personal history, we retain the following: menarche at 14 years old, irregular periods, hypermenorrhea. Patient was born premature, G=1200g, spastic diplegia, periventricular leukomalacia (MRI – 2018). Three similar episodes happened a year ago, with one month periodicity, with spontaneous remission after 5-6 days. Patient was treated with antipsychotics and benzodiazepines for the second and the third episode, but the treatment was stopped six