

and hyperactivity in family settings to identify at-risk adolescents, and (2) promoting adaptive fun-seeking activities that enhance social responsiveness and reduce behavioral risks. Family-oriented therapies that include good social activities and behavioural management can markedly diminish the risks associated with behavioural disorders.

Disclosure of Interest: None Declared

EPP637

Psychiatric Care for Children and Adolescents After the Onset of Type 1 Diabetes: Implementation of a Multidisciplinary Programme

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Introduction: Type 1 Diabetes Mellitus (T1DM) is a chronic autoimmune disease characterized by the destruction of insulin-producing beta cells in the pancreas. It commonly presents in childhood or adolescence. As one of the most prevalent chronic conditions in children, T1DM significantly affects the lives of patients and their families. In Western Europe, the incidence rate is 10-20 new cases per 100,000 individuals per year. T1DM requires structured insulin self-management, blood glucose monitoring, physical activity, and a healthy diet what can be challenging for children and adolescents. T1DM in children and adolescents is associated with various psychosocial problems, including a heightened risk of psychiatric disorders such as depression or anxiety, and problems with eating, alcohol use, or sleep. Effective management requires a multidisciplinary approach, involving psychiatric care to address mental health concerns and improve disease management.

Objectives: Here we present a novel programme that aims to address the integration of psychiatric care for children and adolescents with T1DM by facilitating early detection of mental health issues, enhancing education for patients, families, and healthcare providers, promoting multidisciplinary collaboration, and offering tailored treatment. We present preliminary outcomes of our programme.

Methods: Our programme at the Puerta de Hierro University Hospital involves comprehensive mental health assessments for paediatric T1DM patients. Paediatricians refer patients to Child Psychiatry after T1DM onset. The initial evaluation includes a clinical history, mental health background, risk factor assessment, and the completion of routine measures. Follow-up is scheduled based on the clinical presentation with a maximum treatment time of 12 months. Image 1 shows the flowchart with the referral and treatment process in our programme. Our multidisciplinary team consists of one child and adolescent psychiatrist, one clinical psychologist and one mental health nurse and we work collaboratively with paediatricians.

Results: From October 2023 to September 2024, we received 13 referrals (61.5% females) with a mean age of 10.4 years. Of those, 38.5% had a diagnosis of emotional disorder, 30.8% attention-deficit hyperactivity disorder, 7.7% conduct disorder, 15.4% required parenting support, and 15.4% required psychological support. Patients and families show high rates of improvement

regarding their mental health problems and psychological adjustment and are satisfied with the care provided.

Image 1:

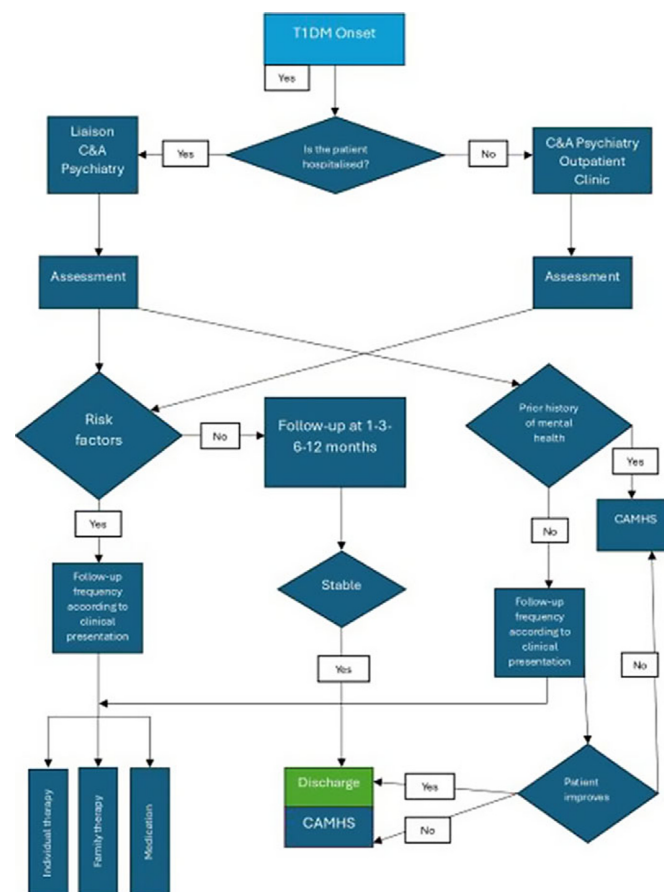


Figure 1. Flowchart of referral and treatment process.

CAMHS = Child and Adolescent Mental Health Service; C&A = Child and adolescent; T1DM = Type-1 Diabetes Mellitus

Conclusions: Early and effective psychiatric intervention is crucial in managing the complex needs of children and adolescents with T1DM. The implementation of this multidisciplinary programme is feasible, and it has shown promising results. In the future, a randomised controlled trial should be conducted to assess the effectiveness of this intervention.

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EPP638

Early-onset psychosis as a manifestation of Fahr's syndrome: a case report

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Introduction: Fahr's syndrome/disease is a rare neurological disorder characterized by calcification in brain areas such as the basal

ganglia, cerebellum, and subcortical white matter. The disorder may manifest with both neurological and psychiatric symptoms. Fahr's syndrome has a genetic basis and is inherited in an autosomal dominant manner. It may also develop as a result of injuries, carbon monoxide poisoning, or hormonal disturbances. If the calcification is idiopathic, the term Fahr's disease is used.

The neurological symptoms of the condition include motor disorders, delirium, and dementia. However, it may also manifest in psychiatric symptoms such as anxiety, obsessive-compulsive symptoms, cognitive decline, psychotic symptoms, and mood disorders. Available data indicate that the early onset of Fahr's syndrome symptoms is associated with a worse prognosis compared to the later onset.

Objectives: Our work aims to emphasize the necessity to look for/exclude the neurological basis of early forms of psychosis.

Methods: Herein, we present a case report of a thirteen-year-old patient hospitalized in the Department of Child and Adolescent Psychiatry in Poznań because of persistent psychotic symptoms. Due to severe headaches, episodes of vomiting, balance disorders, and hallucinations experienced before psychiatric hospitalization, the patient was referred to a neurological ward where imaging tests were performed revealing calcifications in both globi pallidi. Consequently, Fahr's syndrome was diagnosed.

During the patient's hospitalization in the Department of Child and Adolescent Psychiatry, her mother reported that the patient had exhibited aggressive and self-aggressive behavior. Moreover, the patient's school performance had been deteriorating for approximately two years before being admitted to the hospital. The girl described visual hallucinations (seeing figures) and auditory hallucinations (thought echo and hearing voices telling her to harm herself) that had been occurring for over a year. She expressed delusions of reference and delusions of thought insertion.

Interestingly, during the further diagnostic process, similar neurological changes as in the patient were found in her mother's brain. This was unexpected because it was the patient's father who was treated for schizophrenia (for formal reasons, it was not possible to check whether he also had neurological changes).

Results: The patient was diagnosed with both schizophrenia and Fahr's syndrome. Pharmacotherapy was implemented (olanzapine and then additional aripiprazole), and she was also provided with psychotherapeutic care. The implemented treatment has led to only partial improvement.

Conclusions: Further studies on Fahr's syndrome are needed to better understand the disease course across the lifespan. Neuroimaging seems essential in early-life psychosis to exclude possible neurological basis of the condition.

Disclosure of Interest: None Declared

Consultation Liaison Psychiatry and Psychosomatics

EPP639

Association between personality traits and medication adherence in people who live with type 2 diabetes and hypertension: A systematic review

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Introduction: Chronic diseases, such as type 2 diabetes and hypertension, are rapidly increasing worldwide. These conditions can have significant negative impacts on patients' daily lives.

Objectives: Our aim was to investigate the correlation between personality traits and medication adherence as part of self-care among individuals living with type 2 diabetes and hypertension.

Methods: We conducted a thorough and comprehensive literature search for published articles in PsycINFO, CINAHL, and PubMed from inception to September 2024, following PRISMA guidelines. The included studies were primary quantitative research conducted in English and focused on adults aged 18 and above, diagnosed with hypertension or type 2 diabetes mellitus.

Results: We identified a total of 41 studies that met our inclusion criteria, analyzing the relationship between personality traits and medication adherence. Specifically, 23 studies indicated that traits such as agreeableness were associated with improved medication adherence in individuals with type 2 diabetes, while traits such as extraversion and neuroticism were linked to reduced adherence. With regard to hypertension, 18 studies showed neuroticism was associated with decreased medication adherence, while extraversion was associated with increased medication adherence.

Conclusions: Personality traits play a crucial role in self-care, with one of its key aspects being adherence to medication in chronic conditions such as type 2 diabetes and hypertension.

Disclosure of Interest: None Declared

EPP640

Affective temperaments, anxiety, and depression as predictors of perioperative pain and analgesic requirements

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Introduction: Psychological factors, including personality and temperament show an association with various somatic conditions and may also influence perioperative analgesic requirements. Understanding the role of psychological factors could help personalise pain management, improving well-being of patients and reducing post-operative complications. Affective temperaments (AT) have previously been associated with course and characteristics of several somatic conditions, but have not been studied in this context.

Objectives: We aim to investigate the association between ATs and postoperative analgesic needs in a prospective study.

Methods: In our ongoing study we plan to enroll 350 women awaiting non-obstetrical, non-oncological gynecological surgery. Type of surgery and anesthesia are standardized. Psychological evaluation is carried out at three timepoints: 5 days preoperatively (ATs, anxiety, depression, pain catastrophizing)? 24 hours postop