

the basic milestones of speech for children with CAS. In addition, the importance of the manner of the practice was established over the years, extracting 16 unique treatment principles. These principles guide the therapist regarding HOW to perform the practice, while giving an answer to the external CAS consequences.

Results: The principles are the platform, managing energy levels, relationship, attention, goal-oriented thinking, emotional safety, treatment structure, rhythm, timing, threshold point, support, dynamic thinking, ecological treatment, proactivity, clarity and commitment.

Conclusions: The lecture will introduce the 16 principles briefly, and demonstrate the use of them via treatment videos.

Disclosure: I am the founder of the VML method and I teach it in various countries.

Keywords: Apraxia of speech; autism; VML method; Teaching principles

EPV1708

Apathy - where do we find it and how to treat

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Introduction: Although defined heterogeneously within the literature apathy is classified as a multidimensional deficit with emotional, behavioral, and cognitive domains in which there is a decrease in self-motivated/goal-directed activity. Recently conceptualized as a syndrome but lacking a universal screening tool.

Objectives: Review current knowledge on apathy and its best therapeutic approach.

Methods: Non-systematic review of literature through search on PubMed/MEDLINE following the terms “apathy” and “psychiatry”.

Results: Apathy is amongst the most frequent symptoms of dementia and highly prevalent across different forms and stages of dementia, including mild cognitive impairment (MCI) as well as other neurodegenerative and psychiatric disorders such as Parkinson's disease (PD), Schizophrenia, Depression and Brain Injury. Individuals with apathy have higher frequencies of cognitive impairment and are less likely to be compliant/respond to treatment for comorbid illnesses. Apathy reduces quality of life, increases mortality and leads to caregivers distress - often identified as the most burdensome symptom. Once treatment should favor dopaminergic neurotransmission, psychostimulants were considered. Methylphenidate showed encouraging results as well as dopamine agonists but both with limited evidence. Atypical antipsychotics (APs) seem beneficial compared to typical APs. Antidepressants did not improve symptoms and may even worsen them. Previously reported benefits of acetylcholinesterase inhibitors (AChEIs) were not replicated in recent studies except for rivastigmine in PD. Nonpharmacological interventions are also important.

Conclusions: Apathy occurs frequently in a broad range of neuropsychiatric conditions and considering its impact on patients' quality of life more studies are needed to find an efficient treatment. A consensus regarding definition and screening tools would allow a better approach.

Disclosure: No significant relationships.

Keywords: Treatment; apathy; Neuropsychiatry

EPV1709

Coping strategies in parents of children with chronic Adrenal insufficiency

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Introduction: Being the parent of a child followed for a chronic pathology can require different resources and coping skills.

Objectives: to determine the adaptation strategies of the parents of children monitored for adrenal insufficiency in the face of their children's pathology

Methods: We conducted a descriptive cross-sectional study carried out with parents of children with Adrenal Insufficiency followed at the pediatric outpatient clinic in Tahar Sfar Mahdia University Hospital between February 2019 and April 2020. We used a pre-established questionnaire collecting sociodemographic data and the strategies of coping using the Brief-COPE Board.

Results: A total of 38 parents of children with adrenal insufficiency and 38 control parents participated in the study. The Brief-Cope board's study of Coping strategies revealed that the strategies most used by parents of children with Adrenal insufficiency were, in descending order: religion (92.1%), support emotional (73.7%), distraction (63.9%), behavioral disengagement and acceptance (57.9%), instrumental support (52.6%), expression of feelings (50%), positive reinterpretation (39.5%), blame (38.9%), denial and humor (36.8%), active coping and planning (36.1%). On the other hand, those used by the control population were in descending order: religion (94.4%), distraction (84.2%), blame (78.9%), acceptance (72.2%), emotional support (69.4%), humor (63.9%), behavioral disengagement (61.1%), active coping (47.2%), expression of feelings (44.7%), planning (41.7%), instrumental support (30.6%), positive reinterpretation (22%), denial (19.4%).

Conclusions: Psychological support for the parents of children with chronic illnesses would be necessary to prevent parental burnout and improve their ability to adapt to their experiences

Disclosure: No significant relationships.

Keywords: parents; coping strategies; adrenal insufficiency; Children

EPV1712

Ketamine As A New Therapeutic Option For The Management Of Mental Disorders

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Introduction: Ketamine is routinely used for anesthetic induction because of its dissociative properties. Recently, it has attracted attention as a rapid-acting anti-depressant, but other studies have also reported its efficacy in the management of diverse psychiatric pathologies previously resistant to treatment.

Objectives: We aimed to review the efficacy of ketamine in the management of mental disorders.

Methods: We conducted a literature review through pubmed database, using the following keywords: “mental illness”; “ketamine”; “depression”; “anxiety disorders”; “eating disorders”; “substance use disorders”.

Results: Ketamine has primarily been used in psychiatry for people with treatment-resistant depression. Its efficacy in reducing suicidal ideation has been previously reported. Furthermore, Ketamine may be a potential therapeutic option for patients with treatment-resistant anxiety disorders, especially obsessive compulsive disorder (OCD) and post-traumatic stress disorder. It has recently been reported a rapid onset anxiolytic activity in treatment-resistant social anxiety disorder and generalized anxiety disorder. Besides, Ketamine use in subjects suffering from eating disorders was associated with a complete remission of severe anorexia nervosa with a return to normal weight and a decrease in body preoccupations. The use of ketamine alone or in combination with other therapies was effective in reducing alcohol and substance use, prolonging abstinence, reducing craving and enhancing motivation. ketamine in combination with motivational enhancement therapy may be an effective pharmacotherapy for initiating and sustaining abstinence from alcoholics

Conclusions: ketamine shows great promise as a treatment for several mental disorders. However, its possible side effects and short duration of efficacy limit its use. Further studies exploring longer-term outcomes and administration protocols are needed.

Disclosure: No significant relationships.

Keywords: Ketamine; Mental Disorders; resistant

EPV1715

Concomitant diagnosis of bipolar disorder and tuberous sclerosis - a case report

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Introduction: Tuberous sclerosis is a multisystem genetic disorder. It is associated with significant psychiatric comorbidity mainly autistic disorders, hyperkinetic disorders, depression and anxiety. It is rarely associated with psychosis and bipolar disorder.

Objectives: To describe the case of a 34-year-old male with concomitant diagnosis of bipolar disorder and tuberous sclerosis.

Methods: Case report based on clinical records. Brief literature review using articles searched in the PubMed/MEDLINE database using the terms “tuberous sclerosis”, “bipolar disorder” and “neuropsychiatric”.

Results: The patient presented at our Emergency Department 3 years ago with a mixed episode with psychotic symptoms with 1 month of duration. Prior history of two hypomanic episodes, but no depressive episodes. High baseline functionality. Sporadic use of alcohol and cannabis. No family history of psychiatric or neurological diseases. Diagnostic work-up showed no relevant results, aside from small calcifications in brain CT. He was admitted to our

ward and medicated with aripiprazol (titrated up to 30 mg), leading to full remission of the clinical picture. The patient was referred to our outpatient clinic and stayed with medication for 1,5 years. One year after, he presented a sudden episode of mutism and perplexity with quick remission. The EEG yielded no relevant results. New brain CT showed signs of tuberous sclerosis. He was referred to Neurology and subsequent assessments, including brain MRI, led to the fulfilment of clinical criteria for tuberous sclerosis.

Conclusions: This case illustrates the possibility of concomitant diagnosis of bipolar disorder and tuberous sclerosis. The possible association between these disorders is discussed.

Disclosure: No significant relationships.

Keywords: Tuberous sclerosis; Neuropsychiatry; bipolar disorder

EPV1716

BIG LITTLE THIEFS - Kleptomania Treatment

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Introduction: Kleptomania is characterized by recurrent failure to resist the impulse to steal items of little value despite the ego-dystonic impulse and awareness of the wrongfulness of the act. Its prevalence is considered to be 0.6–0.8% in the general population and it is mostly comorbid with other psychiatric disorders. Kleptomania is a disabling disorder since patients suffer from emotional distress and impaired functioning.

Objectives: Although there is no cure, treatment may help prevent Kleptomania worsening and its negative consequences. We propose a review of the therapeutic approach to this disease.

Methods: Non-systematic literature review.

Results: No effective treatment is available for Kleptomania. Better efficacy can be achieved by combining psychotherapy with pharmacotherapy. Different treatment interventions can be selected based on clinical similarities to other disorders, co-occurring conditions or behavioral core features. Patients with significant mood symptoms may benefit from mood stabilizers or antidepressants. For patients with shoplift cravings and/or family history of substance use disorders, Naltrexone may reduce symptoms. Stimulants may be useful for Kleptomania associated with Attention Deficit Hyperactivity Disorder impulsivity. Benzodiazepines are effective in tension relief when used as adjuvants, at the beginning of treatment. Electroconvulsive therapy should be reserved for patients with treatment-resistant symptoms and comorbid depression. Cognitive-behavioral therapy has replaced Psychoanalytic and Psychodynamic psychotherapies.

Conclusions: Treatment helps decrease disruption to the person's life, preventing the intense shame, legal, social, family, and occupational repercussions of Kleptomania. Although pharmaceutical and psychosocial interventions are available, we still lack specific treatments for Kleptomania.

Disclosure: No significant relationships.

Keywords: Kleptomania; Psychotherapy; Electroconvulsive therapy; Pharmacotherapy