EPP102

Investigation of Sociodemographic Characteristics and Psychosocial Risk Factors in Adolescents Diagnosed with Major Depressive Disorder and Their Effects on Suicide Probability

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Introduction: Those with a history of depression during adolescence are at increased risk of suicidal ideation, attempts, and suicide completion in adulthood. Therefore, in order to reach adolescents at risk of suicide attempt or death due to suicide, it is important to determine the risk factors for MDD and predictors of suicidal ideation in adolescents diagnosed with major depressive disorder (MDD) in clinical samples.

Objectives: This study aimed to compare adolescents diagnosed with major depressive disorder with healthy adolescents in terms of sociodemographic characteristics and psychosocial risk factors and to determine the important predictors of suicidal ideation based on sociodemographic variables.

Methods: The study group included 53 adolescents aged between 15 and 18 years who were newly diagnosed with major depressive disorder (MDD) 53 adolescents matched in terms of age and gender, who did not have a mental disorder diagnosis.Schedule for Affective Disorders and Schizophrenia for School-Age Children (6-18 Years) - Present and Lifetime Version - DSM-5 was applied to the adolescents by the clinician, and the Sociodemographic Data Form was filled in with the information obtained from both adolescents and parents. Adolescents were asked to fill out the Suicide Probability Scale.

Results: In our study, adolescents diagnosed with major depressive disorder (MDD) were found to have higher rates of smoking, alcohol use, broken family structure, and school absenteeism compared to the control group; while the family's monthly income, the child's academic success, the rate of attending daycare during childhood, and their participation in social activities were found to be lower. Alcohol use and family relationship were found to be factors that increase the likelihood of suicide in adolescents diagnosed with depression. In the study, adolescents diagnosed with depression were found to have a higher rate of physical abuse, self-harm behavior, and a history of suicide attempts, domestic physical violence, and a history of suicide attempts among friends compared to the control group. Domestic physical violence was found to be factors that increase the likelihood of suicide in adolescents diagnosed with depression.

Conclusions: In our study, we tried to define the sociodemographic differences and possible risk factors of depression in adolescents diagnosed with depression who applied to a university hospital clinic compared to healthy adolescents.Conducting large-sample community-based studies to understand the risk factors for depression and suicidal thoughts, which are common in children and adolescents, is very important in terms of community mental health and preventive mental health.

Disclosure of Interest: M. Dilli Gürkan: None Declared, S. Sismanlar Consultant of: editing the text

EPP102

Prevalence and Comorbidities of Tourette Syndrome in Children and Adolescents: Insights from the National Survey of Children's Health (NSCH)

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Introduction: Tourette Syndrome (TS) is a neurodevelopmental disorder involving multiple motor and vocal tics, typically beginning in childhood with symptoms peaking around age 10-12. Though the exact cause remains unknown, genetic and environmental factors are believed to contribute to its development. Children with TS often face significant social, emotional, and academic challenges, further complicated by comorbidities which can lower their quality of life and place stress on family dynamics.Using data from the 2021 National Survey of Children's Health(NSCH), this study provides updated insights into the prevalence and comorbidities of TS.

Objectives: Assess TS prevalence in children aged 3-17 using 2021 data
Identify common TS comorbidities and evaluate TS's demographic distribution

Methods: This cross-sectional study utilized 2021 NSCH data collected via parent-proxy responses in English and Spanish through mail and web-based surveys in the United States. Statistical analyses, including t-tests, Chi-Square tests, and multivariate regression, were performed to explore associations between TS, socio-demographic factors, and comorbidities. Results were reported using adjusted odds ratios and confidence intervals, with analyses conducted in Stata 18.0.

Results: This study included 79,236 participants, of which 208 (0.26%) had TS.The TS group had a mean age of 12.7 years, with most cases found in adolescents aged 11-17.Males made up 74% of TS cases. While TS was slightly more common in White participants (72%), no significant racial differences were found. Higher-income households had lower odds of TS.Comorbidities were more common in individuals with TS:
Neurodevelopmental and Behavioral Disorders: ADHD (49% in TS vs. 10.2% in non-TS), Autism (21% vs. 3.2%), Learning disabilities (28% vs. 7.5%), Developmental delay (23% vs. 6%), Behavioral problems (36%)
Psychiatric Disorders: Anxiety (60% in TS vs. 11.3%), Depression (25% vs. 5%), Seizures (6%), Headaches (14.4%).
Immune Conditions: Asthma (15.5% in TS vs. 8%), Allergies (37%).
Physical Health: Hearing problems (3.8%), Vision problems (4.3%). *Fig. 1*
Children with TS born prematurely or with low birth weight had higher rates of comorbidities. Asthma was more common in the TS with a history of prematurity (37.1%) and TS with a history of low birth weight(30.7%) compared to the overall TS population (15.5%). Autism was also more prevalent in these groups, suggesting

increased risks of comorbidities due to premature birth and low birth weight. *Fig.2*

Image 1:

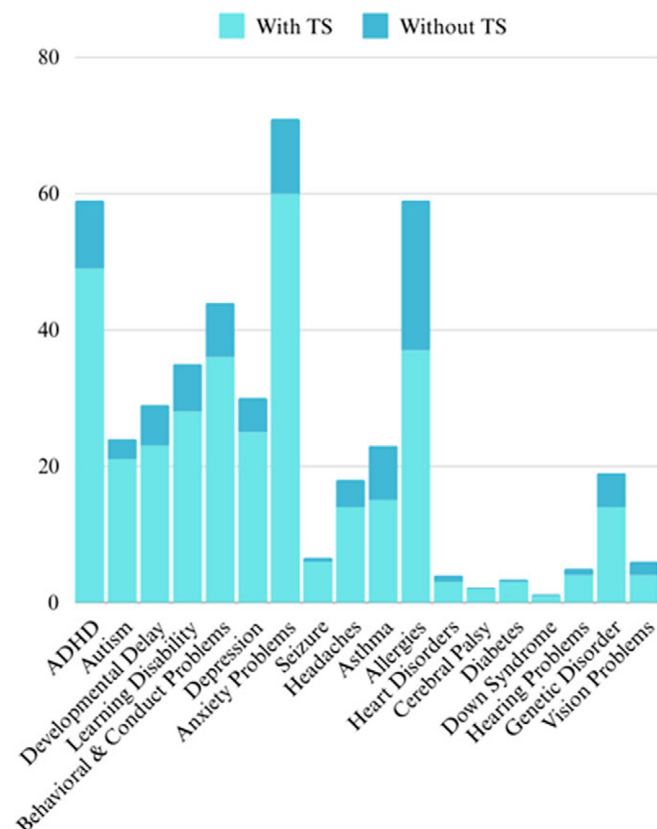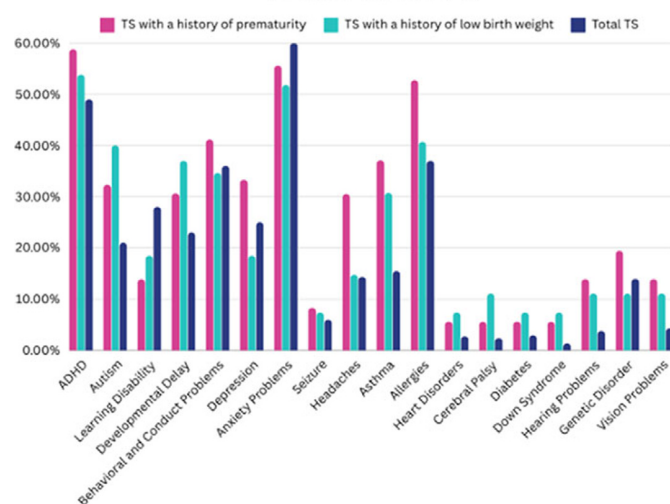Figure 1: Prevalence of Comorbidities in Children With and Without Tourette Syndrome

Image 2:

Figure 2: Comorbidities in Children with Tourette Syndrome: Comparison of Premature Birth, Low Birth Weight, and Total TS Population

Conclusions: The study highlights significant socio-demographic disparities and the increased burden of comorbid conditions in children with TS. These findings emphasize the need for early diagnosis and comprehensive management strategies to address the complex challenges of TS, particularly the high prevalence of neurodevelopmental, psychiatric, and physical health comorbidities.

Disclosure of Interest: None Declared

Classification of Mental Disorders

EPV0403

"Unspecified Dissociative Disorder: A Case Report"

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Introduction: Psychosis is a complex mental disorder characterized by a profound impairment in reasoning, emotional regulation, memory, and daily functioning. It is often accompanied by symptoms such as delusions and hallucinations, which can significantly disrupt an individual's ability to engage in everyday activities. This case study focuses on a 37-year-old Senegalese woman who presented with disorganized behavior and incoherent speech, illustrating the challenges in diagnosing and treating unspecified psychosis.

Objectives: The primary aim of this study is to analyze the clinical presentation, differential diagnosis, and treatment outcomes of a patient diagnosed with unspecified psychosis. Additionally, it seeks to highlight the importance of cultural considerations and language barriers in psychiatric assessment.

Methods: The patient arrived at the emergency department in a distressed state, accompanied by a friend due to her inability to communicate in Spanish. Clinical assessment revealed disorganized speech, severe anxiety, and potential auditory hallucinations. The clinical interview indicated that the patient had exhibited increasingly erratic behavior over several weeks, including withdrawing from work and engaging in bizarre actions such as throwing objects and speaking to herself. Comprehensive laboratory tests, including routine blood work and urine analysis, were conducted to exclude other psychiatric and medical conditions.

Results: The laboratory results were largely normal, with the exception of a positive serology for hepatitis B. A thorough differential diagnosis ruled out other psychiatric disorders, including schizophrenia, substance-induced psychosis, and major depressive episodes. After establishing the diagnosis of unspecified psychosis, the treatment regimen was initiated with Amisulpride (100 mg) and Lorazepam (1 mg). Following treatment, the patient demonstrated a significant reduction in delusional thoughts and an improvement in her overall psychiatric condition.

Conclusions: The findings support the effectiveness of atypical antipsychotic medication in treating unspecified psychosis,