

## EPV0203

**Melatonin and self harm behavior in youth, beyond the sleep impact**

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**Introduction:** Sleep disorders in youth are associated to psychiatric disorders and may lead to significant negative effects on cognitive skills, emotional regulation and behavior such as self harm.

**Objectives:** The aim of our study is to highlight the melatonin effects on reducing self harm behaviors in the youth.

**Methods:** Our work is a literature review based on the PubMed interface and adapted for 2 databases: Science Direct and Google Scholar using the following combination ( self harm [MeSH terms]) AND ( melatonin [MeSH terms]) AND ( youth [MeSH terms]) .

**Results:** We initially reviewed 6 articles published between 2012 and 2022. We retained 3 articles which corresponded to the aim of our study.

Self harm behaviors were mainly described in youth during adolescence. In fact, self injurious release may be considered as way to release emotional tension and physical discomfort.

Melatonin prescribed in youth for the treatment of sleep disorders not only improved sleep ,but also mood disorders and impulsivity. Melatonin restores indirectly serotonin levels through a continuous bidirectional connexion . Therefore it is efficient on psychiatric comorbidities, especially anxiety and depression which are associated with intentional self-harm.

**Conclusions:** Melatonin is the most prescribed drug for sleep disturbances in children and adolescents, its impact covers a large spectrum of disturbances including the self harm behaviors.

**Disclosure of Interest:** None Declared

## EPV0202

**Gender diversity and autism spectrum disorder in child and youth population**

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**Introduction:** Interest in the co-occurrence of gender dysphoria and autism spectrum disorder has gained prominence in recent years. Gender dysphoria refers to the distress experienced when there is an incongruence between gender identity and sex assigned at birth. On the other hand, autism spectrum disorder is characterized by difficulties in communication and social interaction, as well as restrictive and repetitive patterns of behavior.

**Objectives:** The aim of this paper is to review the current available literature in order to expand our knowledge about gender identity and dysphoria in the population with autism spectrum disorder.

**Methods:** A qualitative review was conducted over the last 20 years, using the Medline database through PubMed. Combinations of MeSH terms related to gender identity and people with autism spectrum disorder were used, selecting those studies in English, French or Spanish that met the objectives of the review, excluding references in other languages. The scientific evidence obtained was analyzed and synthesized.

**Results:** The development of gender identity of people with autism spectrum disorder can be a complex process. Comparing the general population with the population with autism spectrum disorder, a higher prevalence of gender dysphoria has been evidenced in the population with autism spectrum disorder, and within this group when segmented by gender, greater in women than in men.

**Conclusions:** This review highlights the importance of increasing knowledge about sexuality and gender dysphoria in people with autism spectrum disorder in order to facilitate the development, understanding and acceptance of their gender identity and sexual orientation of these people.

**Disclosure of Interest:** None Declared

## EPV0203

**Sensory reactivity in children and adolescents with autism**

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**Introduction:** The gut-brain axis establishes the relationships between bacteria, neurotransmitters and psychophysiological responses associated with a neuronal and behavioral correlate in autism and different mental disorders.

In recent years, there has been an increase in studies on the implications of the gut microbiota (MI) in children with autism spectrum disorders (ASD).

**Objectives:** 1. To study if there is a dysbiosis or alteration of the MI can trigger the appearance of ASD symptoms.

It is considered that there is a frequent comorbidity with gastrointestinal symptoms (GS), pain and sensory reactivity in ASD, and that these are indicators of a possible alteration in the gut-brain axis.

**Methods:** In this sense, children with ASD have hypersensitivity to certain visual, olfactory, tactile, etc. stimuli. which makes them be more picky about food and have certain repetitive patterns of behavior, as a consequence they present gastrointestinal symptoms such as constipation and abdominal pain. Sensory reactivity can influence both feeding and sleep patterns in autism.

**Results:** Currently, there are measuring instruments for sensory reactivity, pain and gastro-intestinal symptoms. However, there are several limitations of these instruments and especially with sensory reactivity in autism because: (1) the items had not been developed in collaboration with interested parties (pediatricians, neuropsychologists, etc.) and (2) the lack of structural validity analysis. Thus, it appears that most validation studies do not meet the criteria of sufficient psychometric quality according to the COSMIN guidelines. Additionally, there is a lack of consensus around terminology (e.g., sensory

overreactivity, hyperreactivity, SOR, etc.) and components relevant to sensory functioning.

**Conclusions:** In the present work, preliminary data are presented on new measures to take into account to evaluate sensory reactivity and pain in the population with autism. This is a first step to obtain an index of the gut-brain axis for the ASD population.

**Keywords:** ASD, gut-brain, sensory reactivity, pain

**Disclosure of Interest:** None Declared

## EPV0204

### childhood and adolescent schizophrenia and networking

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**Introduction:** Reviewing the histories of patients with childhood and adolescent schizophrenia, on numerous occasions, traumatic factors with great emotional and social impact are observed, such as situations of mistreatment, abuse and emotional deprivation, where help is requested but resources are scarce and the approach is limited without work in network.

**Objectives:** 1. Analysis of the consultation pathways in adolescents with severe psychiatric and socio-familial symptoms and the time delay in optimal guidance. 2. Evaluate the services involved. 3. Evaluate the clinical control of treatment with aripiprazole.

**Methods:** Retrospective observational analysis, 5 months, of prodromal symptoms of childhood psychosis and help-seeking pathways in a 13-year-old adolescent, as well as a description of the pharmacological approach and professional teams involved.

**Results:** A 13-year-old adolescent who went to the emergency room with her mother for ingesting anti-cockroaches with self-inflicted intent. Reviewing his medical history, 4 serious autolytic gestures were detected in the last 2 months. Referred to Mental Health who did not attend.

On clinical examination, florid psychotic, with perplexity, self-reference, ideation of harm, language and behavioral disorganization. Auditory and kinesthetic hallucinations. A situation of neglect of the minor and abuse by the parents is detected; the risk had not been previously reported. Oral aripiprazole (up to 15 mg/day) was prescribed with good tolerance and progressive improvement in symptoms.

We worked jointly with Social Services, the Juvenile Prosecutor's Office, Education and the hospital Psychiatry unit. In some of the resources the situation was already evident, the scope of their action was limited and delaying attention for months.

**Conclusions:** Based on cases like this, we ask ourselves if psychiatrists are sensitized to the comorbidity of serious mental pathology and the existence of risk situations in minors and if they are oriented toward multiprofessional management. Networking provides us with an early diagnosis, improving the therapeutic approach.

**Disclosure of Interest:** None Declared

## EPV0205

### Characteristics of the stressors associated with suicidal behavior in adolescence

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**Introduction:** In the assessment of suicidal behavior, recent studies describe the great influence of an environmental component with adverse life events and stressors that can influence ideation and self-harm.

**Objectives:** -1. We propose to analyze the reasons for consultation of adolescents between 12 and 16 years old who consult for suicidal ideation/behavior. 2. Estimate the frequency of different socio-family life events.

**Methods:** -A retrospective review of emergency consultations in the last 4 months is performed. Sociodemographic data, vital events, reason for consultation and evolution in the following 40 days after the first consultation are collected.

**Results:** -Data are collected from 16 adolescents who consult due to suicidal ideation/gesture in a period of 4 months, of which 42% (7) are women and 57% (9) are men. The reasons recorded as stressful life events were: 32% unstructured family environment, 13% death of a close relative, 37% poor parental supervision, 26% end of a romantic relationship, 15% legal problems, 2% sexual or physical abuse, 68 % academic problems, 13% bullying. It was observed that in 63% of the cases they had more than one adverse experience.

**Conclusions:** -Different adverse life events frequently precede suicidal ideation and behavior that can be minimized or go unnoticed and undervalued. A meticulous clinical history can clarify some of the reasons that influence the hopelessness and clinical anguish that suicidal patients present. Its early detection provides the opportunity for an early and specialized approach

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## EPV0207

### General features of existential depression in youth

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**Introduction:** The axial symptom of existential depression in youth is overvalued ideas about the meaninglessness of human life, its inconsistency with a certain "spiritual self-ideal"; ideas of humiliation, insolvency, low value, imperfection of society are noted, which accompanies varying degrees of severity of suicidal thoughts. The high suicidal risk, insufficient knowledge of such conditions makes it important to study.

**Objectives:** Determination of the clinical and psychopathological consequences of existential depression in youth.

**Methods:** 53 male 16-25 years old with F31.3, F31.4, F32, F33 (ICD-10) with the existential depression were examined with clinical-psychopathological method, psychometric assessment of