

severe disabilities. Certain populations of newborns, particularly premature infants, are at higher risk for developing such disorders; identifying them enables the establishment of preventive monitoring and screening.

Objectives: to evaluate the frequency of neurodevelopmental disorders (NDD) in preterm children seen at the outpatient Neonatology department

Methods: Our study was a descriptive cross-sectional study conducted on 193 premature infants hospitalized in the Neonatology service. All children underwent at least two psychiatric assessments evaluating child development, early interactions, and behavioral problems. These assessments were conducted at the Neonatology outpatient department by a child psychiatrist in the presence of at least one parent, from 2016 to June 2024. Sociodemographic and clinical data were collected from their medical records.

Results: In our sample, the average age of infants was 2 years, with a range from 10 months to 3 years. The sex ratio was 1:1. According to the psychiatric interview and clinical examination, we found that 74.1% of children exhibited psychomotor developmental delays, 15% of them have global developmental delays, 11.4% of children have language delays, and 6.7% of them have been diagnosed with autism spectrum disorder, according to DSM-5 criteria. Among the assessed children, 6.7% showed behavioral issues, and 2.5% presented with reactive attachment disorders. Among the examined children, 24.4% were referred for regular follow-up at the outpatient child psychiatry clinic.

Conclusions: Our study indicates that preterm infants are at a high risk of developing neurodevelopmental disorders due to the immaturity and vulnerability of their brains during critical developmental periods. These findings underscore the importance of Child Psychiatry examination for this population.

Disclosure of Interest: None Declared

EPV0484

A Case of Iatrogenic Panhypopituitarism: Exploring Psychological Symptoms and Psychiatric Interventions

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Introduction: Panhypopituitarism is a rare and life-threatening endocrine condition characterized by the loss of pituitary hormone function. Literature mentions the very rare occurrence of iatrogenic panhypopituitarism caused by neurosurgical operations, radiotherapy, and pharmacotherapy – long-term use of corticosteroids can suppress the HPA axis, leading to secondary cortisol insufficiency, which, in very rare cases, progresses to global panhypopituitarism. Psychological symptoms are often present but are unfortunately rarely recognized.

Objectives: A case of a patient with psychological symptoms due to panhypopituitarism is presented.

Methods: A case report is presented with a literature review.

Results: A 37-year-old patient, has experienced fatigue, tremors, loss of sexual desire, blood pressure and glucose fluctuations, and impaired temperature and pain sensation. Endocrinological testing revealed insufficiency of all pituitary hormones. Multiple MRI scans of the brain showed a normal appearance of the pituitary

gland. It was discovered that he had a severe car accident with a head injury 10 years ago. Since then, he has been taking high doses of corticosteroids on his initiative due to severe spinal pain. It is believed that the condition developed iatrogenically due to corticosteroid medication. His psychological condition significantly worsened after one of the adrenal crises. He describes an experience of “encountering death” during one of the adrenal crises. Furthermore, he describes that after this adrenal crisis, his corticosteroid dosage was significantly increased, resulting in feelings of excessive energy, worse anxiety, insomnia, and irritability. Because of this, he began self-reducing the corticosteroid dose, leading to a “vicious cycle” where he fears another crisis. In complex patients like this one, it is crucial to develop a comprehensive treatment plan and ensure good collaboration with somatic physicians. This patient presents with depressive and anxiety symptoms within the context of an adjustment disorder. Additionally, corticosteroid therapy contributes to emotional instability, and the patient also exhibits symptoms of PTSD due to a near-death experience. Also, the patient’s complex psychodynamic profile presents significant challenges to treatment. The therapeutic goals for this patient are: mood stabilization and anxiety reduction, sleep regulation, and breaking the “vicious cycle”. CBT is the treatment of choice for addressing the patient’s anxiety, fear of adrenal crisis, and self-reduction of corticosteroid doses. The patient’s complex psychodynamics and high cognitive functioning make him an excellent candidate for long-term psychodynamic psychotherapy.

Conclusions: The psychiatrist plays a crucial role in treating such complex patients, and close collaboration with somatic physicians, along with an adequate and thorough therapeutic treatment plan, is necessary.

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Depression and compliance in hemodialysis patients: pilot study

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Introduction: Lack of compliance is well-known limiting factor in achievement of the therapeutic targets in medical care. The frequency of noncompliance as well as the factors contributing to this condition are currently not well understood. In hemodialyzed patients lack of precise adherence to medical recommendations is particularly important for long time survival. Depression occurrence may have an adverse impact on the medical compliance of these patients.

Objectives: The aim of this study was to analyze prevalence of depression symptoms and its impact on compliance to medical recommendations in patients on chronic hemodialysis.

Methods: Forty (M=26;F=14) patients undergoing routine hemodialysis session have taken part in a two-part survey