

Conclusions: Young people's subjective perception of the maternal figure is that of a dominant, controlling and demanding personality, which hinders an adequate differentiation process. With respect to the description that the young people make of themselves, we see that they refer to a marked emotional lability and the presence of dysthymic experiences. It appeared in the analysis that one of the triggers of the cutting phenomenon was related to experiences of rejection or separation of significant figures.

Disclosure: No significant relationships.

Keywords: adolescence; self-injuries; identity; adolescence; self-injuries; characteristics of current society; identity

EPV0223

Electroconvulsive therapy in children and adolescents

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Introduction: Despite its good results and tolerability in adults, electroconvulsive therapy (ECT) is barely administered in children and adolescents, with scarce evidence in these patients.

Objectives: We aim to summarize the data available to give a clearer view of how children and adolescents might benefit from ECT.

Methods: We've done a bibliographic review in PubMed and Cochrane Library searching for articles that include the terms "electroconvulsive therapy" and "adolescents" and/or "children" and their variations.

Results: Current evidence supports the use of ECT in various indications as mood disorders, schizophrenia spectrum disorders, catatonia, neuroleptic malignant syndrome and self-injurious behaviours associated with autism, Tourette's syndrome or intellectual disability. The efficacy and safety it's comparable to adults and there are no absolute contraindications. Side-effect profile it's also similar to the general population, reporting as the most frequent adverse effects headache, generalized body aching, and nausea or vomiting.

Conclusions: ECT is an effective and safe treatment for severe mental disorders in children and adolescents.

Disclosure: No significant relationships.

Keywords: ECT; Adolescents; Electroconvulsive therapy; Children

EPV0224

Length of stay and reason for admission in an adolescents inpatient unit

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Introduction: Psychiatric Inpatient units are important resources of the mental health network. These units have elevated costs, so it

is important to get to know some facts that might mediate the length of stay in these units.

Objectives: Psychiatric Inpatient units are important resources of the mental health network. These units have elevated costs, so it is important to get to know some facts that might mediate the length of stay in these units.

Methods: An observational and descriptive analysis of the sample of patients between 12 and 17 years-old, that were admitted to the inpatient mental health unit since its opening on April 2021.

Results: 205 patients were admitted April 2021 until October 2021. The most common reason for admission (RFA) was suicidal ideation/attempt (57.07%), eating disorders (15.1%), mood disorders (11.2%), conduct disorders/challenging behaviors (7.8%) and psychosis (7.3%). Adolescents with eating disorders had the longest length of stay, with an average of 23.8 days. They were followed by those suffering from psychosis (17.8 days) and suicidal ideation/attempts (17.1 days). Mood disorders average length of stay was 15.1 days and conduct disorders/challenging behaviors was the shortest one with a LOS of 12.5 days.

Conclusions: Adolescents with eating disorders seem to need longer length of stay, what differs from Zeshan et al study that concludes that patients with schizophrenia might need longer LOS. Nevertheless, just as Zeshan et al study, we conclude that patients admitted with conduct disorders/challenging behaviors have the shortest LOS.

Disclosure: No significant relationships.

Keywords: Adolescents; inpatient unit; Length of stay; reason for admission

EPV0225

Emotional regulation in non-suicidal self-injury – research on the use of transcranial direct current stimulation (tDCS).

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Introduction: DSM-5 defines non-suicidal self-injury (NSSI) as socially unacceptable, direct, repeated and deliberate harm done to one's own body. It is estimated that in a general population approximately 13-29% of adolescents present NSSI, and 70-80% among hospitalized youth. It seems that emotional dysregulation is the core characteristic of NSSI manifesting by self-harm behaviors, impulsiveness, lack of emotional awareness and experiencing high intensity of negative emotion. Emotional dysregulation is a pivotal characteristic of NSSI. Rationale of this theory is provided by the results of psychological and psychophysiological studies as well as those presenting brain activity. Neuroimaging data point to a variant pattern of brain activity of adolescents with NSSI during perception of emotionally negative stimuli i.e. hyperactivity in amygdala – a structure responsible for fear and automatic reaction to exciting stimuli and low activity of inferior frontal gyrus area – a structure responsible for inhibition and interpretation of social interactions. This activity pattern suggests a disorder of cortico-subcortical neuronal connections.