

Methods: We used medical history, EEG-recordings, clinical observation and psychological assessment.

Results: Patient's language development has been normal till the age of 3 years old. She has started using single words properly at the age of 1 year and 6 months old. Her first simple sentences have appeared at the age of 2 years old. At the age of 3 years old after severe generalized tonic-clonic seizures she has stopped talking for a month. After this month she had started vocalizing and using simple words, but she had lost her ability to form sentences. She has had some mild difficulties in understanding verbal information and following instructions. Her speech has had bad articulation and deficits in the verbal fluency. Her gross and fine motor development, her social skills and problem-solving abilities have all been intact and age-appropriate. She has worked with speech therapist for 5 years and achieved partial recovery from the acquired aphasia. She continues to have problems with the articulation – the speech is still with mild dysarthria. We used WISC-IV to assess her IQ (IQ=108).

Conclusions: The patient has already developed age-appropriate speech prior to the onset of the language impairment. Considered as secondary or acquired, the observed aphasia together with the medical data for her epileptic seizures allows us to diagnose the patient with Acquired epileptic aphasia or Landau-Kleffner syndrome. Later development will be presented and discussed.

Disclosure of Interest: None Declared

EPV0172

First episode psychosis in a young person with a diagnosis of Autistic Spectrum Disorder: A Case report

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Introduction: Psychotic disorders are significant comorbidities in young people with Autistic Spectrum Disorder (ASD). Evidence suggests that ASD & psychosis present with overlapping clinical features & cognitive symptoms leading to misdiagnosis (Trevisan *et al.* Front.Psych 2020;11:548). Clinicians encounter diagnostic dilemma during assessment of psychosis in adolescents with ASD.

Objectives: To discuss the clinical challenges in the assessment & treatment of young people with ASD & comorbid psychosis.

Methods: A case report of a young girl with ASD & comorbid psychotic illness.

Results: A young girl with ASD was admitted to CAMHS inpatient Unit with unusual beliefs & perceptual disturbances. She reported hearing the voice of 'Hydrogis' who was talking to her about his girlfriend. She made a voodoo doll & tried to set it on fire, as she believed that this would kill the girlfriend. She also heard voices of characters from a TV show, discussing her in third person. She absconded from home due to the distress associated. She attempted suicide by tying a ligature. She was seen responding to external stimuli, laughing incongruously & was thought disordered. Despite never being to USA, she spoke in American accent. She lacked insight & struggled to differentiate reality from fantasy. The aim of admission was to determine if the symptoms were part of ASD or a

psychotic disorder. She had medication free assessment but continued to be very distressed. We commenced Aripiprazole which was optimised. She responded well to the treatment & was discharged to the care of Early Intervention in Psychosis team with partial remission of symptoms.

Conclusions: Historically psychotic illnesses & ASD were thought to be closely linked. Research suggest that they are two separate disorders with specific onset, progress, signs & symptoms. ASD might be misdiagnosed as psychosis as difficulties in communication may resemble thought disorder, 'melt down' may mimic catatonia & difficulties in recognising others' intentions may mimic paranoia. Our patient was experiencing first episode psychosis in late adolescence. This age of onset is consistent with research findings. A study to differentiate between ASD & psychosis found that positive symptoms like hallucinations & delusions were suggestive of psychosis while odd emotional gestures, stereotyped speech & restricted interests indicated ASD. Our patient predominantly had positive symptoms of delusions, hallucinations & thought disorder, hence our diagnosis of psychotic episode. In some cases, it is difficult to differentiate childhood fantasies from delusional beliefs (Ribolsi *et al.* Front.Psych 2022;13:768586). Bleuler explains that children with ASD replace imperfect realities with imaginations & hallucinations but Michael Rutter claims that autistic children lack fantasy. There are varying views on this subject & this is the challenge we faced when treating this young person.

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EPV0175

Worsening symptoms in ADHD children caused by increased parental stress before, during and after Covid-19

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Introduction: Attention Deficit Hyperactivity Disorder (ADHD) is a neurodevelopmental disorder characterized by high levels of inattention, hyperactivity, and impulsivity that are present before the age of seven, seen in a variety of situations, inconsistent with the child's developmental level and that cause social or academic damage. Parents may respond with high levels of verbal aggression and disciplinary measures to disruptive behaviors, which causes their children to respond negatively, influencing a bidirectional process of participating of a vicious circle. The pandemic has been a huge battle for everyone. Their anxiety in this extraordinary situation can also increase the children's psychological and behavioral problems.

Objectives: This literature review aims to explore the connection between the increase of parental stress among parents of ADHD children and worsening symptoms of ADHD, before and during COVID-19 outbreaks.

Methods: The literature review was performed by searching the following electronic databases (for all available years from 2005-2021): PubMed, PubMed Central, Springer Open, Hindawi, Google Scholar. We included studies with a primary focus on parenting stress in families that have children, aged 6-12 years old, with a clinical diagnosis of ADHD that was made by a specialist using the