

Objectives: To assess the extent of Risperidone prescribing in Norfolk/Suffolk for this patient group and to consider the monitoring of this.

Given that bone mass density is set down in teens – mid 20's, this is a particularly concerning issue when given to this age group. Additionally, distressing side effects and issues with fertility should be considered. If risperidone is used, Maudsley is very clear that this must be monitored: baseline/annual prolactin levels done, and action should be taken if these are elevated and/or the patient symptomatic.

Methods:

- 1) Evaluate numbers of adolescents, under 2ndry care Mental health service who have been prescribed Risperidone
- 2) Consider who prescribed it and the indication
- 3) to consider if routine monitoring had been completed (specifically, baseline prolactin and then annual prolactin levels)
- 4) to consider if these patients had developed side effects

Results: Almost 20% of 18-25 years olds, due to be seen in Youth Community Service had been prescribed Risperidone. Of these, only 44% had had prolactin levels done, despite the guidance. This equates to the over half not having prolactin checked. 60% of patients reviewed had symptoms of hyperprolactinemia. Indications for use included emotional dysregulation/EUPD, psychosis, ADHD, OCD/ASD and depression

Conclusions: Risperidone should be used with extreme caution in this patient group. Medication can be very useful for some young people experiencing distressing symptoms but, as Hippocrates advises, “do no harm” and seek not to cause iatrogenic harm.

Given that many of the young people seen by mental health services are experiencing emotional dysregulation (not necessarily an abnormal state in adolescent, when much is in flux), it is tempting to consider medication as one means of trying to alleviate distress. There is no clear treatment for dysregulated feelings, and most would accept that psychological support is more appropriate.

Disclosure of Interest: None Declared

EPV0148

Early Onset Schizo-Obsessive Disorder: A Case Series of 7 Inpatient Children

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Introduction: Schizo-obsessive disorder (SOD) is a complex psychiatric condition characterized by exhibiting symptoms of schizophrenia and obsessive-compulsive disorder (OCD)(Schirmbeck *et al.* Front Pharmacol. 2013 Aug 9;4:99). Some researchers prefer to describe this condition as a spectrum called “schizo-obsessive spectrum” and state that clinical representations such as OCD with poor insight, OCD with schizotypal personality disorder, schizophrenia with obsessive-compulsive symptoms and schizophrenia

with OCD are included in this spectrum(Poyurovsky *et al.* J Psychiatr Res. 2005 Jul;39(4):399-408). There is limited literature available on early on-set schizo-obsessive disorder in child and adolescent sample.

Objectives: This case series aimed to describe the clinical characteristics, phenomenology, diagnostic process and treatment response of SOD in a sample of inpatient adolescents and illuminate the intricate symptomatology between schizophrenic and obsessive-compulsive features.

Methods: A retrospective review was conducted of 7 adolescent patients who met DSM-V criteria for both schizophrenia and OCD in our inpatient clinic over the past year. Data were collected from medical records, including demographic information, clinical presentation, treatment history and response to treatment. All data were anonymized to maintain patient confidentiality.

Results: The sample consisted of 5 females and 2 males, with a mean age of 15,4 years. All patients presented with a mixed symptomatology of hallucinations, delusions and obsessive-compulsive symptoms. Many common points observed about clinical characteristics and psychiatric history of the patients. In most of the patients, the first psychiatric complaints started with obsessive-compulsive symptoms. It was observed that obsessions evolved into over-valued ideas and delusions in the course of time. Patients responded late and inadequately to pharmacological treatment, multiple drug use was necessary. Hospitalization lasted longer, the average time was 53 days. Most of the patients required augmentation with cognitive-behavioral therapy due to partial response or intolerable side effects. Unfortunately, no patient experienced full remission or returned to premorbid functioning.

Conclusions: This case series underscores the complexity of diagnosing and treating schizo-obsessive disorder in a pediatric population. It appears that a combined approach using both pharmacotherapy and psychotherapy may yield the most beneficial results. However, given the small sample size and retrospective design, these findings need to be interpreted with caution. Further research are crucial to corroborate our findings and refine treatment strategies.

Disclosure of Interest: None Declared

EPV0149

Treatment Resistant Early-Onset Schizophrenia: A Tale of Two Siblings

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Introduction: Early-Onset Schizophrenia (EOS) is a rare and severe form of schizophrenia that begins in childhood and it is often associated with genetic risk factors, poorer prognosis, and increased treatment resistance compared to adult-onset schizophrenia (Hatzimanolis *et al.* Eur Psychiatry 2020;63(1):e44). This case report presents two siblings diagnosed with EOS and treated at the same inpatient clinic in different years.