Results: Epidemiological studies report significant rates of comorbidity between ASD and psychosis. According to a recent systematic review, prevalence of non-affective psychosis in ASD has been estimated at 9,56%, despite heterogeneity across included studies.
The differential diagnosis of psychosis in a patient with ASD is frequently a challenge and depends on the severity of intellectual and language impairment, medical comorbidities (including epilepsy and associated pharmacological iatrogenic factors), psychiatric comorbidities and substance use. Conversely, establishing the diagnosis of ASD in a patient presenting with psychosis is not always clear, and clinicians must rely on collecting a detailed developmental history.
There are no large controlled studies regarding the treatment of psychosis in this specific patient group, but risperidone and aripiprazole have been used based on efficacy in primary psychotic disorders, as well as efficacy and safety profile in other symptomatic clusters of ASD, namely irritability.
ASD and psychosis comorbidity has been associated with lower response rates to antipsychotic treatment and negative long-term prognosis.
Conclusions: Psychosis is a common and serious comorbidity of ASD, with limited data regarding treatment options. Further research is needed to improve global outcomes.

Disclosure of Interest: None Declared

EPV0240

Depressive disorders in comorbidity with Multiple Sclerosis. Case study

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Introduction: Multiple Sclerosis is a neurodegenerative, demyelinating disease that affects the Central Nervous System. Except for motor dysfunction and sensory deficit, patients suffering from this disorder often have neuropsychiatric symptoms, such as: depressive mood, fatigue, and cognitive impairment. Depression is the most common mental disorder in Multiple Sclerosis, and the risk that MS patients develop depression during their entire life is >50%.
Objectives: Factors impacting on the development of depression
Methods: A regular, clinical study approach has been used on a 49-year old woman, who was diagnosed with depressive Disorder 2 years ago and then Multiple Sclerosis, as well as recent literature on depressive disorders in comorbidity with Multiple Sclerosis.
Results: The factors that considerably impact the development of depression are age, gender, insomnia, cognitive impairment, MS clinical picture, and immunotherapy treatment. Depression was diagnosed at the clinical interview, based on DSM-5 diagnosis criteria and Beck Inventory, whereas MS diagnosis was determined by neurological examination and head MRI. The patient was treated with tricyclic antidepressants, SSRIs, SNRIs, atypical antipsychotics for depression, and teriflunomide for MS. Depression has been recurrent, despite being regularly treated with psychotropic medications
Conclusions: Depressive disorders in comorbidity with multiple sclerosis are often undiagnosed and improperly treated. Many factors influence the development and progression of depression, as well as the Multiple Sclerosis clinical picture, above all. Early diagnosis and optimal treatment of them are essential to control the disease and improve the quality of life.

Disclosure of Interest: None Declared

EPV0241

Quality of life, Illness Perception, Self-perceived success, estimation of Depression/Anxiety symptoms and Disability Assessment, in adult with cerebral palsy

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Introduction: Recent studies is showed that adults with Cerebral Palsy (CP) have an elevated prevalence of mental health disorders, especially increased risk of depression or anxiety. Perceptions of the CP condition, and coping behaviors often affect the impact of the condition on the child with CP and his/her family.
Several studies have affirmed that some factors such as interpersonal relationships, sexuality, and physical conditions are also crucial to a higher QoL in the persons with CP.
A Danish study showed that 55% of Danish adults with CP (aged 29–35 years) were unemployed, did not cohabit with a partner and did not have children, compared with only 4% of the control population.
Objectives: to show a case of a 50-year-old male person with cerebral palsy
Methods: case study
The three functional classifications (GMFCS-E&R, CFCS and MACS) is used to provide functional description together with The Quality-of-Life Scale (QOLS), World Health Organization Disability Assessment Schedule 2.0 – (WHODAS-interview), Flourishing Scale Self-perceived success (FS), Depression Anxiety Stress Scales - 10 (DASS-10), the Brief Illness Perception Questionnaire (Brief IPQ)
Results: male, 50 år
Quality of Life score: 90
Flourishing scale (FS): 47
Depression Anxiety Stress Scales: 9
the Brief Illness Perception Questionnaire (Brief IPQ):45
Communication issues: CFCS (Communication Function Classification System): Level I
Having a Partner: Domestic partner- reside together with partner, don't have children. having af parents and brothers that are a great support
Type of Housing: Independent living (own housing, 1 hour of assistance per week)
Mobility issues: GMFCS (Gross Motor Function Classification System): Level II, MACS (Manual Ability Classification System): Level I
Conclusions: Case is showing 50 years old male with cerebral palsy who has not an intellectual disability and who has a high life quality, high self-perceived success, moderate anxiety and high perception of illness. Social, family and romantic relationships together with