

may conceivably contribute to enhanced mental-state decoding but there exists a hidden cost of heightened inflammation in these seemingly healthy maltreated youths. Our findings thus underscore the need to further examine the mental and physical well-being of healthy individuals exposed to early-life stress as they may still be vulnerable to psychopathology later on.

Disclosure of Interest: None Declared

EPP0144

Full-time hospitalization in child and adolescent psychiatry: an overlook of the Tunisian situation

L. Sahli*, Z. Abbes, S. Halayem and A. Bouden

child and adolescent Psychiatry, Razi Hospital, Manouba, Tunisia

*Corresponding author.

doi: 10.1192/j.eurpsy.2023.479

Introduction: Admissions in a child psychiatry unit can be voluntary or involuntary in some cases when the patient meets specific criteria.

Objectives: The aim of our study was to assess the frequency and trend over time of admissions of minors in the child psychiatry department in Razi Hospital between 2011 and 2019, and to examine the psychiatric diagnoses in involuntary admissions of minors.

Methods: We conducted a retrospective study of medical records of inpatients admitted to the hospitalization unit of the child psychiatry department in Razi Hospital in Tunisia between 2011 and 2019.

Results: Over the nine years, the total number of hospitalizations was 924. There is a slight female predominance over the total number of hospitalizations (sex ratio = 0.85). There was no consistent and significant change in the number of hospitalizations between 2011 and 2019. A growing increase in the number of compulsory hospitalizations was noted. From 2011 to 2019, the number of compulsory admissions increased from 03 in 2011 to 22 in 2019.

Regarding compulsory hospitalizations, admission requests came from child protection delegates, public prosecutors or family judges. Conduct disorder was found in 33.3% of the cases followed by a normal psychiatric examination in 11.8% of the cases. Mood disorders were found in 9.8% of the cases.

Conclusions: Our study shows the explosion in the number of compulsory hospitalizations despite a relatively stable total number of hospitalizations. More comprehensive guidance for legal authorities is needed regarding the compulsory admission of minors.

Disclosure of Interest: None Declared

EPP0145

Compulsory hospitalization in child psychiatry: clinical and sociodemographic profile of Tunisian inpatients

L. Sahli*, Z. Abbes, S. Halayem and A. Bouden

child and adolescent Psychiatry, Razi Hospital, Manouba, Tunisia

*Corresponding author.

doi: 10.1192/j.eurpsy.2023.480

Introduction: The department of child psychiatry in Razi Hospital is the unique psychiatric unit in Northern Tunisia offering full-time hospitalization for minors with mental health disorders.

Objectives: The aim of our study was to explore the clinical and therapeutic characteristics in compulsory admissions of minors in the department of child psychiatry in Razi hospital between 2011 and 2019.

Methods: We conducted a retrospective study of medical records of inpatients admitted to the hospitalization unit of the child psychiatry department in Razi Hospital in Tunisia between 2011 and 2019.

Results: Over the nine years, the total number of compulsory admissions was 74 inpatients, aged from 11 to 16 years old. The number of compulsory admissions increased from 03 in 2011 to 22 in 2019. Most of the inpatients were boys (sex ratio=1.46). The mean age was 14, 1 year old. Heteroaggressiveness was the reason for admission in half of the cases followed by risk behaviors (30.1%) and suicidal behaviors (18.6%). The diagnosis of conduct disorder was found in 33.3% of the cases followed by a normal psychiatric examination in 11.8% of the cases. Mood disorders were found in 9.8% of the cases. Parental psychoeducation (100%), individual psychotherapy (91%) and family therapy (88,2%) were the treatment of choice for the inpatients. The prevalence of psychiatric medication was 45.1%. The most important forms of medication used were neuroleptics (42.3% of medicated patients) and mood stabilizers (30.7%). Child protection delegates were involved in 86,4% of the cases for social intervention.

Conclusions: Minors admitted in an involuntary mode to psychiatric unit have their own specificities in terms of clinical and therapeutic characteristics. More theoretical and empirical research is needed regarding the involuntary admission of minors.

Disclosure of Interest: None Declared

EPP0146

Burdensomeness and fear of pain in adolescents with suicidal ideations and attempts

L. Esina^{1*}, E. Rasskazova² and V. Sadovnichaja¹

¹Clinical Psychology Department, Moscow State University and

²Clinical Psychology Department, Moscow State University, Mental Health Research Center, Moscow, Russian Federation

*Corresponding author.

doi: 10.1192/j.eurpsy.2023.481

Introduction: Relationship to physical pain (Joiner, 2005, O'Connor, Kirtley, 2018, Galynker, 2017) and psychological pain (Eisenberger et al., 2003) are related to the risk of suicidality in adolescents.

Objectives: The aim was to reveal the relationship between interpersonal needs, relation to pain and suicidality in adolescent with or without suicidal thought and/or attempts.

Methods: 92 adolescents without suicidal thoughts (16 males, 12-21 years old), 132 adolescents with experience of suicidal thoughts in the past or present (22 males, 12-21 years old) and 55 adolescents (7 males, 12-21 years old) ongoing clinical treatment due to suicidal actions or attempts filled Interpersonal Needs Questionnaire (Van Orden et al., 2012), Discomfort Intolerance Scale (Schmidt et al., 2006), The Pain Catastrophizing Scale (Sullivan et al., 1995).

Results: Adolescents with suicidal actions score lower in the fear of physical pain ($\chi^2=18.19$, $p<.01$) but higher in powerlessness ($\chi^2=6.58$, $p<.05$). They also experience higher burdensome and thwarted belongingness ($\chi^2=34.50-87.92$, $p<.01$). Their burdensome is more related to avoidance of pain ($r=-.38$ comparing to $r=.06$ and $r=.04$ in the control groups) while fear of pain is related to burdensome in the two control groups only.

Conclusions: In adolescents with suicidal actions their avoidance of pain could be the target of psychotherapy while in adolescent with suicidal thoughts or without it there is a fear of pain.

Study is supported by Russian Science Foundation, project 22-28-01524.

Disclosure of Interest: None Declared

EPP0147

Conduct disorder and hyperprolinemia type I: A case report

L. Olivier*, Ó. De Juan, H. Andreu, L. Bueno, M. Llobet, A. Ortiz, A. Morer, L. Lázaro and D. Ilzarbe

¹Institut de Neurociències, Hospital Clínic de Barcelona, Barcelona, Spain

*Corresponding author.

doi: 10.1192/j.eurpsy.2023.482

Introduction: Hyperprolinemia is defined by high proline levels of blood and its primary type consists on a metabolic disorder that is the result of a number of different genetic defects affecting the degradation of proline. The complex relationship between this disease and different psychiatric phenotypes has been an important subject of study in recent years, suggesting a “common psychiatric phenotype” (Namavar et al. *Am J Med Genet B Neuropsychiatr Genet* 2021; 186(5), 289-317), though its exact characteristics are yet to be determined. A higher prevalence of psychotic disorders (Guo et al. *Metab Brain dis* 2018; 33 89-97) explained through altered glutamate metabolism, autism spectrum disorders, developmental delay and intellectual disability has been proposed.

Objectives: To describe the case of a patient, recently diagnosed of hyperprolinemia type I, presenting a conduct disorder alongside with ADHD, oppositional defiant disorder and an unspecified pervasive developmental disorder.

Methods: We present the case of a 15-year-old male that has received follow-up care by our mental health services. The patient was born preterm (35+5 weeks) and required reanimation, oxygen therapy, antiretroviral therapy (biological mother was HIV positive) and pharmacological therapy with phenobarbital (in order to treat methadone withdrawal syndrome). It was adopted nationally when he was 18-month-old and experimented an adequate development during his first years, only highlighting slight psychomotor restlessness and distinctive facial features. During the next years, he receives diagnosis of ADHD (with little to no registered response to amphetamine derivatives), oppositional defiant disorder, social pragmatic communication disorder and fetal alcohol syndrome.

Results: During his first hospital admission, a neuropsychiatrist was contacted to study the patient and recommended for a metabolic screening to be done, where high blood levels of proline were detected (940.1 μ mol/L). After this, a procedure of massive exome sequencing of genes that were known to be related to alterations in the metabolism of proline was conducted, finding the mutation c. [1357C>T] in the gen *PRODH*. This translates to an amino acid

replacement in the protein proline dehydrogenase (p.[Arg453Cys]; [Arg453Cys]), which has been studied (Bender et al. *Am J Hum Genet* 2005; 76 409–420) that it reduced its activity in a 70%, making it a very probable cause of the hyperprolinemia.

Conclusions: There is still scarce evidence of the psychiatric phenotypes presented in patients with hyperprolinemia. Further research is needed in order to accurately define the complex relationship between this metabolic disorder and its effect on the central nervous system.

Disclosure of Interest: None Declared

EPP0148

Adverse Childhood Experiences and Anxiety Symptoms in Adolescents during COVID-19

A. Marini¹, I. Farmakopoulou², M. Theodoratou^{3,4*}, E. Gintoni^{5,6} and K. Chalkiopoulos⁶

¹Child and Adolescent Psychiatry, Medical School, Athens;

²Department of Educational and Social Sciences, University of Patras, Patras, Greece;

³Health Sciences, Neapolis University of Pafos, Pafos, Cyprus;

⁴Social Sciences, Hellenic Open University, Patras;

⁵Psychology, University of Ioannina, Ioannina and

⁶Department of Science Management and Technology, University of Patras, Patras, Greece

*Corresponding author.

doi: 10.1192/j.eurpsy.2023.483

Introduction: Adverse Childhood Experiences (ACEs) are potential traumatic events that occur from birth to the end of adolescence (0-18 years), including various types of neglect, abuse and violence in a child's domestic and community life. Experiencing Adverse Childhood Experiences (ACEs) is associated with the onset of anxiety in adolescence. According to recent studies, pandemic COVID-19 is a novel ACE that has been found to increase anxiety in adolescents.

Objectives: To investigate the relationship between ACEs and COVID-19 in the development of anxiety in adolescence

Methods: A cross-sectional study was designed in a community sample of 248 adolescent boys and girls, aged 12 to 15 years (Mean: 13.5 years), from five High Schools in Eastern Attica. Four Questionnaires were used: 1) Demographic Questionnaire, 2) State-Trait-Anxiety-Inventory for Children - STAIC, 3) Adverse Childhood Experiences Questionnaire, and 4) Impact of COVID-19 Questionnaire.

Results: The results demonstrated a strong correlation between the total number of ACEs and Anxiety (Trait and State) in adolescence (Trait Anxiety: $\rho=.37$, $p <0.001$, State Anxiety: $\rho=.29$, $p <0.001$). Girls scored significantly higher in Trait ($U=4353$, $p <0.001$) and State Anxiety ($U=5822.5$, $p = 0.014$), presenting higher anxiety compared to boys. Finally, a significant relationship was observed between the number of ACEs and the impact of COVID-19 ($\beta=0.025$, $p <0.001$).

Conclusions: The findings of the present study can be used to design and implement future effective, preventive and therapeutic programs for adolescents with anxiety symptoms, who have experienced the multitude of Adverse Childhood Experiences and the COVID-19 pandemic during their adolescence.

Disclosure of Interest: None Declared