

Results: revealed that telephone developmental history assessments were generally preferable over face-to-face appointments, and video-based formulation meetings were effective, productive and resulted in higher clinician attendance. The qualitative data on feedback appointments was mixed. Clinicians felt that telephone appointments were less personable and ethical; whereas, video-based feedback appointments allowed for more empathy. However, the majority of service-users opted for tele-calls over video-calls for these appointments. Socially-distanced BOSAs obtained positive clinician feedback in general. Service-user feedback was mixed; some found the experience uncomfortable and unfamiliar, whilst others enjoyed the experience. Overall, service-users were content with the knowledge that it may support a diagnostic outcome for their child.

Conclusions: We concluded that the overall experience of the virtual ASD diagnostic pathway was a positive and informative process, identifying opportunities for permanent change to the service.

Keywords: autism spectrum disorder; COVID-19; diagnosis; virtual

EPP0190

The requirement of an early detection of vulnerability base patterns in childhood to reduce relapse tendency in psychiatric pathology

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Introduction: In order to understand etiopathogeny of any mental illness, it is important to be aware of the sequential emergence of symptoms, having presentations, that appear before, after or simultaneously. We could understand mental pathology as the sumatory of different factors and vulnerable cerebral substrates. Adverse external factors influence over them, causing relapses, that would lead to the evolution of diagnosis through time. However, patients usually come when pathology is already developed. Interventions are delayed, what is insufficient to modify the course of the illness. **Objectives:** Proving that replacing classic clinical evaluation by an open access/multiintervention model, would determine a better prevention and reduction of relapse tendency.

Methods: We have arranged a prospective descriptive study of 124 users along 2 years. The idea was to test a first sample which let us check the viability of our project. We adopted a qualitative approach, linking practice and research, which have implied to perform a structured clinical process based on a dynamic reevaluation performed for different professionals in various stages using Rodman's model.

Results: Multiintervention model reduces the prognosis factor of delayed treatment thanks to reaching a high risk group in the early stages. That model allows us to determine the way each factor relates to each other, what facilitates multiple-intervention that tries to eliminate the symptom and also the relapse.

Conclusions: Late adolescence and early adulthood are stages in which many mental disorders start, however treatment delays some years. Rothman's model may be a useful tool, what means a

multiintervention treatment that mixes biological and psychosocial interventions.

Keywords: relapse tendency; Childhood psychiatry; adolescent

EPP0191

Who would like a monster like me to be alive? Obsessive compulsive disorder or pedophilia in a patient with high functioning autism spectrum disorder.

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Introduction: Case of a 17yo patient with high functioning ASD and OCD with obsessions about being a pedophile, with suicidal ideation and self-harming behaviors. He was followed in outpatient care for one year since his first contact with Mental Health, following an inpatient admission for suicidal ideation.

Objectives: Differential diagnosis between OCD, ASD and possible pedophilia. Learn about different levels of care involved, and other possibilities. Therapy resources used.

Methods: Description of the case report: description of initial and final Mental Status Exam Differential Diagnosis: ASD vs OCD vs Pedophilia vs Depressive Disorder Children's Yale-Brown Obsessive Compulsive Scale Therapy: family based therapy, and Exposure response prevention therapy.

Results: Intrusive images, and reassurance seeking, helped with OCD diagnosis. ASD made symptoms harder to manage with SSRIs alone, which drove to add Aripiprazol at low doses in outpatient care. CY-BOCS showed obsessions other than doubts about being a pedophile. He participated in Exposure response prevention therapy with response, especially when antipsychotic medication was added. Family based therapy worked with his parents in not providing excessive reassurance, and with the patient in gaining insight about his OCD. Decreased anxiety, decreased self-deprecation and no new suicidal thoughts. Functionality of the patient in the community improved, with possibility of going college next year.

Conclusions: Recommendation of good assessment of sexuality in ASD population. Importance of individual and family therapy for OCD and specially when there is poor judgement and insight in the patient. Importance of combined treatment: pharmacology + therapy

Conflict of interest: Alicia Koplowitz Foundation

Keywords: ASD; Pedophilia; ocd

EPP0192

Differential diagnosis of auditory hallucinations in teenagers. Assessment and difficulties: Case report of a 13 year old patient.

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Introduction: Learning from a case of a 13 year old patient with auditory hallucinations for 2 months, admitted to the hospital due to suicidal ideation. Her mother had been diagnosed with Lupus and OCD. Her mood had been low for several months, probable mild intellectual disability.

Objectives: Learn how to assess auditory hallucinations and possible new onset psychotic symptoms in teenagers. Learn about different levels of care involved. Discuss differential diagnosis and future directions and treatment.

Methods: Description of the case. Differential diagnosis: Obsessive compulsive disorder, Major depressive disorder with Psychotic features, schizophrenia spectrum disorder, epilepsy or other neurologic disease, autoimmune disease, post-traumatic stress disorder... Tests and consults conducted by Neurology team Psychopharmacology description.

Results: Differential diagnosis: Obsessive compulsive disorder, Major depressive disorder with Psychotic features, schizophrenia spectrum disorder, epilepsy, autoimmune diseases like Lupus, post-traumatic stress disorder etc. Video EEG: normal. Brain MRI: normal Blood work unremarkable with positive ANA (titer 1:80). Work up, including lumbar puncture with autoimmune encephalitis and MS panels was negative. Psychopharmacology: Fluoxetine up to 40mg, and Aripiprazol up to 20mg without a good response. Possible sexual trauma was disclosed in a second hospitalization, months later.

Conclusions: Recommendation of assessing new onset of psychotic symptoms in detail to get a good diagnosis. Psychotic symptoms in young teenagers may occur as part of different presentations and it is important to provide a good follow up of the patient in order to provide the most accurate treatment.

Conflict of interest: Alicia Kopolowitz Foundation

Keywords: Hallucinations; Teenagers

EPP0195

Personality disorder not otherwise specified heterogeneity and its implication in psychiatric residential treatment.

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Introduction: Villa Ratti is a therapeutic community dedicated to the treatment of Personality Disorder with a particular focus on Borderline Personality Disorder (BPD), but this diagnosis may manifest in very different clinical conditions (Bayer & Parker, 2017; Scott, 2017).

Objectives: Since the second most common diagnosis we encounter from referring psychiatrists is Personality Disorder Not Otherwise Specified (PDNOS) (26,4%) and this diagnosis serves sometimes as a skeleton key for complex or unclear diagnostic scenarios (Verheul & Widiger, 2004), our main goal is to investigate how the variability within this category is reflected in terms of diagnostic accuracy, different development of the therapeutic and rehabilitative course, and of different outcomes at the end of the treatment.

Methods: To reach this goal, we collected data on all patients referred with a PDNOS diagnosis and compared their treatment program. scenarios.

Results: Our data showed how a PDNOS diagnosis hid in most cases complex personality disorders and comorbidities that reflected different specific difficulties and interventions during their treatment and, consequently, resulted in different outcomes.

Conclusions: Our experience led us to give additional attention to referred PDNOS diagnosis and to observe how much a clear diagnostic picture of a patient is crucial to correctly plan a treatment program and adapt local service interventions both for personality disorder and comorbidity

Keywords: PDNOS; Therapeutic Community; Diagnostic agreement

Comorbidity/dual pathologies

EPP0196

Therapeutic management of major depression and psoriasis dual diagnosis

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Introduction: Psoriasis and major depressive disorder (MDD) have a high degree of overlap, and inflammatory cytokines like tumor necrosis factor alpha, interleukins 1, 2, 6 and 10, and C-reactive protein have been involved in their common pathogenesis. The prevalence of MDD in patients with psoriasis has been reported to range between 28% to 67%.

Objectives: To monitor the core symptoms evolution in patients diagnosed with psoriasis and MDD during antidepressant treatment. **Methods:** Four patients diagnosed with psoriasis and MDD (according to the DSM-5 criteria) were monitored during 6 months using Physician Static Global Assessment (PSGA), Hamilton Depression Rating Scale (HDRS)-17 items, and Global Assessment of Functioning (GAF). All patients underwent specific psoriasis and antidepressant treatment (with flexible dose of sertraline 100-200 mg daily, n=2, or escitalopram 10-20 mg/day, n=2).

Results: All patients significantly improved their depressive symptoms during sertraline or escitalopram treatment (-8.7 points on HAMD at week 24, $p<0.001$), while their global functioning increased (+24.7 on GAF, $p<0.001$). The PSGA score decreased and reached a level of significance at week 24 (-1.2, $P<0.01$). The duration of active periods of psoriasis was less longer during the 6 months of monitoring than in the 6 months previous to the antidepressant initiation (by self-report, -10.5 days). No treatment discontinuation due to low tolerability was reported.

Conclusions: Antidepressant treatment with selective serotonin reuptake inhibitors is efficient and well tolerated in patients with MDD and psoriasis. The duration of active symptoms of psoriasis tends to be less longer than previous to the antidepressant initiation.

Keywords: dual diagnosis. psoriasis; major depressive disorder