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Pediatric acute onset neuropsychiatric syndrome associated with Epstein–Barr infection in child with Noonan syndrome

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Introduction Pediatric acute onset neuropsychiatric syndrome is associated with various infections (i.e. *Streptococcus*, *Mycoplasma pneumoniae*).
Objectives We describe a case of PANS associated with mononucleosis, in a patient with Noonan syndrome.
Aims To report a case of EBV-related PANS.
Methods A 13-year-old patient, diagnosed with Noonan syndrome, was referred to the pediatric unit of our hospital in August 2016 because of aggressive behavior and suicidal ideation. He had no personal or family history of psychiatric disorder. His parents and him denied substance abuse. His symptoms had begun abruptly one month prior to our evaluation, after watching an internet video, and consisted in intrusive thoughts and images associated with mental compulsions. Suicidal thoughts and verbal aggressiveness emerged because he felt overwhelmed by these symptoms.
Results He was initially treated with sertraline 25 mg, and subsequently switched to aripiprazole because of increased anxiety. Throat cultures and anti-streptolysin titer (ASO) were negative, as well as Ig(M) and Ig(G) antibodies for *M. pneumoniae*. Erythrocyte sedimentation rate (ESR) and C-reactive protein (CRP) were also negative. Epstein–Barr virus Ig(M) and Ig(G) were positive. He continued therapy with aripiprazole 10 mg after hospital discharge with partial benefit.
Conclusions Epstein–Barr virus infection has been reported to precede various neuropsychological disorders, but to the best of our knowledge, rare cases of PANS following mononucleosis have been described in literature. In our case, psychopharmacological treatment for OCD symptoms was the only treatment performed and led to a partial remission of symptoms.
Disclosure of interest The authors have not supplied their declaration of competing interest.

http://dx.doi.org/10.1016/j.eurpsy.2017.01.492

EV0164

Behavioral disorder of adolescents with Prader–Willi SY

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Introduction The paper discusses the problem of psychiatric treatment of rare diseases and "diagnostic screening" of certain psychic symptoms that affect people with intellectual disabilities. Prader–Willi (PWS) is a genetic syndrome that belongs to a group of rare diseases and is caused by deficiency or loss of function of genes on chromosome 15 inherited from the father. This disease affects both sexes and its main characteristics are: obesity, hyperphagia, mental retardation and hypogonadism. Chronical feeling of insatiable hunger and slow metabolism leads to excessive body weight which is, according to existing date sources and monitoring studies, the primary cause of premature death of patients with PWS. Anxiety, psychomotor agitation, behavioral problems, difficulties with short-term memory, frequent skin injury in the form of wounds and bruises are the symptoms of this disease that hinder diagnosis and treatment. Research suggests that patients with PWS have unusual reactions to the standard drug dosages, specifically anxiolytics.
Aim We shall present a multidisciplinary approach of pharmacological and psychotherapeutic treatment of a 16-year-old female patient with PWS.
Result This patient responded well to a small dosage of quetiapine, at the same time monitoring other physical parametres. Pharmacotherapy, combined with psychotherapy, along with providing counseling and support for parents resulted in decreased psychomotor restlessness and, subsequently, better control of food intake and prevention of weight gain.
Conclusion This paper has emphasis on the importance of a multidisciplinary approach, as well as experience from clinical practice in the treatment of complex and rare syndrome diseases.
Disclosure of interest The authors have not supplied their declaration of competing interest.

http://dx.doi.org/10.1016/j.eurpsy.2017.01.493

EV0165

Handwriting disorders in children with developmental coordination disorder (DCD): Exploratory study

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Introduction Although more than 85% of children with DCD are affected by handwriting disorders, their characteristics and underlying mechanisms remain poorly known.
Objectives We aim to better identify the nature of handwriting disorders in subtyping DCD children.
Methods School children aged between 5 to 15 years and exhibited a DCD (according to DSM-5) are eligible for inclusion. They were classified in three subtypes of DCD: ideomotor (IM), visual-spatial and/or constructional (VSC), and mixed (MX). They were assessed with a standardized handwriting evaluation including quality and speed and a clinical observation of motor gestual developmental and temporal-spatial organization of handwriting highlighting six qualitative criteria: irregular handwriting (criterion 1), immaturity of handwriting gesture (criterion 2), excessive pressure of the pen on the paper (criterion 3), neuro-vegetative responses (criterion 4), trembling (criterion 5), slow handwriting velocity (criterion 6). Two groups are established: children with poor handwriting (PH) and children with dysgraphia (DysG).
Results While 89% of children have handwriting disorders, only 20% exhibit dysgraphia. IM DCD is characterized by an immaturity of handwriting gesture and is associated with PH. Dysgraphia appears only in VSC and MX DCD which are characterized by the association of criteria 1, 2, 3, and 4. This association appears to more than 80% in DysG. Slow handwriting velocity is constant between PH and DysG.
Conclusion Immaturity of handwriting gesture is a possible underlying mechanism of poor handwriting. Dysgraphia is associated with specific impairments in spatial organization of letters and in motor control of handwriting gesture.
Disclosure of interest The authors have not supplied their declaration of competing interest.

http://dx.doi.org/10.1016/j.eurpsy.2017.01.494