adulthood. Early psychotic episodes (PEP) are a particularly vulnerable group compared to later phases of psychosis psychosis.
Objectives: Analyze risk factors for suicide attempts and NSA, in order to improve early detection and prevention of suicides in adolescents and young adults with PD
Methods: Review in the literature of the different risk factors associated with parasuicidal behaviors in early psychosis
Results:

- Presence of positive psychotic symptoms: auditory hallucinations, Delusional ideation.
- Social isolation
- Longer duration of untreated psychosis.
- Comorbid symptoms: irritability, depression, anxiety, psychotic distress, insomnia.
- Traumatic events in childhood
- Difficulty in regulating emotional, impulsivity and sensitivity to reward.
- Consumption of substances.
- Psychosocial stress.

Conclusions: We consider essential the inclusion of early intervention programs aimed at the prevention of suicide and NSA, evaluating all risk factors for suicide and NSA among individuals with a PEP and high-risk mental states.
Initial assessment and ongoing assessments of suicide risk and parasuicidal behaviors, positive psychotic symptoms, depression, and the other related risk factors mentioned are required. Integrating trauma management into PEP care is critical.
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Disclosure of Interest: None Declared

EPV0928

Early-onset schizophrenia: an adolescent case report

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Introduction: This is the case of a girl, aged 13, starting on 2021 with a first psychotic episode. Before this episode, her psychiatric history was an adjustment disorder because of scholar bullying, fully recovered before the onset of the current symptoms.
Objectives: To describe an interesting case of early-onset psychosis.
Methods: We have used the interviews with the patient and her profile in Diraya (the medical database software in Andalucía).
Results: The first symptoms started 6 months before the first hospitalization, and consisted in mild behavioural disorders, with disobedience and rudenesses, which represented a significant change compared with the previous personality of the patient. 3 weeks before the first admission she abruptly started to experience disconnection, unmotivated laughs, decreaded academic performance and incoherent speech. Also, she showed motor symptoms, consisting in oral and right-hand stereotypies. Then, she was hospitalized in a Pediatric unit, in order to rule out organicity. The nuclear magnetic resonance showed an image suggestive of venous development anomaly, with no acute injuries. Her cerebral spinal fluid was widely studied, and all the results were negative, including: the technique of PCR for many virus and bacteria that can cause meningitis or encephalitis; a bacterial culture; a biochemical study; antineuronal antibodies; and a limbic encephalitis antibodies study. Besides, the blood count, the biochemistry, the gasometry and serology were also negative. No drugs were detected in the urinalysis. Once the organicity was ruled out, she was treated with Olanzapine and Diazepam, and destinated to my child and adolescent psychiatry unit. During the first hospitalization we observed that she looked very often to the mirror, showed soliloquies and took leaps. During the interviews she was desinhibited. She initiated a delusional speech, focused in sexual topics. She said that she's had a baby in the future with his father, and talked a lot about things she had already made in the future. During this admission, we changed the treatment to Quetiapine and Valproate. The second hospitalization was was done due to a lack of efficacy with the previous treatment and the presence of autolytic thoughts. We switched from Quetiapine to Aripiprazole. After a few days, she showed again a desinhibited behaviour, and kept the delusional speech, that now was more complex, refering that she had more than 20 babies, with many different men. After this we tried Lurasidone and suspended Aripiprazole, she showed a clinical improvement, at the cost of many side effects, though. So we finally changed to Clozapine, in combination with Gabapentin. Since she got clinical levels of clozapine, the delusions have been encapsulated.
Conclusions: The differential diagnosis is set with an early-onset schizophrenia and a schizoaffective disorder. Obviously, the evolution of the sypmptoms in the following months and years will have the last word.

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EPV0929

Extrapyramidal syndrome in psychotic depression: a case report.

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Introduction: Psychotic depression is a subtype of major depression, with worst prognosis but underdiagnosed and undertreated. We introduce the case of a 75-year-old patient who is attended in the hospital presenting sorrow and behavioral disturbances. He also had delusions of ruin and surveillance through his phone, adding amnesia, dizziness, constipation, tremor and bradykinesia. He had suffered a limited depressive episode regarding his wife's death.