

memory for objects in immediate and delayed conditions. Two-way ANOVA was used to reveal group differences in reproducing the objects in two conditions.

We have not revealed significant differences between children from experimental and control group in the reproducing the objects in immediate condition. However, the interaction of condition type and group was significant ( $P \leq 0.05$ ). ADHD children were less successful in reproducing the objects in delayed condition.

In view of the obtained results, it can be assumed that children with ADHD have specific deficit in memory domain – weakness in delayed memory.

**Disclosure of interest** The author has not supplied his declaration of competing interest.

**Acknowledgements** The research was supported by Act 211 Government of the Russian Federation, agreement No. 02.A03.21.0006, by Russian Foundation for Basic Research, grant No. 15-06-06491A.

<http://dx.doi.org/10.1016/j.eurpsy.2017.01.460>

### EV0132

#### Child obsessive-compulsive disorder presenting with catatonic-like features: Case presentation

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**Introduction** Although catatonia was conceptualized as a subtype of schizophrenia, it is now recognized to occur most commonly in the course of other psychiatric disorders, in drug-induced disorders [1] or neurologic conditions [2]. Catatonia is rarely seen together with OCD and there are a limited number of case reports in the literature [3,4].

**Objective** We describe the case of a 12 year boy who presented in our clinic with mutism, negativism, immobility, social withdrawn, rigid posture, refusal to eat.

**Method** We performed a thorough psychiatric diagnostic assessment of the child as well as laboratory tests and MRI of the brain.

**Results** The child's first symptoms appeared 2 years ago: initially the child became socially withdrawn, spent most of time at his room, and became preoccupied with rituals of hand washing, walking back and forth, preoccupations with food contamination, became aggressive if someone would interrupt what he was doing, stopped going at school, and stopped calling his parents "mother" or "father". Brain MRI showed lateral ventricular asymmetry and suboccipital cyst.

**Conclusions** The child was put on therapy with lorazepam and sertraline. His obsessive-compulsive symptoms improved, and the apparent catatonic like features resolved and did not return over follow-up.

**Discussion** Catatonia is not uncommon among children and adolescents, and the relationship between OCD and catatonia is still misunderstood, but it may be an indicator of the severity of the OCD.

**Disclosure of interest** The authors have not supplied their declaration of competing interest.

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<http://dx.doi.org/10.1016/j.eurpsy.2017.01.461>

### EV0133

#### Clinical and psychopathological aspect of electrophysiological abnormalities in adolescents with behavior disorders

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Medical and social significance of behavioral disorders in adolescents and their consequences makes the relevance of the study of clinical manifestations and causes the need for early preventive intervention.

**Aim** Studying the role of neurophysiological disorders in the formation of behavior disorders in adolescents.

Two hundred and two adolescents aged 11–15 years with behavior disorders were observed. The diagnostic methods included electrophysiological, clinical psychopathological and statistical methods. In the structure of behavioral disorders, psychopathological syndromes in adolescents have been identified: psychopathic ( $n=106$ ), asthenoneurotic ( $n=50$ ), asthenoabulic ( $n=26$ ) and anxiety-depressive ( $n=20$ ).

As a result, it was found that high seizure activity commonly observed in adolescents with anxiety-depressive syndrome ( $66.67 \pm 10.33\%$ ); less frequently in adolescents with asthenoneurotic ( $40.00 \pm 6.79\%$ ), psychopathic ( $38.71 \pm 4.64\%$ ), asthenoabulic ( $28.57 \pm 8.68\%$ ) syndromes.

At the same time, diffuse changes with dysregulation of the diencephalic-stem structures were observed in the majority of adolescents with psychopathic ( $61.29 \pm 4.64\%$ ), asthenoneurotic ( $60.00 \pm 6.79\%$ ), asthenoabulic ( $57.15 \pm 9.51\%$ ) syndromes and much less frequently in adolescents with anxiety-depressive symptoms ( $33.33 \pm 10.33\%$ ).

Dystonic rheoencephalography type was observed in a third of adolescents with psychopathic ( $35.48 \pm 4.55\%$ ), asthenoneurotic ( $30.00 \pm 6.35\%$ ) and anxiety-depressive ( $33.33 \pm 10.33\%$ ) syndromes, while the hypertensive rheoencephalography type was prevailed in adolescents with asthenoabulic symptoms ( $14.29 \pm 6.73\%$ ).

Liquor hypertension in adolescents with asthenoneurotic ( $15.00 \pm 4.95\%$ ) and psychopathic ( $9.67 \pm 2.81\%$ ) syndromes was more common.

The statistical analysis indicated that violations of bioelectric properties of the brain with high seizure activity and dysfunction of the low stem structures and disorders of cerebral hemodynamics by dystonic type are risk factors for the formation of behavioral disorders in adolescents.

Detection of neurophysiological disorders in adolescents is an informative diagnostic method of early signs of behavioral disorders.

**Disclosure of interest** The authors have not supplied their declaration of competing interest.

<http://dx.doi.org/10.1016/j.eurpsy.2017.01.462>

### EV0134

#### Guide for adults in the children's therapeutic tale: "I conquered my fears"

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