

Methods: We used medical history, EEG-recordings, clinical observation and psychological assessment.

Results: Patient's language development has been normal till the age of 3 years old. She has started using single words properly at the age of 1 year and 6 months old. Her first simple sentences have appeared at the age of 2 years old. At the age of 3 years old after severe generalized tonic-clonic seizures she has stopped talking for a month. After this month she had started vocalizing and using simple words, but she had lost her ability to form sentences. She has had some mild difficulties in understanding verbal information and following instructions. Her speech has had bad articulation and deficits in the verbal fluency. Her gross and fine motor development, her social skills and problem-solving abilities have all been intact and age-appropriate. She has worked with speech therapist for 5 years and achieved partial recovery from the acquired aphasia. She continues to have problems with the articulation – the speech is still with mild dysarthria. We used WISC-IV to assess her IQ (IQ=108).

Conclusions: The patient has already developed age-appropriate speech prior to the onset of the language impairment. Considered as secondary or acquired, the observed aphasia together with the medical data for her epileptic seizures allows us to diagnose the patient with Acquired epileptic aphasia or Landau-Kleffner syndrome. Later development will be presented and discussed.

Disclosure of Interest: None Declared

EPV0172

First episode psychosis in a young person with a diagnosis of Autistic Spectrum Disorder: A Case report

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Introduction: Psychotic disorders are significant comorbidities in young people with Autistic Spectrum Disorder (ASD). Evidence suggests that ASD & psychosis present with overlapping clinical features & cognitive symptoms leading to misdiagnosis (Trevisan *et al.* Front.Psych 2020;11:548). Clinicians encounter diagnostic dilemma during assessment of psychosis in adolescents with ASD.

Objectives: To discuss the clinical challenges in the assessment & treatment of young people with ASD & comorbid psychosis.

Methods: A case report of a young girl with ASD & comorbid psychotic illness.

Results: A young girl with ASD was admitted to CAMHS inpatient Unit with unusual beliefs & perceptual disturbances. She reported hearing the voice of 'Hydrogis' who was talking to her about his girlfriend. She made a voodoo doll & tried to set it on fire, as she believed that this would kill the girlfriend. She also heard voices of characters from a TV show, discussing her in third person. She absconded from home due to the distress associated. She attempted suicide by tying a ligature. She was seen responding to external stimuli, laughing incongruously & was thought disordered. Despite never being to USA, she spoke in American accent. She lacked insight & struggled to differentiate reality from fantasy. The aim of admission was to determine if the symptoms were part of ASD or a

psychotic disorder. She had medication free assessment but continued to be very distressed. We commenced Aripiprazole which was optimised. She responded well to the treatment & was discharged to the care of Early Intervention in Psychosis team with partial remission of symptoms.

Conclusions: Historically psychotic illnesses & ASD were thought to be closely linked. Research suggest that they are two separate disorders with specific onset, progress, signs & symptoms. ASD might be misdiagnosed as psychosis as difficulties in communication may resemble thought disorder, 'melt down' may mimic catatonia & difficulties in recognising others' intentions may mimic paranoia. Our patient was experiencing first episode psychosis in late adolescence. This age of onset is consistent with research findings. A study to differentiate between ASD & psychosis found that positive symptoms like hallucinations & delusions were suggestive of psychosis while odd emotional gestures, stereotyped speech & restricted interests indicated ASD. Our patient predominantly had positive symptoms of delusions, hallucinations & thought disorder, hence our diagnosis of psychotic episode. In some cases, it is difficult to differentiate childhood fantasies from delusional beliefs (Ribolsi *et al.* Front.Psych 2022;13:768586). Bleuler explains that children with ASD replace imperfect realities with imaginations & hallucinations but Michael Rutter claims that autistic children lack fantasy. There are varying views on this subject & this is the challenge we faced when treating this young person.

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EPV0175

Worsening symptoms in ADHD children caused by increased parental stress before, during and after Covid-19

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Introduction: Attention Deficit Hyperactivity Disorder (ADHD) is a neurodevelopmental disorder characterized by high levels of inattention, hyperactivity, and impulsivity that are present before the age of seven, seen in a variety of situations, inconsistent with the child's developmental level and that cause social or academic damage. Parents may respond with high levels of verbal aggression and disciplinary measures to disruptive behaviors, which causes their children to respond negatively, influencing a bidirectional process of participating of a vicious circle. The pandemic has been a huge battle for everyone. Their anxiety in this extraordinary situation can also increase the children's psychological and behavioral problems.

Objectives: This literature review aims to explore the connection between the increase of parental stress among parents of ADHD children and worsening symptoms of ADHD, before and during COVID-19 outbreaks.

Methods: The literature review was performed by searching the following electronic databases (for all available years from 2005-2021): PubMed, PubMed Central, Springer Open, Hindawi, Google Scholar. We included studies with a primary focus on parenting stress in families that have children, aged 6-12 years old, with a clinical diagnosis of ADHD that was made by a specialist using the

diagnostic criteria of DSM-III/DSM-IV/DSM-V or ICD-10. The search was organized in chronological order by selecting studies published in the time period before, during and after the pandemic.

Results: Parents of children with ADHD tend to use inappropriate parenting styles, they are more disapproving, critical and exhibit poorer monitoring and more corporal punishment than parents of children without ADHD who try to control disruptive behaviors. These parenting styles can affect the course of the disease, worsen its manifestations and cause the secondary development of psychiatric and maladaptive behaviors. In some of the studies, during the outbreak of the COVID-19 pandemic, is observed a high prevalence of depressive symptoms (62.5%) among caregivers, while 20.5% and 36.4% indicated anxiety and stress symptoms, respectively. Some parents reported deterioration of general well-being in their children and this manifested as oppositional/defiant attitudes and emotional outbursts, sleep problems and anxiety in this context.

Conclusions: The pandemic has had psychological influences on parents with ADHD that affected their children's compliance with the medication and, consequently worsened their symptomatology. Society can be exposed to chronic stressors like Covid-19 anytime soon, so the main focus must be identifying needs to inform future interventions designed to support parents and ultimately their children. Psychoeducation of parents should be promoted in order to cope with the symptomatology of ADHD in the field of normality or under a chronic stressor.

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EPV0176

Prevalence and comorbidities of disruptive mood dysregulation disorder

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Introduction: Following the release of DSM-5 in 2013, a newly introduced diagnostic category emerged in psychiatric classification—the disruptive mood dysregulation disorder (DMDD). DMDD is a depressive disorder that begins in childhood and is marked by a consistently irritable or angry mood, frequently accompanied by temper outbursts that are notably severe.

Objectives: It is to study the prevalence and comorbidities of DMDD in Morocco, specifically at Arrazi University Psychiatric Hospital

Methods: Data were collected from youths aged 6 to 18 years who underwent a systematic assessment of symptoms. This assessment was extended to all patients consulting at Arrazi Hospital in Salé within the pediatric department over a period of four months (sample accrued from July 2023 to October 2023). The diagnosis of DMDD was established utilizing the diagnostic criteria outlined in DSM-5

Results: About 31% of the young participants met the operational criteria for DMDD. Those with DMDD exhibited increased comorbidity rates with attention-deficit/hyperactivity disorder (ADHD), another Depressive disorder and conduct disorder compared to those without DMDD. Additionally, they displayed elevated symptoms of aggressive behavior, rule-breaking, social issues, anxiety/depression, attention problems, and thought problems in comparison to all other participants without DMDD. It's noteworthy that youth with DMDD presented with at least one psychiatric comorbidity.

Conclusions: Given that DMDD is accompanied by other comorbid psychiatric disorders, particularly depression and anxiety, and appears to impact familial and occupational status in adulthood, the early detection and subsequent effective treatment of DMDD symptoms are of utmost importance.

Disclosure of Interest: None Declared

EPV0177

Attentional Bias to Angry Faces: Contrasting Responses in Typically Developing Children and Children with Autism Spectrum Disorder

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Introduction: Human faces generally attract immediate attention. However, it has been found that children with autism spectrum disorder (ASD) tend to allocate relatively less attention to faces. Previous research showed that typically developing children (TD) exhibited an attentional bias to angry faces, regardless of their anxiety levels, but it's unclear if this applies to children with ASD. Therefore, the present study aims to investigate attentional bias induced by angry and/or happy faces in children with ASD.

Objectives: We explored attentional bias toward angry faces in both TD children and children with ASD. We hypothesize that while TD children will show attentional capture effects in response to angry faces, children with ASD will not exhibit such attentional bias to facial stimuli, irrespective of their emotional content.

Methods: By now, five ASD participants (all male) and 34 TD participants (17 male), aged 6-12, have completed a continuous performance task. In this task, irrelevant distractors (angry or happy faces) appeared and disappeared abruptly, while the orientation of the target changed every 1,250 ms. Participants were asked to respond as quickly and accurately as possible to the orientation of the target. We designated the time when the distractor first appeared as T1, and subsequent time intervals at 1,250 ms increments were labeled as T2, T3, and T4. The time intervals when no distractor was present were labeled as TB (baseline). If the reaction time (RT) at T1 was significantly slower compared to TB, it indicated attentional bias by the distractor.

Results: For the RT data, separate repeated measures ANOVAs with 2 (emotion) * 5 (time) factors were conducted for each group. The results revealed a significant main effect of time ($F(4, 132) = 17.59, p < .01$) and a significant interaction between emotion and time ($F(3.27, 107.74) = 4.92, p < .01$) only in TD. Post hoc t-tests indicated that TD children exhibited significantly slower RT at T1 compared to TB, but this difference was observed only for angry faces ($t(33) = 4.84, p < .01$). In contrast, no significant effect was found in children with ASD. In other words, TD demonstrated attentional bias only when exposed to angry faces, while ASD children did not exhibit attentional bias to either emotion.

Conclusions: This study aimed to investigate attentional bias to angry faces in both TD and ASD children. The results indicate that TD children exhibited an attentional bias when exposed to angry faces, whereas ASD children did not display such bias. These findings are consistent with previous research suggesting that TD