

## EPP0938

## Management of subjects with Intermittent Explosive Disorder and Autism Spectrum Disorder with Lumateperone

N. Mehdiratta<sup>1</sup>, S. Kalita<sup>2\*</sup>, D. Birwatkar<sup>3</sup> and A. Hirsch<sup>1</sup><sup>1</sup>Psychiatry, Smell and Taste Treatment & Research Institute, Chicago, United States; <sup>2</sup>Psychiatry and <sup>3</sup>Spartan Health Sciences University, Vieux Fort, Saint Lucia

\*Corresponding author.

doi: 10.1192/j.eurpsy.2023.1218

**Introduction:** Use of lumateperone in reduction of aggression in patients with both autism spectrum disorder and intermittent explosive disorder has not heretofore been described.

**Objectives:** Explore the impact of lumateperone treatment for intermittent explosive disorder in autism spectrum disorder.

**Methods:** Case A: An illiterate non-verbal 18-year-old male, presented with history of behavior problems, developmental and intellectual delays. He attended special education programs at school where he had difficulty interacting with peers and teachers. For three weeks prior to presentation, he has displayed more anger and aggression, biting his hands, pounding on the walls and furniture, and screaming.

Case B: This 18-year-old male, presented with a history of hypsarhythmia, Lennox-Gastaut syndrome, severe developmental delay, deficit in socializing with lack of interaction with others and autism, presented with aggression, agitation, and hostility, banging on walls and furniture and throwing objects. Coincident with this was an increase in frequency of myoclonic seizures occurring up to twenty-five seizures per day followed by a postictal period of shouting and screaming.

**Results:** Case A: Psychiatric examination: Nonverbal, intermittently grunting and screaming, eyes darting, not responding to verbal commands. Posturing of arms in the air, in a hostile stance. Ten days post starting nightly lumateperone 42 mg, patient was no longer banging furniture nor biting. He remained non-verbal but without screaming and hostile behavior.

Case B: Psychiatric examination: Non-verbal screaming, throwing furniture, hitting walls and uncooperative to verbal commands. One month post starting lumateperone 42 mg nightly, while the seizures persisted, patient's violent attacks were not severe. Two months later, the aggression was much less severe, that he could attend school. Behavioral problems with aggression would recur an hour before the next evening's lumateperone dose.

**Conclusions:** Lumateperone modulates a variety of neurotransmitters including glutamate, functions as a presynaptic partial dopamine agonist and postsynaptic dopamine antagonist, and enhances N-methyl-d-aspartate, an inhibitor of serotonin reuptake (Reddy, 2020), input, on any of these, may be its mechanism of action (Vyas, 2020). Perchance, its action as a 5HT-2A receptor antagonist may be its method of reducing aggression, as has been posited for its anti aggression effect in schizophrenia (Vyas, 2020). Lumateperone impacts on neurotransmitters, including substance P, which modulate aggression (Gretchen, 2020). Alternatively ASD correlated with dysfunction of Area VIIIA of the right posterior cerebellum and its connection with the left frontal cortex (Heemkerk, 2021). Lumateperone may act to stabilize these areas and thus inhibit aggression (Heemkerk, 2021). In those with aggression associated with ASD and IED, a trial of lumateperone may be worthwhile.

**Disclosure of Interest:** None Declared

## EPP0939

## The impact of COVID-19 on the Child and Adolescent Psychiatric Emergency Departments of the paediatric university hospital in Brussels

S. Marchini<sup>1,2\*</sup>, B. Tedik<sup>3</sup>, C. Bennis<sup>2</sup> and V. Delvenne<sup>1,2</sup><sup>1</sup>Department of Psychiatry for Infant, Child, Adolescent and Youth, University Hospital of Brussels (HUB); <sup>2</sup>Faculty of Medicine, Université Libre de Bruxelles (ULB), Brussels and <sup>3</sup>Department of Adolescent Psychiatry, Le Domaine hospital, Braine-l'Alleud, Belgium

\*Corresponding author.

doi: 10.1192/j.eurpsy.2023.1219

**Introduction:** Since the COVID-19 pandemic outbreak, children and adolescents mental health has been severely impacted. During the first lockdown measures in the spring of 2020, we observed a decrease in access to care, principally due to the “stay home” policy. From the beginning of the year 2021, we observed a massive increase in admission to the Child and Adolescent Psychiatry (CAP) Emergency Departments (ED) (Beaudry *et al.* Ann. Gen. Psychiatry 2022; 21(1), 17; Hernández-Calle *et al.* SJCAP 2022; 10(1), 53–57).

**Objectives:** First, this study aimed to quantify the increase in patients' admissions to the CAP ED of the paediatric university hospital in the urban area of Brussels. Second, we described the reasons for admission.

**Methods:** We conducted an observational retrospective study in the French-speaking Belgium paediatric university hospital in Brussels. Through the ED register, we selected all the admissions for psychiatric reasons from 1<sup>st</sup> December 2020 to 1<sup>st</sup> December 2021. Data were collected from patients' electronic medical records and compared to data from 1<sup>st</sup> January 2013 to 29<sup>th</sup> February 2016, already collected in 2016 from the same ED. To compare the variables between 2013-2016 and 2020-2021, we performed a Student's t-test for the number of admissions to CAP EP, a chi-squared test for sex rate, suicide attempts and urgent hospitalizations, and a Wilcoxon test for the median age. The study protocol was approved by the Queen Fabiola Children's University Hospital IRB (reference 99/21).

**Results:** Female patients were more represented in 2020-2021 than in 2013-2016 (48% compared to 66.1%,  $p < 0.001$ ), and the median age increased from 12 to 14 y.o. ( $p < 0.05$ ). Compared to a few years before, we registered a 280.79% increase in the admissions to the CAP ED, resulting in 252 admissions in 38 months (2013-2016) compared to 303 in 12 months (2020-2021) ( $p < 0.001$ ). Admissions for suicidal attempts were twice higher than 2013-2016 (from 6.8% to 12.5%;  $p < 0.001$ ) and urgent hospitalizations increased eight times (from 0.8% to 6.7%;  $p < 0.001$ ). Admissions to the CAP ED started to decrease progressively during the whole year 2021, with the lowest peak during summer holidays (Fig.1). In 2013-2016, the 3 main reasons for admissions to the CAP ED were disruptive behaviors (15.1%), psychomotor agitation (14.2%) and somatic manifestations (12.3%); whereas in 2020-2021, these were suicidal ideations (14%), suicide attempts (12.5%) and somatic manifestations (10.4%).

**Figure 1** – Admissions to the CAP ED during 2020-2021, rates per month.

**Image:**

**Conclusions:** According to our comparative study and the literature, admissions to the CAP ED increased significantly during the second wave of the COVID-19 pandemic, especially for suicidal ideations and suicide attempts. The urgent hospitalisations are eight times higher during the period 2020-2021.

**Disclosure of Interest:** None Declared

**EPP0940**

### Factors associated with first suicide attempt vs. re-attempt in children and adolescents: A systematic review and meta-analysis

S. Abascal-Peiró<sup>1\*</sup>, A. Alacreu-Crespo<sup>2</sup>, I. Peñuelas-Calvo<sup>3</sup>, B. Ezquerra-de la Cruz<sup>1</sup>, L. Jiménez-Muñoz<sup>4</sup>, E. Baca-García<sup>5</sup> and A. Porras-Segovia<sup>6</sup>

<sup>1</sup>Psychiatry, Hospital Universitario Rey Juan Carlos, Madrid; <sup>2</sup>Psychology and Sociology, Area of Personality, Assessment and Psychological Treatment, University of Zaragoza, Teruel; <sup>3</sup>Psychiatry, Hospital Universitario 12 de Octubre; <sup>4</sup>Psychiatry, Jimenez Diaz Foundation Health Research Institute (IIS); <sup>5</sup>Psychiatry, Autonomous University of Madrid, Madrid, Spain and <sup>6</sup>Psychiatry, Imperial College, London, United Kingdom

\*Corresponding author.

doi: 10.1192/j.eurpsy.2023.1220

**Introduction:** Suicide among children, adolescents and young adults is a major health problem, as it represents the fourth leading cause of death among people aged 15-29 (WHO, 2022). A recent study showed that the years of potential life lost (YPLL) due to suicide in 2018 were 1,344,552, which is very close to the 1,591,487 YPLL caused by COVID-19 in the year 2020 (Porras-Segovia et al, 2021). In the recent years, there is a growing interest in suicide prevention research in differentiating attempter profiles in terms of lifetime suicide attempts. Specifically, studies suggest that there may be meaningful differences concerning risk factors between patients with a history of one versus multiple suicide attempts. Multiple attempters (MA) show more suicidal ideation, depressive symptoms and hopelessness than single attempters (SA) (Esposito et al, 2003; Goldston et al, 1998).

**Objectives:** We aimed to answer the question ‘What are the factors associated with attempting suicide for the first time and are they different from the factors associated with re-attempting suicide in children and adolescents?’

**Methods:** We conducted a systematic literature search in four databases. Article selection and data extraction according to a predefined protocol, including bias risk assessment, were performed by independent peer reviewers. Due to the different way to present data in the studies effect sizes were pre-calculated to standard mean differences (SMD). Random effects model was used to calculate the pooled effect size for all meta-analysis. Publication bias was assessed using funnel plots.

**Results:** 14 studies were included in the systematic review, and 13 in the meta-analysis. Original articles used in the meta-analysis included a total of 4286 participants of whom 1579 were multiple suicide-attempters and 2707 single suicide attempters.

MAs showed significantly higher proportion of anxiety disorders (SMD = 0.387, 95%CI [0.09, 0.68],  $p < 0.022$ ), alcohol abuse disorder (SMD = 0.382, 95%CI [0.07, 0.70],  $p < 0.036$ ) and substance abuse disorder (SMD = 0.526, 95%CI [0.21, 0.84],  $p < 0.013$ ) than SAs. Mean depression severity was higher among MAs than SAs (SMD = 0.515, 95%CI [0.17, 0.86],  $p < 0.011$ ). MAs showed higher impulsivity (SMD = 0.28, 95%CI [-0.03, 0.60],  $p < 0.068$ ) and aggressiveness (SMD = 0.688, 95%CI [0.42, 0.96],  $p < 0.00$ ) than SAs. Hopelessness (SMD = 0.482, 95%CI [0.06, 0.91],  $p < 0.03$ ) and suicidal ideation (SMD = 0.399, 95%CI [0.34, 0.46],  $p < 0.007$ ) was significantly higher in MA.

**Conclusions:** On the basis of the current results, multiple attempters may represent a distinct patient population in terms of being a more severe clinical profile. This can provide the basis of stronger suicide prevention and vigilance programs focused in this suicidal phenotype.

**Disclosure of Interest:** None Declared

**EPP0941**

### Analysis of self-esteem and body image in affective psychotic disorder with onset in adolescence

S. Susana Perez\* and I. Martin-Herrero

Psychiatry, Los Arcos del Mar Menor University Hospital, Murcia, Spain

\*Corresponding author.

doi: 10.1192/j.eurpsy.2023.1221

**Introduction:** In schizoaffective disorder, treatment with atypical antipsychotics is a first-line treatment option associated with treatment with mood stabilizers. One of the associated adverse effects is weight gain, which is sometimes associated with a deterioration of self-image and greater psychosocial impact.

**Objectives:** 1. To assess the personal perception and psychosocial adjustment in patients with affective psychotic disorder onset of symptoms in adolescence in current treatment with oral or IM aripiprazole. 2. To determine if there is variation in self-perception in patients with oral treatment compared to patients with long-term injectable treatment

**Methods:** Patients with affective psychotic disorder onset in adolescence come to consultation. Retrospective data collection: 9 months. Cross-sectional assessment with E-PICA scale. SPSS21.0.