

## EPV0175

**TRANVIA: A program for continuum mental health assistance in transition period**

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**Introduction:** Transition between adolescence and adulthood represents the most important challenge for personal development and involves several transformations: physical, psychological and social. It is a complex age bracket, concurring the transition from youth psychiatric units to adult ones, with an increased risk for the appearance of mental disorders and risky behaviours. TRANVIA program, developed in Avilés, provides psychiatric assistance to patients between 15 and 25 years old, diagnosed with a severe psychiatric disorder or with an increased risk of having one.

**Objectives:** Our objectives are: ensuring clinical continuity assistance, promoting communication among professionals and the empowerment of our patients to improve their functionality and quality of life.

**Methods:** Descriptive study including patients involved in TRANVIA program from November 2019 to November 2021.

**Results:** During this two-years period there have been 44 referrals to the program, 11 of them were rejected for failure to comply with diagnostic criteria. In November 2021 there were 33 patients included in the TRANVIA program with an average age of 17 years old (range: 15-22). 70% of them were men and 30% women. All of them had psychiatric assistance from different sources: youth mental health units, neuropsychiatry... About 75% of the patients were diagnosed with autistic spectrum disorder and approximately three-quarters of the sample needed pharmacological treatment. Risperidone was the most prescribed drug. We have also developed other assistance alternatives as home-based care, relaxation sessions, social worker interventions and coordination with schools.

**Conclusions:** TRANVIA program has allowed us to provide continual attention to vulnerable patients that shift from youth psychiatric units to adult ones. Patients that meet inclusion criteria were enrolled independently the type of assistance they have previously received. Accessibility and flexibility were our priority. During the described period there was only one dropout, three patients required psychiatric hospitalization and two others visited the emergency department. There have been no cases of completed suicide.

**Disclosure of Interest:** None Declared

## EPV0176

**¿What do we know about Very Early Onset Schizophrenia? - A case report**

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**Introduction:** This is a case about a 12-year-old girl, lives with her mother, father and younger brother. Parents originally from Peru, the patient was born in Spain.

She started follow-up by Mental Health in May 2022 due to low self-esteem after school bullying. The parents report that she has always been a shy child with many insecurities; she has always been insecure and suspicious in her relationships with peers, but during the last school year she was more nervous and insecure with everything that had happened to her; this situation was the reason for requesting a consultation at an Infant-Juvenile Mental Health Center when the school year was about to end.

In October she went to the emergency department accompanied by her parents because she seemed different in the last few days. A few days ago, while the patient was returning on the school bus, the patient began to write to her mother commenting that her classmates were imitating her, and that she noticed strangers not only in her classmates but also in her teachers, and in her own parents, thinking that they were imitating her. She had not slept well for several days.

In the interview alone with the patient, she was distrustful, hyper-vigilant, referring that the therapists were imitating her. She verbalized delusional ideation of harm and auditory hallucinations with high distress and emotional repercussions. She also presented slightly disorganized speech and formal thought disorders. In the last few days she had also been aggressive towards her younger brother and mother.

She had presented a febrile condition two weeks ago that subsided with antibiotics.

As a family history, she has a father's aunt diagnosed with paranoid schizophrenia.

**Objectives:** Due to the seriousness of the situation and the impossibility of performing an outpatient approach, it was decided to perform an urgent admission to the Infanto-Juvenile Brief Inpatient Unit with the objectives of performing a diagnostic affiliation, organic screening and evolutionary follow-up.

**Methods:** Due to the febrile picture that had presented two weeks ago, and the recent onset of symptomatology, it was decided to request the following tests: abdominal ultrasound, cranial MRI and electroencephalogram. All tests were normal.

**Results:** Due to the normality of the complementary tests requested, it was diagnosed as F29 Non-organic psychosis without specification. Treatment with Risperidone was started.

**Conclusions:** Two months later, the patient has had a good evolution, but still continues to present psychotic symptoms, such as auditory hallucinations and delusional ideation of harm, but with less impact than at the beginning.

The evolution of the case points to a possible diagnosis of Schizophreniform Disorder, due to the persistence of psychotic symptoms, less than 6 months after the debut.

Due to the age of the patient, we would be facing a diagnosis of VEOS (Very Early Onset Schizophrenia).

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