Methods: The french version of the Adolescent-Unresolved-Attachment-Questionnaire (QANRA: internal consistency=0.74-0.82; test-retest =0.58-0.83) was analyzed in 80 healthy children (50 HIP with IQ≥130 vs. 30 non-HIP), aged 7-to-13-years-old (mean 10y; SD 1.8). All children were recruited in private and public schools in Paris.
Results: There was no significant difference between the groups. However, when we looked at the developmental trajectory by distinguishing the period of adolescence [7-10 years (56% in the HIP group vs. 53% in the non-HIP); 11-13 years (44% in the HIP group vs. 47% in the non-HIP)], we have noted a significantly early integration of resolved attachment in the HIP children that seems to remain stable in adolescence.
Conclusions: Our findings highlight the early onset of attachment with a harmony of intellectual/psycho-affective development in HIP children without skipping stages, but more quickly and effectively. This could potentially be explained by their cognitive abilities, particularly the theory of mind and the executive functions, known to be significantly more efficient in HIP children without neurodevelopmental disorders.

Disclosure of Interest: None Declared

EPV0134

Developmental organization of the graphic gesture with a pre-scruptural task to assess handwriting

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Introduction: The literature mainly focused on spatio-temporal and kinematics parameters of tracing letters or words using digitizing tablets, no recent research has previously studied the developmental prerequisites of the organization of handwriting.
Objectives: We aimed to aimed to investigate and validate the developmental organization of the graphic gesture with a pre-scruptural task.
Methods: 122 typically developing right-handed elementary school children (grades 1st to 5th) aged from 6 to 11;3 years old were recruited. The axe postural and arm gestural features were video-recorded with analysis in 2D reconstruction. Spatial (length, size, regularity, slope of the line…), temporal (drawing time, pause time) and kinematic measures (velocity, peak velocity) were collected with a digital pen independent connected to an analysis software tool. External validity was studied in relation with the standardized handwriting scale BHK. The child has to draw a line of cycloid loops (from left to right drawn in an anti-clockwise direction) across the width of an A4 size unlined half sheet of white paper (containing non-visible watermarks to provide the location of the pen) free to move on the table, after observing the dynamic model on the iPad placed in front of him.
Results: Five main patterns of inter-segmental displacement gestures were found for the production of the line of loops with a significant developmental progress from grades 1st to 5th. Findings showed significant economic rotation movement with forearm rotation around the elbow in 4th and 5th grade, with the elbow tending significantly to be static on the table (p = 2.43e-16), wrist on the table and (p =0.02) and in half-supine position (p =0·001), tri-digital grasp of the pen (p =3.81e-08). Moreover, the mean pressure applied on the pen decrease at 4 and 5th grades and it is correlated to deleterious spatial-temporal and kinematic parameters.
Conclusions: The results of our study provide the first developmental grade and age-related normative data in the developmental genesis of the graphomotor gesture and with the spatio-temporal / kinematic measures. The more mature the gesture, the more there is a decrease in degrees of freedom of movement and stabilization of the joints that is fixed, as well as the presence of a distal flexion movement extending fingers in synergy with the rotation of the arm around the elbow. Furthermore, the task of copying of loops in ecological settings appears to be a good predictor for legibility and writing speed. Those data can account for the mechanisms of motor programming necessary to the automatization of the future gesture of handwriting.

Disclosure of Interest: None Declared

EPV0136

Trends in Youth Fatal Drug Overdose and Suicide Intentionality

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Introduction: Fatal youth overdose (FYO) in the US has been driven by fentanyl and polysubstances since 2016. Youth suicide have also been increaing since the year 2000. The manner of FYO may be accidental, intentional or undetermined, Psychoactive drug use including opioids has been known to increase suicidality in youth.
Objectives: Examine and compare the rate of intentinal and accidental FYO as well as specific drug toxicology in youth under 26 years of age in the state of Connecticut, USA; between the years 2016-2018 (Kaminer et al. JCASA 2020;29 80-87) and 2019-2021.
Methods: We reviewed N=286 consecutive FYO case files of youth who died between 2019-2021, from the Connecticut office of the Chief Medical Examiner.
Results: Comparing the periods of 2019-2021 2016-2018: A) FYO attributed to fentanyl increased significantly; B) Intentional YFO rates doubled from 3.8% to 7.7%; C) No gender differences were found between and within age groups; and D) hispanic rates increased significantly while caucasian rates decreased signficantly; F) for the first time YFO of youth under the age of 15 years was recorded and G) the age group of 15-19 years old constitute 10% of the YFO and remined unchanged.
Conclusions: The use of lethal drugs leading to youth accidental and intentional FYO should be addressed by developing prevention-intervention approach. Focus on acute modifiable high-risk is

prudent. The increase of intentional (i.e., suicidal) determined YFO is a major public health concern.

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EPV0137

Conversive and Factitious disorders: Differential diagnosis based on a case report

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Introduction: Conversive disorder is characterised by the presence of one or more involuntary neurological symptoms that are not due to a clear medical pathology. On the other hand, consciously simulated illnesses fall into two diagnostic categories: factitious disorders and malingering, which are differentiated by both the motivation for the behaviour and the awareness of that motivation. Factitious disorder behaviours are motivated by an unconscious need to assume the sick role, whereas malingering behaviours are consciously driven to achieve external secondary gains.
Objectives: Study of the differences between conversion disorder and factitious disorder and their repercussions from a case of difficult diagnosis.
Methods: Bibliographic review of scientific literature based on a relevant clinical case.
Results: We present the case of a 14-year-old male patient. Adoptive parents. Studying in high school. Social difficulties since childhood. He comes to the emergency department on several occasions referring stereotyped movements and motor tics in the four extremities with left cervical lateralization. Increase of these symptoms in the last month, so it was decided to admit him to the pediatric hospital. After observation and study of the patient's movements with normal complementary tests he should return home. The following day he returned to the emergency department after an episode of dizziness, mutism and emotional block. It was decided to admit him to Psychiatry for behavioral observation and differential diagnosis.
Conclusions: In the assessment of patients it is essential to make an appropriate diagnosis taking into account the patient's symptomatology and the patient's background and life context. Conversion disorder is the unintentional production of neurological symptom, whereas malingering and factitious disorder represent the voluntary production of symptoms with internal or external incentives. They have a close history and this has been frequently confounded. Practitioners are often confronted to medically unexplained symptoms; they represent almost 30% of neurologist's consultation. The first challenge is to detect them, and recent studies have confirmed the importance of "positive" clinical bedside signs based on incoherence and discordance. Multidisciplinary therapy is recommended with behavioral cognitive therapy, antidepressant to treat frequent comorbid anxiety or depression, and physiotherapy. Factitious disorder and malingering should be clearly delineated from conversion disorder. Factitious disorder should be considered as a mental illness and more research on its physiopathology and treatment is needed, when malingering is a non-medical condition encountered in medico-legal cases.

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EPV0138

Smith-Magenis Syndrome associated with Autism Spectrum Disorder with delayed diagnosis due to B12 deficiency: a case report

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Introduction: Smith-Magenis syndrome (SMS) is a complex genetic disorder characterised by distinctive physical features, developmental delay, cognitive impairment and a typical behavioural phenotype. SMS is caused by interstitial 17p11.2 deletions (90%) involving multiple genes, including the retinoic acid-induced 1 gene (RAI1), or by pathogenic variants in RAI1 itself (10%).
Objectives: In this case report, we present a case of Smith-Magenis syndrome with Autism Spectrum Disorder with karyotype 46,XX, 17p 11.2 gene deletion confirmed by Autism Spectrum Disorder, who was followed up in a paediatric neurology outpatient clinic with neuromotor developmental delay and whose diagnosis was delayed due to B12 deficiency. We also update scientific developments in Smith-Magenis syndrome.
Methods: We describe an 18-month-old male with Smith-Magenis syndrome and Autism Spectrum Disorder who was seen in our paediatric psychiatric outpatient clinic and who received B12 replacement with developmental delay.
Results: The patient was followed up in the paediatric neurology outpatient clinic with delay in neuromotor developmental milestones and this delay was thought to be due to B12 deficiency (B12<100 ng/L). The initial examination revealed delay in neuromotor and behavioural milestones, speech delay, wide and high nasal bridge and hypertelorism. Further physical examination revealed syndactyly of the second and third toes bilaterally and crossed lower teeth. Clinical and psychometric testing (Ankara Developmental Screening Inventory) by 2 consultants and 1 research assistant resulted in a diagnosis of intellectual disability and an additional diagnosis of Autism Spectrum Disorder due to social deficits that could not be explained by intellectual disability.
Conclusions: Smith-Magenis syndrome is a well-known disorder involving the deletion of chromosome 17p11.2, which contains the RAI1 gene. This condition is associated with neuromotor and behavioural delay, as well as distinctive dysmorphic features. Clinicians should consider Smith-Magenis syndrome in the differential