members were conceived as paranoid and treated successfully with a low dose of pimozide. Patients with severe eating disorders were further excluded from admission.

**Conclusions.**– Eventually the specific climate designed for ASS patients might be used with more specific benefit by ASS patients in which comorbidity in the sense of transdiagnostic psychiatry is treated as much as possible, in advance.

**Disclosure of interest.–** The authors declare that they have no competing interest.

**EV0086**

**Emotional experience of parents in a situation of child’s hospitalization in a psychiatric hospital**

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**Introduction.–** Hospitalization of the child in psychiatric clinic often appears for parents tough decision. Understanding of this by experts is an important factor of successful cooperation

**Objectives.–** To determine the parents’ most popular strategies for emotional regulation and to evaluate their effectiveness at the time of hospitalization of their child in psychiatric clinic.

**Methods.–** A total of 89 parents have participated in a research. Research techniques: The Beck depression questionnaire; Test “Study of anxiety”; Questionnaire of cognitive regulation of emotions.

**Results.–** Parents demonstrate high rates of situational and personal anxiety (64% and 53%); 46% of them have symptoms of depression. The most popular (an average rank 7,3 and 6,7) were “Positive revision” and “Planning” strategy. However neither they, nor any other strategy were connected with decrease in level of anxiety and a depression. The positive correlation of symptoms of a depression and such strategy as “Rumination” and “Katastrofization” (r = 0,538 и r = 0,498, P = 0,01); signs of situational anxiety and strategy “Acceptance”, “Rumination” and “Katastrofization” (r = 0,419, r = 0,484, r = 0,487, P = 0,01) is noted. There are no differences in symptoms of emotional trouble and in the patterns of regulation in mothers and fathers and also at those whose child is hospitalized for the first time and repeatedly.

**Conclusions.**– Expression of symptoms of a depression and anxiety demonstrate that hospitalization is stressful for all family. The lack of effective regulation strategy in this situation sets for experts a separate task of helping not only to the child, but also to all his family.

**Disclosure of interest.–** The authors declare that they have no competing interest.

**EV0089**

**Neurodevelopmental and childhood-onset schizophrenia in an adolescent presenting inherited 10q26.3 duplication**

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**Introduction.–** Childhood-Onset Schizophrenia (COS) is defined by an onset of schizophrenia positive symptoms (delusions, hallucinations, disorganized speech or behaviour) before age 13. A higher rate of neurodevelopmental and cytogenetics abnormalities is observed in COS compared to adult onset schizophrenia. The exact pathogenic mechanism remains unknown.

**Case description.–** We describe a 17-year old girl without ante- or perinatal history despite uncomplicated caesarian section. The family history was marked by the violent father’s death in early patient’s childhood. The developmental history revealed delayed motor milestones, communication, intellectual (IQ = 74) and learning impairments. She presented tantrums and poor social interactions since the age of 7 and delusion and visual hallucinations at age of 12, and was diagnosed with COS, EEE, cerebral MRI, standard blood analysis and metabolic screenings were normal. A chromosomal microarray analysis revealed interstitial 324 kb duplication (10q26.3). Familial segregation revealed the presence of this microduplication in both patient and her mother, associated with schizophrenia spectrum disorders, and the absence in the asymptomatic 22-year old sister.

**Conclusion.–** Our report is the first description of an association of 10q26.3 duplication, so far described in autism, with Childhood-Onset Schizophrenia. The mother’s psychotic disorder evolved since adolescence (15 years) while her daughter presented an early and neurodevelopmental form of schizophrenia. This case argues in favor of the schizophrenia “two-hit hypothesis” where the second hit, an early childhood psychotrauma, might explain the early neurodevelopmental clinical presentation.

**Disclosure of interest.–** The authors declare that they have no competing interest.

**EV0090**

**A qualitative study of how legal guardians experience deliberate self-harm among adolescents under their custody**

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This study was conducted in partial fulfillment of a master’s degree at the University of Malta.

**Background.–** Deliberate Self-Harm is the intentional act of causing harm to oneself in the absence of suicidal intentionality, however it’s repetitive nature increases the risk of fatality having severe repercussions on global public health. The overall aim was to explore the lived experience of legal guardians of adolescents who deliberately self-harm.

**Method.**– Heideggerian Hermeneutic Phenomenology underpinned the study while Interpretative Phenomenological Analysis guided the extrapolation and interpretation of results. Four participants and one pilot study were recruited, consisting of mothers in care of adolescents who received care from the Child Guidance Unit and engaged in Deliberate Self-Harm in the past year. In-depth
**EV0091**

**Underage admissions to a brief psychiatry unit**

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Underage admissions to a brief psychiatry unit

**Introduction.** At least 20% of children and adolescents have some mental disorder. When they require admission, there is usually a greater impact on family, social and school functioning.

**Objectives.** To know the epidemiological characteristics of the children inpatients.

**Methods.** A cross-sectional study on the prevalence of psychiatric disorders in a Brief Hospitalization Unit. Description of the sample. Inclusion criteria: younger than eighteen years admitted between May 2007 and May 2017. Variables: age, sex, health care district, days of stay, diagnosis. Quantitative variables are described with averages and standard deviation, and qualitative variables with percentages.


**Conclusions.** The most frequent causes of admission were ED, anxiety disorders, ADHD, psychotic and affective disorders. Males were admitted more frequently, except in cases of ED. The mean age was lower in males. The mean stay was higher in cases of ED. Admissions were greater in our health care district.

**Disclosure of interest.** The authors declare that they have no competing interest.

**EV0092**

**Optimize clinical drug performance for the treatment of ADHD using response surface analysis**

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The objective of this paper was to develop a novel model-based methodology utilizing the response surface analysis and a non-linear optimizer algorithm to maximize the clinical benefit of drug treatments. The response to a treatment was described by a drug-disease model accounting for multiple components such as the dosage regimen, the pharmacokinetic characteristics of a drug (including the mechanism and the rate of drug delivery), and the exposure-response relationship. A convolution-based approach was used to characterize the pharmacokinetics of the drugs used and an indirect-response modeling approach was used to link the drug exposure with the clinical response.

A case study is presented to illustrate how the performances of drug treating the attention deficit hyperactivity disorder (ADHD) can be improved. The results of the analysis indicated that a substantial improvement in clinical benefit was expected when optimal strategies were deployed.

**Disclosure of interest.** The authors declare that they have no competing interest.

**EV0093**

**Inflammation and its part on treating non-responders in schizophrenia**

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Inflammation has been playing an important part in our understanding of psychiatric disorders, for at least a decade now. In this oral presentation, we are trying to achieve an understanding of how anti-inflammatory drugs can reduce psychotic symptoms in schizophrenic patients, who are not responding to antipsychotic treatment.

In order to do so, we have overviewed all publications of the last 5 years of research, that contain the words “inflammation” and “Schizophrenia”. The aim is to outline the fact that (and explain how) most non-responders, have a lot of specific inflammatory cytokines on circuit and that this blocks most antipsychotics.

**Disclosure of interest.** The authors declare that they have no competing interest.