

Objectives: The aim was to verify tDCS as a therapeutic aid for patients who exhibit NSSI despite implementation of pharmacotherapy and psychotherapy.

Methods: We investigated the modulation effect of tDCS treatment at the right inferior frontal gyrus (rIFG) in hospitalized adolescents with NSSI.

Results: Preliminary tDCS stimulation results indicate potential usefulness of this method in regulating emotions and improving executive functions.

Conclusions: Prefrontal cortex stimulation may restore balance in aforementioned connections and, as a result, positively influence an emotional regulation i.e. lower the impulsiveness, agitation and, by doing so, decrease NSSI frequency.

Disclosure: No significant relationships.

Keywords: emotion regulation; NSSI; TdCS; Adolescents

EPV0227

QT Prolongation: Psychotropic medication versus illicit drugs

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Introduction: Countless substances used for their psychotropic effects may induce adverse cardiac effects, such as QT prolongation. This category of substances holds illicit drugs as well as medications, with their effects influenced by dosage, concomitant use and patient specific factors. The appraisal of cardiac consequences is essential as delayed repolarization may lead to the rare but potentially deadly polymorphic ventricular tachycardia.

Objectives: The goal of this presentation is to underscore the cardiac risks associated with both medication use and substance abuse in order to ensure the suitable psychopharmacological treatment, especially in particular situations of drug using patients.

Methods: The subject of the presentation is a 17-year-old female adolescent hospitalized in our clinic, with multiple substance abuse, as seen in qualitative multidrug test (cannabis, amphetamines, ecstasy, barbiturates, benzodiazepines), previously under complex treatment prescribed by an adult psychiatrist (3 atypical antipsychotics, 1 selective serotonin reuptake inhibitor, 1 anticonvulsant, 1 benzodiazepine). Specialty literature has been reviewed concerning the cardiac effects of both the abuse substances and the psychiatric medications.

Results: Multiple drugs involved may cause a myocardial repolarization delay, the patient having a QTc of 508 msec at the admission. Consequent to parenteral fluids and treatment managing, ECG revealed a decrease to 379 msec 7 days later in the stay. This

finding could not be viewed solely as caused by drug use, psychiatric medication or individual factors, but rather as their aggregation.

Conclusions: Psychotropic substances use may lead to QT prolongation, which calls for close cardiac supervision whenever patient’s behaviour warrants or when pharmacologic intervention is required.

Disclosure: No significant relationships.

Keywords: substance abuse; Psychotropic agents; electrocardiogram; QT prolongation

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Neuropsychological profile of Turner Syndrome in relation to deficits in academic and psychosocial areas. A case report

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Introduction: Previous reviews reported an association between Turner Syndrome (TS) and a profile of deficits in some neurocognitive domains (visual-spatial domains, mathematics, and executive functions: cognitive flexibility, working memory, cognitive inhibition, and problem solving), although pointing out individual variability.

Objectives: To describe the neuropsychological profile of a patient with diagnosis of TS and psychosocial difficulties attended at the Service of Psychiatry, Clinical Psychology and Mental Health at La Paz University Hospital (Madrid).

Methods: A descriptive study is conducted on a single case of a 11-year-old woman with diagnosis of TS attended by a clinical psychologist at a child-adolescent Mental health center for social, family and academic difficulties. Neuropsychological assessment was completed in October, 2021. The Wechsler Intelligence Scale for Children-Five Edition (WISC-V) and Neuropsychological Assessment of Executive Functions in Children (ENFEN) batteries were administered.

Results: The full-scale intelligence quotient was observed in the normal range, with lower scores in non-verbal tasks. Deficits (range from $z = -2.00$ to -1.75) were observed in tests of working memory, processing speed and complex problem-solving tasks. The results showed great variability in other executive functioning tasks (selective attention tasks: from $z = -1.75$ to -0.75 ; and cognitive flexibility tasks: from $z = -2.25$ to 0.25).

Conclusions: The neurocognitive profile described in the literature was partially consistent with the results obtained in this study. The neuropsychological assessment can support the elucidation of clinical diagnostic and therapeutic factors in TS patients with relevant psychosocial or cognitive difficulties.

Disclosure: No significant relationships.

Keywords: Turner Syndrome; Executive functions; Neuropsychological Evaluation