

## EPV0147

**Emotional Dysregulation and Altered Reward Processing in Self-Harm**E. Yavuz<sup>1\*</sup>, M. Di Simplicio<sup>2</sup> and R. Rodrigues<sup>2</sup><sup>1</sup>Imperial College London, Psychiatry, NN, United Kingdom and<sup>2</sup>Imperial College London, Brain Sciences, London, United Kingdom

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doi: 10.1192/j.eurpsy.2022.1083

**Introduction:** Self-Harm (SH) is any act of self-injury carried out by somebody irrespective of motivation. SH most commonly functions to relieve negative affect (NA). Tentative evidence suggests reward processing is altered in SH. NA may trigger reward hypersensitivity and therefore SH. Whether NA influences reward processing in SH remains unclear.

**Objectives:** To investigate whether self-harmers differ in motivation to obtain SH stimuli than healthy controls (HCs) following NA induction.

**Hypothesis:** After NA induction, SH participants will have a significantly shorter reaction latency (RL) and greater reaction accuracy (RA) than HCs in the SH condition of the Incentive Delay (ID) task.

**Methods:** 16-25-year-old SH (n=35) and HC (n=20) participants were recruited online and underwent the Trier Social Stress Test, to induce NA, followed by the ID task, where participants were cued to respond to a target as quickly as possible. On responding, an image of either a SH act (SH Condition), people socializing (Social Condition) or money (Monetary Condition) appeared. Each condition included control trials showing a neutral image. RA was the percentage of trials responded to within the target's presentation time. RL was the time (seconds) between target appearance and participants' response.

**Results:** There was no significant main effect of group, condition or group x condition interaction for RL. There was a significant main effect of condition ( $p < 0.05$ ) but not of group nor a group x condition interaction for RA.

**Conclusions:** Reward processing did not differ in the SH group compared to HCs post-NA induction. Future studies could investigate reward processing in longitudinal and larger SH samples.

**Disclosure:** No significant relationships.

**Keywords:** self-harm; psychiatry; emotion regulation; reward processing

## EPV0146

**"She gets out of control when she's on her period".  
Cyclic menstrual psychosis. A case report**M.V. López Rodrigo<sup>1\*</sup>, A. Osca Oliver<sup>1</sup>, M. Palomo Monge<sup>2</sup>, M.F. Tascón Guerra<sup>2</sup> and M. Pérez Fominaya<sup>2</sup><sup>1</sup>Hospital Nuestra Señora del Prado, Psiquiatría, Talavera de la Reina, Spain and <sup>2</sup>Hospital Nuestra Señora del Prado, Psiquiatría, Talavera de la Reina, Spain

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doi: 10.1192/j.eurpsy.2022.1084

**Introduction:** Cyclical psychosis related to the menstrual cycle is an entity not included in the DSM-V and ICD-10 classifications, however there are data collected in the literature on cases that agree

with this diagnosis. When reviewing cases, psychotic symptoms of sudden onset are described a few days before menstruation, with the symptoms resolving in a self-limited way when the bleeding ends. The end of psychotic symptoms is not directly related to the use of antipsychotics. The complete clinical picture is nonspecific and fluctuating. With acute onset, short duration, cyclical repetition, with psychotic symptoms (mutism, confusion, delusions, hallucinations) or a manic episode. We present the case of a 14-year-old adolescent with a history of epileptic seizures in childhood, without current treatment. She goes to the emergency department brought by her father and brother presenting psychomotor agitation, verbiage, flight of ideas, loss of the common thread in the speech, referring delusional ideas with experience of harm. His relatives report that he has not slept for a few days, with soliloquies, unmotivated laughter. They refer that the picture has been repeated in recent months during the days of menstruation.

**Objectives:** Knowing a diagnosis not included in the current classifications.

**Methods:** Imaging tests and neurological evaluations rule out organic picture.

**Results:** Given the periodicity of the condition, the symptoms are self-limiting at the end of menstruation, without a clear relationship with psychopharmacological treatment (although agitation improves).

**Conclusions:** Cyclical menstrual psychosis approximates affective disorders, especially bipolar disorder in adolescence. The role of psychotropic and hormonal treatment is debatable.

**Disclosure:** No significant relationships.

**Keywords:** cyclic; menstruation; Psychosis; cyclic psychosis

## EPV0147

**Snapshot of a Child and Adolescent Psychiatric ER during Pandemic**F. Arain<sup>1\*</sup>, A. Tohid<sup>2</sup>, M. Jawad<sup>3</sup>, A. Rashid<sup>1</sup>, P. Korenis<sup>4</sup> and J. Sanchez-Lacay<sup>1</sup><sup>1</sup>BronxCare Health System Icahn School of Medicine at Mount Sinai, Child & Adolescent Psychiatry, Bronx, United States of America;<sup>2</sup>University of Southern California, Psychiatry, Los Angeles, United States of America; <sup>3</sup>King Edward Medical University, Psychiatry, Lahore, Pakistan and <sup>4</sup>University of Southern California, Psychiatry, Bronx, United States of America

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doi: 10.1192/j.eurpsy.2022.1085

**Introduction:** The COVID-19 pandemic has disrupted numerous fundamental systems ranging from businesses to education system. The long-term consequences of the Pandemic, namely virtual learning and prolonged social isolation are coming to fruition in Child/Adolescent-Psychiatric Emergency-Rooms (CAP-ER). Discontinuity of in-person attendance of schools has poorly impacted the mental health of children and adolescents (C&A) of low-socioeconomic areas, who often rely on schools for meals, physical activity, and mental-health support. An increase in agitation, suicidal ideation, and a declining school performance has been observed in such situations.

**Objectives:** The primary objective of this study is to explore the increase in these symptoms as the presenting complaint in the psychiatric ER.