**Introduction:** Faced with a possible overdiagnosis of bipolar disorder in children and adolescents, a new diagnosis has been created in the mental illness classification system. This new diagnosis is named Disruptive Mood Dysregulation Disorder.

**Objectives:** We propose to carry out a bibliographic review on the new diagnostic category of Disruptive Mood Dysregulation Disorder.

**Methods:** We present the clinical case of a 10-year-old boy showing severe irritability symptoms.

**Results:** Disruptive Mood Dysregulation Disorder refers to persistent irritability and frequent episodes of extreme behavioral disturbance in children up to 12 years of age. Onset must occur before 10 years of age and the diagnosis should not be applied to children under 6 years of age. The clinical course of these patients in adolescence and adulthood tends towards unipolar depressive disorders or anxiety disorders rather than bipolar disorders.

**Conclusions:** The new diagnosis of Disruptive Mood Dysregulation Disorder allows us to differentiate between the classic episodic presentations of mania from the non-episodic ones of severe irritability.

**Disclosure:** No significant relationships.

**Keywords:** Disruptive Mood Dysregulation Disorder; bipolar disorder; Children and Adolescents

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**EPV0068**

**Structure of early signs of affective pathology in adolescents**

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**Introduction:** Studies in adults with bipolar disorder (BD), shows that in 25% of cases first affective episode occurs under the age of 13 and in 63-69% under the age of 19. The most difficult problem is the early identification of BD, which starts as adolescence as a result of polymorphism of clinical symptoms, their syndromic incompleteness.

**Objectives:** Study of the structure of adolescents affective disorders on primary appointment in outpatient psychiatric unit.

**Methods:** Content analysis, sampling method, statistical method. 120 disease histories of adolescents who first applied for outpatient psychiatric unit in 2019 were used. 93 (77.5%) of them were girls and 27 (22.5%) of them were boys. The average age was 17 years.

**Results:** In the structure of initial diagnoses, according to ICD-10, mood disorders [F00-F09] - 56.0% prevailed. [F40-F49] - 25%, [F00-F09] - 6.6%, [F20-F29] - 6.6%, [F50-F59] - 4.2%, [F90-F99] - 1.6% were less likely. Structure of complaints of adolescents and their parents on primary appointment for specialized psychiatric care is shown in Table 1 (p<0.05).

**Conclusions:** Initial signs of emotional disorders in adolescence are polymorphic, nosologically nonspecific, and can lead to diagnoses that are not limited only by the affective pathology. The most common symptoms (irritability, anxiety, mood falls) can act as transdiagnostic phenomena that must be taken into consideration both in the diagnostic study and in further clinical and dynamic follow-ups and treatment.

**Disclosure:** No significant relationships.

**Keywords:** adolescents; early diagnosis; affective pathology

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**EPV0069**

**Child sexual abuse presenting to a teaching hospital in colombo, Sri Lanka**

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**Introduction:** Child sexual abuse is a major public health problem in Sri Lanka, with prevalence rates ranging from 14-44%. We aimed to describe the victim and perpetrator characteristics, pattern of disclosure and psychological consequences of sexual abuse in children presenting to a tertiary care hospital in Sri Lanka.

**Objectives:** We aimed to describe the victim and perpetrator characteristics, pattern of disclosure and psychological consequences of sexual abuse in children presenting to a tertiary care hospital in Sri Lanka.

**Methods:** This was a retrospective file review study of 164 victims who presented to a Teaching Hospital in Colombo, Sri Lanka, with alleged sexual abuse over a period of 5 years from 2015-2019.

**Results:** Majority of the victims were female and older than 12 years. Majority (73.6%) have been subjected to penetrative sexual abuse with 58.5% of victims reporting more than one incident of abuse. Almost all (99.9%) of the perpetrators were male, with 94.5% being known to the child. Only 42.7% (n=70) of the children revealed about the incident within the first week. Delayed disclosure (i.e. more than 1 week since the incident) was significantly higher in penetrative abuse (p<0.01), multiple incidents of abuse (p<0.01) and in abuse by a known person (p<0.05). Children who disclosed after one week were significantly less likely to disclose about the incident spontaneously (p<0.01). Psychological sequel was seen in 28.7%, with depression being the commonest diagnosis (8.5%).

**Disclosure:** No significant relationships.

**Keywords:** Child sexual abuse; early diagnosis; affective pathology
The aim of our study to investigate the behavioral disorder ranging from primary snoring to obstructive sleep apnea

Introduction:

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Objectives:

- To investigate the behavioral consequences of sleep-disordered breathing.

Methods:

- Two hundred thirty-four children aged 4-10 years participated in the study. The SDB group consists of seventy-eight children with OSA and seventeen with primary snoring (average age: 6.7 (SD = 1.83), 32 female/46 male).
- One hundred fifty-six children participated in the control group (average age: 6.57 years (SD = 1.46), 80 female/76 male). The two groups were matched by age and gender.
- We used the Attention Deficit Hyperactivity Disorder Rating Scale, Strength and Difficulty Questionnaire, and Child Behavior Checklist to assess the behavioral functions. Furthermore, the OSA-18 Questionnaire was administered to support the diagnosis of SDB.

Results:

- According to our results, children with SDB showed a significantly higher level of anxiety and depression and demonstrated significantly higher externalizing (such as attentional problems, hyperactivity, or social problems) and internalizing behavior problems (aggression, rule-breaking behavior).

Conclusions:

- The victim and perpetrator characteristics, pattern of disclosure, and psycho-behavioral characteristics as factors related to hikikomori are significant determinants of hikikomori severity.
- Methods: We selected population demographics, socioeconomic data, and psycho-behavioral characteristics as factors related to hikikomori and explored their associations with hikikomori severity using cross-sectional analysis. Subjects were a group of middle school students examined as outpatients at a psychiatric clinic during adolescence for a chief complaint of hikikomori and a control group of middle school students matched for sex and age. Subjects’ parents completed a questionnaire pertaining to their child’s hikikomori symptoms and living environment along with the Child Behavior Checklist (CBCL). The data collected was then statistically analyzed.

Results:

- T-test results demonstrated that scores for all CBCL syndrome scales were significantly higher in the patient group, but no scores fell within the clinical range. Multiple regression analysis revealed that being anxious/depressed, somatic complaints, lack of communication between parents, and overuse of the Internet were statistical predictors of hikikomori severity.