

Poster PS01-01 (P)

3390 - Empathizing, systemizing and theory of mind in 22q11.2 deletion syndrome

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Introduction: Chromosome 22q11.2 deletion syndrome (22q) is the most common microdeletion disorder affecting 1 in every 2,000 to 4,000 live births. Children with 22q often have poor social competence and are also at increased risk for psychiatric disorders including autism spectrum disorders (ASD) and psychosis. It is not clear whether poor social functioning in 22q is influenced by cognitive style such as low empathizing quotient (EQ), and high systemizing quotient (SQ) as in reported in individuals with ASD. Thus, the study assessed EQ/SQ, Theory of Mind (ToM) and social functioning in 22q. **Methods:** 22q (n=23, mean age= 16.7 +/- 3.2 years, 9 males) and typically developing control (TD) (n=16, mean age= 16.6, +/- 2.4 years, 9 males) participants completed a ToM task (Triangles Task: see Abell et al., 2000) as well as self-report EQ/SQ questionnaire. Parents-reported Strength and Difficulties Questionnaire (SDQ) was also collected. **Results:** Compared to the TD group, participants with 22q endorsed significantly fewer empathizing (22q: mean=33.4 (9.9), TD: mean= 43.6 (12.1); $t(37)=-2.9$, $p=0.006$) and fewer systemizing items (22q: mean=37.2 (9.7), TD: mean= 47.4 (17.3); $t(37)=-2.1$, $p=0.045$). Neither group demonstrated a cognitive style preference (i.e., EQ or SQ: $p>0.05$). On the ToM task, participants with 22q produced fewer appropriate descriptions ($t(37)=-3.4$, $p=0.002$) and less intentionality ($t(37)=-2.6$, $p=0.012$) to describe ToM animations compared to the TD group. In the 22q group only, correlational analysis indicated significant negative associations with higher EQ scores and lower SDQ total score ($r=-0.58$, $p<0.004$), and fewer peer problems ($r=-0.44$, $p<0.04$) and more prosocial behaviors ($r=0.53$, $p<0.01$). ToM performance was not associated with EQ and SQ. **Conclusion:** Given previous reports of the relationship between empathizing and ToM, the results of the current study showed that EQ/SQ preference was not associated with the measure of ToM. This finding was unexpected and may be explained by the sensitivity of the ToM measure. Neither group demonstrated evidence of a dominant EQ/SQ cognitive style. Finally, although 22q participants endorsed fewer EQ items, higher EQ scores were associated with a more adaptive social behavior in this group.

Poster PS01-02 (P)

3457 - Stress reactivity, cortisol levels and experience sampling in adults with 22q11DS

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Background

22q11 deletion syndrome (22q11DS) is a genetic disorder associated with anxiety and mood disorders, and increased risk for psychosis. Cortisol levels and stress reactivity reflect hypothalamic-pituitary-adrenal (HPA)-axis activity and are believed to be altered in subjects that often experience daily life stress, depression and psychotic symptoms. However, it is unknown whether patients with 22q11DS have an altered stress reactivity.

Methods

We included 27 adults with 22q11DS (age: 34.4 years, 66.7% female) and 24 healthy controls (HC) (age: 36.5 years, 68.6% female). The experience sampling method (ESM) was used and at every assessment a saliva cortisol sample was taken. Cortisol samples were averaged and compared between groups using an independent t-test and a multilevel regression model was used to analyse the ESM data.

Results

Cortisol was significantly lower in the 22q11DS group ($t(57)=11.1$, $p<.001$) compared to healthy controls. In addition event-related-stress reactivity scores were a negative predictor for average self-reported negative affect in both 22q11DS patients and healthy controls, respectively $R^2=0.130$, $F(2,1155)=87.62$, $p<.001$ and $R^2=0.0578$, $F(2,1120)=35.4$, $p<.001$ and significantly higher in 22q11DS compared to healthy controls ($z=-2.430$, $p<.05$).

Conclusion

These preliminary results indicate that people with 22q11DS may experience higher self-reported negative affect to small stressors in daily life, whilst showing lower mean cortisol levels than HC, possibly resulting from an over sensitization of the HPA-axis, which gives rise to hypocortisolism in posttraumatic stress disorder and psychotic major depression. This could imply a permanent long-term effect of stress and possibly be present in adults with 22q11DS too.

Poster PS01-03 (P)

2710 - Variation in the oxytocin receptor gene is associated with social cognition and ADHD

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Objective: Children with attention-deficit hyperactivity disorder (ADHD) show substantial deficits in social cognitive abilities. Oxytocin (OXT), mediated through its specific receptor (OXTR), is involved in the regulation of social behavior and social cognition. **Methods:** The entire coding sequence of the human OXT and OXTR genes were sequenced to identify mutations and single nucleotide polymorphisms (SNPs) in 151 children with ADHD (ADHD-combined, n=51; inattentive subtype, n=50; ADHD-combined plus conduct disorder, n= 50; 11-18 years) and 100 typically developing healthy children. **Results:** Three common SNPs (rs2228485, rs237902 and rs4686302) were detected in OXTR gene. We examined the association of these three SNPs of OXTR with social cognition deficits in ADHD and healthy children. Social cognition deficits were quantified by three advanced Theory of Mind (ToM) tasks and clinical symptoms. A significant association was shown between the children with ADHD and T allele carriers of rs4686302 ($x^2 = 3.695$; $p = 0,037$). ADHD children carrying one or two OXTR rs4686302 T alleles performed significantly lower on the face emotion recognition task than those carrying two C alleles. **Conclusions:** OXTR gene rs4686302 polymorphism was shown to be an important genetic marker in modifying disease severity.

Keywords: social cognition; oxytocin gene; oxytocin receptor gene; polymorphism; attention-deficit.

Poster PS01-04 (P)

3050 - Methodological limits of epigenetic studies in neurodevelopmental disorders

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Introduction

Epigenetic studies in the field of neurodevelopmental disorders are considerably useful in understanding their complex etiopathogenesis. However, many methodological biases limit the extent of their results and render difficult their interpretation.

Objective

To highlight methodological limits of epigenetic studies in the field of neurodevelopmental disorders, and proposed alternatives for these biases.

Methods

A review of literature, researching recent articles published on Medline. Key words used were: epigenetics, DNA methylation, autism, genome-wide.

Results

The epigenome, much like the genome, is not identical in all cells of the body. It varies specifically according to each tissue and is dynamic over the course of a lifetime. Cellular samples used in psychiatric studies originate mostly from post-mortem central nervous system tissue. The interpretation of findings derived from such samples could be flawed due to numerous factors: the length of time that the tissue was conserved, age, sex, previous treatments, all of which are capable of modifying the epigenome. As for using peripheral cells like blood cells or mouth epithelial cells, the problem of correlation between the epigenome of these cells and that of nerve cells arises. Some studies do show, though, that the DNA methylome of blood cells is similar to that of brain cells. Blood samples also contain different cell types that vary in proportion from one individual to another. Therefore, differences found in DNA methylation could be due to the samples' cell heterogeneity. Furthermore, an inter-individual variability is noted in the arrangement of CpG dinucleotides inside the DNA sequence. This finding is to be taken into consideration when interpreting differences in methylation profiles.

Conclusion

The National Institutes of Health has come up with guidelines on how to conduct research in epigenetics. This will limit the shortcomings of these studies and lead to a better understanding of the role played by epigenetics in neurodevelopmental disorders.

Poster PS01-05 (P)

2473 - Depression, Anxiety levels and Alexithymia in Children with Primary Headache: A Controlled Study

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Objective: The aim of this study was to compare the levels of depression, anxiety and alexithymia in children with primary headache to the control group. It was also aimed to compare maternal depression and anxiety levels between the two groups. We investigated whether there is a relationship between alexithymia, depression and anxiety.

Methods: We evaluated 30 children (7-18 years of age; mean \pm SD: 14.23 \pm 2.58) with primary headache and 30 controls matched for age and gender. Participants were recruited at the pediatric neurology clinic of the Ankara University. The levels of depression, anxiety and alexithymia were assessed with Children's Depression Inventory (CDI) and State-Trait Anxiety Inventory (STAI), Toronto Alexithymia Scale (TAS-20), respectively. Beck Depression Inventory (BDI) and Beck Anxiety Scale (BAS) were completed by the mothers. DSM-IV diagnoses were obtained by means of the Schedule for Affective Disorders and Schizophrenia for School-Age Children-Present and Lifetime Version (K-SADS-PL).

Results: Levels of depression, anxiety and alexithymia did not differ significantly between the case and control groups ($p > 0.05$). Depression scores of case group's mothers were significantly higher than controls (15.13 \pm 7.79 vs. 10.56 \pm 8.16, $p = 0.01$), whereas anxiety scores were not statistically significant (17.0 \pm 10.52 vs. 14.1 \pm 12.06, $p = 0.124$). In the case group, alexithymia scores (TAS-1, TAS-2, TAS total) were positively correlated with depression scores ($r = 0.765$, $r = 0.80$, $r = 0.824$, respectively, $p < 0.001$) but there was no correlation with the TAS-3 ($r = 0.010$, $p > 0.05$). In the control group, alexithymia scores (TAS-1, TAS-2, TAS total) were positively correlated with depression scores ($r = 0.696$, $r = 0.468$, $r = 0.591$, respectively, $p < 0.001$). According to correlation analysis results, the correlation coefficients between alexithymia and depression scores were higher in the case group than the control group.

Conclusion: These findings highlight evaluating alexithymic features of the children with primary headache who have high depression scores. High depression scores of mothers whose children with primary headache may indicate the importance of psychological support and psychotherapeutic interventions.

Poster PS01-06 (P)

2664 - Trait anxiety as a mediator of the association between attention deficit hyperactivity disorder symptom severity and functional impairment

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Objective: Anxiety has been shown to influence functional impairment in patients with attention deficit hyperactivity disorder (ADHD). This study aimed to compare functional impairment in subjects with and without adult ADHD and to investigate the associations among trait anxiety, functional impairment, and ADHD symptom severity. Moreover, the effects of ADHD symptom subtypes on trait anxiety and functional impairment were also examined.

Method: The sample included 209 adults between the ages of 20 and 31 years. Fifty-one adults received a diagnosis of ADHD, and an additional age, sex-matched group of 51 adults comprised the adult control. Participants were assessed with Conners' Adult ADHD Rating Scales (CAARS), the Beck Depression Inventory (BDI), the Spielberg Trait Anxiety Index (STAI-T), and the Sheehan Disability Scale (SDS).

Results: Adult ADHD patients significantly differed from normal control subjects according to BDI, STAI-T, and SDS assessment. Significant positive correlations were noted between ADHD severity, anxiety, and functional impairment. Mediation analysis confirmed anxiety as a mediator between functional impairment and ADHD CAARS symptom subscales.

Conclusion: Patients with adult ADHD showed higher levels of anxiety, depression, and functional impairment. Our results suggest that anxiety may be a strong mediator between ADHD severity and functional impairment.

Poster PS01-07 (P)

2484 - Sleepstudying Related to Test Anxiety: A Case Report

Dr. HALİT NECMİ UÇAR; Dr. ŞAFAK ERAY; Dr. PINAR VURAL

Sleepwalking (SW) is partial arousal disorder, which occurs in slow-wave sleep, usually during the first third of the sleep period. The frequency of SW is greatest in childhood, decreases significantly in adolescence, and is lowest in adulthood. SW have been found to be associated with emotional and personality problems. When compared to other psychiatric problems, a stronger association between SW and mood-anxiety disorders has been shown in several studies. In this case report, sleepwalking triggered by test anxiety will be discussed.

Case

A 15- year-old female adolescent patient was admitted to our child psychiatry outpatient clinic with a 4-week history of sleepstudying at her desk. She was a student in the 8. grade. Her family expressed that sleepstudying had recommenced two to three nights a week. She was getting out of the bed, walking around the room, sitting her desk and looking her test book at night. After 15-20 minutes later she was returning her bed and sleeping. In the morning she was not remembering anything. We learned that she has a very important exam which is Transition from Basic Education to Secondary Education (TBSE). During the psychiatric interview, she was anxious about her TBSE exam and had dizziness, hand shivering, uncertainty, increased heart beat and sweating in her trial exam. After psychiatric evaluation; she received a diagnosis of Test Anxiety. She was prescribed 20 mg fluoxetine per day.

Discussion

SW is not a common symptom in adolescents. It may be associated with nonpsychotic mood disorders, anxiety disorders and substance use disorders. In our case, patient had diagnosed with test anxiety. Usually SW is shown with walking around. However our case was walking, sitting and looking her test book. In Turkey, students have got a lot of important exam which affects their life directly. One of these important exams is TBSE which has got two stages in the 8. grade. There are a lot of students and family who suffer anxiety symptoms about this exam. We want to point to lots of critical exam in Turkey and test anxiety in Turkish students with this case report.

Poster PS01-08 (P)

3162 - Clinical Manifestations of Social and Academic Functioning in Adolescents with Anxiety Disorders

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OBJECTIVES: Anxiety disorders are highly prevalent during adolescence. Adolescents go through a critical period of transition with increasing demands across different role domains. Although, the literature points out that anxiety symptoms are negatively related to both social and academic functioning, The extent to which anxiety disorders are related to social and academic adjustment in adolescence is however, relatively unknown. More insight into social and academic difficulties is important in order to identify impediments during this developmental period as well as to design intervention strategies directed at this specific age group. Therefore, we aim to systematically examine the extent of problems in social and academic functioning for adolescents with anxiety disorders across published studies.

METHOD: Electronic databases were searched up to February 2016, with keywords representing anxiety disorders, adolescents and social or academic functioning. The inclusion criteria were studies with a representative sample of adolescents (10-19 years) with anxiety disorders that provided data on their social or academic functioning. 2673 titles were examined, which yielded 13 studies meeting the inclusion criteria.

RESULTS: Studies had an average to good study quality. A lower social competence for adolescents with anxiety disorders relative to their healthy peers was found. They also experience more negativity (i.e. interpersonal problems, victimization) within peer relations and clinical levels of loneliness. Academic performance of adolescents with anxiety disorders is comparable to healthy peers, but they have a higher risk for school refusal and less often enter higher education. Impairment in social and academic functioning may differ across gender, type and number of anxiety disorders.

CONCLUSION: This systematic review of the current literature indicates that adolescents with anxiety disorders experience problems in both social and academic functioning. Difficulties within these role domains are not limited to social anxiety disorders, but are apparent across all anxiety disorders. These findings imply that the clinical treatment of anxiety disorders should involve assessment of specific problem areas adolescents face, as well as a step-wise approach to improve functioning across role domains.

Poster PS01-09 (P)

2809 - The frequency of anxiety disorders in parents of children with and without ADHD

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Objective: Attention Deficit Hyperactivity Disorder (ADHD) is frequently comorbid with a variety of psychiatric disorders. The Family genetic studies are one of the available methods in psychiatric research to examine potential genetic influences in a disorder. These studies have consistently found that relatives of probands with ADHD to be at increased risk for mood and anxiety disorders. This is a cross-sectional study designed to assess the frequency of anxiety disorders in three groups (parents of children with ADHD, Anxiety, ADHD+Anxiety groups)

Method: 128 parents (114 mother and 14 father) of 128 children (n=84 male, n=44 female) were recruited in the study. Three diagnostic groups of children were determined: ADHD (n=47), ADHD+Anxiety (n=30) and Anxiety (n=51). We examined the prevalence of Anxiety disorders among children (6 to 17 years of age) according to structured clinical interview based on DSM-IV-TR diagnostic criteria. SCID-I/CV (Structured Clinical Interview for DSM-IV Axis I Disorder, Clinical Version) was used to evaluate the psychopathology in parents. Beck Anxiety Inventory applied to measure anxiety level.

Results: Rate of generalized anxiety disorder were significantly higher among parents of ADHD children with Anxiety compared to other 2 groups ($p=0.048$). Beck Anxiety Inventory tool points didn't differ among groups.

Conclusion: The present study demonstrates that further studies must be needed to show that ADHD+Anxiety appears to be distinct subtype. Under the highlight of our findings, assessing anxiety disorders in patients with having a child with ADHD is important for treatment and prognosis. The ADHD children with Anxiety present serious management issues for the clinician. Our study has very limited database. And more randomized controlled trials with larger sample sizes are warranted.

Poster PS01-10 (P)

3047 - Is hetero aggressive behavior a good prognosis factor for autistic spectrum disorders?

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Objectives:

We aimed to search for aggressive behavior's risk factor in autism spectrum disorders and to seek for the correlation between subtypes of aggression and the severity of autism.

Methods:

This study involved 50 children fulfilling DSM-IV and DSM 5 autistic disorder diagnosis and confirmed by the ADI-R. The severity of autism was determined using the CARS. The PEP-R was used to assess the age of development and the children's skills. The assessment of aggressiveness was done using the Behavior Problems Inventory (BPI-01), which was translated into Arabic literary and against-translated, and using a questionnaire specifying the, the diachronic evolution of aggressive behavior and allowing a functional analysis. Were excluded children with an organic pathology or a known associate genetic syndrome whose symptomatology is characterized by aggressive behavior (like LeshNyhan Syndrome or unbalanced epilepsy).

Results: The sexe-ratio of our sample was 9/1 with a mean age of 6 years (SD: 2) [3-12 years]. 80% of the patient presented intellectual disability when taking into account their developmental aged on the PEP-R. The mean CARS of the sample was 37.1 (SD : 7) [20- 53]. The prevalence of auto-aggressive behavior was 46% and that of hetero aggressiveness was of 60%. Multivariate analysis isolated the following risk factors for hetero aggression: the absence of the "No" (p = 0,002) and the elevated ADI-D score (p = 0,017) and for self-harm: age (p = 0,03), the high pain threshold (p = 0,005), digestive disorders (p = 0,04), and mental retardation (p = 0,004). Our sample was divided into four groups according to the type of aggression: not aggressive (20%), self-injurious only (8%), hetero aggressive only (28%), auto and hetero-aggressive (44%). The prevalence of auto-aggressive behavior was 46% and that of hetero aggressiveness was of 60%. The group of children with isolated hetero aggression had a lower score on the CARS comparing groups with both self and hetero-aggressive (p = 0.008) and non-aggressive (p = 0.02) behaviors.

Conclusion: This study illustrates the importance to give in clinical practice to this symptom and invites us to analyze aggressive behavior in light of the complex set of interactions between an individual and his environment

Poster PS01-11 (P)

3259 - Reflection on past self in autism spectrum disorder: an fMRI study

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Objectives

The sense of self and its continuity across time is related to autobiographical memory and it is based on the ability to internalize different and temporally separated pieces of self-related information into one coherent whole. Interestingly, large body of evidence indicates that both self-perception and autobiographical memory are impaired in individuals with autism spectrum disorder (ASD). We hypothesized that this impairment reported among ASD subjects will be reflected in the atypical neural mechanism involved during activation of past self representations.

Methods

In the current study we used functional magnetic resonance imaging (fMRI) method to investigate neurocognitive process of conscious reflection on the present self, the past self, and a close-other in the ASD and typically developing groups. During fMRI scanning subjects were tasked with judging whether a given adjective was suitable to describe/characterize a person specified in the instruction in a single block (Present-Self, Past-Self, Close-Other).

Results

On a neural level significant inter-group differences were found in the Past-Self condition whereas they were absent in two other conditions. In individuals with ASD, reflection on the past self was associated with hyperactivity of the several cortical structures: right insula, posterior cingulate, posterior superior temporal gyrus, temporoparietal junction, and left middle temporal gyrus.

Conclusions

We suggest that this enhanced activation of widely distributed neural network in individuals with ASD reflects substantial difficulties and involvement of compensatory cognitive mechanisms in processes of reflection on one's own person in the past.

Poster PS01-12 (P)

3320 - ATTACHMENT STYLES OF PARENTS WITH A CHILD SUFFERING FROM AUTISM SPECTRUM DISORDER

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ATTACHMENT STYLES OF PARENTS WITH A CHILD SUFFERING FROM AUTISM SPECTRUM DISORDER

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Introduction :

It has been suggested that parents attachment style would influence child psychoaffective development. Thus results still controversial.

Objective :

The study aimed to assess attachment styles of parents with a child suffering from ASD and to examine associations between parent's attachment style and sociodemographic characteristics.

Method :

We carried out a cross-sectional study in the psychiatry department of Farhat Hached general hospital of Sousse (Tunisia). Parents of children diagnosed with ASD (according to the DSM-5 diagnosis criteria) followed-up during the three-month period of January to March 2016 were recruited. Socio-demographic variables (gender, marital status, history of psychiatric disorders) were collected. Attachment styles were assessed using the Revised adult attachment scale (RAAS).

Results :

Fifty-one parents were recruited. 64.7% of them exhibited a secure attachment style.

Insecure attachment style was significantly associated with a history of childhood violence ($p = 0.006$) and neglect ($p = 0.006$). No other significant associations were found.

Conclusion :

Our results suggest that parents' attachment style do not interfere with ASD.

Further studies with larger samples sizes are needed to better explore this association.

Poster PS01-13 (P)

2720 - Characteristics of Language Profiles for Children with Autism Spectrum Disorder depending on the Coexistence of Attention-Deficit Hyperactivity Disorder

Woo Young Im

Objectives: The objective of this study was to investigate the characteristics of language profiles according to whether or not Korean children with autism spectrum disorder (ASD) also have ADHD, and to examine the relationship with executive function.

Methods: Participants in the study were boys with ADHD aged 6 to 11 years who visited the clinic from January 2012 to December 2013. In this study, 25 boys with ASD were included, and completed scales included the Korean version of Autism Diagnostic Interview-Revised (K-ADI-R), Korean version of Autism Diagnostic Observation Schedule (K-ADOS), Korean ADHD Rating Scale (K-ARS), and Korean-Conners' Parent Rating Scale (K-CPRS). They also completed neuropsychological tests and assessed language profiles. Patients were categorized into two groups (with ADHD and without ADHD). T-test and Multivariate analysis of covariance (MANCOVA) was used for analysis.

Results: Statistically, no difference was found in receptive and expressive language ability between the ASD groups with and without ADHD. However, a lower score in Test of Problem solving (TOPS) was observed for ASD with ADHD than for ASD without ADHD, with problem solving and finding cues showing significant differences.

Conclusion: These findings suggest that language profiles in the ASD group without ADHD could be similar to those in the ASD group with ADHD, but comorbid ADHD could lead to more difficulty in linguistic ability for problem solving and could be related with executive function of the frontal lobe.

Poster PS01-14 (P)

2719 - Altered white matter connectivity as a neural substrate for social cognition in high-functioning

Woo Young Im

Objectives: It is known that many of the cognitive and social deficits associated with autism can arise from abnormal functional connectivity between brain networks. This aberrant functional connectivity in autism spectrum disorders (ASD) can be explained by impaired integrity of white matter tracts that link distant regions of the networks.

Methods: In the present study we investigated white matter in children and adolescents with high-function autism (HPA) compared to normal controls using diffusion tensor imaging (DTI). The aim of this research is to provide supporting evidence for abnormalities in neural connectivity as an underlying pathophysiology of the main characteristics of ASD. DTI was used to examine brain activations in 9 children with HPA and 13 typically developing controls.

Results: We found impairment of neural connectivity, mainly in association fiber tracts, in individuals with high-function autism as evidenced by decreased fractional anisotropy (FA), the index of white matter integrity, of these tracts. Among them, inferior fronto-occipital fasciculus (IFOF), which connects the social brain, had a significant relationship with various domains such as social interaction, communication, repetitive behavior, verbal intelligence quotient (IQ), performance IQ, and functional IQ. The inferior longitudinal fasciculus (ILF) and superior longitudinal fasciculus (SLF) also showed decreased FA in individuals with HFA. FA of ILF and SLF had negative correlations with scores of social interaction and repetitive behaviors, and positive correlations with IQ.

Conclusion: These findings suggest that widespread abnormalities in association fiber tracts may contribute to both core and associated symptoms of ASD.

Poster PS01-15 (P)

3426 - Interventions reverses the increased S100B level and increase the NT3 level in serum of patients with ASD; lack of alterations in BDNF level

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Neuroinflammation and neurotrophic factors including brain derived neurotrophic factor (BDNF) and neurotrophin 3 (NT3) are implicated in the pathophysiology of autism spectrum disorder (ASD). S100B, a protein released from astrocytes, reflects the neuroinflammation and increases in ASD. The aim of this study was to examine the interventions on the serum levels of S100B in relation to NT3 and BDNF in patients with first diagnosed ASD group (untreated, n=28) in comparison with the patients with ASD who had previous history of interventions (treated, ASD+I, group n= 24) in the range of 32-37 months. Also, it has been enrolled 29 healthy children (n=29) in the range of 25-65 months as control group. S100B level was found to be higher in patients with ASD than control and I+ASD groups. Interventions reversed the higher S100B level to control values. NT3 level increased significantly in ASD+I group when compared to ASD and control values. Although, BDNF levels were not different between groups, a significant positive correlation between NT3 and BDNF was found in ASD+I group. Interventions seem to appear to abolish the increased level of S100B and produce alterations in BDNF and NT3 in patients with ASD.

Poster PS01-16 (P)

2667 - Assessing symptoms during comprehensive interventions for young children with autism spectrum disorder: Development, preliminary analysis and clinical use of the Autism Behaviour Coding System (ABCS).

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Objective: One of the main goals of comprehensive early interventions in ASD is the improvement of communication and interaction skills. Evaluation instruments to assess changes in these crucial behaviours are therefore of high interest. Observational coding has been successfully used in the past (Vismara et al., 2010). One of the major advantages of this method is the objectivity of the outcome (Hawes et al., 2013). The aim of this poster is to present the Autism Behaviour Coding System, video-based observational instrument for assessing core autism symptoms during intensive early interventions in autism spectrum disorder.

Method: The ABCS (Dima et al., 2016) contains two child related behavioural domains: social interaction and repetitive behaviours. Video recordings of child-therapist interactions during the `Frühintervention bei autistischen Störungen` (FIAS) were coded by independent raters who were blinded to intervention status. The inter-rater reliability was calculated using intra-class correlation (ICCs).

MANOVA (RM) was used to analyse the sensitivity of the ABCS to intervention related change and results were compared to results of a validated external measure of level of functioning (DD-C-GAS) in a sample of 15 children who received intensive treatment.

Results: Inter-rater reliability was high for six out of seven behavioural variables in the context of functional play. ICCs ranged from 0.82 to 0.99 (M=0.88). IRR was also high for the variables in the context of symbolic play. ICCs ranged from 0.86 to 0.99 (M=0.90). In the lunch situation three out of five variables had ICCs between 0.95 and 0.98, representing very good IRR. Two variables with lower IRR had ICC values between 0.67 and 0.68.

ABCS and DD-C-GAS results indicated improvement in core autistic symptoms and level of functioning domains after intensive intervention.

Conclusion: The ABCS shows good to excellent agreement and sensitivity to interventions-related changes. According to this study the ABCS may be useful as an objective method of assessing the proximal effects of therapy in young children with ASD.

Poster PS01-17 (P)

2828 - Comparison of problem behaviors between children with developmental disability and those with attention-deficit/hyperactivity disorder

Younghui Yang; Miji Choi; Hogwang Song

Objectives

Problem behaviors are not uncommon in children with developmental disability (DD), such as pervasive developmental disorder and intellectual disability. Also, some of children with attention-deficit/hyperactivity disorder (ADHD) have problem behaviors, such as aggression. Both are considered as neurodevelopmental disorder, but have different clinical feature and course. The aim of this study was to investigate the characteristics of problem behaviors between children with DD and children with ADHD.

Methods

A total of fifty four children with DD and fifteen children with ADHD participated in this study. Children with DD were recruited from a special school for children with DD and those with ADHD from a child and adolescent psychiatric clinic in our institute. Though the specific diagnosis of DD wasn't made by a clinician, we assumed that they have a diagnosis of pervasive developmental disorder or mental retardation based on a report of teachers from a school. The diagnosis of ADHD was made based on DSM-5 by a child psychiatrist. Their age ranged from 6 to 18 years. We requested their parents or caregivers to fill out the two scales, which are Child Behavior Checklist (CBCL) and Behavior Problem Inventory (BPI). We analyzed the data using t-test at p-value of <0.05 .

Results

The mean age of each groups were 12.6 (SD 3.13) and 12.6 (SD 2.99) years old, respectively. There were forty-five boys (83.3%) in children with DD and eleven boys (73.3%) in children with ADHD. In results of CBCL, T- scores of total problem behavior, externalizing problem, anxious/depressed, somatic complaints, rule-breaking behavior, and aggressive behavior were significantly higher in children with ADHD than in those with DD. Among problem behaviors evaluated by BPI, score of aggressive/destructive behavior was higher significantly in children with ADHD than in those with DD. However, there were no significant difference in the scores of self injurious behavior and stereotyped behavior.

Conclusion

These studies suggested that problem behaviors in children with DD from a special school might not be remarkable compared to children with ADHD. Therefore, if children with DD show problem behaviors, those need to be further investigated in an aspect of the psychopathology other than core symptoms of DD.

Poster PS01-18 (P)

3218 - AUTISTIC SPECTRUM IN THREE DIMENSIONS

Dr. YVON DUBOIS

ASSOCIATION SERENA

Objectives

The conceptions of the nature of autism are constantly the subject of theoretical and clinical divergences. Comparative studies often remain blurred in their criteria (eg comparison of two high-functioning autistic groups without specifying the intensity of the syndrome or the type of behavioral disorder).

This is to clarify the representation of the autistic profile by a colored figuration in 3D.

Method

Functional analysis of the syndrome according to a three-dimensional model constituting a triptych composed of:

- a central axis: autistic functioning with reference to the ICD-10 (diagnostic triad plus sensory and motor disorders) and tests to assess its intensity (eg CARS) and impact in social life (eg Vineland).
- a lateral axis: the degree of development and intellectual ability: cognitive tests and PEP-3
- another lateral axis corresponding to the existence and intensity of behavioral disorders; It is the axis of pathology that leads to institutional rejections and demands for care.

These three axes will be defined by a graduated scale of 1 to 4 to determine dynamic profiles with variable three dimensions.

Results

The research is under way to validate weighting criteria for each axis; behavioral disorders are not currently classified according to a scale but it is known that there are great differences between some behavior problems and serious disorders requiring psychiatric care.

The intensity of each axis will be represented by a color shade illustrating the concept of autistic spectrum in reference to the color spectrum. We will use the three basic colors: blue for autistic functioning, green for intellectual ability and red for behavior disorders.

Several representations are possible:

- either for a person at different times of development : triptych with three color shades
- or for a group of people in an institutional setting : diagram with the three dimensions.

Several examples related to our clinical and institutional practice will illustrate this formalization.

Conclusion

This visualization

- will favour agreement on representations of autistic disorder and its categorization in the spectrum
- will better define diagnostic profiles in epidemiological studies and profiles received in institutions
- will provide clear benchmarks for evaluating the evolution and impact of educational and therapeutic actions
- will allow to better situate the axes of the objectives of the personalized project of accompanying

Poster PS01-19 (P)

3183 - Prevalence of autistic features in children with ADHD

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Objectives: Attention deficit hyperactivity disorder (ADHD) is a neurodevelopmental disorder often found to have a number of co-morbidities such as oppositional defiant disorder, learning disorders. But ICD-10 and DSM-IV do not allow for co-morbid diagnosis of autism. Despite this rule, research has documented the coexistence of both. This study focused on the prevalence of autistic features in children with ADHD.

Methods: Study was conducted in the department of Psychiatry of a tertiary care hospital in India. 80 children with a diagnosis of ADHD according to DSM-IV constituted the study group. 80 typically developing children from a local school matched for age and gender constituted the control group. After obtaining the assent from children and written consent from the parents, Vanderbilt ADHD Parent Rating scale and Indian Scale for assessment of Autism (ISAA) (scale based on Childhood Autism Rating Scale- CARS) were applied.

Results: Statistical analysis of the data showed that prevalence of autistic features in children with ADHD is 33.8% as compared to only 8 % in the control group and this difference is statistically significant. A strong positive correlation between severity of ADHD and presence of autistic features was also noted. Combined subtype of ADHD had the highest mean score on ISAA. ODD was a common co-morbid diagnosis in children with autistic features.

Conclusions: Autistic features are quite common in children with ADHD. Presence of autistic features is correlated with greater severity of ADHD symptoms as well as with combined subtype and co-morbid ODD.

Poster PS01-20 (P)

2388 - Medical comorbidities in children and adolescents with Autism Spectrum Disorders and Attention Deficit Hyperactivity Disorders: a systematic review

Dr. Jet Muskens; PhD Fleur Velders

Objective: Medical disorders occur more often in adult psychiatric patients than in the general adult population. However, in child and adolescent psychiatry this relation/association is unclear, mainly due to a lack of integration of existing data. To address this issue, we here present a systematic review on the medical comorbidity in two major developmental disorders: autism spectrum disorder (ASD) and attention deficit hyperactivity disorder (ADHD) and formulate clinical recommendations.

Method: The literature was searched with the PubMed and PsycINFO database (2000 –1 June 2016) using the keywords "(((child and adolescent) AND (Autism OR Attention Deficit Hyperactivity Disorder* OR ADHD)) AND ("Cardiovascular Diseases"[Mesh] OR "Endocrine System Diseases"[Mesh] OR "Immune System Diseases"[Mesh] OR "Neurobehavioral Manifestations"[Mesh] OR Somatic OR Autoimmune disease OR Nervous system disease OR Infection OR Infectious disease))." Two raters independently assessed the quality of the eligible studies. An additional rater was consulted to resolve any scoring differences between raters.

Results: The initial search identified 5218 articles. Based on inclusion and exclusion criteria we selected in total 94 papers as relevant considering the topic. Trial quality was assessed according to a standardized and validated set of criteria and yielded 27 studies for inclusion.

Conclusion: This thorough literature search provides an overview of relevant articles on medical comorbidity in children with ADHD and/ or ASD. Future studies should focus on broader evaluation of medical disorders to improve treatment algorithm in this vulnerable group.

Poster PS01-21 (P)

2592 - PHONETIC DESCRIPTION OF PROSODIC FEATURES IN AUTISTIC PREADOLESCENTS' SPEECH

PhD Mari Wiklund; Prof. Martti Vainio

University of Helsinki

Objectives

It is known that persons afflicted with autism often have deviant prosodic features in their speech. For example, they may have a limited range of intonation, their speech can be overly fast, jerky or loud, or it can be characterized by large pitch excursions, quiet voice, inconsistent pause structure, deviant word stress and/or by creaky or nasal voice. These features can constitute a significant obstacle to the social acceptance of the individual. Indeed, deviant prosodic features may create an immediate impression of "oddness", and they affect autistic speakers' ratings of social and communicative competence.

The aim of this study is to provide a phonetic description of prosodic features occurring in slightly autistic preadolescents' speech as well as to find out which prosodic features of their speech neurotypical persons find salient. The following parameters have been taken into account: loudness, pitch, speech rate, rhythm, pauses, stressing, and quality of voice.

Methods

The study has been carried out by methods of instrumental and experimental phonetics. The data come from naturally occurring interaction. The data include two therapy sessions with two different groups, where altogether seven (n=7) 11–13-year-old Finnish-speaking boys talk with their therapists. The acoustic features of the boys' speech were then analyzed by methods of instrumental phonetics.

In addition, 40 neurotypical Finnish-speaking subjects performed a perception test where they assessed their impressions concerning the salience of different prosodic features of the autistic boys' speech on the basis of 14 sound samples.

Results

All seven informants have salient prosodic features in their speech, but individual differences concerning the number of these features are very big: where one of the participants has deviant features in all fields, another one only has a 'creaky voice'.

Conclusion

According to this study, speech rhythm is the prosodic parameter that includes most deviant features in autistic preadolescents' speech. Pauses, which naturally constitute an important rhythmic factor, also appear to be a highly salient characteristic. Pitch and the level of loudness are often considered to be deviant, too. Concerning the pitch, it is noteworthy that pitch excursions – that is, melodic rises and falls – are assessed to be salient much more frequently than flat pitch, which is "traditionally" considered to be typical of people afflicted with autism.

Poster PS01-22 (P)

3444 - Diagnoses of autism spectrum disorders in Germany: Increasing administrative prevalence, but low retention rates

Prof. Dr. Christian Bachmann; MPH Bettina Gerste; Prof. Dr. Falk Hoffmann

For Germany, no data on trends in autism spectrum disorder diagnoses are available. The primary aim of this study was to establish the time trends in the administrative prevalence of autism spectrum disorder diagnoses. The second aim was to assess the stability of autism spectrum disorder diagnoses over time. We analysed administrative outpatient data (2006–2012) from a nationwide health insurance fund and calculated the prevalence of autism spectrum disorder diagnoses for each year, stratified by age and sex. Additionally, we studied a cohort with a first-time diagnosis of autism spectrum disorder in 2007 through 2012, investigating the percentage of retained autism spectrum disorder diagnoses. From 2006 to 2012, the prevalence of autism spectrum disorder diagnoses in 0- to 24-year-olds increased from 0.22% to 0.38%. In insurees with a first-time autism spectrum disorder diagnosis in 2007, this diagnosis was carried on in all years through 2012 in 33.0% (The International Classification of Diseases, Tenth Revision diagnoses: F84.0/F84.1/F84.5) and 11.2% (F84.8/F84.9), respectively. In Germany, like in other countries, there has been an increase in the administrative prevalence of autism spectrum disorder diagnoses. Yet, prevalences are still lower than in some other Western countries. The marked percentage of autism spectrum disorder diagnoses which were not retained could indicate a significant portion of autism spectrum disorder misdiagnoses, which might contribute to rising autism spectrum disorder prevalences.

Poster PS01-23 (P)

3472 - Emergency psychiatric care for children and adolescents: lessons from an Icelandic study and recommendations for practice

PhD Bertrand Lauth¹; Ellen Sif Sævarsdóttir²

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In many European countries as well as in Australia and North America, there has been recently a large and still increasing number of children and adolescents seeking help for acute psychiatric problems. Policy questions have been raised concerning the necessary development of emergency mental health care. Given the dramatically increasing number of requests in Iceland, a retrospective study has been conducted to determine the demographic, the associated factors and the clinical characteristics of children and youth presented in 2013 for acute psychiatric problems, including the context of request and the level of care finally recommended. Comparisons have been made with available data from 2008, before the onset of the economical crisis.

Participants:

All children and adolescent who presented for emergency mental health services at the outpatient clinic of the department of child and adolescent psychiatry of the National University Hospital of Iceland – during the years 2008 (158 patients) and 2013 (308 patients).

Method:

Patients have been evaluated using routine non-structured psychiatric evaluations and several rating-scales, the ICD-10 diagnoses being assigned under the supervision of child and adolescent psychiatrists. Information have been collected about important risk factors, source and context of requests, as well as about treatment provided and level of care recommended. Previous studies were used as criteria for data collection and two emergency scales (Rosenn and APPERC) were used to assess the appropriateness of referrals. Special attention will be paid to patients who were admitted to the inpatient unit.

Results and discussion:

This study sheds light on the needs and characteristics of psychiatric emergency patients. About 47-55 percentage of cases were considered inappropriate emergency referrals. Best practices have yet to be established for pediatric emergency mental health services, which must begin with a good understanding of the individuals who present for such services. The study results are discussed with the intent of making recommendations on the standardization of emergency psychiatric care.

Poster PS01-24 (P)

3205 - Evaluation of the feasibility of using ADBB scale for assessment of early social withdrawal behavior in infants and caregiver`s satisfaction of the service in a primary health care center in Ismailia city, Egypt.

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Background

Infant and early childhood mental health reflects both the social-emotional capacities of children, and infants growing up in low-income countries are at an increased risk for exposure to adverse socioemotional factors that may affect their social development early in life. In a step to integrate Infant Mental Health Care into the primary health care system provision in low income settings that suffer scarcity in medical resources, we conducted this study to evaluate the feasibility of using ADBB scale (brief, simple and non-invasive tool) for assessment of early social withdrawal behavior in infants, as part of the infant mental health care program that focuses on the child's social emotional development, as through early detection and diagnosis we can prevent further deterioration and unnecessary consumption and expenditure of tertiary medical care. we also assessed the caregiver`s (mainly mother) satisfaction of the service in a primary health care center in Ismailia city, Egypt.

Methods

To evaluate the feasibility of using the ADBB scale in PHCs in Egypt, we administered the ADBB scale, by the main investigator of the study, for 1 months during the regular visits for the vaccination schedule for infants till 18 months of age, and then measured the acceptability and satisfaction of the method (the participants' mothers' appreciation of the method), in a cross-sectional survey using a questionnaire that drew upon concepts of patient satisfaction. All participants were interviewed once by experienced interviewers to ascertain their levels of satisfaction with this particular health care service.

Results

The majority of infants (92%) presented to the PHC center where the study was conducted, were able to complete the whole assessment, and 95% or more of the participating mothers reported acceptability of the method of assessment, and have stated that it is simple (98 %), appropriate in terms of time (93%), was already needed by them (89%).

Conclusions

Results suggest that the ADBB is a simple useful screening instrument that can be used effectively in the clinical setting of infant routine examination in primary health care centers, in the setting of Primary Health Care units in Egypt, in order to detect signs of early withdrawal behavior, and that provision of such assessment to infants scored high on the satisfaction scale administered to their care givers, as they received a rapid brief feedback on the assessment results.

Poster PS01-25 (P)

3396 - ADHD SYMPTOMS IN UNMEDICATED YOUTHS WITH NARCOLEPSY TYPE 1

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Objective

High occurrence of ADHD symptoms have been described in narcolepsy. However previous studies have mainly reported from medicated patients, possibly causing underreporting as narcolepsy treatment (stimulants) also target core ADHD symptoms. Norwegian Centre of Expertise for Neurodevelopment Disorders and Hypersomnia (NevSom) has since 2010 followed up children who developed narcolepsy after 2009, and presently we conduct a study assessing psychiatric, cognitive and clinical issues. This study report preliminary ADHD findings from 32 unmedicated narcolepsy type 1 (NT1) patients (age range 7-20yrs, 12 boys/20 girls).

Methods

Patients were all medication free in a fourteen day period previous to clinical sleep evaluation. The patient's parents rated ADHD symptoms as they occurred in the medication free period using the ADHD Rating Scale. A score above the 93rd percentile on either the attention problems and/or the hyperactivity/impulsivity subscale are considered in a clinical range and suggestive of ADHD.

Results

A total of 12 youths (37.5%) had ADHD symptoms in a clinical range; 3/12 (25%) of boys and 9/20 (45%) of girls (ns gender difference, $p=0.452$). Seven of 12 (58.3%) had predominantly inattentive type, the rest either the predominantly hyperactive/impulsive or the combined subtype. The most frequently reported ADHD symptom was "difficulties sustaining attention" (56.3% of all 32 children/youths); followed by "forgetfulness" (40.6%), "do not follow through/fails to finish" (37.5%), and "easily distracted", "avoids tasks requiring mental effort" and "do not give close attention to details" (31.3%).

Conclusions

Medication free children/youths with NC1 have high occurrence of ADHD symptoms, especially inattention symptoms. This may reflect true comorbidity, or symptom misinterpretation such as daytime consequences of impaired sleep mimicking ADHD symptoms. Clinicians need to be aware of narcolepsy as a possible differential diagnosis to ADHD.

Poster PS01-26 (P)

3438 - Validity and Reliability of the Turkish version of DSM-5 Separation Anxiety Disorder Severity Scale- Child Form

Dr. Şermin Yalın Sapmaz¹; Dr. Handan Özek Erkuran²; PhD Dilek Ergin¹; PhD Nesrin Şen Celasin¹; Dr. Masum Öztürk¹; Dr. Duygu Karaarslan¹; Prof. Dr. Ertuğrul Köroğlu; Prof. Dr. Ömer Aydemir¹

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This study aimed to assess the validity and reliability of the Turkish version of DSM-5 Separation Anxiety Disorder Severity Scale- Child Form. The scale was prepared by carrying out the translation and back- translation of DSM-5 Separation Anxiety Disorder Severity Scale- Child Form. Study group consisted of 41 patients that have been treated in a child psychiatry unit and diagnosed with separation anxiety disorder and 100 healthy volunteers that were attending middle or high school during the study period. For the assessment, Screen for Childhood Anxiety and Related Emotional Disorders (SCARED) was also used along with DSM-5 Separation Anxiety Disorder Severity Scale- Child Form. Regarding reliability analyses, Cronbach alpha internal consistency coefficient was calculated as 0,932 while item- total score correlation coefficients were measured between 0,400 and 0,874. As for construct validity, one factor that could explain 63% of the variance were obtained. As for concurrent validity, the scale showed a medium correlation with Screen for Childhood Anxiety and Related Emotional Disorders (SCARED). In ROC analysis, area under ROC curve was calculated as 0.898. It was concluded that Turkish version of DSM-5 Separation Anxiety Disorder Severity Scale- Child Form could be utilized as a valid and reliable tool both in clinical practice and for research purposes.

Poster PS01-27 (P)

3435 - Validity and Reliability of the Turkish Version of DSM-5 Level 2 Inattention Scale (Parent Form for 6-17 Years)

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Introduction: This study aimed to assess the validity and reliability of the Turkish version of DSM-5 Level 2 Inattention Scale- Parent Form.

Method: The scale was prepared by carrying out the translation and back- translation of DSM-5 Level 2 Inattention Scale- Parent Form. Study group consisted of 36 patients that have been treated in a child psychiatry unit and diagnosed with attention deficit hyperactivity disorder and 53 healthy volunteers that were attending primary school during the study period. For the assessment, Turgay Child and Adolescent Behavior Disorders Screening and Rating Scale based on DSM-IV was used along with DSM-5 Level 2 Inattention Scale- Parent Form.

Results: Regarding reliability analyses, Cronbach alpha internal consistency coefficient was calculated as 0.931 while item- total score correlation coefficients were measured between 0.555 and 0.869. Test-retest correlation coefficient was calculated as $r = 0.765$. As for construct validity, a factor that could explain %68.2 of the variance was obtained and was consistent with the original structure of the scale. As for concurrent validity, the scale showed a very high correlation with Turgay Child and Adolescent Behavior Disorders Screening and Rating Scale based on DSM-IV.

Conclusion: It was concluded that Turkish version of DSM-5 Level 2 Inattention Scale- Parent Form can be utilized as a valid and reliable tool both in clinical practice and for research purposes.

Keywords: DSM-5, Inattention Scale, reliability, validity

Poster PS01-28 (P)

2732 - Preschool Bipolar Disorder: Three cases and their follow-up

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Aims: Three preschool mania cases were presented discussing clinical phenomenology and treatment with relevant literature.

Method: Psychiatric assessments were done based on Diagnostic and Statistical Manual of Mental Disorders 5th edition (DSM-5) criteria. Symptom severity was measured using Young Mania Rating Scale (YMRS).

Results: All met criteria for Bipolar Disorder Type I (BD-I) and Attention Deficit Hyperactivity Disorder (ADHD). Familial depression, anxiety and stressful life events increased symptom severity and treatment resistance. Premature dropouts and referrals due to repetitive manic episodes were frequent. While no clinical improvement was observed in a case where Valproate (VPA) was single agent, atypical antipsychotics (risperidone, olanzapin, aripiprazole, paliperidone) were well-tolerated.

Conclusion: Developing strategies for complementary psychosocial approaches towards children, families and environment might yield positive outcomes.

Keywords: child, preschool, bipolar disorder, mania

Poster PS01-29 (P)

2713 - Theory of Mind and Emotion Regulation Difficulties in Children With ADHD

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Objective: Deficits in the social cognition domain are observed in children with ADHD; while both emotion regulation difficulties and social deficits are associated with impaired social, academic, behavioral and familial functioning. The aim of the present study is to examine that ToM deficits may increase difficulties in emotion regulation. **Methods:** Participants were 200 children aged 11-17 years; 100 meeting the DSM-IV criteria for ADHD and 100 healthy controls. Differences in specific and overall difficulties with emotion regulation were examined in ADHD children using the multidimensional Difficulties in Emotion Regulation Scale (DERS). Social cognition deficits were quantified by Theory of Mind (ToM) tasks, and the ADHD-Rating Scale-IV form was used for determination of ADHD symptom severity. **Results:** ADHD sample had more overall difficulties regulating their emotions ($F(1, 198) = 35.34, p = .000, \eta^2 = .151$) than control sample. Within the ADHD group, we found significant correlations between the DERS-Total score, ADHD symptom severity, Unexpected Outcomes Task (UOT) and gender. Multiple regression analysis showed that UOT scores accounted for 34% of the variance found in DERS-Total scores ($p = 0.000$). Adding gender, ADHD symptom severity increased the accounted variance to 56%. **Conclusion:** Our findings show that social cognitive deficits may partly explain emotion dysregulation in children with ADHD.

Poster PS01-30 (P)

3017 - The predictive measures in toddlerhood for psychiatric morbidity in adolescence: 11-year follow-up

Prof. Dr. Koray Karabekiroglu; Dr. Mahmut Müjdecı; Dr. Mirac Baris Usta; Dr. Muazzez Aydin; Dr. Berkan Sahin; Dr. Abdullah Bozkurt; Dr. Tolga Karaosman; Dr. Armagan Aral; Dr. Cansu Cobanoglu; Dr. Aysegul Duman Kurt; Dr. Neriman Kesim; Dr. Irem Sahin

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Objectives: We aimed to determine the predictive factors for psychiatric problem severity and/or clinical approval 11 years after first assessment between ages 1-4 years. In addition, we aimed to compare mothers and fathers in terms of 11-year follow-up predictive value of their psychiatric complaints of their young children.

Methods: The children that were assessed with the Child Behavior Checklist (CBCL) (mothers) and the Brief Infant and Toddler Social Emotional Assessment (BITSEA) (mothers and fathers) in their 1-4 years of age were included. Among the caregivers that we could get into touch (n:139), 83.5% of them accepted (n:116) to participate. The follow-up assessments were made by telephone interviews 11 years later by child psychiatry residents. The primary caregivers responded the follow-up questionnaire items, such as social/academic/behavioral functioning and self-esteem (1-5 Likert type), and the items regarding the psychiatric approval, diagnosis, and treatment history.

Results: The CBCL-Internalizing scores in toddlerhood were found to be significantly inversely correlated with social ($r:-.31$) and behavioral ($r:-.28$) functioning level and self-esteem ($r:-.30$) scores ($p<0.01$). The paternal and maternal BITSEA-Competence scores were found to be positively correlated with social ($r:.42$, $.36$) and academic ($r:.28$, $.26$) functioning 11 years later ($p<0.01$). The children that were diagnosed with any psychiatric disorder in last 10 years (n:35) had worse scores on Maternal BITSEA-Competence ($p:.002$), Paternal BITSEA-Problem ($p:.02$), Paternal BITSEA-Competence ($p:.01$), CBCL-social withdrawal ($p:.007$), CBCL-sleep problems ($p:.05$), and CBCL-Internalizing ($p:.03$) in toddlerhood compared to the children without any diagnosis (n:81).

Conclusion: The results of this 11-year follow-up study revealed that some measures including CBCL (especially internalizing scores) and BITSEA (both maternal and paternal Competence and Problem scores) completed in toddlerhood significantly indicate the children under risk of psychiatric morbidity in adolescence. Therefore, we conclude that the widespread use of this assessment measures in toddlers and the referral of the group under risk to the psychiatry units for further investigations could be useful preventive interventions.

Poster PS01-31 (P)

3215 - Theraplay for juvenile delinquents: randomized controlled trial

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Objectives

Cases and proportion of juvenile delinquency in South Korea is increasing, thus it is necessary to develop mental health intervention programs for juvenile delinquents. Based on Theraplay's roll as an early intervention program in various field including juvenile delinquents in the U.S.A., the aim of this study is to evaluate the effectiveness of Theraplay with juvenile delinquents compared with control group.

Methods

We randomly gathered 200 adolescents from Seoul reformatory. 3 researchers interviewed the participants to diagnose participant's mental disorder based on Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition(DSM-5) from November 2015 to January 2016. We chose 30 participants who have Attention Deficit Hyperactivity Disorder(A.D.H.D) with 3 other psychiatric comorbidities, and they were randomly assigned to Theraplay group and Control group. Every participants were asked to fill in self-reporting questionnaires which included Youth Self-Report(K-YSR) and Pediatric Quality of Life Inventory(PEDsQL), Barratt impulsiveness, Self-control rating, Self-esteem scale, Children's Depression Inventory at the baseline and endpoint. We offered 20 times of 1 hour Theraplay for Theraplay group and recreation for control group every week.

Results

Comparison of demographic characteristics showed no significant difference between two groups. Comparing the change of mean scores between pre and post treatment in two groups, only Theraplay group showed statistically significant enhancement in school functioning ($p=0.043$). In self-esteem scale both group showed significant changes but in opposite direction: While Theraplay group showed improvement in self-esteem score ($p=0$), control group showed decrease ($p=0.036$). In addition, comparing endpoint change in outcome variables from baseline between two groups, self-esteem scale, delinquent behavior, externalizing behavior showed significant differences ($p=0$, $p=0.023$, $p=0.023$)

Conclusion

In Theraplay group school function and self-esteem scale score showed improvement. When we compared difference value with control group, there were significantly differences in self-esteem, delinquent behavior and externalizing behavior. However, from the baseline two groups have already shown differences in delinquent behavior, externalizing behavior, further study should include larger study samples, and recruit from multicenter.

Poster PS01-32 (P)

3187 - Transition in Transgender Adolescents: 'Do-it yourself' should be a thing of the past!

Prof. Dr. Sinem Akgül; PhD Zeynep Tüzün; Dr. Cihan Aslan; Dr. Emine Taşyürek; Prof. Alev Özon

Hacettepe University, Faculty of Medicine,

Although the recognition and acknowledgment that gender identity and birth-assigned sex may be incongruent in children and adolescents have evolved, transgender care in this group is still limited in many countries. When left without support trans gender adolescents may seek to align their outward physical sex with their internal gender identity through non-prescribed hormonal treatment protocols. We present 2 cases of Trans female adolescents on hormonal therapy unsolicited by physicians.

Case report:

History of a 16-year-old male-to-female transgender adolescent revealed that she was diagnosed with gender dysphoria and had sought medical attention for sex reassignment but had been denied treatment by her primary physician. This lead her to start a hormonal treatment protocol by herself which caused weight loss (4kgs/5m), fatigue, light headedness, cramping in her legs and dyspnea. When the treatment protocol was evaluated we realized she had been using a high dose spironolactone derivative which may have caused adrenal failure. She was further evaluated by a pediatric endocrinologist. Through testing, adrenal failure was eliminated, she was consulted concerning the side effect of the therapy. Evaluation and follow up by a child and adolescent psychiatrist showed social transition to her preferred gender had already occurred. After discussing treatment choices with the teen and her parents a GnRH analog was initiated to suppress sex hormone production along with a lower dose of 17B estradiol.

The second patient was a 17-year-old male-to-female transgender adolescent who had started using hormonal therapy on her own accord. She applied to our clinic after hearing that we had started treating case number one. Treatment similar to case one was initiated.

Conclusion

To our knowledge these are the first cases of medically assisted gender transition to be conducted by physicians in an adolescent in Turkey. It is vital that treatment options are discussed with the adolescent to ensure self-treatment is not initiated. Non-prescribed hormone users are at an increased risk for complications resulting from improper hormone usage, dosing and a lack of monitoring. Clinicians must become familiar with the range of treatment options and referral resources available to trans gender adolescents. Promoting training initiatives for health care providers and jurisdictional support for more accessible services may help to address trans people's specific needs.

Poster PS01-33 (P)

2733 - Association Between Problematic Internet Use & Chronotype in Adolescents and Effect of Parental Attitude on this Association

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Ankara University, Faculty of Medicine

In this study we aimed to investigate any difference from the point of problematic internet use (PIU) between study and control groups and of psychiatric comorbidities, chronotype and parental acceptance-rejection/control levels between adolescent groups which have PIU and not and to determine risk factors related with PIU

Study sample consisted of 90 adolescents between ages of 14-17 and 73 adolescents without any psychiatric diagnoses and who were matched with study sample in terms of age and gender were admitted as control group. Kiddie Schedule for Affective Disorders and Schizophrenia for School-Age Children-Present and Lifetime Version was used for diagnosing all participants and Questionnaire of Computer/Internet Use of Adolescents (Adolescent Form), Addiction Profile Index-Form of Internet(API-I), Parental Acceptance-Rejection/Control Questionnaire (PARQ/C) , Young Self Report(YSR) were applied to participants, Sociodemographic information form, Questionnaire of Computer/Internet Use of Adolescents (Parent Form), Child Behavior Checklist and Children's Chronotype Questionnaire to parents of participants and Teacher Report Form to teacher of participants

Statistically no significant difference was established between study and control groups in terms of API-I scores. Adolescents with PIU didn't have significant different statistically in terms of having any psychiatric comorbidities excluding ODD in comparison with adolescents without PIU which can be interpreted as having PIU creates propensity for ODD in adolescence. The chronotypes of groups with PIU & without PIU didn't have any difference statistically

Weak negative correlation was established between PARQ mother Hostility, Total Rejection, father Hostility, Neglect, Rejection-indifferent scores and API-I. YSR scores of adolescents with PIU was significantly higher than with no PIU. YSR total problem scores at clinical level increased 3,64 fold the risk of PIU

From the results of this study, it can be inferred that PIU is not problem of only clinic population but also generalizable to all population. However we determined no association between PIU and psychiatric comorbidities excluding ODD, participants whom reported more problem behavior had propensity for PIU. In clinic sample adolescents with less parental hostility&rejection and paternal neglect had higher API-I scores.

Further researches are needed for determining causal relation with in the scope of studied issue and generalizing the results

Poster PS01-34 (P)

3340 - Trichotillomania Associated With Aripiprazole: A Case Report

Dr. Deniz Arguz Cildir; Dr. Tugba Kalyoncu

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Objective: Aripiprazole is a novel atypical antipsychotic agent which blocks D2 and D3 receptors in hyperdopaminergic states. Besides its antagonist effect, it is the first dopamine D2/D3 receptor partial agonist approved for use in the treatment of psychiatric disorders. However, its partial agonistic effect may cause hyperactivity in the dopaminergic pathway. In literature, this adverse effect was linked to atypical antipsychotic induced obsessive-compulsive symptoms (OCS). With this case report, we aimed to present a male adolescent patient, diagnosed with trichotillomania under aripiprazole treatment.

Method: The patient was a 16 year-old-boy with a history of Attention Deficit-Hyperactivity Disorder symptoms and Conduct Disorder symptoms. For the diagnoses, Diagnostic and Statistical Manual of Mental Disorders criteria (DSM-5) was employed. His course of illness, diagnostic procedure and treatment history are described.

Results: Aripiprazole treatment was started at 2.5 mg/day for a week, and then the dose was increased to 5 mg/day. At the follow-up appointment, he reported that he had a week long symptom of hair loss on his right vertex scalp after using aripiprazole. The patient described his uncontrollable urge before pulling his hair and the sense of relief afterward. His symptoms stopped 2 days after cessation of aripiprazole treatment.

Conclusion: Aripiprazole has lower adverse effects compared to other antipsychotic agents. We report the case of a patient who experienced hair pulling under treatment. This side effects not been reported to date. Trichotillomania is one of the consequences whose effects on social life may prove serious. Clinicians and patients should be aware of the possibility of this adverse effect of aripiprazole.

Poster PS01-35 (P)

2396 - ANOREXIA AND DRAWING

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Zadar General Hospital

Introduction:

Treatment of anorexia is extensive and very complicated. The psychotherapeutical process often stagnates.

Aims:

The use of drawing in psychotherapy, which is normally used with younger children.

Methods: Psychotherapy, drawing.

Results:

The patient is a girl, aged 17. She has been suffering from anorexia for three years. She refused to eat, exercised intensively, and vomited occasionally. She has a mother and a sister. Her father passed away of heart disease more than three years ago, after which she was 'frozen', she didn't mourn and wouldn't visit his grave. There was no improvement with psychotherapy for an extensive period.

She was offered to draw nonsense on a piece of paper, then afterwards to divide the paper in four parts and draw something meaningful on one of the parts. She drew a small boat on wavy waters, which she was able to connect with her emotions. She described the boat as lonely, abandoned and scared, just as she was. From that point on, therapy started giving positive results. The patient began to openly converse about her emotions, and started crying during therapy as well. She stated how she was angry at the doctors for not helping her father. Afterwards, the patient began to eat normally again, wasn't vomiting, and stopped exercising.

Conclusion:

Introducing drawing into the psychotherapeutical process gave positive results.

Poster PS01-36 (P)

2961 - Towards a developmental model of the mentalization dimensions during adolescence : a selective review of behavioral and neuroscientific data

PhD Deborah Badoud; Prof. Mario Speranza; Prof. Martin Debbané

The aim of the present study was to summarize the main experimental data that illuminate typical and atypical evolution of mentalization facets during adolescence. Mentalization defines the multi-faceted mental process by which an individual implicitly and explicitly interprets the actions of herself and others as meaningful on the basis of intentional mental states, such as personal desires or beliefs. These capacities are intrinsically related to self-regulation and interpersonal functioning and might therefore be key to overcome adolescent developmental challenges. However, the developmental pattern of each mentalization dimension still needs to be better informed.

Given the lack of instruments that would enable to capture simultaneously and directly each facet of mentalization capacities, we reviewed the literature dedicated to a set of, so-called, "cousin constructs"; the latter have been shown to partially overlap with mentalization abilities and to represent reliable proxy measures. Precisely, we included behavioral and neuroscience studies that investigate 1) the concepts of theory of mind, empathy, emotion recognition and/or self-related processes; 2) in an adolescent sample, compared to child and/or adult participants; 3) from the general or patient population.

The results of this selective review highlight differential developmental patterns according to the mentalization facet that is considered. Precisely, adolescents increase their inferential processes (e.g. read other's internal invisible states), while the interpretation of external features (e.g. facial emotion recognition) might be already acquired at this stage of life. Besides this specialization process, the mentalization capacities might be better integrated to the broad network of cognitive capacities, such as executive functioning. Finally, from a chronological vantage, the individual might first enlarge his capacity to mentalize other's mind, then his ability to understand one's own mental states.

To summarize, adolescence seems to be characterized by a double movement of specialization and integration that operates within specific mentalization dimensions.

Poster PS01-37 (P)

3186 - Prevalence and association of cyberaddiction and impulsiveness among teenagers

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Mongi Slim Hospital

Objectives: Determine the prevalence of either cyberaddiction and impulsiveness among teenage students and study the association between them.

Methods: A cross-sectional descriptive and analytical study among a sample of 100 high school students. Two self-administrated questionnaires were filled out by volunteer students from Carthage High School (Tunisia). Collected data included socio-demographic characteristics, Internet Addiction Test (IAT) and Barratt Impulsiveness Scale (BIS-11).

Results: A total of 100 students were included in the study. Eighty-four percent among them completed the two questionnaires. Mean age was 15,3 years with age extremes ranging from 13,5 to 18 years. Sex-ratio was 0,62. Twenty-eight point six percent of students had academic problems at school.

All students included in the study had internet connection and at least one computer at home. Almost a third of them used the 3G or 4G network on their mobile phones. Mean age of Internet-use onset was 8,7 years. Time spent in using Internet was estimated at more than 6 hours a day in 14,3% of cases, between 2 and 6 hours a day in 73,8% of cases and less than 2 hours a day in only 11,8% of cases. According to the IAT score, the prevalence of cyberaddiction was 7,1% with problematic use and severe repercussions on the teenager's life. A high score of impulsiveness was found in 22,6% of cases. Impulsiveness was correlated with age ($p=0,02$) but not with gender ($p=0,07$). Significant correlations were also observed between cyberaddiction and impulsiveness (total impulsiveness score and cognitive impulsiveness score, respectively $p=0,05$ and $p=0,03$).

Conclusion: The association between cyberaddiction and impulsiveness is becoming more and more evident. However, future studies should take into account psychological and socio-cultural features as well as the particularities of this behavioral addiction in adolescents.

Poster PS01-38 (P)

2558 - Prevalence and factors associated with smoking and alcohol use status among adolescents in high school in Taiwan

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Mackay Memorial Hospital

Background:

Cigarette smoking and alcohol drinking are the most common types of substance use & misuse (SUM) among adolescents, which have long been matters of great public concern. During Adolescence, unhealthy behaviors may be consolidated into lifetime patterns. SUM prevention is important and crucial among adolescents. The understanding of the factors associated with SUM among adolescents can inform prevention of SUM and its negative impact.

Objective:

This study investigated the prevalence of SUM, and the association between SUM and sociodemographic, familial, scholastic, psychological (depression and self-esteem) factors among Taipei high school students.

Methods:

A cohort of senior high school students were recruited in northern Taiwan by computerized questionnaire. Data were collected including sociodemographics, family background, social support, tobacco, alcohol, and illegal substance consumption as well as their depression symptoms, using the 9-item Physical Health Questionnaire (PHQ-9). AUDIT-C, the first three questions from the AUDIT, was used to evaluate alcohol use in the past month. Heavy alcohol drinking was defined as the AUDIT-C scores were equal or greater than 4. One-month prevalence rates were calculated for tobacco and heavy alcohol use. Associations between psychopathology and SUM were determined using regression analyses.

Results:

Self-administered computerized questionnaires were completed in the classrooms by 2544 boys and girls 3335 aged 14-21 years (mean, 16.0 years). Two hundred and twenty six students reported current smoking including 153 males and 73 females (6.01% vs. 2.19%) and 234 students reported heavy alcohol drinking including 256 males and 178 females (10.06% vs. 5.34%). After adjusting for socio-economic factors, regression models for adolescents delineated factors associated with current smoking: male gender, older age, poorer academic performance, heavy alcohol drinking (AUDIT-C scores ≥ 4), and more depressive symptoms. Adolescents' heavy alcohol drinking were significantly associated with male gender, poorer academic performance, not living with the biological parents, current smoking, and more depressed symptoms.

Conclusion:

An understanding of these relationships can be utilized to screen and intervene with students at risk.

Poster PS01-39 (P)

3421 - Cannabis and other illegal drug use in adolescent psychiatric inpatients

Dr. Barbara Šegula Škoberne¹; Domen Planinc²; Barbara Kirič²; Prof. Dr. Maja Drobnič Radobuljac¹

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Introduction: It is well accepted, that using drugs affects mental health and influences treatment for mental disorders. It may cause mental health to deteriorate, influence the compliance with the proposed treatment, the decisions of the treatment team and jeopardise the wellbeing of other inpatients. The aim of the present study was to assess the correlations between illegal drug use and various treatment features in adolescent psychiatric inpatients.

Methods: Retrospective chart review was performed for patients admitted to an open inpatient psychiatric department between May 2015 and May 2016. Various factors were compared between the patients who ever used drugs (U) and the patients who never did (NU). The factors observed were age, gender, drug use (cannabis, opiates, cocaine, nonprescribed benzodiazepines), length of stay, number of admissions, nonsuicidal self-injurious behavior (NSSI), number of suicide attempts, cooperation with social services, cooperation with the police and ICD-10 diagnoses.

Results: Ninety four different patients were admitted, their average age was 16.9 years (14-22 years), 72.3% were female, 30.9% have ever used drugs. Cannabis was the most commonly abused illegal drug, abused by all the U patients, cocaine and opiates were also abused by one of these patients each. Average length of stay for the NU was 62.3 days, as compared to 51.0 days for the U. The U were more frequently male, engaged in attempted suicide and NSSI, managed in cooperation with the police and social services. They more frequently received main diagnoses from the clusters F10-F19, F20-F29 and F60-F69; and less frequently from F30-F39, F40-F49, F50-F59, F80-F89 and F90-F99. The differences were statistically significant only for the cooperation with the police ($p < 0.001$).

Conclusions: The results show a trend towards more frequent drug use in the male adolescent psychiatric population, who are more frequently admitted for psychotic disorders and not emotional or anxiety spectrum, and to more frequent inclusion of the police and shorter in-hospital stay in the management of these patients. There is an urgent need for sub-specialized treatment programs for adolescents with these co-morbidities.

Poster PS01-40 (P)

2839 - Prevalence of excessive internet use in a clinical sample of adolescents attending an outpatient Child and Adolescent Mental Health Service in Ireland.

Dr. Chinweoke Ohiaeri; Dr. Kieran Moore

Study aims and objectives:

To assess the rate of excessive internet use in a clinical sample of patients attending an outpatient Child psychiatry clinic. To determine the relationship between internet addiction and the demographic variables and the objective is to identify prevailing online habits and its relationship to their psychiatric diagnosis.

Methodology:

Cross sectional survey of adolescents aged between 13 and 18 attending the outpatient Child and Adolescent Psychiatry clinic over a 3 month period using a self-rated questionnaire.

Participants were selected from the outpatient clinic database according to the inclusion criteria.

Inclusion criteria: Age between 13-18, IQ: >70, informed consent from parents/guardians and adolescent assent.

Exclusion criteria: Age between 5-12

The questionnaire used to collect data was the internet addiction test, a 20 item questionnaire developed by Dr Kimberly Young. The design of this questionnaire was based on the concepts of behaviours exhibited by pathological gambling as defined by DSM IV diagnostic criteria. It measures mild, moderate and severe levels of internet addiction.

Along with the internet addiction test questionnaire, participants also answered a brief questionnaire about their internet habits. These included number of hours spent daily, what activities they engaged in while connected and demographic factors which included age and sex. Clinical diagnosis will be retrieved from clinical records for analysis.

Results:

Data is currently being collated for analysis. SPSS will be used to analyze the data. Preliminary results from approximately 40 completed questionnaires indicate that about 35% of sampled adolescents reported mild and 35% reported moderate levels of problematic internet use.

Final results of this study will be available in time for the conference.

Conclusion:

Children and Adolescents in modern times are not exempt from the changing trends brought by globalisation. The excessive use of internet is one of these developments, with real implications for the psychological wellbeing of Adolescents. It poses new challenges for parenting and the society.

Our research will generate an interesting discussion among child psychiatrists and other relevant stakeholders as it impacts on how we care for adolescents and their families.

Poster PS01-41 (P)

2656 - Perceived Expressed Emotion, Psychopathology, Self-esteem and Eating Attitudes among Obese Adolescents: A Controlled Study

MERVE ÇOLPAN; Dr. SAFAK ERAY; PINAR VURAL

Introduction: Obesity is a chronic disease, which causes medical and psychological complications. The prevalence of obesity has increased significantly in populations worldwide in the last decade. Obesity should not be considered only in biological terms, psychiatric symptoms are more prevalent among adolescents seeking treatment for obesity. Family climate is also crucial in existence and treatment of obesity and comorbid psychological disorders. In our study, perceived expressed emotion (EE), psychopathology, self-esteem and eating attitudes among obese adolescents will be investigated by comparing with their non-obese peers.

Materials and Methods: This study was completed with 50 (26 girl - 24 boy) obese adolescents (Body Mass Index >95th percentile) and 50 (28 girl - 22 boy) adolescents as control group (Body Mass Index between 10th to 85th percentile) who were matched based on age and gender. All participants evaluated by the child and adolescent psychiatrist and were requested to fill out the Socio-demographic Data Form, Shortened Level of Expressed Emotion Scale, Rosenberg Self-Esteem Scale, Strength and Difficulties Questionnaire- Adolescent Form and Eating Attitudes Test.

Results: In our study, obese adolescents showed a significant difference in perceived EE ($p<0,001$), and subscales of EE such as lack of emotional support ($p<0,001$), intrusiveness ($p<0,001$), irritability ($p<0,001$) and self-esteem ($p<0,001$), emotional and behavioral problems ($p<0,001$), attention deficit hyperactivity disorder ($p<0,001$), problems in peer relationships ($p<0,001$), and social skills ($p<0,001$) when compared with the control group. However there was no significant difference between two groups in terms of eating attitudes ($p=0,077$).

Discussion: A higher rate of perceived expressed emotion, psychopathology and low self-esteem showed us that obesity prevention and treatment also crucial for psychological wellbeing in adolescents. The effect of family climate, which was evaluated by EE, showed the importance of comprehensive approach in obesity treatment. In addition, this is also the first study to investigate this is the first to relationship between EE and obesity in adolescents.

Poster PS01-42 (P)

3351 - Child Abuse and Adolescent Pregnancy

Prof. Dr. aysegul yolga tahiroglu¹; Dr. Belgin Yoruldu; Prof. Dr. Ayse Avci; Dr. Gonca Gül Celik; Prof. Dr. Necmi Cekin; Prof. Dr. Nurdan Evliyoglu

1 University of Cukurova Medical Faculty

Aim: Child abuse and neglect is a serious problem which have complex causes, tragic outcomes and medical, legal, psychosocial, developmental components. One of the major negative consequences of sexual abuse is unwanted pregnancies. The purpose of this study is to investigate the clinical and demographic characteristics of abused children, who had given birth, are pregnant or whose pregnancy is terminated for any reason, who were referred to Cukurova University Medical Faculty Forensic-Medical Committee for Child Abuse Cases.

Methods: In this study, 207 pregnant adolescents who referred by courts to medical-psychiatric evaluation and/or establishing legal report on suitability for marriage mentally and physically were studied retrospectively.

Results: The mean age of the cases was 15.5 ± 1.6 years, the mean education period was 6.0 ± 3.1 years. For statistical analysis, abusers were subdivided into 4 groups as follows; father or brother (5.4%), an other member of the family (6.8%), a relative of the family outside or a foreign one (30.7%), and common-law spouse (71.7%). 97.1% of the cases had a history of penetration, % 88,4 had a history of neglect, 17,4 % had a history of physical abuse. Supportive Parental attitudes were reported by % 81,6 of cases, whereas 18, 4% of parents were convictive-constrictive against their daughter. **Conclusion:** Follow-up and treatment of adolescent pregnant should be a multidisciplinary approach. Adolescents who choose to continue the pregnancy is directed to prenatal care. When making a decision about adolescent pregnancy, it is important to provide the assistance and support to pregnant woman. If the decision of termination of pregnancy, counseling should be made for birth control after the procedure.

Poster PS01-43 (P)

3144 - Menstrual psychosis in a 12 year old girl

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Periodic episodes of psychosis that occur in synchronicity with the menstrual cycle, also called menstrual psychoses, have been subject of clinical interest since the middle 19th century. Literature comprises mainly case reports of adolescents or women in the reproductive age, whereas only few case reports exist on children. Although their nosology and underlying pathogenesis are not yet completely understood, an association with bipolar disorders and puerperal psychosis is suggested. There is no consent on treatment so far.

We report of a 12-year-old girl who presented four psychotic episodes, each starting 3-4 days before menstruation. She was first referred to our hospital during the third psychotic episode, which occurred 9 months after her menarche. The girl was flat in emotions and seemed to be anxious and disorganized. She showed delusions of reference, thought disorder and accelerated latency of mimic or verbal reactions, while her parents initially observed logorrhea, hypomanic mood and autonomic nervous symptoms such as flushing and sweating. The girl was described as usually high functioning and socially well integrated. The family refused any medication of the patient and after a few days the symptoms stopped spontaneously with complete recovery. Clinical examination, laboratory analyses with hormonal status and a toxicological screening had shown no pathological findings, as well as electroencephalography and brain MRI scans. During the next severe psychotic episode antipsychotic treatment with risperidone and subsequently aripiprazole was started. Medication has been tapered during the last 5 months without any relapse. A stabilizing medication with estrogen or progesterone is considered.

Clinicians in charge of children and adolescents should be aware of menstrual psychosis as a rare but acute disorder in puberty. The differentiation of menstrual psychosis from premenstrual syndromes or severe schizophrenic and schizoaffective disorders is highly relevant due to different outcomes and therapeutic options. However, further systematic studies are needed to advance our pathogenetic understanding and thus treatment options of menstrual psychosis in child and adolescent psychiatry.

Poster PS01-44 (P)

3241 - Preliminary results of an intervention program based on mindfulness on core symptoms in a children ADHD sample (a randomized controlled trial).

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A meta-analytic review suggests that mindfulness-based therapies are useful in ADHD, however few studies have evaluated the impact in children.

Objectives: The study's main goal is to know the effect on the core symptoms of ADHD, the executive functions and the hypothalamic-pituitary-adrenal axis of an intervention program based on mindfulness in children untreated and newly diagnosed with ADHD. The primary aim of the current study was to investigate preliminary results of group-based mindfulness meditation training on core symptoms.

Methods: Randomized controlled trial. A total of 24 subjects were included, randomized in two groups (experimental group and control group). The experimental group received an intervention program based on mindfulness (sessions once-per-week lasting 75 minutes), and the control group received the usual treatment for this condition (and/or school and/or after-school reinforcement and/or pharmacological treatment) for 8 weeks. K-SADS-PL interview was administered to assess the presence and presentation of ADHD. The study assessments included pre-ant posttest measure of ADHD symptoms (ADHD Rating Scale IV parents' version) and cognitive functioning (CPT-3). Data were analyzed using the Mann-Whitney U test.

Results: These are preliminary results of a randomized controlled trial (grant project: BR201501) with a clinical sample set of 114 patients with ADHD naïve of 7 to 12-year old randomized into two groups (experimental group and control group). Participants were primarily male (60.9%) ranging in age from 7 to 12 years (mean age=9.13, SD=1.57). Among participants, 63.6% presented an ADHD-combined presentation, 27.3% ADHD-inattentive presentation showing the rest hyperactive-impulsive (9.1%). Respect clinical symptoms from pre- to posttest reduction in scores were observed in all core symptoms of ADHD. Significant results were found between both groups in hyperactivity-impulsivity symptoms ($p=0.011$) and total ADHD symptoms evaluated on the ADHD Rating Scale-IV ($p=0.027$). No significant reduction or differences between both groups on the results of the 4 measures that provides CPT-3 (inattentiveness, sustained attention, vigilance and impulsivity) was found.

Conclusion: Although the sample size was small, preliminary results suggest that our program may lead to reduce ADHD children's symptoms. In summary, the study supports feasibility and potential utility of mindfulness training in at least a subset of children with ADHD.

Poster PS01-45 (P)

2834 - Relationship between child ADHD status and social functioning after 18 months: A longitudinal investigation of the mediating effect of parenting style

Sampada Bhide; Dr. Emma Sciberras; Prof. Vicki Anderson; Prof. Philip Hazell; Prof. Jan M. Nicholson

Objective: In a community-based sample of children with and without ADHD, this study investigated whether parenting style mediates the relationship between current ADHD status and prospective social outcomes.

Method: Participants were children (66.2% male) classified as ADHD ($n=179$) or non-ADHD controls ($n=212$), and their parents (93.5% female). ADHD was assessed using the Conners ADHD index and the Diagnostic Interview Schedule for Children-IV. Parent-reported subscales from the Strengths and Difficulties Questionnaire, and the Social Skills Improvement System were used to measure child social functioning at baseline (M age: 7.3 years; $SD = 0.4$) and after 18 months (M age: 8.9 years; $SD=0.4$). Parenting style was assessed via self-report measures of warmth, consistency and anger at both time points. Confirmatory factor analyses was used to generate a social functioning latent variable.

Results: A one-factor model was a good fit to the 18-month social functioning variables. Parenting consistency and parenting anger at baseline partially mediated the relationship between ADHD status at baseline and 18-month social functioning. Specifically, lower parenting consistency and higher parenting anger in the ADHD group at baseline, partially accounted for lower levels of social functioning in this group after 18-months, relative to non-ADHD controls. These mediating effects were independent of socio-demographic factors, disruptive effects of externalising co-morbidities, autism spectrum disorder and changes in parenting over time. Following additional consideration of parent distress, parenting consistency was no longer a significant mediator; and following consideration of baseline social functioning, no mediating effects held.

Conclusion: Lower parenting consistency and greater parenting anger for children with ADHD partially contribute to poorer social functioning for these children over time, relative to typically-developing children. However, parent distress and child social competence at age 7.3 years has a strong contribution to future social functioning at age 8.9 years, and these factors attenuate the contribution of parenting style. Support for parents experiencing distress, and promotion of consistent and calm parenting for children with ADHD may be necessary prior to age 7.3 years, in order to help bridge the gap between future social outcomes for these children and their typically-developing peers.

Poster PS01-46 (P)

2292 - Brain-Computer Interface Intervention for ADHD: Results from a Randomized Controlled Trial

Prof. Dr. Choon Guan Lim¹; PhD Cuntai Guan; Prof. Dr. Shuen Sheng Daniel Fung; PhD Dianne Bautista; Prof. Dr. Tih-Shih Lee

¹ Institute of Mental Health

Introduction

We have developed a brain-computer interface (BCI) based attention training programme to treat inattentive symptoms of ADHD. Two pilot trials were conducted to obtain preliminary efficacy data and ensure feasibility of this 8-week treatment programme.

Methods

A total of 172 children aged 6-12 diagnosed with ADHD were enrolled in this trial. They were randomized to either the treatment group or control group, and did not receive co-intervention. The wait-list control group received similar treatment after 8 weeks. Both groups additionally received monthly booster training after the 8-week intervention. The primary outcome was the clinician-rated ADHD Rating Scale at 8 weeks.

Results

Using an intention to treat analysis, inattentive scores on the ADHD Rating Scale improved by 3.5 +/- 3.87 in the treatment group and by 1.9 +/- 4.42 in the wait-list control group. The effect size was small at 0.38 (0.07-0.77). Hyperactive-impulsive symptoms did not show significant improvement.

Conclusion

The BCI-based attention training programme may be used as an adjunct therapy. It has the potential to be developed for home-based application and further trial may be conducted to test the efficacy with a longer period of treatment.

Poster PS01-47 (P)

2841 - Quality of life in untreated children and adolescents with ADHD: the influence of age and gender

Jose A. Alda¹; Maria Angeles Mairena¹; Estrella Ferreira-García²; Maria Izquierdo-Pulido²; Anna Huguet¹

1 Hospital Sant Joan de Deu Barcelona; 2 University of Barcelona

ADHD is associated with significant impairment of the quality of life of untreated patients and their families.

Objectives: The purpose of the present study was to evaluate the quality of life of untreated children diagnosed of ADHD (naïve) compared with healthy children.

Methods: Observational, case-control, cross-evaluation study matched by age and sex. A total of 120 subjects were included, 60 naïve children diagnosed with ADHD and 60 healthy children aged 6-16 years. The sample and the variables used in this study proceeds from a grant study (PI11/2009). K-SADS-PL interview was administered to assess the presence and presentation of ADHD. To assess the severity of ADHD symptoms ADHD RS IV parents' version was administrated. The instrument CHIP-CE/PRF was used to measure quality of life. Linear regression analysis was conducted.

Results: The sample showed a mean age of 9.32 years (SD 2.82), being 56.7% male. 55% of children with ADHD showed a combined presentation, 36.7% an inattentive, showing the rest hyperactive-impulsive presentation. Results suggest that children with ADHD have worse quality of life than healthy children, showing between 1 and 2 SD below the appropriate population norms in all domains and subdomains, except those that refer to physical level. Children with combined presentation showed a poorer quality of life respect the other presentations. Respect gender, differences were only observed in risk avoidance dimension suggesting lower levels in female respect male. Respect age it was noted in both groups that older children had less satisfaction and achievement but more risk avoidance.

Conclusion: The health profile obtained suggests that children with ADHD naïve have a poorer quality of life compared with healthy children. Gender is not a variable with a great impact on the quality of life. The variable age has a greater impact although the results also suggest that adolescence has a role in the quality of life.

Poster PS01-48 (P)

2507 - A qualitative study of parental decision to use medicines in Attention-Deficit-Hyperactivity-Disorder (ADHD)

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¹ Royal College of Surgeons in Ireland

Objectives

ADHD medicines carry well established and significant safety risks in children. Despite these risks they remain a cornerstone of treatment and prescribing rates are increasing. We sought to explore the role of safety concerns and side effects in the parents' decision to treat their children with medicines and their experience of side effects with treatment.

Methods

In-depth semi-structured qualitative interviews were conducted with ten parents of children receiving ADHD medicine treatment. Verbatim transcripts were inductively analysed using a thematic approach and key themes were identified.

Results

Concerns about side effects were reported by all parents with three key themes emerging. Fear of side-effects was reported by all parents, with the initial concern relating to the unknown effects of a long-term treatment that could affect the developing brain. A perception of lack of an alternative option was a key theme, with the decision to seek help often coming at a time of perceived crisis, or pivotal educational moment meaning there was a need for some treatment. Medication was the only option reported to be offered in the majority of cases, making the consideration of side-effects less relevant. A balance of risk and benefits is constantly re-calibrated by parents as therapy is commenced and continued, with social, family and educational improvements noted as important and perceptible benefits. Risks were noted by all parents as being a concern, but to be expected and somewhat tolerated particularly those that affected sleep, initial worsening of symptoms and appetite/weight loss but monitoring means that the concern of other side effects are lessened.

Conclusions

Time pressure and limited information alongside the lack of access to services left parents feeling starting ADHD medicines was their only option, subordinating the concern over side effects to a varying extent. Upon starting treatment, adverse effects were ubiquitous but benefits of treatment were also obvious. While on treatment parents remained concerned about use of medicines and the quest for information was ongoing. Further work is needed to prepare and provide resources and options for parents to allow a fully informed decision to treat children with ADHD medicines.

Poster PS01-49 (P)

2707 - Xplore ADHD; Getting Together to Understanding Our Children

Abdirahim Mohamed; Dr. Hassan Majid; Dr. Nadia Saleem

Coventry and Warwickshire Partnership Trust

Rationale

Parents of children with diagnosed ADHD had identified a lack of support within the south Warwickshire. We researched the available support groups and identified a plethora of support and information for ASD; however little to no support model for ADHD locally and nationally.

We designed a 4 session pilot parent support group called Xplore ADHD. The aim of this group was to aid parents tackle the daily issues that they faced with their child and their diagnosis. We initiated discussion between parents, educating them regarding the importance of behavioural management strategies. Other aims included initiating open discussion regarding the benefits and side effects of relevant medication.

Method

This group was open to parents who had a child recently diagnosed with ADHD. The exclusion criteria were a dual diagnosis of ASD or a Learning Disability. Parents enrolled had ongoing or recent contact with the CAMHS service. The clinical teams were contacted for suitable parents to attend this group. Approximately 20 sets of parents were invited to attend and received pre-session information.

Results

4 sessions were delivered weekly punctuated by a two week break in between. Attendance ranged between 2-4 parents who attended the two and a half hours session. Feedback was received using Likert scale forms. Parents commented on their knowledge and expectations pre and post sessions.

Responses from parents included majorly positive feedback to the sessions commenting on the importance of having a support group of parents of ADHD children. Parents felt overwhelmed pre-session and did not have specific expectations related to the sessions. This changed post session as parents felt and stated more confident and relaxed. They also wanted to be actively involved in the running of future Xplore ADHD groups to ensure its continuance.

Conclusion

The group was overall very well received by parents. They felt relieved to meet other parents in a similar situation and were able to express their emotions in an open and honest way. Parents were able to express the difficult feelings they harboured about their child's behaviour. There have been an overwhelming number of referrals from professionals and parents, as there appears to be a demand for this type of intervention. As a result of this, there are plans for this group to be expanded throughout the Trust as a permanent service.

Poster PS01-50 (P)

2607 - Diagnosing ADHD and comorbid Disorders: the importance of multidisciplinary team assessment

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Objectives: Attention deficit/hyperactivity disorder (ADHD) or hyperkinetic disorder is frequently comorbid with a variety of psychiatric and somatic disorders, including but not limited to depression or anxiety, tic disorders, oppositional defiant disorder (ODD), conduct disorder (CD), substance use disorders, learning disabilities, epilepsy, celiac disease. Comorbid disorders impact the severity of ADHD, treatment, prognosis and the quality of life of both children and families. This study aimed to examine the prevalence of comorbid diagnoses in children diagnosed with ADHD after their first multidisciplinary team assessment (child and adolescent psychiatrist, clinical psychologist, speech therapist, educational specialist, neuropsychiatrist, EEG) in Croatia.

Methods: Retrospective chart review was performed at the Psychiatric Hospital for Children and Adolescents, Zagreb. Data on basic sociodemographics and comorbid psychiatric and somatic conditions were collected in all patients diagnosed with ADHD after their first multidisciplinary team assessment between January and June 2016.

Results: Overall, 21% patients (274/1304) were diagnosed with ADHD according to the ICD-10 criteria. Out of those, 69.3% (190/274) received one or more comorbid diagnoses. The most frequent comorbid psychiatric diagnoses were specific learning disorders, followed by anxiety and mood disorders, intellectual disabilities, behavior disorders (ODD and CD) and pervasive developmental disorders. The most common comorbid somatic condition was epilepsy. Behavior disorders were more common in boys, while no gender differences were found in the prevalence of comorbid emotional disorders.

Conclusion: The results indicate that multidisciplinary team assessment is obligatory in diagnosing ADHD to evaluate not only the symptoms of ADHD but also comorbid disorders. Comorbid conditions may not be identified without the systematic collection of information. Moreover, since many comorbid conditions can be successfully treated, their identification is of very high clinical relevance. Undiagnosed and untreated psychiatric disorders impair educational and occupational achievement and psychosocial functioning. Clinicians who treat children and adolescents with ADHD should be aware that the recognition of comorbid disorders and dysfunctions among these patients and appropriate intervention could have a substantial impact on their outcome.

Poster PS01-51 (P)

3190 - Reaction Time Variability and Inattentive Behavior in Children with ADHD

Jane Teo¹; Dr. Choon Guan Lim¹; PhD Tih-Shih Lee²; Prof. Cuntai Guan³; Haihong Zhang⁴; Prof. Yin Bun Cheung²; Dr. Daniel Shuen Sheng Fung¹

1 Institute of Mental Health, Singapore; 2 Duke-NUS Medical School; 3 Nanyang Technological University; 4 A*STAR Institute for Infocomm Research

Objectives

Children with attention-deficit and hyperactivity disorder (ADHD) exhibit slower reaction times on neurophysiological tasks. They also display greater reaction time variability (RTV), which refers to inconsistencies in the child's speed of responding, as compared to non-ADHD peers.

Current literature suggests that RTV reflects attention lapses. However, little is known about the nature of RTV in this population. The present study thus aims to examine if RTV is linked to ADHD-related behaviors in a sample of clinically referred children. Based on the overall RTV measure on the Connor's Continuous Performance Test (CPT) task, we hypothesize that RTV will be positively and significantly correlated with inattentive behaviors.

Methods

172 children aged 6-12 years old ($M = 8.63$, $SD = 1.51$) were recruited at the Child Guidance Clinic. All participants were clinically diagnosed with ADHD by a child psychiatrist and fulfilled the criteria of either inattentive (IA) or combined (COM) subtype of ADHD through the Computerized Diagnostic Interview for Children (C-DISC). Child participants completed the CPT while parents completed the ADHD Rating Scale (ADHD-RS) [Subscales: Inattentive, Hyperactive-Impulsive and Total Behaviours].

Results

A correlational analysis revealed no significant relationships between overall RTV and Inattentive behaviors ($r = .15$, $n = 116$, $p > .05$). RTV was also not significantly related to Hyperactive-Impulsive ($r = .05$, $n = 116$, $p > .05$) and Total behaviors ($r = .10$, $n = 116$, $p > .05$).

Conclusion

Contrary to existing literature, RTV was not significantly related to inattentive behaviors. This could be due to the nature of the CPT task, which has been likened to a test of inhibitory control rather than attention. Recent research also suggests that RTV is a stable feature across clinical disorders and is non-specific to ADHD.

Future research should seek to better understand the underlying causes of RTV for targeted treatment.

Poster PS01-52 (P)

2712 - Relation of Attention Deficit-Hyperactivity Disorder in the Spectrum of Anorexia Nervosa to Obesity: A Case Report

Dr. Tuğba Kalyoncu¹; Dr. Burak Baytunca²; Prof. Dr. Burcu Özbaran³; PD Dr. Sezen Köse³

1 Izmir Tepecik Research and Training Hospital; 2 Erzurum Research and Training Hospital; 3 Ege University School of Medicine

Objective: Eating disorders are a growing health problem among adolescents, and have increasingly become the focus of studies due to their prevalence. Both obesity and anorexia nervosa are associated maladaptive eating behaviors that may be relevant to the development. With this case report, it is intended to discuss the diagnosis and management of a female adolescent patient, diagnosed with obesity and attention deficit-hyperactivity disorder (ADHD).

Method: A 16-year-old, female, obese adolescent was referred to our in-patient clinic due to regulate maladaptive eating styles, depressive symptoms, and ADHD symptoms. Her early course of illness, diagnostic process, treatment and short-term outcome are described.

Result: At the time of discharge, the patient's Clinical Global Impression (CGI) scale severity item score was 2 (borderline mentally ill) and CGI improvement item score was 2 (much improved).

Conclusion: We reported the present case with the purpose of establishing a pediatric approach to obesity, a disease not included in DSM-5 under eating disorders, yet we believe share common underlying genetic and environmental causes.

Poster PS01-53 (P)

3188 - Are hyperactive-impulsive behaviors in children with ADHD signs of masked depression?

Xue Wei Wendy Poh¹; Dr. Daniel Shuen Sheng Fung¹; Prof. Tih Shih Lee; Dr. Cuntai Guan; PhD Hai Hong Zhang; Dr. Choon Guan Lim

¹ Institute of Mental Health, Singapore

ADHD not only affects a child's ability to concentrate in school and academics, it impacts on their social skills too. Current literature found that children with ADHD are 8 times more likely to face depression than those without. Impulsive, trouble filtering what they say, and being demanding towards others, all these externalizing behaviors can make it hard for children with ADHD to develop meaningful friendships. With these difficulties, they are prone to feeling of loneliness and depressed. Studies have been comparing children with ADHD to their counterparts who are not diagnosed. There are limited research done to compare those with hyperactive-impulsive behaviors (combined subtype;COM) and those with only inattentiveness (inattentive subtype;IA). Therefore, this study aims to explore if a particular subtype of ADHD population displays more depressive symptoms. We hypothesize that children with hyperactive-impulsive behaviors in addition to their inattentiveness (COM) will report more depressed symptoms as compared to those without hyperactive-impulsive behaviors (IA).

172 children aged 6 to 12 years old ($M = 8.63$, $SD = 1.51$) were recruited from Child Guidance Clinic, an outpatient clinic in Singapore. These child participants were clinically diagnosed with ADHD by their attending clinicians. They also fulfilled the criteria of either the COM or IA subtype of ADHD based on Computerized Diagnostic Interview for Children (C-DISC) completed by parents. Depressed subscale from parent-reported Child Behavioral Checklist (CBCL) was used as the primary outcome measure.

An independent-samples t-test was conducted to compare depressed symptoms in children with COM and IA subtypes. There was a significant difference found in the depressed score for COM subtype ($M = 6.68$, $SD = 4.273$) and IA subtype ($M = 5.09$, $SD = 4.058$); $t(161) =$, $p = 0.18$.

Parents of children with COM subtype reported more depressed symptoms in their children as compared to those with IA subtype. This result suggests that individuals with externalizing problematic behaviors are more likely to feel depressed than those without. This is in line with our hypothesis. However, we are not able to infer further on whether these externalizing behaviors are a predictor of masked depression, or an outcome of the child's depressed symptoms. Future studies could explore how depressive mood manifest in these children, and how treatment models could incorporate components to target this possible "masked" depression.

Poster PS01-54 (P)

3192 - Children with Hyperkinetic Disorder and Their Families

Dr. Olivera Aleksic Hil¹; PhD Natasa Ljubomirovic²; Dr. Emina Garibovic²; Marko Kalanj³; Prof. Dr. Milica Pejovic Milovancevic¹

1 Institute of Mental Health, Belgrade; 2 Institute of Mental Health; 3 Institute for Mental Health

Objectives:

The aim of the study was to examine differences in regard to the family cohesiveness, flexibility, communication and satisfaction among families with a child that has been diagnosed with Hyperkinetic Disorder, and families where no such problems are found in children.

Method: A total of N=60 families with children aged 6 – 15 years (96% boys) were included in the sample, divided into two groups: a study group of n=30 families with a child diagnosed with hyperkinetic disorder as defined by ICD 10, and a control group of n=30 families where no children were diagnosed with such a disorder. Dimensions of family interactions were assessed using the Family Adaptability and Cohesion Scale (FACES-IV), a 62 item inventory which consists of 3 cohesion scales (enmeshed, disengaged, balanced cohesion), 3 flexibility scales (chaotic, rigid, balanced flexibility) and Family Communication and Family Satisfaction scales.

Results: Families with one child diagnosed with hyperkinetic disorder compared to the control group were found to have: lower scores on balanced scales of cohesiveness and flexibility, higher scores on of disengaged, enmeshed and chaotic scales, and lower scores on the scales of family communication and family satisfaction. Also, parents in the study group were found to use

authoritative and permissive parenting style more often compared to the control group, and have a lower assessment of personal competencies for raising the child, therefore there is a number of difficulties in marital and family functioning

Conclusion: Hyperkinetic disorder in children appears relatively often, having significant effect to the welfare of a child and family in whole, and the role of the family is significant both in treating the problem and planning the treatment. Hyperactivity problems and deficits of attention in a child should not be observed isolatedly, as a problem of a child exclusively; rather, it is necessary to take into consideration the functionality of the whole family. A possible recommendation is to include some form of family psychotherapy in the treatment of children with hyperkinetic disorder.

Poster PS01-55 (P)

3474 - Visual Dorsal Stream functioning correlated with executive functions in Attention-Deficit/Hyperactivity Disorder: Neuropsychological Study

Prof. Dr. Sennur Zaimoglu¹; Prof. Dr. Birim Günay Kılıc²; Mehmet Akinci

1 Marmara University Neurological Science Institute; 2 Ankara University, Faculty of Medicine

Objectives: Ventral and dorsal streams in visual information-processing are accounted for vision-for-perception and vision-for-action, respectively. Traditional neuropsychological evidence suggests that neuroanatomical correlates of Benton Facial Recognition ("FRT") and Judgment of Line Orientation Tests ("JLO") reflect ventral and dorsal stream functions. FRT is considered to be more of an "occipitotemporal", whereas JLO is considered more of an "occipitoparietal" right hemisphere. Dorsal frontoparietal attention network is active when voluntary, goal-directed attention is engaged. Thus, JLO test scores, when compared to FRT scores, are expected to be more correlated with executive functions composed of inhibitory control, working memory and cognitive flexibility.

Methods: Forty-six children (30 boys and 16 girls), aged between 7 and 9 (mean age: 7.87 ± 0.79), diagnosed with ADHD according to the DSM-IV-TR criteria, were recruited to the study. All subjects were given a neuropsychological test battery including General Intelligence, Benton FRT and JLO visual perception tests and executive functions. Full scale IQ was evaluated with Wechsler Intelligence Scale For Children-Revised (WISC-R). Subjects' Total IQ scores (mean = 107.97 ± 1.44 ; range: 80-137) were in the normal range. Executive functions were assessed with Wisconsin Card Sorting Test (WCST), Stroop Task, Visual Span Subtests of Wechsler Memory Scales and Digit Span Subtest of WISC-R. Partial correlational analysis was conducted by the criterion of age.

Results: The performance of JLO test was inversely correlated with Stroop Interference Condition ($r = -0.49$; $p = 0.001$) and the percentage of perseverative error responses in WCST ($r = -0.40$; $p = 0.006$), whereas it was positively correlated with visual ($r = 0.48$; $p = 0.001$) and auditory ($r = 0.48$; $p = 0.001$) reverse digit performances. On the other hand, the subjects' performance in FRT was positively correlated only with visual reverse digit performance ($r = -0.35$; $p = 0.024$).

Conclusion: Our results suggest that JLO test performance, unlike the FRT test performance, is more strongly related to executive function components; namely inhibitory control, working memory and cognitive flexibility, which are subserved by fronto parietal top-down attention network.

Poster PS01-56 (P)

2325 - Mind your anger habits for teens

PhD Safaa Eraky

Egyptian Association of cognitive behavioral therapy(EACBT)

Background of workshop:

Problematic anger behaviors of children and adolescents represent a significant challenge to the clinical community. Although a number of direct and indirect factors are theorized to contribute to the etiology of aggressive behavioral problems, the cognitive-behavioral model focuses on the cognitive processes that play a significant role in the generation of anger and the aggressive responses to provocation. "Mind your anger habits: for teen" manual, is based on the cognitive-behavioral conceptualization of anger ,it consists of 10 group sessions for teens and 8 group sessions for their parents.

In the "Mind your anger habits: for teen"; anger is identified as a stress reaction with three response components: cognitive, physiological, and behavioral. The cognitive component is characterized by one's perception of social stimuli and provocation cues in the social context, by one's interpretation of these stimuli, by one's attributions concerning causality and/or responsibility, and by one's evaluation of oneself and the situation. This component represents a significant area for intervention with aggressive adolescents as their perceptions and attitudes serve to prompt most behavioral responses to provocation. Research on the social and cognitive processing in aggressive youth indicates that distorted interpretations, attributional biases, and deficiencies in problem solving can all influence the selection of aggressive behavior responses. Furthermore, cognitive processing patterns are likely to become more rigid over time, and as such the maladaptive aggressive behaviors prompted by dysfunctional cognitions will be maintained.

Learning Objectives:

Education and skills development including

For adolescents ;

- Emotional awareness.
- Functional analysis of anger behavior.
- Aggressive beliefs & how to dispute them.
- Assertive relationships.
- Self- instruction.
- Estimating future negative consequences and how to handle.
- Skills for problem solving.

For parents;

- Adolescence period characteristics.
- Parents' beliefs about themselves and their teens, are they functional?
- Effective communication strategies with the teenager.
- Loving and supportive relationship.
- Setting behavioral limits.
- Encouraging the teenager to solve personal problems alone or with guidance.
- Skills for managing parental stress.

Training Modalities:

- Direct Lecturing
- Video illustrations
- Case examples
- Demonstration and dyadic role-plays
- Q & A

Poster PS01-57 (P)

2843 - Lesson learn when become adolescents' pregnancy

PhD Juraporn Tangpukdee; Prof. Dr. Kessarawan Nilvarangkul; Dr. Margaret Harris¹

¹ The University of Newcastle, NSW, Australia

1. Background/ Objectives and Goals

Adolescent pregnancy is global issue as well as Thailand has reached the second highest of adolescents' pregnancy throughout Asia. Lives become more complicate when unwanted pregnancy status has revealed. Little is known about support systems when becoming teenage mothers is the springboard to this research. The research aimed to investigate the lives experiences of unwanted pregnancy in adolescents Thailand.

2. Methods

The descriptive qualitative research was conducted. Data were elicited via in-depth interviews with ten adolescent pregnant who walked into the youth friendly clinic, Northeastern of Thailand. The story telling has carried out to explain the lives experiences when ten adolescent had known their pregnancy status. The tape records during the interviews were transcribed verbatim and thematic analysis was employed.

3. Expected Results/ Conclusion/ Contribution

Being teenage pregnancy is complicated however becoming teenager mothers far more life's complicated. In Thailand, termination of pregnancy or abortion is illegal. Whereas the adolescents who become unwanted pregnancy were frustrated. This situation brought the adolescents into the risk of critical abortion for example abortion pills from internet market, chemical fluid through the vagina. The families can be key person who rescue the adolescent from nightmares by seeking for the support from youth friendly clinic. The adolescents have being realized that their parent having unconditional love to support their pregnant child. Familial relationships play a major role in supporting adolescents experiencing an unwanted pregnancy.

Keywords:

1. Teenage pregnancy
2. Family support
3. Youth friendly clinic

Poster PS01-58 (P)

2761 - Development of social-health services for children with disabilities in Bulgaria

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1 South-West University 'Neofit Rilski', Blagoevgrad; 2 Family Center, Varna

The social-health services have an important role for children with disabilities and their families in the process of deinstitutionalisation in Bulgaria. They are a part of activities, drafted in the National program for improvement of maternal and child health (2014–2020 г.)

The aim of the paper is to present the overview of existed social-health services for children with disabilities in Bulgaria (types, structure, categories of children to whom they are developed) and to delineate the common problems in its functioning.

Results show that at the moment there are different types of social-health services for children with disabilities: center for early intervention, center for family-type accommodation for children with disabilities, center for comprehensive service for children with disabilities and chronic disorders. These services operate in the frame of existed hospitals or as an independent structures for integrated services under the umbrella of particular municipality.

The most common problems in the implementation of social-health services are related to the lack of standards for functioning and funding, as well as with the lack of well trained staff.

The possibilities and perspectives for sustainable development of integrated social-health services are discussed. As well as the necessity and realization of interdisciplinary training of the staff.

Poster PS01-59 (P)

2762 - Promotion of Play in Children with Disabilities

Prof. Vaska Stancheva-Popkostadinova¹; Prof. Dr. Anna Lekova²; Anna Andreeva³

1 South-West University "Neofit Rilski", Blagoevgrad; 2 Bulgarian Academy of Science; 3 South-West University "Neofit Rilski"

Introduction:

The value of play for the cognitive, emotional and social development of the children is well known. Due to the severity of impairments, children with disabilities often are regarded as lacking abilities to play in a way as typical developed children are.

The aim of the paper is to study play behavior in children with disabilities, stimulated by computer games through sensor KINECT.

Methods:

Selected computer games and sensor KINECT were piloted in children with disabilities. Play behavior of children was observed before and during implementing KINECT and computer games.

Participants: 28 children from 3 day care centers aged 5-12 years with different types of disabilities.

Results:

The improvement of motivation for play, emotional satisfaction, curiosity and proactive behavior were found in most of the children.

KINECT sensor in combination with selected structured computer games are a stimulus for the development of communication and physical activity in children with disabilities and reliable tool to assist professionals working with them.

Conclusions:

The results of the study and future perspectives for the promotion of play in children with disabilities are discussed in frame of the objectives of TD COST Action TD1309 Play for Children with disabilities (LUDI). The main goal of LUDI is to put play at the center of the multidisciplinary research and intervention, as well as to develop the scientific perspective of "play for the sake of play" for children with disabilities.

Poster PS01-60 (P)

3120 - Neurodevelopmental Perspective of Antisocial Behaviour, Conduct Disorder, Delinquency, and Violence in Juvenile Offenders

Prof. Dr. Marija Raleva¹; Prof. Dr. Silvana Markovska Simoska; Angelina Filipovska

1 University Clinic of Psychiatry, Skopje

Introduction: Psychosocial factors are known to play a significant role in the aetiology and course of delinquent behavior, but also in the last decades many studies have tried to establish the neurodevelopmental and neurobiological correlates of delinquency.

Objective: The aim of the study is to analyze juvenile offenders (JO) in the Juvenile Detention Center, their forensic, psychological and neurodevelopmental characteristics considering antisocial behavior, conduct disorder and violence.

Method: We have interviewed all JO (24) in the Juvenile Detention Center in Ohrid, and performed a psychological, neuropsychological and neurophysiological assessment. A Structured Interview, Questionnaire for aggression, and a Scale for assessment of ADHD symptoms, neuropsychological testing and QEEG were performed.

Results: All JO come from low level socio-economic families, and majority of them lived in single parent families, being exposed to all kinds of adverse childhood experiences – having members of the family convicted for crimes, death in the family, domestic violence. One third has dropped out from school in the first three years. Nearly all of them had a history of early onset conduct disorder, and a history of substance abuse. Their scores on Aggression Scale are higher than controls, and on Anger Scale significantly higher. In nearly half of the JO there are symptoms of ADHD, 20% show symptoms of attention deficit, and 32% of hyperactivity and impulsivity, deficit in inhibition and affect regulation. The neuropsychological tests showed impairment of the executive functions, impulsive response due to reduced motor inhibition. QEEG showed a widespread presence of slow wave brain activity, decrease of beta frontal activity and of alpha power.

Conclusion: JO residing in the Juvenile Detention Center in Ohrid is a group of youngsters with severe psychopathology, neurobiological deficit in cognitive and executive functions, and with a high risk for recidivism, in need of support from families and society.

Poster PS01-61 (P)

3354 - Conduct Disorder: Clinical characteristics and comorbidity, research findings from the FemNat-CD Greek Center

Prof. Dr. Helen Lazaratou¹; Chrysanthi Anomitri¹; Zacharias Kalogerakis¹; Mara Pirlympou¹; Vayia Tsiafaki¹; Leonidas Papadakos¹; Panagiota Bali¹; Prof. Dr. Christine Freitag²; Prof. Dr. Dimitris Dikeos¹

1 National and Kapodistrian University of Athens; 2 Goethe University Frankfurt

Conduct Disorder (CD) reflects a persistent and repetitive pattern of antisocial behavior of children and adolescents; the disorder is considered as childhood-or adolescence-onset depending on whether the diagnosis was met before or after the age of 10 years old. CD is among the most frequent factors for referral to children-psychiatric services. The clinical picture varies among children and adolescents, and depends upon factors such as age, individual characteristics and social environment. The European study FemNat-CD aims to identify the causes of CD and examine potential gender differences by mainly focusing on girls with CD, since this is a relatively understudied population. FemNat-CD is an ongoing multi-center study with a projected sample size of 1840 children and adolescents between the ages of 9 and 18 years old. The goal of the current presentation is to describe the clinical characteristics of children and adolescents having a diagnosis of CD from the Greek sample, particularly regarding comorbidity with other psychiatric disorders. Among 34 male and female children with CD, whose data have been analyzed up to date, 35.3% were found to have a comorbid disorder. The main psychiatric comorbidity for CD was Attention Deficit Hyperactivity Disorder, Drug/Alcohol Abuse Disorder and Anxiety Disorders.

Poster PS01-62 (P)

3316 - Conduct Disorder and IQ: Research findings from the FemNat-CD Greek Center

Prof. Dr. Helen Lazaratou¹; Zacharias Kalogerakis¹; Mara Pirlympou¹; Leonidas Papadakos¹; Foteini Tsiakoulia¹; Angeliki Konsta¹; Prof. Dr. Christine Freitag²; Prof. Dr. Dimitris Dikeos¹

1 National and Kapodistrian University of Athens; 2 Goethe University Frankfurt

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The goal of the current presentation is to describe the results of the Greek sample regarding IQ scores as assessed by the WISC Wechsler Intelligence Scale. According to the existing literature, CD is associated with lower mean scores of verbal intelligence in relation to the general same-age population, possibly because CD is found more often among subjects with low IQ. However, the aim of the FemNat-CD study is to include CD patients only within the normal IQ range. Eight-nine subjects, 35 with CD and 54 controls, have been analyzed up to date. For the whole sample, IQ scores (verbal IQ, performance IQ and total IQ) ranged within the normal values. No statistically significant differences were found among male and female subjects. Furthermore, the results did not reveal any statistically significant difference regarding verbal IQ scores and total IQ scores between the CD group and the control group. The CD group showed significantly lower scores on the performance IQ in relation to the scores of the control group.

Poster PS01-63 (P)

3360 - The prevalence and the associated factor of suicidal ideation among adolescents after 5 years of Tsunami disaster in Japan.

Dr. Kazuhiro Kawahara

Department of Child and Adolescent Psychiatry, Kohnodai Hospital, National Center for Global Health and Medicine, Chiba, Japan

【Objectives】

The tsunami caused tremendous damage and traumatized several people, including children. Previous reports indicated the suicidal ideation increase in the aftermath of natural disaster. The purpose of this study was to evaluate the prevalence and the associated factors of suicidal ideation among adolescents after 5 years affected by the 2011 tsunami in Japan.

【methods】

Participants were three hundred and thirty junior high school students in two schools in Ishinomaki city, Miyagi prefecture, Japan. We interviewed participants by using the Mini International Neuropsychiatric Interview for Children and Adolescents (MINI-KID) and did self-rating questionnaires such as Depression Self-Rating Scale for children (DSRS-C), Spence Children's Anxiety Scale (SCAS) and Post-Traumatic Stress Symptoms for Children 15 items (PTSSC-15). We got information from their parents about clinical symptom by using parent-filled questionnaire of Oppositional Defiant Behavior Inventory (ODBI) and social state such as the damage degree of the house, the use and movement experience of the shelter and the current residence situation. Logistic regression analysis was conducted to investigate associated factors with suicidal ideation.

【results】

Thirty-six subjects (10.9%) of 330 participants were met the criteria of Suicidality Module. The number of boys was 13 subjects (36 %), the number of girls was 23 subjects (64%). In logistic regression analysis, the Depression was associated with suicidal ideation (odds ratio: 1.2, 95% confidence interval: 1.086-1.326, $p<0.000$). Age, Sex, the SCAS score, the PTSSC15 score, the ODBI score, the damage degree of the house, the use and movement experience of the shelter and the current residence situation were not associated with suicidal ideation.

【conclusion】

In our study, the prevalence of suicidal ideation was 10.9% and the associated factors with the suicidal ideation were depressive symptoms. It may be important to care current depressive symptoms.

Poster PS01-64 (P)

2533 - Field survey of depressive symptoms, manic symptoms, autistic tendencies and self-efficacy among elementary, junior and senior high school students in Japan

Prof. Dr. Kenzo Denda; PhD Takao Inoue; PhD Hidetoshi Omiya; PhD Kotoka Arai; PhD Kaede Aoki; PhD Yuri Matsuzaki

Hokkaido University

Objectives: In the present study, a questionnaire survey was conducted to investigate depressive symptoms, manic symptoms, autistic tendencies and self-efficacy among elementary, junior and senior high school students in Japan.

Methods: A questionnaire survey comprising the Quick Inventory of Depressive Symptomatology (QIDS-J), the Manic Episode Diagnostic Screening Inventory (MEDSCI), the Japanese version of the Autism Spectrum Quotient (AQ-J), the Generalized Self-Efficacy Scale (GSE) and lifestyle-related questions was conducted on 3,276 school students in Hokkaido. Correlation analysis and comparison multiple analysis were conducted on the questionnaire scores using SPSS 20.0J software.

Results: Overall mean score for QIDS-J was 4.7 ± 4.0 , with depressive group observed in 9.2% of subjects overall compared with 3.7% for 3rd grade elementary, 7.2% for 5th grade elementary, 9.2% for 2nd grade junior high and 14.3% for 2nd grade senior high school students. A significant increase in QIDS-J score was observed with increasing age. There was no gender difference in QIDS-J score among elementary school children, but the percentage of high-scoring girls tended to increase in 2nd grade junior high and 2nd grade senior high school students. MEDSCI scores revealed manic tendencies in 5.9% of subjects overall and 3.6% of 3rd grade elementary, 4.1% of 5th grade elementary, 5.8% of 2nd grade junior high and 9.0% of 2nd grade senior high school students. Overall mean score for AQ-J was 19.7 ± 6.2 and the proportion of subjects scoring higher than the 30-point cut off was 5.1% overall versus 3.0% of 3rd grade elementary, 4.1% of 5th grade elementary, 5.4% of 2nd grade junior high and 7.0% of 2nd grade senior high school students. Correlation analysis revealed a significant relationship between QIDS-J and both MEDSCI scores ($r=0.33$, $p<0.01$) and AQ-J scores ($r=0.38$, $p<0.01$).

Conclusions: A significant increase in QIDS-J score was observed with increasing age. There was no gender difference in QIDS-J score in children, but the percentage of high-scoring girls tended to increase in adolescents. A significant positive correlation was found between QIDS-J and MEDSCI scores, and between QIDS-J and AQ-J scores. The present findings suggest that high scores for depressive symptoms may be taken as indication of high scores for manic symptoms or autistic tendencies among school age children and adolescents in Japan.

Poster PS01-65 (P)

2969 - Identity development and eating disorder characteristics in female adolescents with psychiatric disorders

Melanie Achermann¹; Juliane Günther¹; Prof. Dr. Simone Munsch²; Prof. Dr. Lars Wöckel¹

1 Clenia Littenheid AG; 2 Universität Fribourg

Introduction

There are some parameters which can influence the identity development, e.g. parenting style, behavior or social environmental conditions. Generating a stable identity and strengthen their competencies is one major development task in adolescence. . Some eating disorder related attitudes and beliefs may contribute to a pathological identity development. The purpose of this study was to evaluate data in context of identity development and eating disorder characteristics in female adolescents with psychiatric disorders.

Methods

Data were collected from an in-patient sample of female adolescents with psychiatric disorders (e.g. conduct disorders, personality disorders or depression), aged 12 to 18 years ($n=104$, $15,7 \pm 1,1$ years). Therefore, patients were surveyed to identity development (AIDA), eating disorder characteristics (EDI-2), syndrome scales (YSR) and personality characteristics (JTCI).

Results

Our results show high correlations in identity development scales (AIDA) and eating disorder dimensions in female patients with psychiatric disorders (EDI-2). Furthermore we found associations in syndrome scales (YSR), personality characteristics (JTCI) and identity development (AIDA), such as body dissatisfaction and drive for thinness. Eating disorder characteristics seem to be psychopathological parameters strongly correlated to identity development.

Poster PS01-66 (P)

3142 - The center for Family Psychiatry: safety, child protection, treatment and assessment of parenthood

PhD Cecilia Prins-Aardema; Bea Bolt; Hugo v.d. Hoeven; Jitske Teeuwissen

GGZ Drenthe

The center for Family Psychiatry of GGZ Drenthe (the Netherlands) offers an outpatient and inpatient treatment setting for families. Most families are referred by child protection services (CPS) because of serious concerns about the safety and development of at least one child in the family. Very often there is (a threat of) an out of home placement of the child. The CPS asks for the assessment of parenthood to decide whether the child can be raised by the biological parent(s) or has to be raised in foster care. A referral to our center is often the last chance for the parent to show safe parenting for their child.

The safety issues in the family are often intergenerational. Treatment is needed to be able to break these intergenerational patterns and experience and learn safe parenting. Central to the treatment plan of the family is the safety and needs of the child(ren). The safety plan is made in collaboration with CPS and the family. The family treatment plan offers a combination of individual, systemic and multifamily interventions.

The inpatient clinic has the option of a 24 hours (video) surveillance for the family. It therefore offers the safe environment that is needed for families with severe safety issues.

This symposium starts with an overview of the treatment model of the family psychiatric center. The next presentation will show data about the families that are referred to our center and their outcomes. We then will focus on two specific groups of families in our patient population. First, the parents with a mental disability: what are the specific problems these families are facing and what is needed for them in the assessment and treatment? Second, 'the shaken baby' syndrome families: what are the characteristics of these families in our center? This presentation will also show an example of the (psychotherapeutic) intervention used and developed for this group.

Poster PS01-67 (P)

3147 - Family's transition from a healthy status to a family with a member diagnosed with schizophrenia – the role of family therapy

Dr. Bianca Pop¹; Dr. Luiza Ardelean²; Dr. Andra Isac³

1 „Iuliu Hatieganu” University of Medicine and Pharmacy Cluj-Napoca; 2 General Administration for Social Welfare and Child Protection Cluj; 3 Children's Emergency Hospital

The loss of dreams and hopes of a person diagnosed with schizophrenia, the emotional tribulation, the oscillation between remission and relapse, the risk of self-harm or aggression, the stigmatization that is derived from the burden of the diagnosis are experienced by a family that has to deal with a member diagnosed with schizophrenia.

The objective of this paper is to establish the role of family therapy in supporting a family in accepting a schizophrenia diagnosis and adapting to a new phase – life with a diagnosed member.

Methods: researching clinical guidelines (developed by the National Institute for Health and Clinical Excellence, Royal Australian and New Zealand College of Psychiatrists, American Psychiatric Association, Canadian Psychiatric Association) and other clinical studies concerning the efficacy of family therapy and its' different orientations on schizophrenia, in general and in different stages of evolution (prodrome, acute phase, stabilization phase, stable phase, chronic schizophrenia, resistant schizophrenia).

Results: the clinical guidelines attest a reduction in the risk of relapse, frequency of hospitalization and severity of symptoms, facilitating the resumption of an independent life and profession, improving social functioning in the person suffering from schizophrenia, as well as reducing the burden and emotional expressiveness of the family.

Concerning the type of intervention, the following programmes were noted: The Personal Assessment and Crisis Evaluation Clinic, The Prevention Through Risk Identification, Management and Education for prodrome, Calgary Early Psychosis Program, The Early Psychosis Treatment and Prevention Program, a psychoeducational model for the acute phase, cognitive-behavioral family therapy, Hallucinations Integrated Therapy for chronic schizophrenia, all containing family intervention.

Conclusions: family therapy may be practiced during all stages of schizophrenia, for psychoeducational and therapeutic purposes, in mono/multifamilial or mixed form, with greater efficacy if it's used for an extended period of time.

Research has proven the efficacy of family intervention for people diagnosed with schizophrenia, even more so if the family intervention is done early on, for a longer period of time, the training of the person doing the intervention is more rigorous, of higher quality, with similar results in different sociocultural contexts and expanding to family members that offer support for the patient.

Poster PS01-68 (P)

2273 - Autism spectrum disorder and season of birth

Prof. Dr. Elham Shirazi¹; PD Dr. Merrikh Afrakhte²; Prof. Dr. Mohammadreza Shalbafan²; Prof. Dr. Fateme Hadi³

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Objective: The detection of seasonal variations of birth in neurodevelopmental disorders may provide clues about etiological factors. This study attempted to investigate the Seasonal of Birth (SOB) rate pattern of children with Autism Spectrum Disorder (ASD).

Method: SOB of 457 children born from 1994 to 2012, diagnosed as having ASD by means of DSM-IV criteria, and the clinical Judgment of a board certified child psychiatrist and a senior resident of child psychiatry, referred from 1999 to 2014 to three child psychiatry clinics affiliated with Iran University of Medical Sciences was compared to SOB of live-born children of the same period, gathered from Iran census data.

Results: There was significant difference in SOB pattern between ASD group and general population with an excess of children with ASD born during summer ($p < 0.007$). The least ASD birth rate was during autumn with a gradual increase from autumn to summer.

Conclusion: The association between summer births and ASD suggests that conception during autumn may be associated with a higher risk for ASD. There may be possible causative seasonal environmental factors that have an influence on the etiology of ASD.

Key words: Autism spectrum disorder, etiology, neurodevelopmental disorders, season

Poster PS01-69 (P)

3430 - Neuroleptic malignant syndrome with combined antipsychotic treatment: clinical report and literature review

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Objectives

Illustrate through a clinical case and review of the literature the neuroleptic malignant syndrome (NMS), its potentiating factors and pathophysiological mechanisms underlying its emergence.

Methods

Clinical description and literature review using Pubmed with researching key words: neuroleptic malignant syndrome, autism spectrum disorder, pipamperone and risperidone.

Results

The propositus is a twelve years old girl of two healthy non-consanguineous parents. She was followed up since the age of four for language delay, deficit in social interaction, stereotyped motor movements and self-mutilation consistent with the diagnosis of autistic disorder with intellectual impairment. Later, risperidone was given at the dose of 1 mg per day to deal with the behavioral disturbances that have become more severe over time. Due to the non-response to this treatment a switch with pipamperone 40 mg was indicated. Two days after the overlapping with the two treatments, the patient developed hyperthermia (41,6°C) that did not respond to antipyretic treatment, hypersudation, asthenia and altered mental status. Medical examination and investigations didn't identify any infectious cause with negative CRP. NMS was suspected, the antipsychotic treatment was interrupted and oral hydration was recommended with good evolution. CPK, made a week later, was 733 UI/L assuming that the rates were higher before. They were back to normal after one week. One of the proposed physiopathology of NMS is the excessive blockade of the dopaminergic receptors. In this case, the association of two antipsychotics, one atypical having a predominant affinity for the D2 receptor, the other typical antagonizing mainly the D4 receptor, might have potentiated the risk of NMS.

Conclusion

Although all antipsychotics have potential to cause NMS, better knowledge of pharmacological risk factors can help preventing its occurrence.

Poster PS01-70 (P)

3442 - Time to Initiation of Clozapine Treatment in Children and Adolescents with Early-Onset Schizophrenia

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Introduction: Early-onset schizophrenia (EOS) has a poor prognosis and is difficult to treat, which often leads to the initiation of clozapine treatment. Studies in adults have shown that the initiation of clozapine treatment is often delayed. There is a lack of studies concerning the initiation of clozapine in children and adolescents with EOS. The aim of this study was to investigate the time span from first EOS-related psychiatric hospitalization to clozapine initiation.

Methods: We retrospectively studied a consecutive cohort of children and adolescents with EOS and first-time clozapine prescriptions from a tertiary care child and adolescent psychiatric center in Germany.

Results: Clinical records with data on clozapine initiation were available for 112 patients (35.7% females, mean age: 15.2 ± 1.6 years). The mean time from first EOS-related hospitalization to clozapine initiation was $1.1 (\pm 1.0)$ years, with an average of $2.3 (\pm 1.1)$ prior antipsychotic treatment episodes. Higher age and higher IQ predicted earlier clozapine initiation. At the time of clozapine initiation, 40.2% of patients received antipsychotic polypharmacy. Prior to clozapine, 33.9% of patients had received 3 or more antipsychotic treatment episodes.

Discussion: In our study, clozapine treatment was initiated markedly earlier than in the few existing studies, which may partly be due to the expected poor prognosis of EOS. The significant portion of patients undergoing 3 or more antipsychotic trials or antipsychotic polypharmacy prior to clozapine may indicate a need for improved dissemination of knowledge on the effectiveness of clozapine in treatment-resistant schizophrenia in order to promote timely clozapine prescriptions in these cases.

Poster PS01-71 (P)

2488 - THE ONSET OF TRICHOTILLOMANIA AT 21 MONTHS

Dr. SAFAK ERAY; HALIT NECMI UCAR; PINAR VURAL

Introduction:

Trichotillomania (TT), which is also known as hair-pulling disorder, is characterized by the obsessive pulling of hair and results in alopecia. The prevalence of TT has been observed to be approximately 1% of the youth population. In our study we discuss a case of trichotillomania, the onset of which occurred at the age of 21 months and continued for over two years. To the best of our knowledge, this is the earliest reported case of TT in Turkey.

Case :

E.Y, a 4-year-old girl, came to our outpatient clinic and presented with hair-pulling, temper tantrums and thumb-sucking. Her neuro-motor development was also appropriate to her developmental stage. There was no psychiatric disorder in her family history. Her mother had symptoms of anxiety. According to her family, the patient had started to pull hairs out of her scalp and eat them when she was 21 months old. As a treatment, the patient's parents shaved her head. The parents preferred to sleep with the child in order to prevent this behavior. However, the symptoms still persisted. When the patient was approximately 24 months of age, they went to a child and adolescent psychiatrist twice but did not continue treatment. Due to the persistence of symptoms, the parents decided to seek psychiatric help again when the patient was four. The family stated that the behavior usually occurred when the patient was watching TV, before sleeping. The patient had never gone to preschool and complained about her hair loss. At the first interview, she described the source of her behavior saying 'there is a voice in me, which forces me to do it'. Pulling her hair, folding it and eating it reduce anxiety in the patient. Physical examination showed a hairless area in her scalp approximately 2-3 cm in diameter. Behavioral therapy was started, including family intervention and positive reinforcement.

Discussion

In this case report, we have discussed a case of TT which began at the age of 21 months, whereas the average age of onset for TT is 10-13 years. Our case had an unusually early onset and had persisted for over two years before treatment was sought. As in our case, many families try to find their own solution to this kind of challenge. Patients who suffer from trichotillomania usually are referred to dermatologists and may undergo inappropriate treatments for a long time. Therefore, it is important to identify the origin of the problem and refer the patient to a psychiatric clinic as soon as possible.

Poster PS01-72 (P)

2917 - TRICHOTILLOMANIA, PANDAS AND MATERNAL IMMUNE MEDIATED CONDITIONS: ADOLESCENT CASE SERIES

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OBJECTIVES: Trichotillomania (TTM) is an impulse control disorder characterized by pulling out one's own body hair. Psychiatric comorbidity may include Attention Deficit and Hyperactivity Disorder (ADHD), Obsessive Compulsive Disorder (OCD) and depression. Trichotillomania has been classified as Obsessive Compulsive Spectrum Disorders according to Diagnostic and Statistical Manual of Mental Disorders, DSM V.

Maternal immunity may affect developing brain via cytokines and therefore the offspring may appear susceptibilities to immune mediated neurodevelopmental disorders such as PANDAS, OCD and Tourette. Especially, it is assumed that an association between streptococcal infection and early onset hair pulling. However there is no study investigating an association between autoimmunity and TTM in paediatric clinical samples. We aimed to investigate possible association between maternal immune mediated conditions and clinical characteristics of twelve TTM cases who admitted Child Adolescent Psychiatry Department over one year period.

METHODS: Cases were reviewed for clinical characteristics by gender, comorbidity, maternal immune mediated conditions and PANDAS. All patients were evaluated by Schedule for Affective Disorders and Schizophrenia for School Age Children-Present and Lifetime Version-Turkish Version (K-SADS-PL-T)

RESULTS: The mean of age was $13,3 \pm 3,3$; Eight cases were female ; four cases were male. All patients had at least one comorbid diagnosis. Two patients had ADHD and Oppositional Defiant Disorder (ODD); two patients had ADHD, OCD and ODD; two patients had Tourette, ADHD and ODD; one patient had Tourette and ADHD; one patient had OCD; one patient had OCD and social phobia; two patients had ADHD; one patient had Anorexia Nervosa. Four patients had PANDAS, one patient had Type 1 Diabetes Mellitus; one patient had epilepsy. Maternal immune conditions were seen in four cases: one had Familial Mediterranean Fever; one had lupus and Hashimoto thyroiditis; one had Hashimoto thyroiditis and sister with celiac disease; one had Acute Rheumatic Fever. Five cases had maternal allergic asthma. Only two patients had no maternal immune disease history.

CONCLUSIONS:

We concluded that PANDAS, ADHD and maternal immune mediated conditions were very common in these twelve cases. This report suggested that comorbidities, maternal-offspring immune conditions might promote to understand endophenotypic aspects of TTM in the future.

Poster PS01-73 (P)

3286 - Psychotic symptoms associated with levetiracetam in children with epilepsy: report of three cases

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Objectives: The purpose of this study was to report and discuss the occurrence of psychotic symptoms in three children and adolescents with seizures treated with levetiracetam.

Methods: We report three cases of children with acute onset of psychotic symptoms (behavior disorders, delusions, auditory or visual hallucinations) after initiation of levetiracetam (LEV).

Results: All three patients with tonico-clonic generalized epilepsy were girls aged from 9 to 14 years. Two patients had been on LEV in combination with others antiepileptic drugs for resistant epilepsy. The other patient was initiated with LEV monotherapy. Others anticonvulsivant drugs were stopped in this patient because of occurrence of side effects. The patient who received LEV monotherapy is a 14 years' old girl. She displayed visual and auditory hallucinations, acute agitation and insomnia within two days after LEV initiation. She was treated with an initial dose of 250 mg twice a day (10 mg/kg/day). The second patient is a 9years' old girl who had a history of mild mental retardation and resistant epilepsy. She was treated with sustained-release formulation of valproate (25mg/kg/day), clonazepam (0.066mg/kg/day). LEV was introduced in combination with these latter, started at 250 mg per day (10mg/kg/day) with good tolerance. When increasing doses to 20mg/kg/day, psychotic symptoms have settled acutely: agitation, hetero aggressive behavior, unmotivatedlaughing, crying and soliloquy. None of these two patients had previous psychotic disorders.

The third patient was 10 years' old, she has 8 years history of drug-resistant epilepsy. LEV was started at the age of two years in adjunction to clonazepam and lamotrigin. This patient suffered from a pervasive developmental disorder not otherwise specified in accordance to DSM IV criteria; symptoms worsened with increasing doses of LEV: with worsened impoverishment in social interactions and new symptoms like odd speech and behavior.

Conclusion: LEV is associated with psychotic symptoms in our three patients. Whether prior neuropsychological problems of these patients or side effects of LEV predispose to psychotic symptoms is not established. Few cases of levetiracetam-induced psychosis in children are reported in the literature. The present study emphasizes the need for close monitoring of children on LEV.

Poster PS01-74 (P)

2763 - The Impact of a Preparation Program on the Children's Relationships at Nursery Admission

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Introduction: The admission to nursery is a very sensitive period for children and their parents.

The aim of the study is to explore the effect of a preparation program on the relationships between children and staff and between peers at nursery admission.

Methods: An information-based and behaviorally oriented program was implemented with the aim of facilitating children's experiences at the nursery admission.

The children's interactions were observed each day from entering the nursery for the period of 8 weeks.

Participants: 105 children aged 1-3 years, divided in two groups: experimental (55 children) and control (50 children). All children were from the same nursery.

To assess the effectiveness of the program for psycho-social adaptation four main criteria were identified, with two sets of indicators for each of them: positive (friendly respect and curiosity for children) and negative (aggression and fear).

Results: Significant differences in adaptation between the experimental and control group were identified.

There were still children with negative attitudes towards peers, games and activities in the control group at the end of 8th week.

The study confirmed two main factors affecting positively the adaptation of children at the nursery admission: a) the preparation of the child, before entering the nursery and b) the active participation of the mother during the first week of admission.

Conclusion:

The preparation program supports children's adaptation to nursery and positively influences the relationships between children and the participation in the activities.

We recommend it as an important part from the preparation of children for nursery admission.

Poster PS01-75 (P)

3193 - Transdiagnostic intervention for adolescents with multiple early psychiatric symptoms

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Background

Early symptoms of emerging psychiatric problems in adolescence are often unstable and co-occur. The dynamic character of these symptoms impedes not only the diagnostic process but also complicates indicating an appropriate intervention. Prevention programs mainly focus on specific symptom reduction while, considering the nature of early psychiatric symptoms, a transdiagnostic intervention may be more appropriate. This study aims to examine the effectiveness of a school-based transdiagnostic intervention targeting mechanisms of early psychiatric symptoms.

Method

The intervention was conducted among adolescents ($n = 80$, mean age = 12.5) reporting persistent elevated psychosocial problems for a period of 12 months. Participants received an 8-session program containing elements of empowerment and cognitive bias modification. Psychotic experiences, symptoms of depression and anxiety, as well as emotional and behavioural problems were assessed before the intervention, immediately after the intervention and at six months follow-up. Self-esteem and locus of control were included in Generalized Estimating Equations analyses as mediators.

Results

Results showed decrease of psychotic, anxiety and depression symptoms immediately after intervention and at follow-up. Psychosocial problems (emotional, behavioural and peer problems and hyperactivity) decreased only at follow-up. No mediating effects of locus of control and self-esteem were found.

Conclusions

Findings provide initial support for efficacy of a school-based transdiagnostic intervention for persistent early psychiatric symptoms. As a next step, randomized controlled trials and more insights on mechanisms of transdiagnostic interventions are needed.

Poster PS01-76 (P)

3054 - Profile of Tunisian young suicide attempters' in clinical population: Study of 159 cases identified between 2005 and 2015

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Prof. Asma Bouden

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Objectives:

The aim of our study was to describe the epidemiological and clinical characteristics of young suicidals among a clinical population and to assess their potential evolution throughout years.

Methods:

It's a descriptive retrospective study among a clinical population including 159 suicidals referred to the child psychiatric department of the Razi hospital between January 2005 and December 2015.

Results:

The mean age of our sample was 12.8 years with extremes from 5.8 to 17 years. It was composed of 74.2% of girls and 25.8% of boys. Medical intoxication was the most common mean (68.6%) followed by physical means (20.1%) and toxic products ingestion (12.6%). The suicide attempts were mainly impulsive (83.1%) and of intermediate severity (62.9%). Our patients reported a previous suicide attempt in 25.8% of cases. Familial, psychiatric, psychological and social risk factors were found in respectively 90.6%, 42.1%, 66% and 69.2% of cases.

The use of violent means was associated with male gender ($p=0.02$). Previous suicide attempts were correlated with a greater severity of the actual attempt ($p=0.039$). Psychiatric and psychological risk factors as well as maltreatment were associated with the use of physical means. A higher score of severity of the suicide attempt was correlated with the presence of psychiatric and behavioral risk factors.

The chronological study highlighted some significant modifications starting from years 2013/2014, reflecting a recent trend: more children among suicide attempters ($p=0.012$), more patients reporting a previous suicide attempt ($p=0.045$), more frequent use of physical means ($p=0.019$) and a greater proportion of suicide attempts realized in winter ($p=0.019$).

Conclusions: These data are in part in accordance with local and foreign literature. However we can notice a trend toward a modification of the clinical profile since 2013. This challenges to more researches on the topic as well as new therapeutics interventions.

Poster PS01-77 (P)

2413 - Minor physical anomalies in Tourette syndrome

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Background: The prevalence of minor physical anomalies (prenatal errors of morphogenesis) was evaluated in patients with Tourette syndrome to get indirect data on the possible role of aberrant neurodevelopment in the aetiology of Tourette syndrome. No published study is known on the minor physical anomaly prevalence in this recently intensively investigated disorder, and connecting to current opinions on a possible role of aberrant neurodevelopment in Tourette syndrome it seems important to introduce trait marker research focusing on brain maldevelopment.

Methods: A scale developed by Méhes^{1,2} was used to detect the presence or absence of 57 minor physical anomalies in 24 patients with Tourette syndrome and in 24 matched controls 21 boys and 3 girls were evaluated, the age of onset of illness among the Tourette patients was between the age of 5 and 13.

Results: The mean value of all minor physical anomalies was significantly higher among the group of patients compared with controls. (Mann - Whitney U - value: 49, 50, $-Z = -4.92$, $p = 0.001$) In the case of 7 minor physical anomalies we could demonstrate statistically significant differences between the Tourette and the control sample. In the case of 4 minor malformations (supernumary nipples, prominent forehead, tongue with smooth and rough spots, double posterior hair whorl) and of 3 phenogenetic variants (antimongoloid slant, inner epicanthic folds, high arched palate) a significantly higher frequency was observed compared with control individuals.

Conclusions: The overrepresentation of minor physical anomalies in Tourette syndrome can strongly support the view that this disorder is related to pathological factors operating early in development.

Acknowledgement : The study was supported by the National Brain Research Program no. NAP KTIA NAP-A-II/12.

Poster PS01-78 (P)

2770 - Why adolescents above the age of 18 stay in CAMHS in Croatia

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Objectives: The time point when young persons with mental disorders who need continuation of psychiatric treatment transfer to adult services differs according to local service design and can lie between the ages of 16 and 18 years or even later depending on the country. Many of them do not present to adult services immediately when they reach the transition boundary but after several years during which there is usually profound deterioration of their mental health and psychosocial functioning. Some adolescents remain in treatment in child and adolescent mental health services (CAMHS). The aim of this study was to explore the prevalence of adolescents above the age of 18 who continued treatment in CAMHS at the Psychiatric Hospital for Children and Adolescents, Zagreb, and the reasons for it.

Methods: Retrospective chart review was performed and basic sociodemographic data, diagnoses and the reasons for continuation of treatment in CAMHS were collected in all outpatients older than 18 years during 2016.

Results: Overall, 4.2% (n=512) of all outpatients at the Psychiatric Hospital for Children and Adolescents, Zagreb, during 2016 were above the age of 18 years. Their most common diagnoses were Emotional disorders (F93), Mixed disorders of emotions and conduct (F92), Neurotic and somatoform disorders caused by stress (F 40 - F 49), Mood disorders (F30-39), Hyperkinetic disorder (F90), Mental retardation (F 70 - F 79), Pervasive developmental disorders (F84). The main reasons for their continuation of treatment in CAMHS were lack of appropriate services in local community, a close relationship with the treating child and adolescent psychiatrist and the team staff, and their sense of belonging.

Conclusion: Our data show that patients above the age of 18 represent a considerable proportion of all outpatients in CAMHS in Croatia. The reasons for remaining of patients above the age of 18 in CAMHS are objective and subjective. These reasons should be addressed in appropriate way through empowering and facilitating formal access to appropriate mental health services of young people as they grow into adulthood as well as personalised and individual approach in transitional care.

Poster PS01-83 (P)

2709 - Xplore ADHD; Getting Together to Understanding Our Children

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Rationale

Parents of children with diagnosed ADHD had identified a lack of support within the south Warwickshire. We researched the available support groups and identified a plethora of support and information for ASD; however little to no support model for ADHD locally and nationally.

We designed a 4 session pilot parent support group called Xplore ADHD. The aim of this group was to aid parents tackle the daily issues that they faced with their child and their diagnosis. We initiated discussion between parents, educating them regarding the importance of behavioural management strategies. Other aims included initiating open discussion regarding the benefits and side effects of relevant medication.

Method

This group was open to parents who had a child recently diagnosed with ADHD. The exclusion criteria were a dual diagnosis of ASD or a Learning Disability. Parents enrolled had ongoing or recent contact with the CAMHS service. The clinical teams were contacted for suitable parents to attend this group. Approximately 20 sets of parents were invited to attend and received pre-session information.

Results

4 sessions were delivered weekly punctuated by a two week break in between. Attendance ranged between 2-4 parents who attended the two and a half hours session. Feedback was received using Likert scale forms. Parents commented on their knowledge and expectations pre and post sessions.

Responses from parents included majorly positive feedback to the sessions commenting on the importance of having a support group of parents of ADHD children. Parents felt overwhelmed pre-session and did not have specific expectations related to the sessions. This changed post session as parents felt and stated more confident and relaxed. They also wanted to be actively involved in the running of future Xplore ADHD groups to ensure its continuance.

Conclusion

The group was overall very well received by parents. They felt relieved to meet other parents in a similar situation and were able to express their emotions in an open and honest way. Parents were able to express the difficult feelings they harboured about their child's behaviour. There have been an overwhelming number of referrals from professionals and parents, as there appears to be a demand for this type of intervention. As a result of this, there are plans for this group to be expanded throughout the Trust as a permanent service.

Poster PS01-84 (P)

3491 - Cross-Cultural Adaptation and Assessment of Reliability Serbian Language version of the Modified Checklist for Autism in Toddlers, Revised,

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Early detection of Autism Spectrum Disorder (ASD) has proven to be of high significance, however there is a limited availability of ASD screening tools in Serbian language.

Method

In this study we aim to translate, assess reliability and, in part, test the applicability of Modified Checklist for Autism in Toddlers, Revised, with Follow-Up (M-CHAT R/F) in Serbian Healthcare environment.

We screened 128 children in three primary healthcare centres and 20 children in a tertiary psychiatric center, using M-CHAT R/F translated into Serbian language, between December 2014 and October 2015.

Results

At the end of the screening process 80% of participants in the risk group screened positive for ASD, while in the control group 4 (3.1%) participants screened positive, with a mean total scores of 8.25 and 0.66 respectively. The Cronbach's α coefficient was 0.91 and Guttman's λ_6 was 0.93. Test – retest reliability was deemed as acceptable, and no significant correlation was found between M-CHAT-R/F scores and Epworth Sleepiness Scale for children scores.

Conclusion

The Serbian version of the M-CHAT-R/F has shown satisfactory reliability. We can therefore assert that it is a reliable tool for identifying ASD and it can be used in clinical practice to improve early detection, assessment and treatment.

Poster PS01-85 (P)

3459 - POST TRAUMATIC STRESS DISORDER IN CHILDREN AND ADOLESCENTS: A 30 case study

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OBJECTIVES: Describe socio-demographic and clinical profile of patients with post traumatic stress disorder (PTSD).

METHODS : Retrospective and descriptive study conducted at the Child and Adolescent Psychiatry Department of Mongi Slim Hospital (Tunisia) from January 2013 until July 2016. We included all cases of patients followed for PTSD (DSM 5). Data was collected from their records.

RESULTS :

30 cases were identified. The average age was 8,48 years . The sex ratio was 1,14. Poor family functioning was reported in the quarter of cases. Most of them had a low socioeconomic status (83%). Half of the patients had personal medical and psychiatric background. The period separating the examination and the beginning of the facts was about 12 months. The majority of patients (63, 4%) witnessed a traumatic event occurring to others, while 33,3% experienced it directly and 1 child learned the death of a parent (3,3%). Physical aggression was the highly reported, followed by psychological and sexual abuse (respectively 60%, 45% and 37,7%). 14% had a road accident. A repetitive event was found in 34,5% of cases. The traumatic event occurred mostly at home (40%) and was mainly acted by a neighbor (28%). Hyper arousal and intrusion symptoms were predominant. The majority of patients (66%) have developed psychiatric comorbidity (depression, school phobia, stuttering, separation anxiety and elimination disorders). Of these, one child became blind after the trauma and one attempted suicide.

CONCLUSION : Most children and adolescents exposed to traumatic events will develop various reactions ranging from minor disruptions, to severe and persistent symptoms. Practitioners therefore need to be able to recognize and treat post-traumatic stress reactions in children in order to decrease debilitating consequences.

Poster PS01-86 (P)

3449 - TELEVISION VIEWING AMONG TODDLERS, INFANTS AND PRESCHOOLERS

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OBJECTIVES: Establish the demographic profile and identify the characteristics of television exposure on Tunisian children aged 0 to 5 years.

METHODS:

A descriptive and cross-sectional study conducted from January 18 to January 31, 2016, on "Facebook" (in groups for parents or scholar institutions' forums).

Parents of Tunisian children aged 0 to 12 years were asked to answer an anonymous and voluntary questionnaire.

37 items concerned sociodemographic data and assessed screen media access and use among children (computer, smartphone, television, tablet device, video games).

In this work, we are interested in Television (TV) access and use among children aged 0-5 years.

RESULTS:

Our group featured 115 children, half of whom were babies and toddlers (56,5%). The sex ratio was 0,77. The average age was 3,09 years. Nearly all parents (97%) had a high education level. The majority of children (80%) were registered in a kindergarten. The average age at first exposure was 20,21 months. 90% had access to TV at home and 74% watched it at least once a day, with an average of 1hour for 42,85% of them. Only 4,3% of the children had a TV in their bedroom. Adults co-viewing were found in the third of cases (29%). Harmful TV contents were prohibited in most families (91%). Cartoons, films and clipart for kids were the highly watched programs. Nearly the quarter was more likely to consume either an educational content (23%) or a documentary (22,8%). The main parental expectations for this exposure were: having fun (50.8%), acquiring new knowledge (43%), occupying their child while they did chores (41%) and learning new words (11%). One child out of three (31%) was multitasker, using simultaneously a tablet device and watching TV. Among 0-to-3-years-old, the majority (86%) were already exposed to TV, with an average time spent of 1,5hour a day.

CONCLUSION:

Tunisian children are early and passively exposed to TV, with more than half of parents considering it as an educational platform. An awareness-raising campaign is needed among parents, general practitioners and pediatricians on television's impact on the cognitive and social development of the child.

Poster PS01-87 (P)

3020 - KIDS ONLINE: access, activities and parental mediation

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OBJECTIVES:

Describe the demographic profile and study the Internet use patterns of Tunisian children aged 5 to 12 years.

METHODS:

A descriptive and cross-sectional study conducted from January 18 to January 31, 2016, on "Facebook" (in groups for parents or scholar institutions' forums).

Parents of Tunisian children aged 0 to 12 years were asked to answer an anonymous and voluntary questionnaire. 37 items concerned sociodemographic data and assessed screen media access and use among children (computer, smartphone, television, tablet device, video games).

In this work we focused on the Internet exposure (including any device by which they go online) among children aged 5 to 12 years.

RESULTS:

Our panel consisted of 206 children with an average age of 7,5 years. The sex ratio was 1,06. Almost all mothers (95%) had a high education level. The average age at internet's first use was 5,29 years. 66% of children had home access to Internet. Only 34,5% connected daily online, with an average spent time of less than an hour for the majority of them (82%). 66% had a weekend (WE) limited access with an average of 2 hours/WE in 83% of these cases. The access was diversifying: via computer, smartphone or handheld device. Most of the parents were aware of harms and used safety tools (65,5%). Half of the children regularly visited Youtube (54%) and played games online (53%). One kid out of three used the Internet for educational purposes. 6% only had a social networking profile.

The parents allowed surfing mainly for entertaining (84%), learning contents (50%) and doing school work (18%), but also as "a babysitter" (19%) to keep their child occupied while they did chores.

CONCLUSION:

Tunisian children are experiencing a wide virtual world through the Internet. Parental awareness is essential on online risks, assets and safety measures in order to protect and adjust such exposure.

Poster PS01-88 (P)

3182 - The Effects of parenting Skills Training in the Community Setting

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Objectives : The purpose of this study was to evaluate the effect of parenting skills training (PST) for mothers in community settings.

Methods : 18 mothers participated in a PST program once a month for 10 months. Age range of participants was from 30 to 50 years(mean age= 41.11±4.89). and one session was composed of two parts, parenting skill education for fifty minutes and parent group session for thirty minutes. Contents of sessions included the following; 1) normal developments, common psychiatric illnesses and academic problems of children and adolescents, 2) communication skills between parents and children and discipline skill, 3) Ways to help improve the social skills of children and adolescents. Pre-training and post-training assessments encompassed symptom checklist-90 revised(SCL-90r), parenting stress index short form(PSI-SF), child rearing attitude.

Results : Mothers received PST showed significant improvement in total score($p=.010$) and two subscale scores of PSI-SF, namely parental distress($p=.009$), parent-child dysfunctional interaction($p=.046$). And more mothers showed affective-autonomic sensitive child rearing attitude after PST. But they showed no significant change in the score of difficult child subscale of PSI-SF and SCL-90r,

Conclusion : Results suggest that PST in the community setting is an effective tool for reducing parenting distress and improve child rearing attitude, and it may eventually improve their children's mental health, but further studies are needed to confirm these findings.

Poster PS01-89 (P)

2481 - Current status and perspective in adolescent medicine –questionnaire for pediatricians and parents-

Shinichiro Nagamitsu; Chieko Akiyama; Keiji Abe; Byongmun An ; Nobuaki Inoue ; Masayuki Kaji ; Shinji Saito; Tomoko Saotome ; Yukiko Sadamoto; Takeyuki Sato; Hidetaka Tanaka; Yuji Murata; Masakazu Mimaki; Tatsuhiro Yamanaka; Etsuro Ito; Shinichi Hirose;

Objectives: The aim of this study was to recognize current problems and future perspective in adolescent medicine in Japan.

Methods: We developed a comprehensive questionnaire addressing physical, mental, and behavioral problems in adolescents and sent it to all members of the Japan Pediatric Society (n = 20,854) and parents who visited at private clinic or hospitals.

Results: The response numbers were 5,218 for pediatricians and 3,602 for parents. 83 percent (%) of pediatrician had experience of seeing adolescents. The contents and rates of the experience were school refusal (80%), obesity (58%), developmental disorders (53%), menstruation (48%), abuse (9%), and sexual matter (4-6%) such as sexual transmitted disease, contraception, and abortion. Adolescent issues that parents were talking with their children about and those rate were secondary sexual characteristics (70%), tobacco use/substance use/alcohol (70%), childbirth/childcare (30%), and sexual matter (8-15%). Parents considered that internet and smart phone addiction must be future problematic theme in adolescent health at the highest rate (53%). The rate of pediatricians and parents who regarded pediatrician as a primary care physician by age of 18 – 20 years-old were 45% and 29%, respectively.

Conclusions: Recent life environment for children such as falling birthrate phenomenon, increasing child poverty, and spread of internet/smart phone use might risk children's health. In addition to disease oriented care, well child health care by approaching adolescent and management of preventive medicine are necessary for child health promotion.

Poster PS01-90 (P)

2995 - Classification of ethical issues in the psychiatric treatment of adolescents

Dr. Sebastian Hollwich; Prof. Dr. Klaus Schmeck; Prof. Dr. Stella Reiter-Theil

Psychiatric Hospitals of the University Basel

Objectives:

The objective of our research project is a much needed classification of ethical issues in the psychiatric treatment, which will help to "diagnose" ethical problems. By ethical issues we mean the mental representation of situations that triggers the reflection of normative expectations.

Diagnostic manuals for medical as well as for psychiatric issues are developed since decades and are meanwhile used by default. Since they facilitate the (interdisciplinary) communication and the initiation of indexed interventions formidably, it seems astonishing that comparable classification systems for ethical issues are still lacking completely.

Method:

Data were gathered on an adolescent psychiatric, psychotherapy-oriented ward, during weekly rounds and case discussions. An embedded researcher documented – without interfering in any way – the observed ethical issues that were afterwards discussed in depth in the research team. The typical selection bias of case studies was avoided by conducting an exhaustive survey over six months (first half of 2015).

In a first step of analysis, data were formally categorized in groups of deciders of ethical decisions already taken or to be taken. In the second step, data were subsequently structured by the ethical characteristics of those decisions.

Results:

During the period of the data collection 29 patients were treated on the ward (age range 13-18.9 yrs, average 16.6 yrs). The formal categorization of 264 ethically relevant decisions resulted largely in three main categories of deciders: "team", "patient" and "parent". The subsequent structuring led to 24 subordinate categories – 12 sub-categories under the main category "team", six under the main category "patient" and four under the main category "parents". For illustration, the highest prevalence displayed the main category "professional team" and the sub-category "patient's plan and conduct of life", which included the discussion of recommendations concerning education or career planning, (foster care) placement or e.g. demanding too much or too little of oneself.

Conclusion:

The first step to a suitable classification was successfully achieved. After its further extension and validation, it shall facilitate interdisciplinary communication and cooperation. It is expected to enable the early and reliable identification of ethical issues in clinical practice as well as their articulation in precise terms opening up the perspective to agree on problem-solving strategies.

Poster PS02-01 (P)

2960 - Interactions between child personality and parenting in the prediction of child mental health: diathesis–stress and differential susceptibility models

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Institute of Physiology and Basic Medicine

Decades of research have demonstrated that child individual characteristics moderate the effects of developmental context on child mental health. The majority of interactions followed a diathesis–stress pattern: poor parenting more often resulted in maladaptation in vulnerable children with high impulsivity, irritable distress, inflexibility and low effortful control. However, some studies supported differential susceptibility model showing that child's reactivity to stress, difficult temperament and negative emotional reactivity served as plasticity factors, amplifying risk for maladaptation given poor parenting and increasing the probability of positive outcomes given high-quality parenting. The present study aimed to examine interactions between parenting and child personality in the prediction of internalizing (emotional symptoms and peer problems) and externalizing (conduct problems and hyperactivity-inattention) behavior in Russian preschool-age children. Participants were primary caregivers of 370 children aged between 2 and 7 years. Parenting was measured by the Russian version of the Alabama Parenting Questionnaire – Preschool Revision (APQ- PR), child personality was measured by the Inventory of Child Individual Differences-Short version (ICID-S), mental health was measured by the Strengths and Difficulties Questionnaire (SDQ). Consistent with a diathesis-stress model, the results showed that among children high in activity and low in conscientiousness, punitive parenting was associated with externalizing behaviors, while among fearful and introverted children it was associated with internalizing behaviors. Positive parenting was a protective factor for internalizing problems only for children low in openness. Consistent with differential susceptibility model, children low in openness showed both more externalizing problems when faced with low positive parenting and involvement and less externalizing problems– when experiencing high quality parenting, compared to children high in openness. These results are in line with the previous findings showing that most of the person-by-environment interactions follow a diathesis–stress pattern, and also reveal children's differential susceptibility to rearing conditions, specifically parenting practices.

Poster PS02-02 (P)

2405 - IMPACT OF CHILDHOOD SEPARATION ANXIETY DISORDER COMORBIDITY IN OBSESSIVE COMPULSIVE DISORDER

Dr. Fahri Çelebi¹; Dr. Ahmet Koyuncu; Dr. Murat Coşkun; Dr. Erhan Ertekin; Prof. Dr. Behiye Alyanak

¹ Zonguldak Kadın Doğum ve Çocuk Hastalıkları Hastanesi

Objective: Obsessive compulsive disorder (OCD) has substantial comorbidities with other psychiatric disorders. Our aim in this study is to find the comorbidity rates of childhood Separation anxiety disorder (SAD) in adult patients with primary OCD, and to investigate the influence of this comorbidity to the clinical presentation of OCD.

Methods: 80 adult outpatients with a primary diagnosis of OCD were included in this study. All patients were interviewed by using Structured Clinical Interview for DSM-IV/Clinician Version (SCID- I/ CV). Patients were assessed by using Yale- Brown Obsessive Compulsive Scale (Y-BOCS) and Yale-Brown OCD symptom checklist. In order to assess the diagnosis of childhood SAD, each patient was initially administered the Turkish version of the Schedule for Affective Disorders and Schizophrenia for School Age Children-Present and Lifetime Version (K-SADS-PL), SAD module. The group of 29 patients with comorbid OCD and childhood SAD (OCD+SAD group) and 51 patients without childhood SAD (OCD without SAD) were compared for the sociodemographic and clinical features, psychiatric comorbidities and rating scales.

Results: 47 (58.8%) of the patients were female and 34 (42.5%) patients were married. Mean age of the patients was 31.32 (min: 18, max: 54, SD: 7.45). The most common obsession was contamination obsessions (68.8%) and the most common compulsion was checking compulsions (68.8%) according to the Y-BOCS symptom checklist. Childhood SAD comorbidity rate was found to be 36.3%. Mean age of onset of OCD and mean age of onset of obsessive compulsive symptoms were lower in the OCD+SAD group than OCD without SAD group. Comparing the frequency of obsessions and compulsions, there were no group differences between OCD+SAD and OCD without SAD groups. Additionally, there were no significant differences for Axis I psychiatric disorders between the two groups according to DSM-IV/SCID-I.

Conclusion: More than one third of adult patients with OCD received the diagnosis of childhood SAD. It was suggested that the presence of childhood SAD may be a feature that may also have a role for emergence of OCD symptoms earlier in children and adults as well as other anxiety disorders. Further studies are needed to assess the psychopathologic and clinical relationship of these disorders.

Poster PS02-03 (P)

3371 - Pharmacological treatment in anxiety-based school refusal

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Introduction:

School refusal behavior refers to the avoidance of a child attending school and/or persistent difficulty staying in the classroom throughout the school day. It's a significant problem in the society with broad negative long-term consequences. Yet, few treatments have been developed for this problem.

The aim of this study is to evaluate the role of pharmacological treatment in anxiety-based school refusal.

Methods :

This is a retrospective descriptive study, conducted at the Child Psychiatry out-patient unit of the University Hospital of Monastir. Children consulting for anxiety- based school refusal between January 2010 and Septembre 2016 and who maintained a regular follow-up for at least 1 month were included in this study (N= 11). The data were collected using patient medical files.

Results:

Our sample was composed of 6 boys and 5 girls. The average age of the patients was 7.8 years.

The principal diagnosis was the separation anxiety disorder with a percentage of 72% of cases. Mostly used intervention techniques were psycho education and cognitive behavioral strategies; especially the progressive exposure to school and emotion regulation strategies .

The prescription of pharmacological treatment was adopted for 9 patients. The treatment was in all cases an antidepressant. It was prescribed in the majority of cases after failure of psychotherapeutic methods as a sole intervention. The most used molecule was Fluoxetine in half of cases. A positive evolution was identified in all cases, and this was after 3.5 months on average.

Conclusion:

Education is particularly relevant in today's world. Thus, it is important to discuss the most recommended treatment concerning the anxiety-based school refusal and try to clarify a therapeutic model in order to be more efficient. Therefore more research in this subject are required.

Poster PS02-04 (P)

2846 - The Greek version of the Children's Automatic Thoughts Scale (CATS) in a clinical and a nonclinical sample.

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Attikon University Hospital

Objective: The present study is a preliminary examination of the psychometric properties of the Greek version of the Children's Automatic Thoughts Scale (CATS; Schniering & Rapee, 2002), a developmentally sensitive measure of cognitions associated with childhood internalizing and externalizing disorders. **Methods:** Participants included 50 cases with clinical anxiety assessed in the out-patient child psychiatry clinic and 351 students, aged 8-18 years, from four schools in Athens and Peloponnese region (an on-going epidemiological study). All participants completed along the CATS, the Revised Children's Anxiety and Depression Scale (RCADS; Chorpita et al., 2000). **Results:** The CATS demonstrated high internal consistency (Cronbach's alpha 0.94) and test-retest reliability ($r=0.90$). In the school sample, girls scored higher on the CATS-physical threat and CATS-personal failure subscale, but there were no other gender differences. Older adolescents (15-18 years) reported higher scores than younger adolescents (12-14 years) on the total score and on the physical threat, and personal failure subscales. In the clinical sample, gender and age differences were not found. Separate multiple hierarchical regression analyses in the school sample indicated that the CATS-social threat was a positive predictor for the level of anxiety symptoms, while the CATS-personal failure and CATS-physical threat were predictors of both levels of anxiety and depressive symptoms, when controlling for gender and age. In the clinical sample, the CATS-social threat and CATS-physical threat predicted the levels of anxiety symptoms, while the CATS-personal failure was the predictor for the level of depressive symptoms. Furthermore we found significantly higher total CATS scores in the clinical sample than in the school sample, which were accounted for by higher physical and social threat scores. CATS-hostility intent scores were significantly higher among school children whose father was unemployed. **Conclusion:** Our preliminary results suggest that the Greek CATS is a reliable and valid instrument that evaluates the presence and severity of negative cognition in children and adolescents and could be utilized in research and clinical practice (e.g. detect treatment effects) as well as in educational settings where the thought content of children and adolescents are important in areas such as friendship, academic success and bullying.

Poster PS02-05 (P)

2573 - Children with ASD : the swiss situation

MPH Laetitia Baggioni; Prof. Dr. Evelyne Thommen; Dr. Véronique Zbinden

Objectives

At the request of the Federal Council of Switzerland, the current situation of autism in Switzerland was examined. The research project was conducted between 2013 and 2014 and attempts to obtain an overview of the services offered to children and young adults with ASD (0-25 years). The purpose was to compare relationship between supply and demand and to suggest ways of improving quality of service offered and inter-cantonal coordination and co-operation.

Methods

Data were based on official statistics from public services such as "registre central de l'assurance-invalidité (AI)" and child psychiatric services (N=6). A review of the literature focusing mainly on the situation in Switzerland provides additional indications. Qualitative data were obtained from 35 interviews with experts in various fields : diagnosis, interventions, education and training, professional integration, support to families and encouragement of autonomy, advice and coordination.

Results

The results show that the situation in Switzerland has greatly improved over the last years but there are still too many gaps. Although AI's benefits are becoming increasingly important and specialized services are gradually developing, supply is not meeting current demand. The services provided are insufficient in each field targeted by the research, both in terms of quantity and quality. There is mainly a lack of training of professionals. They should be able to use tools adapted to the disorder, for diagnosis as for intervention. Furthermore, improvement of coordination, between services but also between cantons, is necessary : although AI's benefits are differentiated according to the type of disorder, there is not always consistency with diagnosis established by child psychiatric services. Finally, the results highlight important inter-cantonal differences, particularly with regard to the financing of benefits.

Conclusion

Although this research has shown improvements of support services for children with ASD in Switzerland, gaps have been identified in many fields. Resources still need to be mobilized in order to implement the proposed recommendations.

Poster PS02-06 (P)

2734 - The Qualitative Study about the Effects of the Picture Communication System (PECS) on the Daily Life of the Persons with Autism Spectrum Disorder and their Parents

Tomoko Hironaka¹; Prof. Dr. Arata Oiji²; Miho Yoshikawa²; Saiko Omuro³; Manaka Itoh⁴; Chiaki Sawa⁵; PhD Tetsuji Sawa⁶; Prof. Dr. Yukiko Morioka⁷

1 Mamenoki Clinic; 2 Kitasato University; 3 Kawasaki Seibu-Chiiki Ryoiku Center; 4 Kiyose City Kodomo Hattatsu Shien Koryu Center Tocooco; 5 Saitama Children's Medical Center; 6 Tokyo University and Graduate School of Social Welfare; 7 Taisho University

Objectives: The Picture Communication System (PECS) was developed in 1985 as a unique augmentative/alternative communication intervention package for individuals with autism spectrum disorder (ASD) and related developmental disabilities by Bondy A and Frost L. Many statistical or case studies on the effects of PECS on the development of communication, speech, play or problem behaviors have been reported. The objectives of this study were to explore how the parents felt about the effects of PECS on the daily life of their children and their own daily life utilizing a qualitative study method called as KJ-Method.

Methods: The subjects were 8 mothers of the persons with ASD. They were recruited through the Pyramidal Educational Consultants of Japan, the Kitasato University Center for Clinical Psychology and the TASUC group in 2014 and gave written informed consent to this study. A trained graduate student made a semi-structured interview with them. It took approximately fifty minutes to conduct the interview and recorded with a digital voice recorder. The recorded interviews were transcribed into text. Many ideas contained in the text of each interview was sorted into groups, based on their natural relationships using KJ-Method (affinity diagram) developed by Kawakita J in 1967. This study was approved by the Research Ethics Committee of School of Allied Health Sciences, Kitasato University.

Results: Ideas contained in the text of each interview were sorted into several groups and all groups extracted from 8 cases were sorted into four groups; "Improvement of Communication Skill and Expectation for the Future Effects", "Decrease of Problem Behaviors and Burden Placed on Parents", "Request and Expectations for PECS" and "Difficulty in Using PECS".

Conclusions: The results suggested that many of the parents of the person with ASD using PECS felt positive effects of PECS on the improvement communication skills and problem behaviors and decrease of burden on them. However, some mothers felt some difficulty in using PECS.

Poster PS02-07 (P)

3108 - ASD prevalence dynamics among children of Moscow

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Moscow Research Institute of Psychiatry

Objectives. The proportion of children with autism spectrum disorders (ASD) is astonishingly high compared to the figure that researchers have accepted for decades and that has led some of them to refer to a worldwide autism epidemic. Since 1990 to 2007 the reported incidence of ASD has increased by 7-8 times. According to US CDC estimates (2014), current ASD "administrative prevalence" is 1 to 68 children. The causes of rapid rise of ASD cases remain unsolved and the question of the existence of an "autism epidemic" is doubtful. Consequently, investigators have turned to find ways for verification of such elevated rates in a disorder's prevalence over a matter of just a few years.

Aim: to evaluate the dynamics of ASD prevalence and admission trends among children of Moscow.

Methods. ICD-10 based Databases of Moscow "Sukhareva" CAMH Center and Child & Adolescent Department of Moscow Research Institute of Psychiatry were used.

Results. ASD prevalence rate in Moscow in 2004, 2007 and 2014 was - 2.8, 5.3 and 11.7 respectively per 10,000 children population. The ratio of boys and girls was 5:1. Based on the assessment of inpatients, a distinct increase in cases of children with ASD was observed: in 2011-2012 an increase of 20%, in 2012-2013 - 17% and in 2013-2014 - 34%. Meanwhile, the frequency of mental retardation case admissions has decreased 4 times.

Conclusions. Data analysis showed a clear upward trend in number of cases of diagnosed ASD and its prevalence among children in Moscow. It is possible that the overall pool of children with ASD like features has remained constant but specific diagnoses ratio within this pool have switched including a decrease in admission rates of mental retardation. The revealed rise of ASD diagnosis corresponds with the trend observed throughout the world and requires a practical solution at different levels - clinical, therapeutic, institutional.

Poster PS02-08 (P)

3021 - Motor Development of Children with ASD

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Autism Spectrum Disorders include a wide range of relative dysfunctions, requiring special approach on all developmental stages.

The aim of the research was studying characteristics of motor development of children with ASD.

The following tasks were formulated:

- 1) Studying the mechanism of malfunctions of regulation of motor processes relating to different levels, considering laws of normal intrauterine psychic development.
- 2) Marking out special groups of children with ASD belonging to different levels of motor development basing on the principle of maximum fixation on different stages of sensor-motor development.

Research results:

The studying of the laws of normal intrauterine psychic development, based on the principle of reconfiguration of functional connections, system organization and hierarchy of mental functions led to marking out the groups of children with ASD belonging to different levels of motor sphere development.

- (1) 1st level of mental development, which has to maintain general tonus;
- (2) 2nd developmental level, which provides maturing automatic actions;
- (3) 3rd level of spatial analysis which allows to possess external space;
- (4) 4th level of voluntariness of movements.

Diagnostic criteria and intervention tasks for each group were designed. Intervention program includes the consequence of sessions, their schedule and estimation criteria for the results of sensor-motor correction.

The method of sensor-motor correction does not have a fixed structure, its application when working with children having ASD requires individual approach and has a range of contraindications.

Poster PS02-09 (P)

2849 - Relationship Among Internet Use, Parental Control and Psric Comorbidity in a Clinical Sample of Young Subjects with Autism Spectrum Disorder

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İstanbul university-İstabnul Medical Faculty

Objective: To investigate relationships among internet use profile, problematic internet use, parental control on internet use and comorbid psychiatric disorders in young subjects with autism spectrum disorders (ASD).

Methods: Sixty young subjects (aged 6-18 years old) diagnosed with ASD-mild severity according to criteria specified by DSM-5 (formerly Asperger Syndrome) were included. The study was conducted at the Department of Child and Adolescent Psychiatry, Istanbul University Istanbul Medical Faculty. Schedule for Affective Disorders and Schizophrenia for School-Age Children--Present and Lifetime (K-SADS-PL) was used for diagnostic interview. Young Internet Addiction Scale (YIAS), Internet Use Habits Form, Parental Control on Internet Form, Screen for Child Anxiety and Related Disorders (SCARED) and Childhood Depression Scale (CDI) were filled out.

Results: All subjects received lifetime diagnosis of one or more comorbid psychiatric disorders (Range: 1 to 14; mean: 3.8 ± 2.24). Most common diagnosis was attention deficit hyperactivity disorder with 86% (attention deficit hyperactivity disorder-predominantly inattentive presentation 30%, attention deficit hyperactivity disorder-predominantly common presentation (58.3 %). The next most common comorbid disorders were obsessive compulsive disorder (31.7%), enuresis nocturna (28.3%), separation anxiety disorder (25%) and depression (21.7%). Problematic internet use was observed in 23 subjects (37%). YIAS score was not correlated with lifetime ($p=0.150$) and present total number of psychiatric disorders ($p=0.260$) but CDI and SCARED total scores were positively correlated with YIAS score ($r=0.489$; $p<0.001$). Parental control on internet use was strongly negatively correlated with YIAS total score ($r=-.363$; $p<0.004$).

Conclusion: Problematic internet use may endanger psychosocial adjustment of young subjects with ASD. Because this study was done in a clinical population with high rates of psychiatric disorders, we could not found an association between particular psychiatric disorder and problematic internet use. However problematic internet use was associated with high rates of anxiety and depression symptoms. Parental awareness and control is important to avoid negative consequences related to internet use.

Poster PS02-10 (P)

2795 - Hospitalization treatment for developmental disorders

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1 Child and Adolescent Psychiatry, National Center for Global Health and Medicine, Kohnodai Hospital; 2 Aiiku Counselling Office

This case report illustrates the use of child psychiatric inpatient treatment for the developmentally disordered children. Our hospital cares are as below; ①individual psychotherapy ②group therapy (such as group activity therapy, community meeting, etc.) ③physical care (such as pharmacotherapy, etc.) ④family meditation (guidance for parents, psychoeducation program, family therapy, group psychotherapy etc.) ⑤environmental therapy (para-family relationship, discipline and order in living, isolation, physical restraint, etc.) ⑥remedial education (educational activities in hospital school, cooperation with domicile school ⑦social experience (annual events in hospital ward such as summer camp) Our hospital cares are to support preadolescence children forming peer groups and participating activities.

[Case A]

Hypersensitivity and perseverantative tendency were seen in his preschool days. He was diagnosed with high-functioning autism by a local doctor. Since he was in a lower grade of elementary school, he completely refused to attend school. He reacted to the voice of children playing in the park by his house, brandished a kitchen knife. He regressed too much on his mother and used violence aggressively. In order to take hospital cares, education center and hospital A introduced him to our hospital. In April, year X, he (was in the 5th grade) initially contacted our department, fell into psychomotor excitement in outpatient ward, and be hospitalized.

[Case B]

The first contact was his third year of elementary school. His chief complaints at the first contact were hyperactivity and impulsive action. He was diagnosed with attention deficit hyperactivity disorder. While receiving outpatient treatment, his mother contracted malignant lymphoma and died before long. In addition, He was bullied in school. About half a year after his mother's death, he secluded himself up in his house. He also attempted suicide, destroyed household goods. Since those violent behaviors were exacerbated, he hospitalized.

Common features in treatment process of those two cases are ①incomplete harmony of expressing emotions (mainly anger) ②intensive multimodal treatment with multi-disciplinary under structuralized circumstances ③group psychotherapy ④starting treatment in early teens.

We'd like to present the effectiveness of hospital cares to developmental disorder child who acts out violently.

Poster PS02-11 (P)

2740 - Support for university students with developmental disabilities based on reasonable accommodation in Japan

YU SHIBATA¹; PhD KOJUN SHIBATA²

1 Seijo University; 2 Taisho University

Objectives: The aim of this study is to examine the possible supports for students with developmental disabilities through the case study on 2 Japanese university students who had received some supports based on reasonable accommodation.

Methods: We shows the abstract of 2 subjects as follows;

Subject A (Female, Age 22)—She scarcely had attended classes for 4 years so she needed the support for credit earning. She visited the medical office and got the diagnosis of Autistic Spectrum Disorder(ASD) since she had not be made the confirmed diagnosis.

Subject B (Male, Age 22)—He was puzzled his relationship and refused the high school. Then, he visited the clinic and was diagnosed with ASD. He needed any support because he could not write the thesis and his job hunting could not go well at all.

Results: The coordinator(Co) assessed the state of A as follows; (1) she could hardly understand what she should respond to terminal assignments; (2) part time job was center of her daily life and she could not attend classes. As for (1), Co straightened her thinking in the counseling and explained her feature and situation to teachers who conducted her compulsory subjects. In the faculty meeting, it was permitted that teachers could mark her grade without taking no thought of her attendance. As for (2), Co served her lifestyle guidance. Then, she could submit terminal assignments and be promoted.

Co understood that B had trouble with the follows; (3) he set his mark related to the number of letters too high by himself so he resigned himself to writing the thesis; (4) he could not get in communication with the carrier counselor. As for (3), Co acted as an intermediary between B and the teacher in charge and asked the teacher to guide him once a week. As for (4), Co consulted with the placement office staff and the carrier counselor about employment support for B. Then, he could write out the thesis but he could not get a job. After graduation, he received job training.

Conclusion: In Japanese university, personal counseling is naturally main supporting method for students. But it is difficult for students who cannot express their intentions correctly to visit the student counseling office initiatively. Especially, the problems of students with developmental disabilities are to appear on the occasion such as terminal exams, thesis or job hunting. Supporting for such students, it is essential to associate with faculties and relevant departments in the university.

Poster PS02-12 (P)

3378 - Can Autistic Children become schizophrenic? About a case report

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Introduction:

Relationship between autism and schizophrenia remained a subject of controversy. Considered by some authors as two disorders of a same spectrum, others support the fact that they constitute two distinct disorders. However, there are several reports in the literature that have described individuals with both of them.

The objectives of this case report study are 1/ to describe the characteristics of a patient diagnosed with autism spectrum disorder and who developed during his follow-up schizophrenia and 2/to discuss the relationship between this two disorders through a review of the literature.

Case report:

Our patient is a 10-year-old boy who consulted with his mother for anxiety. His developmental profile shows an affective and language retardation. The History of his disorder reveals Behavioral and developmental features that suggest an autism spectrum disorder such as stereotypic behaviors and lack of social interactions. At the age of 9, his language abilities were improved and he started expressing a very important anxiety in relation with visual hallucinations. He developed also a delirium of persecution and his persecutor was the mother.

The intervention was based on psychoeducation, anti psychotic treatment (Risperidone) and regular consultations in the Child Psychiatry out-patient unit.

Conclusion:

Although it is a rare evolution, it's certainly important to study this phenomenon in order to find a specific profile where autism and schizophrenia could overlap.

Poster PS02-13 (P)

3272 - 22 months old boy diagnosed with 2q21.3 microdeletion syndrome comorbidity with autism spectrum disorder

Dr. Isik Gorker; PhD Engin Atli; Dr. Hakan Gurkan

2q23.1 microdeletion syndrome is a rare genetic condition caused by a tiny missing part of one of the body's 46 chromosomes, chromosome 2. In each person of this syndrome can have different medical and neurodevelopmental findings. Our case was 22 months old boy who applied with speech delay deficits and social-emotional reciprocity. In his psychiatric examination and evaluation, we diagnosed with autism spectrum disorder with atypical findings. In his genetic analysis, we detected the deletion in 2q21.3 chromosomal locus by using array-based comparative genomic hybridization. Our case will be discussed based on the literature.

Poster PS02-14 (P)

3168 - Process of psychotherapy treating autism spectrum - transition of self-image and psychotic crisis

PhD Hirokage Ushijima¹; PhD Yoshitaka Iwadare²; PhD Kazuhiko Saito³; PhD Masahide Usami²

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[Back ground]

It is said that an autism spectrum patient is difficult to grasp self-image both subjectively and objectively. It is often regarded as a lifelong characteristic, but there are some cases that patients grasp vague self-image during their adolescence. The appearance of psychotic states sometimes causes waver in distinguishing schizophrenia. The aim of this presentation is to examine these conditions of female infant of autism spectrum during treatment.

[Case]

A was 13 years old at her first visit. She has been peculiar to choice of words since her infancy. After entering elementary school, she has been standing out to be isolated not participate in group behavior. When she was in the second grade, her father got into trouble in his workplace and then her mother and A went to live with their relative. Her father's overbearing and short-tempered condition were getting worse and the family got into strained relations. A could not go to school when she was in the 4th grade and refused to go to junior high school because somebody says heartless words. She first visited when she was in the first grade of junior high school and has been attending the hospital regularly. She was diagnosed and treated with autism spectrum through her history. Two years after the first visit, she complained of void and suicidal ideation. Psychiatric conditions were suspected, however, with her strong refusal of oral administration, psychotherapy was practiced. During the sessions, she talked about her father, her father's problems, her dreams and we felt that her split memories and experiences put together. She told her father what she thought. After the confession, she sometimes being confused, but psychiatric conditions have not appeared.

[Discussion]

During there adolescence, children with ASD begin to feel themselves in an objective way. At the same time, they may be thrown into psychotic crisis. At that time, psychotherapy should serve as a place to protect them from identity disturbance.

Poster PS02-15 (P)

3689 - Thinking about catatonia when adolescence comes for Autism Spectrum Disorders: Findings on characterisation and treatment from a systematic review

Dr. Juan Paris Pérez; Daniel Ilzarbe Simorte

Introduction: Catatonia is a neuropsychiatric, life-threatening¹ syndrome of psychomotor deregulation. Considered now non-syndrome specific^{2,3,4}, it's been reported to occur in up to 17% of adolescents with Autism Spectrum Disorders (ASD)⁵.

With theoretically shared biological findings (chromosome 15q, GABA dysfunction), both can overlap², with exacerbations in adolescence and transition to early adulthood⁵. Challenges in their confluence extend from a proper identification and characterisation in a still neurodeveloping population, to safe, effective and evidence backed treatment.

Objectives: To systematically analyse literature on Catatonia in young people with ASD. To characterise catatonia in ASD. To evaluate clinical evidence of treatments used. **Methods:** A systematic search of scientific databases was carried out for the available literature (Limited in types of publications) from the last 20 years (01/1996-12/2016) for publications on Catatonia in ASD in human subjects with <18y. A qualitative and quantitative review has been completed following PRISMA guidelines.

Results: Of 89 identified publications, 30 went through a full article assessment after exclusion of non-compliant publications, discarding a further 6 records. A total of 24 articles were qualitatively analysed and 18 quantitatively. A total of 57 cases are published.

In general cohorts, onset often reported since adolescence⁵. Sudden behavioural changes, regression, psychosis and intensification of obsessive symptoms were most reported as possible predecessors. Onset is characterised by a progression of symptoms like posturing, freezing, catalepsy, need for prompt, or the rapid alternation between intense agitation/aggression and slowness/stupor. Comorbidity often accompany (mainly psychotic and affective acute states). Accounts of neurological and general medical conditions are scarce. Case report evidence supports Benzodiazepines (BZD) and ECT in acute and maintenance treatment^{2,6}. Most ECT treatments coincided with BZD, main effective adjunctive treatment. Effective antipsychotics (AP) were in acute psychosis, with the highest number of adverse events followed by antiepileptics. Lithium is suggested useful.

Conclusions: Considerable prevalence and morbidity of Catatonia in ASD. Catatonia should be ruled out as a cause of regression in autism². Effective, safe, treatments are used in ASD with catatonia, with clinical evidence that supports the use of BZD and ECT.

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Poster PS02-16 (P)

3097 - Assessment of the Levels of Personality Functioning in adolescents with the self-report questionnaire LoPF-Q12-18 to evaluate the severity of dysfunctional personality profiles and to detect emerging Personality Disorders

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Objective: The alternative model to diagnose Personality Disorders (PD) in DSM-5 section-III introduced the dimensional approach "Level of Personality Functioning-Scale" (LoPF, rated by the therapist) as an overall measure of PD severity (criterion A). Four dimensions of personality functioning are supposed to describe the core impairments of PD: identity, self-direction, empathy/prosociality, and intimacy/attachment. To enable the use and evaluation of this concept in adolescents from 12-18 years we developed the self-report questionnaire LoPF-Q 12-18.

Methods: We used our established instrument AIDA (Assessment of Identity Development in Adolescence) as item pool for a shorter module to assess the dimension identity. For the further three dimensions, each theory-based models were elaborated and item pools were deduced by an expert team. In a pilot test with N=314 students and N=65 patients we investigated basic psychometric properties and established the final item pool. The construction study consisted of N=592 adolescents, combining N=353 students from three Swiss schools and N=239 patients from six clinics (Innsbruck, Heidelberg, Berlin, Mainz, Homburg-Saar, Basel). N=46 (19.2%) of the patients showed a SKID-2 diagnosed PD (70% BPD).

Results: It was possible to establish a reliable and valid version of LoPF-Q 12-18 with 97 items. The four total scales identity, self-direction, empathy, and intimacy showed good scale reliabilities alpha (.92, .94, .87, .92) and were able to discriminate highly significant and with large effect sizes $d > 0.8$ between students and PD-patients (1.8, 1.7, 0.8, 2.0). As the PD-group consisted of 70% BPD patients, who are supposed to show their main impairments in the area identity, we have to enlarge the patient group with other types of PD-patients for a sufficient analysis of criterion validity. Until 2017, especially patients with supposed main impairments in self-direction (anxious-avoidant, dependent), empathy (antisocial, narcissistic), and intimacy (schizotypal, obsessive-compulsive, paranoid) will be assessed and results will be presented.

Conclusion: The final version of LoPF-Q 12-18 enables the assessment of impaired personality functions and the evaluation of emerging personality disorders in adolescents in self-report in a time-efficient and valid way. Culture-adapted versions are in validation in Spanish (Mexico) and English (USA).

Poster PS02-17 (P)

3273 - CHILDHOOD AND IMPULSIVITY. EVOLUTION AND TREATMENT IN ONE CHILD WITH COMORBIDITY BETWEEN ODD, ADHD, IMPULSIVITY, EMOTIONAL DYSREGULATION AND BIPOLAR SPECTRUM IN THE CONTEXT OF FAMILY DYSFUNCTION

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INTRODUCTION:

The irritability and Emotional Dysregulation are causes of consulting that increase day by day in our services of Child & Adolescent Mental Health. This irritability and impulsivity dysfunctional in Children, must be studied in their overall states.

BACKGROUND:

There is a high comorbidity between the impulsivity, frequent irritability, outburst of anger, inattention, hyperactivity and greater degree of oppositional defiant behavior seen in Externalizing disorders, and Bipolar Spectrum or Bipolar disorder (BD), being a challenge to diagnosis and treatment in children.

OBJECTIVE:

Demonstrate by reviewing a case, the diagnostic comorbidity between Oppositional Defiant Disorder (ODD), Externalizing Disorders, Attention Deficit Disorder with Hyperactivity (ADHD), associated with a pattern of Bipolar Spectrum. Its effective psychotherapeutic and psychopharmacological treatment.

METHODOLOGY:

A seven-years-old child, with a four year history of hypoprosodia, hyperactivity, inattention, and impulsivity in the context of family dysfunction. There was also occasional hyperphagia. He had received psychotherapeutic and psychopharmacological treatment to ODD, then to Attention Deficit Disorder with Hyperactivity and increased symptoms. We needed to change the psychopharmacological treatment, because still the symptomatology with irritability, distractibility, restlessness, anger outburst, hyperactivity, grandiosity and dysphoria. In the test of Young Mania Rating Scale and HCL-32, the results were compatible with BD. The new pharmacological treatment was with Antipsychotic and doubts for mood stabilizer. He had psychotherapeutic management-social skills- and family therapy. Now the prognosis is better (CHIP-AE), and there is absence of irritability.

CONCLUSIONS:

The irritability dysfunctional, emotional dysregulation and impulse control deficits, have a high etiopathogenic relationship with Bipolar disorder in children, where the same psychotherapeutic treatment could be effective. However, the psychopharmacological treatment is a challenge and should be monitoring step by step.

Poster PS02-18 (P)

2785 - Initial Clinical Assessment

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Introduction

In 2011 the Psychiatric Services Aargau (PDAG) implemented a new intake system for outpatient mental health care in children and adolescents. Due to highly limited human and financial resources, all referrals to the PDAG firstly undergo a clinical assessment which encompasses a telephone-interview by clinical staff, the web-based «Development and Well-Being Assessment» (DAWBA), containing the Strength and Difficulties Questionnaire (SDQ), and the study of pre-existing reports.

The least invasive and best professional and cost-effective method (outpatient before inpatient programs) should be used for diagnostic and treatment processes. Therefore we expanded the intake system since November 2016 to the whole Department of Child and Adolescent Psychiatry and Psychotherapy, containing the new psychiatric hospital for children and adolescents and the sectorized care in four ambulatories.

Methods and Results

In an article presented in 2016 we analyzed patient paths (flows), acceptance and staff costs in the implemented outpatient care model: One third of the cases referred to the PDAG in 2012 turned out not or not to be primarily in need of psychiatric treatment. These cases were closed and – if needed – referred to other psycho-social services. In the new hospital for children and adolescents we included all referrals to the care system (in- and outpatient settings). Furthermore, we evaluate the clinical outcomes with SDQ six months after referral, including those referred to other services. Preliminary path, acceptance and outcome data will be presented.

Conclusions

The new intake system in outpatient clinic is very well accepted by the respondents with a DAWBA response rate of 92%. The data for new child and adolescent psychiatry intake care model of the whole department should be discussed: How can we provide an effective, efficient and broadly accepted health care system for children and adolescent given the fact, that human and financial resources are strictly limited?

Poster PS02-19 (P)

3497 - Comparison of Croatian clinical and non-clinical population of adolescent (using Youth Self Report)

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Background: During a first time evaluation with the Child and adolescent psychiatrist, adolescents are routinely asked to fill out several self rated questionnaires. One of the most prominent and widely used questionnaire is The Youth Self Report (YSR; Achenbach & Rescorla, 2001). We conducted this study to gain insight in self-assessed mental status of adolescents, detect most prominent emotional and behavioral problems among youth aged 14 to 18, and to compare clinical and non-clinical population of adolescents in Croatia. Considering that mental health and mental health problems are an increasing issue in the society, we also wanted to evaluate current mental health services in Croatia and to adjust and plan treatment and prevention measures accordingly.

Subjects and Methods: We performed a cross-sectional study of non-clinical and clinical (at the point of their first contact with mental health service) sample of 334 adolescents, males N=147, females N=187, aged 14-18, and compared the data on the syndrome scales of the Youth Self Report between two samples and between male and female adolescents in every group. For this purpose we used self rated questionnaire Youth Self Report, authors T. Achenbach, L. Rescorla, revision 2001, Croatian version, which was published in 2005 by a group of Croatian authors.

Results: There was a significant increase in findings in clinical population compared to non-clinical one in overall results scored with the Youth Self Report ($F(1,330)=107,976$; $p<,01$), with higher results for females ($F(1,330)=15,892$; $p<,01$). There is a significant increase in clinical population compared to non-clinical one in all scales: Somatic Complaints ($F(1,330)=84,157$; $p<,01$), Anxious/Depressed ($F(1,330)=94,654$; $p<,01$), Social problems ($F(1,330)=54,538$; $p<,01$), Thought Problems ($F(1,330)=96,268$; $p<,01$), Withdrawn ($F(1,330)=65,844$; $p<,01$), Attention Problems ($F(1,330)=50,031$; $p<,01$), Delinquent Behavior ($F(1,330)=50,850$; $p<,01$), Aggressive Behavior, Internalizing ($F(1,330)=115,299$; $p<,01$) and Externalizing ($F(1,330)=44,650$; $p<,01$).

Conclusion: Emotional and behavioral problems are frequent in clinical sample of adolescents referred to the CAP service. Mental health professionals have an opportunity to work with General Practitioners to develop activities which would encourage troubled adolescent to approach mental health services earlier which will contribute to early diagnosis and prevention of progression of mental disorders.

Poster PS02-20 (P)

2721 - Cognitive abilities of very low birth weight and extremely low birth weight children in 6 at 6 and 9 years old in Japan.

Mina Takahashi

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Introduction

With the recent progress of assisted reproductive technology, survival rate of very low birth weight infant (VLBWI) and extremely low birth weight infant (ELBWI) have been drastically improving. Interest of researchers and clinicians has turned to psychosocial developmental aspects of VLBW/ELBW children.

Objectives

The aim of this study was to investigate the characteristics of cognitive abilities among VLBW/ELBW children in 6 and 9 year old.

Methods

The subjects were 48 VLBW/ELBW children (25 boys and 23 girls) aged 6 and 9 years born at Yamagata Prefectural Central Hospital (YPCH) from 2000 to 2005. the average birth weight is 1027.9 ± 315.3 g and Gestational age is 28.4 ± 3.1 weeks. Cognitive development was evaluated by scores on the WISC-III.

Results

There was no significant difference between the results of WISC-III in boys and that in girls.

At the age of 6, boys WISC-III score VIQ:111.9, PIQ:93.5, FIQ:103.1. The girls score VIQ:109.7, PIQ:99.0, FIQ:105.5.

At the age of 9, boys score VIQ:112.2 PIQ:95.0, FIQ:104.4. The girls score VIQ:107.0, PIQ:100.2, FIQ:104.4.

The 6 and 9 year old boys and girls showed PIQ of WISC-III was significantly lower than VIQ ($p < .01$).

The boys and girls showed of 6 and 9 PO of Index Scores was significantly lower than VC and FD ($p < .01$).

The results of PIQ, VIQ, FIQ at the age of 6 correlated with the results of PIQ, VIQ, FIQ of 9 years old ($p < .01$). There was no correlation in the Index Scores.

The boys VLBW subjects showed significantly higher scores in VIQ and FIQ and VC and FD than the ELBW subjects at the age of 6. The girls VLBW subjects showed significantly higher scores in VIQ at the age of 6 and FIQ and VC and FD than the ELBW subjects at the age of 9.

Conclusions

These results suggested that ELBW children show more problems in cognitive abilities and behaviors than VLBW children. Clinicians should pay more attentions to cognitive developments of ELBW children.

This result shows that cognitive ability of early childhood is expected to predict later development.

These results suggested that necessary to consider support according to the cognitive characteristics of VLBWI / ELBWI.

Poster PS02-21 (P)

2853 - Quality of mother-child interaction with preschool and young school-age children

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Our study aims to examine whether mothers conduct different types of activities with preschool and young school-age children, and to determine how mothers perceive their own and their children's satisfaction with their interaction. Overall 467 mothers participated in the study. Mothers indicated the frequency of various activities on a check list created for the purpose of our research. Based on the factor analysis, two different types of activities were extracted – entertaining activities (e.g., playing, going out), and formal activities (e.g. doing homework, talking about school). Satisfaction with interaction was measured using one-item scales and mothers estimated their own and their children's satisfaction with quantity and quality of interaction. Two-step cluster analysis based on child's age, types of activity, mothers' satisfaction and perceived child's satisfaction with interaction extracted three clusters. First cluster includes 211 mothers of 1st and 2nd grade children who show high satisfaction with the interaction with their children, as well as perceive their child as highly satisfied with this interaction, and these mothers engage in more formal activities compared to entertaining activities. Second cluster includes 175 mothers of preschool children with high levels of satisfaction with the interaction, both their own and perceived child's satisfaction, and these mothers engage in more entertaining than formal activities with the child. Third cluster includes 78 mothers of both child age groups whose levels of satisfaction, as well as perceived child's satisfaction are low, and who indicate spending little time in both entertaining and formal activities with the child. Our findings show mothers engage in different type of activities with preschool and young school-aged children. These results, although in need of longitudinal confirmation, could implicate adaptive changes in family activities during transition from preschool to primary school. Our result show that mothers satisfied with the interaction with their child engage in more entertaining activities with preschool children and in more formal activities with the school-aged children. As expected, mothers who spend less time in interaction with their children show lower levels of satisfaction, regardless of the child's age. This study is a part of the project no. 179022, supported by the Ministry of Education, Science and Technological Development of Serbia.

Poster PS02-22 (P)

2715 - Obesity frequency in children with ADHD; preliminary results of 56 children in a clinical sample

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Objectives

Attention deficit hyperactivity disorder (ADHD) is a widespread neurological/behavioural disorder predominantly affecting boys that is characterized by inattention or hyperactivity and impulsivity, or combined symptomatology. According to the literature, children diagnosed with ADHD have higher probability of changes in growth and development. It is suggested that they are predisposed to irregular and/or impulsive eating patterns, often leading to compromised physical condition, high body mass indices (BMI) and later in life, it is associated with metabolic disorders such as type II diabetes.

In light of above, in this present study it was aimed to evaluate BMI and identify the obesity frequency in children with ADHD.

Methods

The study population consisted of 56 pre-adolescent children and their parents who were recently diagnosed with ADHD and without any neurodevelopmental disorder and any medical comorbidities. Importantly all subjects were currently free from any medications. They were consecutive referrals of the outpatient clinic of Trakya University Department of Child and Adolescent Psychiatry for 3 months between 1 September to 1 December 2016.

DSM-5 ADHD diagnostic criteria and Turgay ADHD Parent and Teacher Scale was used to determine ADHD, it's subtypes and disruptive behaviour disorders. Sociodemographic information was collected from parents with a questionnaire. Body height and weight of the children were measured by clinicians and were used to calculate BMI. BMI was assessed by percentiles (BMI-p) on age and gender adjusted growth charts, based on reference data of the Turkish children. The outcomes were grouped as BMI-p>95th determined obese, 85th – 95th overweight, 5th – 85th normal, <5th underweight.

Results

The mean age of patients in the study was 7 ± 1.04 years; %83.9 of them were males (n=47) and %16.1 of them were females (n=9). Most of the study group (%67.9) had medium socioeconomic status. The frequency of obesity and overweight in the group was found %16.1 (n=9) and %26.8 (n=15) and together they almost contained half of the group, %42.9 (n=24). %57.1 of the sample were determined in normal BMI group (n=32) and none of the children was found underweight.

Conclusion

In comparison with obesity prevalence among Turkish children, we could suggest that obesity and overweight frequency in children with ADHD were possibly high in a Turkish clinical sample, accordant with the literature. Further results will be discussed.

Poster PS02-23 (P)

3401 - NEUROPHYSIOLOGICAL CORRELATES OF EXECUTIVE FUNCTIONS IN JUVENILE OFFENDERS AND ADHD ADOLESCENTS

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Hyperactive and impulsive youth, especially those exhibiting antisocial behaviors are at significant risk for criminal offences. In the last decade many studies have tried to define the neural correlates of delinquency, particularly changes in QEEG and executive dysfunctions in juvenile offenders (JO) and ADHD.

Objective: The current investigation compares the QEEG absolute and relative power spectra measures of JO to a non-violent ADHD group and a group of healthy controls. Also, the aim of the present study was to investigate possible deficits in executive functioning among JO, ADHD and normal controls in our sample.

Methods: Studied sample included JO group (n=23), ADHD adolescents group (n=26) and third control group (n=24). All participants were male and were matched by age (mean age 17.48, SD 2.10). The resting EEG activity in eyes open condition for the four EEG spectral bands (delta, theta, alpha and beta) was evaluated in examined groups. The Visual and Emotional Continuous Performance Tests as modifications of GO/NOGO paradigm were applied in order to obtain cognitive ERPs as indexes of executive functions. Beside behavioral parameters of test performance, amplitude and latency of several cognitive ERPs (P3supF, P3bP, P4monCC, P4vmF, vcomTL and vcomTR) reflecting different stages of information processing were explored.

Results: The widespread presence through the cortex of absolute slow wave brain activity (delta-theta) and decrease of beta frontal activity and alpha power was obtained for JO group. Significant lower amplitude of P3supF component was obtained in JO compared to ADHD and normal group. Also, lower amplitudes of P4monCC, P3bP and P4wmF components were found for both JO and ADHD groups, with pronounced lower values in JO. Behavioral parameters showed significantly increased number of omission and commission errors in JO and ADHD groups.

Conclusions: These results are in favor with the neurobiological impairment of the executive functions in JO and ADHD, presented with impulsive responding (due to reduced motor inhibition component), not learning from the consequences (due to lower self-monitoring component) and prevailing inattention problems (lower action initiation and working memory components). Thus, analysis of EEG and ERPs might provide a new approach for additional objective diagnosis and ongoing interventions for improving behavioral and emotional control for JO and ADHD in order to try to reduce the risk of offending.

Poster PS02-24 (P)

3129 - An Overview of the Characteristics of Child and Adolescent Psychiatry Consultations

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Objective: Knowledge about rationales for child and adolescent psychiatry consultation, psychiatric diagnosis and treatment to date is critical to better identify existing child and adolescent needs, the current functioning and incompetence of consultation services. We aim to examine the referral pathways to Ankara University School of Medicine Child and Adolescent Psychiatry Department for consultation liaison and to identify the demographic characteristics of children, the presenting complaints, diagnoses and the treatments. **Methods:** The consultation demands from inpatient and outpatient clinics of Ankara University School of Medicine between November 2013 and November 2015 were screened retrospectively. **Results:** Psychiatric consultations were demanded for 347 child and adolescent patients. The children consulted were primarily females (n=196, 57%) and consultations were requested mostly for adolescents (n=215, 62%). Mood and anxiety related complaints (n=82, 24%), suicide attempts (n=79, 23%) aggression/self harm (n=27, 8%) and conversion symptoms (n=21, 6%) were the most common presenting complaints. Major depressive disorder and adjustment disorder were the most common diagnoses. Among the cases, 179 (52%) were referred to follow-up sessions and to further evaluations like psychological testing and no diagnosis was given and no medication was recommended for this group. Children were referred mostly from the pediatric emergency service (n=134, 39%). The surgery, oncology, intensive care, nephrology, gastroenterology departments of pediatrics were also the frequent referral sources. All of the suicide attempts were with drug intoxication and attempters were adolescents. Psychotropic medications and/or psychotherapeutic interventions were recommended for 136 (39%) child and adolescent. Psychotropic medications were recommended for 87 children and mostly selective serotonin reuptake inhibitors were suggested (n=62, 71%). Psychotherapeutic interventions were conducted in approximately half of the children. Within the first 12 hours 63% of consultation demands were evaluated. **Conclusion:** Symptoms of mood disorders especially major depressive disorder should be carefully screened before the hospitalization of children and adolescents with a chronic illness. There is a need for more collaboration with emergency service to manage the evaluations and perform accurate interventions for the risky adolescents who do commit suicide.

Poster PS02-25 (P)

3201 - Discrepancy in assessment of mental health problems in pre-transitional service users in Croatia

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Objectives:

The main objective of this work is to investigate significant correlates and possible predictors of discrepancy in mental health assessment on pre-transitional child and adolescent mental health service users in Croatia.

Methods:

Data are collected as a part of a larger research project and presents baseline findings of a longitudinal cohort study. First time point assessments (out of 4 which will be done by February 2019) are being conducted from October 2015 by mid-January of 2017 in three Croatian psychiatric services (Zagreb, Split and Osijek). Sample of 80 adolescents aged 17 and 1/2, parents or carers and a corresponding primary clinicians in psychiatric care services for children and adolescents are members of triads that are units of analysis. Assessment is done throughout interviews with each member of a triad and throughout online scales and questionnaires. Scales used to measure the discrepancy are widely used ASEBA scales for adolescent and a parent. The main outcome measure is HONOSCA self-rate as well as HONOSCA (clinician's version) rated from independent researcher based on at least two resources (interview with a parent, interview with an adolescent, interview with a clinician or paper version filled by a clinician and/or medical notes). Sociodemographic data are also collected via interview as well as information about clinical diagnosis.

Results:

Here we will present results in terms of hypothesis since first time point assessment is on-going and will end by mid-January 2017. In our poster results will be presented to confirm or to reject the following:

Discrepancy will be higher for boys and in internalizing disorders. The longer the patient is in treatment, the lower will be the discrepancy. The higher the discrepancy, the higher score will be on the outcome measure rated by an independent rater. We will also investigate whether discrepancy varies depending on gender of a parent.

Conclusion:

This work discusses correlates as possible predictors of discrepancy in pre-transitional psychiatric patients with a long-term aim to investigate and improve outcomes in post-transitional care.

Poster PS02-26 (P)

2731 - Can we discriminate between identity and resilience by questionnaire methods?

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Objectives: Many psychological studies of adolescent identity or resilience have been published in Japan. Questionnaire methods which are developed to measure identity or resilience are mainly used in the researches but the validity of concurrent use of identity scale and resilience scale has not been examined in any detail. The aim of this study is to investigate whether we can distinguish resilience from identity by quantitative methods or not.

Methods: 337 university students in Japan (137 men and 200 women) 19-23 years old, mean age 20.12, completed two kinds of questionnaires.

1) Multidimensional Ego Identity Scale (MEIS; Tani F., 2001; 20 items): This scale constructed by 4 factors: (1) Self-Sameness, Continuity; (2) Self Identity; (3) Interpersonal Identity; (4) Psychosocial Identity.

2) Adolescent Resilience Scale (ARS; Oshio A., et al., 2002; 21 items): This scale constructed by 3 factors: (1) Novelty Seeking; (2) Emotional Regulation; (3) Positive Future Orientation.

Results: There were low-moderate positive correlations between the factor scores of MEIS and ARS ($r=.311-.672$). Then, we used Structural Equation Modeling for checking the correlational coefficients between 'identity' and 'resilience' as potential variables. We found a very high positive correlation between them ($r=.846$). The goodness of fit of the identified model was generally good ($\chi^2=66.990$, $df=13$, $p=.000$, $RMSEA=.111$, $CFI=.931$, $TLI=.888$, $SRMR=.045$).

Conclusion: Each correlation coefficient between the observational variables was not high, so we could regard identity and resilience as different concepts from this view point. But the result of Structural Equation Modeling suggested that there is a certain common factor between identity and resilience which were measured by psychological questionnaire and that it was hard to distinguish resilience from identity. From the above, we have to administer quality studies to investigate the relation between identity and resilience.

Poster PS02-27 (P)

3463 - Adolescents at Ultra-High-Risk for psychosis: which cognitive particularities?

Dr. zeineb abbes; Dr. jelili selima

Background :

Schizophrenia is a mental disorder, commonly preceded by a prodromal phase associating a cognitive and functional decline with non-specific and various psychiatric symptoms. This study aimed to point out the cognitive profile in individuals with an Ultra-High-Risk for psychosis (UHR(+)), in order to enrich the screening strategies for this group and thus improve their prognosis.

Methods :

We carried out a cross-sectional descriptive study involving 33 adolescents referred to the child and adolescent psychiatry department in Razi Hospital between February 2015 and July 2016.

UHR(+) and UHR(-) group were defined according to the CAARMS criteria. The cognitive profile was compared between groups. We assessed intelligence, visual memory, verbal memory, attention, executive functions and verbal fluency.

Results :

Our sample included 33 adolescents aged between 14 and 18. Sex-ratio was 0.57. The majority lived in urban areas and was provided with formal education. School decline was observed in 27 adolescents. Basic health centers, child protection delegates and neurologists referred the majority of our patients. The most common chief complaints were: depressive and/or anxiety symptoms, behavioural disturbances, school decline and suicidal attempts. The most commonly diagnosed disorders included: conduct disorder (24.2%) and adjustment disorder with depressive mood (21.2%). Seventeen participants were UHR (+) while 16 were UHR(-). The UHR (+) group exhibited worse performance in visual memory ($p=0.010$), executive functions ($p=0.024$) and verbal fluency ($p=0.04$).

Conclusion :

Our results are in accordance with the data of the literature. This suggests that alterations in specific cognitive domains may be specific markers of the UHR(+) individuals. We suggest to provide these individuals with psychoeducation and cognitive remediation.

Poster PS02-28 (P)

2582 - Week-by-week evolution of symptoms related to inpatient treatment in child and adolescent psychiatry: Rating from patients and health carers

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1. Objectives

The aim of the current study is to understand the timing of improvement of youth's functioning related to inpatient (IP) stay rated by both the patients and health carers.

2. Methods

Youths aged from 12 and 17 years old, admitted in an IP unit were subject to participate to the study. Patients (N =13) and health carers (N=30) filled out the Health of the Nation Outcome Scales for Children and Adolescents (HoNOSCA) at admission, week 1, week 2 and at the discharge (as the mean duration of IP stay is of 18.5 days).

3. Results

An analyses of variance (ANOVA) with time as within subject-factor on the total score of the HoNOSCA rated by the health-carer revealed a significant effect of time, $F(3, 87) = 64.36$, $p < .001$, $\eta^2p = .69$. Post-hoc tests adjusted for multiple comparisons with Sidak corrections revealed a significant differences between admission and week 1 ($p < .001$) as well as between week 2 and discharge ($p < .001$), but no differences between week 1 and 2 ($p > .05$). The ANOVA conducted on the total score of the HoNOSCA rated by the patients revealed a significant effect of time, $F(3, 36) = 13.71$, $p < .001$, $\eta^2p = .53$. Post hoc tests also adjusted with Sidak correction revealed only a significant difference from admission to week 1, 2 and discharge ($p < .02$). No other differences reached significance.

4. Conclusions

We observe that patients, as health carers, perceive that hospitalization helps them to alleviate their clinical symptoms and the difficulties related to the mental illness. For patients, the main improvements occurred during the first week of hospitalization. For health-carers, improvements occurred during the first week and the last week before discharge. These results give some advices regarding the timing of evolution of difficulties related to psychiatric disorders.

Poster PS02-29 (P)

3476 - Pediatric Psychiatric emergencies in the University Hospital of Padua

PhD Silvia Zanato; Dr. Annalisa Traverso; Dr. Laura Zilli; Dr. Elisa Toffoli; Dr. Morao Veronica; Alessio Porreca; Francesco Sinatora; Giorgio Perilongo

Objectives Childhood and adolescence "psychiatric emergencies" are increasing all over the world (Janssens et al, 2013) with a raising number of hospitalizations and finally, of amount of resources needed (Bardach et al, 2014). The present report describes the experience the Pediatric Psychiatric Unit of the Department of WCH of Padua, Italy, has matured in the last five years in dealing with children seeking acute medical care for psychiatric emergencies.

Methods The clinical charts of all consecutive children aged < 16 years admitted to the Department of WCH of Padua from 2011 and 2016 for psychiatric acute problems were reviewed. Patient evaluation included an assessment for life-threatening risk factors, history and physical examination. Each patient received a psychiatric consultation. The assessment was conducted with observations, clinical interview and with the use of standardized specific tests. Patients were stabilized with a combined psychological and pharmacological therapy.

Results Since 2011, admission rate for psychiatric conditions in emergency rooms has shown an increasing trend (+ 56%). The average length of hospital stay has progressively diminished (-6 days). Spontaneous admissions were mainly due to self-cutting and non-suicidal self-injury, suicidal thoughts and behaviors, deterioration in general health for maladaptive eating behaviors and agitation. In the remaining situations, children were admitted under request of a specialist. Most of the patients were females (69%). The median age at admission increased during the time period considered (from 11 to 13 years). Diagnosis were mainly represented by affective disorders, eating disorders (mainly anorexia nervosa) and psychosis. The yearly percentage of children who required acute pharmacological treatment with benzodiazepine and/or antipsychotic varied in the years considered from 18% and 54%.

Conclusions The increase of "psychiatric emergencies" reveals the need to improve psychiatric patient-tailored care in acute pediatric services, providing adequate setting and specialists and ensuring a targeted diagnostic and therapeutic management in order to finally reduce costs and time of hospital stay. Studies are needed to analyze acute treatment seeking in pediatric mental health problems. Policy interventions are desirable to reinforce psychiatric services.

Poster PS02-30 (P)

3159 - Comparative analysis of different kinds of arbitrary memory and thinking in children and adolescents with endogenous mental disorders

PhD Natalia Zvereva¹; PhD Anton Khromov²; Dr. Elena Balakireva¹

1 FBSI MHRC; 2 MSUPE

Introduction. Cognitive development of children with mental diseases satisfies general regularity of normal cognitive development according to Vygotsky's point of view. The studies of cognitive functions of adult patients with schizophrenia have shown main differences in state of attention and some specific features of thinking and memory (P.Harvey et al). Children with mental disorders usually have lower results in cognitive functions in comparison with normal ones (M.Rutter, H.Remshmidt). There are only some investigation assessing the relationship between irregularities in several types of arbitrary memory and thinking in children and adolescents with different mental disorders.

Target

Assessment of cognitive functions (different kinds of arbitrary memory and thinking) in children and adolescents with endogenous and organic types of mental disorders.

Material and methods

Subjects: 3 clinical group of children and adolescents with different mental disorders: endogenous ones F20.8 – 16 (12,2 mean age), F21 – 28 (12,0 mean age) and organic ones F07 - 11 (11,8 mean age). All children have early onset of disease
Methods. Experimental techniques for arbitrary memory - learning of 10 words (A.Luria), learning of 10x2 words connected in pairs – simple and complicated ones (V.Kritskaya), pictogram (A.Luria) and thinking - construction of objects. Statistical methods (SPSS v.21).

Results

We obtained significant differences between the groups in the parameters of efficiency of arbitrary memory (10 words, the pictogram and complicated pairs) ($p \leq 0,05$). Lowest results were in group F20.8. There were no significant differences in the basic characteristics of the assignment on the thinking. Correlation analysis showed that in the group F20.8 significant correlations were obtained for most comparisons parameters of thinking and different kinds of arbitrary memory -21. In other clinical groups there were fewer similar connections: F21 -8, F07 - 4.

Conclusion

1. Children and adolescents with early onset of mental disease of different kinds (endogenous and organic types) show significant differences in the efficiency of arbitrary memory;
2. Children and adolescents with F20.8 demonstrated the lowest results in arbitrary memory and thinking;
3. A closer link of disturbances in arbitrary memory and thinking has been shown in children and adolescents with schizophrenia (endogenous disease), first of all in group F20.8.

Poster PS02-31 (P)

3501 - The role of a „trusted third party“ in the context of involuntary hospitalization in Switzerland

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As a result of the last revision of the Swiss Law on Child and Adult Protection in 2013, involuntarily hospitalized individuals may now appoint a „trusted third party“ (Vertrauensperson) to support them during hospitalization and potential related procedures. This person is also authorized to appeal to the court. From a legal point of view, the aim of the theoretical construct of a „trusted third party“ is to support the right of a person's self-determination. Involuntarily hospitalized persons are often in a critical and difficult state of their life and may be restricted to enforcing their rights by themselves. According to the Swiss Legislator, the revised law accommodates these circumstances inter alia by allowing a „trusted third party“ to interfere on behalf of the involuntarily hospitalized person, e.g. to appeal to the court. Furthermore a „trusted third party“ could help the patient in question to cope better with his or her situation.

Until now, there are no published studies on the impact of this new legal construct. However, first overall analysis and direct observations suggest that only few patients exercise this right of a „trusted third party“. An ongoing study of the Zurich Centre of Competence on the Swiss Law for the Protection of Children and Adults (Kompetenzentrum Kindes- und Erwachsenenschutzrecht der Psychiatrischen Universitätsklinik Zürich) examines the question, to what extent involuntarily hospitalized individuals know about this new right to appoint a „trusted third party“ and to what extent they exercise this right. One of the goals of the study is to analyze potential reasons or obstacles for patients to appoint a „trusted third party“. Although well-intentioned by the legislator, its mere non-existence in practice after more than three years may be an indication that the possibility to appoint a „trusted third party“ does not really enhance the self-determination of a patient and therefore does not really meet the needs of an involuntarily hospitalized person.

Poster PS02-32 (P)

3473 - Peer education as a powerful tool in mental health promotion among youth

Dr. Katarina Mandić; PhD Aran Tomac; Hana Lučev; Miroslav Hanževački; M.Šentija Knežević; M. Šitum

Background: This paper summarizes results of a pilot project that took part in Zagreb during year 2015 / 2016 and was organized by Croatian Medical Students' Association in collaboration with City Office for Health in Zagreb and Regional Health Center - Zagreb West. Started by medical students, it is based on peer education, with previously educated and prepared students conducting workshops in high schools, in order to emphasize the importance of early prevention and mental health promotion and create a safe environment for mental health topics.

Subjects and Methods: There were 7 workshops conducted in three high schools in Zagreb, with 390 high school students participating. During workshops students have learned basics about mental health, with themes focused on self-acceptance, emotions, relationships, addictions, self-harm, independence, responsibility etc. Every workshop was evaluated by high school students with Evaluation form designed for this purpose. They evaluated usefulness, satisfaction, content, their educators etc.

Before and after the project high school students were given with Self-Consciousness Scale (Fenigstein, Scheier, Buss, 1975) and Private Self-Consciousness Scale (Huić, 2009) in order to evaluate the difference in self-consciousness before and after the project.

Results: The top achievements represent the change in the Self-Consciousness Scale in the post, compared to pre questionnaires. There is a statistically relevant change in all of the aspects evaluated in the questionnaire. The evaluation of the questionnaires was done using a t-test for dependant particles.

The biggest improvement is seen in the private self-consciousness part ($t = -3,474$; $p < .01$), but there was also improvement in the parts evaluating their emotions ($t = -3,320$; $p < .01$), cognition ($t = -2,336$; $p < .05$), and their body image ($t = -2,580$; $p < .01$). They also showed an improvement regarding public self-consciousness. All workshops were rated with high grades in all areas evaluated with the form, which shows students satisfaction with this type of education.

Conclusions: Peer education as a form of non-formal education should be considered as a powerful tool in prevention and mental health promotion among youth, in collaboration with mental health services and efforts from teachers and parents.

Poster PS02-33 (P)

3155 - Direct and mediated diagnostic procedures in assessment of personality features of procrastination

PhD Mariia Zvereva

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Introduction

Many of contemporary studies of procrastination were conducted with healthy students. We investigate personality features connected with procrastination in different group of young students (clinical - with mental disorders and control - healthy students). It was conduct comparison of the same personality features connected with procrastination by using three psychological tests with the direct and mediated diagnostic procedure.

Objectives

Male and female students (aged 18-25)

Control group– 60. Clinical group - 53 patients of psychiatric clinic, divided to diagnosis: schizophrenia F20.01, bipolar disorder F31, personality disorder F60.

Aim

Study of personal self-assessment parameters of procrastination at young students with using the direct (questionnaire PASS, Self-esteem by Dembo-Rubinstein) and mediated (color-test of preference by A. M. Etkind) diagnostic procedure.

Methods

Parameters: self-control, self-organization, impulsiveness, failure avoidance of Procrastination Assessment Scale-Students (PASS) by L.J. Solomon, E.D. Rothblum (factor analysis by M. Zvereva); Self-esteem by Dembo-Rubinstein, color-test of preference by A.M. Etkind. Wilcoxon signed-rank test was used as mathematical method of data assessment.

Results

We assess the differences between the same personality features connected with procrastination (self-control, self-organization, impulsiveness, failure avoidance) using Wilcoxon signed-rank test in three psychological tests. It were obtained significant differences in comparing groups almost all parameters ($p < 0,05$). We analyze only the cases without differences in every group. The avoidance of failures was the common parameter for all groups. We didn't find connection between PASS and Dembo-Rubinstein test similarly in control and two clinical groups (F20 and F60). The third clinical group (F31) didn't demonstrate connection between color-test of preference and PASS. The absence of connection between PASS and Dembo-Rubinstein in impulsiveness parameter was the distinguishing feature in control group.

Conclusions

1. The failure avoidance is a key procrastination parameter in young age.
2. There exists peculiarity of personality features connected with procrastination for patient with bipolar disorder in comparison with all other groups.
3. Healthy students are considered to demonstrate more self-control then patient with mental disorders due to absence of connection between PASS and Dembo-Rubinstein in impulsiveness parameter.

Poster PS02-34 (P)

2749 - Callous-unemotional traits and cognitive emotional coping strategies in adolescents with conduct disorders – a pilot study

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Numerous studies have linked callous-unemotional personality traits to the development and severity of conduct problems. These findings lead to the inclusion of diagnosis specifiers related to psychopathic traits within conduct disorders (CD) in DSM 5. Previous research also explored the affective components of CD, including emotion recognition and emotional regulation, and their link to callous-unemotional traits.

Objectives: The aim of the present study was to investigate the presence of callous-unemotional traits and their relation with cognitive-emotional coping strategies in adolescents diagnosed with CD.

Methods: Seventeen patients, aged 12 to 18 years old (15 M, 2 F), with the diagnosis of CD were included. All participants met the diagnosis criteria for CD, according to DSM 5. The semistructured diagnostic interview K-SADS-PL was used to confirm the clinical diagnosis and identify comorbidities. Patients filled out two questionnaires: the Inventory for Callous-Unemotional Traits (ICU) and the Cognitive Emotion Regulation Questionnaire (CERQ).

Results: The average scores for all of the 3 subscales of the ICU (Callous:M=10,94, Unemotional:M=7,82, Uncaring:M=10,53), as well as the total score (M=29,29) were considerably higher than those of the general population and consistent with previous studies on adolescents with CD. All the subjects included in the study used all of the coping strategies more than the general population. The only notable exceptions were for females having lower scores in Positive reappraisal and Putting into Perspective strategies. Uncaring personality traits correlated negatively with Acceptance ($p<0.01$) and Planning ($p<0.05$), Callousness correlated positively with Other-blame ($p<0,01$), Unemotional traits were negatively associated with Planning ($p<0.05$), while total psychopathic-type traits had a positive correlation to Other-blame ($p<0.05$).

Conclusion: This pilot study confirmed the high rate of callous, unemotional and uncaring personality traits within a clinical population diagnosed with CD and suggested a link between these features and employing negative coping strategies, whilst restricting positive ones. This justifies the need for more thorough assessment regarding emotional regulation, affective symptoms and their link to psychopathic-type traits in adolescents with CD.

Poster PS02-35 (P)

3364 - Managing aggression and violence in an inpatient Camhs unit

Dr. Sachin Sankar; Tracy Taylor; Lucy lord

Northamptonshire Healthcare foundation Trust

Background: *

It is generally accepted that aggressive behaviour in adolescent psychiatric settings is a neglected research area as most available comprehensive data derive from adult in-patient units. Aggressive behaviour has been shown to be a repetitive behaviour with similar triggers, which lends itself to self-control in many cases. The consequences of aggressive behaviour on nurses, other patients and the therapeutic environment can be profound hence the need for development and implementation of innovative preventive intervention strategies. Prevention, early intervention with de-escalating techniques and emphasis on enhancing patient autonomy and dignity have been stressed in recommendations on management of aggression in child and adolescent psychiatry units

This poster will reflect on the therapeutic processes inherent in a milieu-based behavioural and psychological management program designed to reduce the frequency of aggressive behaviours in a child and adolescent mental health inpatient unit. The poster looks at good ward design and the features that bring a sense of coherence to the ward. Increase group interactions between the patients. Encourage staff and patient interactions.

Looks at design of seclusion rooms and de-escalation rooms. The latest legal risk requirements for awards in Britain. Recommendations from the quality network for inpatient CAMHS.

Emphasis is placed on aforementioned recommendations in addition to choice, individualized patient management plans, staff training, privilege level care and reinforcement of appropriate behaviours. Use of the least restrictive intervention is consistently upheld within the intervention framework.

Poster PS02-36 (P)

3370 - Using iwantgreatcare a web based feedback tool to improve CAMHS services

Dr. Sachin Sankar; PD Dr. Ian Coalpitts; josey tatum

Northamptonshire Healthcare foundation Trust

background-

The lived experiences of children, young people and families are a core element of the evidence base that must inform our work, alongside research and practice expertise. Research demonstrates how vital it is to build upon meaningful direct engagement in case work to involve children and young people in decision-making and service design

iWantGreatCare.org is a service which allows NHS and private health care patients to rate individual GPs, hospital doctors and nursing staff on the care they provide.

The website collects information from patients regarding the quality of care they have received from doctor and other healthcare professionals and now includes information about nhs services which includes Camhs inpatient services in the Northamptonshire healthcare trust

method-

service users can directly access the website and give information regarding the ward. There are questionnaires for the child as well as for the carers. The questions for the carers include

- 1) how likely are you to recommend our service to your friends family if they are children need similar care or treatment
- 2) what was good about your child's care and what could be improved
- 3) was your child treated with dignity and respect
- 4) were you treated with dignity and respect
- 5) did you receive timely information about your child's care and treatment
- 6) was your child treated well by staff looking after him or her

there is a free box for comments

demographic data about the child's age sexuality and the person completing the form is collected.

There is a similar form for the child themselves to fill out

ward managers have access to the form and feedback received is discussed in ward meetings. And actions are taken.

The ward has a you said we did chart

we run focus groups on a yearly basis which looks at the changes that have occurred from this feedback and look at its coherence and give further feedback on whether they feel this is useful or not

the poster looks at comments that were received positive and negative. How we tell the ward improve. And the usefulness of checking this again in focus groups which helps to sort out individual experiences which are circumstantial and process failures

Poster PS02-37 (P)

3454 - Language in schizophrenia in adolescent girls.

Prof. Dr. Natalia Zvereva; Eugene Shvedovskiy

Mental Health Research Center

Introduction. In psychiatry, language features of patients usually considered especially in the domain of positive disorders (hallucinatory-delusional symptoms) and negative disorders (speech fragmentation, incoherence of speech) (Savitskaya, 1975), also in psychopathological lexis and semantics (Nicodemus et al., 2014; Mikirtumov, 2004). In addition, they were associated with impaired thinking. Research of speech features in adults with schizophrenia are presented in Russian (Golenkov, 2008) and international (Delisi, 2001) clinical studies. Works concerning adolescence are presented much less. There is evidence of lagging or getting closer to the norm of the parameters of cognitive functioning in adolescents with schizophrenia, depending on the severity of the disease (Zvereva, Khromov, 2014). In present work, authors attempt to assess the originality of thinking and language activity in adolescents with endogenous pathology. This part of our work considers female clinical group.

Materials & methods. Sample included clinical group of girls (N=15, average age – 15.2, DS: F20.xx, F21.xx) and normative group of girls (N=23, average age – 14). Clinical psychological tasks were used. "Syllabic task" have some similarities to verbal fluency task and aims to identify dynamic and associative features of mental activity (Sumiyoshi et al., 2014). "Construction of objects" task reveals analytical and synthetic features of mental activity. In assessing the results of both tasks we used parameter of coefficient of standard (CS, average value of proximity to normative answers) and some other. Authors were aimed to test the diagnostic potential of these two techniques.

Results. CS in "Syllabic task" was 0.57 for clinical sample and 0.68 for normative sample. In "Construction of objects" task results were 0.56 and 0.72 respectively. Also we have results of average latency (in seconds) in "Syllabic task" – 7.50 (normative sample), 2,94 (clinical sample).

Results discussion. We have considerable difference between two groups in the CS parameter in favor of normative sample, which may indicate the possibility of these techniques to differentiate the clinical features of language activity at adolescents.

Poster PS02-38 (P)

3495 - Adolescent self cutting in the Emergency Room: an overview in the Pediatric Italian Hospital of Padua

Dr. Elisa Toffoli¹; Alessio Porreca¹; Annalisa Traverso¹; Barbara Bolzonella¹; Michela Gatta²; Silvia Zanato¹

1 Psychiatric Unit; 2 Childhood Adolescence Family Unit

Objectives Non Suicidal Self Injurious Behaviors (NSSI) affect up to 45% of adolescents, representing a global health priority (Nock, 2010; Ougrin, 2014). The most common of them is self-cutting, although the actual incidence is unknown. This behavior is characterized by high risk of repetition and it is an independent strong risk factor for suicide (Hawton et al., 2012). Detection of NSSI and particularly of self-cutting is often accidental and it is estimated that only 1 to 8 patients comes to clinical attention (Madge et al., 2008). The aim of the study is to analyze psychopathological characteristics of pediatric patients with self-cutting admitted to the Emergency Room (ER) of the Department of WCH of Padua, in order to improve the care and the prevention of self-harm behavior.

Methods: The clinical charts of all pediatric patient presented with self-cutting to the ER during the last 5 years and followed at the Psychiatric Unit of the Department of WCH of Padua were reviewed (n=61). Each subject was valuated through a complete psychodiagnostic assessment (free talks, standardized and projective tests). Self-cutting was classified in occasional and repetitive (≥ 5 episodes/year) according to DSM-5. Different body sites involvement in self-cutting was considered an index of severity.

Results: Patients admitted to the ER with self cutting, aged 11-17 years old (M=14.23), were mainly female (82%). The main diagnoses were affective disorders (72.1%), anxiety disorders (9.8%) and behavioural disorders (8.2%). Most of the patients required pharmacological treatment (74%), especially with quetiapine (49%) and olanzapine (24%). Self-cutting involving multiple body areas resulted associated with the presence of suicidal ideation, suicide attempt and more frequent self-cutting behaviors. Moreover the presence of suicidal ideation significantly correlated with the choice to adopt pharmacological treatment.

Conclusions: Although the wide spreading of self-cutting could lead to a normalization of these behaviors, even a single episode of self-harm should not be underestimated by mental health specialists. The present results could not identify a homogeneous psychopathological risk profile of patients admitted to ER to prevent the acting out. Anyway, the repetition and the involvement of several body parts were associated to a worse clinical severity. Further studies are needed in order to better understand risk and protective factors involved in self-cutting.

Poster PS02-39 (P)

3434 - Transition : Report of two cases, One with suicide, the other with radiation burn.

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Transitions are defined as the movement from "one state of certainty to another with a period of uncertainty in between. Uncertainty has mental risks. Adolescence is a period in which many psychiatric illnesses have begun and frequent suicidal deaths have been seen. Problems experienced with peer groups, adaptation disorders with depressive symptoms, school problems increase the risk of mental illness, suicidal thoughts in adolescents. There are studies on transition from childhood to adolescence, migrating to one country to another, transition to the secondary school or high school. However, studies related to city change and socio-educational environment change are limited. We have reported two cases. The first case is a 17 years old girl who is counseled after suicide and diagnosed with depression. The case had to change the city two years ago because of the parents' job, and therefore to change the socio-educational environment. While she was a popular student with a high academic performance, she had difficulties in adapting to her new school, she had problems in her peer communication, her academic performance has fallen, and she has become more introverted. The second case is a 16 years old male adolescent with radiation burn. He was hospitalized because of a radiation burn that occurred as a result of an accident at work. Due to problems in peer relations, the fall of school success and the financial difficulties of the family, he left his school at the age of 14 and started to work. After the earthquake they experienced in 2010, they had to leave the city they lived in. The city they migrate to is a city that is quite different from the socioeconomic aspect of the previous city. They have difficulty in adapting to the family.

Poster PS02-40 (P)

2782 - Pathways to social maladaptation in early adolescence

Prof. Dr. Jelica Petrovic; Prof. Dr. Marija Zotovic; MPH Jovana Trbojevic

Faculty of Philosophy

Objectives. The aim of the conducted research was to identify social adaptation factors in the period of early adolescence. According to one of social adaptation models (Crick, Dodge, 1994), social cognitions influence social behaviour, which becomes the base for evaluation of socially adapted behaviour by others. In the conducted research, the described model is expanded by introducing emotional competence, as one of important aspects of social adaptation. The expanded model was applied to the field of peer conflicts, due to the fact that most of the existing research showed that conflict situations are problematic for socially maladapted children.

Methods. The sample includes 655 respondents of early adolescent age. Measured variables were divided into three groups: the first group refers to the variables regarding behaviour in conflict situations (frequency and intensity of conflict situations, conflict resolution strategies). The second group of variables contains variables referring to emotional competence (emotional understanding, empathy and emotional regulation) and variables connected with social information processing (social goals, self image, peer relational schemas). The third group of variables includes peers' evaluation of socially adaptive behaviour (social preference, aggressiveness, withdrawal, pro-social behaviour and victimization).

Results. Peer conflicts are not very frequent and they have moderate intensity. Preferred strategies for conflicts solving are mainly constructive (assertive and problem solving); then passive strategies (distraction and avoiding) and adult-seeking strategies, while the least preferred strategies are those which involves some kind of aggressive behaviour. In the prediction of conflict resolution strategies, variables referring to social information processing and variables referring to emotional competence of the respondent proved to be equally important, showing that deficits in social information processing and low emotional competence contribute to preference of non-constructive strategies for conflict resolving.

Conclusion. Preference for constructive strategies for conflict solving proved to be an important factor which contributes to the difference between socially adapted and socially maladapted children. Difficulties in social information processing and low emotional competence distinguished themselves as an additional risk factor for maladaptive behaviour and negative peer relations.

Poster PS02-41 (P)

2842 - The Revised Children's Anxiety and Depression Scale (child and parent versions) as a valid assessment tool for screening anxiety and depression in Greek children and adolescents.

Prof. Ioanna Giannopoulou; Paraskevi Bali; Evdokia Pasalari; Dimitra Grammatikaki; PhD Panagiota Korkoliakou;
Prof. Athanasios Douzenis

Attikon University Hospital

Objective: The present study is a preliminary examination of the internal, convergent and divergent validity of the Greek version of the Revised Child Anxiety and Depression Scale (RCADS) in a non-clinical sample and the Parent version of the RCADS in a clinical sample.

Method: Participants included (a) 350 students, aged 8-18 years old, from the community schools. A subsample of 161 students, alongside RCADS, also completed the Screen for Child Anxiety Related Emotional Disorders (SCARED), whereas a subsample of 123 completed the Depression Self-Rating Scale (DSRS), and (b) 118 clinic-referred children and adolescents, whose parents concurrently assessed their child's symptoms of anxiety and depression through completing the RCADS-P and the Strengths and Difficulties Questionnaire (SDQ).

Results: All subscales were positively intercorrelated, with r s varying between .43 (generalized anxiety -social anxiety) and .65 (generalized anxiety-major depression). The correlations between the RCADS subscales and their SCARED-R counterparts are generally substantial. Convergent validity was found with the SCARED-R ($r=0.83$) and the DSRS ($r=0.78$). Within scale reliability was excellent with Chronbach's alpha of .96 for both clinical and community sample. All subscales also showed good to excellent internal reliability. As expected, girls scored significantly higher than boys on all RCADS subscales. With regards to age, adolescents 15-18 years old, scored significantly higher on all, but anxiety separation, subscales than either adolescents 12-14 years old or children 8-11 years old. Parent-child agreement of the RCADS/RCADS-P total and subscale scores ranged from low 0.18 (obsessive-compulsive) to moderate 0.50 (social anxiety). Divergent validity was supported by very weak and non significant correlations between the RCADS-P anxiety subscales and parent SDQ ratings of the conduct problems. RCADS-major depression scores were significantly higher among school children whose father was unemployed.

Conclusion: The psychometric properties of the Greek version of the RCADS resembled those reported in US and Europe, thus providing some convincing evidence for using it as a valid screening tool for anxiety and depression in Greek children and adolescents.

Poster PS02-42 (P)

2280 - AN ASSESSMENT OF THE RELATIONSHIP BETWEEN LYME DISEASE AND AUTISM SPECTRUM DISORDERS

PD Dr. Hatice Ünver¹; PD Dr. Nursu Çakın Memik²; PD Dr. Güliden Sönmez Tamer²

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Objective: The aim of this study is the investigation of the relationship between ASD and Lyme disease, which is claimed to possibly have a role in the etiology of ASD. This study has compared whether serologically and clinically there is Lyme disease in 40 children aged between 3-18 years, diagnosed with ASD and their mothers and the 18 siblings of the children with ASD who were taken as the healthy control group.

Methods: The *Borrelia burgdorferi* antibody was checked in the serums of all participants with ELISA and the WB test was done on all serums in which positivity or border levels were detected. Autism severity was assessed by Childhood Autism Rating Scale (CARS). Denver Developmental Screening Test-II (DDST-II) was used to determine the developmental levels of the children.

Results: The results of 4 patients and 1 healthy control whose antibody levels were measured with the WB IgM test were all negative. In 1 of 2 patients (50.0%) who underwent the WB IgG test the result was found negative, and in 1 (50.0%) it was found at the border. In 1 (2.5%) mother who underwent the WB IgM test the result was found as negative, in 2 (33.3%) of 6 mothers who underwent the WB IgG test the result was at the border, and in 4 (66.6%) the result was found as negative. No statistically significant difference was found between the results of the WB test that was performed on the patient and control groups ($p>0.05$).

Conclusions: ASD patients, their mothers and their siblings as healthy controls were evaluated in our study and Lyme disease was not detected serologically or clinically in any of the participants.

Keywords: Adolescent, autism spectrum disorders, children, infection, Lyme disease

Poster PS02-43 (P)

3164 - Electrical status epilepticus in sleep (ESES) syndrome diagnosed girl in 5 year follow up: a case report

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Introduction: Electrical status epilepticus in sleep (ESES)/continuous spikes and waves during slow sleep (CSWS) is an age related, self-limited disorder characterized by heterogeneous clinical manifestations and a specific electroencephalographic (EEG) pattern of CSWS. At the time of the appearance of CSWS, one or more neuropsychiatric disorders is present in 96% of the patients, such as behavioral problems, mental retardation in ,learning disabilities, developmental coordination disorder, language disorder, and pervasive developmental disorder.

Objective: Discussing clinical features of ESES, interpreting possible benefits of early diagnosis and outcomes of intervention through a case report

Case: We report the case who referred to out outpatient clinic with inattention, hyperactivity, behavioral problems, poor peer relationships and learning problems at the age of 6. She was diagnosed with attention deficit and hyperactivity disorder (ADHD), specific learning disorder, conduct disorder and was medicated with methylphenidate. During follow-ups, there was partial treatment response. There was no pathological findings in wake EEG and cranial magnetic resonance imaging and neurological assessment. Also clinical seizures were not detected. After follow up for 4 years another EEG was performed both wake and sleep. She was diagnosed with ESES and treated with antiepileptic drugs and corticosteroids. Her medical treatment was continued in multidisciplinary approach between neurology and child psychiatry. Her symptoms disappeared partially after regression in EEG pattern although her signs of poor peer relation, learning problems, and hyperactivity still caused impairment.

Conclusion: ESES is a rare clinical condition with comorbid learning disabilities, ADHD and conduct disorder which shows the need for multidisciplinary approaches and must be taken into consideration especially for treatment resistant severe cases in child psychiatry practice.

Poster PS02-44 (P)

2925 - The hidden problem: Identifying psychological issues in children and adolescents with long-term physical conditions

Dr. Hiran Thabrew

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Objectives: Over 10% of children and adolescents worldwide live with long-term physical conditions (chronic illness) such as asthma and diabetes and are at increased risk of developing psychological problems, particularly anxiety and depression. Many of these problems remain 'hidden' due to the limited awareness or confidence of physicians in identifying them. A number of validated psychometric instruments exist that could help with earlier identification and intervention for such problems. Is routine 'screening' using such instruments viable and to be recommended?

Methods: A systematic review of psychometric instruments used in studies of children and adolescents with long-term physical conditions was undertaken to identify potential screening instruments for anxiety, depression, behaviour problems, substance use problems, family problems and multiple problems.

Results: Forty-four instruments were identified and rated according to predetermined criteria. Findings from this review were compared with those of previous reviews of screening instruments for psychological problems in the wider population of children and adolescents.

Conclusions: There are some suitable instruments with which to undertake targeted screening for psychological problems in children and adolescents with long-term physical conditions. However, a number of caveats need to be considered before undertaking such screening and these will be discussed.

Poster PS02-45 (P)

2701 - New augmentation strategy in treatment of hyperkinetic conduct disorder (pilot study)

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Objectives. In 35–65% of ADHD patients conduct problems are also part of the clinical picture. Children with ADHD and conduct disorder co-occurrence tend to have more severe ADHD symptoms, greater functional impairment, poorer quality of life. However whether comorbid conduct problems represent a separate disorder or a severe ADHD form remains controversial. Hyperkinetic conduct disorder (HCD) is a mixed category in ICD-10 that combines ADHD and conduct disorder symptoms, assuming that it is an undivided clinical entity. In practice caring for these patients is associated with considerable difficulties. Pharmacotherapy often does not reduce the symptoms completely and children's social functioning and quality of life are increased insufficiently. Studying the effects of a broader range of treatments is required to find ways of improving treatment outcome, and Hopantenic acid (neuroprotective drug approved in Russia for ADHD treatment but with vague evidence base) augmentation may be beneficial.

Aim: evaluate the efficacy of Hopantenic acid augmentation in HCD treatment for children with insufficient efficiency of previous atomoxetine therapy.

Methods. 24 children (16 boys, 8 girls) aged 6 - 12 years with HCD (ICD-10) with insufficient response to atomoxetine for 3 previous months were enrolled in the open study. They received age-appropriate doses of Hopantenic acid during one month. CGI, CGAS, CHIP-CE were used at baseline, after 1 month of Hopantenic acid therapy, after 2 months.

Results. Improvements in clinical assessment (decrease in hyperactivity, increase in attention) and social functioning of children with HCD, evident after the first month of Hopantenic acid augmentation, tended to strengthen at the final assessment. Noticeable improvements were observed in levels of social functioning measured by CGAS. According to CHIP-CE pronounced improvements were recorded in Achievement Domain (Academic Performance), Resilience Domain (Family Involvement), Comfort Domain (Emotional Comfort). No serious side effects were noted.

Conclusion. The findings of this pilot open study suggest: HCD in some cases may be considered as a single target entity and Hopantenic acid augmentation may be beneficial resulting in improved treatment outcome and social functioning of these children. It remains uncertain whether Hopantenic acid exerts a specific and enduring effect on conduct symptoms. Further studies are required to replicate findings.

Poster PS02-46 (P)

2446 - cognitive training and Attention deficit hyperactivity disorder

PhD Amélie Dentz

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Working memory is often altered in Attention Deficit Hyperactivity Disorder (ADHD). The Cogmed program is designed to target working memory. This intervention is proposed for ADHD patients.

The first part of this presentation (article I) is a literature review. The main objective is to examine the effects of the Cogmed program among youth with ADHD. All previous existing studies on the subject that included a control group have been reviewed.

To address the limitation underlined by the literature review, two experimental studies have been conducted. The common goal of both studies is to examine the impact of Cogmed program on working memory among young people (article II; ages 7–13) and adults (article III; ages 18–63). The secondary objective of this presentation is to assess generalization of Cogmed effects to other areas of cognitive and executive functioning and to ADHD symptoms. Studies include a placebo group and a double-blind design.

Results indicate that young people and adults with ADHD did not show clinically significant impairment in working memory. Yet working memory is significantly more improved in the Cogmed group in comparison with the placebo group among adults (article III) but not among young people (article II). The effects lasted six months among adults. Young people might have already experienced optimal improvement of working memory before Cogmed program because of medication. Generalization effects, however, were not observed in cognitive and executive functioning and in ADHD symptoms, among young people and adults. The Cogmed program has no lasting effects on participant's everyday lives. Working memory training is not recommended for the treatment of ADHD. Modification of this intervention are proposed.

Poster PS02-47 (P)

3441 - Tourette's syndrome comorbidity and epileptiform abnormalities occurrence in children diagnosed with attention-deficit/hyperactivity disorder

PD Dr. Dobrinko Socanski¹; Anita Herigstad; Sigrun Einarsdottir; PhD Harald Beneventi

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Children with attention-deficit/hyperactivity disorder (ADHD) may have comorbid Tourette's syndrome (TS), and ADHD children have more often EEG with epileptiform abnormalities (EA) than healthy children. The purpose of this study was to investigate whether the occurrence of TS comorbidity influenced the occurrence of EA in ADHD children.

Method

Subjects of this retrospective study were 505 ADHD children (82% male) without epilepsy, aged between 5-14 years, who were diagnosed between January 2000 and December 2005. At least one standard EEG was performed on all patients. EEG findings were coded as either EEG with EA or EEG without EA. Groups of patients with and without TS with were compared and occurrence of EA was analyzed. Children with EA were followed-up at least 2 years.

Results

EA was found in 27 (5.3 %) of ADHD children, and TS was diagnosed in 31 cases (6.1%). Of the 31 ADHD patients with TS (ADHD-TS), 5 (16.1%) had EEG with EA. Among 474 ADHD patients without TS, 22 (4.6%) had EEG with EA. EA occur more often in children diagnosed with both ADHD and TS, than in ADHD children without TS comorbidity. At 2 years' follow-up, none of the patients who had EA at ADHD assessment developed epilepsy.

Conclusion

EA occur more often in children diagnosed with both ADHD and TS, than in ADHD patients. The temporarily occurrence of EA at ADHD assessment was not associated with increased risk for epileptic seizure during follow-up.

Poster PS02-48 (P)

2854 - Comorbidity in Different Presentations of Attention Deficit Hyperactivity Disorder

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¹ İstanbul University

Comorbidity in Different Presentations of Attention Deficit Hyperactivity Disorder

Objectives: More than half of the subjects with Attention Deficit and Hyperactivity Disorder (ADHD) have psychiatric comorbidity. Subjects with comorbid disorders are likely to experience greater occupational impairment, compared to people with ADHD alone. Rates and patterns of comorbidity may change among different presentations of ADHD. In this study, we aimed to investigate several clinical characteristics such as age of onset and rates and patterns of psychiatric comorbidity in a clinical sample of young subjects diagnosed with ADHD.

Methods: The study included 154 subjects, 6–18 years of age with diagnosis of ADHD according to DSM-V criteria who have been diagnosed and/or followed up in Istanbul Faculty of Medicine, Department of Child and Adolescent Psychiatry. Subjects with diagnoses of intellectual disability or autism spectrum disorders were excluded. Schedule for Affective Disorders and Schizophrenia for School Aged Children- Now and Lifetime Version was used in psychiatric assessment.

Results: 78 percent of subjects had at least one lifetime psychiatric comorbidity. Mean lifetime psychiatric diagnosis was $2,69 \pm 1,34$. Most common co-occurring diagnoses were enuresis nocturna (%21,4), generalized anxiety disorder (%20,8) and oppositional defiant disorder (ODD) (%15,6). When psychiatric diagnoses were compared by gender; depression and social anxiety disorder were higher in females; and rates of ADHD combined presentation was higher in males. When we compare comorbid diagnoses by age groups; diagnosis of enuresis was found higher in children. When we compare comorbid diagnoses by different presentations; rates of generalized and social anxiety disorders were higher in ADHD predominantly inattention presentation, and rates of enuresis nocturna, encopresis and ODD were higher in ADHD combined presentation.

Conclusion: ADHD is commonly accompanied by other psychiatric disorders in clinically referred subjects. While inattention presentation of ADHD is more often comorbid with internalizing disorders (such as anxiety disorders), combined presentation is more often comorbid with externalizing disorders (such as ODD). Awareness of comorbidities of ADHD and knowing that clinical features and psychiatric comorbidities may vary among different clinical presentations may help defining subtle symptoms, modify treatment plan and improve prognosis.

Poster PS02-49 (P)

2281 - The assessment of the relationship between attention-deficit/hyperactivity disorder and posttraumatic stress disorder in child and adolescent patients

PD Dr. Hatice Ünver¹; Prof. Dr. Işık Karakaya²; PD Dr. Nursu Çakın Memik²

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Objective: This study examined attention-deficit/hyperactivity disorder (ADHD) comorbidity in child and adolescent patients who diagnosed with posttraumatic stress disorder (PTSD) and obsessive compulsive disorder (OCD).

Method: Sixty-eight child and adolescent patients with PTSD and forty-two child and adolescent patients with OCD were evaluated for ADHD. The sample included 110 male and female patients who were administered structured clinical interviews based on the Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition.

Results: Results show that 22.05% patients with PTSD and 59.52% patients with OCD met criteria for ADHD.

Conclusions: The results of our study indicate that no meaningful differences were detected in comparisons between PTSD and OCD groups, either met criteria of ADHD.

Keywords: ADHD, adolescent, children, PTSD, trauma

Poster PS02-50 (P)

2851 - A Case Control Study of Serum 25 (OH) Vitamin D Levels in Young Subjects with and without Attention Deficit Hyperactivity Disorder

Dr. ibrahim adak; Dr. murat coskun; Dr. ilyas kaya; Prof. Dr. süleyman salih zoroglu

A Case Control Study of Serum 25 (OH) Vitamin D Levels in Young Subjects with and without Attention Deficit Hyperactivity Disorder

Objectives: The aim of this study was to compare serum 25 (OH) Vitamin D levels in children and adolescents with and without attention deficit hyperactivity disorder (ADHD).

Methods: Serum 25 (OH) Vitamin D levels of 75 children and adolescents with diagnosis of ADHD followed up in a faculty child psychiatry clinic were compared with serum 25 (OH) Vitamin D levels of 75 age matched children and adolescents without diagnosis of ADHD and any chronic illness who referred to a faculty outpatient pediatrics clinic.

Results: There was no significant difference in age between ADHD (10.04 ± 3.04 years) and control groups (10.80 ± 3.20 years). There was no statistically significant difference ($p>0.05$) in mean serum 25 (OH) Vitamin D levels between ADHD (18.11 ± 5.98 ng/mL) and control groups (18.95 ± 7.27 ng/mL). Both groups had low serum 25 (OH) Vitamin D levels. No significant differences were found among the ADHD subgroups in terms of serum 25 (OH) Vitamin D level ($p>0.05$).

Conclusion: In our study, finding significantly low serum 25 (OH) Vitamin D levels in both case and control groups suggested to us that it may be very beneficial to screen 25 (OH) Vitamin D levels of all outpatient children for preventive medicine. Further investigations and studies are required to understand the role of Vitamin D in the etiology and treatment of ADHD.

Poster PS02-51 (P)

3221 - A FOLLOW-UP AND CARE PROGRAM FOR OFFSPRING OF SEVERE MENTAL ILLNESS (SMI) PATIENTS: DESIGN AND GENERAL HEALTH RESULTS IN CHILDREN AT RISK

Dr. Oscar Herreros; Carmen Valenzuela; Dr. Ana Patricia Vazquez; Maria Amable Fernandez; Prof. Dr. Francisco Diaz-Atienza

Complejo Hospitalario Universitario de Granada

INTRODUCTION

Severe mental illness (SMI), including schizophrenia, bipolar disorder or some personality disorders, is responsible for a substantial proportion of disability in the population. More than this, offspring of parents with SMI are at an increased risk of developing mental and other health problems. In general, child outcomes relate not only to the parent's illness but to a wide range of other factors, including the child's coping skills, the family's socioeconomic status, the level and quality of social support, and access to social and health care. Preliminary research has found some positive outcomes for prevention programs for children of parents living with an SMI, but these programs are scarce and difficult to develop in the real clinical practice.

Fifteen years ago a Follow-up and Care Program for Offspring of SMI patients was developed in Granada (Andalusia, Spain), and it has continued on an ongoing but irregular basis to date. Here we present the design of this Program and its general health results in the population of SMI patients' offspring with some mental health problem or disorder.

OBJETIVES

- 1) To present the design of our Follow-up and Care Program for Offspring of SMI patients.
- 2) To describe the group of these children followed the last 5 years from our Child and Adolescent Mental Health Unit because of their own mental health problems, in terms of general health and school adaptation.

METHODS

After describing the design of our Follow-up and Care Program for Offspring of SMI patients, data collected from the regular longitudinal follow-up of these children will be presented. These data were obtained from periodic interviews, usually quarterly, with schools, social workers (if necessary) and pediatricians of the children.

RESULTS

The problems of greater incidence in general health care were: not to go to medical controls, inadequate vaccination, alterations in the feeding, repetitive infectious diseases, bad hygiene and irregular school activity.

After the evaluation of the data it is verified that the largest number of cases with pathology is focused on first-born, males, aged between 6-10 years and with a psychotic father.

CONCLUSIONS

Coordinated work between the health system, the family, social workers and schools can improve care and early detection of problems in this at-risk population. However, there are few programs underway with published data, so further research is needed to determine their real cost-effectiveness.

Poster PS02-52 (P)

2604 - Parental depressive symptoms as a risk factor for child depressive symptoms; testing the environmental mediators in internationally adopted children

Dr. Krista Liskola¹; PhD Hanna Raaska; PhD Helena Lapinleimu; PhD Marko Elovainio

¹ University of Helsinki

Objectives:

The aim of our study was to investigate the extent to which depressive symptoms of both parents associate with offspring depressive symptoms and whether environmental factors mediate these associations using data from adopted children with no shared genetic background. Most of the previous research has been focused on genetic influence and furthermore on maternal depression.

Methods: Data were derived from the on-going Finnish Adoption (FinAdo) survey study, the target population of which consists of all children internationally adopted through three legalized adoption organizations in Finland between 1985 and 2007 (we used a subsample of adopted children aged between 9 and 12, $n=548$). Parental depressive symptoms were measured using the short version of the General Health Questionnaire and Children Depression Inventory was used to measure depressive symptoms in adoptees.

Results: Paternal depressive symptoms were related to offspring's total depressive symptoms ($B=0,33$, $p=0,05$), negative mood ($B=0,10$, $p=0,03$) and interpersonal problems ($B=0,06$, $p=0,009$) dimensions. These associations remained significant, even when adjusted for child's age and gender, age at adoption, type of placement before adoption, continent of birth and adoptive family's SES. No associations were found between maternal and any dimensions of offspring depressive symptoms. Maternal and paternal psychopathology combined were associated with offspring's interpersonal problems.

Conclusions: We interpret the results as demonstrating that intergenerational transmission of depressive symptoms is not solely related to shared genes. Also, the results highlight the association of paternal depression with offspring depressive symptoms. We were also able to show that paternal and maternal depressive symptoms combined pose a larger risk compared to single exposure. The association between parental depressive symptoms and offspring depressive symptoms may, of course, be due to reversed causality. However, this does not make this association any less serious. In our study the offspring depressive symptoms were not reported by their parents and that can be considered as a strength compared to some previous studies.

Poster PS02-53 (P)

2491 - Self-rated impulsivity associated with prefrontal hemodynamic responses in young adults with major depressive disorder

Dr. Noa Tsujii; Dr. Wakako Mikawa; Atsushi Niwa; Dr. Toru Adachi; Dr. Aika Hirano; Dr. Souichirou Sakanaka; Prof. Dr. Osamu Shirakawa

Kindai University Faculty of Medicine

Objectives: Young adults often exhibit greater impulsivity, resulting in increased accidents because of drug or alcohol use and an increased mortality risk. Previous studies using near-infrared spectroscopy (NIRS) have reported that compared with control subjects, adult patients with major depressive disorder (MDD) showed significantly reduced hemodynamic responses in frontotemporal regions during executive function tasks. However, it is unclear whether these patterns on hemodynamic responses are observed in young adults with MDD and whether these differences are associated with impulsivity. We assessed the association between frontotemporal function and impulsivity in young adults with MDD.

Methods: Twenty-four young adults with MDD (age range, 19–30 years) and 26 healthy control (HC) subjects matched by age, sex ratio, and estimated IQ participated in the study. Regional hemodynamic responses during a verbal fluency task were monitored using NIRS. We assessed 50 participants using the Barratt Impulsiveness Scale, version 11 (BIS-11). Multiple regression analysis was employed to examine the factors associated with hemodynamic responses of young adults with MDD.

Results: No significant difference in the impulsivity level between young adults with MDD and HC subjects were observed. Young adults with MDD had significantly reduced activation compared with HC subjects in the frontotemporal regions, including the bilateral dorsolateral prefrontal, orbitofrontal, frontotemporal, and bilateral temporal regions. In addition, the reduced response of young adults with MDD in the orbitofrontal region was negatively correlated with the impulsivity level, whereas no significant correlation was observed with respect to this aspect in HC subjects. Factors associated with the hemodynamic response of the orbitofrontal region in young adults with MDD were impulsivity ($\beta = -0.57$, $p = 0.005$) and the use of antidepressants ($\beta = 0.43$, $p = 0.013$).

Conclusions: Young adults with MDD had functional abnormalities in frontotemporal regions, especially in the orbitofrontal region that is associated with impulsivity. NIRS might be a biological marker for impulsivity in young adults with MDD.

Poster PS02-54 (P)

2868 - Brain-Derived Neurotrophic Factor (BDNF) and Mood Disorders: preliminary study on pediatric patients.

Dr. Annalisa Traverso; Barbara Bolzonella; Elisa Toffoli; Massimo Barbierato; Pietro Giusti; Pier Antonio Battistella; Silvia Zanato

Objectives Depressive disorders affects 1-2% of children and 4-6% of adolescents (Kessler et al., 2001), sometimes leading to severe consequences as self-harm and suicide, with a huge impact on costs and psychosocial outcome. Neurobiological mechanisms of mood disorders are still unknown, but evidences suggest that Brain-Derived Neurotrophic Factor (BDNF) plays a central role in depressive disorders. Studies on adults demonstrated that BDNF levels are reduced in depressed population compared with healthy groups. BDNF decrease appears associated to a reduction in neurogenesis and in volume of some important cerebral areas such as hippocampus, amigdala and prefrontal cortex (Biggio, 2011).

The aim of the present study is to explore the "neurotrophic hypothesis" in children suffering from depression by comparing plasma BDNF concentration in patients to healthy peers at diagnosis and after 6 and 12 months. Secondary objective is to analyze correlation to clinical characteristics and plasmatic neurotrophin levels.

Methods: BDNF plasma concentrations were measured in 10 naive adolescent inpatients affected by depressive disorders, according to the DSM-5, using the BDNF Emax Immunoassay System (Promega, Madison, U.S.A.). Severity of depression and clinical characteristics were assessed with a clinical evaluation, a set of standardized test and indexes and projective tests. Patients were matched and compared to a group of health children.

Results: Plasma mature BDNF levels in untreated patients with depression (16529.6 ± 6064.9 pg/ml) were lower than those (23078.5 ± 10263.6 pg/ml) in the healthy group. There were no correlations between plasma levels and psychopathological test score.

The main limitation of the present study is represented by the small sample size, so it was conducted an analysis of every case report individually. This descriptive evaluation highlights that BDNF levels were linked to the clinical course and to treatment efficacy, in term of an increasing of the neurotrophin in case of clinical improvement.

Conclusions: The study suggests that low BDNF levels may play a role in the pathogenesis of depression in paediatric population. To our knowledge, this is the first study that reports mature BDNF levels in a pediatric well characterized population. Further longitudinal studies are needed to evaluate the trend of plasmatic levels in treated subjects and to establish the role of BDNF as a possible biomarker to improve a patient-tailored therapy.

Poster PS02-55 (P)

3008 - Listen, I am afraid of gaining weight! Testing a new anxiety-based etiological model for anorexia nervosa

Anne Kathrin Schwenzfeier; Prof. Dr. Mike Rinck¹; Prof. Dr. Eni Sabine Becker²; Prof. Dr. Tanja Legenbauer¹

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Objectives

Although anorexia nervosa (AN) and anxiety disorders share great comorbidity, little interest has been raised for the predictive power of anxiety. While prior works have shown that increased levels of anxiety reduce the chance of successful recovery, it is unclear in what way anxiety impacts the course of eating disordered behavior (ED). We argue that anxiety represents a crucial factor in the etiology of AN by biasing the focus of attention. Hence, we strive to I) assess the predictive value of trait and specific anxieties on ED symptoms and aim to II) test whether (induced) anxiety influences the course of AN through biased attention.

Methods

First, a questionnaire-based study was conducted in a non-clinical (NCC) sample (14-25 years old) and adolescent ED patients of the LWL-university hospital for child and adolescent psychiatry (Hamm, Germany). 354 participants (301 NCC, 53 with ED) took part in the present study. ED symptoms were assessed by means of the Eating Disorder Examination Questionnaire (EDEQ), anxiety with the State Trait Anxiety Inventory, Fear of Negative Evaluation Scale, Fear of Positive Evaluation Scale and the Social Appearance and Anxiety Scale.

Results

Significant correlations were found between trait anxiety and ED symptoms (EDEQ-subscales ranged from $r = .393$ to $r = .576$). Associations became as strong as $r = .671$ for social appearance anxieties and ED symptoms. Trait anxiety, specific anxieties and BMI regressed hierarchically on each of the EDEQ subscales revealed that trait anxiety, social appearance anxiety and fear of negative evaluation are key predictors for all EDEQ subscales (range from $R^2 = .273$ - $.494$). In particular, social appearance anxieties had the greatest impact on EDEQ subscales (range $\beta = .318$ - $.482$). In contrast, BMI was only predictive for weight and shape concerns and added only 1% in explained variance.

Conclusion

There is clear evidence for the predictive power of anxiety, and in particular for social anxieties, on ED symptoms. In a second step, the causal role of anxiety for AN shall be studied experimentally in a group of AN patients, depressed patients and healthy controls. We induce anxiety to test whether anxiety biases the focus of attention and whether biased attentional processes represent a mediating factor between trait anxiety and AN symptomatology. Questionnaire-based and experimental data shall be presented and discussed in the light of theoretical and practical implications.

Poster PS02-56 (P)

2776 - Objective body weight and body weight perceptions in Austrian students and psychiatric inpatients as well as psychopathological associations

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Objectives: Body image concerns are an essential characteristic of eating disorders, are discussed in the course of obesity and are associated with negative affect. This contribution aims at presenting epidemiological data on the extent of body image concerns in Austrian adolescents as well as association with internalizing and externalizing behavioral problems.

Methods: In the course of the Mental Health in Austrian Teenagers study (N = 3615 students, N = 133 child and adolescent psychiatry patients) BMI, body weight perception and behavioral problems (Youth Self-Report) were obtained.

Results: 25% of the Austrian students are overweight (> 75th percentile) while 36% perceive themselves as too fat. This "gap" is dramatically higher in girls (overweight: 22%, perceived overweight: 43%) than in boys (29% vs. 27%). In the clinical sample, 28.6% of boys and 63.4% of girls perceive themselves as too fat. 50% of boys but only 40% of girls in the school sample correctly assessed their BMI category (normal weight, underweight, overweight). In the clinical sample, this proportion was only 36% (boys) and 24% (girls). Overweight and obesity was associated with greater internalizing and externalizing problem scores (low effect sizes). Medium to high effect sizes were observed regarding the perceived body weight. Both, perceived overweight and perceived underweight, increased the risk for internalizing and externalizing problems. Higher internalizing problem scores were also found when the perceived body weight did not correspond to the objective body weight (low effect sizes).

Conclusion: The results emphasize the need for an integrative approach in the prevention of eating disorders and obesity. In addition to nutrition and physical activity aspects, prevention programs should also target body image as well as accompanying anxiety and depressiveness. Such a prevention program has been developed recently and will be evaluated in Austrian and Spanish schools within the European Horizon 2020 project "ICare".

Poster PS02-57 (P)

2978 - DETERMINING THE FAMILY NEEDS OF DOWN SYNDROME CHILDREN'S MOTHER AND THEIR VIEWS ON SOCIAL SUPPORT PERCEPTIONS

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DETERMINING THE FAMILY NEEDS OF DOWN SYNDROME CHILDREN'S MOTHER AND THEIR VIEWS ON SOCIAL SUPPORT PERCEPTIONS

1)Res. Assist.MERİH TOKER 2)Assoc. Prof. Ş.SENEM BAŞGÜL 3)Assist. Prof. LATİFE ÖZAYDIN

OBJECTIVES

Cultural and social changes influence family structure, on parental roles, attitudes and expectations regarding child rearing. Depending on the needs of the individual with Down's syndrome, domestic stress and anxiety affect parental sibling relationships. The family needs, defined as social and psychological support from the environment, especially when the mother copes with intense stress, affects her social support perception and makes her stronger in life

The main purpose of this study is to examine the family needs of mothers with children with Down's syndrome and to determine their views on perceptions of social support in this framework.

METHOD

The research involved 20 voluntary participants who are parents of individuals with down syndrome and locate in Gaziantep and Istanbul in Turkey. The data of the study were obtained via interviews with the parents, using semi-structured interview technique. As the result of mothers interview, the themes were determined and content analysis was used.

RESULT

The result of the study showed that the mothers of children with DS diagnostic need information about the concepts, deficiencies in areas which their children have and what they can do for their children, and also they stated the need of capital to meet their children's need and to have better educational opportunities. The mothers focused mostly on their children's education. They expressed their needs with respect to the time increase in the institutions which they were trained in management units, the arrangement of social activities, and the supervision of trainers. The mothers stated their expectations from the experts about speech language area for their children. The results also display that the mothers who lived in extended family need high level of support.

CONCLUSION

As much as the happiness brought by the new participant to the family, the necessity or the developmental retardation of the new member also affect the level of acceptance of the parents, causing stress, anxiety and low expectations in family members (Dunn, 1988, Dyson 1993 & Gutman, 2002). This service network, which supports the parents while strengthening the family system, is especially helpful for the mother when she is experiencing intense stress (Sucuoğlu, 1995).

Poster PS02-58 (P)

2987 - The Role of the Family Upbringing in Self-Regulation Development of Children with Mental Retardation

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Self-regulation is supposed to be one of the crucial skills for success in life. In case of children with mental retardation this issue has a special importance.

The current research was based on the three-level self-regulation model, including the level of mental states regulation, the operational level and motivational level (Nikolaeva, 1991).

The first level of self-regulation was tested with the Luria's neuropsychological battery of tests, adapted by Semenovich (2002), the school results were analyzed when estimating the second level of self-regulation and, finally, the third level was studied with the tests for school motivation by Guinsburg(1996) and Louskanova (1996) . For the characteristics of parent-child relationships the test "Analysis of the Family Upbringing" by Eidemiller &Yustitsky (1990) was used.

The experimental group included 39 students of 7-10 years old with slight degree of mental retardation of organic genesis, learning in primary schools of Moscow. The control group included 59 students of the same age with normal development. The research shown that in case of normal development the characteristics of familial relations were extremely important for self-regulation development: the high level of self-regulation has been found only in the families with adequate balance of demands and responsibilities of a child. In families with hyper- or hypo-protection the development of self-regulation has been delayed. But in the families of children with mental retardation we could not find such a strong connection: there was either adequate style of family upbringing or hyper-protection.

Thus, the priority in the intervention program for such children should be the compensation of defects of the first level of self-regulation, for instance, with the method of sensor-motor correction of Goryacheva and Sultanova (2003). However the work with parents aiming at development of conscious self-regulation in children with mental retardation should be also included into intervention programs.

Poster PS02-59 (P)

3223 - Sleeping behavior of one-year old children and soothing methods used by parents in Kuopio Birth Cohort -study

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Objectives:

Parental soothing is foundational to the parent-child relationship and infant's regulatory processes. It helps the baby to calm down and to develop effective self-regulatory methods to survive with stressful situations. However, very little is known about the methods parents use when soothing their babies during nighttime.

In this study we were interested to find out how 1-year old Finnish babies sleep and what are the soothing methods used by parents when their children wake up at night. We examined if soothing methods used by parents correlate with baby's night awakenings and need of parental help in nighttime.

Methods:

The current study is part of Kuopio Birth Cohort -study (KuBiCo), which aims to determine the effects of prenatal exposures and genetic factors on both the baby's and mother's health. At the moment 971 mothers have answered Baby's sleeping pattern -questionnaire when the baby was 12 months old. Soothing methods that mothers reported were divided into four categories depending on how activating they were (feeding with milk, carrying in arms, giving pacifier and touch or crooning).

Preliminary results:

In this data, 53% of one-year-old children wake up at least on three nights a week. One third of children fall asleep without parental help. 93% of those who need parental help when going to sleep also need it when they wake up at nighttime and 62% of them wake up at least on three nights a week (compared to 35% of those who fall asleep without parental assistance). 84% of babies who get milk at nighttime wake up regularly compared to 70% of those who are carried in arms, 48% of those who are soothed by pacifier or 53% of those who are soothed by very non-activating methods such as simple touch or crooning.

Conclusion:

According to preliminary results, soothing methods that activate the child more correlate with more nighttime awakenings in 1-year old Finnish babies. Using a pacifier, touch or crooning may better help the baby to develop self-soothing skills. This finding is in line with earlier knowledge and understanding about the development of baby's regulation. In the future, correlations between sleeping patterns of babies and maternal psychological stress will be studied.

Poster PS02-60 (P)

4482 - Children's Day Hospital in Latency Age, Course and Challenges

Ana Luisa Monteiro; Margarida Matos; Dr. Maria Graca Almeida; Dr. Carla Maia

Centro Hospitalar do Tâmega e Sousa, E.P.E.

The Children's Day Hospital in Centro Hospitalar do Tâmega e Sousa has faced constant challenges and adapted accordingly.

At the Psychiatry and Mental Health Department, during child and adolescent psychiatric consults, it became clear there was an abundance of requests for children and adolescents with internalized disorders. To meet this need, it was developed the idea of creating a distinctive intervention context. It was implemented a Day Hospital directed towards children in latency age, between 6 and 10 years old, which have different internalized disorders.

Its purpose is to promote social and communication skills, to stimulate the regulation of emotions and feelings, to allow adequate identification and differentiation of thoughts, to promote conflict management and assertiveness skills, and to encourage more adaptive behaviour.

The course is currently used on a weekly basis consisting of a multidisciplinary team of a Child and Adolescent Psychiatrist, a Psychologist, an Occupational Therapist and a Nurse. This intervention occurs at two major moments, one to work the movements and manual skills and another to develop the expression of thoughts and feelings and discover new skills. There is still a moment dedicated to parents. To evaluate its effectiveness, initial and final evaluations of the dimensions worked through the sessions with the Achenbach System are carried out. Its effectiveness is based on increased autonomy and safety, self-esteem, emotional regulation and relational skills of these children.

Poster PS02-61 (P)

3386 - Investigation of the Distinctive Characteristics of Children with Specific Learning Disorder and Borderline Intellectual Functioning

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Saglik Bilimleri Universitesi, Gulhane Tip Fakultesi

Objective: Learning problems and school failure are common causes of child and adolescent psychiatric outpatient visits, especially in primary school age. Borderline Intelligence Function (BIF) and Specific Learning Disorder (SLD) are common diagnoses in children who are brought up for this reason and there are difficulties in distinguishing these diagnoses. The primary aim of our study was to determine whether there were distinctive aspects of cognitive testing routinely used in evaluating these two disease groups. Another goal is to investigate emotion regulation skills in these groups and to compare the presence of minor neurologic symptoms.

Methods: 30 children diagnosed with SLD and 30 children diagnosed with BIF were included in our study. Children who are currently attending primary school (secondary, 3rd or 4th grade) are selected for study. Children's GISD-B form, Gessel Development Figures Test, Bender Gestalt Visual Motor Perception Test and WISC-R scores were recorded. Emotion Regulation Scale (ERS) was filled by caregivers. Neurological Evaluation Scale (NES) was administered to the children to assess the presence of minor neurological symptoms.

Results: There was no statistically significant difference between two groups in Bender Gestalt Visual Motor Perception Test, Gessel Development Figures Test and GISD-B form. There was no difference in score of lability / negativity subscale and ERS total scores. The emotional regulation ability measured by the emotional regulation subscale was better in the SLD group than the BIF group ($p = 0.014$). In the NES, there was no difference between the groups in the Complex Motor Movement subscale, sensory integration ($p = 0.008$), motor coordination ($p = 0.047$) and other ($p < 0.001$) subscales showed higher scores in the BIF group than in the SLD group.

Conclusion: It has been shown that cognitive tests used in the routine do not have distinguishing features in the evaluation of specific learning disability and border intelligence function. Emotion regulation subscale score of ERS and sensory integration, motor coordination, and total scores of NES can be used in both discrimination and prognostic evaluation of SLD and BIF.

Keywords: specific learning disorder, borderline intellectual functioning, cognitive, emotional, neurological.

Poster PS02-62 (P)

2367 - Children's frontal EEG asymmetry and error-related components: a meta-analysis reporting biomarkers of internalizing and externalizing behaviors

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Frontal hemispheric asymmetry and error-related components as measured by electroencephalography (EEG) are often considered to be biological correlates or "indicators" of psychopathology. This research aims to apply a meta-analysis in order to define specific patterns of frontal hemispheric asymmetry at rest and these patterns' association with child psychopathology including internalizing symptoms and externalizing behaviors that may be risk-indicators of these phenomena. EEG asymmetry corresponds to the difference in cortical power in one hemisphere relative to the other and authors usually consider the hemispheric asymmetry in the frontal lobe and in the alpha band. Asymmetrical frontal activity is often interpreted according to the approach/withdrawal model of Davidson (Davidson, 1992) and it has been suggested that there is a significant association between greater right frontal activity (i.e. less alpha power on electrodes over the right than left hemisphere) and internalizing behaviors on one hand, and a relation between greater left frontal activity (i.e. less alpha power on electrodes over the left hemisphere) and externalizing behaviors (Gatzke-Kopp et al., 2014).

We additionally conducted an analysis to test whether amplitude modulation of the error-related negativity (ERN; which is the index of executive functions that are related to action-monitoring or self-regulation) is also related to child internalizing symptoms and externalizing behaviors. Changes in physiological activation can also be related to disturbances in attentional and emotional processing, as measured in ERPs.

We conducted three distinct meta-analyses that included a total of 31 studies (N=2186). Results showed a significant relationship between greater right frontal asymmetry and internalizing symptoms (N=1346, k=19, g=.519, C.I. 0.116-0.923, p<.001). We also found a significant association between greater left frontal asymmetry and externalizing behaviors (N=98, k=2, g=1.262, C.I. -3.113-5.638, p <.001). We found a significant relationship between higher ERN amplitudes and the level of internalizing symptoms (N=674, k=9, g=0.261, C.I. 0.075-0.448, p <.001).

Our results show that frontal asymmetry in resting states is a likely biological indicator of risk for childhood psychopathology, specifically of the development of internalizing symptoms and/or externalizing behaviors. Results additionally supported that ERN amplitude was significantly related to internalizing symptoms.

Poster PS02-63 (P)

3121 - Nurturing Bodies Hearts and Minds in Cardiac Transplant: An Ever Changing Picture

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New York Presbyterian-Columbia University

Objectives: According to the registry of the International Society for Heart and Lung Transplantation, in 2012, 512 heart transplants were performed in children worldwide. Cardiac transplant is a therapeutic alternative for end stage heart disease that can be the result of 1) errors in the formation of the heart, (2) cardiac tumors, (3) infections, and (4) toxins that damage the myocardium. Depending on duration, some of these physiological states place children at risk for delayed motor and cognitive development. Prior to transplant, behavioral and psychological distress can rise as there are multiple transitional periods. Serrano Ikkos (1997) reported that 25% of pediatric patients met criteria for a psychiatric disorder and 60% demonstrated impairment in psychosocial functioning while awaiting a heart or heart-lung transplant. DeMaso (2004) found that 25% of patients and families had lasting psychological symptoms and emotional adjustment difficulties post-transplant. There is an evolving literature in providing psychological supports to patients and families undergoing cardiac transplant but limited to no literature on pharmacological interventions and their effects.

Methods: A review of the literature will be presented regarding existing reports of psychotropic use in cardiac transplant patients and recommendations on monitoring. Using a case example, we will review the indications for psychotropic use and management of side effects and present the pattern of medication use at our institution for a cohort of cardiac transplant patients. In this cohort, we will look specifically at the indications for use, occurrence of side effects, and items monitored before and during use of the medication.

Results: Psychotropic medication was able to be utilized to treat anxiety, depression, and delirium in children awaiting heart transplant and post-transplantation. Side effects that occurred in the sample included QTc prolongation, sedation, and restless leg syndrome.

Conclusions: Psychopathology in children undergoing and surviving cardiac transplantation exists and can be treated pharmacologically while being mindful of drug interactions, pharmacokinetics, and the dynamic clinical picture.

Poster PS02-64 (P)

2670 - Drug utilization and treatment patterns in children and adolescents with ADHD receiving guanfacine extended release or atomoxetine as second-line therapies

MPH William Spalding; Dr. Jackson Tang; Zhiyi Li; Brigitte Robertson

Objective

To compare drug utilization and treatment patterns with guanfacine extended release (GXR) and atomoxetine (ATX) in children and adolescents with attention-deficit/hyperactivity disorder (ADHD) and previous stimulant treatment.

Methods

Medical claims data from 2010 to 2015 were extracted from the Truven MarketScan® database for patients aged 6–17 years with ≥ 1 claim for a stimulant for a primary diagnosis of ADHD in the 6 months before initiating GXR or ATX, and ≥ 1 claim for a first prescription of GXR or ATX in the 12-month follow-up (with the first 30 days of GXR or ATX as monotherapy). Cohorts were balanced using propensity score matching. Drug utilization (daily average consumption [DACON], adherence and persistence) and treatment patterns (maintenance, discontinuation, switching and augmentation) were assessed over the follow-up period. DACON was assessed over a 90-day period (starting 30 days after initiating GXR or ATX, to allow for potential dose titrations). Adherence was defined as a medication possession ratio (MPR) ≥ 0.8 ; persistence was defined as continuous, successive prescriptions without gaps >30 days. Clinical events (CEs) of interest (based on known safety profiles of GXR and ATX) were assessed to investigate a possible link between tolerability and adherence.

Results

After matching, each cohort included 954 patients. Mean (standard deviation [SD]) DACON was 1.26 (4.14) for GXR, and 1.06 (0.71) for ATX ($p<0.01$); mean (SD) MPR was 0.51 (0.34) for GXR, and 0.43 (0.32) for ATX ($p<0.01$). Rates of adherence and persistence were significantly greater with GXR (30.3% and 28.1%, respectively) than ATX (20.6% and 17.8%, respectively) (both $p<0.01$). Treatment patterns for GXR and ATX were significantly different ($p<0.01$), with lower rates of discontinuation (60.6% vs 69.4%) and switching (9.0% vs 11.3%), and higher rates of maintenance (24.1% vs 16.4%) and augmentation (6.4% vs 2.8%) for GXR than ATX. Kaplan–Meyer estimates for 1-year discontinuation rates were significantly lower for GXR than ATX (65.0% vs 76.3%; $p<0.01$). The proportion of patients with any CE of interest was 12.3% for GXR and 13.5% for ATX ($p=0.58$).

Conclusions

In children and adolescents with prior stimulant treatment, GXR was associated with a higher DACON, suggesting more frequent dose adjustments, than ATX. However, adherence and persistence were greater with GXR than ATX. Rates of CEs were similar between both cohorts.

Study funded by Shire Human Genetic Therapies, INC.

Poster PS02-65 (P)

2632 - Drug utilization patterns of lisdexamfetamine dimesylate in children, adolescents and adults in six European countries

Csaba Siffel; Dr. William Blumentals; Dr. Tricia Maxwell; Dr. Barbara Thun; Nikolaus Kolb; Birgit Ehlken; Dr. Mats Rosenlund; Dr. Dorothea von Bredow; Dr. Jacco Keja

Objectives

Lisdexamfetamine dimesylate (LDX) is indicated for attention-deficit/hyperactivity disorder (ADHD) in children aged 6–17 years and, in some countries, in adults. There is, however, limited evidence on the real world use of LDX across Europe. As part of an ongoing, retrospective study into patterns of LDX prescriptions, we report LDX drug utilization patterns from six European countries for which robust data are currently available.

Methods

Demographic, clinical, and drug utilization data were collected from national registries (Denmark and Sweden), electronic medical records (Germany, Disease Analyzer; Spain, LPD; UK, CPRD) and prescription/cross-sectional databases (Spain, MIDAS PI; Switzerland, IFAK/New Index and SDI). Patients were included if prescribed LDX at least once between 4 March 2013 and 31 December 2014 (Denmark and Sweden) or 31 December 2015 (Germany, Spain, Switzerland, and UK).

Results

Patient numbers were as follows: 9,111 in Sweden, 3,433 in Denmark, 1,889 in Germany, 1,158 in Switzerland, 593 in the UK, and 273 in Spain. In all countries, most patients were male (60–81%). Less than 1% of patients were under 6 years of age. The proportions of patients receiving LDX who were adults (> 18 years old) were lower in Germany (4%), UK (13%), and Spain (14%), than in Denmark (42%), Switzerland (59%), and Sweden (60%). An ADHD diagnosis was documented in the patient's history for 50–92% of patients (this information was not available in Switzerland). In patients with at least one year history, the proportions who received methylphenidate before their first documented LDX prescription ranged from 80% (Switzerland) to 97% (Spain). The proportion of patients who switched from other medications to LDX ranged from 23% (UK) to 79% (Spain). Data on the recommended dose was only recorded in Germany and the UK; the prescribed average daily dose (ADD) of LDX was less than or equal to 70 mg for over 99% of patients in both countries, with mean calculated ADD for these patients of 45 mg in Germany and 47 mg in the UK.

Conclusions

Based on these interim analyses of data from an ongoing study, LDX is mainly prescribed within the bounds of the Summary of Product Characteristics with regard to treatment history and dose regimen. There was a high proportion of off-label use of LDX in adults in Denmark and Sweden prior to 2015 when the adult indication was approved.

Study funded by Shire Development LLC.

Poster PS02-66 (P)

3262 - A FOLLOW-UP AND CARE PROGRAM FOR OFFSPRING OF SEVERE MENTAL ILLNESS (SMI) PATIENTS: CHILDREN MENTAL HEALTH RESULTS

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INTRODUCTION

Severe mental illness (SMI), including schizophrenia, bipolar disorder or some personality disorders, is responsible for a substantial proportion of disability in the population. More than this, offspring of parents with SMI are at an increased risk of developing mental and other health problems. Preliminary research has found some positive outcomes for prevention programs for children of parents living with an SMI, but these programs are scarce and difficult to develop in the real clinical practice.

Fifteen years ago a Follow-up and Care Program for Offspring of SMI patients was developed in Granada (Andalusia, Spain), and it has continued on an ongoing but irregular basis to date. Here we present the results about the mental health in the population of SMI patients' offspring in the last 10 years.

OBJETIVES

- 1) To describe the group of these children followed the last 10 years from our Child and Adolescent Mental Health Unit because of their own mental health problems.
- 2) To describe the mental health problems presented in this group, its relationships with the psychiatric disorders of their parents, and the evolution of these children along 10 years.

METHODS

Data collected from the longitudinal follow-up of these children will be presented. These data were obtained from the psychiatric and psychological records of the children.

RESULTS

The mental health problems of greater incidence in these children were behavioural problems (F90 codes in ICD-10), followed by anxiety disorders (F40 codes) and developmental disorders (F80 codes).

After the evaluation of the data it is verified that the majority of cases with pathology persisted in the adult life of these children.

CONCLUSIONS

Coordinated and multidisciplinary work in the health system can improve early detection and care of mental health problems in this population. However, there are few programs with published data, so further research is needed to determine their real cost-effectiveness and the results in terms of mental health.

Poster PS02-67 (P)

2445 - young people from the Maghreb, a complex link between Africa and Europe

PhD Hindi Hafhouf-Lacôte

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My research subject questions young people from the Maghreb who are in exclusion situations in France. Those young people go unnoticed in the subway, in the streets ... Those young people are hardly nomadic, they are called wanderers, homeless, clandestine, undocumented ... It concerns the ones for whom the family mandate has failed, those sent to Europe by their primary group and for whom the transition between Africa and Europe has failed. Those for whom a difficult junction between the two continents can be spotted. Why did you ask these young people to quit their moorings? Why did the exile of those young people fail? How to explain this pending transition? To which enigma does this complex bond refer? In my remarks, I will develop an analysis of the elements and words as told by young people themselves. I will highlight the mechanisms and the conscious and unconscious problems mobilized and played by the whole primary group. To listen to the psychological suffering of those subjects, the method used is the one consisting in an individual psychotherapy of analytical orientation with the analysis of the transference and counter-transference movements. The care mechanism has been developed. The therapist must get involved and give the best of himself/herself ... in order for the young person to be able to recognize himself/herself. In therapy the illusion of the double must be recreated in order to allow the young person an encounter with the intimate. A psychic bridge between Africa and Europe becomes possible. It is clear that this invested therapeutic framework has allowed to relaunch in many young people the process of subjectivation hitherto suspended.

Poster PS02-68 (P)

3037 - The role of higher order cognitive processes in the relationship between schizotypy and basic symptoms signalling risk for psychosis.

Elodie Toffel¹; Deborah Badoud¹; Larisa Morosan¹; Chantal Michel²; Frauke Schultze-Lutter²; Martin Debbané¹

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The current study aims to investigate the interplay of two risk markers of psychosis, the state variable of basic symptoms (i.e self-experienced subclinical disturbances such as derealization or thought disturbances) and the degree of schizotypal personality traits, with two higher order cognitive processes (HOC), namely mentalization (i.e the capacity to infer the mental states driving self and other's actions) and metacognitive beliefs (i.e beliefs about one's own thought processes). Seventy subjects (32 males, aged 14 to 23 ($M=19.21$, $SD=2.11$)) underwent the Child and Youth version of the Schizophrenia Proneness Interview (SPI-CY), specifically targeting perceptive and cognitive basic symptoms (COPER and COGDIS). They further filled in three self-report scales: the Schizotypal Personality Questionnaire (SPQ), the Reflective Function Questionnaire (RFQ) and the Metacognitive Beliefs Questionnaire (MCQ). Correlations corrected for multiple comparisons and path analyses were conducted for the evaluation of direct and indirect relationships between our variables, using 10000 bootstrap samples.

Our results first yield a positive relationship between SPQ total score and COGDIS high score in frequency ($p<.02$). They further demonstrated a positive correlation between the SPQ total score and mentalization abilities (certainty about mental states, $p<.02$; uncertainty about mental states, $p<.02$) as well as between COGDIS high score and mentalization abilities (certainty $p<.02$; uncertainty $p<.02$). Mediation analyses revealed a significant indirect effect of certainty about mental states ($a=-0.149$, $p=.002$) on the relationship between the level of schizotypal traits and COGDIS higher frequency.

Our results provide a preliminary glance at the relationships between trait, state and HOC in psychosis-proneness. Mentalization appears as a potential mediator of the significant relationship between basic symptoms and schizotypal traits. Thus, the interplay between schizotypal traits and mentalization may be valuable clinical indicators in the risk assessment for psychosis development. Longitudinal samples are required to understand the nature of the developmental interplay leading to the emergence of psychosis.

Poster PS02-69 (P)

3281 - Survey of drawing and art activities in preschool children

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Vilnius University

Introduction. Children draw in all countries cause their inner creativity finds it's ways through the visual cues and motor, cognitive, emotional development. Drawing is an especially important for children who do not yet have the verbal skills to communicate their feelings. Variety of means and possibilities to draw or to become engaged into the art activities are changing through time in the societies.

Objective. To review aspects of drawing in preschool children and investigate their parents attitudes.

Method. Survey has been done using the questionnaire made for this purpose by the first author. Parents of the preschool children were interviewed in public kindergardens in Lithuania. Questionnaire consisted of general questions about the respondent and child and specific questions comprising various aspects about drawing materials, time, type of visual art activities, parents attitudes and their own experiences and engagement in visual arts. Data analysed using Microsoft Excel 2013 and SPSS 21 programmes.

Results. 361 parents have completed the survey questionnaires, 272 (75,3%) mothers and 89 (24,7%) fathers. Respondents parents had answered about their children: 195 (54,5%, mean age $5,1 \pm 1,1$) girls and 163 (45,5%, mean age $5,0 \pm 1,1$) boys, 3 did not specified their child's gender. 339 (93,9%) of children were drawing at home, 144 (83,3%) boys and 192 (98,5%) girls ($p=0,00$). 324 (89,8%) of parents noted that their child likes drawing. Drawing materials: coloured pencils 289(80,1%), liquide paint 173 (47,9%), chalks 137(38,0%), noncoloured pencil 115 (31,9%), felt-tip pens 105 (29,1%). 312 (86,4%) coloured books and 245 (67,9%) were modeling at home, girls more often than boys ($p=0,00$). 259 (71,8%) of parents noted that they liked to draw and 213 (59,0%) model in their own childhood. 79 (21,9%) parents were attending specialised art programme in their childhood. Data about frequency, parent's attitudes, relationship with family structure, parent education, art activities etc. will be given at the presentation.

Conclusions. Most of the preschool children are drawing, modeling and filling colouring books at home, girls significantly more often than boys. Parents who participated in specialised art activities in their own childhood – their children were most often engaged in art activities at home. 95,9% of the parents said that drawing is beneficial for their child's development. Data could be used for longitudinal and cross cultural comparisons.

Poster PS02-70 (P)

3325 - Migration and birth: effects of this double transition on mental health

Marco Savoia; Georgios Gkinis; Marie Mazloun; Nadia Ortiz; Christel Alberque

Objectives:

Here, we present three immigrant patients with post-partum mental health issues in Switzerland. The aim of the discussion is to show that the risk factors for developing a peripartum mental disorder and its expression are complex and likely to be influenced by the patient's background and culture.

We will also address the impact of different factors (such as cultural characteristics, migration backgrounds and trajectories, cultural idioms of stress) on the risk of developing a mental disorder, as well as on its presentation.

Methods:

Three mothers of infants between the age of 2 and 11 months. They are from different nationalities with different migration backgrounds. The three of them have been hospitalized at the Adult Medical-Psychiatric unit (UPHA) in the Department of Consultative and Crisis Intervention Psychiatry (SPLIC) located in the University Hospital of Geneva (HUG).

The patients received a detailed psychiatric evaluation at admission and discharge. During their stay, they received daily psychiatric and psychotherapeutic sessions

Mother-infant interactions were assessed twice a week by pedopsychiatrists. Infants under the age of 4 months were under the care of a midwife. Her role consisted to help the mother taking care of their child.

Results:

The diagnosis and the clinical presentation in mental disorder associated with pregnancy and early postnatal period is not only influenced by the cultural differences and migration background but also by the cultural and scientific background of the care-givers. It is very important to include these differences in the work with the immigrant women in a multidisciplinary approach.

Conclusion:

The increasing presence of immigrants access to mental health services has highlighted new and peculiar expressions of psychic distress related to the specific cultural and ethnic dimensions of each population, probably unknown to the caregivers.

Immigrant pregnant women and their future children are at higher risk to develop mental disorders. The above case reports highlight the need for further socio-cultural research in the field of the assessment of factors associated with immigrants and refugee mental health, given the higher rate of perinatal mental illness in immigrant women and their children. They also highlight the importance of an interdisciplinary psychosocial assessment and the use of culture sensitive material.

Poster PS02-71 (P)

3537 - Minors in transition: From parental care to self-determination - Children's participation in health decisions

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In many countries, minors have the Right to Consent for their own medical treatment if they have the prudence (capacity) to make independent decisions. In many countries, the capacity of minors to consent for a medical treatment is presumed at a specific age (e.g. England at the age of 16, Quebec (Canada) or New South Wales (Australia) at the age of 14).

In other countries, such as Switzerland, the capacity to consent for a medical treatment is not tied to a specific age, but solely based on the assessment of the prudence of the patient, which is defined as the ability to act rationally. Depending on the prudence of the patient, either the minor self or his or her legal guardian(s), in most cases his or her parents, can decide on the treatment.

From a legal point of view, this distinction between self-determination and parental care seems logical, legitimate and necessary. On the other hand, practical experience shows that assessing the capacity to consent of minors is often very complex, even when performed on a case-by-case basis. Even with a good understanding of the psychological background and the knowledge of the minor based on experience, it is often impossible to make a black and white decision with regard to the capacity to consent. Ultimately, a valid answer is even more difficult in the case of a psychiatric disorder. It seems that the degree of participation of a minor cannot be simply based on the assessment of the capacity to consent. It also has to respect and include the goal of the treatment as well as the medicine-ethical basic principle of *primum nihil nocere*. Cooperation with the minor patient as well as cooperation with his or her legal guardians are critical parts for a successful treatment. It is our opinion that in the case of a minor patient with a psychiatric disorder, autonomy and parental care should not be exclusive but rather complementary, for the benefit of the minor patient.

In order to involve minors in the process of decision making with regard to medical treatment, it therefore might be more beneficial for all involved not to solely rely on the legal competence to make a decision, but rather focus on cooperation between all involved parties ensuring the best possible participation of the child.

Different levels of participation for minors and shared decision making with minors to the point of "effective" self-determination may facilitate the transition from parental care to self-determination.

Poster PS02-72 (P)

3249 - Transitions from child and adolescent psychiatry to adult psychiatry: Follow-up study

Tania Duque; Catarina Pereira; Dora Leal; Ines Reis; Joana Marau; Teresa Maia

Introduction: Based on the research in developmental psychopathology there is evidence that psychopathology often continues between children, adolescent and adult years and it may involve continuity or change in the specific diagnosis through development. A longitudinal perspective about the evolution of psychiatric disorders is crucial for the understanding of the developmental process of psychopathology and for improving the quality of therapeutic interventions.

Also, the transition of young people with mental health problems from child and adolescent mental health services to adult mental health services is a process that involves a change from different models of care and needs to take into account the importance of continuity of care.

The child and adolescent mental health Unit (CAMHU) of Fernando Fonseca Hospital is integrated in the Psychiatry Department and there is a close collaboration through regular meetings between child psychiatry and adult psychiatry which offer opportunity to discuss and prepare the process of transition of care.

Objectives: This follow-up study aims to characterize the evolution of patients in the transition from child psychiatry to adult psychiatry in our service, focusing on the diagnosis, therapeutic interventions and compliance to treatment and also to characterize the process of transition itself and evaluate the level of continuity or disruption of care in this process.

Methods: We identified the patients that attended for the first time the CAMHU between 2009 and 2015 that now are 18 or older and were referred to the adult psychiatry service of our hospital. We collect data from the hospital clinical records of these patients and from the national health care database.

Results and Conclusion: We will present the results of this follow-up study, focusing our discussion on the evolution of psychopathology through development and on different aspects that may difficult or are fundamental for a process of continuum of care in the transition between child and adult psychiatry.

Poster PS02-73 (P)

3057 - Semente Project – Working with COPMI families in the context of a Psychiatry Department

Prof. Dr. Teresa Maia¹; Dr. Catarina Pereira¹; Dr. Lurdes Toscano¹; Dr. Monica Loureiro¹; Dr. Joana Marau¹; PhD Randi Talseth²; PhD Clemens Hosman³; PhD Karin van Doesum⁴

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During the last 40 years, studies have proved a strong association between parental psychiatric disorder and increase of psychiatric risk in their children. This transmission is influenced by the way parents interact with their children and by a lower level of parental competencies, with dysfunctional interactions. In several countries in Europe, USA and Australia, prevention programs for children of parents with a mental illness (COPMI) have been developed, being considered of high priority in public mental health policy. Semente Project, developed by Psychiatric Department of Fernando Fonseca Hospital, intends to implement a mental health promotion and prevention program in this vulnerable population, aiming at early identification of psychiatric symptoms in COPMI and intervening in the reduction of psycho-social risk factors which mediate the transgenerational transmission of psychopathology, together with the promotion of protective factors at different levels: in children, in the parents with mental illness and in the family. This population has an easy access to the professionals from our service through their parents, which are our patients. The specific intervention program designed includes psycho-educational interventions within families and group interventions with children and adolescents, with main focus in decreasing family dysfunction and reinforce parental competencies, child support network and children's competencies. Among these programs we highlight Child Talk Program, an intervention that intends to facilitate communication and comprehension about mental illness and its impact on children and families, to improve the quality of parents-child interactions and reinforce the coping skills of children. We'll reflect about the experience working with the whole COPMI family, reinforcing patients and their children skills, increasing protective factors and integrating Child Talk Program as a standard intervention in our Department.

Poster PS02-77 (P)

3482 - Project White List: Guidelines for the Cooperation of Swiss Clinics for Child and Adolescent Psychiatry and public authorities with regard to involuntary hospitalization of minors

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Goals:

To establish a uniform and clear framework for the involuntary hospitalization of minors in Switzerland and common standards of collaboration between Swiss Clinics for Child and Adolescent Psychiatry and the Authorities for the Protection of Children and Adults.

To prevent wrongful hospital referrals with the best interest of the minor in mind and in consideration of non-clinical alternative placements and the preparation of the out-patient follow-up care.

To establish binding frame conditions for the implementation of the legal regulations and the respective medical clarification and treatment.

To establish Best Practice guidelines.

Content of the Project

Collection of questions with regard to the practice of involuntary psychiatric hospitalization of minors in different Child and Adolescent Psychiatric Hospitals in Switzerland. Comparison of the Regulations on Involuntary Hospitalization in Switzerland and the neighboring European countries. Collection of practice examples for the existing Swiss regulations and their evaluation with regard to their compatibility to the concrete medical conditions of a particular clinic and to the patients needs.

Outputs:

There is a legal uncertainty regarding involuntary hospitalization of children and adolescents with psychiatric disorders. The Child and Adult Protection Law, the Swiss Family Law and regulations on the rights of patients contradict each other to some degree. A white list describing criteria of hospital-admission and –discharge for referrals of involuntary hospitalization as well as internal processes within the clinics would be for the benefit of the minor patients concerned and could reduce the legal uncertainty. Last but not least it would provide guidelines for the technical and professional conditions of a clinic to perform medical clarification and treatment of these cases.

Poster PS02-78 (P)

4368 - Autism Spectrum Disorders: A pilot early intervention approach

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Autism Spectrum Disorders (ASD) are characterized by early deficits in social skills, communication and by repetitive behaviors, which appear before the age of three years old. This neurodevelopmental disorder can be diagnosed in the early course of the disease, and specific symptoms can be observed early. The french "3rd autism plan" schedules a triptych "detectiondiagnosis- intervention" which guides our practice. Evidence that young age at the start of the intervention, earlier intervention and intensive programs are positively associated to the degree of improvement in young children's behavior. Moreover, the importance of family involvement is crucial for the prognosis. We developed a specific early intervention unit in the day hospital for young children of the Department of Child and Adolescent Psychiatry of Nice (France), dedicated to young children with ASD or at risk for autism. The aim of this unit is to propose a specific, intensive, brief and early intervention in children, through parental guidance. This program integrates both developmental, behavioral and psychodynamic approaches of ASD, based on clinical practice and recent studies. This pilot unit was developed according to the latest recommendations of the french National Authority for Health (HAS), inspired by international early intervention approaches, and integrated in our french care system. The intervention consists in two sessions of three hours per week, during two months, with a group of three children and their parent, supported by nurses. The aim of the treatment is the emergence and development of competences in the area of imitation and non-verbal communication (pointing, joint attention, etc.) relying on parental expertise. Interactions in parent-child dyad and shared pleasure are encouraged, via specific game supports (sensorial, motor, imitative, cause-effect or learning games). Parents have a core role: this unit supports the emerging of parental skills and adjustment to autism particularities. The multidisciplinary team of the day hospital (specialized educators, psychologist, psychomotrician, social helper and psychiatrist) contributes to this specialized early intervention unit, giving parental guidance, psychoeducation, information, advices and medical support adapted to functional particularities of these children. This innovative program is pioneer in a french day hospital, offering intensive specific and early intervention in parent-child dyad before the age of three. Parental satisfaction, therapeutic alliance and clinical improvement encourage the development of this care.

Poster PS02-79 (P)

2435 - PSYCHOMETRIC PROPERTIES OF THE TURKISH ADAPTATION OF THE CHILDREN'S DEPRESSION RATING SCALE-REVISED IN TURKISH ADOLESCENTS

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PSYCHOMETRIC PROPERTIES OF THE TURKISH ADAPTATION OF THE CHILDREN'S DEPRESSION RATING SCALE-REVISED IN TURKISH ADOLESCENTS

ABSTRACT

Objective: A reliable evaluation instrument is need to diagnose and measure the severity of childhood depression because there are several difficulties in determining its diagnosis. The Children's Depression Rating Scale-Revised (CDRS-R) is an instrument that is evaluated by a physician and it needs bringing up the information from child/adolescent, parents and clinical assessment together. In the clinical population, CDRS-R provides general information about depressive symptomatology and also the severity of depression.

The aim of this study was to translate and adapt the CDRS-R into Turkish and evaluate its psychometric properties in adolescents in the Turkish population. We determined the internal consistency, inter-rater reliability, construct validity, discriminant validity, and criterion validity of the CDRS-R Turkish version.

Findings: Cronbach's alfa (0.876) was found highly reliable. The interclass correlation coefficients ranged between 0.92 to 0.99 for each item, thus the inter-rater reliability was found statistically significant and highly correlated. Factor analysis was performed for construct validity; we identified 16 factors whose eigenvalues were greater than one. Varimax rotation was performed and four factors were evaluated. The CDRS-R's item's common variables were within the range of 0.45 to 0.87. The CDRS-R, CGI-S, and CGAS scores determined by the physician during the interview were compared with the CDRS-R raw score and they were found highly correlated. We found the Beck Depression Scale's sensitivity was 90.9%, and specificity as 87.8%; the positive and negative predictive values were 88% and 90%, respectively. The sensitivity, specificity, and positive and negative predictive values for CDRS-R were significantly high.

Conclusion: We evaluated the CDRS-R's psychometric properties in Turkish adolescents and performed it's Turkish adaptation, and identified the preliminary findings of validity and reliability. We found that Turkish version of the CDRS-R has reliability and validity for use in the diagnosis and rating of severity of major depressive disorders in Turkish children and adolescents.

Poster PS02-80 (P)

3443 - The sensory profile of children with ASD, ADHD and typical development

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Context: The perception of environmental stimuli modulates the behavior of the child. There are many studies exploring the role of the sensory information treatment in the physio-pathology of neurodevelopmental disorders.

Aim: 1. Describe the sensory profile of children diagnosed with ASD, ADHD and typical development. 2. Analyze the differences between the three groups.

Methodology: it is a cross-sectional study, including 50 children with ASD, 50 children with ADHD and 50 children with typical development. The study was conducted throw Marsh 2015 to April 2016, in the out-patient unit of child and adolescent psychiatry of the University hospital of Monastir, Tunisia. The DSM-5 diagnostic criteria were used for the diagnosis of ASD and ADHD as well as the Children Autism Rating Scale for ASD and the Conners for parents and teachers for ADHD. The sensory profile was dressed using the "sensory profile 2 for children".

Results: the mean age was 8 years 3 month for the ADHD group, 6 years and 8 months for the ASD group and 7 years 3 month for the control group. The sex ratio was 3 for the three groups (masculine predominance). In both the ADHD and the ASD group, the sensory profile was altered in at least one domain in 100% of cases. Only 50% of the control group had an altered sensory profile in at least one domain. For the ADHD group, the most altered domains were: movement perception (72%), tactile perception (64%) and visual perception (50%). The auditory and the oral perception were the less altered (40% and 18% respectively). For the ASD group, the most altered domains were: auditory perception (81%), oral (70%) and tactile (65%). The visual and the movement domains were the less altered (45% and 55% respectively). The control group had abnormalities principally in the visual domain (40%) and the movement (47%). For the auditory, oral and tactile domains the percentages of children with abnormalities were between 20% and 16%.

The predominant sensory profile for the ADHD group was "sensory seeking": 90%, for the ASD group was "registration/bystander": 92% and for the control group was "avoidant": 38%.

Conclusion: Anomalies in the treatment of sensory information are frequent in our study population. These anomalies may further aggravate the social maladjustment of these children. Hence the importance of detecting and managing these anomalies in children with ADHD and ASD.

Poster PS02-81 (P)

3447 - The relation between the parents' attachment style and the sensory profile of children with ASD

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Context: how the brain perceives the environment and integrates the sensory information is not only determined by genetic factors but also by the environment and early sensory-motor experiences. The quality of interaction between the child and the caregiver is important for the development of the brain. This interaction is highly modulated by the attachment style of the caregiver.

Aim: The relation between the attachment style of the parents and the sensory perception abnormalities of the children with Autism Spectrum Disorder (ASD).

Methodology: it is a descriptive analytic study, conducted on 51 children with ASD and their parents between January and February 2016, in the outpatient unite of child and adolescent psychiatry in Monastir, Tunisia. The diagnosis of ASD was established using the criteria of DSM-5 and the Childhood Autism Rating Scale. The sensory profile 2 for toddler was used to describe the sensory perception abnormalities and the revised adult attachment scale to describe the parents' attachment style. Chi-square and Pearson tests were used to analyze the hypothesis of the association between the sensory abnormalities and the attachment style.

Results: the mean age of the children was 3 years 8 months and the sex ratio was 4 (mostly boys). In 70% of cases, the parent interviewed was the mother. The oral domain was altered in 66%, the auditory domain in 56% and the general perception domain in 54%. In 31% of cases, the sensory profile of the toddler was "Avoidant", in 14% was "sensor" and in 11% was "bystander".

We founded a significant relation between hyper sensitivity to auditory stimulus and insecure attachment style of the parent, $P=0.03$. Hypo sensitivity to visual stimulus was also significantly related to insecure attachment style of the parent, $P=0.003$. There were no statically relation between any of the remaining abnormalities or specific sensory profile and the attachment style of the parent.

Conclusion: we found a relation between abnormalities in auditory and visual perception of the children with ASD and the attachment style of the parents. The relation between them should be more investigated: did the sensorial abnormalities of the child alter the quality of the attachment of the parents or the altered quality of attachment and the interaction parent-child aggravate the sensorial abnormalities of the ASD child?

Poster PS02-83 (P)

3289 - Efficacy of lithium treatment in 11 year old bipolar disorder with exaggerated sexual activity ; a case report

Dr. Leyla Bozatli; Dr. Hasan Cem Aykutlu; Dr. Isik Gorker

Objectives

Studies in adult individuals with bipolar disorder show that 20-40% of adults report their childhood years as the age of onset of the disease. Bipolar disorder occurring during these times is frequently misdiagnosed, leading to incorrect treatment choices. The reasons for the lower incidence of this diagnosis in children and adolescents include the different clinical appearance, overlapping symptoms with common disorders, and insufficient symptom expression. It has been reported that manic children younger than nine years are preoccupied with irritability and emotional lability while euphoria, elevation, paranoia and grandiosity are common among older children. Hyperactivity, pressure speech and attention disturbance were found to be equally common in both groups.

Method

In this case report we aimed to discuss in detail the progressive treatment of an 11-year-old bipolar disorder with comorbidities whose sexual behaviors were anterior.

Case

An 11-year-old male patient came to our clinic with symptoms of conduct disorder problems, especially forcing friends to play sexual games and forcing them to engage in sexual intercourse. It wasn't known when his complaints and treatment started because of the patient was brought to the social service institution two months ago. Even with the ongoing treatment of methylphenidate, haloperidol, valproic acid and sertraline polypharmacy problems had continued.

The case followed up for 1 year in our clinic with the diagnosis of mild mental retardation, conduct disorder, ADHD, unspecified bipolar and related disorder. Although the medical treatment with valproic acid, haloperidol and methylphenidate regulated most of the symptoms, there was no decrease in inappropriate and exaggerated sexual activity. After the addition of lithium treatment and the increase of the dose to 1200mg/day, there was a marked improvement in the sexual activity.

Conclusion

However various treatment modalities have been proposed for various types and attacks of bipolar disorder, lithium remains a good treatment option. Lithium is superior to other mood stabilizers in terms of side effects and has little interaction with co-administered drugs. Lithium promises to be used as adjunctive therapy in both initial treatment and inadequate clinical response. More research is needed in this regard.

Poster PS03-01 (P)

3002 - ENCORE: experience of cross-disciplinary collaboration for children with rare hereditary neurodevelopmental disorders in the Netherlands

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Objective

During the past five years ENCORE, center of expertise in neurocognitive developmental disorders, Rotterdam, Erasmus MC has developed an effective collaboration of several disciplines, such as pediatricians, neurologists, motor and speech therapists, psychologists, child and adolescent psychiatrists, and neuroscientists. Multidisciplinary care, as well as clinical research, is offered to children with rare hereditary neurodevelopmental disorders. We will present a model of cross-disciplinary collaboration within the context of a children's university hospital.

Methods

Several rare hereditary disorders, such as neurofibromatosis type 1, fragile X syndrome, tuberous sclerosis, and Angelman syndrome, are characterized by increased prevalence rates of autism and attention-deficient/hyperactivity disorders in children. Furthermore, many children with these disorders are intellectually impaired. In ENCORE the care for these children is combined and organized in a multidisciplinary follow-up scheme. Depending on the main characteristics, questions, and concerns, different disciplines are involved. With the permission of patients and/or caregivers, clinical data are used for clinical research. Fundamental and translational research are being performed in order to explore new treatment options.

Results

Over 500 children with rare hereditary neurodevelopmental disorders have visited ENCORE, sometimes from abroad. For some of these rare disorders, the cross-disciplinary collaboration of neuroscientists as well as child and adolescent psychiatrists, next to all kinds of medical disciplines, is internationally unique. Daily care is locally organized with the help of national networks. Four clinical trials with experimental medication/interventions have been finished, with more to come.

Conclusions

Our model of cross-disciplinary collaboration with several medical disciplines and researchers offers an effective way to deliver care to children with rare hereditary neurodevelopmental disorders. The combination of clinical care and research is powerful. The acquired knowledge is not only effective in the assessment and treatment of these children, but possibly helps to understand more of autism spectrum and attention-deficit/hyperactivity disorders.

Poster PS03-02 (P)

3006 - The Association Between Brain Pathology and Autism Severity in Children with Tuberous Sclerosis Complex

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Introduction

Tuberous Sclerosis Complex (TSC) is an autosomal dominant disorder characterized by brain pathology, such as cortical tubers and increased prevalence rates of autism spectrum disorders (ASD). Many children with TSC are intellectually impaired. Within the context of ENCORE, Expertise Center for Hereditary Neuro-Cognitive Developmental Disorders, neuroscientists and medical disciplines, such as pediatrics, neurologists, psychologists, and child and adolescent psychiatrists, join forces in the multidisciplinary care of these children and exploring new treatment options.

Objective

Previous studies have suggested that cortical tubers are an important predictor for an ASD diagnosis in children with TSC. The objective of this study is to explore the association between the severity of ASD symptoms and the number and the location of cortical tubers in children with TSC, and the role the intellectual functioning plays in this relation. To date, no studies have investigated this association, including the role of IQ, has been insufficiently studied.

Methods

In a group of 52 TSC patients (24 boys, 0-17 years old) data regarding intelligence and ASD severity, using the Autism Diagnostic Observation Schedule (ADOS) were available. Tuber count and location were manually recorded, using FLAIR or T2-weighted images from a 1.5T Siemens scanner (MRI). Regression and mediation analyses were performed.

Results

There was a strong relation between the total number of tubers and the overall severity of ASD ($\beta=0.46$, $p<0.001$), specifically the severity of restricted and repetitive behavior ($\beta=0.49$, $p<0.001$) and social affect problems ($\beta=0.37$, $p=0.008$). With adding IQ to the analyses, only the total number of tubers ($\beta=0.29$, $p=0.046$) and the number of tubers in the frontal lobe ($\beta=0.30$, $p=0.042$) significantly related to the severity of restricted and repetitive behavior.

Conclusion

This is the first study to use a continuous ASD severity score, assessing two ASD domains. Children suffering from TSC with more cortical tubers show more severe ASD symptoms. Their IQ is an important explanatory factor in this relation. Irrespective of IQ, children with more frontal tubers show more severe restricted and repetitive behavior. This shows that IQ is an important confounding/explanatory factor in this association. Our study emphasizes the importance of IQ, as well as the relevance of separately researching problems in social communication/interaction and repetitive behavior.

Poster PS03-03 (P)

2724 - The role of oxidative stress in the process of psychopathology in adolescents who are sexually abused

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Objectives

Sexual abuse is one of the most challenging adverse life events that a teenager can encounter. There is an increased oxidative stress process in psychiatric disorders that may result due to a chronic stress exposure. Direct studies examining the relationship between sexual abuse and oxidative stress are limited in the literature. In this study, we aimed to investigate the oxidative stress parameters, psychopathologies and related sociodemographic factors in adolescents exposed to sexual abuse.

Methods

Adolescents between 12 - 17 years of age who has reported sexual abuse, were referred to our University Child Psychiatry Outpatient Clinic as forensic cases were included in the study. A detailed socio-demographic form was used for the evaluation of study participants. Assessment of psychopathology and clinical functioning were carried out with the Turkish version of the Affective Disorders and Schizophrenia Interview for Children- Version of Life and Now (K-SADS), Beck Depression Inventory, Beck Anxiety Scale, Post Traumatic Response Scale, Ways of Coping Inventory, and List of Negative Life Events.

Results

Our sample consisted of 50 cases of sexual abuse (42 girls and 8 boys) and 40 controls (32 girls and 8 boys). The mean ages were $14,88 \pm 2,16$ in the study group and $14,90 \pm 2,18$ in the controls. School continuity in the study group was significantly lower ($p: 0.001$) and were coming from distressed families with relatively much lower income ($p < 0.001$). In cases of sexual abuse, reports of penetration (60%), physical violence (46%) and suicide attempt (34%) were described in the majority of the cases. Prior to abuse, psychiatric referrals were present in 46% of the cases and most frequent current diagnoses were Post Traumatic Stress Disorder (78.2%), depression (78.2%), and specific phobia (60.8%).

The level of oxidative stress assessed by total oxidant level (TOS), total antioxidant level (TAS) and oxidative stress index (OSI) showed a significant higher oxidative stress ($p: 0.005$) and diminished antioxidant process profile ($p: 0.001$) in sexual abuse group. TOS and OSI values were significantly higher in the study group while TAS values were significantly lower than controls.

Conclusion

Negative impact of oxidative stress on quality of life and functionality, as well as the increased risk of acquiring a chronic psychiatric illness would be meaningful in seeking answers to epigenetic hypotheses among the fields of child and adolescent abuse.

Poster PS03-04 (P)

2470 - Validation of the MetaCognition Questionnaire for Adolescents, French version (MCQ-Af) and developmental links to anxiety and positive schizotypy manifestations

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Metacognition has been at the centre of developments in cognitive-behavioural approaches to anxiety disorders and identified to contribute to positive symptoms of psychosis. In this study, we present the validation of the French version of Metacognition Questionnaire for Adolescents (MCQ-Af) (Cartwright-Hatton et al., 2004). The aim of this project is to examine the developmental trajectories of metacognitive beliefs over a 3-year period, and to investigate the potential links to unfolding anxiety manifestations as well as symptoms of positive schizotypy in adolescents.

The sample included 224 adolescents (118 Females), aged between 13 and 17 (mean: 15.42, SD: 1.25), recruited in different schools of French speaking Switzerland. Participants completed the MCQ-Af and the Revised Children's Manifest Anxiety Scale (RCMAS) ; for a subsample of 70, longitudinal data were collected across 3 years, and were also tested with the Youth Self-Report (YSR) and the schizotypy personality questionnaire (SPQ). In addition to the validation of the MCQ-Af, statistical analyses were conducted to examine cross-sectional and longitudinal associations between metacognition, anxiety and schizotypy scores.

Results of the validation show acceptable psychometric qualities. An initial cross-sectional analysis showed an increase of the negative metacognitive beliefs with age. Furthermore, results showed a significant positive association to anxiety and positive schizotypy. A longitudinal analysis strengthens these results and shows links between anxiety manifestations and positive schizotypy symptoms, between the age of 15 and 17, mediated by metacognitive beliefs,

Our results suggest that the MCQ-Af represents a valid instrument to evaluate metacognitive beliefs in French speaking adolescents. Our longitudinal analysis suggests a developmental link between metacognitive beliefs, anxiety manifestation and schizotypy traits in adolescence.

Poster PS03-05 (P)

3311 - Developmental trajectories of sleep problems from childhood to adolescence both predict and are predicted by emotional and behavioral problems

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Although the prevalence rates of sleep disorders at different stages of childhood and adolescence have been well established, little is known about the developmental course of general sleep problems. This also holds true for the bidirectional relationship between sleep problems and emotional as well as behavioral difficulties. This longitudinal study investigated the general pattern and the latent trajectory classes of general sleep problems from a large community sample aged 5 to 14 years. In addition, this study examined the predictive value of emotional/behavioral difficulties (i.e., anxiety/depression, attention problems, and aggressive behavior) on sleep problems latent trajectory classes, and vice-versa. Participants ($N = 1993$) were drawn from a birth cohort of Western Australian children born between 1989 and 1991 who were followed until 14 years of age. Sleep problems were assessed at ages 5, 8, 10, and 14, respectively, whereas anxiety/depression, attention problems, and aggressive behavior were assessed at ages 5 and 17 years. Latent growth curve modeling revealed a decline in an overall pattern of sleep problems during the observed 10-year period. Anxiety/depression was the only baseline factor that predicted the longitudinal course of sleep problems from ages 5 to 14 years, with anxious and depressed participants showing faster decreasing patterns of sleep problems over time than those without anxiety or depression. Growth mixture modeling identified two classes of sleep problem trajectories: Normal Sleepers (89.4%) and Troubled Sleepers (10.6%). Gender was randomly distributed between these groups. Childhood attention problems, aggressive behavior, and the interaction between gender and anxiety/depression were significantly predictive of membership in the group of Troubled Sleepers. Group membership in Troubled Sleepers was associated with higher probability of having attention problems and aggressive behavior in mid-adolescence. Boys and girls with behavioral difficulties, and girls with emotional difficulties were at increased risk of having sleep problems during later childhood and adolescence. Developmental trajectories of sleep problems were also predictive of behavioral difficulties in later life. Findings from this study provide empirical evidence for the heterogeneity of sleep problems and their development, and emphasize the importance of understanding sleep problems and their relationship to children and adolescents' mental health.

Poster PS03-06 (P)

2994 - Anxiety in children with incontinence and their parents

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Objectives:

Parental anxiety is associated with incontinence in children. So far, no studies assessed the association between incontinence in children and anxiety in both, parents and children. Therefore, the aim was to assess anxiety as a general and long-standing (TRAIT) and as a temporary condition (STATE) in children with incontinence and their parents before (T1) and after therapy of the incontinence (T2) 6 months later.

Methods:

Data of 40 (67.5% boys, mean age = 10.1 years) consecutively presented children with incontinence, diagnosed to ICCS standards, and their parents (mean age = 42.1 years) and 47 (44.7% boys, mean age = 10.5 years) matched continent controls are presented. All children received a physical examination and a one-dimensional intelligence test (SPM). Child psychopathology was assessed with the Child Behavior Checklist (CBCL) and a structured psychiatric interview. Anxiety was measured with the State-Trait Anxiety Inventory (STAI) for adults and the children version (STAIC). A follow-up assessment of incontinence, state-trait-anxiety and CBCL was performed after 6 months.

Results:

67.5% of children had nocturnal enuresis (NE), 32.5% had daytime urinary incontinence (DUI) and 28.9% had fecal incontinence (FI). Incontinent children and their parents showed significantly higher mean trait- and state-anxiety scores at both time points than continent controls, with a trend towards reduction of state- and trait-anxiety in children at T2. At T1, there is a correlation between trait- and state-anxiety in incontinent children and their parents. Incontinent children showed more CBCL externalizing and internalizing symptoms as well as total problems in the clinical range (> 90. percentile) at both time points compared to continent controls, with significant reduction of the internalizing symptoms and total problems from T1 to T2. The frequency of NE and FI, but not of DUI, decreased significantly from T1 to T2. There are no correlations between the frequencies of the incontinence or treatment success and mean anxiety scores.

Conclusion:

Anxiety is a major issue in children with incontinence and their parents. The therapy of incontinence reduces anxiety in incontinent children regardless of the therapy success, while it has no effect on parental anxiety. Parental anxiety may adversely affect parent-child interaction and lead to tensions among family members. Assessment of parental anxiety can be necessary to ensure optimal treatment outcomes.

Poster PS03-07 (P)

3157 - Social and Academic Functioning in Adolescents with Anxiety Disorders: a Systematic Review

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OBJECTIVES: Anxiety disorders are highly prevalent during adolescence. Adolescents go through a critical period of transition with increasing demands across different role domains. Although, the literature points out that anxiety symptoms are negatively related to both social and academic functioning, the extent of problems among adolescents with anxiety disorders has not been systematically reviewed before.

METHOD: Electronic databases were searched up to February 2016, with keywords representing anxiety disorders, adolescents and social or academic functioning. The inclusion criteria were studies with a representative sample of adolescents (10-19 years) with anxiety disorders that provided data on their social or academic functioning. 2673 titles were examined, which yielded 13 studies meeting the inclusion criteria.

RESULTS: Studies had an average to good study quality. A lower social competence for adolescents with anxiety disorders relative to their healthy peers was found. They also experience more negativity (i.e. interpersonal problems, victimization) within peer relations and clinical levels of loneliness. Academic performance of adolescents with anxiety disorders is comparable to healthy peers, but they have a higher risk for school refusal and less often enter higher education. Impairment in social and academic functioning may differ across gender, type and number of anxiety disorders.

CONCLUSION: This systematic review indicates that adolescents with anxiety disorders experience problems in both social and academic functioning. Difficulties within these role domains are not limited to social anxiety disorders, but are apparent across all anxiety disorders. These findings suggest that the treatment of anxiety disorders should involve assessment of specific problem areas adolescents face, as well as a step-wise approach to improve functioning across role domains.

Poster PS03-08 (P)

2896 - Developmental follow-up of ASD children attending new pre-school inclusive classrooms in France

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Objectives: Special units have been created in 2014 in French preschool for young children with Autism Spectrum Disorder (ASD), towards adjusting their special needs and improving their chances to benefit from inclusive education in mainstream primary school. Early diagnosed ASD children are first enrolled at age 3 in a small size specialized classroom, using an adapted pedagogy (combining behavioral and educational multidisciplinary treatment) and progressively attend the ordinary classes of the same school. The aim of this pilot study was to evaluate the children's developmental trajectories during the first two years of schooling.

Method: A 2 years follow-up was conducted on 7 children with ASD across 4 time points from age 3 to 5 (baseline and every 6 months). Outcome measures included a) standardized assessments of cognitive and social development (SCEB, Adrien, 2007, Thiébaud et al., 2010.) of clinical behavioral disorders (BSE-R, Barthélémy et al., 1997), of sensorial processing (SEQ, Baranek et al., 2006) and of manual lateralization (Auzias, 1984); b) videotaped observations of children in the classroom in contexts varying on structure and cognitive demands, submitted to systematic structured coding and analysis about quality of communication and interactions with adults and peers.

Results: All children made substantial progress on clinical, sensorimotor, cognitive as well as social communicative measures. Sensorial and behavioral disorders significantly decreased as soon as the end of the first year. Over the 2 years, profiles of cognitive and social development strengthened both in levels achieved and in homogeneity across domains. Communication improved in forms and functions, although children's initiatives remain less frequent than responses, and social exchanges were mostly observed with adults and more scarcely between children. Manual lateralization showed atypical trajectories over time suggesting unusual neurodevelopment.

Conclusions: The implications of these encouraging initial results are discussed to ensure the best educational opportunities and well-being of ASD children within inclusive school settings. The need for concomitant parental support and guidance is also emphasized (see their parallel follow-up within this research program, Bellity et al., Escap 2017).

Key words: Autistic Spectrum Disorder, Early childhood special education, developmental follow-up, cognitive and social functioning.

Poster PS03-09 (P)

2452 - Early childhood special education classes designed for children with Autism Spectrum Disorder (ASD) in ordinary French schools, stress and quality of life of parents

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Objectives: Researches had commonly shown that Autism Spectrum Disorder (ASD) has a major impact on parental stress and on the family's quality of life. Parents must cope not only with difficulties caused by the developmental particularities of their child, but also with the concerns of finding adapted education for him/her. In 2014, new specialized classes for three years old children diagnosed with ASD opened their doors in ordinary French schools. A behavioral and educational multidisciplinary treatment is combined with an adapted pedagogy addressing the needs of children with ASD. The program also includes a weekly support and guidance to the parents. The aim of this study is to assess the quality of life and stress level of these parents during a year and a half.

Materials and methods: 11 parents (5 mothers and 6 fathers) of children aged 3 enrolled in one of those special early education classes were recruited. At the beginning, a socio demographic survey was assessed by each parent. They were also asked to answer self-rating scales three times in an interval of six months since the opening of the class, in order to evaluate possible changes in: 1) parental stress (PSI); 2) perceived stress (ALES); 3) quality of life (EQVPTED). Data were analyzed by non-parametric tests.

Results: The results of this 18 months follow-up indicate that half of the parents presented a clinical high level of stress related to their parental role at the opening of the program. Since then, there is a significant decrease in the parental stress and in their difficulties during their interaction with the child diagnosed with ASD. Similarly, the parents' perception of the negative repercussions of the ASD on their psychological well-being has decreased significantly. Finally, results show no significant difference between parents dealing with only one disabled child or with more disabled children in the family.

Conclusions: In conclusion, in context of early educational and social intervention for their child, parents seem to have a decreasing level of stress and their perception of their child become gradually less negative with time. These encouraging results emphasize the importance of specialized early intervention programs in ordinary environment, combined with guidance and help to parents of young children with ASD, in order for them to have more resources and skills to handle the specific needs of their child.

Poster PS03-11 (P)

2504 - Evaluation of a psycho-educative program designed for French-speaking parents of a child with ASD

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Université Paris Descartes

Objectives: The objective of this research was to assess the effects of the program "Beyond ASD, parental skills within my reach", which was designed to provide support tailored to the specific needs of parents of a child with ASD after their child's diagnosis, taking into account the child's developmental specificities and behavioral manifestations.

Methods: "Beyond ASD..." program is currently being implemented in 6 clinical services in France. Participants filled out several questionnaires before (T0), after (T1) and 6 months after (T2) participating in the program. In this preliminary analysis, we investigated parents' appreciation of the program (Personal Experience Inventory: PEI-Parent), children and parents' characteristics, as well as the effects of the program on parental stress (Appraisal of life events scale, ALES), coping strategies (Ways of Coping Checklist, WCC-R), and quality of life (Specific scale for parents of a child with ASD). This preliminary analysis was carried out on 19 and 25 parents who had, so far, respectively participated in a full (5 group workshops + 5 face-to-face meetings) and a slimmed down version (5 group workshops only) of the program and completed questionnaires at T0 and T1.

Results: All parents were satisfied with the program. For the full version, results showed that after participating in the program, parents perceived their situation less as a threat (ALES: T0=14.8, T1=10.9; $t=3.2$, $ddl=18$, $p=.005$) or a loss (T0=10.7, T1=7.7; $t=2.1$, $ddl=18$, $p=.05$), but more as a challenge (T0=12.1, T1=15.7; $t=-2.7$, $ddl=18$, $p=.02$). In addition, these parents declared using more problem-centered (WCC-R: T0=8.7, T1=12.8; $t=-3.5$, $ddl=18$, $p=.003$) coping strategies. As for quality of life, there was a significant decrease in the repercussions of the disorder on parents' relationship with their child with ASD (T0=10.4, T1=8.2; $t=2.2$, $ddl=18$, $p=.04$) and, to a lesser extent, on their feeling of personal fulfillment (T0=9.8, T1=7.9, $t=1.9$, $ddl=17$, $p=.07$). For the slimmed-down version, results point in the same direction, but are not statistically significant.

Conclusion: These results show that participating in the program was a positive experience for parents and induced a decrease in their stress levels and an improvement of their relationship with their child. They also used more effective coping strategies. Thus, this program provides efficient support to parents of a child with ASD. A control group is currently being recruited.

Poster PS03-12 (P)

2963 - Problematic Eating behaviours and Social Cognition in Preadolescence - An epidemiological study of risk factors in the Copenhagen Child Cohort 2000.

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Background

It has been hypothesized that deficiencies in social cognition might influence the onset or maintenance of eating disorders. Deficits in two subdomains of social cognition are well documented in eating disorder patients: emotion perception and Theory of Mind (ToM). However, the causal direction is unclear, and the association between impaired social cognition and problematic eating prior to the development of any eating disorder has only been sparsely studied.

Aim

The aim of the present study is to investigate possible associations between problematic eating and social cognition in a general population of preadolescents.

Methods & Materials

The study is part of the Copenhagen Child Cohort 2000 (CCC2000) following 6090 children prospectively from birth. The cohort has been assessed in infancy (0-1y), preschool-age (5-7y), and preadolescence (11-12y), including measures of problematic eating and mental difficulties. At 11-12 years 1630 children attended a test of ToM (the Storybook Frederik), while problematic eating was measured using the Eating Pattern Inventory for Children. Mental disorders were assessed using the Development and Well-Being Assessment (DAWBA). Also, register data of hospital diagnosed eating or autism-spectrum disorders from 0-12 years of age are available.

Results

Analyses will be carried out during the winter/spring 2017 including logistic regression adjusting for possible moderators and mediators (gender, onset of puberty, mental disorders, cognitive function, socio-economic status, and body weight). The results will be ready for presentation at the congress. We expect to find cross-sectional associations between problematic eating and poor ToM in preadolescence, especially concerning restrictive eating patterns. Associations are expected to be only partly explained by weight-status, cognitive function, and comorbidity. With a significance level of 5% and power of 80% the study will be able to detect an association between impaired ToM and problematic eating with an OR of 2.

Poster PS03-13 (P)

3389 - Investigation of the relationship between mild atypical pervasive developmental disorder children and adolescents and their mothers' attachment style with olfactory function

Dr. Mahmut Cakır; Dr. Melih Cayonu; Dr. Melih Karakurt; Dr. Mahmut Kara; Dr. Mehmet Celik; Prof. Dr. Koray Karabekiroğlu

Objective

The aim of this study was to evaluate the smell functions of PDD children and adolescents by using Sniffin' Sticks subtests (odor threshold and odor discrimination tests), and also was to evaluate the association between the smell functions of the patients with the attachment patterns and anxiety levels of patients and their mothers.

Methods

This study was conducted between January 2015 and January 2016 in the Amasya Training and Research Hospital. The Childhood Autism Rating Scale (CARS) and the WISC-R test were applied to the patients who were followed in Child Psychiatry outpatient clinic and diagnosed as Atypical Pervasive Developmental Disorder according to DSM-IV diagnostic criteria. Among those patients, 39 patients with mild illness, $IQ \geq 70$, and between 9-16 years of age were constituted the patient group. Also an age and sex matched control group was constituted including healthy participants. The sense of smell function was evaluated by using Sniffin' Sticks test. Also olfactory bulb volumes were measured by using magnetic resonance imaging in all cases. The Adolescent Relationship Scales Questionnaire (A-RSQ) and the Kerns Secure Attachment Scale (KSAS) were used to assess all participants' attachment patterns. Anxiety assessment of all cases was assessed with Child Behavior Checklist (CBCL). The anxiety levels and attachment patterns of the participants' mother were also evaluated. Statistical significance was accepted as $p < 0.05$ for all tests that performed in this study.

Results

This study was conducted on a total of 71 participants with an age range of 9-16. Odor threshold scores, odor discrimination scores and olfactory bulb volumes in the patient group were statistically lower ($p < 0.001$ for each) than healthy controls. There was a low-to-moderate inverse correlation between the CBCL internalizing scores and the odor threshold and discrimination scores. A moderate inverse correlation was found between A-RSQ anxious attachment scores and odor threshold and discrimination scores. Also there was a moderate inverse correlation between smell tests and maternal anxiety and attachment pattern scores.

Conclusion

In our study, moderate inverse correlations with child and maternal attachment scores and odor threshold scores and odor discrimination scores in patients group may show that anxiety-based attachment negates odor function

Poster PS03-14 (P)

2959 - Psychosocial Impacts of Natural Disaster on children with developmental disabilities : Characteristic features of developmental disorders newly diagnosed after the disaster.

Dr. Junko Yagi; Dr. Takehito Yambe; Dr. Yasuhito Yoshioka; Dr. Mare Uchide

Iwate Medical University

Objectives:

Great East Japan Earthquake (GEJE) in 2011 terribly affected the coastal area of Iwate pref. Children with developmental issues had the great difficulty in adjusting to their lives after the Disaster. The purpose of this study is to clarify the psychological impacts of GEJE on children with developmental disabilities, through investigating the characteristics of developmental disorders (DD) newly diagnosed after the GEJE.

Methods:

1) All clinical cases (2011-2012) seen at the Iwate Children's Mental Health Care Center were reviewed. There were 137 diagnosed (191 initial visits). Among them, 6 previously diagnosed as DD and 1 incomplete file were excluded. The remaining 130 cases were statistically analyzed for correlations between DD, background, and disaster experiences.

2) All clinical cases (2013-2015) seen at the Iwate Child Care Center were reviewed. There were 402 diagnosed as DD (701 initial visits), including 93 previously diagnosed as DD. 350 received IQ tests and were statistically analyzed to compare IQ of 286 newly diagnosed with 64 previously diagnosed as DD. Further, the ratio of Post-Traumatic Stress Disorder (PTSD) as the comorbidity of DD was investigated.

Results:

1) We observed 42 (32.3%) cases showing DD after the GEJE. The classification of DD is as follows; 31(73.8%) Autism Spectrum Disorders and 9(21.4%) Attention deficit hyperactivity disorders and others. Significant factors for those diagnosed with DD to compare with 88 non-DD patients (Chi-square test) are Male ($p=0.008$), No loss of relative or friends ($p=0.002$), No Home-damaged ($p=0.016$). The logistic regression model showed that Male were more likely to show DD (OR=3.66, $p=0.008$, 95%CI [1.41-9.52]) and almost 80% of lost relative or friends are less likely to show DD (OR=0.22, $p=0.026$, 95%CI [0.06-0.83]).

2) The ratio of cases with IQ more than 75 were 83.6% in the newly diagnosed group as compared with 70.3% in the previously diagnosed ($p=0.022$). Further, 33% of PTSD cases living in the Disaster area showed DD comorbid, in relation to 12% of PTSD cases living in the inland showing DD.

Conclusion:

The main risk factor of DD newly diagnosed after the Disaster is Male, i.e. the underlying causes are biological. The IQ of DD newly diagnosed showed significantly higher range. Stress related to the exposure to the Disaster does not cause a DD, but may work to reveal otherwise undiagnosed cases. These findings suggests some biological and social influence on development of DD.

Poster PS03-15 (P)

3527 - Pharmacotherapy for sleep disturbance and EEG abnormality in developmental disorders

Prof. Dr. Eiji Nakagawa

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[Introduction] In pharmacotherapy for developmental disorders, not only anti-psychotic drugs, a combination of anti-epileptic drugs have effective for irritability or sleep disturbance. However, evidence of the efficacy of anti-epileptic drugs in developmental disorders associated with abnormal EEG has not been established. The major aim of this work is to clarify the usefulness of anti-epileptic drugs for irritability or sleep disturbance in children with ASD, ADHD or ID.

[Methodology] A total of 303 children (224 males, 70 females, mean age 13.4 (from 3 – 31) years were included in this study. EEG had been recorded every 6 months under sleep conditions. We examined the therapeutic effect of anti-epileptic drug for behavioral, psychiatric problems and sleep disturbance in developmental disorders associated with abnormal EEG. Clinical improvement was evaluated by CGI-I score.

[Results] EEG abnormalities were present in 78.2 %, sleep disturbance was complicated in 33.3% of whole; 41.4% in ASD and 16.4% in ADHD respectively. Epilepsy was present in 48.2%. Almost patients showed EEG abnormalities on frontal areas. The patients treated with the both anti-psychotic drugs (RIS, ARP, MPH, ATX) and anti-epileptic drugs (VPA, CBZ, CZP, LEV, LTG) were more improved sleep disturbance and CGI-I scores. EEG improvement with antiepileptic drug treatment showed a high correlation with behavioral improvements as shown by CGI-I scores.

[Conclusions] Anti-epileptic drug is effective for sleep disturbance in developmental disorders with EEG abnormalities. In cases of EEG abnormalities, anti-epileptic drugs may be an alternative treatment for sleep disturbance in developmental disorders.

Poster PS03-16 (P)

3494 - Challenging behavior in children with autism spectrum disorder - manifestation and development across childhood

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Autism Spectrum Disorders (ASD) is a lifelong neurodevelopmental disorder characterized by impaired social interaction and communication, repetitive behavior and restricted interests. Except these core symptoms, children and adolescents with ASD often present behavioral problems such as increased physical activity, impulsivity, oppositional and disorganized behavior, aggression against others and self - referred to herein as difficult behavior.

Objectives and methods: We present prospective and retrospective data of 87 children with ASD, who met the following criteria: 1 follow-up assessment during 2014/ 2015y. (T2), first diagnosed with ASD before the age of 42 months (T1). For the purpose of the study, based on Child Behavior Checklist (Achenbach) and Overt Aggression Scale, our team developed a list of 30 challenging behaviors grouped as follows: aggressive behavior towards others/ objects, self harming, verbal aggression, intrusive behavior and behavior regulation. We search for correlations between difficult behavior and the level of cognitive and verbal abilities; we trace the possible age transformation of these symptoms.

Results: In school age (T2) the most registered challenging behaviors were behavior regulation problems- 84%, aggressive behavior towards others/ objects- 47% and verbal aggression- 10%. Our data show that at T1 behavior regulation problems- 95%, intrusive behavior- 46% and self harm- 16% are more common. Regardless of age, low intellectual capacity undermines the ability to perform behavior regulation. We found an increase in aggressive behavior from 5% (preschool age and toddlerhood) to 24% in school age children with ASD and normal intellectual capacity and well developed speech. This could be explained by high demands in the school environment, bullying by classmates and inadequate expectations from parents and teachers. We also found strong correlations between behavior regulation abilities and aggressive behavior in school age.

Conclusions: Better behavior regulation abilities can be regarded as a protective factor. Early therapeutic interventions focused on behavior modeling and regulation could prevent/ reduce the appearance of aggressive behavior at school age. We may expect several factors related to parents to be associated with a less degree of challenging behaviors such as understanding and acceptance of the disorder, good emotional coping capacity, capacity to use existent external resources.

Poster PS03-17 (P)

3225 - Longitudinal assessment of children with autism spectrum disorders receiving intensive educational intervention in mainstream school setting

PhD Gaëtan Briet¹; Sandrine Le Sourn-Bissaoui¹; Gaïd Le Maner-Idrissi¹; Margot Peri²; Olivier Le Marec³; Tanguy Seveno⁴

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Objectives: Historically, in France, students with Autism Spectrum Disorders (ASD) have been segregated from their peers and excluded from general school system (Philip, 2012). Actually, even if school inclusion for children with ASD is always a controversial topic (Hammel, 2012), there is an increasing trend to include these children in mainstream school settings (Rousseau & al., 2013). Researches showed that school inclusion is beneficial for these children when specific strategies for facilitating their inclusion are applied (Corneau & al., 2014 ; Ferraioli & Harris, 2011). So, this study take place in this new context in France and examined whether children with ASD receiving intensive educational intervention in mainstream school setting would make significant gains after eight month of treatment.

Methods: Participants were 8 children with ASD (7 male and 1 female) aged 5 to 9 years at intake. They attending an innovative special needs classroom that is located in a general school setting. Teacher collaborates with psychologist and educators to provide intensive educational intervention. Depending on their needs and individual characteristics, children can also be included in regular classes with their typical peers. Outcome measures comprised three developmental assessment: the Psychoeducational Profile-Third Edition (PEP-3 ; Schopler & al., 2005), the Social Cognitive Evaluation Battery (SCEB ; Adrien, 2007) and the french version of the Snijders-Oomen Nonverbal Intelligence Test – Revisited (SON-R 21/2 – 7 ; Tellegen, Laros & Kiat, 2009). All measures were administered at two time point (on entry to the study and again after 8 months). We hypothesized that children with ASD would make significant gains on a range of skills in both the social as well as cognitive domains.

Results: Results could lead to a generalization of this innovative unit on the French territory, especially for children who couldn't be at full-time in general classroom. In this study, the developmental trajectories of children with ASD will also be analyzed at the individual level. In this way, several patterns of cognitive, communicative or social development will be identified and described.

Conclusion: Implications of these findings will be discussed at both theoretical and practical level. Indeed, they will help us not only to better understand the developmental pathways of children with ASD (both pace and timing of change) but also to improve treatment.

Poster PS03-18 (P)

2996 - Promoting eating pleasure for children with autism spectrum disorders in a constantly changing world

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Objectives: The purpose of this communication is to present results arising from three studies on the sensory perception of children with autism spectrum disorders (ASD) and their implications in food acceptance. The primary aim of the first two studies was to examine whether the visual and olfactory perception of children with ASD differs from that of typically developed (TD) children at the sensorimotor (visual or olfactory exploration) and affective levels (hedonic evaluation). The second aim was to investigate a potential link between the children's perception and their attitude towards unfamiliar foods (food neophobia). We thus examined (study 3) the effects of familiarisation with an odour in order to increase its pleasantness and encourage the choice of food giving off this odour.

Methods: For all the studies, we collected psychophysical hedonic responses (verbal for studies 1 and 3 and with a keyboard for study 2). For study 1, we used video-recording during the olfactory session in order to scrutinise the children's exploratory behaviour. For study 2, we used an eye-tracking device to isolate the visual sampling strategies deployed during the viewing of pictures of food. In the last study, we filmed the olfactory sessions and used facial expression analysis to measure the type of facial emotions (positive, negative) that were expressed. We completed the analyses by characterising the familiarisation session using a qualitative approach and analysing the food chosen by the children.

Results: We found a relationship between the children's visual and olfactory appreciation of food and their eating behaviour. The role played by olfaction and sight in the construction of eating behaviour among the children with ASD was enhanced. In particular, when it comes to sight, our data show that the ASD population paid more attention to visually food details. The third study shows that the appreciation of the familiarised odour increased with the familiarisation process. It also indicates that particularly children with more sensory characteristics tended to choose food with the familiarised odour.

Conclusion: The perceptual profile of children with ASD should be taken into account when designing pedagogical methods for constructing their eating behaviour. Such considerations could help them to face a food world which they think is changing more than TD children do.

Poster PS03-19 (P)

3005 - Pharmacological and non-pharmacological treatment options for children with (rare) hereditary developmental disorders

Leontine ten Hoopen; Dr. Pieter de Nijs

Erasmus University Medical Center/ENCORE Expertise Center

Objective

In ENCORE, center of expertise in neurocognitive developmental disorders in Rotterdam, The Netherlands, a cross-disciplinary collaboration of several medical disciplines, such as pediatricians, neurologists, motor and speech therapists, psychologists, child and adolescent psychiatrists, and neuroscientists, is offered to children with rare hereditary neurodevelopmental disorders, such as neurofibromatosis type 1, fragile X syndrome, tuberous sclerosis, and Angelman syndrome,. In a majority of these children (c. 60-90%), learning difficulties and behavioral problems play a prominent role, with increased prevalence rates of autism spectrum disorders and attention-deficit/hyperactivity disorders. Some of these disorders are characterized by anxiety and mood disorders. Sleeping problems are prominent (average rate 40%). In most, but not all children, the intelligence is impaired. How can we enhance the potential of the child and the resilience of the parents and vice versa? International guidelines and scientific literature do not always offer practical tools for treatment purposes. In this lecture we will discuss several treatment options, possible contra-indications and promising experimental treatments, both pharmacological and non-pharmacological.

Methods

Based on actual cases we will discuss both pharmacological and non-pharmacological interventions, such as a support program for adolescents and young adults with a syndrome or chronic condition, and a treatment protocol for children with sleeping disorders. After a short introduction with a critical view on international guidelines and scientific literature, we will return to clinical practice and to how to apply interventions. This lecture also offers an understanding of the practical treatment of children and adolescents with developmental disorders without a syndrome.

Conclusions

There is still a lot to do in developing and optimizing interventions/treatment in children with (rare) hereditary developmental disorders. This lecture is an attempt to offer some guidance and practical recommendations in this area.

Poster PS03-20 (P)

3275 - The potential influence of obstetric complications and parental characteristics on cognition in autism spectrum disorders

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Objectives

Autism Spectrum Disorders (ASD) conform a group of neurodevelopmental disorders with an oligogenetic, multifactorial aetiology [Parellada et al., 2014]. Compelling evidence supports the influence of obstetric and parental psychiatric variables on the risk of ASD [Kolevzon et al., 2007] and as potential predictors of autism severity [Wallace et al., 2008]. We aimed to assess the potential association of parental characteristics, obstetric complications and early clinical presentation with cognitive performance in patients with ASD.

Methods

Eighty-one patients (mean age 15.8 ± 7.7 SD [5-46] years, 93.8% male, 95.1% caucasian) with a DSM-IV-TR diagnosis of ASD was recruited at Hospital General Universitario Gregorio Marañón. Intelligence quotient (IQ) was assessed with the Wechsler Intelligence Scales for Children or Adults, as appropriate. Pearson correlation analyses and multiple linear regression were used to assess the potential association of IQ with the following predictors: parental age at birth, parental psychiatric history of anxiety or depression, birthweight, history of obstetric complications (OCs) evaluated with the Lewis-Murray Obstetric Complications Scale, epilepsy and developmental regression, and age of onset of autism symptoms. Statistical analyses were performed with SPSS 18 and a statistically significance threshold $p < 0.05$.

Results

Mean IQ in the ASD sample was 83.6 ± 24 SD [40-135]. Mean maternal age at birth was 32 ± 4.1 SD [20-42] years mean paternal age at birth was 34.6 ± 5.6 SD [20-49] years. 58.3% of the parents had a positive psychiatric history. Mean birth weight for participants was 3351 ± 480.6 SD [2300-4500] g. 83.7% had a positive history of OCs, 22.9% had a diagnosis of epilepsy and 7.5% had a positive history of developmental regression. In the bivariate analyses, IQ was significantly correlated with birthweight ($r = .248$, $p = .03$), maternal age ($r = -.254$, $p = .029$) and paternal age ($r = -.313$, $p = .007$) at birth. Paternal age at birth was identified as the single predictor of IQ in the multiple regression analyses, controlling for age, sex and ethnicity ($B = -1.323$; $p = .007$; $R^2 = .088$).

Conclusions

Older paternal age at birth appears to be associated with lower IQ in people with ASD. According to recent literature, deeply research in mechanisms through which parental age is related to autism risk and also with differences in cognition in this population is highly required.

Poster PS03-21 (P)

3283 - An exploratory comparison analysis of executive functions between autism spectrum disorders and schizophrenia

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Objectives

Current compelling evidence supports the idea of a possible overlap between Autism spectrum disorders (ASD) and schizophrenia (SZ) as part of a pathophysiological continuum [Rapoport et al. 2009]. There is large and independent evidence regarding neurocognition performance in ASD or SZ; however, comparison studies are scarce and generally limited to global intellectual capacity differences [Bölte et al. 2002]. In this study, we aim to focus on EF differences between ASD and SZ.

Methods

Fifty-four patients (13-34 years) with a diagnosis of ASD (N=35) according to the Autism Diagnostic Observation Schedule (ADOS) and Autism Diagnostic Interview-revised (ADI-R) or DSM-IV-TR diagnosis of SZ (N=19) with an onset between 2-5 years prior to assessment, all with an Intelligence quotient (IQ) >50, were recruited. IQ was assessed with the Wechsler Intelligence Scale for Children or Adults, as appropriate. EF were divided into 5 cognitive domains: attention, working memory, mental flexibility, impulse control and problem solving, and measured using the following tests: Stroop Test, Wisconsin Card Sorting Test (WCST), Trail Making Test (TMT), and subtests Direct, Indirect Digit, and Letter-Number Sequencing Span from Wechsler Scales. T Student and Anova analyses were used to compare ASD and SZ groups. Statistically significance threshold was set at $p < 0.05$ with SPSS 18.

Results

Reference values (T scores) were obtained from a sample of 33 healthy controls (13-28 years). There were no statistically ($p=0.83$) differences between ASD and SZ groups in IQ (ASD mean=88.29, SZ mean=89.73). Concerning EF domains, in our sample both clinical groups did not differ in their performance in mental flexibility ($p=0.573$) and in working memory ($p=0.751$): significant lower scores in WCST subtests ($p=0.018$) and a lower score tendency ($p=0.071$) in working memory, comparing to mean values. However, they did perform differently in attention ($p=0.019$): ASD group performed worse than SZ, and in impulse control ($p=0.042$): ASD group performed higher than SZ, both below mean values. No difficulties were found in problem solving ($p=0.089$) in either group.

Conclusions

Difficulties in EF in both disorders appear to overlap in some domains and perform different in others. Characterize clinical similarities and differences between ASD and SZC allow us to understand deeply the possible overlap among both disorders, in order to develop specific neurocognitive therapies.

Poster PS03-22 (P)

3023 - The meaning of the concept of autism in parenthood and in the clinic. An empirical study.

Dr. Delphine Jacobs¹; PhD Kristien Hens²; Prof. Dr. Jean Steyaert¹; Prof. Dr. Kris Dierickx¹

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Background

ASD still is a complex concept: after more than half a century of research and clinical experience much remains unknown about its essence, causes, neurobiological underpinnings, treatment and prognosis. Moreover, the autism concept is characterized by change and heterogeneity throughout its history (Verhoeff, 2013).

Furthermore, it is unclear whether the research findings on ASD are translated into useful information for the clinic and for the parents (and their children). Few data are available about how parents and children experience an ASD diagnosis and even less is known about the experiences of clinicians of using an ASD diagnosis in their practice. For example, do they conceive of ASD as a medical disease, with a biological origin or do they also count in other factors that may lead to dysfunctioning of a particular child?

Objectives

This study's aim is to investigate how the autism concept is understood and experienced by parents and physicians using an empirical-qualitative approach.

Methods

From the relevant empirical literature, I extracted themes and subthemes, and created semi-structured open-question interview guides for parents and physicians (Hannes & Lockwood, 2012).

Parents of preschool children without an intellectual disability are interviewed at three different moments (prospective longitudinal study design) (Saldaña, 2003): (1) before the diagnostic assessment for the child (after the parents' application), (2) two weeks after the parents received an ASD diagnosis for their child, and (3) 12 months later.

Physicians with experience in preschool children without an intellectual disability but with (a presumption of) ASD are interviewed.

The interview transcripts are analyzed with the grounded theory method (Corbin & Strauss, 2014).

Results

I will explain the rationale and the methodology of this study, and present the results of the analysis of the findings from the parent interviews at moment 1 (the beginning of the diagnostic assessment), and moment 2. Based on the literature review, my hypothesis is that how parents appreciate the concept of ASD will have changed before and after they have received the clinical diagnosis.

Conclusion

This empirical research will lead to an appreciation of the experience in parenthood and in the clinic of the ASD concept as it is customarily communicated nowadays, and to an appreciation of alternative concepts that parents and clinicians use. Recommendations for the clinic are suggested.

Poster PS03-23 (P)

2461 - Autism Spectrum Disorders - Where Are We Now?

Dr. Alecsandra Irimie-Ana; Dr. Mirela-Victoria Militaru; Dr. Iulia Turtoi; PhD Sanda Luminita Mihai

Psychiatry Hospital Titan Dr. C-tin Gorgos

Introduction/Objectives: Edmund Burke, an Irish statesman once said "Those who don't know history are doomed to repeat it". With this in mind, we set ourselves to perform an exhaustive radiography of autism spectrum disorders (ASD) in Romania where we approached various perspectives of the diagnosis and treatment. We had two main objectives, one was to determine whether or not we are reproducing a story that has already taken place in the United States, and the second was to express the current needs and societal particularities of the families confronting autism.

Methods: We conducted an observational study on 102 patients selected through a convenience based sampling process from the existing files in our clinic. Aside from the database we also made a review of the existing Romanian literature written either by parents of children with autism or by various specialists in the field. On the basis of the observed findings we contacted and interviewed multiple professionals and representatives of the parental community. The interviews tackled subjects as: the course to diagnosis, treatment options including alternative solutions, governmental financial assistance, non-governmental institutions/associations providing services, personal beliefs about the subject, essential needs and impact on the family.

Results/Conclusions: Children presenting to our clinic were of age 2 to 18, of which 18.84% attended a form of special education, 17.71% originating from divorced families. The great majority of patients took neurotrophic treatment while only a few benefited from ABA or speech therapy. Services for children after 10 years of age are extremely limited or absent, the monthly financial aid covers only a minor part of the needs. Up until November 2015 when a screening for ASD was introduced, the course of diagnosis was delayed. Anti-vaccination ideas and homeopathic treatment still play a considerable role in parent's decisional process. Support organizations for parents are exceptional, difficult to access.

Poster PS03-24 (P)

2641 - Clinical Significance of Assertive Community Treatment among Adolescents and Predictors of its Efficacy

PhD Gregory Mantzouranis¹; Vanessa Baier²; Dr. Eva Villard²; Prof. Olivier Halfon²; Dr. Laurent Holzer²; PhD Sébastien Urban¹

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Objectives: The efficacy of assertive community treatment (ACT) for children and adolescents is proven in the US, but remains controversial in Europe. Moreover, most studies showing positive outcomes of ACT are limited to statistically significant differences and don't consider whether the treatment is also clinically meaningful for the patient.

Methods: The present study uses linear mixed-effects models and reliable change indices to respectively assess statistical and clinical significance of ACT in 179 adolescents (mean age = 15.76, SD = 1.76) with heterogeneous diagnoses.

Results: Results show that difficulties related to mental health (measured by the Health of the Nation Outcome Scales for Children and Adolescents, HoNOSCA) and overall functioning (measured by the Global Assessment of Functioning scale, GAF) statistically improved (all p s < .001) from admission to discharge and that a considerable proportion of patients (from 14% to 21%) clinically recovered to functional levels. In addition, we observed that predictors – such as dangerousness, insight, and social network state at admission – have differential effects on clinical recovery, depending on the outcome measure.

Conclusion: Our results support the fact that some variants of ACT can have convincing clinical outcomes in European settings.

Poster PS03-25 (P)

3512 - Identifying emerging abnormal personality traits in adolescence using AIDA and MMPI-A

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Adolescence is the period of the transition from childhood to adulthood, period of big physical and mental changes. Over the past decades, alongside with remarkable social changes (globalization, urbanization and migration processes) we witness changes occurring in this process: a longer and more distinct transitional period - earlier puberty, longer schooling, later marriage. While the majority of adolescents manage to be successful at school, to develop reciprocal and satisfying interpersonal and intimate relationships and achieve personal goals, the minority do not. Some adolescents experience problems in relating to others, have difficulties in coping with stressors and life events, have poor anxiety tolerance and impulse control, exhibit contradictory and sometimes self-destructive behavior, demonstrate lack of commitment to values and goals. Better understanding of the nature and underlying mechanisms of personality development and its influence on mental health may present the potential for prevention and more effective treatment of a variety of psychiatric disorders.

Objectives: we present the cases of 4 adolescents (2 boys and 2 girls) aged 15 to 17 years, referred to the day-care unit of the Clinic of child psychiatry St. Nikolas due to school disadaptation, selfharm behavior, substance use, psychogenic non-epileptic seizures, and relational difficulties. Their intellectual abilities are in the normal range; they do not present psychotic symptoms and are not institutionalized. We apply and discuss results of two clinical instruments (MMPI-A and AIDA) used for the assessment of personality traits.

Methods: Clinical interview, AIDA (Assessment of Identity Development in Adolescence, 2012 K. Goth, P. Foelsch, A. Schlüter-Müller, K. Schmeck), MMPI-A (Minnesota Multiphasic Personality Inventory®-Adolescent).

Conclusions: Both instruments (MMPI-A and AIDA) show comparable sensitiveness to abnormal personality traits and structure as well as ability to discriminate between adolescent crisis and real pathology. We discuss the utility of the complementary use of AIDA and MMPI-A in clinical setting.

Poster PS03-26 (P)

2980 - The Predictive Validity of the Strengths and Difficulties Questionnaire at Preschool age to Identify Mental Disorders in Pre-adolescence

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Objectives:

The Strengths and Difficulties Questionnaire (SDQ) is a short and user-friendly tool to screen for mental health problems in children and youth, and is one of the most utilized screening instruments worldwide. The SDQ exists in different versions depending on child age and the type of respondents, including parents, teachers and/or children from the age of 11. The instrument is well validated internationally, however only few studies have studied its predictive validity in longitudinal designs.

The current study aims to investigate the long-term predictive validity of the SDQ in preschool children with regard to later diagnosis in school age. Furthermore, the study will assess the predictive value of ratings by both teachers and parents, compared to parent ratings standing alone.

Methods:

The study is based on the Copenhagen Child Cohort 2000 (CCC2000), consisting of 6090 children born in year 2000 in Copenhagen county, Denmark. A total of 1176 children constitute the study population for the present study. Both parents and teachers completed the SDQ for these children in preschool, at age 5-7 years. Approximately 6 years later, at the age of 11-12, child- and adolescent psychiatrists diagnostically assessed the children according to the ICD-10, based on the Development and Well Being Assessment (DAWBA) answered by parents, children and teachers.

Results:

The results of this ongoing study will be presented at the ESCAP 2017.

Conclusions:

The current study will be the first to study the predictive validity of the SDQ with regard to a broad range of mental health diagnoses, based on a long follow-up period, and it will contribute with valuable knowledge on the potentials of the SDQ to identify preschool aged children at risk of later diagnosis of mental disorders.

Poster PS03-27 (P)

2654 - Temperament and neuropsychological characteristics as the vulnerability markers of bipolar disorder?

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Objectives

Children of parents with bipolar disorder (BD-off) have an increasingly higher risk of developing the illness than offspring of mentally healthy parents (HP-off) with estimated heritability of 59%. Identifying early vulnerability markers in child and adolescent population is essential for effective intervention. Possible candidates markers are deficits in neuropsychological functioning that were observed in adult patients with BD. Temperament traits are another candidate vulnerability markers of future development of BD in the youth.

We conducted this case control exploratory study to enrich the knowledge on the vulnerability markers (cognitive and temperament traits) in population at genetic risk of BD.

Methods

Parents with BD and at least one child were invited to participate in the research. The control group was recruited by advertisements placed in local primary and secondary schools.

We applied The Temperament in Middle Childhood Questionnaire for the assessment of temperament traits in children aged 7 – 10 years, The Early Adolescent Temperament Questionnaire was used in children older than 10 years. Both the BD-off and the HP-off were tested for intellectual abilities, verbal fluency and memory, psychomotor speed, attention, executive functions and social cognition.

Results

44 BD-off and 46 HP-off were enrolled. The BD-off (22 girls; age mean = 12.3 ± 3.4 years; range = 6.7 - 19.4) did not differ in sex and age from the HP-Off. Significant differences in the temperament traits were as follows: BD-off had higher scores on the Shyness scale (Cohen's $d = 0.59$) and lower scores on the Activation Control ($d = 0.57$), Affiliation ($d = 0.34$), Activity Level ($d = 0.47$) and High Intensity Pleasure scales ($d = 0.43$) than HP-off.

We did not observe any significant difference in neuropsychological tests. Standardized between group differences among tests ranged from 0.02 to 0.33.

Conclusion

Specific temperament traits could be the markers of vulnerability in the population at genetic and environmental risk for bipolar disorder. Children at risk of bipolar disorder did not have deficit in neuropsychological functioning.

This study was funded by the Ministry of Health of the Czech Republic, grant nr. 17-32478A.

Poster PS03-28 (P)

3263 - COGNITIVE IMPAIRMENTS IN CHILDREN AND ADOLESCENT WITH PERINATAL HIV INFECTION IN POLAND

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OBJECTIVES: The aims of the study were: (1) to evaluate the prevalence of cognitive impairments; (2) to determine the relationships between the occurrence of cognitive impairments and their clinical and sociodemographic correlates.

METHODS: 56 children with perinatal HIV infection at the age of 6-18 years were qualified to the experimental group (PHIV+). Two groups, matched for age and sex, were recruited as reference groups: (1) group PHEU included 24 healthy children perinatally HIV-exposed but uninfected; (2) group HIV-nA consisted of 43 healthy children of uninfected parents. CANTAB Research Suit was used to assess cognitive functions. The five CANTAB tests were used: Motor Screening Task (MOT), Reaction Time (RTI), Stocking of Cambridge (SOC), Intra/Extra Dimensional Shift (IED), Spatial Working Memory (SWM).

RESULTS: Cognitive impairments were observed in all tests in PHIV+ group. In comparison with HIV-nA group PHIV+ group scored worse in movement execution tests (Mean simple/five-choice movement time $p=0,007/p=0,004$), in attention switch, cognitive flexibility, feedback (Pre-ED errors $p=0,044$) and working memory (Between errors $p=0,009$). In comparison with PHEU group PHIV+ group performed significantly worse in longer planning time during test execution (Mean initial thinking time 4 moves/5 moves $p=0,032/p=0,009$). The analysis of results for the group of 12-18 years of age revealed the deterioration of cognitive functions in all tests in PHIV+ children in comparison with HIV-nA group. Children with PHIV+ who started treatment before 3 months of age had worse results in the use of feedback, switching attention and cognitive flexibility. Children with PHIV+ who started treatment after 12 months of age had better results in planning, the use of feedback and cognitive flexibility. Higher logarithm of viral load at the start of the ARV treatment was associated in slower processing, worse planning, use of feedback and cognitive flexibility.

CONCLUSIONS: The cognitive functioning of adolescent PHIV+ (aged 12-18 years) is worse compared to HIV-nA group, with progressing deterioration of executive functioning associated with longer duration of HIV neuroinfection and treatment. More serious course of HIV infection and its severity before treatment is associated with the severity of deficits of executive functions.

Poster PS03-29 (P)

3506 - Multi-Informant assessment of behavioral problems in early adolescence: results from a study of children from clinical and non-clinical samples

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Child behavioral problems are a common concern of parents, teachers and professionals. Particular symptoms vary by the age of the child and include oppositional behavior, conduct problems, aggression, anti-social behavior and etc. Many researches indicate that behavioral problems in early adolescence tend to continue into middle and late adolescence and may predict a higher later risk of compromised outcomes. The social costs include school dropout, unemployment, family breakdown and substance abuse. There is an increasing professional and public interest to investigate the possibility that early intervention or preventive efforts could reduce the severity or even prevent mental disorders in later life. Identifying children who are at risk to develop a behavioral disorder can help to intervene before negative behaviors become entrenched. For accurate assessment of behavioral problems child mental health professionals use to rely on data from multiple informants- parents, teachers, adolescents and there are many factors (such as the attitude to the assessment or professionals, competence, ability to judge and etc.) that affect the quality of report and contribute to unique perspective held by each informant. As expected the level of agreement between different informants varies. Multi-informant model of assessment is defined and widely accepted as the most comprehensive.

Objectives and methods: The present study explores the capacity of multi-informant assessment to identify the behavioral problems in 10-13 years old children from clinical (n=122) and non-clinical (n=330) sample. Adolescents, parents and teachers from both groups were asked to complete the Strength and Difficulties Questionnaire (Goodman, 1997), ADHD Rating Scale-IV (DuPaul et al., 1998) and Adolescent Subjective Well-being and Relationships Scale (Kalchev, 2011). Clinical sample includes patients of the day-care department of the Clinic of child psychiatry St. Nikolas. We present the levels of agreement across child behavior informants.

Discussion and conclusions: Findings are discussed in terms of the importance of multiple informant method application with use of different rating scales during the process of behaviour problem identification. We find that multi-informant ratings have high predictive accuracy in diagnostic process and they show to be very useful for detecting ADHD and emotional and conduct disorders.

Poster PS03-30 (P)

3146 - Analysis of adolescent patients referred to psychological evaluations for Autism spectrum disorder

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In Slovenia for the last decade there is a good increase in recognizing and treatment of Autism spectrum disorder (ASD), mostly in children. But we have to acknowledge that there are still many adolescents and adults who were not recognized and probably treated under different diagnosis or not treated at all. Under these conditions the comorbidity increases, which complicates late diagnosis of ASD. And correct diagnosis is essential for the proper treatment.

At University Psychiatric Clinic Ljubljana, at the department for Adolescent Psychiatry we analyzed how many adolescents, at first admission, from 2014 to 2016, were referred for specialized psychological evaluation for ASD. ADOS and other psychological test were used. We looked at data of 21 patients who were psychologically evaluated and come to some interesting conclusions. 30% of them were suspected in their childhood for having ASD or even receive diagnosis but during hospitalization this diagnosis was dismissed. All of these patients were initially diagnosed as Personality disorders or Emotional disorders specific to childhood. This data suggest that of course there are some common (or overlapping) symptoms in ASD and Personality disorders (PD). It suggests that symptoms of PD are also developmental and pervasive, something that was traditionally reserved for diagnosis under F 80-89. To analyze which symptoms overlapped and differed under the same category (affect, conduct, socialization, cognition), the Latent Class Analysis was applied.

14% of referred patients were recognized as having ASD and interestingly were all admitted to clinic under diagnosis of psychosis spectrum (F20-29). All of the patients who came to specialized psychological evaluation for ASD which was not confirmed were referred because of the developmental idiosyncrasies, that were recognized by their parents. But the few in whom the diagnosis was confirmed the referral was made due to problems with socialization that were observed by professionals during hospitalization. Although the sample was modest, some considerations about overlapping developmental symptoms were made, which are important to recognize and differentiate for the right diagnosis. Within the next years we plan to use genetic analysis that may offer some more responses to dilemmas we encountered.

Poster PS03-31 (P)

3439 - EMOTIONAL DYSREGULATION AND ITS RELATIONSHIP WITH SUICIDAL IDEATION OR SELF-DESTRUCTIVE BEHAVIORS IN ADOLESCENTS

Dr. Jose Alexander Vargas Castro

Centre Hospitalier Jean Martin Charcot

Background: Emotional dysregulation is present in mental disorders suffered by children and adolescents. Such dysregulation can be observed in externalizing disorders and internalizing disorders mainly in context of family dysfunction. Emotional dysregulation can also be seen in the normal process of neurodevelopment during the adolescence. Lately, the evidence in child & adolescence mental health highlights similarities between a possible softer Emotional Dysregulation spectrum and sub-threshold forms of self-destructive behaviors in adolescents in the context of family dysfunction.

Objectives: To evaluate the possible relationship between emotional dysregulation as a trigger of suicidal ideas or suicidal conducts in adolescents. To assess suicidal ideation and/or self-destructive behaviors in adolescent. Its association with emotional dysregulation and the family climate, in a population diagnosed of an externalizing or internalizing disorder in outpatient treatment, compared to a control school population.

Methods: This analytical, transversal, case-control study investigates a group of patients between 12 and 18 years old, who have been diagnosed with externalizing or internalizing mental disorders and receive outpatient treatment ($n = 20$), against school adolescents, undiagnosed mental illness ($n=20$). This research look for evaluate the emotional dysregulation (measured with the Difficulties in Emotion Regulation Scale-DERS) and Family environment (measured through the Mc.Master Family Assessment Device-FAD) and its repercussion about suicidal ideation and/or self-destructive behaviors (measured by Columbia Suicide Severity Rating Scale C-SSRS) in a population of adolescents with externalizing or internalizing mental disorders versus adolescent population without diagnosis of mental disorders .

Results & Conclusions: Emotional dysregulation, both interpersonal and cognitive, as well as, emotional dysregulation into the family nucleus and intrinsic, are factors of worse prognosis in the possible suicidal behavior. The suicidal ideation is presented in a common pattern both externalizing and internalizing nosological groups. It is striking that sub-syndromic emotional dysregulation in school-age adolescents becomes a precursor of this suicidal ideation and therefore of suicidal behavior. Furthermore, this dysregulation being more frequently and with more psychopathological commitment. Finally, is recommended to include more cases in this study.

Poster PS03-32 (P)

3122 - Differences between suicidal ideation and rates of exposure to live events, among other clinical variables, in bipolar adolescents vs. community control samples.

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BACKGROUND: Previous studies in adult populations have highlighted high rates of mortality and morbidity in bipolar disorders. The level of impairment in the early stages of the illness is less documented.

OBJECTIVE: To analyze suicidal and para-suicidal ideation and behaviors, previous exposure to live events, levels of functionality and sub-syndromal symptoms between euthymic adolescent bipolar cases and community youths.

METHOD: Cross-sectional case-control study, with 47 euthymic bipolar adolescents (ages 12-18y/o) and their parents, matched by sex and age with 44 healthy families. Cases and controls were tested with a battery of hetero and self-reported tests, as well as face-to-face interviews. All analyses were performed with conditional logistic regression analysis, using backward-stepwise selection.

RESULTS: Having a diagnosis of bipolar disorder was associated with an increased risk for suicidal ideation and self-injuries behaviors, but not for suicidal behavior in our sample. Both the number and the intensity of previous exposure to live events were more associated with being bipolar. Lower academic performance and lower levels of functionality were also more related with bipolar disorders. Interesting, both bipolar and community volunteers reported subsyndromal symptoms of depression, mania, psychotic symptoms and inattention problems, although bipolar cases in a higher degree.

CONCLUSIONS: Bipolar disorder in youth was related with an increased risk for suicidal ideation and self-injuries. Even during euthymic inter-episodes, subsyndromal symptoms were persistent, as well as difficulties for daily life.

Poster PS03-33 (P)

2735 - The feasibility and effectiveness of the web based cognitive behavioral therapy for adolescents with depression

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Background

Online interventions are feasible and efficacious in the prevention and treatment of a wide variety of mental health disorders. The cognitive behavioral therapy (CBT) for adolescents with depression is an effective treatment modality but adolescents are reluctant to visit the hospital for treatment several understandable reasons. This study examined the feasibility and effectiveness of the web-based CBT for adolescents diagnosed with depression.

Methods

We developed the web based CBT for adolescents with depression which consists of 8 sessions and includes several therapeutic contents of CBT for adolescent depression. Individual sessions take about 40 minutes and the therapists assisted the subjects to participate in the program by online and offline manner (e.g.: email, text, call or OPD visit) 29 Adolescents, aged 12 to 18 years, were recruited for the feasibility and effectiveness study through the 3 university hospitals and a middle school. They were diagnosed with major depressive disorder or dysthymia or depressive disorder NOS according to the DSM-IV-TR. They were administered with the Center for Epidemiologic Studies Depression Scale (CES-D) at baseline and each session. Clinician examined them with Columbia Suicide Severity Rating Scale at baseline, 4 week, and 8 week of the study.

Results

1) Participation rate

24 adolescents participated at least 1 session after written agreement. At 4 week of the study, 9 adolescents participated and just 2 adolescents completed the final 8 sessions.

2) Outcome of the program

9 adolescent at 4 weeks : the scores on CES-D declined from 36.3 to 27.2 ($p=0.08$).

2 adolescents who completed study at 8 weeks.: The scores on CES-D declined from 33 at baseline to 15 at 8 weeks.

3) Satisfaction rates about the program (reports from 7 adolescents)

General satisfaction rates ; 3.4 out of 5

Contents satisfaction rates : 4.1 out of 5

Effectiveness rates : 3.6 out of 5

Points to improve : long program time, heavy contents, need to help with close supervision

Conclusion

Although many adolescents reported the strengths of the web based CBT program, most adolescents did not complete the whole CBT session because of low level of motivation and difficulty of sustainability of attention span.

There is a need to simplify the intervention program for easy completion and more active support and assist systems should be combined with the web CBT program.

Poster PS03-34 (P)

2485 - Graph Analysis of EEG Functional Connectivity and Response Time Variability

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University of Melbourne

Individuals with Attention Deficit Hyperactivity Disorder (ADHD) show greater Response Time Variability (RTV) when they perform cognitive tasks. Greater RTV may be linked to an inefficient shift from the resting to the active state of the brain. It has been suggested that both functional and structural connectivity of the brain are disrupted during resting and task states in individuals with ADHD. A specific connectivity pattern of the brain may be associated with a disrupted shift from one brain state to another, and this pattern may be associated with greater RTV in ADHD. One way to characterise the connectivity pattern is to apply graph analysis. This study aimed to investigate the relationship between functional connectivity of the brain, RTV, and levels of ADHD symptoms. Twenty-eight children (9-12 years) and 49 adolescents (15-18 years) performed a task called the Detection of Disappearance Task (DDT) to measure alertness while EEG was recorded. In the DDT, participants were asked to detect which digit disappeared from a display of four digits. This task requires maintenance of alertness for fast and accurate performance. The Conners 3 Questionnaire was used to measure each participant's levels of ADHD symptoms. Functional connectivity between 64 electrodes was computed by the Phase Lag Index to form a weighted network of the brain. Graph analysis was then used to characterise the pattern of functional connectivity. Global efficiency is a measure of functional integration, and modularity is a measure of functional segregation. Greater RTV was associated with higher levels of ADHD symptoms. The graph analysis of EEG functional connectivity showed that higher integrated brain network connectivity was associated with reduced RTV. Compared with the adolescent group, children showed greater RTV, more segregated and less integrated brain networks. These findings suggest that higher integrated brain connectivity may help to produce stable responses. A better integrated brain may process and combine information more efficiently and allow for smoother shifts between different brain states. Individuals with high levels of ADHD symptoms showed less integrated brain networks and more variable responses during the task, suggesting an association between increased RTV and reduced integration of brain activity during the task.

Poster PS03-35 (P)

3295 - State Hostel for Adolescents in Psychosocial Crisis, in Greece

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AHEPA University Hospital of Thessaloniki

Objectives: To examine the principal function parameters of a recently established state hostel for adolescents in crisis, in Greece. This psychiatric structure is located down town Thessaloniki, far from the head hospital complex and it is part of a larger adolescent unit which includes out-patient consultation and day care clinic.

Methods: Personal and family data of 24 adolescents were examined covering a 7 years period from September 2009 to September 2016. Sex, age, ethnic and cultural characteristics, causes and manner of admission were recorded. Residence time and follow-up also recorded with a target to build a strong candidate profile for a possible admission to our Hostel as well as to improve our providing services.

Results: 18 girls and 6 boys were hosted for periods ranging from 1 day to 6 years. Mixed ethnic and cultural characteristics were noticed. Main causes of admission were neglect, abuse and parent's loss. Principle manner of admission was District Attorney's order and less often the voluntary request of the family.

Conclusion: 5 out 24 adolescents, all females, were runaways, even though the three of them were at the threshold of adulthood. The rest 19 kids progressively left the Hostel, when prerequisite personal, social, financial and academic targets were ensured. By time requests from the state and the families were increasing and both Hostel's personnel as well as Hostel's facilities cannot sufficiently support such an urgent need. This situation becomes even harder to deal with, when economic crisis in Greece lasts for 7 consecutive years amid refugee crisis.

Poster PS03-36 (P)

3350 - The association between neighbourhood disorder and alcohol use among youth with a history of conduct problems: the moderating role of sex

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1 Université de Sherbrooke

Objectives: Heavy alcohol use has serious physical and psychological consequences during adolescence. The goal of the current study was to better understand how neighbourhood factors were associated with alcohol use among adolescents with a childhood history of conduct problems. In particular, gender was explored as a moderator, because of previous research suggesting that gender conditions how youth interact with their environment. **Methods:** Participants were 312 francophone youth (43% girls) from in and around major population centers in Quebec, Canada. When participants were between the ages of 7 and 9, they were identified as having conduct problems following a multi-gated screening procedure using parent and teacher assessments. They were subsequently followed annually for the next seven years. In the seventh year of the study, they completed measures of problematic alcohol use, along with measures of their perceived neighborhood disorder (or the extent to which physical and social markers in their neighborhoods indicated a loss of social control). Their neighbourhoods were also independently evaluated by trained external observers, and census variables were used to compile levels of socioeconomic advantage and disadvantage. **Results:** Initial findings suggested no significant differences in either levels of alcohol consumption or in neighbourhood characteristics between boys and girls. Linear regressions were subsequently conducted, which explored the association between neighbourhood factors, gender and alcohol use, controlling for maternal education, age, and family SES. These regressions indicated that youth perceived neighbourhood disorder, but no other aspects of neighbourhood context, was significantly associated with higher levels of alcohol use among youth with conduct problems. Interactions revealed that this association differed significantly by gender, such that girls' but not boys' perceptions of their neighbourhood context were associated with higher rates of alcohol use. **Conclusion:** These findings suggest that youth perceptions of their neighbourhoods, more so than how external observers assess neighbourhood context, was associated with higher levels of alcohol use. More importantly, context mattered for girls but not boys, despite the fact that the levels of these variables failed to differ across gender. Girls may be more likely to be influenced by their contexts with regards to their drinking behaviours.

Poster PS03-37 (P)

3235 - PSYCHOEDUCATION BIOPSYCHOSOCIAL PROGRAM FOR PARENTS AS AN ASSISTANT IN THE MANAGEMENT OF EMOTIONAL DYSFUNCTIONAL DYSREGULATION (EDD)

Dr. Jose Alexander Vargas Castro

Centre Hospitalier Jean Martin Charcot

Background:

The Emotional Dysfunctional Dysregulation (EDD) can be presented in mental disorders suffer by children and adolescents. An accurate interdisciplinary assessment and the study of possible comorbidities will ensure a good prognosis of treatment. Furthermore, an important part of the EDD treatment is the psychoeducation to parents/tutors (p/t) from a biopsychosocial point of view. They may clearly understand what happens with their sons and daughters and acknowledge themselves as fundamental part in the treatment process.

Objectives: To demonstrate how the psychoeducation biopsychosocial program for parents(p/t), could be a form of complementary treatment in the EDD of child & adolescents with mental disorders. To reflect about the importance of interdisciplinary psychoeducation to parents and their active involvement in the treatment of the patients.

Methods: This observational study investigates a group of parents of patients between 12 and 18 years old. All patients have had the EDD as a key symptom during the diagnosis and follow up (n = 20). The patients were diagnosed with Anxiety or Depression disorders, Language Disorders, Speech Sound Disorder, Attention-Deficit/Hyperactivity Disorder, Disruptive Mood Dysregulation Disorder, Trauma and stressor-Related Disorder, Disruptive, Impulse-Control, and Conduct Disorders, based on the parameters of DSM-5. Many of the adolescents have been receiving outpatient treatment. The parents participated in the 15 plan activities and in some sessions, the parents had to play a role as a teenager (Appendix.1). The sessions have been related to different process of emotional control and measured through of Mc.Master Family Assessment Device-FAD.

Results: The totality of the patients that their parents have received the psychoeducation biopsychosocial program, demonstrated a better empathy and response to interdisciplinary treatment. As well as, the parents and adolescents have shown a better family environment and decrease the EDD (measured through the Mc.Master Family Assessment Device-FAD).

Conclusions: The psychoeducation biopsychosocial program for parents/tutors, as part of clinical management of adolescents patients with the EDD, is a complementary treatment to be considered in their global intervention. The involvement of parents in the treatment of adolescents with the EDD, with a psychoeducational knowledge about the disorder, could be a facilitator for the improvement in the family climate.

Poster PS03-38 (P)

2686 - The Impact of Neurocognitive Functioning on Functional Outcome in Schizophrenia. The 22q11.2 Deletion Syndrome as a Genetic Model.

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1 UMC Utrecht; 2 University of Toronto; 3 University of Amsterdam

Objective

Cognitive symptoms have an important impact on functional outcome in schizophrenia. The specific domains of neurocognitive functioning most associated with functional outcome in schizophrenia remain undetermined, however. Identification of these domains may be hindered by the etiological heterogeneity of schizophrenia; studying patients who share the same etiology could thus be advantageous. Individuals with 22q11.2 deletion syndrome (22q11DS) have a 25-30% risk of developing schizophrenia. We propose using this etiologically more homogeneous population to investigate the association between neurocognitive functioning and functional outcome in schizophrenia.

Methods

A test battery of 18 neurocognitive tests was administered to 99 individuals with 22q11DS. DSM-IV diagnoses of schizophrenia and related psychotic disorders were made, based on structured diagnostic interviews. In 84 of the individuals, the Vineland Adaptive Behaviour Scales (VABS) was used as a measure of adaptive functioning. We conducted a principal component analysis to extract underlying factors representing domains of neurocognitive functioning, then applied multiple regression to examine the effect of these domains on adaptive functioning, over and above the impact of schizophrenia.

Results

Of the total sample (n=99), 43 were diagnosed with a psychotic disorder (3 with schizoaffective disorder, 40 with schizophrenia). Preliminary principal component analysis revealed 4 factors (with Eigenvalues >1 that together explained 63.2% of the variance) underlying the 18 neurocognitive tests. Based on the test content, we dubbed these domains: "executive performance", "visual memory", "motor functioning", and "verbal memory". Preliminary multiple regression analysis revealed a significant association between the neurocognitive domain executive performance and adaptive functioning, even when accounting for FSIQ as assessed with a Wechsler scale and the presence of a psychotic disorder ($\beta=.273$, $p = 0.05$).

Conclusion

These findings indicate that over and above the effect of FSIQ and the presence of a psychotic disorder, the neurocognitive domain "executive performance" was significantly associated with adaptive functioning. Associations between the domains of neurocognitive functioning and the subdomains of the VABS (communication, daily living skills, and socialization) will also be discussed. The results have implications for potential remediation to optimize functioning in schizophrenia.

Poster PS03-39 (P)

2636 - Acute onset "bizarre" behaviour in a 10 year old girl

Dr. Claire Kehoe; Sarah McMahon; Rachel McKenna; Dr. Antoinette D'Alton; Dr. Elizabeth Barrett; Dr. Aoife Twohig; Prof. Dr. Fiona McNicholas

10 year old girl admitted to a paediatric hospital for medical workup following acute presentation of bizarre behaviours of one month duration. Behaviours included writing lines on her face with crayons, putting ketchup in her hair, writing words on her body, excessive writing of short sentences/words on paper, irritability and aggressive behaviour, deteriorating self-care, stuffing clothing under her clothes to appear fat and wearing several layers of men's underwear, smearing faeces, overeating and deteriorating sleep. The themes of her notes included wanting to be fat, posh girls, sexualised references to private body parts and excrement, and wanting help. There was also a strong emotional fixation with a male character from a children's TV programme. Her teacher became worried about an inappropriate note she circulated. On assessment, she appeared very unkempt, lice infested hair; mood was irritable. She became distressed at the idea she was unwell. No psychotic symptoms were observed. She denied any problems and explained she was "messing", "eccentric" and her parents were "paranoid". She lives with parents and 14 year old brother whom she has a good relationship with. Her parents work long hours which impacts negatively on the home routine. She attends music lessons, however no sports and has a few friends outside school. Her parents describe ongoing issues in school with an episode of bullying preceding onset of symptoms. There was no disclosure of physical or sexual abuse. No abnormal trauma marks were observed on her body. She has no previous psychiatric or medical history. There is a family history of Autism and depression. Her parents have a mostly relaxed parenting approach and contributing factors included her brother's own unruly behaviour. During her admission, all her medical tests were negative including brain CT and EEG; routine blood tests and autoimmune profile. She continued to wear several layers of underwear and write on her arms. She continued to deny any issue with her mood or her behaviours, however spoke more regarding her feelings. She was discharged home as ongoing hospital admission was felt to be counter therapeutic and her parents felt confident they could manage at home. She was reviewed in outpatient appointments and continued to be distressed, irritable with limited engagement when discussing her parents' concerns regarding her behaviour. A differential diagnosis, case formulation and management plan will be discussed.

Poster PS03-40 (P)

2366 - Evaluation of Knowledge and Attitude of Parents of ADHD Children towards ADHD in Clinical Samples

Prof. Dr. Nasrin Dodangi; Prof. Dr. Nastaran Habibi; Prof. Dr. Roshanak Vameghi

Objective: This study surveys the parent's knowledge and attitude about attention deficit/hyperactivity disorder (ADHD), its symptoms, diagnosis, treatment and prognosis.

Method: In this cross-sectional descriptive study, the subjects were 150 parents of ADHD children who referred to a child psychiatry clinic. They completed a 40 items questionnaire that assesses their knowledge and attitude about ADHD.

Results: The most common source of parent's information about ADHD was TV. The parent's knowledge about the symptoms of the disorder was relatively good. But in manner of diagnosis, treatment and prognosis of the disorder; they have very low knowledge and even incorrect beliefs. The parent's knowledge significantly correlated with their educational level ($p=0.01$).

Conclusion: In general, knowledge of the parents was low and it can lead to misdiagnosis or mismanagement of this common and important disorder.

Key words: Parents, ADHD, Knowledge and Attitude

Poster PS03-41 (P)

2498 - Assessment of social skills components related to emotional intelligence in primary school children with attention deficit hyperactivity disorder

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Background

Attention Deficit Hyperactivity Disorder (ADHD) is the most common neurodevelopmental disorder in school- aged children. Children with ADHD show deficiencies in social skills, perceived social support and positive coping styles. Additionally, students who have low emotional intelligence were reported by their teachers as having more attention and behavioral problems. This study aims to evaluate emotional intelligence and components of social skills in a group of children between 7-13 years who referred to child psychiatry outpatient clinic with treatment-naive ADHD.

Methods

Clinical psychiatric diagnoses were established by using the Kiddie Schedule for Affective Disorders and Schizophrenia Present and Lifetime Version. Conner's Teacher and Parent Rating Scales were used for ADHD evaluation. Social skills and perceived social support were assessed by Social Skills Rating Scale and Perceived Social Support Rating Scale. Coping styles were evaluated by COPE and KIDCOPE. Executive functions were measured by BRIEF and Bar-On Emotional Intelligence Quotient Inventory Youth Version was utilized.

Results

The ADHD group consisted 65 children (mean age: 10.34 ± 1.86 ; 48 male (M), 17 female (F)) and there were 61 healthy controls (mean age: 10.16 ± 1.69 ; 21 M, 40 F). 70.83 % of ADHD group was combined subtype. The ADHD severity was determined as moderate according to Clinical Global Impairment Scale and the diagnosis age was 8.6 ± 2.11 . Social skills ($p<0.05$), perceived social support ($p<0.05$), executive functions ($p<0.01$), positive coping styles ($p<0.05$) and particularly emotional intelligence domains ($p<0.001$) in children with ADHD were significantly lower than the control group. Moreover, perceived social support, positive coping styles and not having an ADHD diagnosis were the predictive factors of the level of emotional intelligence in children using the regression analyses.

Conclusion

The identification of possible social skill deficits pertinent to emotional intelligence in ADHD subgroups might enhance the possibility of early intervention that could lead to better academic achievement and fulfillment in social domains. Social skill interventions are found to improve functional outcomes associated with ADHD, including compliance, academic performance, and family functioning. Clinicians play an important role in educating families about psychosocial interventions in multimodal treatment plans for youth with ADHD across development.

Poster PS03-42 (P)

3547 - New ASD screening questionnaire for youngsters, women and men with Asperger's syndrom

Dr. Séverine Cesalli

Pédopsychiatre Martigny

This chart summarizes neurodevelopmental aspects of these diagnosis and highlights similarities between them.

Poster PS03-43 (P)

2584 - Theory of Mind Abilities to Attention Deficit and Hyperactivity Disorder

Dr. Yasir Kırtıl; pınar vural¹

1 University of Uludağ

The purpose of this study is to investigate the children and adolescents diagnosed with Attention Deficit and Hyperactivity Disorder (ADHD), whether they have disorder in theory of mind abilities compared with the healthy control group and search the variables of theory of mind deficits' relationship with the type of ADHD, the presence of comorbid conditions developing from ADHD ground, duration of breastfeeding used in ADHD.

For the study as patient group we took 40 children aged 10-16 diagnosed with ADHD according to DSM-V in Uludağ University Child and Adolescent Psychiatry Policlinic, as control group we took 40 children admitted to our policlinic but receiving any psychiatric diagnosis. While sociodemographic characteristics of the patients were being evaluated with a detailed form; neuropsychological tests were implemented to investigate the intelligence development and theory of mind skills. To evaluate psychopathologies Affective Disorders and Schizophrenia Schedule for School Age Children Present and Lifetime Version (Turkish) version (ÇDŞG-CB), Depression Scale for Children (CDI) and Childhood Anxiety Screening Scale (CASS) were implemented. For the intelligence level of the patients Wechsler Intelligence Scale for Children-Revised Form (WISC-R), Ima test to assess theory of mind skills, Reading the Mind From Eyes Test and the false belief test of the Sally-Anne test, Bonibon test, Chocolate Test, Ice Cream Truck Test were performed .

Consequently, it is found that there is the theory of mind deficits in ADHD and age of onset of ADHD symptoms of theory of mind deficits, the type of disease, the presence of comorbid conditions developing from ADHD ground have also been found not to be affected with the amount of time of breastfeeding. It has been found that regardless of other characteristics, theory of mind deficits in ADHD is the most important factor that separates normal children from individuals.

Poster PS03-44 (P)

3480 - Changes in the profile of children with attention-deficit/hyperactivity disorder in the university hospital of Monastir (Tunisia)

Dr. hend maatouk; Dr. Asma Guedria; mouna attia; ons souied; rahma ben moussa; Naoufel Gaddour; Lotfi Gaha

INTRODUCTION:

Attention deficit/hyperactivity disorder (ADHD) is the most common behavioral childhood disorder and it has a global prevalence about 3.4 to 7.1 %. In fact, it is considered as a problem of public health because of its frequency and impact.

OBJECTIVE:

The aim of our study is to assess the clinical and sociodemographic evolution in children with ADHD, attending the child and adolescent psychiatric unit of the university hospital of Monastir in Tunisia.

METHOD:

It is a retrospective descriptive study based on medical records of outpatients diagnosed with ADHD and followed between January 2011 and December 2015 in the child and adolescent psychiatry unit of the university hospital of Monastir in Tunisia. The diagnosis of ADHD was based on DSM IV criteria and the teachers and Parents Connors rating scales.

RESULTS:

Our population includes 157 outpatients aged between 4 and 16 years (with a mean age of 9.1 years). Mean age at the initial consultation has significantly decreased from 11.71 years in 2011, to 8.53 years in 2013 and 8 years in 2015. The proportion of ADHD outpatients increased from 3.13% in 2011 to 6.69% in 2015. Mixed-type of ADHD was the more prevalent but we found that inattention prevalent-type was more attributed in recent years. The prevalence of ADHD was significantly higher in boys than in girls (sex ratio= 0.14). However, we noticed more girls with ADHD in 2015 (19.1% of cases) than in 2011 (4.47% of cases). The main reasons for attending the unit were behavioral disorders and study difficulties. Almost all of the outpatients received behavior therapy but only 33.11% were treated with medication. The prescription of Methylphenidate has significantly increased (from 5.73% in 2011, 7% in 2013 and 8.28% in 2015).

CONCLUSION:

ADHD is a common condition among children and youth in Tunisia. The percentage of new diagnosis of ADHD continues to increase. Prescribing medication is also increasing. To determine the causes of this augmentation, further researches are required.

Poster PS03-45 (P)

3260 - Gender, prosocial behavior and psychiatric symptoms in Finnish children aged 5-12

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Objectives: To evaluate how prosocial behavior, age, gender, and clinical status (referred to psychiatric evaluation vs population control) correlate to psychiatric symptoms of children aged 5 to 12.

Methods: The sample consists of 866 5-12-year-old child psychiatric outpatients at Helsinki University Hospital and age- and gender-matched controls from normal population. Prosocial behavior and psychiatric symptoms were measured by Strengths and Difficulties Questionnaire filled in by a parent. Information on the patients' diagnoses and general functioning was obtained from medical records. ANOVA, Pearson's χ^2 test, and linear regression were used in the statistical analyses.

Results: Abnormal prosocial behavior was three times more common in the clinical than in the population sample (21.4 vs 6.6 %). Correlates to low level of prosocial behavior in both groups included gender and all SDQ subscales, but prosocial behavior seems to be stable between ages 5 to 12. Abnormal prosocial behavior correlated to more hyperactivity, conduct and peer problems for both genders. However, when adjusting for prosocial behavior and clinical status, gender was correlated only to hyperactivity. More prosocial behavior meant less psychiatric symptoms for all other situations, but among clinically referred girls, also high prosocial behavior correlated to emotional problems. Patients with abnormal prosocial skills had more diagnoses and worse general functioning than other patients.

Conclusion: Low level of prosocial behavior is more common in referred children than in the general population. Low level of prosocial behavior correlates to more psychiatric symptoms of all kinds for both clinically referred children and population controls. In referred children a more complicated symptom profile and lower level of general functioning associates with low prosocial behavior. While girls in general have less conduct problems and more emotional problems than boys, these differences disappear when adjusted for prosocial behavior. For hyperactivity, gender has an effect independent of prosocial behavior, and there is a group of clinically referred girls with high prosocial behavior and clinically significant emotional problems. One possible explanation for these observations is that cultural and biological factors result in more prosocial expectations for girls, who then present with less conduct problems, but more anxiety.

Poster PS03-46 (P)

2647 - MENTAL HEALTH ISSUES AMONG YOUNG ADULT IMPRISONED MALES, RELATED TO SYMPTOMS OF ATTENTION DEFICIT HYPERACTIVITY DISORDER

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1 LSMU; 2 Lithuanian University of Health Sciences; 3 Lietuvos kalinių globos draugija

Introduction: Attention-deficit hyperactivity disorder (ADHD) is a mental disorder associated with a number of psychiatric conditions, mostly antisocial personality disorder, substance use and criminality. Because this disorder is often misunderstood, many people who have it do not receive appropriate treatment and, as a result, may never reach their full potential. WHO World Mental Health Survey Initiative, researchers screened more than 11,000 people aged 18 to 44 years in ten countries in the Americas, Europe and the Middle East. On this basis they estimated the adult ADHD proportion of the population to av. 3.5 % with a range of 1.2 to 7.3 %.

Methods: The study was performed in the Pravieniškės Correction House-Open Prison Colony (PCH-OPC). Standardised questionnaires (Adult ADHD Self-Report Scale (ASRS-v1.1); Wender Utah Rating Scale; DSM-5 Self-Rated Level 1 Cross-Cutting Symptom Measure-Adult; The Personality Inventory for DSM-5-Brief Form (PID-5-BF)) were given to 100 prisoners in order to evaluate prevalence and manifestation of ADHD. Data from documented medical files and Delinquency/encouragement list was also analysed.

Results: Prevalence of ADHD symptoms among prisoners in the PCH-OPC was 17 % (17), while evaluating with Utah 12 % (12) and ASRS-v1.1 11 % (11), 6 % (6) in both scales. Prisoners in ADHD group (with ADHD sympt.) were younger (24 ± 2) than in non-ADHD group ($30 \pm 4,5$) ($p < 0,05$). In ADHD group personality dysfunction (negative affect, antagonism, disinhibition and psychoticism) were more intensive than in non-ADHD group ($p < 0,05$). Delinquency list was greater in ADHD group ($p < 0,05$). Medical files' analysis showed that in ADHD group psychiatric disorders (sleeping disorder (F51.0) and Phobic anxiety disorder, unspecified (F40.9)) were more frequent than in non-ADHD group ($p < 0,05$), on the other hand, ADHD wasn't diagnosed in anyone of them. Prisoners with ADHD symptoms were more likely to have prescribed drugs than non-ADHD group (especially antipsychotics, no stimulants were prescribed) ($p < 0,05$). Evaluating with DSM-5 Cross-Cutting Scale, substance use was more frequent among prisoners within ADHD group, however, not enough to reach statistical significance.

Conclusion: Almost one fifth of questionnaird prisoners had ADHD symptoms, but ADHD wasn't diagnosed and properly treated. Prisoners in ADHD group were younger and had more intensive personality dysfunction. Sleeping, anxiety disorders and delinquency were more common in ADHD group.

Poster PS03-47 (P)

3428 - ASSOCIATION BETWEEN TRAUMATIC BRAIN INJURY AND ATTENTION DEFICIT AND HYPERACTIVITY DISORDER

Dr. Sarra Bouslah; Dr. hend maatouk; Dr. Asma Guedria; Dr. Rym Bourourou; Prof. Dr. Naoufel Gaddour; Prof. Dr. Lotfi Gaha

INTRODUCTION:

Traumatic brain injury (TBI) is a condition characterized by a change in brain function that is caused by a hit or blow to the head by an external force. It is a frequent condition among children. It may be manifested by neurological and cognitive symptoms that are shared with the attention deficit and hyperactivity disorder (ADHD), such as impairment in memory and attention, deficits in executive skills, and impulsiveness. Can ADHD be considered as a potential risk factor for TBI? Can ADHD be a consequence of TBI and be considered as secondary-ADHD (S-ADHD) ? Does a premorbid ADHD is associated with a worse prognosis when following a TBI ?

OBJECTIVE:

The aim of our study is to describe the association between traumatic brain injury (TBI) and attention deficit and hyperactivity disorder (ADHD) among children.

METHOD:

We retrospectively consulted the medical records of outpatients examined and diagnosed with ADHD between January 2007 and December 2015 at the child and adolescent psychiatric unit of the university hospital of Monastir in Tunisia. We chose those who had TBI in their medical history and drew up the chronology of each clinical situation.

RESULTS:

Our population includes 230 outpatients diagnosed with ADHD. We identified 10 boys diagnosed with ADHD, aged from 5 to 13 years (M= 8.8 years), that had had a TBI in their medical history. The average age of the TBI was at 4.7 years. The mechanism of TBI was in 60% of the cases a road traffic accident and in 40% a domestic one. Five children needed a stay in intensive care for about 20 days. The request for a child psychiatry consultation came after an average of 3.6 years from the accident. The main reasons for this consultation were behavioral disorders and attention difficulties. When exploring cognitive and behavior functions of our patients 30% seemed having hyperactivity and impulsivity history that was worsened by the TBI. Several difficulties have been noticed when treating some patients. In fact, 60% was treated with Methylphenidate and in 20% of cases Valproate sodium was needed for anti-impulsive purpose.

CONCLUSION:

Results of the current study support our hypotheses. Indeed, ADHD and TBI have been shown to share a bidirectional relationship so that ADHD has been identified both as a potential risk factor and a consequence of TBI. Future longitudinal research is needed to define neural mechanisms and neurocognitive specificities of S-ADHD profile.

Poster PS03-48 (P)

3049 - Are ADHD symptoms in preschool age associated with disordered eating and overweight in preadolescence? An epidemiological study of risk factors in the Copenhagen Child Cohort 2000.

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Background

Cross sectional associations between ADHD and disordered eating (especially binge eating) and obesity have been found in adults. Longitudinal data concerning childhood ADHD and later overweight are scarce, but studies suggest that ADHD may be a risk factor for physical inactivity, binge eating disorder, and obesity in adolescence. However, prospective population studies of children and adolescents, which could lead to a better understanding of the psychopathological pathways are sparse.

Aim

The present study aims to investigate associations between ADHD symptoms in preschool age and later eating and weight patterns in pre-adolescence in a general population sample; and explore mediating effects of early eating patterns, gender, socioeconomic status, and mental comorbidity.

Methods & Materials

The study is part of the Copenhagen Child Cohort 2000 (CCC2000) following more than 6000 children prospectively from birth. The cohort has been assessed in infancy (0-1y), preschool-age (5-7y), and preadolescence (11-12y), including measures of problematic eating and mental difficulties.

At 5-7 years, parents completed a modified version of the Childhood Eating Behaviour Questionnaire, the Children's Eating Behavior Inventory, and questions about picky eating from the Stanford Feeding Questionnaire. At 11-12 years, the children completed the Eating Pattern Inventory for children. At both ages, broad psychopathological symptoms were assessed using the Development and Well-Being Assessment (DAWBA) incl. the Strength and Difficulties Questionnaire (SDQ). Also, register data of hospital diagnoses before age 12 years are available. Weight and height were objectively measured at 11-12 years and BMI is classified using the International Obesity Task Force (IOTF) cut-off points for overweight and obesity.

Results

Analyses will be carried out during the spring 2017 including logistic regression adjusting for possible moderators and mediators (incl. gender, onset of ADHD symptoms, mental comorbidity, socio-economic factors, and earlier problematic eating). Results will be ready for presentation at the congress. We expect to find longitudinal associations between early ADHD symptoms and later problematic eating behaviours (especially external and emotional eating) and overweight. With a significance level of 5% and power of 80% the study will be able to detect associations between early ADHD symptoms and later overweight and disordered eating with OR around 1.5-2.

Poster PS03-49 (P)

3355 - The Wnt pathway hypothesis: New transitions of neuronal culture models investigating Methylphenidate mechanism

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The psychostimulant Methylphenidate (MPH) is the most commonly prescribed drug treatment in attention-deficit hyperactivity disorder (ADHD). Several studies could demonstrate brain development and maturation delay in ADHD, while MPH treatment showed no cortical thinning as in non-treated ADHD 1. Previously, we demonstrated, in a pilot study looking into neuronal maturation effects in murine neural stem cells, that MPH (dose 0-100nM in the range of 1mg/kg MPH known to result in 20-40nM MPH in patients serum 2,3) enhanced cell differentiation/maturation while inhibited cell proliferation (known as risk of cancer 4), which we could further confirm and expand looking at doses up to 100µM. Testing this effect further, using two additional cell culture models: rat PC12 cells and the human SH-SY5Y cells, both dopaminergic cell lines, we could repeatedly confirm abortion of cell proliferation by MPH treatment (BrdU and the real-time impedance cell monitoring-xCELLigence). Furthermore, in both cell lines neuronal differentiation/maturation could be observed following MPH treatment (neurite-outgrowth kit). Following, we hypothesized the possible involvement of the Wnt signaling in MPH treatment. To prove this, SH-SY5Y cells were treated with either R-spo1 (Wnt activator), GBR-12909 (selective dopamine transporter inhibitor), or 30 minutes before MPH treatment with DKK1 (LRP inhibitor- inhibiting Wnt signaling). Proliferation was inhibited by R-spo1 but not GBR-12909 or DKK1+MPH. Differentiation was significantly enhanced by R-spo1 as MPH, while GBR-12909 and DKK1+MPH even caused a reduction in differentiation. These new results may open a new venue to MPH mechanism of action and explain long term MPH effects via Wnt signaling alterations.

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Poster PS03-50 (P)

2856 - Digital and interactive technologies in in-patient psychiatric treatment of adolescents – three years of experience with a technology-based therapeutic and pedagogic intervention (SOMOSA MediaLabR)

Dr. Oliver Bilke-Hentsch

Modellstation SOMOSA

Introduction

Since 2000 the impact of digital and interactive technologies (DIT) on personal and professional life has increased exponentially. Today, the vast majority of the population in industrialized countries uses DIT on a daily basis as their main source of information and as a crucial platform for social exchange. In the near future, body-attached devices will constantly provide the user with data of the world around and within him. Innovative DIT seems to offer endless possibilities. However DIT also influences the manifestation and course of mental illnesses - especially in media-interested children and adolescents with ADHD and comorbid conditions.

Their specific usage of the web 2.0, of interactive games and of social media often reflects the underlying disorder and has to be understood and treated in this context.

Methods

A working group consisting of neuropsychologists, clinical psychologists, pedagogic experts, a professional game –tester and adolescent psychiatrists developed the SOMOSA MediaLabR concept. It includes a real life office simulation setting, in depth neuropsychological testing, a set of adequate "serious games" specifically tailored for the individual patient, virtual reality techniques, creative software programs, a high end music recording and producing facility and the possibility to optimise and critically reflect the social media behaviour of the patients preparing personalized websites and social media appearances.

Results

The first phase of the implementation of the SOMOSA MediaLabR program in 2014 within the clinical context integrated patients with ADHD or dissocial developments. The modular concept and the individualised set of methods of DIT meanwhile provides a well accepted and personalized approach. The adolescents were in very close cooperation with the professional team to ameliorate the concept.

Discussion

As adolescents with severe ADHD and comorbid mental disorders show specific problems in age- and content adequate usage of electronic media of all kinds, we advocate an intensified integration of DIT in inpatient therapeutic institutions for children and adolescents. The SOMOSA MediaLabR system seem to be a first step in integrating DIT in multisystemic therapy in this age group.

Poster PS03-51 (P)

3109 - Randomized controlled trial of Mindfulness-Based Intervention (MBI) versus treatment-as-usual (TAU) for depression and anxiety disorders in adolescents – Study Protocol

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Objectives

Investigate the effect of MBI plus TAU when compared to TAU alone in adolescent patients followed in a Portuguese Child and Adolescent Mental Health Service (CAMHS) (15-17 years) for depression and / or an anxiety disorder.

Our hypothesis is that the patients in the MBI associated to TAU group will present lower levels of depression and anxiety and higher levels of mindfulness skills when compared to those who did TAU alone.

Methods

Adolescents followed in Centro Hospitalar do Porto CAMS outpatients clinic for depression and / or an anxiety disorder will be randomly assigned to one of two groups: MBI + TAU or TAU. An informed consent will be obtained from the participants and their legal representative. Patients with psychosis, bipolar disorder, substance abuse, medical diseases that can explain the depressive or anxious symptoms, physical disability, mental retardation and a previous structured psychotherapeutic intervention will be excluded. A minimal sample of 66 individuals is expected.

To assess outcomes the Portuguese versions of the Child and Adolescent Mindfulness Measure (CAMM), Children Depression Inventory (CDI) and Revised Children's Manifest Anxiety Scale will be used. These measurements will be collected at baseline, after 8 weeks and after 6 months.

Appropriate statistical measures will be used to analyse these data.

Results

We expect that patients in the MBI + TAU group, when compared to those in the TAU group, present lower levels of anxiety and depression and higher levels of mindfulness skills.

Conclusion

To our knowledge this is the first-time Mindfulness is being used in a Portuguese National Health System CAMHS. The goal of this study is to determine if adding MBI to the TAU of adolescents with depression and / or anxiety disorders followed in a Portuguese CAMHS will improve their outcome.

Poster PS03-52 (P)

2920 - Meleis' Transitions Theory: an added value for the everyday clinical practice

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1 SUPEA-DP-CHUV; 2 DP CHUV

Objectives: To discuss the added value of the introduction of Meleis' Transitions Theory in child psychiatry

Methods: The Meleis' Nursing Transitions Theory has recently been tested in a multidisciplinary ACT team for adolescents suffering from psychiatric disorders and who were difficult to engage with care or who dropped out from traditional outpatient psychiatric services. Discussion of its added value is illustrated by a clinical case.

Results: An exploratory study has shown that a time-limited ACT focusing on hard-to-engage adolescents suffering from psychiatric disorders was effective to improve their mental health and functioning, but further investigations were needed to identify the key effective components of the intervention. The Meleis' Transitions Theory does not only offer the professionals a structured framework allowing a better assessment of "at risk" situations, because of problematic transitions, but it also helps them identifying facilitators as well as inhibitors of the transition conditions related to each specific case. Moreover, one actual challenge for professionals is to avoid discontinuity of care or drop out of hard-to-engage patients. Previous research on adults suffering from severe psychiatric disorders has shown that professionals predominantly focused on continuity of care, whereas patients' and their relatives' were more concerned by the continuity of their history of life.

As it covers not only organizational transitions, but also developmental, situational and health and illness transitions, the Meleis' Transitions Theory provides a more global comprehension of complex situations. It promotes the development of care focused on the most significant transitions for the patients and their families.

Conclusion: Adolescents experience multiple transitions related to their identity and well being. The Meleis' Transitions Theory proves to be a useful tool for stakeholders in their every day practice. It provides a structured framework for complex situations. It is therefore particularly interesting in child psychiatry.

Poster PS03-53 (P)

3290 - eCAP: Video Conferencing for Child Psychiatric Consultations, Supervision and Support for Treatment in Peripheral Areas

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Objectives

Early detection and timely interventions are prerequisites for effective treatment of child psychiatric problems, which calls for multi-professional collaboration and interaction between primary and secondary healthcare. Northern peripheral areas face challenges like low population density and long distances, which hamper efficient provision of child psychiatric services. New ways to exploit the scarce resources are needed.

The "eHealth Services for Child and Adolescent Psychiatry (eCAP), 2015-2018" project seeks to improve child psychiatric services in remote, sparsely populated areas by developing internet based tools.

Methods

The Department of Child Psychiatry at the Kuopio University Hospital (Finland) will adopt an online booking system, allowing the primary healthcare professionals to easily book a video conference (VC) with specialists in child psychiatry. In tandem, online forms gathering background information about the child's situation will be forwarded to the parents, teacher and the child.

The VCs will serve for consultation, supervision or follow-up of care. The browser-based solution can be used on any computer, laptop, table or smartphone with internet access and audio-visual accessories.

After the 18-month pilot phase the intervention will be evaluated based on log data and user experiences gathered in surveys and interviews.

Results

As a result, the quality, availability and cost-effectiveness of child psychiatric services in the region will improve: flexible consultation, outpatient services and care based on best practices will be available more timely and equally than before. Increased co-operation supports preventive work, early identification and treatment of psychiatric problems, and optimizes resource use. Developmental environments (school, daycare) can be better involved in the treatment process, and decreased travel needs allow more time for family activities supporting recovery.

Conclusion

Providing sufficient, timely child psychiatric services is a global challenge, to which internet based interventions offer one solution. The experiences from the eCAP project in Finland can be useful also to other fields, regions and countries. Alongside with technology the human factors are crucial: integrating new services and operational models smoothly into daily practice requires acceptance and competences among the professionals, making education and training to all involved parties vital for introducing a sustainable change.

Poster PS03-54 (P)

3059 - Robin: A Smartphone Application approach to support treatment of (attenuated) psychotic symptoms in adolescents

Nina Traber-Walker; Dr. Miriam Gerstenberg; Prof. Dr. Susanne Walitza; Dr. Maurizia Frascini

University Hospital Zurich

Background:

The use of mobile technologies has increased in mental health services. Primarily, mobile technologies were utilized to collect research data. Recently, research projects have examined feasibility and validity of mobile technologies supporting therapy. First research results using mobile technologies in the treatment of psychotic disorders are promising, however little is known about apps enhancing treatment approaches for attenuated psychotic symptoms. Despite current analysis showed, that especially young people would be interested in mobile technologies, there is a lack of investigations in this population. To address these gaps, we developed "Robin", a specific smartphone application to support the therapy of adolescents with attenuated or full-blown psychotic symptoms.

We will provide first data about feasibility, usability and acceptance of a specific application developed for adolescents with psychotic and with attenuated psychotic symptoms.

Methods:

Based on existing literature, our experience in research within the field of early recognition and clinical expertise within a specialized outpatient care for adolescents with (attenuated) psychotic symptoms, a first modular version of the app was developed. The smartphone application targets medication adherence, real-time symptom assessment and provides help coping with symptoms and stressful situations in daily life. A pilot investigation of child and adolescent therapists (N=10) and patients with at-risk symptoms or a diagnosis of a schizophrenia spectrum disorder (N=7) was conducted. Participants completed a questionnaire regarding usability and acceptance of the app. We also investigated how the patients used the app in their daily life by analyzing the user data from the app.

Results:

The data from our pilot-project showed, that "Robin" was accepted by clinicians and patients. All clinicians (N=10) said they would like to use the app "Robin" to enrich their therapeutic approaches. All patients (N=7, Age 14-18) in the pilot project used the app in their daily life. Especially modules with information about symptoms and coping strategies were frequently used.

Conclusions:

First positive feedbacks from the pilot project were used to optimize and adapt the app. We are now planning a systematic clinical interventions study for testing the efficiency of our app. The aim is to start with the intervention study in the beginning of 2017.

Poster PS03-55 (P)

2977 - Peasy - Development of an App for the assessment and treatment of incontinence in children

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Objectives:

The use of smartphone applications (Apps) is wide spread and so-called "mobile health Apps" become more and more important. Smartphones are an attractive modality for children to playfully learn about and manage their own incontinence. An App to assess diagnostically relevant data and to start a treatment in children with incontinence was developed to increase compliance and self-management.

Methods:

The app contains diagnostic tools which are used in the clinical setting, e.g. parental information about the different subtypes of incontinence and a 48-h-bladder diary. For treating children with incontinence, charts to report wet and dry nights, urge symptoms, as well as for timed voiding and for fluid intake (including an alarm) and a reward system are provided. The App is divided into two sections, one for children and one for parents, which can be used by both on the same device. If desired, the data can easily be sent to the therapist by e-mail, once a day or once a week.

Results:

An evaluation of the App in a controlled-randomized design including a paper-related patient report in the control group for both, diagnostic and therapy of incontinence is in the planning process. The structure and the data security of the App as well as the planned study design will be presented.

Conclusion:

Mobile Health Apps enable patients to take responsibility for their own health. Peasy is a useful tool to gain information, motivate children, facilitate patient-provider-communication and improve therapy for incontinence in children. It allows analyzing large quantities of pseudonymized usage data and is so useful tool in research, as well. The structure, design and the data security of the App might be an excellent model for the support treatment of other psychiatric diseases like depression or anxiety.

Poster PS03-56 (P)

2560 - Transitioning towards official clinical guidelines for the diagnostics and treatment of severe behavioural problems in children across Europe: current state and future directions.

PhD Alexandra-Raluca Gatej¹; PhD Audri Lamers¹; Prof. Dr. Robert Vermeiren¹; PhD Lieke van Domburgh²

1 Curium-LUMC; 2 VU University Medical Centre

Objectives: Over the last decade, clinical practice guidelines for diagnosing and treating severe behavioural problems (SBPs) in children have been developed around Europe as an important tool. First, they would help coordination of care across the multiple agencies that need to be involved in the management of children with SBPs. Second, they would assist health and non-specialist health, social care, and educational services in choosing interventions supported as efficacious. This study provides an overview of experts' perspectives on the current prevalence and implementation of clinical guidelines for SBPs in children across Europe. Additionally, it discusses the pros and cons for further developing national and/or European clinical guidelines for this group. **Methods:** An online semi-structured interview was completed by 28 academic experts from 23 countries. **Results:** One third of the European countries included have developed official clinical guidelines for SBPs, and just over a half have at least some unofficial documents. Although the content of guidelines was perceived as beneficial for daily practice, experts called for more specific recommendations, including severe aggression management, legal and forensic aspects, to better cater for real-life practice demands. Additionally, their implementation was described as one of the most salient challenges at present. Similarly, unofficial documents were considered useful for clinicians, but experts stressed the need for change towards more comprehensive evidence-based clinical practices, by means of developing national and particularly European clinical guidelines for SBPs. Such guidelines were believed to increase accessibility to evidence-based and early intervention, harmonise practices and provide a shared understanding of SBPs. **Conclusions:** Based on the consensus on the need for developing official guidelines reached by experts, this study creates an appropriate momentum for a transition towards European clinical practice guidelines for this population. Such guidelines would facilitate cross-disciplinary collaboration both within and between countries. Increasing global exchange may further stress the prioritization of SBPs and reinforce implementation of guidelines in practice. Moreover, joining efforts could also reduce costs, time, and resources required for the creation of national guidelines, all of these tackling the current barriers encountered by professionals when treating these children.

Poster PS03-57 (P)

2588 - Reviewing behavioural problems in toddlers: characteristics, assessment and intervention

Dr. Marina Fàbrega-Ribera; Fatima Valencia-Agudo

Objectives. The aim of this work is to review the literature to summarize the existing evidence about characteristics, associated outcomes, assessment and treatment of behavioural difficulties in children aged 1 to 3.

Method. We searched the databases Medline and PsycInfo using the terms "behavio* problem*" OR "behavio* difficult*" OR "conduct problem*" OR "conduct disorder*" AND "toddler*". We selected articles focusing on children aged 1 to 3 and reporting assessment and/or treatment of behavioural difficulties.

Results. Behavioural difficulties in toddlers are frequent and are usually considered normative and transient. The prevalence of cases with clinical significance is about 9,4% in community samples. Experts in the field highlight the absence of validity of DSM-V diagnostic criteria when applied to this population. A number of assessment tools have been developed to explore behavioural difficulties in toddlers (e.g. Infant-Toddler Social and Emotional Assessment, Child Behavior Checklist for ages 1.5-5). Conduct problems usually have their onset during the second year of life and peak at age 2. In many cases there is a decline from age 2 onwards but some studies have shown persistence in a significant percentage of children, who develop long-lasting behaviour difficulties. It has been seen that aggression becomes more stable over time, with a one-year stability coefficient of 70% from age 3 to age 4. Behavioural problems in toddlers have been suggested as a marker for future adolescent psychopathology. Persistence of behavioural difficulties has been associated with insecure attachment and certain parenting variables, amongst other factors. A number of interventions have demonstrated their effectiveness preventing and improving behavioural problems in this age group (e.g. The incredible years, Triple P, Videofeedback Intervention to Promote Positive Parenting and Sensitive Discipline).

Conclusion. Behavioural problems in toddlers are normative in most cases. However, previous literature has shown that, under certain circumstances, they might persist over time and lead to negative outcomes in the future. Some children will require specialised assessment and treatment to prevent future difficulties.

Poster PS03-58 (P)

2873 - The efficiency of inpatient DBT-A treatment of adolescent girls

Annina Bieri; Christoph Ryll; Martina Bürli; Bettina Altwegg; Corina Bandelli; Tanja Ludescher; Janine Rudari; Sandra Ziltener; Dajana Venetz; Dr. Margitta Krahmer; PD Dr. Lars Wöckel

Clenia Littenheid AG

Objectives

Dialectical behavioural therapy for adolescents (DBT-A) is the adapted version of the general DBT treatment. It has been developed for young patients with dysfunctional behaviour, difficulties in emotion regulation and symptoms that could lead up to a Borderline Personality Disorder. The treatment consists of individual therapy as well as skills training in a group setting and integrates classic principles of behavioural therapy and Zen Buddhism (Fleischhacker, Sixt & Schulz, 2009). The efficiency of the DBT-A treatment has been broadly analysed in outpatient settings (e.g. Courtney & Flament, 2015), but there is little work being done about inpatient treatment (Katz, Cox, Gunasekara & Miller, 2004).

Methods

The aim of this repeated measures design study is to analyse the development in emotional stability, deliberate self harming and self-esteem of the patients (girls of 14-17 years of age) getting the DBT-A inpatient treatment over 3-4 months at Clenia Littenheid AG. These variables were assessed before and after treatment with the Borderline Symptom List (BSL-23), the Diary Card to measure every days self harming behaviour and the Rosenberg Self-esteem Scale. As moderation variables for therapy outcome we consider comorbid depressive symptomatology, measured by the BDI-II, the presence of traumatic events in the past, assessed by the UCLA, and specific eating disorders subscales, measured by the EDI-II.

Results

To analyse the development of the emotional stability we calculated an ANOVA with repeated measures ($n = 81$) that points out a highly significant increase over the therapy process ($p = 0.0001$) with a big effect size $\eta^2 = 0.332$. Concerning the self-esteem ($n = 10$) we calculated a Wilcoxon-Test that show as well a significant increase over the therapy duration ($p = 0.022$) with a big effect size of $r = 0.6$.

Conclusion

As the study is still going on, we can at this point report first results concerning variables indicating therapy output. Inpatient DBT-A seems to be an efficient way to reduce relevant symptoms of young patients with the named problems. Factors supporting or slowing down the positive development will be further discussed.

Poster PS03-59 (P)

3333 - Body mass index, waist circumference and association to childhood onset depression

Dr. Enikő Kiss¹; Dr. Ildikó Baji²; Dr. Krisztina Kapornai¹; Dr. Edit Dósa²; Dr. Ágnes Vetró¹

1 University of Szeged; 2 Semmelweis University

Objectives: Psychological disturbances, especially depression has been linked to central adiposity, a core feature of metabolic syndrome in the literature. Metabolic syndrome and depression both increase the risk for coronary heart disease. We hypothesized that young adults with early onset depression would have higher body mass index (BMI) and waist circumference than healthy controls. We questioned whether increased appetite and psychomotor retardation symptoms at childhood would lead to increased BMI later on. Furthermore, we were interested in differences related to gender. **Methods:** We compared N=46 subjects who had childhood onset depression and N=35 controls without psychological problems. Mean age in the two groups were 26.26 years (sd: 2.36) and 22.23 years (sd: 1.55), female:male ratios were 29:17 and 17:18, respectively. The first depressive episode was at a mean age of 11.87 years (sd: 2.05). We computed BMI and waist circumference as indices of central obesity. **Results:** Neither BMI nor waist circumference showed significant difference between the two groups. When separated by gender, however, females with depression had significantly larger waist line (77.85 cm vs 69.71, $p=0.02$). Similar difference was observed in females but not in males in BMI greater than 30 (31% vs 5.9%) and in waist circumference greater than 80 cms (27.9% vs 14.3%) both are signs of central obesity. Increased appetite and psychomotor retardation at first depressive episode correlated with BMI in females only. **Conclusion:** We found a strong gender effect in the association between childhood depression and increased BMI and waist circumference in young adults. It seems that increased appetite and psychomotor retardation during childhood depressive episode are connected to increased weight gain later on. Therefore, central obesity might be the link between early depression and later coronary heart disease. Further investigation of this relationship would be important.

Poster PS03-60 (P)

3292 - Low mood in a sample of Finnish child psychiatric outpatients

Dr. Katri Maasalo; PhD Jaana Wessman; Prof. Dr. Eeva Aronen

University of Helsinki and Helsinki University Hospital

Objectives: To examine the prevalence of low mood, how it associates with disruptive behaviour, and how it affects the clinician-rated global functioning of the child in a sample of 6-12-year-old child psychiatric outpatients.

Methods: The study population consisted of 862 patients aged 5 to 12 attending child psychiatric outpatient clinic at Helsinki University Hospital in 2013-2015. The parent-rated Strengths and Difficulties Questionnaire (SDQ) was used as a measure for the symptoms. The SDQ subscores were categorized as "normal", "borderline" or "abnormal" and the "somewhat true" and "certainly true" categories of the emotional items were collapsed into one category. The item no 13 of the SDQ ("often unhappy downhearted or tearful") was used as a measure for mood. The diagnoses were set according to ICD-10 by a clinician after an initial evaluation period. The Children's Global Assessment Scale (CGAS) was used as a measure for overall functioning of the patients. The associations between emotional symptoms and conduct problem/hyperactivity scores were examined with ordinal regression in univariate and multivariate models controlling for age and gender. Independent samples T-test was used to compare the CGAS values between patient groups.

Results: In our sample 512 children (59.4%) showed low mood. In univariate ordinal regression analysis low mood, worrying and somatic complaints were associated with conduct problems. The strongest association was found between mood and conduct problems (OR 2.03, 95% CI: 1.55-2.66). In multivariate analysis, low mood remained as the only associate with conduct problems (OR 1.93, 95% CI: 1.39-2.67). No association was found between emotional symptoms and hyperactivity. The general functioning rated with CGAS was lower in children with parent reported low mood (52.21) compared to children with normal mood (54.62, $p < 0.001$). The same was true in the subgroup of patients with no depression diagnosis (54.85 vs. 52.82, $p < 0.001$). When examining the effect of mood to general functioning in children with abnormal hyperactivity or conduct problems scores in the SDQ, no additional effect was found.

Conclusion: In a child psychiatric outpatient sample over half present with low mood. Low mood associates with conduct problems. Low mood has a negative effect on overall functioning even in the absence of a clinical depression. It is important to recognize low mood in child psychiatric patients as this may guide the treatment choices.

Poster PS03-61 (P)

2730 - Motivation to change and recovery in adolescents with eating disorders

Dr. Joana Saraiva; PhD Paulo Machado; I. Aguiar; R. Gaio

Motivation to change and recovery in adolescents with eating disorders

Abstract

Introduction and Objectives: One of the greatest advantages of understanding and studying motivation to change/recovery in eating disorders and to identify factors that can promote it, is that it makes it possible to understand those diseases and to choose the best treatment for the patient.

The main aims of the current study were to identify the factors that contribute the most to the patient's motivation to change and recovery (treatment outcome), to describe situations that the patients point out as being crucial for change and to understand if motivation to change can help to explain treatment outcome.

Method: A single follow-up study of a Portuguese population of adolescents, aged between 12 – 18 years old, who have been diagnosed with an eating disorder at baseline.

Adolescents filled in several self-reported questionnaires.

The effects of the evaluated factors (eating disorder symptoms, general psychopathology, self-concept, therapeutic alliance) on the patients' motivation to change and recovery were identified by conditional logistic regression models.

Results: Occurrence of change was shown to be negatively associated with eating disorders symptoms (measured by Eating Disorders Examination Questionnaire). Recovery from eating disorders was positively associated with self-concept and exhibited no significant relationship with the follow-up.

Conclusion: The only factors for which a significant evolution along the study period was identified were the occurrence of change in eating disorders behaviours (measured by Anorexia nervosa stages of change questionnaire and Bulimia nervosa stages of change questionnaire) and general psychopathology.

The best model to predict Occurrence of change in eating disorders along the 18 months' period included only the severity of the eating disorder, measured by the EDE-Q.

The best predictor of the recovery status along the study period consisted only of the self-concept score.

The present study has also identified the motivation to change eating disorder behaviours as having a significantly ($p=0.050$) positive crude effect on the treatment outcome (existence of recovery).

Keywords: eating disorders; anorexia nervosa; bulimia nervosa; motivation to change; self-reported psychopathology.

Poster PS03-62 (P)

3170 - Alternating residence : what to advise ?

Dr. Séverine Cesalli

Pédopsychiatre Martigny

Divorce has a great impact on children's short term and long term mental health. Not only because of divorce itself, but also because of parents' distress and other side effects, such as conflict or sometimes the loss of one parent-child relationship.

Us psychiatrists and psychotherapists are often asked advices on how to deal with these situations, on children's needs, on shared custody, etc.

We have heard many contradictory informations about shared custody and the subject is quite emotionnal. What do studies tell us about it ? What is good for a toddler ? And for older children ? Is there any rule one can follow to be guided on one's choice ?

This poster will summarize the actual scientific knowledge about shared custody and children's needs.

Poster PS03-63 (P)

2753 - Emotional face matching task in children of mothers with interpersonal violence-related posttraumatic stress disorder

Cristina Puro Gomez; Virginie Perizzolo; Marylène Vital; Aurélie Manini; Raffaella Torrisi; Emina Arnautovic; Molly Rothenberg; Sandra Rusconi Serpa; Daniel S. Schechter

HUG

As part of the Geneva Early Childhood Stress Project, the present longitudinal study considers mothers exposed to interpersonal violence-related posttraumatic stress disorder (IPV-PTSD), non-PTSD controls, and the mothers' children. During Phase 1 of the study, when children were ages 12-42 months, disturbances in emotion and arousal regulation, and differences in physiology (i.e. cortisol levels) and neural activation were found between mothers with IPV-PTSD and controls. In Phase 2 of this study, children are ages 5-9 years and are asked to perform an Emotional Face Matching Task (EFMT). Their mothers complete the same task. Based on results obtained during Phase 1 and on existing literature, we expect to find in Phase 2 1) slower reaction time across facial expressions among children of PTSD- compared to non-PTSD mothers due to difficulty in emotion appraisal; 2) associations between overreading of angry faces and maternal history of violence exposure and 3) positive correlations between maternal psychopathology and history, and child emotional processing errors and reaction times during Phase 2.

We conducted two-tailed Pearson correlations between maternal variables and child EFMT data. Results demonstrated: 1) a significant relationship between maternal re-experience PCLS dimension and decreased RT in identifying fear in children ($p=.049$); 2) a significant relationship between overreading anger in children and maternal witnessing DV as a child ($p=.020$) and a significant correlation between maternal violence (reported in CTS) and decreased RT in identifying angry faces in children ($p=.023$). A multiple linear regression analysis using maternal witnessing DV and EFMT data as independent variables, and child EFMT results as dependent variable showed that mothers witnessing DV as a child who had longer RT in identifying fearful faces predicted better accuracy their child's identification of angry ($p=.008$) and fearful faces ($p=.024$). We also found that maternal witnessing DV and RT in identifying anger were predictors of child correct identification of anger ($p=.033$).

While the sample-size is yet too small to show conclusive group-differences, several associations and predictions have been observed, which seem to support our a-priori hypotheses that IPV and related maternal PTSD likely influence child emotion-appraisal.

Poster PS03-64 (P)

2574 - Predicting child psychopathology in early life: the role of mothers' and fathers' parenting.

Dr. Marina Fabrega Ribera; Ellen Grimås; PhD Christine O'Farrelly; Sheila van Berkel; Jill Domoney; Jane Iles; Alan Stein; Prof. Lynne Murray; Prof. Dr. Paul Ramchandani

Objectives:

Early parent-child interactions have been identified as risk factors in the development of mental health disorders in children. It is therefore important to examine the associations between family interactions and child psychopathology. This study examines associations between child psychopathology and: (1) father-infant interaction, (2) mother-infant interaction and (3) coparenting.

Methods:

The sample included 109 families who were assessed in the family home when the child was aged 2 years. Coparenting was assessed through a free play interaction involving mothers, fathers and their child together. Other parenting interactions were assessed through free-play and book reading tasks. All interactions were video-taped and coded using standard interaction scales. Child psychopathology was assessed with the Child Behaviour Checklist (combined scores of mother and father).

Correlation analyses were used to examine the associations between family interactions and child psychopathology.

Results

An association was found between positive aspects of mother's parenting and decreased externalizing problems in the following areas: positive responsiveness ($r = -.28$; $p < 0.01$) and engagement ($r = -.45$; $p < 0.01$) during the free play task, and positive emotion ($r = -.20$; $p < 0.05$) during the book reading task. Moreover, high scores on engagement were also associated with less total psychopathology on the CBCL ($r = -.36$; $p < 0.01$). No association was found between mother parenting and internalizing problems.

No associations were found between fathers' parenting and child psychopathology.

Regarding coparenting, mother's scores for enjoyment were associated with fewer internalizing problems ($r = -.28$; $p < 0.01$), so when mother is enjoying the joint parent interactions, child internalizing problems are less frequent. No other correlations between mother and father coparenting and child psychology were found.

Conclusion

Positive mother's parenting is related to fewer child externalizing problems, whereas enjoyment in mother's coparenting interactions is associated with fewer internalizing problems.

Establishing the relationships between family constructs and their association with child psychopathology is useful for clinical practice, as it can potentially guide the focus of early interventions to prevent child psychopathology.

Poster PS03-65 (P)

2541 - Adaptation and Resilience in Families of Children with 22q11.2 Deletion Syndrome

Maria Caples; Dr. Bridie McCarthy; Prof. Eileen Savage

University College Cork

Objective:

Empirical evidence suggests that whilst a child with a disability can be seen as a positive within a family unit, many stressors co-exist for parents which can negatively impact on families' adjustment and overall adaptation to a child with a disability. However there is evidence to suggest that families can and do adjust and adapt and ultimately become resilient. The purpose of this explanatory sequential mixed methods study is to describe and explore adaptation and resilience in families of children with the genetic disorder 22q11.2 deletion syndrome.

Methods:

An explanatory sequential mixed methods approach with two distinct phases including a quantitative investigation and a qualitative exploration. Validated self-report questionnaires are used to collect data from parents/significant family members of children who have a diagnosis of 22q11.2 deletion syndrome living in Ireland. Descriptive statistics will be used to describe, compare and summarise data relating to both the dependent and independent variables. Inferential statistical analysis will be performed to investigate the relationship between the dependent and independent variables.

Following quantitative data analysis, the qualitative phase of the study will aim to explain significant findings, outliers or unexpected results from the quantitative phase of the study, using a purposive subsample. Data will be collected using one-to-one individual semi-structured interviews. Qualitative data will be analysed using Colaizzi's (1978) framework and then used to validate or expand on the information from the quantitative phase of the study.

Results: This study is currently in progress therefore no results are available as yet. However, preliminary findings for the quantitative dataset will be presented relevant to the development of resilience of parents/significant family members of children with 22q11.2 deletion syndrome.

Conclusions: To be discussed at the symposium.

Poster PS03-66 (P)

2976 - Psychopathology and parental stress in preschool children with incontinence

Catharina Wagner¹; Justine Niemczyk; Rebecca Freund; Kathrin Kiefer; Prof. Dr. Alexander von Gontard

¹ Saarland University Hospital

Objectives:

Child temperament and parenting behaviors are known to be risk factors for a delayed acquisition of bladder and bowel control. The present study examines systematically the associations between psychopathological symptoms, temperament and parental stress in preschool children with incontinence as well as in continent controls.

Methods:

Preliminary data of 20 consecutively presented preschool children (70% boys, mean age = 5.5 years) with incontinence symptoms and/or constipation and their parents (mean age = 35.2 years), as well as 20 matched continent controls (40% boys, mean age = 5.3 years) and their parents (mean age = 36.6 years) are presented. All children received a physical examination, sonography and an one-dimensional intelligence test (CPM). Child psychopathology was measured with the Child Behavior Checklist (CBCL 1 ½ -5 or 4-18), the Preschool Feelings Checklist (PFC) and a structured, standardized psychiatric interview for preschool age (Standardisiertes Interview für das Vorschul-Alter (SIVA 0-5)). Parenting Stress was assessed with the German version of the Parenting Stress Index (PSI).

Results:

52.6% of children had nocturnal enuresis (NE), 47.4% had daytime urinary incontinence (DUI), 41.2% had fecal incontinence (FI) and 14.3% had constipation. Incontinent children showed significantly more CBCL externalizing and internalizing symptoms, as well as total problems in the clinical range (> 90. percentile) compared to controls. Parents of incontinent children had higher scores on the child subscales (Distractibility/Hyperactivity, Adaptability, Reinforces Parent, Demandingness, Acceptability) and on the parent subscales (Competence, Isolation, Attachment) of the PSI, as well as a higher Total Score. Incontinent children showed significantly more symptoms in the PFC than continent controls.

Conclusion:

The preliminary findings show that parents of young children are highly stressed. When indicated, treatment of incontinence should be offered even at preschool age, especially in view of emotional symptoms in preschool children and high stress in their parents.

Poster PS03-67 (P)

3217 - Neuroimaging evidence on how simulation of letter-speech sound acquisition predicts initial reading outcome

Iliana I. Karipidis; Georgette Pleisch; PD Dr. Silvia Brem

Psychiatric Hospital, University of Zurich

Children with developmental dyslexia struggle to learn the associations between speech sounds and letters (Blomert, 2011; Hahn, et al., 2014). Although behavioral measures reach substantial classification accuracy, further research is needed to identify reliable and applicable predictors for dyslexia (Catts, et al., 2001; Puolakanaho, et al., 2007).

Here, we provide a novel approach to increase specificity in early identification of struggling readers by simulating the process of learning letter-speech sound correspondences in prereaders. In a longitudinal study, 29 prereading children in their last year of kindergarten (6.7 ± 0.3 years) performed an artificial letter training (<40 min). In a consecutive simultaneous EEG-fMRI session, they solved an implicit audiovisual task, including congruent and incongruent presentation of trained pairs. After half a year of formal reading instruction, children's initial reading fluency was assessed (7.3 ± 0.3 years) and 14 subjects were classified as poor readers (1 SD from mean).

Individual learning rates during the artificial grapheme-phoneme training outperformed established behavioural precursors of reading by over 10% in predicting initial reading outcome. We also show how training induced plastic changes in brain networks of prereaders significantly improve the prediction of initial reading skills. A differential event-related potential after 400 ms, reflecting audiovisual integration of trained pairs, revealed a significant difference between normal and poor readers ($p < 0.001$). In addition, region of interest analysis in the ventral occipitotemporal cortex (vOT) revealed an audiovisual integration effect only for normal readers ($p < 0.05$).

Taken together, an artificial letter training seems to be most informative for pursuing suitable predictors for dyslexia. It not only allows for quantifying the individual ability to learn correspondences, but also pinpoints training induced plastic changes in brain networks, such as the vOT, adapting to multisensory integration of orthographical and phonological information during reading acquisition (Brem, et al., 2010; Dehaene, et al., 2010). Our results critically extend the notion of an audiovisual integration deficit in poor readers by showing that this deficit is associated to deviating brain functioning in prereaders. To conclude, we propose novel behavioural and neurobiological precursors to identify an audiovisual integration deficit before reading acquisition.

Poster PS03-68 (P)

3153 - Antipsychotics in children and adolescents in the Netherlands: a retrospective audit.

Mariken Dinnissen¹; Dr. Barbara J. van den Hoofdakker¹; Dr. Andrea Dietrich¹; Prof. Dr. Jan Buitelaar²; Prof. Dr. Wouter Staal²; Dr. Pieter W. Troost³; Prof. Dr. Pieter J. Hoekstra¹

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Objectives: Over the past decades, there has been an increase in off-label prescription of second generation antipsychotics in children and adolescents in the Netherlands. Disruptive and challenging behaviour problems form by far the most frequent reason for off-label prescriptions. However, antipsychotics for behavioral problems do not have a well-established evidence base and are not without health hazards. It is unclear to what extent clinicians adhere to the existing guidelines concerning the use of antipsychotics, for example guidelines for the treatment of autism spectrum disorders and disruptive behavioural disorders.

Our objectives are to examine the current prescription practice of antipsychotics in the Netherlands, to determine how well existing guidelines are being adhered to, to identify caveats in the current care, and to develop recommendations for improvements.

Methods: Currently ongoing retrospective audit of at least 500 medical files of children and adolescents up to the age of 18 years of any sex and ethnicity who had been prescribed an antipsychotic agent at least once in 2012. We are using a checklist based on current national and international guidelines for the treatment of children and adolescents with antipsychotics. This checklist covers, for example, treatment history, first prescription, medication monitoring, and length of use.

Results and conclusion: Data collection is ongoing and will be completed in spring 2017, preliminary results will be presented. These results will be used to identify limitations in the current practice concerning use of antipsychotics in children and adolescents and to give recommendations on how this can be improved in the future.

Poster PS03-69 (P)

2583 - Theory of Mind Abilities in Adolescents have Obsessive Compulsive Disorder

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1 University of Uludağ

The purpose of this study is to investigate adolescents diagnosed with Obsessive-Compulsive Disorder (OCD) whether they have disorder in theory of mind abilities compared with the healthy control group and search the variables of theory of mind deficits relationship with OCD severity, familial and clinical features of OCD.

For the study as patient group we took 30 adolescents aged 12-16 diagnosed with OCD according to DSM-V in Uludağ University Child and Adolescent Psychiatry Polyclinic, as control group we took 30 adolescents admitted to our polyclinic but receiving any psychiatric diagnosis. While sociodemographic characteristics of the patients were being evaluated with a detailed form; neuropsychological tests were implemented to investigate the intelligence development and theory of mind skills. To evaluate psychopathologies Affective Disorders and Schizophrenia Schedule for School Age Children Present and Lifetime Version (Turkish) version (ÇDŞG-CB), the Yale Brown Obsessive Compulsive Scale (YB-OCS), Depression Scale for Children (CDI) and Childhood Anxiety Screening Scale (CASS) were implemented. For the intelligence level of the patients Wechsler Intelligence Scale for Children-Revised Form (WISC-R), Ima test to assess theory of mind skills, Reading the Mind From Eyes Test and the false belief test of the Sally-Anne test, Bonibon test, Chocolate Test, Ice Cream Truck Test were performed.

As a result, adolescents who have obsessional neurosis, tend to be unsuccessful at wrong belief test, it is stated that increase of OCD symptom's intensity don't effect the performance of ZK test. Cause of having limited patients, our finding cannot all of the adolescents having OCD, at this topic it thinks that more comprehensive studies are needed.

Key words: Obsessive-Compulsive Disorder, Theory of Mind, The False Belief

Poster PS03-70 (P)

3246 - Implementation of NICE guideline "Transition from children's to adults' services for young people using health or social care services" in clinical practice

Leontien Los

Parnassia Group

Objective:

Continuity in care around this age from child and adolescent services (CAMHS) to adult mental health AMHS) could be a step forward in improving the mental health services for adolescents with a psychiatric disorder (1). In the Netherlands we want to investigate if the NICE guideline "Transition from children's to adults' services for young people using health or social care services" (Feb. 2016) (2).could be helpful in this process.

Method:

The Parnassia Group is a NGO in the Netherlands that offers mental health services for children, adolescents and adults in the Netherlands. The NICE guidelines were translated to Dutch and a protocol for implementation was produced. During this process adjustments for the Dutch situation had to be made in order to be able to make a start on implementation

Results:

We discovered that a great deal of effort had to be made to make a transition arrangement good enough for the patients involved. It took a different way of thinking by the professionals and managers involved, for both the CHAMHS and AMHS departments. Although they are both psychiatric services it took and still takes a lot of time to learn each others world language and approach.

On the other hand, by doing this project all people involved saw the necessity for this approach in order to keep in touch with these young adult patients.

We decided that implementation of the guideline could lead to a significant improvement. First we will start a pilot with a small number of patients to address all issues emerging in an adequate way before starting the final implementation.

Conclusion:

To optimize mental care for the young people between 15 and 23 years old the knowledge and willingness from CHAMS and AMHS service professionals is a necessity for patients and their families to make a good transition from one service to the other. The organizational and financial implications can't be fixed on an individual level. There had to be a sense of urgency on all levels of the involved organizations, from the board to the individual professional involved to make this proces beneficial for patients and their family.

(1) Deining youth mental health services for the 21st century: examples from Australia, Ireland and the UK

P McGorry, T Bates, M Birchwood - The British Journal of Psychiatry, 2013 - RCP

(2)Transition from children's to adults' services for young people using health or social care services NICE guideline [NG43] Published date: February 2016

Poster PS03-71 (P)

2861 - The implementation of the Bündner Standard as a tool of quality management in institutional care

Dr. Oliver Bilke-Hentsch; Dr. Sebastian Hollwich; Benjo de Lange

Every institution, be it a clinic, a residential home or a counseling center, has to deal with proximity / distance issues. This, on the one hand, is part of the nature of the matter and of the mission, namely, dealing with children, young people and families.

On the other hand, there are multiple interfaces and proximity / distance topics in each interpersonal interaction. Exceedings are to be expected in both directions and may not ultimately take an institution unprepared.

In this context, over the last 10 years a transition from elaborate and reactive ad hoc solutions to a guideline orientation has been recorded, which can combine reaction and prevention.

From a response to individual cases, a systematic preparation for possible scenarios has become systematically, whereby increasingly interdisciplinary aspects are increasingly taken into account.

On the basis of the so-called "Bündner Standard", which is currently being introduced in Switzerland, such a procedure is presented and its implementation is presented in the existing guideline system of a facility that functions both as a hospital facility and as a hospital as well as an adjustment device.

Positive developments and critical aspects are worked out as an example

Poster PS03-72 (P)

3191 - A development of support center for Human Papillomavirus (HPV) vaccination adverse reaction and the role in child psychiatrists in Japan.

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In Japan, the national immunization program included a vaccine against Human Papillomavirus (HPV) from 2013, which could prevent the cervical cancer which has caused almost 3,000 deaths. Soon after the start of HPV vaccination (HPVV), adverse effects of HPVV such as joint pain, muscle pain, seizures, tiredness, weakness which were considered rare side effects were reported by media multiple times and became a major public concern. Even most of time these adverse effects were not able to be explained medically, the government declared keeping the vaccine in the program but suspending proactive recommendations. This brought the vaccination rate falling down from over 70 to several percent. In response to these circumstances, the government ordered to establish support center for HPVV adverse effects and our center was established in our hospital October 2014.

Before the center began, the patients were evaluated based on their chief complains and most of their symptoms were not explained even by the detailed examination and eventually the patients were referred to child psychiatrists and child psychiatrist took the role informing the final evaluation results to them. This caused dissatisfaction among them and they felt their symptoms and suffering were considered baseless and they were rejected by medical system. Because of dissatisfaction by the patients and the families, the departments involved for the evaluation including pediatrics, gynecology, neurology, orthopedics, anesthesiology, rehabilitation and child psychiatry created a taskforce and reorganized the center. The taskforce decided to implement a new program to gather and share the medical information about the patient. In this program all the patients are evaluated by child psychiatrists as a routine evaluation. After all evaluation is completed the members of center discuss each case and the result is informed to the patient and the families as a team decision. Of the reported adverse effect by the patients a majority of them has no medically based cause but the patients continue to report the symptoms. They are followed by child psychiatrists as possible somatic symptom disorder and if child psychiatrists think a patient needs additional evaluation child psychiatrists refer to other specialists. Since the program was implemented satisfaction of the patients and families seem improved. In this paper we present importance of team approach for this issue and the role in child psychiatrists.

Poster PS03-73 (P)

3268 - A National Child and Adolescent Psychiatry Plan?

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A National Child and Adolescent Psychiatry plan?

Many different groups want to have a say in what child and adolescent psychiatry is and how psychiatric symptoms in children and adolescents should be treated. Sometimes the debate explodes into heated arguments in the press or between different sectors of child and adolescence care. Who defines what child and adolescent psychiatry is? An uneven map of number of referrals and diagnosis in Denmark has led to the wish for a National Plan for psychiatric treatment across the sectors.

How many children and adolescents suffer from psychiatric problems? Epidemiological studies indicate that up to 20% of children and adolescents at some point may have psychiatric symptom such as anxiety, depression, disruptive behaviour or selfharm (suicidal behavior). Does this mean it should be as normal to go to a child and adolescent psychiatrist/psychologist as going to your G.P?

In a well-fare society like the Danish one there are many 'prepsychiatric' services: public health nurses, family physicians, school psychologist, social workers and various semiprivate organisations. Yet more and more children and adolescents are referred to child and adolescent services.

How much can we expect from family and network? In recent years the Danish welfare system has been under cutbacks. More services for the same money, less welfare in the social sector, increased stress in school and education sector. This means that families are more often part of the treatment.

The preliminary work for a National Child and Adolescent Psychiatry plan will be presented and discussed. What are the difficulties and challenges of such a plan? And is it at all possible?

Poster PS03-74 (P)

3062 - The concordance of child self-reported psychotic experiences with interview- and observer-based psychotic experiences.

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Objectives:

A new section of The Development and Well-Being Assessment (DAWBA) questionnaire measuring Psychotic Experiences (PE) has yet to be validated. The current study aims to investigate the concurrent validity of DAWBA-based self-reported PE (PE-S) with regard to the "gold standard" interview-based measures of PE (PE-I).

Methods:

Participants were 1571 children of age 11-12 years from the Copenhagen Child Cohort 2000 (CCC2000). All participants completed the web-based DAWBA including the section on PE-S. This section asks the child about 10 different "strange experiences that are surprisingly common", covering auditory and visual hallucinations, delusional ideas and subjective thought disturbances ever in life. In the present study scores of "sometimes" and "often" were collapsed into a positive rating of any PE. For a secondary analysis, only PE with no frequent attribution to sleep, substance use, fever or neurological disorder was counted as positive. After completion of the DAWBA, the children were assessed by a semi-structured interview with clinical probing and cross-examination of PE, based on 22 K-SADS-PL-items covering 9 types of hallucinations and 13 types of delusions. Symptoms were scored as 'not present' vs. 'likely/definitely present' during the last month and lifetime before, respectively, and collapsed into a positive rating of PE-I ever in life. The interviewers were trained professionals, blinded for the DAWBA results. PE-I was rated not present if occurring only in relation to sleep, substance use, fever or somatic illness.

Results:

The prevalence of PE-S was 28.1% (24.3% for PE-S with no attributions), compared with 10.2% for PE-I. The predictive values for any PE-S were: sensitivity=0.74, specificity=0.77, positive predictive value (PPV) =0.27 and negative predictive value (NPV) =0.96. The predictive values for any PE-S with no attribution were: sensitivity=0.56, specificity=0.79, PPV=0.23 and NPV=0.94.

Conclusion:

PE are common in preadolescence, particularly when self-reported. The sensitivity and the specificity of any PE-S with regard to PE-I was substantial, and the NPV was excellent, whereas the PPV was low. Restricting PE-cases to those with no frequent attribution decreased the sensitivity without improvement of the PPV and can therefore not be recommended. The results support the use of the DAWBA as a valuable screening tool for PE in the general population of children and adolescents.

Poster PS03-75 (P)

3173 - Football delusion – two clinical cases

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Centro Hospitalar do Porto

Objectives

Describe the cases of two 17 years old patients presenting with a first psychotic episode in which football was central to their delusional beliefs.

Methods

The inpatient clinic files were reviewed and information was extracted.

Discussion

These patients were admitted with a gap of around five months in the inpatient clinic and after the intervention of the authorities that, after a short period under custody, conducted them to the child and adolescent psychiatric emergency room from where they were admitted.

The two patients shared many common features. First the fact that they were both Sporting Clube de Portugal (SCP) supporters and their epiphanic moment corresponded to an eye blink seen in Television. In one of the cases from a football player, Ricardo Quaresma, and in the other one from the polemical SCP President Bruno de Carvalho. Secondly, apart from their paranoid delusional beliefs the fact that they both thought they could play football better than Cristiano Ronaldo.

One of the patient referred that people related to Sport Lisboa e Benfica (SLB) wanted to harm him because he had showed off in the SLB national championship win celebrations with a SCP jersey wear under his jacket and the other one referred that It was the SCP president who wanted to harm him since he refused to become the coach of the team that would, under his command, achieve untold success.

Conclusions

Football has become the main global mass entertainment phenomena of the contemporary European society. It's therefore not surprising, in the year that the Portuguese Football had its most glorious moment with the Euro Cup victory, that the game took part in the delusional beliefs of two young people presenting their first psychotic episode.

With the description of these two cases we intend to put the emphasis on the relation between socio-cultural features and the content of the delusional beliefs.

Poster PS03-76 (P)

3406 - Auditory change detection in children and adolescents with increased risk for development of schizophrenia spectrum disorder: a high-density EEG study in 22q11.2 Deletion Syndrome

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OBJECTIVE:

Di George Syndrome, also known as velo-cardio-facial or 22q11.2 Deletion syndrome has been associated with increased risk (24%) for the development of schizophrenia spectrum disorder during adolescence (Schneider et al., 2014). In this cross-sectional study, we examined the development of auditory sensory processing in 22q11.2 deletion syndrome (22q11.2 DS) using the auditory mismatch negativity response, a well-known change detection component that has been reported to characterize neuropathological alterations in the auditory cortex in schizophrenia and, also in individuals at risk for development of schizophrenia (Näätänen et al., 2016).

METHODS:

Auditory evoked potentials were measured in 16 children (8-13 years; 8 females) and 16 adolescents (14-18 years; 6 females) with 22q11.2 deletion syndrome, and in 16 healthy children (8-13 years; 7 females) and 18 healthy adolescents (14-18 years; 8 females), in an oddball paradigm with pure tone stimuli using high-density EEG. The stimuli (1000Hz - as standard and 1200Hz - as deviant) were presented binaurally in one block of 600 tones. The mismatch negativity response (MMN) exhibited by 22q11.2 DS participants was analysed in comparison with the one exhibited by typically developing participants with a focus on the age effect.

RESULTS:

In children, no marked differences in the mismatch negativity response were seen when comparing children with 22q11.2 DS against healthy children. However, a difference emerged in adolescence, where we found decreased amplitudes during the mismatch response on central electrodes, corresponding to reduced activations in left superior temporal gyrus in adolescents with 22q11.2 DS compared to healthy adolescents. In the between group comparison, amplitude differences in mismatch negativity were found in adolescents with 22q11.2 DS, who exhibit significantly reduced amplitudes on fronto-central channels when compared to children with 22q11.2 DS while no such differences were observed when comparing healthy children with healthy adolescents.

CONCLUSIONS:

These findings suggest that 22q11.2 DS participants might follow different developmental trajectories compared to healthy participants and clearly demonstrate that a prominent, developmentally disparate MMN response can be observed during adolescence that could co-occur with an increased risk for schizophrenia spectrum disorders.

Poster PS03-77 (P)

2803 - Psychopathology, service utilization and treatment of young refugees: risk factors and prognosis based on a follow-up study

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Abstract

Background

The purpose of this study is to investigate the common and specific features of young refugees in order to adapt our psychiatric care offer.

Method

Our project is a longitudinal observational study (Ethics application in process). Data from female and male refugee patients, aged between 5 and 20 years, with various clinical presentations, seen as outpatients in the Centre for Child and Adolescent Psychiatry, Fribourg, Switzerland, between 2015 and 2017, will be analysed on the basis of medical records. CIM-10 Classification is used for diagnosis and treatment is mainly based on psychotherapy. Medication and/or Eye Movement Desensitisation and Retreatment might also be added when necessary.

Results

The anamnestic assessments so far show specific combinations of risk factors shared by our young refugees, such as familial tearing, traumatic experience before and during migration, resettlement stresses, social isolation, cultural transplantation and frequent inability to seek for psychological help. The main diagnoses seem to be post-traumatic stress disorder, depression, anxiety and developmental delay. The major need expressed until now by young refugees is to retrieve human links they lost due to their forced migration. They crave for connecting with close family members who stayed in the country of origine and with people who live in the hosting country (similar culture's fellows, other family members or local people).

Conclusions

Young refugees have fled for their survival but it seems that their attachment need is even more crucial than vital needs. The compound situation of young refugees requires a global care which implies a close collaboration between different professionals where preventive measures should take a large place.

Key words

Young refugees, psychopathology, treatment, risk factors, prognosis.

Poster PS03-78 (P)

3399 - School based prevetion of child sexual abuse

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Schools in Germany are required to take an active role in preventing sexual child abuse since 2012. To fulfil this task both active and future teachers need further education. This further education is organized by specialized centres for teacher education. In this study we investigate whether and how centres for teacher education provide and support education focused on prevention against child sexual abuse. As school education is organized by a federal approach, every county has its own centre for teacher education. In a pilot study many centres in Lower Saxony denied a need for information for teachers and thus did not provide nor support any effort for education referring to prevention. Accordingly, it remains interesting to check the situation in all other counties in Germany.

Results stem from interviews or questionnaires, all obtained data will be analysed by qualitative content analysis.

Poster PS03-79 (P)

2384 - Progressive psychiatric treatment of youth with complex mental problems in transition to adulthood

PD Dr. Sarah Van Grieken

OPZ Geel

The care for youth with complex mental problems, often staying in juvenile justice or community institutions, is characterised by a lot of resistance, drop outs, hopeless and unachieved goals by patients and caregivers. Started as a multidisciplinary team giving treatment to those institutionalized youngsters we developed since several years a manner of working based on outreaching, rehabilitation, combined with principles of developmental focused, systemic care and solution focused care (empowerment). Clinical experiences shows the positive outcomes resulting in well-being of the patients and caregivers and less resistance and drop outs.

Crucial factors include: time to build a good relationship, good assessment, achievable temporary goals (thinking out of the box), cooperation with caregivers of other sectors, flexible financing and a good teamspirit.

References:

Different articles and books about transition, outreach, rehabilitation, care for youth with complex mental health problems.

Poster PS03-80 (P)

2469 - Transition of youth from CAMHS to AMHS: Experiences of Dutch mental health care professionals

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OBJECTIVES: Young people (aged 12 to 25) have the highest incidence and prevalence of mental illness across lifespan, and mental disorders account for almost 50% of the total disease burden among young people. Mental disease does not only place a heavy burden on adolescents and their families, but also involve societal costs in terms of healthcare expenditures, impaired functioning, and reduced longevity. Despite all this, access of youth to mental health services is the poorest of all age groups. Transition from child and adolescent mental health services (CAMHS) to adult mental health services (AMHS) is often a poorly planned and experienced process. The current service configuration, with a distinction between CAMHS and AMHS, impedes continuity of care. In the Netherlands, there is an increasing interest in improving transition of CAMHS to AMHS. We performed a survey among Dutch mental health care professionals aiming to map their experiences with and attitudes towards young people's transition from CAMHS to AMHS and the problems they encounter.

METHODS: An online questionnaire was distributed among professionals providing mental health care to young people (15-25 years old) with psychiatric conditions. The survey was completed by 518 respondents.

RESULTS: Of 518 respondents, 66% was female, 33% were employed in both CAMHS and AMHS, 25% in CAMHS only, 27% in AMHS only, and 15% worked with adolescent/young adult teams specifically. Transition generally took place at 18 years or older. Decision making regarding transition is generally based on the professional's own deliberations. The preparation mainly consists of discussing potential upcoming changes with the adolescent and parents. Most transition-related problems are experienced in CAMHS. Lack of coordination and communication were the most experienced problems. Professionals recommended the following to improve transitional care: 1) flexibility of age of transition, with developmental age leading instead of biological age, 2) more specialist youth mental health services, and 3) less burden by financial and organizational boundaries.

CONCLUSION: In the Netherlands, mental health care professionals experience several problems during transition from CAMHS to AMHS and there is a need for improvement. The problems are related to coordination, communication and rules and regulations. Professionals attach importance to improvement through an increase in flexibility and more specialist services for youths.

Poster PS03-81 (P)

3264 - Immigration and psychopathological risk factors in a sample of preadolescents

Dr. monica bomba; Dr. anna riva; Dr. elisa brivio; Dr. francesca mapelli; Dr. simona di guardo; Prof. Dr. francesca neri;
Dr. renata nacinovich

Objective

Aim of the study is to identify traits of emotional fragility or psychopathological risk factors in a sample of immigrant preadolescents living in Monza and Brianza district. Information concerning the emotional traits of the children is assessed through a comparison of the children's, parents' and teachers' perspectives.

Method

The sample consists of 1206 preadolescents (180 immigrants and 1026 Italian natives) attending the third year of the middle schools. In order to assess anxiety levels and the presence of depressive symptoms the Self-Administered Psychiatric Scale (SAFA-A) and the Children's Depression Inventory (CDI) were administered. Coping strategies and behaviour problems were evaluated by the Coping Inventory for Stressful Situation (CISS) and the Youth Self Report scale (YSR). All teachers filled in the Teacher's Report Form (TRF). Parents were asked to fill out a form on social-demographic features and the Multidimensional Scale of Perceived Social Support (MSPSS).

Results

Immigration resulted a risk factor for development of anxiety ($OR=0,702$), depression ($OR=0,644$), internalizing problems ($OR=0,685$), behavior problems ($OR=0,622$) and total problems ($OR=0,719$). Teachers observed greater behavior problems and lower competences in immigrants than in natives. Immigrants relied significantly more often on emotion-oriented coping strategies to resolve stressful situation than natives ($p=0,045$). Analyzing the immigrants sample, second generation children reported significantly higher levels in total competence (school, activity and relation) than first generation ones ($p<0,001$); on the contrary there were no significant differences between the two groups concerning other behavioral and emotional problems or the preferred coping style. Natives' families reported significantly higher levels of perceived support in all the areas investigated ("family" ($p=0,003$), "friends" ($p<0,001$) and "significant others" ($p<0,001$)) than immigrant ones.

Conclusion

Our findings give an important evaluation of the extent in which pre-adolescent immigrants are likely to develop psychopathology traits.

Poster PS03-82 (P)

3271 - Stress factors and psychopathology in a sample of immigrant adolescents

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PD Dr. monica bomba

Objective

The purpose of our research is to analyse correlations between stress factors, including socio-demographic, cultural and individual ones, and psychopathology in a sample of immigrant adolescents.

Method

Data were collected from the medical records of 35 immigrant adolescents, aged 13 to 17 years, patients of our Child and Adolescent Mental Health Department -S. Gerardo Hospital, ASST Monza – University of Milano Bicocca (Milano, Italy) between January and April 2015.

Stress factors were evaluated using MSPSS (Multidimensional Scale of Perceived Social Support Assessment) for parents, MSPSS, CLES-A (Coddington's Life Events Scale for Adolescents), YRS scale for adolescents. The psychopathological traits were evaluated using the questionnaire for symptoms SCL 90-R and two semi-structured interviews, SCID-II to identify the presence of a personality disorder and CAARMS (Comprehensive Assessment of At-Risk Mental States) to determine the presence of ultra high risk (UHR) of developing psychosis.

Results

The social support perceived by the subjects results to be negatively correlated with UHR ($p < 0,05$). Subjects belonging to a single family unit are less likely to develop a psychopathology in response to life changes (CLES-A) compared to subjects with divorced parents with a new family unit or with a single parent ($p = 0,022$). The results in the SCID-II test show the presence of a Personality Disorder in the 62.9% of the sample.

Considering the scores at CAARMS the sample is divided into two sub-groups: 15 subjects (42.9%) are at high risk of evolving a psychotic framework (UHR), 9 subjects (25.7%) present attenuated psychosis symptoms and 6 (17.1%) show vulnerability to psychosis, while the remaining 20 (57.1%) did not present an increased risk of developing psychosis. 10 subjects out of 35 (28.4%) have a positive anamnesis for being victims of bullying and the 70% of these belong to the subgroup UHR. The difference observed in the two subgroups (UHR and not-UHR) is statistically significant ($p = 0.021$).

Conclusion

Results of our study confirmed the presence of a high psychopathological risk in immigrant adolescents, and suggest that this condition may be prevented by monitoring stress factors. Stress factors include bullying, a low perceived social support, and a not cohesive family unit.

Poster PS03-83 (P)

4509 - Pediatric Liaison Services: Who are we seeing?

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Background: Mental Health (MH) disorders of significant severity to warrant some form of intervention occur in 10% of children and are effectively managed by community child MH services (CAMHS). MH problems are twice as high in children with co-morbid medical problems and failure to recognise or treat can lead to poorer outcomes, overall poorer functioning and increased cost of prolonged admission. CL services are specialised services designed to address co-morbid medical and psychiatric problems. In the absence of emergency CAMHS provision, children with acute MH problems present to the emergency department (ED) and are managed by the Consultation Liaison services (CL). CL resources are increasingly being diverted to ED referrals at the expense of providing the necessary CL services to routine paediatric in-patients and out-patients.

Aim: To contrast case complexity, cost and duration of stay among CL service patients referred from paediatricians and those self-presenting to ED.

Method: Ethical exemption was sought and approved from the hospital Ethics Chairperson. A study specific proforma was developed to facilitate standardised clinical data retrieval from all case notes during the study timeframe (Jan-June 2016).

Results: The sample of 108 children presenting during this period will be described in detail. The majority of referrals (79%) presented acutely to the ED, typically "out-of-hours", with only a minority coming from paediatricians (21%). The majority (85%) had an Axis I diagnosis, often more than one and often chronic in course (74% longer than 6 months) and almost half (46%) were previously known to CAMHS. 95 cases were admitted, with a median duration of stay of 5 days (1 - 138 days), many requiring a 'special'. There was a very strong correlation between days in hospital and requiring a special ($r=.931$, $n=108$, $p<.00$) and a medium negative correlation between CGAS score on admission and both duration of stay ($r=-.425$, $N=74$, $p<.00$) and requiring a special ($r=-.474$, $N=74$, $p<.00$) at an estimated hospital cost of €148,294. Children who were referred by the paediatricians from OPD or the ward (28), as expected were much more likely to have comorbid MH and physical problems ($\chi^2(1) = 28.970$, $p<.00$, but no less likely to have an Axis I diagnosis, suggesting real psychopathology. They were younger, (mean 12.21 versus 13.61: $t(106) = -2.808$, $p<.00$), spent longer in hospital, typically due to the eating disorder group, (mean 17.31 versus 7.97: $t(106) = 2.194$, $p=.022$) and when a special was required, this was for a longer period (mean 11.24 versus 5.47: $t(106) = 1.467$, $p=.024$). Their CGAS on admission ($t(72) = 11.187$, $p=.001$) and on discharge ($t(72) = 25.895$, $p<.00$) was lower. (Table 4)

Conclusions: The results indicated that the majority of cases presenting to the CL services were children with acute and severe MH disorders indistinguishable from a CAMHS cohort. Typical CL services constituted a much smaller number, although proportionally took up more resources in both clinical hours and cost. Adequate resourcing of both hospital based CL services and CAMHS are necessary to allow CL provide a specialist service to children with combined medical and MH problems, and at the same time have services which can facilitate within and outside of normal working hours acute psychiatric assessments. This is especially timely given the development of the National Paediatric Hospital, and the growing number of OPD referrals made to the CL department that are not being seeing.