

SUNDAY, JUNE 21st

PS-001

- A health promotion program for children and adolescents with ADHD, **KOLAITIS G., Korpa T., Papadopoulou P.**

PS-002

- Adaptive profiles in children with attention deficit hyperactivity disorder and autism spectrum disorders. **Scandurra V.S., Barbanera F., Scordo M.R., Pierini A., Bai A.V., Rossi C., Canitano R., Emberti Gialloreti L.**

PS-003

- Adolescentes con Trastornos de la Conducta Alimentaria y autolesiones. **Grau Touriño. A., Faus Boronat G., Coello Arce C., Sánchez Povedano M.**

PS-004

- Adolescents-parents agreement on mood symptoms in Korean adolescents. **Kim H., Lee H., Joo Y., Youngstrom E., Yum S.Y.**

PS-005

- Age-related differences in neuropsychological performance of ADHD subtypes. **Lera Miguel S., Gil L., Nicolau R., García M., Vila M., Picado M., Moyá J.**

PS-006

- Aggression is not uniform in boys with ADHD, ADHD+ODD and ADHD+CD. **Ercan E., Ercan E.S., Akyol Ardic U.**

PS-007

- An adolescent analysis: eating disorders overlapping self-harm tendencies. **Lázaro Y., Olivares L., Rubio L., Strada G., Pérez A., Martínez B., Yamamoto S., Mesían I., Pelaz A., Pérez R.**

PS-008

- Anorexia nervosa in adolescent girls and celiac disease serology. **Bomba M., Tremolizzo L., Corbetta F., Conti E., Riva A., Nacinovich R.**

PS-009

- Anxiety disorders in children: a 2 year follows up study. **Santos C., Santos C., Cifuentes R., Peixoto I., Gameiro R., Marques C., Pimenta S.**

PS-010

- Asperger syndrome and comorbidity with psychotic disorders. **Sevillano I., Gallardo L., Imaz C., Geijo S., Gómez S., Hernández R., Noval C., Mayor E., Cepedello S., Sotelo E.**

PS-011

- Attention profile in childhood absence epilepsy. **Lee H., Kim E., Ko T., Yum M., Kim H.**

PS-012

- Attention-Deficit/Hyperactivity Disorder Rating Scale IV subscale analysis by visit in a European, phase 3, randomized, double-blind clinical trial of guanfacine extended release in children and adolescents with attention-deficit/hyperactivity deficit. **Huss M., Johnson M., McNicholas F., Van Stralen J., Dirks B., Adeyi B., Hervás A.**

PS-013

- Atypical early neurodevelopmental characteristics in childhood onset depression- Two case-control studies. **Kapornai K., Baji I., Kiss E., Dochnal R., Kovacs M., Vetró A.**

PS-014

- Body image: several influences. **Tavares C., Carvalho A., Saraiva J. Machado, P. P.**

PS-015

- Bordering on pediatric bipolar disorder: clinical differentiation from pathological personality traits. **Peixoto I., Santos C., Marques C.**

PS-016

- Cannabis use in adolescence and bipolar disorder: A case report and review of the literature. **Slama H., Attia M., Braham S., Gaddour N., Nasr M.**

PS-017

- Child Attention Deficit Hyperactivity Disorder: A study on Temperament and Character Factors. **Pérez Tejada A., Olivares Gerechter L., Mesian Pérez I., Rodríguez Quijano J., Pelaz**

Antolín A. (1), Yamamoto S., Herráez Martín de Valmaseda C., Granada Jiménez O., Ruiz Sanz F.

PS-018

- Children's Eating Attitudes Test: Reliability and Validation in Japanese Schoolchildren. **Nagamitsu S., Chiba H., Mukai T., Sakurai R., Shindo K., Yamashita Y., Kakuma T., Matsuishi T.**

PS-019

- Childhood Eating Disorders in Hospital Treatment. **Fonoll Alonso M., Martín Jiménez J.M., Quesada Suárez I., Moreno Sandoval D.**

PS-020

- Clinical and neurocognitive predictive factors for good response to Methylphenidate treatment in a ADHD sample in Spain. A naturalistic follow-up study. **Vallejo-Valdivielso M., De Castro-Manglano P., Díez-Suárez A., Marín-Méndez J.J., Figueroa-Quintana A., Soutullo C.**

PS-021

- Clinical characteristics of early onset eating disorder in Japanese boys: a retrospective observational study. **Ogata R., Usami M., Iwadare Y., Ushijima H., Tanaka T., Watanabe K.**

PS-022

- Clinical features and new diagnostic criteria in childhood eating disorders (6-13y). **Graell Berna M., Andrés Nestares P., Villaseñor Montarroso A., Gutiérrez Priego S., Faya Barrios M., Morandé Lavin G.**

PS-023

- Clinical Global Impressions-Improvement scores by visit in a European, randomized, double-blind, placebo and active-controlled clinical trial of guanfacine extended release in children and adolescents with attention-deficit/hyperactivity disorder. **Hervás A., Johnson M., McNicholas F., Van Stralen J., Dirks B., Adeyi B., Huss M.**

PS-024

- Clinical Predictors of Response MPH in ADHD. Preliminary Study. **Duño Ambros L., Batlle Vila S., Estrada Prats X., Camprodon Rosanas E., Pujals Altes E., Baeza Tena E., Petrizan Aleman A., Nascimento M.T., Martín López L.M., Pérez Sola V.**

PS-025

- Cognitive development and adaptive functions in a sample of 42 children with Down syndrome, aged between 12 to 36 months. **Nacinovich R., Oggiano S., Di Guardo S., Balgera A., Bomba M.**

PS-026

- Cognitive remediation therapy in attention deficit hyperactivity disorder. **Hamza M., Abbas Z., Charfi F., Amado I., Belhadj A., Bouden A.**

PS-027

- Comorbilidad psiquiátrica en los trastornos del espectro del autismo sin discapacidad intelectual. **Antúñez María B.**

PS-028

- Comparison of Autism spectrum disorder and schizophrenia using the Rorschach Test. **Kishimoto N., Yamamuro K., Ota T., Tanaka S., Sugimoto S., Onishi T., Uratani M., Kyo M., Iida J., Kishimoto T.**

PS-029

- Comparison of family functioning and psychiatric comorbidities of children with attention deficit hyperactivity disorder and disruptive mood dysregulation disorder. **Uran P., Kilic B.G.**

PS-030

- Comparison of the children with learning disability diagnoses at different IQ levels. **Uran P., Kilic B.G., Sertcelik M., Sahin Akozel A.**

PS-031

- Conversion Disorder. A case report. **Hernández Arroyo L., Rentero Martín D., Lassaletta Garbayo A., Albadalejo Gutiérrez E.F.**

PS-032

- Correlation between stereotype, creativity and cognitive flexibility in children with Autistic Spectrum Disorder. **Gallardo Borge L., Sevillano Benito I., Domínguez Martín C., Fernández Rodríguez B., Martín Arranz E.**

PS-033

- Crisis of motivation in adolescence. **Severnnyy A., Iovchuk N.**

PS-034

- Deficit in Reflective Function mediates the impairment associated to social anxiety. **Ballespí S., Pérez-Domingo A., Vives J., Barrantes-Vidal N.**

PS-035

- Delay in the diagnosis of Rokitansky Syndrome due to an early onset Anorexia Nervosa. Case Report and Review of the literature. **Carulla Roig M., Serrano E., Salvador C., Cañas L., Sánchez B., Cecilia R., Curet M., San L.**

PS-036

- Demand analysis in child psychiatric liaison program in a general hospital. **Rodríguez J., Pelaz A., Tur N., Oca L., Mesian I., Pérez A., Olivares L., Lázaro Y., Strada G., Pérez R.**

PS-037

- Depression, suicidal behavior and bullying: a study about 120 Tunisian adolescent. **Brahim T., Ben Moussa R., Guedria A., Gadour N.**

PS-038

- Differences between avoidant/restrictive food intake disorder and anorexia nervosa: Two cases report. **Cecilia R., Curet M., Carulla M., Serrano E., Sánchez B., San L.**

PS-039

- Do you feel it? Sensorial perception in the Asperger Syndrome. **Muñoz Martínez V., Baos Sendarrubias P., Beato Fernandez L., Vargas Lozano F., Mella Domínguez L. (1), López Lavela E., Morales Saéñz I.**

PS-040

- Does exist vulnerability of nigrostrial system to neuroleptics in children with intelectual disability. **Lakic A., Kesic A., Ninkovic M., Manojlovic I.**

PS-041

- Does it vary emotional expression of patients dignosticados ADHD and treated with methylphenidate? **Monzón-Díaz J., Rodríguez-Lorenzo T., Rubio-Morel B., Girbau-Ronda J.P., Castro-Molina F.J., Quintero-Febles J.M., García-Parra E., Herreros-Rodríguez O., Trujillo-Carrillo F.J., Gracia-Marco R.**

PS-042

- Does Oxytocin Receptor Gene Polymorphism Play a Role in the Social Functioning of Children with Attention-Deficit/Hyperactivity Disorder. **Ayaz A.B., Karkucak M., Ayaz M., Gokce S., Kayan E., Erol Güler E., Dogan Güngen B., Yildiz T.D., Ocakoglu G., Yakut T.**

PS-043

- Does reflective function moderate the association between social anxiety and somatic symptoms in the adolescence? **Pérez-Domingo A., Vives J., Barrantes-Vidal N., Ballespí S.**

PS-044

- Drawing psychopathology in Autistic Spectrum Disorder children. **Gallardo Borge L., Sevillano Benito I., Domínguez Martín C., Fernández Rodríguez B., Martín Arranz E.**

PS-045

- Early risk factors of coronary heart disease among young adults with childhood onset depression. **Kiss E., Kapornai K., Baji I., Halas K., Vetro A.**

PS-046

- Early-onset anorexia nervosa in an 8-year-old boy. **Yildiz T.D., Ayaz A.B.**

PS-047

- Eating disorders and dual pathology. **Jiménez-Hernández J.L., Barranco D., Torio Miguel J., Benavente S.**

PS-048

- Eating disorders in male adolescents: a case presentation of anorexia nervosa. **Rodríguez Noguera M.V., Bustos Cardona T., Moreira Martínez M.M., Seijas López A., Flores Cantera E.M., Balseiro Mazaira E., Uzal Fernández C., Cuello Hormigo L., Moure Moure M.R.**

PS-049

- Effectiveness of a Partial Hospitalization Treatment Program for Adolescents with Eating Disorders. **Serrano E., Carulla M., Cañas L., Matalí J., Cecilia R., Curet M., Sánchez B., San L.**

PS-050

- Efficacy of early intervention in Autism: 10h hours a week of ESDM. **Mengarelli F., Grisi S., Gallifet N., Georgieff N., Geoffray M.**

PS-051

- Emotional regulation to frustration and behavioral problems in Chilean preschool children: A pilot study with four measures of frustration. **Reyes Rodríguez P., Cova Solar F.**

PS-052

- Empathy maturing in children with mental retardation. **Goryacheva T., Sinelnikova A.**

PS-053

- Evaluación de la personalidad y sintomatología asociada en pacientes con trastorno de conducta. **Rodríguez A., Grau Touriño A., Faus Boronat G., Cinto Gallarín M.D.M., Sánchez Povedano M.**

PS-054

- Executive functions association with phenylalanine blood level in children with Phenylketonuria (PKU). **Mahmoudi-Gharaei J., Shams S., Mahdi Z., Sotoodeh A., Ashrafi M.R.**

PS-055

- Exploring temperament profile of 3 to 10 years old Belgian children referred for autism diagnosis. **Huc-Chabrolle M., Wintgens A., Mousset E., Stocco V., Poncin F., Charlier D.**

PS-056

- Factors associated with accidental injuries in children with ADHD. **Connolly A.J., Fielding J., Papadopoulos N., McGinley J., Murphy A., Rinehart N.J.**

PS-057

- Functional somatic symptoms: Structural equations of a conceptual model in a Spanish sample. **Giacobo Serra R., Jané M.C., Bonillo A.**

PS-058

- Illiteracy and migration in Parisian vocational high schools. **Sarot A., Girard L., Chomentowski M., Révah-Lévy A., Falissard B., Moro M.**

PS-059

- Influencia de los estilos educativos y variables de personalidad en pacientes con trastorno de conducta. **Rodríguez A., Grau Touriño A., Faus Boronat G., Cinto Gallarín M.D.M., Sánchez Povedano M.**

PS-060

- Insecure self esteem in adolescents with social anxiety .**Pérez-Domingo A., Vives J., Barrantes-Vidal N., Ballespí S.**

PS-061

- Irritability: Temperament, Symptom or Disease? **Santos C., Peixoto I., Gameiro R., Marques C., Pimenta S.**

PS-062

- Major depression and a suicide attempt due to isotretinoin treatment: A pediatric case report. **Ceylan C., Gorker I., Durankus F.**

PS-063

- Major Life Event's Role in the Anxiety Level of Preadolescents in a Community Sample: A Log-Linear Analysis Model. **Dedeoglu C., Taskin B., Yazgan Y.**

PS-064

- Más que palabras: Agresividad auto y heterodirigida en adolescentes. **Andrés Pueyo A., Grau Touriño A., Faus Boronat G.**

PS-065

- Mental and behavioral variation in children with morbid obesity. **Emelyantseva T., Solntseva A., Grigorieva I., Marchuk S., Dokukina T.**

PS-066

- Meta-analysis of locomotor activity measures in Attention-Deficit/Hyperactivity Disorder. **García Murillo L.), Cortese S., Anderson D., Di Martino A., Castellanos F.X.**

PS-066

- Missed Clues for Early Detection of Asperger Syndrome: A Comparison Between Early and Late Children Visitors. **Park J.K., Hong M., Lee Y.J., Han J., Oh S.H., Bahn G.H.**

PS-068

- Mum, feed me with love. Eating disorder and disorganized attachment. **Muñoz Martínez V., Jiménez Londoño G.A., Peña de la Cruz A.M., Ramírez Espadas C.**

PS-069

- ¡Mum, please, don't leave me alone! **Flores Cantera E.M., Rodríguez Noguera M.V., Seijas López A., Moreira Martínez M.M., Uzal Fernández C., Balseiro Mazaira E., Cuello Hormigo L., Moure Moure M.R.**

PS-070

- One-year outcome of severe eating disorders in adolescence after a multi-component therapeutic intervention (ANABEL PLUS study). **Graell Berna M., Andrés Nestares P., Villaseñor Montarroso A., Faya Barrios M., Paolini Ramos E., Martínez Cantarero C., Gutiérrez Priego S., Sepulveda A.R., Morandé Lavin G.**

PS-071

- Otomac Tribe Legacy. **Flores Cantera E.M., Moreira Martínez M.M., Balseiro Mazaira E., Uzal Fernández C., Rodríguez Noguera M.V., Seijas López A., Cuello Hormigo L., Moure Moure M.R.**

PS-072

- Pallister-Hall syndrome: a review of clinical symptoms of the disease, its evolution and treatment; regarding a specific case. **Pérez Tejada A., Mesian Pérez I., Rubio Corgo S., Strada Herrera G., Rubio Mendoza L., Lázaro Pascual Y., Rodríguez Quijano J., Martínez B., Gil-Nagel Rein A., Pelaz Antolín A.**

PS-076

Patient, Caregiver and Treatment Factors Associated With Medication Adherence in the Caregiver Perspective on Pediatric ADHD (CAPPA) Study in Europe. **Quintero J., Fridman M., Erder M.H., Harpin V., Banaschewski T., Sikirica V.**

PS-074

- Patient, Caregiver and Treatment Factors Associated With Symptom Control Among Treated Patients in the Caregiver Perspective on Pediatric ADHD (CAPPA) Study in Europe. **Quintero J., Fridman M., Chen K., Erder M.H., Harpin V., Banaschewski T., Sikirica V.**

PS-075

- Patterns of Multi-Informants among Asian families of Youths with Mood and Anxiety disorders. **Wong Z.J., Ong S.H., Fung D., Sung S.**

PS-076

- Preliminary results of the Neurodevelopmental Disorders Epidemiological Research Project (EPINED). **Morales Hidalgo P., Hernández Martínez C., Arija Val V., Canals Sans J.**

PS-077

- Prenatal, perinatal and developmental risk factors of attention-deficit hyperactivity disorder. **Kim H., Yeo J., Joo Y.H.**

PS-078

- Preterm birth and attention deficit hyperactivity disorder: a case report. **Gálvez Calero C., Huertas Patón A.**

PS-079

- Prevalence and clinical correlates of preterm birth in patients with Autism Spectrum Disorder (ASD). **Fernández-Díaz A., Serrano-Drozdowskyj E., Moreno C., Llorente C., Dorado M.L., Parellada M.**

PS-080

- Prevalence and clinical profile of patients with autistic spectrum disorder (asd) diagnosis. **Espadas M., Insa I., Izaguirre J., Verges P., San L.**

PS-081

- Pro-Ana & Mia Internet Phenomenon. **Yamamoto S., García Ramos P., Martínez Núñez B., Lázaro Pascual Y., Mesían Pérez I., Rodríguez Quijano J., Rufino Losantos. J.**

PS-082

- Prosocial behavior mediates the association between ADHD and peer problems. **Segura-Frontelo A., Rodríguez-Blanco L., Vidal-Mariño C., González-López C., Carballo J.J.**

PS-083

- Psychiatric disorders in pediatric congenital heart disease. **Gastaminza X., Escobar P., Vacas R., Herreros O.**

PS-084

- Psychopathic Traits in Adolescents with Conduct Disorder. **Duarte de Carvalho A., Tavares C., Confraria L.**

PS-085

- Psychosocial risk factors and ADHD. **Güerre M.J., De Cos A., García M., Hernández L., Rentero D., Silva N., Quiroga V., García P., Nadia O.**

PS-086

- Psychotic symptoms in adolescents with eating disorders. Report of three cases. **Contreras C., Niubó M., Giné E., Serra M., Cañete J., Varela P.**

PS-087

- Psychotropic prescribing in young people with ADHD in the UK Clinical Practice Research Datalink: 2005-2014. **Newlove Delgado T., Hamilton W., Ford T., Stein K., Ukoumunne O.C.**

PS-088

- Reducing aggressive behaviour by targeting social information processing in referred boys: An implicit intervention. **Hiemstra W., Orobio de Castro B.**

PS-089

- Relation between Salivary Cortisol Level and cognitive impairment in children with Attention Deficit Hyperactivity Disorder in a sample of Egyptian children. **Ibrahim O., Abdelmoez K., Haggag W., Youssef I.**

PS-090

- Relations between Specific Language Impairment and Specific Learning Disorder in Italian sample. **D'Agostini Costa C., Salvadore I., Penge R.**

PS-091

- Relationship between Anger, Suicidal Ideation and Depression in Korean adolescents. **Lee J., Kim H., Ock S.**

PS-092

- Risperidone use in children and adolescents with Autism Spectrum Disorders and problematic behavior. **Kesic A., Lakic A., Ninkovic M., Markovic J.**

PS-093

- Self-regulation maturing of children with normal development and mental retardation. **Goryacheva T.**

PS-094

- Short-time Outcome Predictors of Bipolar Disorder Type I in Children and Adolescents. **Shahrivar Z., Molavi P., Mahmoodi Gharaee J., Basharpour S., Sharghi A., Nikparvar F.**

PS-095

- Social (pragmatic) communication disorder: clinical predicaments. **Peixoto I., Marques C.**

PS-096

- Social Skills' Profile of Children diagnosed with Asperger Syndrome or High Functioning Autism attended in a Mental Health Centre of Gran Canaria. **Martín Jiménez J.M., Fonoll Alonso M., Quesada Suárez I., Pereira López J., Santana Órtiz M.I., Molina Pérez N.**

PS-097

- Specific Learning Disorders: long term prognosis of an Italian sample. **Salvadore I., D'Agostini Costa C., Penge R.**

PS-098

- Stability of psychiatric diagnosis in a child psychiatry liaison program. **Rodríguez J., Pelaz A., Tur N., Oca L., Mesian I., Pérez A., Olivares L., Lázaro Y., Strada G., Pérez R.**

PS-099

- Strengths, difficulties and defenses in offenders adolescents: considerations and bases for intervention. **Cury Tardivo L., Deconti Junior R., Scalco A., Rosa M.D.S.**

PS-100

- Systematic literature review and mixed treatment comparison of guanfacine extended release (gxr) versus other pharmacotherapies in children and adolescents with attention deficit/hyperactivity disorder (ADHD). **Joseph A., Xie J., Bischof M., Zhanabekova Z., Cai S., Zhuo Y.D., Huss M., Sikirica V.**

PS-101

- Systematic review of Avoidant/Restrictive Food Intake Disorder in Children and Adolescents. **Cañas L., Serrano E., Carulla M., Sánchez B., San L.**

PS-102

- Systematic review of psychological treatments for depression in children below 13 years old. **Forti Buratti M.A., Ramchandani P., Saikia R., Wilkinson E.L., Mehta N.V.**

PS-103

- Tackling teenage in high functioning –adolescents with autism spectrum disorders (hf -asd): a pilot project in Barcelona. **Balcells R., Yagüe, Amat C., Perán L., Calvo R., Puig O.**

PS-104

- Temperament profiles in very preterm born children and the possible link with ASD features. **Verhaeghe L., Vermeirsch J., Roeyers H.**

PS-105

- The Aberrant Behavior Checklist: Psychometric properties in a neuro-paediatric sample. **Halvorsen M., Myrbakk E., Mathiassen B. Steinsvik O., Martinussen M., Kvernmo, S.**

PS-106

- The effectiveness of a brief behavioural sleep intervention in school aged children with ADHD and comorbid autism spectrum disorder. **Papadopoulos N., Sciberras E., Hiscock H., Mulraney M., McGillivray J., Rinehart N.**

PS-107

- The loss. **Flores Cantera E.M., Uzal Fernández C., Rodríguez Noguera M.V., Balseiro Mazaira E., Seijas López A., Moreira Martínez M.M., Cuello Hormigo L., Moure Moure M.R.**

PS-108

- The loudness dependence of the auditory evoked potential (LDAEP) in Children with Attention Deficit Hyperactivity Disorder. **Park E.J., Kim B., Kang J.W., Suh D.S.**

PS-109

- The Relationship Between Symptomatic and Functional Changes of Korean Children and Adolescents with Attention Deficit Hyperactivity Disorder Treated with OROS methylphenidate. **Lee S.B., Kim E., Cheon K., Song D.H.**

PS-110

- The results of a screening study of ADHD in children in the development of a conceptual model of medical and social rehabilitation in the Republic of Belarus. **Emelyantseva T., Marchuk S., Dokukina T., Grigorieva I.**

PS-111

- The situation of school refusal of outpatient in the Child and Adolescent psychiatry of Nara medical university. **Matsuura H., Iwasaka H., Okazaki K., Yamamuro K., Nakanishi Y., Ota T., Takahashi H., Kishimoto N., Jyunzo I., Kishimoto T.**

PS-112

- The study of speech development and selection of therapeutic targets for correction in children with autism. **Greben S., Dokukina T., Grigorieva I., Marchuk S., Emelyantseva T.**

PS-113

- The treatment outcome of inpatients with anorexia nervosa restricting subtype in a Japanese National Children's hospital. **Nakadoi Y., Tomotake M.**

PS-114

- Therapeutic Effect of 12 Weeks Equine Assisted Activities and Therapies (EAA/T) in Children with Attention Deficit Hyperactivity Disorder. **Oh Y., Seo H., Jang B., Song J., Lee J., Jeong B., Kim Y., Kwon J., Joung Y.**

PS-115

- This is my way to rest: Depression and drug abuse in an adolescent. **Muñoz Martínez V., Rodríguez Gómez- Carreño C., Segura Escobar E., Morales Saez I., López Lavela E., Mella Domínguez L., Vargas Lozano F.**

PS-116

- To evaluate the perception of parental styles by a sample of adolescents with eating disorders. **Saraiva J., Pinto C. , Silva L., Machado P.**

PS-117

- Tourette's syndrome in heterozygote, mentally retarded twins with epilepsy and psychotic manifestations - case report. **Karher K., Banda I., Karher, J.**

PS-118

- Trait socio-emotional education program and executive functions in ADHD. **Cardoso Moreno M.J., Tomás Aragonés L., Orejudo Hernández S., Marrón Moya S.**

PS-119

- Tratamiento en los pacientes con trastorno del espectro del autismo sin discapacidad intelectual. **Antúñez María B.**

PS-120

- Unemployed adolescents with extreme obesity - Evaluation of a structured approach of care to overcome socioeconomic treatment barriers. **Mühlig Y., Hebebrand J.**

PS-121

- Verbal memory and vocabulary in children with developmental dysphasia and abnormal EEG. **Fatic S., Dobrijevic L., Stanojevic N.**

PS-122

- Vigilance deficit in ADHD children: Evaluating CPT Performance. **Ushijima H., Kodaira M., Watanabe K., Saito K.**

PS-123

- Weight, Height and Body Mass Index in patients with ADHD treated with Methylphedidate. **Díez-Suárez A., Vallejo-Valdivieso M., Marín-Méndez J., De Castro-Manglano P., Soutullo C.**

PS-124

- What I am? Am I autistic, hyperactive or I have anorexia? **Muñoz Martínez V., Jiménez Londoño G.A., Ramírez Espadas C., Jurado Galán A.B.**

PS-125

- Zuclopenthixol treatment of drug refractory severe behavioral disturbances in 10 year old boy with autism spectrum disorder comorbid with attention deficit hyperactivity disorder and intellectual disability. **Aykutlu H.C., Gorker I.**

POSTERS

MONDAY, JUNE 22nd

PM-001

- "Attention to affected under severe mental disorder. Development of an Early Warning Unit ". **Aparicio Reinoso M.T., Gutierrez Iradi J.L., Garmendia Aldasoro B., Rueda Ruiz B., Plata Redondo R., Aldaya Herrera M.L., Gavilanes V., Arzamendi M.J., Garikano C., Fernández de Antona E.**

PM002

- 12 months follow-up of a child and adolescent sample at risk for psychosis. **Dolz M., Tor J., Pardo M., Muñoz D., Rodríguez M., Álvarez J., Carulla M., De la Serna E., Sánchez-Guistau V., Baeza I.**

PM003

- A case report of dementia and psychosis in an adolescent female with idiopathic brain calcifications. **Drobic Radobuljac M., Plemeniti B., Debeljak M., Perkovic Benedik M., Kyriakopoulos M., Tavcar R., Kotnik P.**

PM-004

- A systematic review and network meta-analysis to assess the relative effectiveness of antipsychotics for treatment of paediatric schizophrenia. **Shields G., James A., Harvey R.**

PM-005

- Adolescents sheltered. New Symptom in video games addiction. **Matali J., Martín M., García S., Pardo M., Serrano E., San L.**

PM-006

- Adolescents with suicidal behavior: results from a new clinical intervention protocol at the Sant Joan de Déu University Hospital in Barcelona (Spain). **Vila M., Picouto M.D., Villar F., Sánchez B.**

PM-007

- Adverse reactions of Methylphenidate in children with attention deficit-hyperactivity disorder: Report from a referral center. **Faghihi T., Khalili H., Khajehpiri Z., Mahmoudi Gharaei J., Karimzadeh I., Mohammadi M.**

PM-008

- Aepnya research grant 2013: influence of a gluten-free and casein-free diet in behavioral disorders of children and adolescents diagnosed with autism spectrum disorder. **González Domenech P.J., Díaz Atienza F., Herreros Rodríguez O., García Pablos C., Martínez Hinojosa C.**

PM-009

- Affective disorders in psychosis risk syndrome (prs) in a child and adolescent sample. **Alvarez X., Rodríguez M., Tor J., Carulla M., Muñoz D., Sintes A., De la Serna E., Puig O., Baeza I., Dolz M.**

PM-010

- Analysis of Changes in Traumatic Symptoms of Children affected by the 2011 Japan Earthquake and Tsunami. **Usami M., Iwadare Y., Ushijima H., Tanaka T., Watanabe K., Kodaira M., Saito K.**

PM-011

- Anxiety and depression in mothers of children with Autism Spectrum Disorders (ASD) and Attention Deficit Hyperactivity Disorder (ADHD). **Sá Carneiro F., Queirós O., Calhau C., Coelho R., Figueiredo Braga M.**

PM-012

- Assessing Problematic Behaviors in Korean Children with Developmental Disorders. **Bhang S., Kim J., Hwang S.S.**

PM-013

- Assessment of Maladaptive Personality Functioning. **Goth K.**

PM-014

- Association between appearance-based rejection sensitivity and body dysmorphic disorder symptoms in Japanese university students. **Tanaka M., Tayama J., Arimura T.**

PM-015

- Association between Bullying Experiences and Suicidal Behaviors of Adolescents in South Korea. **Hong H.J., Roh B., Yoon Y., Kwon A., Yook K., Song J.**

PM-016

- Associations between problematic sexual behavior of children and psychiatric symptoms and diagnoses – an epidemiological study. **Wunsch K., Reis O., Häßler P.F.**

PM-017

- At the end of the line: casuistic study of paediatric suicides in the north of Portugal. **Tavares C., Moreira F., Barroso C., Guerra Aguiar I., Carvalho A., Gonçalves J., Rodrigues F., Bessa Oliveira J.**

PM-018

- Attitudes and opinions towards electroconvulsive therapy among adolescents with schizophrenia spectrum disorders. **Flamarique I., Castro-Fornieles J., De la Serna E., Pons A., Bernardo M., Baeza I.**

PM-019

- Augmentation Therapy with Aripiprazole in Treatment-Resistant OCD in Childhood: Which SSRI to Choose, Fluoxetine or Sertraline? **Akyol Ardic U., Ercan E.S., Yuce D., Ercan E., Durak S., Kutlu A.**

PM-020

- Autism spectrum disorder symptoms in children with ADHD: association with parent, couple and family functioning. **Green J., Rinehart N., Anderson V., Efron D., Nicholson J., Jongeling B., Hazell P., Sciberras E.**

PM-021

- Body image in adolescents with non-suicidal self-injury behaviours: a comparison with eating disorder diagnosis. **Jorge J., Pangaio N., Saraiva J., Queiros O., Soeiro D.**

PM-022

- Bullying, psychopathology and social issue: a case report. **Moreira Martínez M.M., Flores Cantera E.M., Rodríguez Noguera M.V., Uzal Fernández C., Balseiro Mazaira E., Seijas López A., Moure Moure M.R., Cuello Hormigo L., Nogueiras Mascareñas M.**

PM-023

- Caarms as a diagnostic tool to identify children and adolescents at ultra high risk of psychosis: a feasibility study in Italy. **Spada G., Molteni S., Candeloro D., Chiappedi M.A., Tantardini M., Ferro F., Fusar-Poli P., Balottin U.**

PM-024

- Can positive family factors be protective against the development of psychosis? **González Pinto A., Ruiz de Azua S., Otero-Cuesta S., Castro-Fornieles J., Graell-Berna M., Parellada M., Moreno D., Baeza I., Arango C.**

PM-025

- Cannabis addiction, genetic load and psychosis. **Gallego Villalta S., Duran Sandoval L.T., Bestue Felipe C., Paolini San Miguel J.P., Martinez Lausin I., Matias Sanfrutos A., Mayayo Castillejo E., Bernal Romaguera P., Ortiz Martin A., Viñuales Luis E.**

PM-026

- Cannabis use and psychopathology in adolescent psychiatric inpatients. **Fernández Rivas A., Jorquera Cuevas C., Sesma Pardo E., Palomo Lerchundi J., Goti Elejalde J., Catalán Alcántara A., Díaz Cosgaya A., González Torres M.A.**

PM-027

- Change of Psychological characteristics after join the army according to Internet Addiction tendency in Korean Young Male Soldiers. **Kook S., An T.**

PM-028

- Characteristics and Management of Agitation in Adolescent Psychiatric Patients. **Sánchez B., Muñoz D., Pardo M., Alvarez X., San L.**

PM-029

- Child Abuse and Neglect - a 10 Years of Experience of Multidisciplinary Teams of the Child Protection Center of Zagreb. **Štimac D., Buljan Flander G.**

PM-030

- Child and adolescent ocd symptom patterns: a factor analytic study. **Martinsson D.R., Mortensen E.L., Ivarsson T., Valderhaug R., Hybel K., Skarphéðinsson G., Dahl K., Weidle B., Torp N.C., Grados M.**

PM-031

- Children and Adolescents with Bipolar Spectrum Disorder: Symptom description and Functional Outcome. **Calvo A., Mayoral M., Sánchez T., Vidal J., Miguélez C., Serrano E., Espliego A., Moreno L., Moreno C.**

PM-032

- Children born with very low birth weight have difficulties with sustained attention, but not response inhibition. **Johnson K., Healy E., Dooley B., Kelly S., McNicholas F.**

PM-033

- Clinical and socio-demographic correlates of conversion disorder in children and adolescents. **Sethi S., Kumar D.**

PM-034

- Coenzyme Q10 deficiency and psychiatric comorbidity: a case report. **Mora J.J., Sánchez I.**

PM-035

- Comparison of physical health and mental status in Korea high school students lodging at a dormitory. **Kim S., Yim J.**

PM-036

- Complex and unusual clinical presentation: PANDAS and PANS case series. **De Castro C., Fàbrega M., Mora E., Morer A.**

PM-037

- Conduct disorders in adolescents without structured families. Borderline spectrum symptoms and outcome at one year follow up. **López P., Valcárcel C., Zorrilla I., Barbeito S., González Pinto A.**

PM-038

- Connection between psychotic symptoms and treatment with levothyroxine: report of a case. **Matías Sanfrutos A., Durán Sandoval L.T., Gallego Villalta S., Mayayo Castillejo E., Bernal Romaguera P., Martínez Lausín I., Paolini San Miguel J.P., Bestué Felipe C., Matanov L., Serrano Larraz M.**

PM-039

- Content of OC symptoms and comorbidities in OCD alone versus tic related OCD children and adolescents. **Panunzi S., Santoro F., Stanca M., Giannini V., Valente F., Cardona F.**

PM-040

- Corrected QT Changes During Antipsychotic Treatment of Children and Adolescents: A Systematic Review and Meta-Analysis of Clinical Trials. **Gjessing Jensen K., Juul K., Fink-Jensen A., Correll C.U., Pagsberg A.K.**

PM-041

- Defining Social Reciprocity Deficits in Internet Addiction: Evaluation of Problematic Internet User (PIU) Adolescents in an University Outpatient Clinic. **Rodopman Arman A., Ulgen V., Ayaz A.B., Atabay E., Gulsen Teker A.**

PM-042

- Delayed sleep phase disorder in adolescents: a review. **Mesian Pérez I., Lázaro Pascual Y., Pérez Tejada A., Olivares Gerechter L., Rodríguez Quijano J., Baena Mures R., Oviedo Peñuelas L., Pérez Moreno R., Pelaz Antolín A.**

PM-043

- Depression mediates the relationship between Stressful Life Events and Non-Suicidal Self-Injury (NSSI) in an adolescent outpatient sample. **Rodríguez Blanco L., Vidal Mariño C., Díaz de Neira M., Carballo J.J.**

PM-044

- Developmental regression in autism. **Gaddour N., Zemzem M., Guedria A., Gaha L.**

PM-045

- Different Aspects of Neurodevelopmental Disorders: Recent Studies from Turkey. **Herguner S., Tufan A.E., Güler A.S., Bakkaloglu B.**

PM-046

- Disharmonic personality disorder in adolescents. **Simion A.E., Crasan A.A., Macovei S.C.**

PM-047

- Does Reflective Function mediate the response to trauma? **Ballespí, S.1 ,Vives, J.2, Pérez-Domingo, A.1,3, Lago, C.1, Barantes-Vidal, N1,3,4,5**

PM-048

- Does the age of beginning primary school affect attention deficit hyperactivity disorder symptoms? **Gökçe S., Yazgan Y., Ayaz B., Yusufoglu C., Sen S., Kayan E., Carkaxiu Bulut G., ASLAN H., SANCAK A., DEDEOGLU C.**

PM-049

- Does the Brief Observation of Social Communication Change (BOSCC) help moving forward in measuring change in early autism intervention studies? **Pijl M., Buitelaar J., Oosterling I.**

PM-050

- DSM-5 classification of personality disorders versus Operationalized Psychodynamic diagnosis in children: a clinical comparison. **Peixoto I., Marques C.**

PM-051

- Efficacy of group educational training on knowledge, stress, anxiety and depression in parents of children with autistic disorder. **Shahrivar Z., Rabiee A., Tehrani Doost M.**

PM-052

- Emotion recognition and perspective taking in incarcerated male adolescent offenders. **Morosan L., Heller P., Badoud D., Zaharia A., Eliez S., Debbané M.**

PM-053

- Emotional dysregulation in adolescents, a common potential denominator between eating disorders and bipolar spectrum. **Vargas Castro J.A.**

PM-054

- Emotional face perception: event-related potentials (erps) contribution to differentiate schizophrenia and autism spectrum disorders in adolescents. **Bonnard-Couton V., Iakimova G., Le Gall E., Dor-Nedonsel E., Askenazy F.**

PM-055

- Event-related potentials in drug naïve pediatric patients with obsessive compulsive disorder. **Yamamuro K., Okazaki K., Matsuura H., Kishimoto N., Uratani M., Ota T., Hideki N., Iwasaka H., Iida J., Kishimoto T.**

PM-056

- Executive Function in Autism Spectrum Disorder without intellectual disability: case control study. **Merchán Naranjo J., García Martínez E., Arango C., Boada Muñoz L., Del Rey Mejías A., Mayoral Aragón M., Llorente C., Parellada M.**

PM-057

- Experience with LDX in Spain. **Zuccarini E., Baget L., Astiasuainzarra L.M., Alda J.A.**

PM-058

- Facebooking suicide: evaluation of pro-suicide websites in most used Spanish Social Networks by adolescents. **Martínez-Núñez B., Río-García M., Yamamoto S., Lázaro-Pascual Y., Mesión-Pérez I., Olivares-Gerechter L., Pérez-Tejeda A., Rodríguez-Quijano J., Pelaz-Antolín A.**

PM-059

- Factores de riesgo y protección para ideación suicida en adolescentes universitarios en Colombia. **Betancourth S., Zapata M.**

PM-060

- Factors influencing quality indicators of outpatients from child and adolescent mental health services (CAMHS) **Kapp C., Perlini T., Holzer L., Halfon O., Urben S.**

PM-061

- Family history of psychiatric disorder and autism spectrum disorders: a study about 790 cases. **Slama H., Brahim T., Attia M., Gadour N., Missaoui S.**

PM-062

- Features of asymmetry of visual attention in children with schizophrenia spectrum disorders. **Zvereva N., Sergienko A.**

PM-063

- First episode psychosis and continuous cannabis use: A case report. **Gálvez Calero C., Huertas Patón A.**

PM-064

- Functional analysis of aggressive behaviors in autism spectrum disorders. **Halayem S., Charfi N., Belhaj A., Bouden A.**

PM-065

- Gender Differences in Clinical Features and Global Functioning in Subjects at Risk of Developing Psychosis. **Carulla Roig M., Tor J., Sintes A., Pardo M., Rodríguez M., Muñoz D., De la Serna E., Sánchez Guistau V., Baeza I., Dolz M.**

PM-066

- Impact of long-term melatonin treatment for sleep disturbances in a child psychiatric population. **Schroder C.M., Schmidt C., Kilic-Huck U., Danion-Grilliat A., Bourgin P.**

PM-067

- Impact of Peer's Suicide on Mental Health of Adolescents. **Kwack Y.S., Kang N.R.**

PM-068

- Impact of Trauma Due to Sexual Violence on Psychopathology and Quality of Life in Children and Adolescents. **Hwang J., Kim H., Choi S., Lee H., Kim B.**

PM-069

- Internalized Sexual Stigma and Parents' Reactions to Coming Out in a Sample of Lesbian and Gay Adolescents. **Roberto B., Ioverno S., Laghi F.**

PM-070

- Internet Gaming Disorder and its nosological location. **Strada G., Rubio S., Pérez A., Rubio L.M., Mesían I., Rodríguez J., Olivares L., Lázaro Y., Tur N., Pelaz A.**

PM-071

- Investigation of speech in adolescents with schizophrenia. Pilot study. **Shvedovskiy E., Zvereva N.**

PM-072

- IQ levels in children and adolescents with different psychopathological syndromes in schizophrenia. **Zvereva N., Strogova S., Khromov A., Simashkova N.**

PM-073

- Is self-injurious behavior more frequent in autism spectrum disorder individuals with aggressive behaviors than in those without aggressive behaviors? : Preliminary study. **Yang Y., Kim Y., Won E., Bahn G., Choi J., Han J., Kim H., Jeon M., Jung M.**

PM-074

- Me, the demon. **Uzal Fernández C., Flores Cantera E.M., Balseiro Mazaira E., Seijas López A., Moreira Martínez M.M., Rodríguez Noguera M.V., Cuello Hormigo I., Moure Moure M.R.**

PM-075

- Munchausen syndrome by proxy. From clinical investigation to child abuse social prevention. **Jiménez-Hernández J.L., Muñoz-Villa A., López-Rico M., Crespo-Hervás D.**

PM-076

- Negative symptoms in Child and Adolescent population. Review undertaken in connection with a case. **Martín Jiménez J.M., Fonoll Alonso M., Quesada Suárez I., Pereira López J., Molina Pérez N., Santana Órtiz M.I.**

PM-077

- Neurobiology of Suicidal Behavior in Adolescents: the Role of Serotonin and HPA Axis Abnormalities. **Picouto M.D., Villar F., Vila M., Sánchez B.**

PM-078

- Non Suicidal Self Injury behaviors in a Portuguese Child and Adolescent Psychiatry Emergency Unit. **Duarte de Carvalho A., Carvalho I., Martins V., Queiros O.**

PM-079

- Physical Activity in Children with Autism Spectrum Disorders. **Kindregan D., Gallagher L., Gormley J.**

PM-080

- Prefrontal dysfunction in pediatric Tourette's disorder as measured by near-infrared spectroscopy. **Yamamuro K., Okazaki K., Matsuura H., Kishimoto N., Onishi T., Ota T., Uratani M., Iwasaka H., Iida J., Kishimoto T.**

PM-081

- Premorbid Intelligent Quotient (Pre-IQ) as a First episode Psychoses predictor. **Del Rey-Mejías A., Fraguas D., Díaz-Caneja C.M., Merchán-Naranjo J., Cuesta M.J., Arango C., Parellada M.**

PM-082

- Procrastination and personality features of students in healthy and with endogenous pathology. **Zvereva M.**

PM-083

- Prodromal phase of schizophrenia, a case report. **Rubio Corgo S., Strada Herrera G., Pérez Tejada A., Mesian Pérez I., Rodríguez Quijano J., Tur Salamanca N., Lázaro Pascual Y., Gerechter Olivares L., Pelaz Antolín A.**

PM-084

- Proposed diagnostic criteria for non-suicidal self-injury (NSSI) for the DSM-5: Psychopathological correlates. **Ortin A., Carballo J.J., García-Nieto R., Baca-García E.**

PM-085

- Psychiatric symptoms of Klinefelter syndrome in boys. **Mesian Pérez I., Pérez Tejada A., Lázaro Pascual Y., Rubio Corgo S., Rubio Mendoza L., Rodríguez Quijano J., Strada Herrera G., Martínez B., Yamamoto S., Tur Salamanca N.**

PM-086

- Psychoeducation programme for families/caregivers of children with adhd. **Torio I., Albaladejo E., Hernández L., Rentero D., Ashbaugh R.**

PM-087

- Psychometric properties of the Behavioral Inhibition Observation System (BIOS) in a sample of adolescents. **Ballespí S., Pérez-Domingo A.**

PM-088

- Psychopathological correlates of insecure self-esteem. **Ballespí S., Pérez-Domingo A., Vives J., Barrantes-Vidal N.**

PM-089

- Psychopathology in Children with Epilepsy: The role of Demographic, Seizure, and Quality of Life Factors. **Malhi P., Annam A., Singhi P.**

PM-090

- Psychosis NOS in children and adolescents: a systematic review of the “unspecified” gap. **Ilzarbe D., Correll C.U., Lammes Vernal D.**

PM-091

- Psychosocial impact in earthquake exposed Greek pupils and their parents. **Kolaitis G., Triantafyllou K., Giannakopoulos G., Papanikolopoulou P., Lazaratou H., Tsiantis J.**

PM-092

- Psychotherapy of a 10 year old boy with Dissociative Disorder: He was the witness of crooked romantic relationships within the family members. **Gul H., Gul A.**

PM-093

- Psychotic disorders in an inpatient unit of Child and Adolescent Psychiatry: a follow-up study. **Fonseca M.D.L., Mendes P., Guerra Aguiar I., Pangaio N., Araújo M., Saraiva J., Guerra J., Queirós O., Confraria L.**

PM-094

- Reconstruction of identity in adolescents with cancer in brazil coping strategies and psychosocial impact. **Peixoto Caldas J., Cury Tardivo L., Almeida L.**

PM-095

- Reflective Function moderates the association between trauma and symptoms of Borderline Personality Disorder. "**Ballespí, S., Pérez-Domingo, A., Vives, J., Lorite, A., Barantes-Vidal, N., Vives, J., Pérez, A.**

PM-096

- Relationship between alcohol binge drinking and conduct disorders in adolescence. **Sesma Pardo E., Fernández Rivas A., Jorquera Cuevas C., Palomo Lerchundi J., Goti Elejalde J., Catalán Alcántara A., Díaz Cosgaya A., González Torres M.A.**

PM-097

- Reliability and validity of a brief interview for assessing Reflective Function in the adolescence: The Adolescent Mentalization Interview (AMI) **Ballespí S., Pérez-Domingo A.**

PM-098

- Reliability and validity of a brief self-report of reflective function. **Ballespí S., Pérez-Domingo A.**

PM-099

- Retrospective study of clinical, demographic and psychosocial characteristics of hospitalized children and adolescents with a psychotic disorder. **Belivanaki M., Ropi S., Charitaki S., KOLAITIS G.**

PM-100

- Same or diametrical relationships between autistic and schizotypy traits? Implication for autism and schizophrenia spectrum research. **Sierro G., Rossier J., Mohr C.**

PM-101

- SDQ dimensions are associated with 2-year positive and negative symptoms in early onset psychosis. **Rodríguez-Quiroga A., Martínez Díaz-Caneja C., Rapado-Castro M., Arango C.**

PM-102

- Self cutting in psychiatric adolescent patients: a case - control study. **Gatta M., Dal Santo F., Rago A., Svanellini L., Sisti M., Del Col L., Traverso A., Zanato S., Battistella P.A.**

PM-103

- Sensory phenomena in obsessive compulsive disorder – children and adolescent study. **Moreira F., Caseiro J., Mendes P., Fonseca M., Barroso C., Leão M., Miranda V.**

PM-104

- Sluggish Cognitive Tempo: new disorder or a diagnostic tool? **Gil L., Lera S., Nicolau R., García M., Vila M., Picado M., Moyá J.**

PM-105

- Soft signs in development of problematic sexual behavior of children. **Wunsch K., Reis O., Häßler P.F.**

PM-106

- Spanish adaptation of the Mentalization Questionnaire (MZQ): Psychometric properties in a sample of adolescents. **Ballespí S., Pérez-Domingo A., Doval E., Barrantes-Vidal N.**

PM-107

- Substance use in adolescents with substance abusing parents: parent-adolescent relationship. **Santesteban O., Ramos-Olazagasti M., Eisenberg R.E., Bird H.R., Canino G., Duarte C.S.**

PM-108

- Suicid attempt in a 12 year old boy after switching 27 mg to 36 mg of oros methylphenidate. **Gökçe S., Önal A.**

PM-109

- Suicidal behavior in spain: a current perspective. **Lázaro Y., Mesián I., Rodríguez J., Baena R., Olivares L., Pérez A., Tur N., Pérez R., Pelaz A.**

PM-110

- Suicide attempts in adolescence - 5 years' follow-up. **Barroso C., Sá Carneiro F., Guerra Aguiar I., Jorge J., Tavares C., Araújo M., Carvalho A., Confraria L., Queirós O.**

PM-111

- Suicide attempts in children and adolescents: Clinical factors and suicidal intent in a Tunisian sample. **Harbaoui A., Charfi F., Belhadj A., Bouden A.**

PM-112

- Suicide in adolescent patients. Presentation of a case of an autolytic attempt in a teenager woman. **Balseiro Mazaira E., Seijas López A., Flores Cantera E., Rodríguez Noguera M.V., Moreira Martínez M.M., Moure Moure M.R., Cuello Hormigo L., Uzal Fernández C.**

PM-113

- Survey on general mental health in internet users' medical students in Shiraz University of Medical Sciences. **Sahraian A., Razmjouei P.**

PM-114

- Teacher's perception of benefits and barriers on School-based Suicide prevention program in South Korea. **Kweon Y., Seo E. Bang S.**

PM-115

- The assesment of characteristics of children diagnosed with reactive attachment disorder in a university hospital child psychiatry outpatient clinic within two years. **Sogut C., Gorker I.**

PM-116

- The bug of depression. Early onset schizophrenia. **Muñoz Martínez V., Baos Sendarrubias P., Jurado Galán A.B., Fernández Castellanos M.I., Pascual López M., Polo Montes F., Belda Moreno G.**

PM-117

- The burden of families of children with bipolar disorders. **Kupriyanova T., Koren E.**

PM-118

- The challenge for the categorical diagnosis of motor stereotypies in pre-scholar children. **D'Ardia C., Baglioni V., Miraglia D., Giovannone F., Giannini M.T., Sideri B., Pesola C., Cardona F.**

PM-119

- The distorted development of attention - the possible overarching reason for ADHD and ASD. **Kadziela – Olech H., Predko N.**

PM-120

- The effect of sexual abuse on posttraumatic psychiatric symptoms in children and adolescents with sexual abuse. **Lee S.B., Shin E., Kook S., Cheon K., Song D.H.**

PM-121

- The effects of stimulant medication on combined and inattentive ADHD subtypes: A longitudinal MRI study before and after pharmacological treatment. **Picado M., Gil L., Calvo A., García M., Nicolau R., Lera S., Vila M., Moyá J.**

PM-122

- The Sociodemographic and Clinical Features of Children with Obsessive Compulsive Disorder in a University Hospital in Turkey. **Kutuk M.O., Toros F., Sogut F., Erden S., Sanberk S., Yildirim V.**

PM-123

- The Spanish version of the Behavioural Inhibition Scale (BIS): Psychometric properties in a sample of adolescents. **Ballespi S., Pérez-Domingo A., Barrantes-Vidal N.**

PM-124

- The use of haloperidol with cognitive behavioral therapy treatment in 15 years old adolescent patient with internet gaming disorder. **Kilit N., Gorker I.**

PM-125

- The Uses and Abuses Of Facebook by Adolescents with ADHD. **Gul H., Gul A.**

PM-126

- Theory of Mind in children with Autism Spectrum disorders and Attention Deficit Hyperactivity Disorder: is social dysfunctioning common to both disorders? **Sá Carneiro F., Queirós O., Calhau C., Coelho R., Figueiredo Braga M.**

PM-127

- Trichotillomania and comorbidity in adolescents: two case reports. **Klobucar A., Tomac A., Jakušić N., Kocijan Hercigonja D.**

PM-128

- Trichotillomania in Under 5s. **Miltsiou E., Hodes M., Sohani M., Dominguez M.D.G., Pretorius, I.**

PM-129

- Validation of neurological soft sign's scale in children to search for endophenotypes in autism spectrum disorders. **Halayem S., Hammami M., Belhaj A., Amado I., Krebs M., Bouden A.**

PM-130

- Vocal chord nodules and psychopathology in children. **Bingöl Caglayan R.H., Polat Z., Sen E., Algedik P., Dem?rpence D., Baltaci I., Cakabay S., Ahmet S.H.**

PM-131

- Who attends Child and Adolescent Psychiatry Emergency Service in Lisboa, Portugal? **Prata A.T., Almeida C., Peixoto I., Dias P., Ganhoto R., Farinha M., Mesquita Reis J., Padez Vieira F., Moreira A., Caldeira da Silva P.**

PM-132

- Working with children with developmental disorders. **Karagianni M., Athanassopoulou E., Xatzilia I., Kentigeleni K., Papaevangelou A., Tsolaki E., Seitanidis T., Petrou D., Beka A.**

TUESDAY, JUNE 23rd

PT-001

- 22q11.2 Deletion Syndrome - The Neuropsychiatric Phenotype (in a Portuguese clinical sample). **Duarte Carvalho A., Soares G.**

PT-002

- A comparison between the childcare policies of the Sure Start Children's Centres, United Kingdom, and Dream Start, South Korea. **Lee Y.J., Bahn G.H., Lee S.I., Hong M., Han J.**

PT-003

- A latent variable approach to executive function in pediatric obsessive-compulsive disorder (ocd). **Hybel K.A., Mortensen E.L., Lambek R., Thomsen P.H.**

PT-004

- A Nine Year Old Girl With Phelan Mc Dermid Syndrome, Who Had Been Diagnosed With Autism Spectrum Disorder. **Gorker I., Gurkan H., Demir Ulusal S.**

PT-005

- A Perceptual Motor Program is not associated with improvements in movement control and English vocabulary in 5 year olds from ESL backgrounds. **Johnson K.**

PT-006

- A two year experience of a high resolution outpatient unit for adolescents. **Pérez Moreno M.R., Olivares L., Lázaro Y., Rodríguez Quijano J., Pelaz A., Tur N., Oca L., Reneses B.**

PT-007

- Abnormal functional architecture of amygdala-centered networks in adolescent posttraumatic stress disorder. **Aghajani M., Veer I., Van Hoof M., Rombouts S., Van der Wee N., Vermeiren R., Vermeiren R.**

PT-008

- Adolescence and groups: an experience following pichon-rivière's operative group model with adolescent population in a community mental health centre in southern Spain. **García de la Borbolla Sánchez V., Hermoso Limón A., Gómez Gutiérrez M.D., Noa Hortal M.F., Núñez Garcés M.**

PT-009

- Adolescent cannabis use and genetic variability in endocannabinoid system genes (CNR1, CNR2, FAAH): Interaction effects on age at onset of psychiatric symptoms. **Fatjó-Vilas M., Muñoz M.J., Soler J., Prats C., Miralles M.L., Giralt M., Castillo N., Miret S., Martín M.**

PT-010

- Adolescent inpatient care – a five years' casuistic. **Mendes P., Fonseca M.D.L., Guerra Aguiar I., Pangaio N., Araújo M., Confraria L., Queirós O., Saraiva J., Guerra J.**

PT-011

- Adolescent values and psychopathology. **Tejerina-Arreal M., García-Gómez P.**

PT-012

- Alcohol use in adolescents with a history of abuse. **Fernández Fernández J., Díaz de la Pena A., de la Viuda M.E., Casas Posada A., Costa Trigo R., Saavedra I., Coto Lesmer R.**

PT-013

- Altered response with methylphenidate to adhd-like symptoms in pervasive developmental disorder: Does ces-1 enzyme gene polymorphism have a role? **Ercan E.S., Akyol Ardic U., Yuce D., Ercan E., Aygunes D., Kosova B.**

PT-014

- Altered Resting-State Connectivity in Offspring of Schizophrenia Patients relative to Offspring of Bipolar Patients and Controls. **Solé-Padullés C., Padrós-Fornieles M., De la Serna E., Romero S., Calvo A., Sánchez-Gistau V., Baeza I., Bargalló N., Castro-Fornieles J., Sugranyes G.**

PT-015

- An Investigation of the Microstructural Organisation of the Fronto-Parietal Branches of the Superior Longitudinal Fasciculus using Constrained Spherical Deconvolution based Tractography in Autism Spectrum Disorders. **Fitzgerald J., Gallagher L., McGrath J.**

PT-016

- Arachnoid cyst and child psychiatric disorders. a case report. **Sánchez Lorenzo I., Mora Mesa J.J.**

PT-017

- Association between the metabotropic glutamate receptor7 rs3749380 polymorphism and methylphenidate treatment outcome in children with attention-deficit/hyperactivity disorder. **Choi B., Kim B., Park E.**

PT-018

- ¿Attention deficit disorder with hyperactivity or Juvenil Huntington disease? : case report and review of differential diagnosis. **Paolini San Miguel J., Bernal P., Mayayo E., Serrano M., Bestue C., Gallego S., Durán L., Nikov L., Matías A., Martínez I.**

PT-019

- Bullying, self-harming behaviour and attempted suicide among adolescents in Lithuania. **Lesinskiene S., Milieskaite M., Karaliene V., Stankeviciute V., Kostecka, J.**

PT-020

- Burden-focused psychosocial therapy with parents of children with bipolar spectrum disorders. **Koren E., Kupriyanova T.**

PT-021

- CAMH policy in Russia: current trends. **Severny A., Shevchenko Y., Koren E., Zvereva N.**

PT-022

- Care of adolescents suffering school phobia: Contributions from multidisciplinary work led by “Teenagers’home” service, at Avicenne Hospital in Bobigny, France. **Goudet-Lafont B., Dubois O., Benoît de Coignac A., Baubet T.**

PT-023

- Child and adolescent mental health care in Finland - changing trends. **Ebeling H.**

PT-024

- Child-rearing styles in the offspring of parents with schizophrenia and bipolar disorder. **Morón - Nozaleda M.G., Díaz - Caneja C.M., Moreno C., De la Serna E., Sánchez-Gistau V., Romero S., Sugranyes G., Baeza I., Castro-Fornieles J., Moreno M.D.**

PT-025

- Children, who are the focus of teachers concern and are due to transition from primary to secondary education, have raised SDQ scores. Can activity projects help? **Akister J., Saville H.**

PT-026

- Children with anxiety disorders show a vigilanz-avoidance pattern of threat-processing: Evidence from MEG-based source localization. **Wessing I., Romer G., Junghöfer M.**

PT-027

- Children's Mental Wellbeing Effects Their Educational Outcomes. Can Early Intervention Activity Projects Help? **Akister J., Saville H.**

PT-028

- Clinical picture during childhood/adolescence of adult patients admitted as inpatients with a schizophrenia spectrum disorder diagnosis. **Parrilla Escobar M.A., Sevillano Benito I., Gallardo Borge L., Maniega Rubio M.A., De Uribe Ladrón de Cegama F., Molina Rodríguez V.**

PT-029

- Cognitive deficits in early onset psychosis related to basal low antioxidant capacity. **Zorrilla I., Martínez-Cengotitabengoa M., Mico J.A., Arango C., Castro-Fornieles J., Graell M., López Peña M.P., Moreno C., Rapado-Castro M., González-Pinto A.M.**

PT-030

- Cognitive performance in children and adolescent with perinatal HIV infection in Poland. **Zielinska A., Pierowski F., Coupland U., Bielecki M., Srebicki T., Brynska A., Marczyńska M., Wolanczyk T.**

PT-031

- Cognitive resting-state networks from childhood to late adolescence: Age and gender effects. **Solé-Padullés C., De la Serna E., Padrós-Fornieles M., Calvo R., Baeza I., Moya J., Lázaro L., Bargalló N., Castro-Fornieles J., Sugranyes G.**

PT-032

- Coming out in front of five hundred adolescents: the experience of a person with lived experience. **García Aguayo C., De Simón Alonso L., Madoz Gúrpide A.**

PT-033

- Comorbidity' Profile of Children diagnosed with Asperger Syndrome or High Functioning Autism attended in a Mental Health Centre of Gran Canaria. **Martín Jiménez J.M., Fonoll Alonso M., Quesada Suárez I., Pereira López J., Santana Órtiz M.I., Molina Pérez N.**

PT-034

- Comparative study, on the health district of Santiago de Compostela, of subjects attending and not attending the Mental Health Unit of Adults, who were diagnosed of X code in the Mental Health Unit for Children and Adolescents. **Varela Reboiras L., Brenlla González J., Domínguez Santos M.D.**

PT-035

- Concordance between those diagnostics which are referred pediatric patients and those made by the mental health team. **Cruz Fourcade J.F., Rodríguez Criado N., De Cós Milás A., Chinchurreta de Lora N., Lapastora P., Pérez M.**

PT-036

- Description of a programme aimed to eraise mental health stigma targeted to students on secondary school. **De Simón Alonso L., García Aguayo C., Madoz Gúrpide A.**

PT-037

- Descriptive analysis of demographic and psychopathological variables in adolescent inpatient unit of hgugm in the last six months 2014. Comparative performance after 14 years. **Reche M., Espliego A., Moreno D., Chamorro M.**

PT-038

- Descriptive analysis of the symptomatology and presence of autism spectrum disorders in Spanish institutionalized children. **Renau V., Balcells R., Yagüe J.**

PT-0439

- Development of a risk score to guide individualized treatment selection in attention-deficit/hyperactivity disorder. **Grebla R., Setyawan J., Yang H., Cheng D., Cai X., Signorovitch J., Xie J., Erder M.H.**

PT-040

- Diagnostic and therapeutic taking in charge of children and adolescents affected by psychopathology and their parents. **Gatta M., Svanellini L., Sisti M., Stucchi M., Sudati L., Simonelli A., Spoto A., Fregna R., Miscioscia M., Battistella P.A.**

PT-041

- Digital technologies and cyberculture in in-patient psychiatric treatment of adolescents - a technology based therapeutic and pedagogic intervention (SOMOSA MedialabR) **Bilke-Hentsch O., Hartmann M.**

PT-042

- Disruptive mood dysregulation disorder and pediatric bipolar disorder. Sleep and attention. **Estrada Prat X., Álvarez Guerrico I., Camprodon Rosanas E., Batlle Vila S., Nascimento Osorio M.T., Baeza Tena E., Petrizan Aleman A., Martín López L.M., Pérez Solá V., Romero Cela S.**

PT-043

- Early communication in Serbian speaking children with 22q11.2 deletion syndrome. **Rakonjac M., Jelacic Dobrijevic L., Drakulic D., Cuturilo G., Jovanovic I., Stevanovic M., Vujovic M.**

PT-044

- Effect of parental variables on psychological difficulties of gifted children. **Olgun Kaval N., Tekinsav Sütcü S.**

PT-045

- Effectiveness of Dialectical Behavior Therapy in depressive symptoms in multi-problem adolescents. **Díaz Cosgaya A., Penas Cortés A., Fernández Rivas A., Sesma Pardo E., Kerejeta Lizeaga I., Vivanco González E., Beà Mirabent M., González Torres M.A.**

PT-046

- Effectiveness of psychotherapeutic intervention in a children and youth day hospital in a specialized child and adolescent psychiatric unit in southern Spain. **García de la Borbolla Sánchez V., Hermoso Limón A., Gómez Gutiérrez M.D., Núñez Garcés M., Noa Hortal M.F.**

PT-047

- Effects of atomoxetine and oros-mphon executive functions in patients with combined type attention deficit hyperactivity disorder. **Ince Tasdelen B., Karakaya E., Oztop D.B.**

PT-048

- Effects of cognitive remediation therapy on mental flexibility in children with autism spectrum disorder. **Hajri M., Abbes Z., Ben Yahia H., Boudali M., Halayem S., Othman S., Bouden A.**

PT-049

- Effects of cognitive remediation therapy on school results in children with autism spectrum disorder. **Hajri M., Abbes Z., Ben Yahia H., Ouanes S., Halayem S., Othman S., Bouden A.**

PT-050

- Effects Of Methylenetetrahydrofolate Reductase (MTHFR) Deficiency On Psychopathology In Children And Adolescents. **Poyraz Findik O.T., Murat D., Rodopman Arman A., Ozen F.), Ozer I.**

PT-051

- Electroconvulsive therapy in the Adolescents Unit of Gregorio Marañón Hospital (Madrid, Spain). Case series. **López Villareal A., San Martín Mc Donagh J., Vidal de la Fuente J., Sanz de Fuentenebro J., De Matteis M., Llorente Sarabia C., López Vicente C., Miguelez C., Moreno Pardillo D., Moreno Ruiz C.**

PT-052

- Enhancing Therapeutic Alliance with Children and Families in intercultural Mental Health Care. **Sturm G., Bonnet-Samitier S., Gouzvinski F., Denoux P., Raynaud J.**

PT-053

- Environmental factors associated with Suspected ADHD in Preschoolers using a screening tool (ADHD-RS-IV-P). **Marín-Méndez J.J., Borra-Ruiz C., Álvarez-Gómez M.J., Soutullo C.**

PT-054

- Epidemiological research of autism in children aged 3 to 14 years living in the Republic of Belarus. **Marchuk S., Dokukina T., Golubeva T., Emelyantseva T.**

PT-055

- Epidemiology of Autism Spectrum Disorder and Attention Deficit Hyperactivity Disorder in a community-based population sample of five-year-olds Children. **Saito M., Kaneda-Osato A., Tanaka M., Masuda T., Takayanagi N., Yasuda S., Nakamura K.**

PT-056

- Evaluating change in symptomatic and functional level of children and youth with emotional disorders: A naturalistic observation study. **Sørheim Nilsen T., Kvernmo S., Eisemann M., Handegård B.**

PT-057

- Evaluation and clinical implications of Bilingual migrant children with language impairment: experience of a Child psychiatry department in a multicultural Parisian suburb. **Di Meo S., Serre-Pradere G., Rezzoug D., Moro M.R., Baubet T.**

PT-058

- Evaluation of Parent-Infant Relationship in a sample of children with Regulation Disorders of Sensory Processing. **Mendes P., Moreira F., Barroso C., Guerra Aguiar I., Fonseca M.D.L., Fernandes G., Miranda V.**

PT-059

- Evaluation of social cognition in children of bipolar parents. **Üçok Demir N., Perdahli fis N.**

PT-060

- Evaluation of the impact of an anti-stigma intervention based on direct contact targeted to adolescents. **De Simón Alonso L., García Aguayo C., Madoz Gúrpide A.**

PT-061

- Evaluation Of The Impact Of Living In Family Buildings On Child And Adolescent Mental Health. **Yilmaz Kaynar S., Sabuncuoglu O.**

PT-062

- Executive functions in developmental attention-deficit/hyperactivity disorder: Comparison with adhd associated with rolandic epilepsy or rolandic spikes. **Zaimoglu S., Turkdogan D., Mazlum B., Bekiroglu N.**

PT-063

- Experience of holding psychocorrectional work with parents of children with autism at the stage of grief in Belarus. **Grigorieva I., Dokukina T., Emelyantseva T., Marchuk S.**

PT-064

- Experiences with refusal of off-label prescribing of psychotropic medications to children and adolescents in Japan. **Tsujii N., Saito T., Izumoto Y., Usami M., Okada T., Negoro H., Iida J.**

PT-065

- Finding an alternative to self harm through group based intervention for short stay hospitalized adolescents in Madrid. **Cerón B., Espliego A., Mayoral M., Delgado C., San Martín J., Roldán L., Torres L., Calvo A., Rodríguez E., Khermann L.**

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PT-066

- Gender differences in risk factors of infant psychopathological symptoms. **Canals Sans J., Hernández Martínez C., Voltas Moreso N., Arijá Valls V.**

PT-067

- Genetic variability of white matter related genes: association study in schizophrenia and autism spectrum disorders. **Fatjó-Vilas M., Prats C., Penzol M.J., Kebir O., Pina L., Martinez G., Giralt M., Parellada M., Krebs M., Fañanás L.**

PT-068

- Group work with internally displaced (IDP) children and adolescents in the community. **Ljubomirovic N., Aleksic O., Cekerevac A.**

PT-069

- Hospital Garcia de Orta E.P.E. Infant Mental Health Consultation, Portugal. **Pereira I., Mendes A., Pires P.**

PT-070

- How are you now? A 5-year follow up study in infant mental health. **Mesquita Reis J., Pinto Ferreira B., Santos C., Cartaxo T., Morgado J., Pangaio N., Caldeira da Silva P.**

PT-071

- How many sessions should a case seen in an outpatient specialist CAMHS service have? Who gets what for how long? A year's experience in a generic Tier 3 CAMHS service in Dorset, UK. **Preiss N., Barnsley J.**

PT-072

- Importance of early childhood observation related to intervention in context of community care. **Aleksic Hil O., Ljubomirovic N., Garibovic E., Rudic N.**

PT-073

- Influence of Val158Met polymorphism in COMT gene on grey matter in early onset-first episode patients. **Rodríguez-Toscano E., del Rey-Mejías A., Janssen J., Fraguas D., Parellada M.**

PT-074

- Inpatient Dialectical Behavior Therapy for Adolescents: A Retrospective Study. **Wöckel L., Bartlome S., Donat S., Venetz D., Rudari J., Ziltener S., Wüst F., Knöbel A., Rung D., Backes M.**

PT-075

- Interaction of Preadolescents with Autism – Focus on Speech Prosody, Gaze Behavior and Misunderstanding Situations. **Wiklund M.**

PT-076

- Integrating children's mental health care in the primary health care system -Langadas Health Center. **Karagianni M., Koufa A., Apostolou E., Athanassopoulou E.**

PT-077

- Investigating neuronal correlates of emotion regulation in young adults. **Stadler P.C., Menks W.M., Raschle N., Fehlbauer L.V., Euler F.**

PT-078

- Investigation of Parent-of-Origin Effects in Autism Spectrum Disorders. **Connolly S., Anney R., Gallagher L., Heron E.**

PT-079

- Is there a relation between parents' Executive Functions and their parenting style? **Cruz Alaniz Y., Jané Ballabriga M.C., Bonillo Martín A.**

PT-080

- Longitudinal changes in Chinese adolescent girls' mental health during the transition from primary to junior high school. **Guo J.**

PT-081

- Low and High Birth Weight and the Risk of Child Attention Problems. **Van Mil N., Steegers-Theunissen R., Verhulst F., Tiemeier H.**

PT-082

- Memoria humoral. una aportacion psicoanalitica sobre los sistemas de fijacion somatica en la infancia. **Gimillo Asensio J., Martínez Cantarero C., Fernández Criado M., de Miguel Aisa M.**

PT-083

- Mental health care necessities among paroled young offenders: preliminary results from a pilot clinical program. **Vidal de la Fuente J., Ávila Gutiérrez N., Serrano-Drozdowskyj E., López Villareal A., González Cieza L., Morán E., Espliego Felipe A., Fernández Díaz A., Torres Jiménez L., Moreno Ruiz C.**

PT-084

- Microsatellites in the 5' flanking region of AVPR1A were associated with social behavior scales of autism spectrum disorder. **Yoo H., Kim S.A., Park J.E., Ghim H., Noh D.**

PT-085

- Monitoring antipsychotics side effects in children: Program development. **De Cós Milas A., Güerre Lobera M.J., Beatobe Carreño L., Chinchurreta de Lora N.E., Rodríguez Criado N., Cruz Fourcade J.F.**

PT-086

- Multisystemic approach in treatment of risk sexual behaviors in clinical adolescent population. **Dabkowski M.**

PT-087

- Munchausen syndrome by proxy with psychiatric features: A case report. Diagnostic and management challenges. **Anikinaite J., Misevice M.**

PT-088

- On the Borders Between Residential Child Care and Mental Health Treatment in Europe: Development and Evaluation of an International Pilot Course to Enhance Inter-professional Collaborative Practice. **Jörns-Presentati A., Groen G.**

PT-089

- Parenting styles and childhood Generalized Anxiety: A conceptual model based on gender differences. **Monguillot Alonso M., Jané Ballabriga M.C., Bonillo Martín A., Laredo García A., Cruz Alaniz Y.**

PT-090

- Possibilities of hippotherapy application in complex child mental health improvement. **Palubeckiene V., Lesinskiene S., Kostecka, J.**

PT-091

- Preliminary Findings on Proinflammatory and Oxidative stress dysregulation in Early-onset Bipolar Disorder. **Moreno C., Calvo A., Merchán-Naranjo J., MacDowell K., García-Bueno B., Leza J., Parellada M., Arango C.**

PT-092

- Preschoolers' Empathy-Related Responses to Distress in Social Partners. **Grisham M., Lin H., Richard P., Tacke R., Ambrose J., MacGyvers V., Garber K., Schaff T.**

PT-093

- Prevalence of ADHD in a clinical sample according to DSM-5. **Peñuelas I., Busto M., Hernández Otero I.**

PT-094

- Prevalence of At-Risk Criteria of Psychosis in Children and Adolescents, and in Young Adults: Results from Two Swiss Community Samples. **Schimmelmann B.G., Michel C., Schultze-Lutter F.**

PT-095

- Prevalence of Psychiatric illness in parents of children treated. **Rodríguez Criado. N., De Cos Milás A., Chinchurreta de Lora N.E., Cruz Fourcade J.F.**

PT-096

- Prevalence of Psychosis-Risk Criteria and Symptoms in an Inpatient and General Population Sample of Children and Adolescents. **Schimmelmann B.G., Michel C., Martz-Irngartinger A., Schultze-Lutter F.**

PT-097

- Prevención de los trastornos mentales en la infancia. **Mollejo Aparicio E.**

PT-098

- Providing psychiatric care for young offenders: A pioneer multi-disciplinary approach. **Vidal de la Fuente J., López Vicente C., Serrano-Drozdowskyj E., González Cieza L., Beteta C., Hidalgo Sánchez S., Fernández Díaz A., Mayoral Aragón M., Moreno Pardillo D., Moreno Ruiz C.**

PT-099

- Psychiatric Disorders in Parents and Siblings of Children Diagnosed with Autism Spectrum Disorder: Findings From The Danish Psychiatric Central Register. **Abdallah M., Häßler F. Greaves-Lord K., Mortensen E.L., Hebebrand J.**

PT-100

- Radiography of the attendance and diagnosis in a childhood mental health service in a district in Madrid. **Rubio L., Rodríguez A., Pelaz A., Baena R., Pérez A., Mesían I., Rodríguez J., Lázaro Y., Strada G., Olivares L.**

PT-101

- Readmissions to an Adolescent Psychiatry Inpatient Unit - Readmission Rates and Risk Factors. **Mendes P., Fonseca M.D.L., Guerra Aguiar I., Pangaio N., Araújo M., Confraria L., Queirós O., Saraiva J., Guerra J.**

PT-102

- Reasons for referral and results of a High Resolution consultation of adolescent. **Olivares Gerechter L., Lázaro Y.P., Mesian Pérez I., Rodríguez Quijano J., Strada Herera G., Pérez Tejada A., Rubio Mendoza L., Martínez B., Pelaz Antolín A., Perez R.**

PT-103

- Reduced prefrontal hemodynamic response in pediatric autism spectrum disorder as measured by near-infrared spectroscopy. **Uratani M., Ota T., Iida J., Okazaki K., Matsuura H., Yamamuro K., Tanaka S., Kishimoto N., Iwasaka H., Kishimoto T.**

PT-104

- School Refusal – Family Risk Factors. **Moreira F., Mendes P., Fonseca M., Castro E., Caseiro J., Pangaio N., Sá Carneiro F., Osório E., Barrias P.**

PT-105

- Screen exposure in Tunisian child psychiatry consultants. **Bourgou S., Charfi F., Hamza M., Belhadj A.**

PT-106

- Secondary traumatization in offspring of male veterans with combat-related posttraumatic stress disorder. **Boricevic Maršanic V., Aukst Margetic B., Paradžik L., Karapetric Bolfan L., Rados I.**

PT-107

- SENTIA: A Spanish Systematic Online Monitoring Registry for Children and Adolescents Treated With Antipsychotics: Results From a 2-Year, Naturalistic Follow-Up Study. **Palanca Maresca I., Ruiz Antorán B., Forti Buratti A., Centeno Soto G., Avendaño Solá C., Correll C.U.**

PT-11

- Sexu08l Abuse predicts Functional Somatic Symptoms: An Adolescent Population Study. **Bonvanie I.J., Van Gils A., Janssens K.A.M., Rosmalen J.G.M.**

PT-109

- Showing practical skills in child and adolescent psychiatric evaluation. **López-Rico M., Jiménez-Hernández J., Torio-Palmero J., López-Sánchez J.**

PT-110

- Social Support, Parenting Styles and Latino Children Behavioral Functioning. **Serrano-Villar M., Huang K., Calzada E.**

PT-111

- Strengthening the parent-team alliance in child semi-residential psychiatry. **Lamers A., Van Nieuwenhuizen C., Vermeiren R.**

PT-112

- Systematic review of mental health outcomes in young people following sexual assault. **Villalta Macia L., Mac Gregor K., Clarke V., Viner R., Kramer T., Khadr S.**

PT-113

- TEDIS: a collaborative information system to collect pertinent data from psychiatric, neurologic, and genetic investigations in patients with pervasive developmental disorder. **Robel L., Bensaïd M., Damville E., Rousselot-Pailley B., Golse B., JAIS J., Landais P.**

PT-114

- The Amsterdam Sexual Abuse Case (ASAC)-study in day care centers: Longitudinal effects of sexual abuse on infants and very young children and their parents, and the consequences of the persistence of abusive images on the internet. **Lindauer R., Brilleslijper-Kater S., Diehle J., Verlinden E., Teeuw A., Middeldorp C., Tuinebreijer W., Bosschaart T., Van Duin E., Verhoeff A.**

PT-115

- The Dark side of Organic Symptoms. **Muñoz Martínez V., Rodríguez Gómez- Carreño C., Baos Sendarrubias P., Mella Domínguez L., Vargas Lozano F., Morales Saenz I., López Lavela E.**

PT-116

- The devastating effects of Shkothane. **Nichol R., Nel M.**

PT-117

- The effect of family environment on the antioxidant defense system in adolescents with family history of psychosis. **González-Pinto A., Martínez-Cengotitabengoa M., Arango C., Baeza I., Otero-Cuesta S., Graell-Berna M., Soutullo C., Leza J.C., Micó J.A.**

PT-118

- The effectiveness of Behavioral Parent Training program (PT) for children with ADHD and ASD in Japan. **Iwasaka H., Onishi T., Shikibu Y., Koeda K., Uemura**

PT-119

- The First Results of the New Dutch Youth Law. **Van der Meer J.**

PT-120

- The Impact of Austerity on the Mental Health of Children and Adolescents. **Miltsiou E., Hodes M.**

PT-121

- The impact of early prenatal stimulation on child psychophysiological development. **Jelicic Dobrijevic L., Sovilj M., Rakonjac M., Vujovic M., Fatic S.**

PT-122

- The importance of maternal weight for the occurrence of ADHD and autism in children. **Andersen C.H., Thomsen P.H., Lemcke S.**

PT-123

- The influence of lateralization and age on the semantic development at children. **Sokolov Buzganovic S., Buzganovic I.**

PT-124

- The outcome of primary prevention program for children and adolescents at risk for developing psychopathology. **Drobnic Radobuljac M., Nakicenovic D., Jordan J., Kodric J.**

PT-125

- The relation of maternal internalizing problems during pregnancy and postpartum with children's fussy eating. The Generation R Study. **De Barse L., Cardona Cano S., Jansen P., Jaddoe V., Hofman A., Tiemeier H., Franco O., Tharner A.**

PT-126

- The Research Review in Higher Specialist Child and Adolescent Psychiatry Training. **Hodes M., Gledhill J.**

PT-127

- The Role of the Psychiatric Nurse in Multidisciplinary Assessment at the Psychiatric Hospital for Children and Adolescents, Zagreb, Croatia. **Djuretic I., Boricevic Maršanic V., Paradžik L., Poljak M., Matula D.**

PT-128

- The school-based healthy-habits education intervention decreased depressive symptoms of middle school students. **Yoo H., Chang J.J., Wang J., Jung Y.K., Noh N., Jung H., Noh D.**

PT-129

- The scientific model and The DSM (or why It's so difficult to validate a psychotherapy model). **García Martín de la Fuente E., León-Velasco M., Martínez Luna R., Guerrero Buitrago E., Mazarrasa de Lagunilla B., Polo Montes F., Tarjuelo Amor B., Moreno de Miguel R., Beato Fernández L.**

PT-130

- The use of Routine Outcome Monitoring in child semi-residential psychiatry. **Lamers A., Van Nieuwenhuizen C., Siebelink B., Blaauw T., Vermeiren R.**

PT-131

- Trajectories of internalizing are shaped by early conduct problems and vocabulary: A multi-observer approach. **Martin-Storey A., Déry M., Temcheff C.**

PT-132

- Usefulness of animal type robot in the treatment in child and adolescent psychiatric ward. **Nakadoi Y.**

PT-133

- Validation of the French version of the Parental Reflective Functioning Questionnaire (PRFQ). **Couty F., Badoud D., Patrick L., Martin D.**

PT-134

- Validation of the Spanish Hoarding Questionnaire for Adolescents (CUAC-A). **Edelmira D., Eduardo D., Zahra N., Kelly R., Estrella F.**

PT-135

- Vortioxetine paediatric PK study: design, doses and demographics. **Huss M., Findling R.L., Poulsen L.H., Chen G., Auby P.**

PT-136

- What do young people say about a program aimed to eraise mental health stigma. **De Simón Alonso L., García Aguayo C., Madoz Gúrpide A.**

PT-137

- What is the best protective factor(s) in childhood sexual abuse and suicide? Age, Gender, Family, School? **Baytunca M.B., Kaya A., Ozbaran B., Ata E., Köse S., Aktas E.O., Aydin R., Yuncu Z., Bildik T., Erermis S.**

PT-138

- Why are the stepmothers portrayed as a bad character in both eastern and western fairy tales? **Lee Y.J., Bahn G.H., Han J., Lee Y.S., Lee Y., Hong M.**

**SUNDAY
POSTERS**

PS-001

A HEALTH PROMOTION PROGRAM FOR CHILDREN AND ADOLESCENTS WITH ADHD

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Objectives: ADHD is a chronic mental health problem with long-term morbidity in adulthood and high risk for mortality. In adults, it often presents as a lifelong condition associated with clinical and psychosocial impairment. Children and adolescents with ADHD often exhibit negative health behaviors e.g. sedentary lifestyle, unhealthy dietary patterns, bad sleep quality, high-risk behaviors, which are mainly associated with poor health outcomes. The aim of the present study was to evaluate a clinical-based health promotion program in children and adolescents with ADHD.

Methods: 70 children and adolescents with ADHD aged 10-13 were incorporated in the study, after being randomized in two groups, the intervention group (IG, N=35) and the control group (CG, N=35). An intervention program comprising counseling on healthy dietary patterns and physical activity and relaxation techniques was implemented for eight weeks. Outcome measures included Healthy Lifestyle (Lifestyle Questionnaire), Health-related Quality of Life (Pediatric Quality of Life Inventory 4.0-PedsQL 4.0), Psychiatric Symptoms (Strengths and Difficulties Questionnaire-SDQ) and Perceived Stress ("Stress in Children" Questionnaire-SiC).

Results: There have been no significant differences between the IG and the CG in perceived stress, health-related quality of life and psychiatric symptoms. Nevertheless, the IG participants mentioned a better sleep quality ($p = 0.001$), as well as fewer episodes of headache ($p = 0.001$) and stomachache ($p < 0.001$) during the last month. Moreover, they had adopted better eating habits, such as more fish ($p = 0.009$), fruits ($p = 0.002$), legumes ($p = 0.022$) and less sweets eating ($p = 0.004$), whereas they devoted more time to exercise ($p < 0.001$) and less time to watching TV ($p < 0.001$).

Conclusion: This is the first randomized controlled clinical trial oriented to health promotion in ADHD. The specific intervention program appears to have beneficial effects on the reduction of somatic complaints and on adapting health-promoting behaviors. This finding is really encouraging considering that lifestyle change in ADHD is of high importance taking into account the long-term morbidity and the high-risk behaviors exhibited.

PS-002

ADAPTIVE PROFILES IN CHILDREN WITH ATTENTION DEFICIT HYPERACTIVITY DISORDER AND AUTISM SPECTRUM DISORDERS.

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Many neurodevelopmental disorders display social difficulties, e.g. children with Attention deficit-hyperactivity disorder (ADHD) present usually inappropriate social behaviors. Often, social competences in ADHD are thought to be related to self-regulation deficits, low social skills adaptive level and attentional issues that can impact the overall ability to process social information. Children with ADHD may have low social impact and their social isolation and/or intrusive approaches to other children can be mistaken for unawareness of social world rules, as seen in Autism spectrum disorder (ASD). In ASD there is a specific social-communication core deficit, associated with restricted repetitive behaviors. Research during past years highlighted possible clinical overlapping between ADHD and ASD. In line with this, the Diagnostic and Statistical Manual of Mental Disorders, fifth edition (DSM-5) allows the comorbidity diagnoses of ADHD and ASD. Considering the main effort to combine diagnostic

approach to qualitative clinical dimension a group of children affected by neurodevelopmental disorders were studied.

30 patients (mean age 7,2) with ADHD as first diagnosis, was evaluated in our departments. They present complex clinical features, with important limitation in social competences. An evaluation protocol was set up including Autism Diagnostic Observation Schedule-second edition (ADOS-2), intelligence level evaluation and Vineland adaptive behavior scale-second edition (VABS-II). For all this patients with primary diagnosis of ADHD a clinical comorbidity with ASD was confirmed (ADHD+). Further ASD profile, intelligence level and adaptive functioning were compared with a group of 30 patients with ASD (mean age 7,7). ASD symptoms were found more relevant in ASD without ADHD group, instead ADHD plus group displayed a worse adaptive profile.

A relative worsening of daily living skills in subjects with double diagnoses was the most relevant preliminary finding and it may represents the hypothesis to develop in future research.

PS-003

ADOLESCENTES CON TRASTORNOS DE LA CONDUCTA ALIMENTARIA Y AUTOLESIONES

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INTRODUCCIÓN

Los Trastornos de la Conducta Alimentaria (TCA) son patologías en aumento en las que se han descrito la coexistencia de conductas autolesivas como mecanismo de afrontamiento de las emociones intensas.

El objetivo de este trabajo es estudiar la relación entre los diferentes subtipos de TCA, así como de sus manifestaciones sintomáticas con la presencia de conductas autolesivas, sin finalidad suicida

MÉTODO

Participantes

60 adolescentes ingresados en el Instituto de Trastornos Alimentarios (ITA) diagnosticados de Trastorno de la Conducta Alimentaria. La mitad de ellos presentaban historia de autolesiones, sin que éstas estuvieran presentes en la otra mitad de pacientes.

Instrumentos

- Para las medidas psicométricas se utilizaron los siguientes instrumentos:
- Entrevista Diagnóstica semiestructurada (SCID-I)

Eating Disorders Investigatory 3(EDI-3)

Procedimiento estadístico

Para la contingencia antes diagnóstico TCA y autolesiones se empleó el valor χ^2 y V de Crammer

Para establecer relaciones entre la presencia de autolesiones y las puntuaciones del EDI-3 se utilizó el Análisis de la Varianza y el valor η^2 para establecer el tamaño del efecto.

RESULTADOS

A excepción de las escalas de Inseguridad interpersonal y Perfeccionismo, todas las escalas del EDI-3 son significativamente más altas en el grupo de pacientes con historia de autolesiones. Las escalas desajuste emocional y déficits interoceptivos obtienen los mayores tamaños del efecto ($\eta^2 = 0,14$ y $\eta^2 = 0,21$ respectivamente).

CONCLUSIONES

A pesar de que el estudio no permite confirmar la asociación entre diagnóstico en TCA y presencia de autolesiones, la tendencia a la significación estadística replica los hallazgos de la literatura reciente.

En el caso de las variables clínicas medidas con el EDI-3, la relación existente entre autolesiones y síntomas sitúan a la conducta autolítica no suicida en un vector ascendente de gravedad del cuadro presentado. Así lo demuestra el hecho de que las escalas Bulimia, Baja Autoestima, Alienación personal, Ascetismo y Miedo a la madurez se sitúen en el Rango Clínico Elevado para el grupo con presencia de autolesiones a diferencia del grupo sin autolesiones, que puntúa en el Rango Clínico Típico

Los importantes tamaños de efecto encontrados en las escalas de desajuste emocional y déficits interoceptivos refuerzan la función de autoregulación disfuncional del malestar de las autolesiones.

Este último dato refuerza la necesidad de incluir programas para fomentar la autoregulación emocional mediante estrategias de afrontamiento eficaces en los programas de tratamiento estos trastornos

PS-004

ADOLESCENTS-PARENTS AGREEMENT ON MOOD SYMPTOMS IN KOREAN

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Objectives: Korean parents are known to be less sensitive to internalizing problems such as depression or anxiety of their children, while they consider externalizing problems such as aggressiveness and delinquency to be more salient. The purpose of this study was to evaluate the roles of the parent ratings and adolescents' self-reports during the assessment of bipolar and depressive disorders in Korean youth.

Methods: Subjects with mood disorder and their parents were recruited from September 2011 to June 2013 through the Department of Psychiatry at Asan Medical Center, Seoul, Korea. Community participants were recruited through two middle schools and one high school in Seoul. The parents of subjects completed Parent-version Mood Disorder Questionnaire (P-MDQ), 10-item P-GBI and Attention-Deficit/Hyperactivity Disorder Rating Scale (ARS). The adolescents did the 76-item A-GBI, Beck Depression Inventory (BDI), and Adolescents version of the Mood Disorder Questionnaire (A-MDQ).

Results: P-GBI ($t=3.07$, $p=0.003$), A-GBI depressive ($t=4.99$, $p<0.001$) and manic subscales ($t=3.17$, $p=0.002$), and BDI score ($t=4.76$, $p<0.001$) of clinic-referred group were all different from those of community group. However, A-GBI depressive subscale score ($t=3.02$, $p=0.003$), BDI score ($t=2.12$, $p=0.037$) and manic subscale score ($t=2.71$, $p=0.008$), but not P-GBI score, were different in bipolar disorder from those in depressive disorder. Moreover, while no item of P-GBI differentiated between bipolar and depressive disorders, eight items of A-GBI can discriminate them.

Conclusion: The results of this study suggest the importance of considering adolescents' self report during the assessment of bipolar and depressive disorder. These results are different from the findings from Western countries, and imply that cultural factors should be considered in assessing Youth's mood symptoms.

PS-005

AGE-RELATED DIFFERENCES IN NEUROPSYCHOLOGICAL PERFORMANCE OF ADHD SUBTYPES

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INTRODUCTION. Executive functions experience an improvement over normal development, parallel to brain maturation of prefrontal cortex (PFC). A delay in brain development has been consistently demonstrated in ADHD. Differences between subtypes have been documented in neuroimaging and neurocognition studies. The aim of this study was to explore differential

cognitive performance before and after puberty between inattentive (IN) and combined (CO) subtypes in respect to typical development.

METHODS. Seventy-five children and adolescents took part in the study: 23 IN, 31 CO and 21 age-matched healthy controls (HC). All participants were males, 8-16 aged, right-handed, medication-naïve, learning disabilities free and no one accomplished criteria for other DSM-IV disorders. Data of parents Conners' Rating Scale (CRS) inattention and hyperactivity scores, CBCL Sluggish Cognitive Tempo (SCT), WISC-IV intelligence scale, WMS-III spatial working memory (sWM), Tower of London and Conners' CPT-II were analyzed. Sample was divided in two subsamples, prepubertal (<12; n=38) and postpubertal (≥12; n=37), whose were standardized by the age-matched HC parameters. Student-Fisher T was calculated to compare the means of distances toward HC functioning between subtypes. Exploratory linear regression analyses were applied to analyze the influence of clinical variables in each age level.

RESULTS. Significant differences were shown between age levels within IN subtype in sWM ($t=2.18$, $p=.041$) and CPT commissions ($t=-3.12$, $p=.005$), and within CO subtype in CPT commissions ($t=-3.38$, $p=.002$) and CPT reaction time ($t=2.7$, $p=.012$). Prepubertal IN shaw better sWM than postpubertal, and both IN and CO prepubertals, higher motor control than postpubertals. SCT and CRS-IN scores explained 30% of variance on prepubertal sWM but General Cognitive Index predicted 31% of postpubertal's. CRS-IN explained 34% on prepubertal CPT reaction times.

CONCLUSION. Puberty increased impulsivity in both subtypes but sWM deficits only in IN. These results support non-parallel development pathways for dorsolateral PFC (cognitive processes) and frontal-striatum connectivity (reward processing) between ADHD subtypes and typically developing individuals.

LIMITATIONS. Females, comorbidity, left-handedness and learning disabilities were not been considered so further studies might extend these findings. Cross-sectional designs are not the more appropriate in development research, thus longitudinal studies are needed.

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PS-006

AGGRESSION IS NOT UNIFORM IN BOYS WITH ADHD, ADHD+ODD AND ADHD+CD

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Background and Aim. Attention Deficit Hyperactivity Disorder is one of the most common psychiatric problems and public health concern for the children and adolescents world wide. It is commonly presented with aggression, which may have different etiology and consequences in different subtypes of ADHD. The aim of this study is to evaluate the differences in aggression patterns in subtypes of ADHD.

Method.A total of 326 boyswith ADHD and aggressive behaviors were included, and evaluated with Schedule for Affective Disorders and Schizophrenia for School Aged Children: Presentand Lifetimeversion, Wechsler Intelligence Scale for Children-Revised, Children's Aggression Scale-Parentand Teacher Versions, Teacher Report Form, and Turgay DSM-IV Disruptive Behavior Disorders Rating Scale parentand teacher forms.

Results.Meanage of the patients was 9.95 ± 2.03 years. ADHD, ADHD+ODD, and ADHD+CD groups included 81 (24.8%), 61 (18.7%), and 184 (56.4%) patients, respectively. Aggressive behaviors were found to be significantly higher in ADHD+CD group, when compared to ADHD and ADHD+ODD in all evaluation scales used.

Conclusion. ADHD+CD is generally related with more severe aggressive behaviors. ADHD+ODD may predict the progression to more severe aggression and a diagnosis of CD in patients with ADHD.

Keywords. ADHD, comorbidity, aggression

PS-007

AN ADOLESCENT ANALYSIS: EATING DISORDERS OVERLAPPING SELF-HARM TENDENCIES

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INTRODUCTION

Eating disorders (ED) are notable mental health problems that primarily affect teenagers and young women. Several reports shows how its prevalence has increased since 1950 [1,2](#). ED behaviors have been cited in more than half of individuals who self-injure³ and self-injury tendencies are associated with increased ED symptomatology in young adolescents⁴.

OBJECTIVE

The aim of this paper is examine the prevalence of ED in an adolescent sample of a High Resolution consulting room of our hospital and its overlap with self harm thoughts and attempts.

METHOD

171 patients (ages 14-18) coming from the family physician were attended in our Young & Adolescents psychiatric services between January 2013 and October 2014.

RESULTS

Although 229 patients were rushed to the psychiatric services, we only attended to 171 (absenteeism was 25,3%). ED were reported at a total of 18 people (10,5%). The vast majority was female (94,4%). 15 people were Caucasian (83,3%), only 3 were Latinos (16,7%). 83,3% corresponded to 14 from 16 years old patients. Only 2 of them (11,11%) were 17, and a unique case (5,5%) was 18. Although self-harm thoughts were present in 38,9%, only 27,8% had auto injurious behaviors.

CONCLUSIONS

In Spain, lifetime prevalence of individual eating disorders is 4,1-6,41%, which is below of our result [5](#). Nevertheless, self-injurious thoughts behaviors and eating disorder pathology have high degree of overlap, as shows another reports², [6](#). When diagnosing and treating ED, one must also keep in mind co-morbidity in order to provide the best and specific treatment as possible.

[1](#)Rosen D. Identification and Management of Eating Disorders in Children and Adolescents. Pediatrics. 2010;126:1240-53.

[2](#)Hsu L. Epidemiology of the eating disorders. Psychiatr Clin North Am. 1996;1996(19):4.

[3](#)Svirko E, Hawton K. Self-injurious behavior and eating disorders: The extent and nature of the association. Suicide Life Threat Behav. 2007; 37:409–421

[4](#)Ross S, Heath NL, Toste JR. Non-suicidal self-injury and eating pathology in high school students. Am J Orthopsychiatry. 2009; 79:83–92.

PS-008

ANOREXIA NERVOSA IN ADOLESCENT GIRLS AND CELIAC DISEASE SEROLOGY

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Introduction: Celiac disease (CD) is a common autoimmune disorder characterized by, gluten-induced systemic symptoms and signs, presence of specific antibodies and specific human leukocyte antigen type, and characteristic histological changes in the duodenum. At the onset, patients may present typical manifestation (diarrhea, weight loss), may be oligosymptomatic or they may present atypical symptoms including eating disorders. [Passananti et al. 2013].

Anorexia nervosa (AN) presents usually in the adolescence with symptoms partially overlapping CD. Recently Basso and colleagues [2013] reported the prevalence of CD in a population of 177 adolescents affected by AN founding that the overall prevalence of CD in their sample was the same of the general population. They concluded that AN patients may not require regular screening for CD.

Methods. We report a retrospective study on 75 consecutive adolescent female inpatients diagnosed with AN of the restrictive type according to DSM-IV-TR criteria, investigating whether baseline AN-related clinical characteristics could predict a CD diagnosis. We collected the results of CD specific serological tests. If any total antibody determination was over laboratory cut-off, a second determination distinguishing IgA and IgG subtypes was performed. IgA deficiency was investigated as well according to guidelines [Husby et al. 2012]. Adolescent girls with AN were all asked to complete the Eating Disorder Inventory-3 (EDI3) and the Children's Depression Inventory (CDI).

Results: One patient of our series was already carrying a biopsy proven CD diagnosis before arriving to our attention for the AN diagnosis and was under a gluten-free diet.

Anti-TG2 serology allowed the identification of 2 patients who were eventually diagnosed with CD following a duodenal biopsy. Eight additional patients presented with anti-DGP antibodies above cut-off values. None of them presented anti-EMA and so no further investigations were performed. In the remaining 65 cases CD serology was not significant. Neither age, disease duration, BMI, EDI3 specific subscores and composites, nor CDI were significantly associated to any CD measure or characterized a specific group.

Discussion. CD serology might be not so useful as a screening strategy in AN, but we must remember that CD might occur. Moreover, many neuropsychiatric conditions (including eating disorders) have been variably associated to the presence of any CD-antibody positivity, as well as diffuse brain changes [Bilgic et al. 2013]. Possibly other presentations such as non-celiac gluten sensitivity might be considered for future investigations [Volta et al. 2014].

PS-009

ANXIETY DISORDERS IN CHILDREN: A 2 YEAR FOLLOW UP STUDY

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Background: Anxiety disorders are among the most common psychiatric disorders in children. Although childhood anxiety has a significant impact on a child's developmental trajectory, only a handful of studies examined the long-term impact of this diagnosis and its treatment.

Methods: With this study we set out to characterize a sample of children from 5 to 13 years old, who were first evaluated at our clinic in 2012-2013 and received a diagnostic of Generalized Anxiety Disorder (GAD), Specific Phobia (SP), Separation Anxiety Disorder (SAD) or Social Phobia (using the DSM IV classification). The sample was collected from our Child Mental Health Outpatient Clinic (Clínica do Parque). For each group, we analysed Individual/family characteristics, presence of comorbid disorders, severity of the clinical diagnosis, treatment options and the clinical outcome. We revisited those children 2 years after the initial diagnosis

to evaluate their anxiety levels, comorbid disorders, their global development and the impact of the remaining symptoms on their daily life and on their families.

Results: Most children had a positive clinical outcome after therapeutic consultations with a child and adolescent psychiatry (either a senior doctor or a resident). For the vast majority of the children there was no need for pharmacotherapy nor for weekly psychotherapy sessions.

Psychotherapy was mainly used for anxious children with depressive comorbidities and pharmacotherapy for those with severe conditions or with comorbid Panic Disorder, Hyperactivity and Attention Deficit Disorder, Oppositional Disorder and Conduct Disorder.

Conclusion: This 2 year follow up study showed improvement for the vast majority of the children. However, the results were less positive for those with comorbid disorders, despite having a more intense and diverse treatment. We are especially concerned with a number of children that showed depressive symptoms during or, even, after the treatment for the anxiety disorder.

Key words: Anxiety Disorders, Follow Up, Depressive Comorbidity

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PS-010

ASPERGER SYNDROME AND COMORBIDITY WITH PSYCHOTIC DISORDERS.

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OBJECTIVES

Asperger Disorder was first described in 1944 by the Austrian pediatrician Hans Asperger. The pattern of comorbidity is different from other autistic disorder, with a higher level of psychosis, disruptive behavior, anxiety, and mood disorders. We present a case of Asperger disorder, with psychosis being the predominant reason for the referral.

METHODS

10-year-old girl, who presents new emerging psychotic symptomatology and disruptive behaviour. Normal pregnancy, childbirth and psychomotor development (until 12-15 months); language difficulties (monosyllables, words repeating, speech therapist was necessary). Encopresis and enuresis. Diabetes mellitus-1 since 8 years old. Poor school performance (inattentive, staring off...). Difficulties with peers. She has a 13-year-old brother, diagnosed also of Autism Spectrum Disorder.

Follow-up in Infantile Psychiatry from 6 years old, she was diagnosed Autism Spectrum Disorder (Asperger Syndrome) and ADHD. Later she became a phonetic tic and depressive mood.

Nowadays she is very agitated and anxious, and she doesn't play with peers. She has also obsessions with the magic, the prophecy and mystic thoughts. She ran away from home several times. She thinks "people read her mind", she talks about "the good and evil". She tends to take skins from her fingers and from her heels. She pulls out her hair.

RESULTS

During the hospitalization the patient has improved, she has a more coherent speech and she distinguishes the fantasy of the reality. She has proved to be more organized in the activities and tasks of bathroom, Though the supervision continues being necessary.

Nowadays she is capable of joining the group and taking part of the activities with the others, waiting for her shift and adjusting to established procedure.

Psychotic symptomatology has diminished and, according to the own patient, it has stopped occupying a principal place in her thoughts to be relegated to a secondary paper. The patient received treatment with 4 mg/d of Risperidone.

CONCLUSIONS

The differential diagnosis of Asperger Syndrome versus Schizophrenia can be a challenge. Some other comorbidities can mask it. Sometimes, patients come into contact with a psychiatrist in adulthood because they present a variety of psychopathological symptoms; they are described as being odd, with bizarre behavior. Any disorder in the autistic spectrum can present psychotic symptoms in the context of a brief psychotic episode or mood disorder. It is necessary to make a differential diagnosis, not only with schizophrenia, but also with schizoid and schizotypal disorder.

PS-011

ATTENTION PROFILE IN CHILDHOOD ABSENCE EPILEPSY

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Objectives: Childhood absence epilepsy (CAE) is a common pediatric epilepsy syndrome affecting 10% to 17% of all children with epilepsy which occurs in otherwise normal children, more frequently girls, with a strong genetic predisposition. CAE manifests clinically with complete loss of awareness and responsiveness, and cessation of on-going activities. The association between childhood absence epilepsy and attentional problem has been the focus of researches for many years. Although CAE has been generally presumed to be relatively benign, recent comparative studies suggest that patients with CAE show attention problems after their seizure control is accomplished. Attention can be regarded as the fundamental function for other more complex forms of cognitive activity. Therefore, difficulty of attention can interfere with children's academic performances and daily lives. This study aimed to compare attention profiles of subjects with childhood absence epilepsy (CAE) to those of children with attention-deficit/hyperactivity disorder (ADHD) and controls.

Methods: We retrospectively reviewed the medical records of 18 subjects (age 7.06 ± 1.5 years, 5 boys) who were diagnosed as having CAE from March 2010 to September 2013 at the Department of Pediatric Neurology of Asan Medical Center, Seoul, Korea. Baseline samples of ADHD and control were acquired from subjects who participated in author's study 'Identification of intermediate phenotype for ADHD and genome-wide association and linkage analysis'. The parents of 20 children with CAE, 20 children with ADHD and 20 typically developing children completed the ADHD rating scale. All subjects completed the computerized continuous performance tasks (Advanced Test of Attention, ATA). We compared the z-scores adjusted for age and gender of the ATA using analysis of variance.

Results: Children with CAE and ADHD showed higher omission errors and longer reaction time on ATA than the controls. The reaction time variability was higher in children with ADHD than in those with CAE or the controls. CAE subjects with ADHD showed higher commission errors than CAE without ADHD.

Conclusion: These findings suggested that children with CAE were impaired in selective attention.

PS-012

ATTENTION-DEFICIT/HYPERACTIVITY DISORDER RATING SCALE IV SUBSCALE ANALYSIS BY VISIT IN A EUROPEAN, PHASE 3, RANDOMIZED, DOUBLE-BLIND CLINICAL TRIAL OF GUANFACINE EXTENDED RELEASE IN CHILDREN AND ADOLESCENTS WITH ATTENTION-DEFICIT/HYPERACTIVITY DEFICIT

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Introduction

Guanfacine extended release (GXR), a long-acting α 2A adrenergic agonist, is a non-stimulant medication approved in the USA (children and adolescents) and Canada (children) for the treatment of attention-deficit/hyperactivity disorder (ADHD). In the primary efficacy outcome from a European, phase 3 clinical trial, the placebo-adjusted, least-squares (LS) mean change from baseline by visit 15 in ADHD Rating Scale IV (ADHD-RS-IV) total score was statistically significant for both GXR and the reference treatment atomoxetine (ATX).¹ Here we report ADHD-RS-IV hyperactivity/impulsivity and inattentiveness subscale scores throughout the dose-maintenance phase of the study.

Methods

In this double-blind, parallel-group study, patients aged 6–17 years were randomized 1:1:1 to receive dose-optimized GXR, placebo or ATX. On completion of a dose-optimization phase of 4 weeks (children aged 6–12 years) or 7 weeks (adolescents aged 13–17 years), patients entered a 6-week dose-maintenance phase (visits 10–15). The maximum permitted dose of GXR was 4 mg/day for children and 4–7 mg/day (depending on body weight) for adolescents. Change from baseline in ADHD-RS-IV hyperactivity/impulsivity and inattentiveness subscale scores were pre-specified as secondary efficacy outcomes.

Results

Of 338 patients who were randomized, 337 were included in both the full analysis set (FAS) and safety population and 272 completed the study to visit 15. The placebo-adjusted, LS-mean change from baseline in ADHD-RS-IV hyperactivity/impulsivity subscale scores throughout the dose-maintenance phase (visits 10–15) were statistically significant for GXR ($p < 0.001$ for all visits; effect sizes 0.79–0.88) and ATX ($p < 0.05$ for all visits; effect sizes 0.33–0.40). For the inattentiveness subscale, placebo-adjusted, LS-mean changes from baseline were statistically significant for GXR ($p < 0.001$ for all visits; effect sizes 0.65–0.73) but not ATX (effect sizes 0.21–0.26). Treatment-emergent adverse events (TEAEs) were reported by 65.8% on placebo, 77.2% of patients on GXR and 67.9% on ATX. Most TEAEs were mild to moderate.

Conclusions

Compared with placebo, GXR treatment resulted in statistically significant and comparable improvements in the symptoms of hyperactivity/impulsivity (medium to large effect) and inattentiveness (medium effect) in children and adolescents with ADHD throughout the dose-maintenance phase.

References

1. Hervás A et al. *Eur Neuropsychopharmacol* 2014; 24(12):1861-72

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PS-013

ATYPICAL EARLY NEURODEVELOPMENTAL CHARACTERISTICS IN CHILDHOOD ONSET DEPRESSION- TWO CASE-CONTROL STUDIES

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Introduction: Early difficult temperament has been documented as risk for psychopathology later in life and there are studies documenting the role of perinatal problems and developmental delay in the development of different psychiatric disorders in children and in depressed adults. We aimed to extend our understanding about the etiology of childhood onset depression (COD) by comparing clinically depressed kids to healthy controls and to their unaffected siblings regarding atypical early temperamental and neurodevelopmental characteristics. Hypothesis: 1) Perinatal problems, developmental delay, and difficult temperament are more frequent in children with COD than in community control kids and 2) in their unaffected siblings. Method: Participants were children with COD (N=648 and N=95 in case of the comparison to siblings), their unaffected siblings (N=97) and community control kids (N=648) from elementary schools. Diagnoses were based on DSM-IV criteria. In case of controls depressive symptoms were measured by self rating scale. Mothers provided developmental data in a face-to face structured interview (COD kids and unaffected siblings) and via self-rated version of the same interview about controls. Using the data from this interview we created four scales of atypical development: total neurodevelopmental problems, perinatal problems, developmental delay, and difficult temperament. Results: Comparing the depressed to the control group depression significantly associated with the perinatal ($F=10.73$; $p=0.0011$), the developmental ($F=21.73$; $p<0.0001$), the temperamental ($F=90.38$ $p<0.0001$) and the total score ($F=80.09$; $p<0.0001$) as well. The difficult temperament scale differentiated significantly ($F=5.556$; $p=0.019$) between the depressed and unaffected siblings group as well. Regarding this scale significant depression status-X-sex interaction was found ($F=2.908$; $p=0.036$). Across our study groups the difference was the most robust regarding the item of hard to comfort, which was six times frequent in the depressed group (28.59%) comparing to community controls (5.25%) and about twice as frequent than in unaffected siblings (13.4%), indicating that unaffected siblings were between the depressed and normal controls. Conclusions: Early neurodevelopmental characteristics elevated the risk for COD. The variables that refer to difficult temperament are emerged with significantly higher frequency in unaffected siblings than in community controls. Improving the support for mothers dealing with infants with difficult early temperament could have positive effect in the prevention of COD later in childhood.

Keywords: childhood onset depression, temperament, early neurodevelopmental problems

PS-014

BODY IMAGE: SEVERAL INFLUENCES

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Introduction: The body image is defined as the internal representation of the individual external appearance. It is multidimensional, so that comprises cognitive, emotional, behavioural and relational aspects. All these variables are undergoing major changes throughout life, influencing the perception of the body. Adolescence is a period of vulnerability to develop a sense of dissatisfaction with body image. Parents and peers are important figures in the transmission of ideas and cultural beauty models and attitudes related to physical appearance, which are often associated with the dissatisfaction of young people with their body image.

Objectives: The purpose of this study is to evaluate the variables that may predict disturbs of the body image (mainly family and peer factors').

Methods: The sample is composed by 73 adolescents, ages raging between 12 and 17 years old. Of them, 38 attend the Child and Adolescent Psychiatry and Mental Health Department and 35 were selected among general population. Both samples answered the BSQ (Body Shape Questionnaire). For data analysis, the authors used a regression model.

Results: In both samples, BSQ means don't indicate body image distortion. However, results are quite different between groups. In clinical sample, BSQ values are significantly higher than the general sample ones. In the clinical sample, dissatisfaction with peers is a risk factor for body image distortion. In the general sample, both peer and family factors influence body image satisfaction, but aren't risk factors for distortions, per se.

Conclusions: Dissatisfaction with the peer group is a risk factor for negative body image of adolescents, in clinical sample. The same is not true in the general population, in what appears to be important a combination of several factors. Thus, in an inverse way, it seems that the relationships developed in the peer group can function as a protective factor and mitigate the negative impact that certain factors of individual or environmental risk have in the perception of body image.

Keywords: body image, relationships, family, peers.

PS-016

CANNABIS USE IN ADOLESCENCE AND BIPOLAR DISORDER : A CASE REPORT AND REVIEW OF THE LITERATURE

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Introduction:

If the link between cannabis use and psychotic states seems established, its relationship with mood disorders is still far less studied. According to some authors there is a high frequency of cannabis use in bipolar patients and a higher risk of developing a mood disorder in cannabis users especially in adolescence.

Objective:

The aim of this presentation is to demonstrate a case of cannabis-induced mania in an adolescent and to discuss our case through a literature review.

Case report:

C. a 14 year old teenager, who was brought to our child psychiatry emergency by his mother in an array of psychomotor excitement. C. was with no known psychiatric neither medical personal history. He has two sisters with intellectual disabilities and a paternal aunt followed for an undisclosed psychiatric disorder. Our patient is enrolled in 9th grade basic education, he never repeated. He admitted to using cannabis since December 2011. Then, he had taken it daily (about 500 to 700 mg of cannabis per day) until 3 weeks before the consultation.

The diagnosis of mania according to the diagnostic criteria of the DSM IV TR was selected. He received Haldol injection and mood stabilizer (Depakine) during the first days and he didn't require an hospitalization. the complete resolution of the patient's manic episode was obtained after 3 weeks. Then, he took a mood stabilizer (Depakine) for 2 years without relapse.

As his condition remains stable and at his insistance to stop medication, the mood stabilizer was discontinued. Two months later, he returned to us with mania. Bipolar disorder type 1 was then selected according to DSM IV TR.

Conclusion:

We will discuss the involvement of cannabis use on the onset clinical course and prognosis of various mood disorders and bipolar disorder in particular through a literature review.

Key Word: substance abuse, bipolar disorder, adolescence

PS-017

CHILD ATTENTION DEFICIT HYPERACTIVITY DISORDER: A STUDY ON

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Aim:

The study of children's personality, as well as its constitution and development, has spawned the emergence of different physiological theoretical models. Despite discrepancies among them, it's understood that certain central dimensions exist that are shared in every theoretical frame. Knowing whether certain personality traits that are characteristic of children who are diagnosed as having Attention deficit hyperactivity disorder (ADHD) exist, and whether there are differences among its different subtypes might contribute to superior therapeutic detection and clinical guidance.

Method:

Personality traits are compared (temperament and character) through Cloninger's Junior Temperament and Character Inventory (JTCI) in a sample of 37 children diagnosed as having ADHD (according to the diagnostic criteria of Diagnostic and Statistical Manual of Mental Disorders, 4th Edition, DSM-IV) with a sample of 32 non-attended controls in mental health. The age of the population range from 9 to 13 years, both included.

Results:

The children suffering ADHD are more impulsive and less persistent in the temperament dimensions than those not diagnosed as having ADHD, obtaining a higher novelty seeking (NS), and a lower persistence (P). Likewise, in the dimensions of character, they have a lower self-esteem and they feel less integrated than the children diagnosed as having ADHD, with lower self-directedness (SD) and cooperativeness (C). Albeit differences among subtypes of ADHD were sought, no one was found.

Conclusion:

Children diagnosed as having ADHD share distinct personality traits from the control population, without differences among ADHD subtypes. The JTCI can contribute to a better detection of children with ADHD.

1.- Cloninger CR, Przybeck TR, Svrakic DM. The Tridimensional Personality Questionnaire: U.S. normative data. Psychol Rep 1991;69(3 Pt 1):1047-57.

2.- Cloninger CR, Svrakic DM, Przybeck TR. A psychobiological model of temperament and character. Arch Gen Psychiatry. 1993;50:975-90.

PS-018

CHILDREN'S EATING ATTITUDES TEST: RELIABILITY AND VALIDATION IN JAPANESE SCHOOLCHILDREN

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Objective: Japanese female adolescents have recently become thinner compared with female adolescents in other developed countries. According to the 2013 reports of the Japanese Ministry of Health and Welfare, the percentage of female adolescents whose body mass index was less than 18.5 was 21.5%. The prevalence of abnormal eating attitudes is increasing in younger children. In particular, it is easy for elementary and junior high school students to follow an extreme diet as they become sensitive to social and cultural expectations. An excessive diet may also lead to eating disorders (ED). Therefore, the accurate assessment of eating attitudes in children is necessary in school mental health. The Children's version of Eating Attitudes Test with 26 items (ChEAT-26) is widely used internationally to assess abnormal eating behavior. The purpose of this study is to validate the Japanese version of the ChEAT. Method: The survey was first approved by three prefectural education committees and 49 elementary or junior high schools covering both urban and rural communities were selected. Participants included 7,076 schoolchildren aged between 10 and 15 years old (mean age, 11.4; 48% boys) and 42 female children with ED (mean age, 13.2 years). The ChEAT data of children with ED were collected from members of Japanese Society of Psychosomatic Pediatrics. The Japanese version of ChEAT was translated by two independent bilingual translators and then back-translated by another translator. Factor analysis of content was performed using varimax rotation. The optimal cut-off point was evaluated using receiver-operating characteristic (ROC) curve. Results: The mean ChEAT score was 7.2. The mean score was significantly higher in urban than rural areas, and was higher with increasing age. Five factors explained 46% of the variance. Cronbach's α was 0.78 for the total scale. The five factors were mostly similar with previous literature excerpt interpretation of reverse-score items (Int J Eat Disorder 2011;44:540–46). The area under the ROC curve was 0.83. Sensitivity was 0.78 and specificity was 0.84 for a cut-off of 13. Conclusion: The Japanese version of ChEAT is a reliable and valid psychometric tool that may be useful as triage and assessment of children with abnormal eating behavior.

PS-019

CHILDHOOD EATING DISORDERS IN HOSPITAL TREATMENT

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Childhood Eating Disorders in hospital treatment

Introduction

Epidemiological studies show an increased incidence of Eating Disorders (ED) in latest decades. This group of disorders have gained socio-sanitary relevance for the severity and complexity of both diagnosis and treatment. Recent data suggest an increasingly earlier age of onset of ED symptoms and a difficulty to detect them in children and adolescents, as they have their own specificities on symptomatology, diagnosis and evolution.

Objectives

To compare the profile (clinical symptoms, sociodemographic characteristics, treatments) of patients admitted to the Pediatric Hospital Materno Infantil of Gran Canaria with ED in that specific age group (<14 years) with the inpatients in the General Hospital.

Method

Analysis of clinical and statistical data of patients with Eating Disorders in inpatient treatment during the period 2011-2014 in Gran Canaria.

Results

Analysis of Demographic data (age, sex), clinical variables (BMI, onset of symptoms, food restriction, bingeing, purging / compensatory behaviors, altered body image perception, comorbid mental disorder), previous treatment, treatment during hospitalization (psychological, psychopharmacological, nutritional support, nasogastric tube, admission time) and evolution.

Conclusions

Eating Disorders in childhood and early adolescence present their own particular characteristics that indicate the need for special attention in this age group to encourage appropriate action from Pediatrics, and the referral and rapid intervention by specialist services, to try to avoid more invasive treatments and ultimately the chronicity of the disorder.

PS-020

CLINICAL AND NEUROCOGNITIVE PREDICTIVE FACTORS FOR GOOD RESPONSE TO METHYLPHENIDATE TREATMENT IN A ADHD SAMPLE IN SPAIN. A NATURALISTIC FOLLOW-UP STUDY.

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Objective. To review the clinical characteristics, course and treatment response of children with ADHD in our Outpatient Clinic sample, in a longitudinal, naturalistic follow-up study at the University of Navarra, in Pamplona, Spain and to describe predictive factors of good response to treatment with methylphenidate (MPH).

Methods. 497 patients were included meeting criteria for ADHD (Age 6-18, and main diagnosis of ADHD not due to substance abuse, IQ < 70, or Autistic spectrum disorder, not participating in a clinical trial). Patients were evaluated by a trained Child & Adolescent Psychiatrist using a K-SADS interview template, to evaluate baseline symptoms (Du Paul / SNAP / CGI), comorbidity course of illness (CGI at endpoint), and endpoint dose that achieved good response. We also evaluated patients with neuropsychological testing, including WISC, CPT & Stroop.

Results. Mean (\pm SD) age of our patients was 11.3 \pm 3.2 years old. 82% of patients were male, and 48,90% had ADHD with comorbidity (ODD, Depression, Anxiety Disorders and Bipolar Disorder). According to the DSM-IV we classified ADHD into two groups including inattentive subtype (31,7%) and hyperactive-impulsive and combined subtypes (68,3%). Mean Baseline CGI-S score was 4.35 \pm 0.6. Baseline ADHD-RS was: 31.1 \pm 9. Mean of follow up 27 months (15-43 RIC). The most frequent ADHD-RS symptoms were: Disorganized, Avoids mental effort, distracted, and fidgets. Of the patients treated with MPH, 79.8% of patients had full remission of symptoms, with a mean dose of 1.18 \pm 0,46 mg/kg/day. There was an association of worse response with lower IQ, and lower scores in "forgetful" and "is spiteful and vindictive" items at ADHD-rs, and ODD and Depression comorbidities, predict decreased likelihood of response to MPH.

Conclusion. The mean dose required to control symptoms was 1.2 mg/kg/day. There was some association between some neuropsychological results and a worse response to MPH, but these cannot be still used to predict response.

References.

Polanczyk G, de Lima MS, Horta BL, Biederman J, Rohde LA (2007). The worldwide prevalence of ADHD: a systematic review and meta-regression analysis. *Am J Psychiatry* 164:942-948
SNAP-IV Rating Scale is a revision of the Swanson, Nolan and Pelham (SNAP) Questionnaire (Swanson et al, 1983)

PS-021

CLINICAL CHARACTERISTICS OF EARLY ONSET EATING DISORDER IN JAPANESE BOYS: A RETROSPECTIVE OBSERVATIONAL STUDY

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Aim:

The aim of this study is to elucidate clinical characteristics of early onset eating disorder (ED) in Japanese boys compared with girls. Our main hypothesis is that ED boys have earlier onset and more autistic features than ED girls.

Background:

Previous studies have discussed little on the clinical characteristics of early onset ED boys, albeit their low but constantly growing prevalence.

In Japan, the prevalence of ED had a 10-fold increase in 20 years since 1980. In the late 1990s, the prevalence of Anorexia Nervosa (AN) had quadrupled. Furthermore, the proportion of the teen age group is growing among the ED population year by year, suggesting the trend of its earlier onset. Therefore, early intervention and treatment for ED is an important issue.

Method:

This study is a retrospective observational study. Participants included 161 children (age 12.14 ± 1.64 years) with a DSM-IV-TR diagnosis of ED between January 5, 2007 and November 10, 2014 at the department of child and adolescent psychiatry, Kohnodai Hospital, National Center for Global health and Medicine. Tokyo Autistic Behaviors Scale (TABS) was used to evaluate the autistic features of the participants. Children were divided into two age groups: the children group (8-10 years) and the adolescents group (11-15 years). The number of children with ED and participants with comorbid psychiatric disorders was statistically compared between boys and girls by the chi-square test for each group. The total score of TABS was statistically compared between boys and girls by the Mann-Whitney U test for each group.

Result:

Participants were 13 boys and 148 girls. The number of boys and girls were 7 and 23 for the children group and 6 and 125 for the adolescent group respectively. The proportion of the children group was significantly higher for boys than girls ($p < 0.01$). The mean TABS total score of boys and girls were 7.9 ± 5.00 and 5.36 ± 3.82 respectively and showed significant difference ($p < 0.01$).

Conclusion:

Boys' ED had an earlier onset and more autistic features than girls' ED. Autistic features might be related to earlier onset of ED.

PS-022

CLINICAL FEATURES AND NEW DIAGNOSTIC CRITERIA IN CHILDHOOD EATING DISORDERS (6-13Y).

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Introduction: Childhood eating disorders (ChED) have specific clinical features that does not comply with usual classification diagnosis criteria. The new diagnosis Avoidant Restrictive Food Intake Disorder (ARFID) of DSM-5 could improve the evaluation and diagnosis in this patients group.

Objectives : To describe and analyze clinical features of eating disorders in children (6-13 y.) and comparing different diagnostic criteria.

Methods: Clinical charts of 250 children seeking for treatment by feeding problems (2009-2013) were reviewed on social-demographic, clinical variables and diagnostic features. DSM-IV-TR, Great Ormond Hospital Diagnosis (GOS) and DSM-5 were used as diagnostic criteria.

Results: Gender: 200 female (80 %) and 50 male (20 %); mean age 11.15 y. (s.d. 1.7). Early eating disorder history: 70 (35.7%); mean clinical duration of ED: 11.97 months (s.d.15.27).

Nutritional status: average Body Mass Index percentile by age and gender at first evaluation: 10-20. Psychiatric family history: 81 (41.3%).

Diagnostic: DSM-IV-TR Diagnosis: Infantile feeding disorders: 15 (5,9%) Restrictive anorexia nervosa (RAN):113 (45.3%), Eating disorder no otherwise specified (EDNOS): 105 (41,9%), Purgative anorexia nervosa (PAN): 15 (5,9%), Bulimia nervosa (BN): 2(0.8%). G.O.S. Diagnosis: Infantile Anorexia:15 (5.9%), RAN 113 (45.3%), Funtional dysphagia: 33 (13,8%); Selective eating: 39 (15.5%); Food Avoidance Emotional Disorder (FAED): 11 (4.3%); PAN: 15 (5.9%); BN 2 (0.8%); DSM-5 diagnosis: RAN 116 (46.3%), PAN 15 (5.9%), BN 2 (0.8%), EDNOS 29 (11.6%), ARFID 86 (35.1%).

Total Comorbidity 117 (54.9 %): Anxiety Disorder: 55 (22 %); Affective Disorder: 50 (20 %); Oppositional defiant disorder 12 (5%); [Obsessive-Compulsive Disorder](#) 10 (4%); Attention deficit hyperactivity Disorder: 10 (4%).

Diagnosis by age was: Diagnosis ChED < 12 y (122): 90 (73.8%) girls, 32 (26.2%) boys. RAN: 27 (22.13%); EDNOS: 8 (7.3%); infantile anorexia: 5 (4%); ARFID 60 (24%). Comorbidity 65 (65.3%). Diagnosis 12-13y (125): 107 (85.7%) girls, 18 (14.3%) boys. RAN: 65 (70.7%); EDNOS: 9 (9.8%); infantile anorexia: 3 (2.4%); PAN: 6 (6.5%); BN: 2 (2.2%), ARFID 15 (12%). Comorbidity 60 (53.1%).

Conclusions : The younger the population is the higher the incidence of ChED in males. The comorbidity is also higher in these population, specially depressive and anxiety disorders. Almost half of eating disorders 6-13 years old patients are diagnosed of EDNOS when DSM-IV-TR criteria are applied but only 10% when DSM-5 criteria are used. The difference is reassigned to the ARFID diagnostic group, specially in children younger than 12 years old. The new diagnosis (ARFID) is useful in this young population.

PS-023

CLINICAL GLOBAL IMPRESSIONS-IMPROVEMENT SCORES BY VISIT IN A EUROPEAN, RANDOMIZED, DOUBLE-BLIND, PLACEBO AND ACTIVE-CONTROLLED CLINICAL TRIAL OF GUANFACINE EXTENDED RELEASE IN CHILDREN AND ADOLESCENTS WITH ATTENTION-DEFICIT/HYPERACTIVITY DISORDE

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Introduction

The non-stimulant guanfacine extended release (GXR) is a long-acting, α_2A adrenergic receptor agonist and is approved in the USA (children and adolescents) and Canada (children) for the treatment of attention-deficit/hyperactivity disorder (ADHD). In the primary efficacy outcome from a European, phase 3 clinical trial, the placebo-adjusted, least-squares mean change from baseline in ADHD Rating Scale IV was statistically significant for both GXR and the reference treatment atomoxetine (ATX).¹ Here we report the key secondary efficacy outcome, Clinical Global Impressions-Improvement (CGI-I), throughout the dose-maintenance phase of the study.

Methods

This was a randomized, double-blind, parallel-group, efficacy and safety study in which children and adolescents (aged 6–17 years) with ADHD were randomized 1:1:1 to receive dose-optimized GXR, placebo or the reference treatment ATX. On completion of a dose-optimization phase of 4 weeks (children aged 6–12 years) or 7 weeks (adolescents aged 13–17 years) patients entered a 6-week dose maintenance phase (visits 10–15). The maximum permitted dose of GXR was 4 mg/day for children and 4–7 mg/day (depending on body weight) for adolescents. Improvement in CGI-I was defined as a score of 1 (very much improved) or 2 (much improved).

Results

Of 338 patients randomized, 337 were included in both the full analysis set (FAS) and safety population, and 272 completed the study to visit 15. The proportions of patients (95% confidence interval) in the FAS with improved CGI-I scores are presented below.

Visit	Proportion of patients (%)		
	Placebo	GXR	ATX
10	43.2 (34.0, 52.5)	63.4 (54.5, 72.3)**	53.6 (44.3, 62.8)*
11	41.4 (32.3, 50.6)	62.5 (53.5, 71.5)**	54.5 (45.2, 63.7)*
12	45.9 (36.7, 55.2)	61.6 (52.6, 70.6)*	52.7 (43.4, 61.9)
13	44.1 (34.9, 53.4)	62.5 (53.5, 71.5)**	50.0 (40.7, 59.3)
14	44.1 (34.9, 53.4)	65.2 (56.4, 74.0)***	54.5 (45.2, 63.7)
15	44.1 (34.9, 53.4)	67.9 (59.2, 76.5)***	56.3 (47.1, 65.4)*

***p<0.001, **p<0.01, *p<0.05 vs placebo

Treatment-emergent adverse events (TEAEs) were reported by 65.8% of patients on placebo, 77.2% on GXR, and 67.9% on ATX. Most TEAEs were mild to moderate.

Conclusions

Compared with placebo, statistically significantly higher proportions of children and adolescents with ADHD receiving GXR experienced improved CGI-I scores throughout the dose-maintenance phase of this phase 3 study that confirmed clinically meaningful response with GXR treatment.

1. Hervas A et al. Eur Neuropsychopharmacol 2014; 24(12):1861-72

Funding for this study was provided by Shire Development LLC

PS-024

CLINICAL PREDICTORS OF RESPONSE MPH IN ADHD. PRELIMINARY STUDY.

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Introduction

Methylphenidate therapy is considered first-line drugs for ADHD. Currently there are no methods available to predict which patients will respond.

Objectives

In the present study we investigated whether an indicator of clinical response to methylphenidate could be developed for children with ADHD, using psychopathological measures.

Method

77 children with ADHD were included between 5 and 14 years old with no history of medication and without psychiatric comorbidity. It was an open study in which all patients were treated with MPH for 4 weeks. Response criteria chosen a priori consisted of (1) Clinical Global Impression Severity Scale <3 and (2) Children's Global Assessment Scale > 70 at 4 weeks. Of 77 subjects, 52 were classified as good responders (67.5 %) and 25 patients (32.5 %) and non- responders to MPH with no significant differences in relation to the Total Intellectual Capacity between groups.

Results

By regression analysis multivariate to the prediction of clinical response to MPH is obtained that the most important clinical variables to classify were anxiety disorders (OR = 6.36; p = 0.016) , aggression (OR = 5.50 ; p = 0.024) , outsourcing (OR = 5.50 ; p = 0.024) , total problems (OR = 3.96 ; p = 0.046) and DERS Severe (OR = 4.12 ; p = 0.048) obtained in the Child Behavior Checklist . the presence of ' sullen and resentful symptom (OR = 6.56 ; p = 0.015) and the simultaneity of the three symptoms of severe emotional lability (OR = 6.96 ; p = 0.013) in the Conner 's Parent Rating Scale.

Finding

This study suggests that the prediction of response to MPH in children with ADHD, it is an encouraging step towards the search for a reliable and clinically useful method to reduce the number of children exposed to MPH unnecessarily.

PS-025

Cognitive development and adaptive functions in a sample of 42 children with Down syndrome, aged between 12 to 36 months

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Cognitive development and adaptive functions in a sample of 42 children with Down syndrome, aged between 12 to 36 months

Background. Down syndrome, the most common genetic cause of intellectual disability, involves a delay in cognitive and psychomotor development, particularly in motor and language skills.

Aim. The purpose of our research is to analyze the relationship between cognitive development and adaptive functions, and to assess their patterns of change with age in children with Down syndrome.

Methods. Our sample contemplated 42 children with Down syndrome (from the outpatient Child and Adolescent Mental Health Clinic, San Gerardo Hospital, Monza, Italy), aged 12 to 36 months. They were divided into two different age groups: Group 1 consisted of 8 children between 12 and 17 months (19%) and group 2 consisted of 34 children between 18 and 36 months (81%). Cognitive development was evaluated using the Griffiths' Mental Development Scales: GMDS 0-2 for 20 children between 12 and 23 months and GMDS 2-8 for 22 children between 24 and 36 months. Adaptive functions were evaluated by administering the Vineland Adaptive Behaviour Scales (VABS) (Sparrow, Balla, Cicchetti, 2003) to one of the two parents of the 34 children between 18 and 36 months.

Results. General quotient (GQ) of GMDS decreased with age, from an average of 62 in Group 1, to an average of 58 in Group 2. Also on the VABS (administered to children between 18 and 36 months) the value "age equivalent x 100 / chronological age" decreased with age, even if more slowly than the cognitive level.

This value ranged from 36,9 to 112,9 with an average of 71,77. In the Communication and Motor scales children showed the lowest scores: 64,37 in group 1 and 63,81 in group 2. These results were similar to the scores of GMDS in the same areas. The value on the Daily Living Skills scale was 82,20 and on the Socialization scale was 83,00. Furthermore our study showed that the level of adaptive functions was higher than the level of cognitive development for all ages and areas examined.

Discussion. Scores of cognitive development (GMDS) and adaptive functions (VABS) decrease with age. However, adaptive functions are significantly higher than cognitive functions as the children grow. Socialization and Daily living skills scales show the best scores; followed by the Communication and Motor scales.

PS-026

Cognitive remediation therapy in attention deficit hyperactivity disorder

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Background:

Attention-Deficit Hyperactivity Disorder (ADHD) is associated with neuropsychological deficits including executive and attentional impairments. The cognitive remediation therapy is to be consider as a new promising technique designed to improve the neurocognitive abilities damaged in ADHD.

The aim of our study was to adapt and apply the cognitive remediation program CRT (Cognitive Remediation Therapy) for children and adolescents with ADHD and to evaluate its effectiveness on attentional and executive abilities.

Methods:

Cross-sectional study involving children and adolescents with ADHD, recruited in clinical population using the Conners Scale and whose diagnosis was confirmed by the K-SADS-PL questionnaire.

The CRT program was conducted at the rate of one session per week of 40 minutes each.

The Attentional Network Test (ANT) was administered prior to the intervention and one week after.

Results:

Of the 30 patients included, 14 had reached the end of the program. Among them, nine patients passed the attentional test post CRT, thus constituting our final sample. Their average age was 9 years. The mean number of sessions performed was 14.5. Post CRT, the mean of patient's response time was found to be shorter ($p=0,004$) and the frequency of omissions errors was also lesser than that found at the initial assessment. Patients also committed fewer errors in incongruent situations in post program, with a significant improvement of the conflict effect ($p= 0.009$) signing a better executive control.

Conclusion:

Cognitive remediation is a promising new modality in the treatment of ADHD. Further research is needed to better document its effects and the optimal conditions required for setting it up.

PS-027

COMORBILIDAD PSIQUIÁTRICA EN LOS TRASTORNOS DEL ESPECTRO DEL AUTISMO SIN DISCAPACIDAD INTELECTUAL

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INTRODUCCIÓN: La comorbilidad psiquiátrica en los Trastornos del Espectro del Autismo (TEA) es altamente frecuente; en la mayoría de los estudios se describe una comorbilidad en torno al 72%. Entre las patologías más frecuentes destaca el TDAH, los trastornos del estado de ánimo, los trastornos de ansiedad y los trastornos por tics. Resulta habitual que los niños y adolescentes con comorbilidad presenten varias patologías psiquiátricas simultáneas asociadas al TEA.

OBJETIVO: Describir la comorbilidad psiquiátrica en los pacientes diagnosticados de TEA sin discapacidad intelectual que realizan seguimiento psiquiátrico en la Unidad de Salud Mental Infanto-Juvenil y comparar los datos con la bibliografía existente.

METODOLOGÍA: Se revisó la historia clínica de los pacientes diagnosticados de TEA de una de las consultas de la Unidad de Salud Mental Infanto-Juvenil de Burgos y se excluyó a los que presentaban discapacidad intelectual (capacidad intelectual <70 objetivada mediante WISC-IV).

RESULTADOS: Se encontraron 40 pacientes diagnosticados de TEA sin discapacidad intelectual de los 434 revisados; tan sólo 6 eran chicas y 34 eran varones. En el momento de la revisión 26 de ellos eran niños (0 a 12 años) y 14 eran adolescentes (13 a 18 años). De los 40 casos encontrados, 32 de ellos presentaban alguna comorbilidad, con la siguiente distribución: 13 presentaban un trastorno por déficit de atención con hiperactividad como diagnóstico principal, 1 tenía un trastorno del comportamiento, 4 estaban diagnosticados de trastornos afectivos, 8 tenían algún trastorno de ansiedad, 1 presentaba un Trastorno Obsesivo Compulsivo comórbido y 3 tenían mutismo selectivo. En un caso el diagnóstico principal fue un trastorno del sueño y en otro un trastorno psicótico. Además, 12 de ellos presentaban más de una patología comórbida simultáneamente. Asimismo, 4 tenían una capacidad intelectual límite y 2 estaban diagnosticados de altas capacidades intelectuales.

CONCLUSIONES: El 9,21% de los niños y adolescentes de la consulta de psiquiatría tenían un TEA como diagnóstico principal; el 15% eran chicas, prevaleciendo los varones, como describe la bibliografía. El 80% de los pacientes con TEA de alto funcionamiento seguidos en la consulta presentaban alguna comorbilidad, cifra similar a la de la mayoría de los estudios. El 32,5% tenían un TDAH como principal diagnóstico comórbido, siendo el segundo más frecuente los trastornos de ansiedad con un 28,1% de los casos y un 12,5% de trastornos afectivos. El 37,5% de ellos presentaba más de una comorbilidad.

PS-028

COMPARISON OF AUTISM SPECTRUM DISORDER AND SCHIZOPHRENIA USING THE RORSCHACH TEST

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In this study, we have aimed to reveal quantitative tendencies of the Rorschach response of people with Autism Spectrum Disorder (ASD) and Schizophrenia. Forty participants were recruited from the outpatient clinic of the Department of Psychiatry, Nara Medical University School of Medicine and Mental Clinic Kyo. Twenty patients were diagnosed with ASD, and 20 gender-, age- and IQ-matched patients were diagnosed with schizophrenia according to DSM-5 by skilled psychiatrists. Exclusion criteria included any neurological disorder, a head injury, a serious medical condition, or a history of substance abuse/dependence. Two senior psychologists, well trained in psychological testing and certified in the CS method, performed the Rorschach test according to the standard procedures of administration and scoring in Exner Comprehensive System. The Exner Comprehensive System requires 14 or more responses for interpretative validity. They were independent of the project insofar as they responsible in any way for the treatment or assessment of the patients. They performed the Rorschach test and scored to each of the patients. We examined Rorschach variables in ASD group and schizophrenia group. We found significant differences in six variables of Rorschach test date on Comprehensive system. Schizophrenia group had significantly higher scores on D, Adj D, DQo and FQ- than ASD group. On the other hand, schizophrenia group had significantly lower scores on active, and DQ+ than ASD group. It is suggested that ASD group showed lower strength of stress, more simplex recognition and more keeping reality testing ability than Schizophrenia group. Our research indicates possible utility of the Rorschach test in differential diagnosis between ASD and schizophrenia.

Key words: Rorschach Test Comprehensive System, Autism spectrum disorder, Schizophrenia

PS-029

COMPARISON OF FAMILY FUNCTIONING AND PSYCHIATRIC COMORBIDITIES OF CHILDREN WITH ATTENTION DEFICIT HYPERACTIVITY DISORDER AND DISRUPTIVE MOOD DYSREGULATION DISORDER

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Objective: Children with ADHD combined type (ADHD-C), Disruptive Mood Dysregulation Disorder (DMDD) and healthy controls (HC) were compared in respect to the sociodemographic features, psychiatric comorbidities, behavioral patterns and family functioning. **Method:** The clinical sample consisted of 99 children and adolescents (75 with ADHD-C, 24 with Severe Mood Dysregulation (SMD) between the age of 7 and 18. According to the recent DSM-V DMDD Classification, we excluded 6 children with SMD who had symptoms of hyperarousal. Final clinical samples were consist of 93 children and adolescents (75 with ADHD-C, 18 with DMDD) and 15 healthy controls. These groups were identified by using the Schedule for Affective Disorders, and Schizophrenia for the School-Age Children–Present and Lifetime Version (K-SADS-PL). Conners' Parent and Teacher Rating Scale-revised long form (CPRS-R: L and CTRS-R: L), the Wechsler Intelligence Scale for Children-Revised (WISC-R), the Sociodemographic Questionnaire (SQ) and the Mc Master Family Assessment Device (FAD) were administered to the research groups. **Results:** The mean parental age and rate of divorce in the DMDD group were significantly higher than the other two groups ($p < 0.05$). DMDD group's rate of life time psychiatric comorbidity (%89) was significantly higher than the ADHD-C group ($p < 0.05$). %55 Children with DMDD had also ADHD diagnoses. Most of the children with DMDD had two or more psychiatric comorbidity and this was significantly higher than the ADHD-C group's comorbidity ($p < 0.05$). In "Oppositional", "Hyperactivity", "Social Problems", ADHD Index", "Impulsive", "Emotional Lability" and "Conners' Global Index" subscales of CPRS-R: L, DMDD group's average scores were significantly higher than the ADHD-C and the control groups' scores ($p < 0.05$). In "Communication", "Affective Responsiveness" subscales of FAD, DMDD group's average scores were significantly higher than the ADHD-C group's scores ($p < 0.05$). In "Affective Involvement", "General Functioning" subscales of FAD, DMDD group's average scores were significantly higher than the ADHD-C and the control groups' scores ($p < 0.05$). **Conclusion:** Children with DMDD were distinguished from the children with ADHD-C by their high comorbidity rate, more impaired behavioral patterns and family functioning. Combination of therapeutic approaches focusing on both the family and the child functioning and also parent-child relationship will likely be needed to prevent the long- term negative consequences of chronic irritability in children.

PS-030

COMPARISON OF THE CHILDREN WITH LEARNING DISABILITY DIAGNOSES AT DIFFERENT IQ LEVELS

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Objective: Specific learning disability (SLD) is defined as a disorder in one or more of the learning processes involved in understanding or in using language, spoken or written, that may manifest in significant difficulties affecting the abilities of the children. We aimed to examine the similarities and differences in sociodemographic features, SLD Battery Profiles, Wechsler Intelligence Scale for Children- Revised Form (WISC-R) subtests and comorbidities of children who have very superior intelligence quotient (I.Q.) (I.Q. > 130), LD with very superior I.Q. and LD with a low average I.Q. (I.Q.: 80-89).

Method: This retrospective study includes 97 children between 2013-2014: 35 with superior I.Q., 31 with superior I.Q. and a LD diagnosis and 31 with low average I.Q. with a LD diagnosis. These groups were identified by using the Schedule for Affective Disorders, and Schizophrenia for the School-Age Children–Present and Lifetime Version, SLD Battery and WISC-R. Sociodemographic Questionnaire (SQ) was also administered to the research groups.

Results: There were no significant differences in age, gender, parental age, family structure, medical illness comorbidity and parental psychopathology variables of the SQ ($p > 0.001$). Most of the parents of the children with superior I.Q., and with superior I.Q. and a LD diagnosis, had university degree which were significantly different than the parents of the children with low average I.Q. and a LD diagnosis ($p < 0.001$). The most common psychiatric comorbidity was ADHD in all groups. Psychiatric comorbidity rate was significantly higher in the children with low average I.Q. and a LD diagnosis ($p < 0.001$). There were no significant differences in WISC-R subtests between the children with superior I.Q. and the children with superior I.Q. and a LD diagnosis ($p < 0.001$). In SLD Battery, there were significant differences in "Gesell Figures" and "Dictation Error" subtests between the children with low average I.Q. and a LD diagnosis and the children with superior I.Q. and a LD diagnosis ($p < 0.001$). Parental education was positively correlated with all subtests of the WISC-R. In Spearman Correlation Test, "Gesell Figures" and "Cross Lateralization" subtests in SLD Battery, were positively correlated with all WISC-R subtests.

Conclusion: "Gesell Figures" and "Dictation Error" subtests could be effected by the level of the I.Q.. Parental education could be related to I.Q., however the reciprocal relation has not been proven yet. Children with low average I.Q. with a LD diagnosis should be carefully evaluated for their psychiatric comorbidities.

PS-031

CONVERSION DISORDER. A CASE REPORT

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Introduction:

Conversion Disorders are characterized by neurological symptoms that cannot be explained by any known medical or neurological pathology after an adequate study. Symptoms are usually bizarre and complex. Its etiology is related to stressful experiences. The identification of conversion disorders in child and adolescent population is even more difficult than in adults due to its lower incidence and the lack of specific diagnostic criteria.

Objective:

A high complex conversion case seen in our Child and Adolescent Psychiatry Department is presented. A systematic review of the existing literature about conversion disorder in this population is carried out.

Case description:

M. is a 9 year-old boy who had personal antecedents of gen MTHFR C667T heterozygous mutation, histidinemia, nephrectomy, streptococcus tonsillopharyngitis, ischaemic stroke with total recovery and confusional migraine. His parents were divorced a few months after his birth. They maintain a troubled relationship. M. presents episodes of agitation, aphasia, feeling of strangeness, amaurosis and partial disconnection. These symptoms motivates several hospitalizations, visits to the emergency room and medical studies. Despite of that, no medical or neurological pathology is identified. Finally, diagnosis of conversion disorder is given. The patient receives treatment with Sertraline and Risperidone and a complex psychotherapeutic intervention. Progressively the problematic relationship of his parents has less influence in the child and a partial improvement of the symptoms is reached.

Commentaries and Conclusions:

Publications about conversion disorders are mainly refered to adult population. Regarding to child and adolescent patients most of the medical literature are case reports or short cases series. Early publications were conceived from the Hysteria concept while the recent ones try to stablish epidemiological rates to measure the disorder in child and adolescent population. In that sense, it would be advisable to develop new studies in early stages of life to clarify the incidence and etiology and to define specific diagnostic criteria. Therapeutic guides are required and would help to limit the iatrogenic risk in these patients.

PS-032

CORRELATION BETWEEN STEREOTYPE , CREATIVITY AND COGNITIVE FLEXIBILITY IN CHILDREN WITH AUTISTIC SPECTRUM DISORDER

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Background:

Autistic Spectrum Disorder (ASD) is a wide range of different symptomatology from mild to severe.

Difficulties with cognitive flexibility are consistent with the clinical phenomenon of repetitiveness and rigidity that characterizes autism.

Several research groups have taken the concept of repetitive behavior variety as an important step further by exploring whether the various discrete forms of repetitive behavior can be reliable and validly grouped into a discrete subgroup.

This study considered that there are many variations of interindividual symptoms such as stereotype, rigidity and creativity which could be correlated between them.

Aim:

To study the correlation between stereotype, cognitive flexibility and creativity in children with Autistic Spectrum Disorder.

Methods:

ASD was diagnosed according to DSM-IV criteria and confirmed with ADOS (Autism Diagnostic Observational Schedule) and ADI-R (Autism Diagnostic Interview Revised).

Children were evaluated with different neuropsychological test to measure these parameters.

Cognitive function was measured by Wisconsin Card Sorting Test (WCST) and ENFEN (Neuropsychological Evaluation of Executive Function in Child); creativity with CREA (a cognitive measure of Creativity) and the theory of mind impairments with Reading the mind in the Eyes Task of Baron-Cohen.

Results:

A total of 64 patients were included. Not all these test could be passed to all the patients due to these test criteria.

CREA and ENFEN (F1 and F2) had a negative correlation with ADOS-D (repetitive behavior domain) ($\rho=-0.306, p<0.05$; $\rho=-0.467, p<0.01$ and $\rho=-0.328, p<0.05$). Both had correlation with the age ($\rho=0.387, p<0.05$; $\rho=0.466, p<0.05$ and $\rho=0.453, p<0.05$). The age was correlated also with completed categories of WCST ($\rho=0.276, p<0.05$).

ADOS-D (repetitive behavior domain) had a positive correlation with reciprocal social interaction's subdomains (ADI-R-A) ($\rho=0.251, p<0.05$) and circumscribed interest ($\rho=0.301, p<0.05$).

CREA was correlated with ENFEN (F1, F2, S1 and I) ($\rho=0.636, p<0.01$; $\rho=0.587, p<0.01$; $\rho=0.397, p<0.05$ and $\rho=0.596, p<0.01$) and eye test ($\rho=0.496, p<0.01$).

Discussion:

Our data illustrated the potential link between creativity and cognitive flexibility and the inverse relationship of both with repetitive behavior (stereotypes and circumscribed interest). The theory of mind has also a direct impact with creativity. Age takes an important place, over the years our ASD children had more creativity and cognitive flexibility and less stereotypes.

Understanding of the phenomenology and clinical expression of repetitive behaviors in autism could be helpful to develop behavioral, developmental and pharmacologic forms of intervention for specific repetitive behavior.

Keywords: autistic spectrum disorder, stereotype, creativity, cognitive flexibility.

PS-033

Crisis of motivation in adolescence

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During several years authors worked in special school for children who cannot study in ordinary conditions owing to deviant behavior. In 95% this pupils we revealed some psychopathological disorders as manifestations of CNS residual lesion (25%), schizotypal diathesis (15%), personal disorders including pathological pubertal crisis (42%), depresses (6%), neurotic reactions (2%), bipolar disorder (2%), borderline mental retardation (3%). However in 5% we cannot find psychopathological symptomatic. Nevertheless this children lose motivation to positive socialization (the last we determine as "process and result of individual socialization determinant such position in microsocial medium, which gives him the possibility of development and maximal full realization of natural cognitive, creative and spiritual inclinations with interiorization of social-cultural values of society in conditions of personal protection") especially to cognitive activity, to study which is the basic activity in that age. In most adverse cases adolescent refuse school completely, go to asocial group, join to psycho-active drugs, and that sort of thing. Psychological and psychiatric diagnostic don't reveal some evident deviations. This child have partial criticism to own dissociality and don't find motives for it except loss of interest to that was sooner attractive or realized as self-evident. As the hypothesis we put forward the assumption of special character of adolescent crisis with the sharply expressed fractional insufficiency of motivation. The reasons of this phenomenon can consist in the following: at the child owing to not formation of self-consciousness and owing to natural personal dependence on the next (parental, first of all) environments the social motivation considerably is defined by influence of this environment, is in fact induced (extrinsive by Heinz Heckhausen). In the course of pubertal formation of the personality with all its features (opposition, emancipation etc.) there is more or less expressed rejection of the parental induced social motivation (that is normal) and replacement its own (intrincive by Heinz Heckhausen), formed of social representations and needs of the teenager. In case of "fractional" infantility while the induced motivation is rejected, and own it isn't created yet, there is an insufficiency, "crisis" of motivation that deprives of the teenager, first of all, of that necessary impulse to activity which and in norm is the most energetically expensive process. This hypothesis demands experimental check, but it allows to plan ways for research and correction of the process having destructive effect on social life of the teenager and constituting distinct danger to society.

PS-034

DEFICIT IN REFLECTIVE FUNCTION MEDIATES THE IMPAIRMENT ASSOCIATED TO SOCIAL ANXIETY

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Background: Given the importance of social relationships in the adolescence, social anxiety (SA) is associated to impairment because it makes difficult social interaction and peers support. However, the avoidance of social interaction makes also difficult the development of Reflective Function (RF), the capacity to understand own and others' behaviour in terms of mental states (feelings, intentions, desires). Growing evidence suggests that deficit in RF predisposes to psychopathology, so we hypothesized to what extent RF may mediate or modulate the impairment associated to SA. Objective: This study aims to test to what extent: 1) SA is indeed associated to a deficit in RF, and 2) RF mediates the relationship between SA and impairment. Method: A sample of 464 adolescents aged 12 to 19 years old were assessed on measures of SA, RF, explicit and implicit self-esteem (SE), self and others' schemas, social status, somatic complaints, neuroticism, borderline symptoms, and internalizing psychopathology (depression and anxiety). Results: As expected, SA is positively and moderately associated to deficit in RF ($r = .52$), as well as to all measures of impairment (r compressed between $.2$ and $.6$). Moreover, RF mediates the relationship between SA and neuroticism, impaired explicit self-esteem, negative self-schema, borderline symptoms and somatic complaints. In addition, RF interacts with SA to explain depression, other's negative schema and damaged insecure self-esteem (i.e., discrepancy between explicit and implicit SE). Conclusion: As predicted, RF plays a role in the impairment associated to SA in the adolescence. Intervention and prevention programs should pay attention to this important capacity. These results may suggest that the Mentalization-Based Treatment (MBT) designed for borderline personality disorder may be adapted and tested in treatment of SA. (274 words)

Keywords: Reflective Function (RF), Social Anxiety (SA), impairment, adolescents

PS-035

DELAY IN THE DIAGNOSIS OF ROKITANSKY SYNDROME DUE TO AN EARLY ONSET ANOREXIA NERVOSA. CASE REPORT AND REVIEW OF THE LITERATURE.

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Background: Mayer-Rokitansky-Küster-Hauser Syndrome (MRKHS) also called uterovaginal atresia is a congenital disorder diagnosed in mild adolescence due to primary amenorrhea which occurs in approximately 1 in 5000 female births. Amenorrhea is commonly seen in Anorexia Nervosa (AN), a serious multifactorial illness also diagnosed in adolescence. Resumption of menses (ROM) is one of the indicators of recovery in AN. Reduction of psychopathology and stress, estradiol levels $>30\text{pg/ml}$ and achieving a body mass index (BMI) between 15th and 39th percentiles are predictive of ROM in eating disorders.

Methods: A 17-year-old female diagnosed of AN since 13, and left renal agenesis since 8, who required multiple psychiatric hospitalizations until the last year, was evaluated by the Gynaecology clinic from our Eating Disorders Unit to study her persistent primary amenorrhea. She had been reached and maintained a target weigh ($\text{BMI} > 18\text{kg/m}^2$), during more than 6 months.

Results: The gynaecological examination revealed normal secondary sexual characteristics and external genitalia (Tanner 4). MRI showed one single hypertrophied right kidney, the right adrenal gland, and right ovary, but absence of left ovary, uterus and 2/3 of proximal vagina. Her karyotype was female, 46 XX. Laboratory findings showed normal gonadotropin levels [LH], 2.8U/L [FSH], 4.7U/L and estradiol >30pg/ml. The patient was diagnosed of MRKHS and restrictive AN. The response to diagnose included confusion and shock when she noticed her inability to carry a pregnancy, but also her anxiety due to amenorrhea was lower when she knew the etiology, and improved her anorectic cognitive disturbances. She is still visited by a multidisciplinary team to manage psychological aspects of the two conditions as well as medical, anatomical and surgical treatments.

Conclusions: Patients with premenarchal onset of AN are at risk of persistent amenorrhea despite of weigh restoration. Nevertheless, it is necessary to explore more causes apart from hypothalamic etiologies. MRKHS is the second most frequent cause of primary amenorrhea after gonadal dysgenesis. Besides, in about 30-40% is found urinary tract congenital anomalies such as unilateral renal agenesis. Female patients with those anomalies and specially in the context of an eating disorder should be evaluated by a gynaecologist if within 3-6 months of reaching a BMI between 25th percentile still persist in amenorrhea. Our review supports the position that psychological issues as well as medical aspects must be addressed to provide optimal care.

PS-036

DEMAND ANALYSIS IN CHILD PSYCHIATRIC LIAISON PROGRAM IN A GENERAL HOSPITAL.

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OBJECTIVE

Describe the characteristics of a sample of patients who were referred from paediatric specialists for a psychiatric assessment in a psychiatric liaison program .

MATERIAL AND METHODS

We made a descriptive study collecting data from 79 patients who were cited and evaluated along 2013 and 2014 in a child psychiatric liaison program in Hospital Clínico San Carlos de Madrid , referred from other specialties . As a liaison psychiatry program inside a General Hospital, appointment availability of new patients from primary care is limited to half of the total. Analyzed variables are age, sex, service of provenance, reason for referral and diagnosis after the psychiatric assesment.

RESULTS

The average age of patients who were attended at the first apppointmen was 10.25 years. 59.5% were male and 40.5% were female. 28 patients (35%) were derived by pediatric Neurology, 12 (15%) by Pediatric Gastroenterology, 11 (13.9%) by pediatric endocrinology, 23 (29.11%) by pediatric primary care and the remaining 6, 3% by other specialists. The most frequent reasons for referall were behavioral disorders (22.8%), ADHD or suspected ADHD (19%) and abdominal pain (11.4%) . The most frequent diagnoses after the first psychiatry assessment were ADHD (15.2%), Adjustment Disorder (7.6%) and anxiety disorder (6.3%). 16.5% of patients did not have any psychiatric diagnosis.

CONCLUSIONS

-Pediatric neurology is the speciality that most patients has referred for a psychiatric assesment in this Psychiatric Unit.

-The Detection of psychiatric symptoms by different pediatric specialists and the referral to a child psychiatry liaison program allows a multidisciplinary assesment and therapeutic approach and a complete medical attention for children and adolescents.

PS-037

DEPRESSION, SUICIDAL BEHAVIOR AND BULLYING: A STUDY ABOUT 120 TUNISIAN ADOLESCENT

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Objective: to determine the prevalence of bullying among a sample of Tunisian Adolescent and the correlation between bullying, depression and suicidal behaviors.

Methodology: A self-report survey was completed by 120 adolescent attending 12TH degrees in two school of the city of Sousse-Tunisia in the period between November and December 2014. The self report contains a questionnaire about health record and family status, the Adolescent Peer Relations Instrument, the Beck depression inventory and the suicidal behavior questionnaire.

Results: the mean age was 16 year-old (from 15 to 18) and the sex ratio was 1. The score of the section A (bully other) in the adolescent peer relations instrument was less than 18 in 5%, between 19 and 30 in 34% between 31 and 40 in 33% and more than 41 in 22%. The score of the section B (victim of bully) in the adolescent peer relations instrument was less than 18 in 0%, between 19 and 30 in 50% between 31 and 40 in 33% and more than 41 in 22%. There was a correlation between bully other and being bullied.

The ANOVAs test showed a significant correlation between bully other and depression ($p < 0.001$) but there was no correlation between bully other and suicidal behaviors ($p = 0.107$). In the other hand, there was a significant correlation between being victim of bully and suicidal behavior ($p = 0.002$) but there was no correlation between being victim and depression ($p = 0.448$).

Conclusion: the rate of bullying among our adolescent is extremely elevated with an important prevalence of depression and suicidal behaviors. An intervention of the various actors in the youth's mental health should be undertaken, urgently.

Key word: depression, bully, suicidal behaviors

PS-038

DIFFERENCES BETWEEN AVOIDANT/RESTRICTIVE FOOD INTAKE DISORDER AND ANOREXIA NERVOSA: two cases report

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Background: Avoidant/restrictive food intake disorder (ARFID) is a new diagnosis in DSM-5. The patients with ARFID do not have body image distortion and this is the most important difference with anorexia nervosa (AN). Objective: To compare symptoms of two patients, one with ARFID and the other one with AN. Method: A review of clinical characteristics of ARFID and AN in the literature and a description of two cases admitted to a day treatment program for eating disorders. Results: Patients with ARFID may present restrictive eating, but it is clearly different from AN in that there are no disturbed cognitions about weight. Patients with ARFID have an earlier onset, a longer duration of illness, a higher likelihood of being male, a significantly higher comorbidity of learning disorders and more social problems than those with AN. Patients with ARFID and AN have similar degrees of malnutrition but those with ARFID should only be diagnosed when the restrictive avoidant eating is a cause of inadequate nutrition that may be associated with delayed growth in children. AN patients are more likely to lose a greater percentage of their premorbid body weight and required more hospital admission as a result of physical dysfunctions (for example heart rates were lower in AN) than those with ARFID. The first case was a 13-year-old boy who had never been interested in food since childhood. Since he was 6 years old had a delayed growth due to the restrictive and selective eating. When he was admitted to a day treatment program his body mass index was 13,5 kg/m² (<1st percentile). He did not have body distortion. He had learning and social problems. The second case was a 10-year-old girl with AN diagnosis. She started food restriction three months ago and lost five kilograms which corresponds to a body mass index 15 kg/m² (15th percentile). When she was admitted to a day treatment program her heart rates were 60 bpm. She had a body image distortion and fear to gain weight. Discussion: These cases are representative examples of the clinical characteristics of ARFID and AN. The patient with the ARFID diagnosis was a male, had comorbidity, a delayed growth and a longer duration of illness compared to the patient with AN diagnosis. And the patient with AN diagnosis had body image distortion and her heart rates were lower compared to the patient with ARFID.

PS-039

DO YOU FEEL IT? SENSORIAL PERCEPTION IN THE ASPERGER SYNDROME.

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Do you feel it? Sensorial perception in the Asperger Syndrome.

Introduction:

The origin of autism is still unknown. In the last 70 years it have been postulated many theories about it real origin.

Objectives:

The aim of this study is to expose, with a description of a clinical case, the theory whose talks about a different sensory perception in autism.

Methodology:

14 year old boy with Asperger's Syndrome which is an inpatient at the Childhood and Adolescent Hospitalization Unit in Ciudad Real General Hospital. The patient was referred to our unit with the diagnosis of disruptive behavior and Asperger Syndrome. These behaviors consist of unexpected tantrums and aggressive behavior in response to certain sounds or changes in his routines. Minimal changes in the environment generate irritability. When the child perceived physical pressure or intensive contact like hugs, tackles, etc. he presented behaviors like a tantrum or physical aggression. Decontrol hyperkinesia and motor tics appeared in crowded places. Sometime he removed his clothes and shoes as if they hurt him. Sometimes small frictions seem to cause great pain and, on the other hand, he hit his head against the wall without changing the gesture. He presents difficulties in the relation with peers.

Results: Some authors spoke about the existence in people with Autism Spectrum Disorders (ASD) different sensory experiences and from this experiences, this children presents different adaptive responses. It is believed that these sensory disturbances would be present in 90% of individuals with ASD, the most prevalent: acoustic, visual and tactile hypersensitivity and algid hypo responsiveness.

Conclusions:

The possibility of a different sensorial perception in children with an Asperger Syndrome explains some of the behaviors that they present and they are classified as dysfunctional behaviors. Know the origin help to understand and accept this disruptive behaviors and search adequate resources foot these patients.

PS-040

DOES EXIST VULNERABILITY OF NIGROSTRIAL SYSTEM TO NEUROLEPTICS IN CHILDREN WITH INTELLECTUAL DISABILITY

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Some atypical antipsychotics as Risperidon produce a variety of acute, temporary neurological disorders referred to as extrapyramidal symptoms (EPS) in the great majority of patients. Mentally retarded (mild and moderate) children are predisposed to stereotypies and other abnormal involuntary movements, even without drugs. This could indicate that in these children exist vulnerability of nigrostrial system. Neuroleptics are used in substantial numbers of mentally retarded children and youth (in cases of dual diagnoses) but often with the sole purpose of suppressing undesirable behavior.

Objectives: To evaluate whether or not Risperidon induced EPS in mild and moderate mentally retarded children often than in children without intellectual disability i.e. is there hypersensitivity of nigrostrial system to neuroleptics in children with intellectual disability.

Subjects : 20 children, aged 12-16 years, mild and moderate mentally retarded with diagnosis of other schizophrenia spectrum, other psychotic disorder (dual diagnosis);

Control group: 21 children aged 12-16 years, without intellectual disability with diagnosis of schizophrenia, other schizophrenia spectrum, other psychotic disorder.

Methods : The diagnosis was made in accordance with DSM V criteria. Assessment of intellectual functioning was performed using Wechsler Intelligence Scale. All patients underwent a pediatric check up and laboratory. Neurological check up was conducted for all patients at the time of diagnosis, at the time of starting and during the therapy (Barnes Akathisia Scale, Simpson-Angus Scale/ SARS, Abnormal Involuntary Movement scale (AIMS)). Patients were treated with risperidone tbl. initially 0,25 mg/day; based on the assessment of treating psychiatrist this dose was increased by 0,25 mg or 0,50 mg; maximum dose

2,50mg/day. Assessment of severity of symptoms was measured before starting and after 8 weeks of therapy. In all patients was follow up of appearance of extrapyramidal symptoms. All results were statistically analyzed.

Results: In most patients of both groups there was a decrease in the intensity of psychotic symptoms. During the 8-week the most common AEs on the Side Effects Review, scored as moderate or higher, were as follows: Extrapyramidal symptoms, as assessed by the SARS, were more common in group of mild and moderate mentally retarded children with dual diagnosis.

Conclusion: In our study extrapyramidal symptoms, was more common in group of mild and moderate mentally retarded children with dual diagnosis than in patients without intellectual disability with diagnosis of schizophrenia, other schizophrenia spectrum, other psychotic disorder.

PS-041

DOES IT VARY EMOTIONAL EXPRESSION OF PATIENTS DIGNOSTICADOS ADHD AND TREATED WITH METHYLPHENIDATE?

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Introduction: Although investigation have demonstrated that stimulants are effective medication for the treatment of the symptoms on the ADHD, a commonly described but quite slightly studied side effect of this type of medication, is the effect on the emotional expression of patients.

Objectives: evaluate the effect of the treatment with Methylphenidate on the affective/emotional expression in children diagnosed with ADHD.

Methods: It´s a descriptive study of several cases series, from a center and about a unique group, where "n" will be 15 children diagnosed with ADHD at the University Hospital, who were required beginning treatment with methylphenidate, with a daily dose of at least 0,3mg/Kg. In this study it will be evaluated the emotional expression of the group, according to the scale Expression and Emotion Scale for Children (EESC) making a comparison between the previous moment to the treatment and a subsequent month from its beginning.

Results: The evaluation of the total result of the EESC conducted by the parent didn´t show statistically significant differences between scores previously of the treatment and results after a month with it. The dominions (positive emotions, emotional flatness and emotional lability) didn´t show differences between both periods of time, nevertheless, the positive emotions showed a tendency of reduction more showy than the rest, without getting to be statistically significant ($p=0.0638$).

Conclusion: Statistically there haven´t been significant changes in the emotional expression of the children caused by the treatment with methylphenidate. Nevertheless, the data show that there is a tendency to an improvement in it.

PS-042

DOES OXYTOCIN RECEPTOR GENE POLYMORPHISM PLAY A ROLE IN THE SOCIAL FUNCTIONING OF CHILDREN WITH ATTENTION-DEFICIT/HYPERACTIVITY DISORDER

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Objective

A deficiency in social functioning in selected children diagnosed with Attention-Deficit/Hyperactivity Disorder (ADHD) was found to be similar to that in children with Autism Spectrum Disorders (ASDs). In studies of the aetiology and treatment of ASDs, it is reported that the oxytocin system has an impact on social functioning. In this study, ADHD and control groups were compared according to the polymorphism of three oxytocin receptor (OXTR) genes (rs53576, rs13316193, and rs2268493) and the relationship between the polymorphisms and social functions were examined.

Method

A total of 198 children who were studying in the same primary school were matched in terms of age and gender (99 ADHD-99 control) and included in this study. In order to determine the clinical diagnosis of the children, a Schedule for Affective Disorders and Schizophrenia for School-Age Children-Present and Lifetime Version was administered. The Social Reciprocity

Scale (SRS) was applied to evaluate social functioning. Total genomic DNA was isolated from buccal mucosa samples.

Results

No significant differences were determined between the ADHD and control groups in terms of rs2268493, rs13316193, and rs53576 genotype distribution ($p=0.078$, $p=0.330$, and $p=0.149$, respectively). However, it was determined that OXTR SNP rs2268493 T allele frequency in the control group was significantly higher than in the ADHD group ($p=0.024$). Compared to the control group, the ADHD group had a higher score on the SRS scale scores (SRS total; $Z=-21,135$, $p<0.001$). No significant difference existed in SRS scale scores between children with the T/T genotype and children with the C allele in the ADHD group (SRS total; $Z=-0.543$, $p=0.587$).

Conclusions

In this study, the allele distribution of the OXTR gene SNP rs2268493, which is alleged to influence the aetiology of ASDs, was significantly different in the ADHD group when compared to the control group. This finding is important in understanding the underlying biological infrastructure in ADHD and for the development of new treatment modalities.

PS-043

DOES REFLECTIVE FUNCTION MODERATE THE ASSOCIATION BETWEEN SOCIAL ANXIETY AND SOMATIC SYMPTOMS IN THE ADOLESCENCE?

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Does reflective function moderate the association between social anxiety and somatic symptoms in the adolescence?

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Background: Somatic complaints are frequently present in Internalizing disorders in childhood and adolescence. However, it is not well established whether adolescent social anxiety (SA) is associated with physical complaints. SA leads to the avoidance of social interaction, and social interaction is instrumental for the development of Reflective Function (RF) or mentalization, i.e., the capacity to realize and understand the mental states (beliefs, motives, emotions, feelings) that underpin own and others' behavior. Given that the impairment in RF affects the capacity to contact with, hold and "metabolize" own emotional reactions, it is expected that the distress that cannot be mentalized is more prone to lead to somatic complaints. Therefore, if RF is indeed impaired in cases of SA then it is possible that this impairment may mediate the risk of somatic complaints. Since depression is frequently present in cases of SA and it also predisposes to somatic symptoms, the role of depression should also be taken into account. Objective: This study aims to test to what extent: 1) somatic complaints are associated with SA, 2) RF mediates the relationship between SA and somatic complaints, and 3) the degree of depression interacts with SA in the association to somatic complaints. Method: Two hundred and fifty four youngsters aged 12 to 18 years old were assessed on measures of SA (Social Anxiety Scale for Adolescents; SASA), somatic symptoms (Somatic Symptoms Questionnaire), RF (Mentalization Questionnaire; MZQ) and depression (Beck Inventory Depression Scale; BDI). Results: As expected SA was associated to somatic symptoms ($\beta_{SASA}=.27$) and this association was mediated by a deficit in RF ($\beta_{MZQ}=.28$). However, when depression was taken into account, depression but nor SA neither RF explained the somatic complaints ($\beta_{BDI}=.38$). Conclusion: These results highlight the importance of taking into account the role of depression in the production of somatic symptoms in adolescents. Against predictions, a deficit in mentalization does not seem to increase the risk for somatic symptoms in adolescents with social anxiety.

Keywords: Reflective function, Somatic symptoms, Social anxiety, Depression, Adolescents

PS-044

DRAWING PSYCHOPATHOLOGY IN AUTISTIC SPECTRUM DISORDER CHILDREN

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Introduction:

Childhood is the lifetime in which external reality mixes with internal reality. The action of drawing in children is a way to explore their personality. It is considered a projective technique in which children use the defense mechanism of projection. It is a tool to complete the psychodiagnose process, especially in children with verbal problems and difficulties with expression.

The Autistic Spectrum Disorder (ASD) children have problems to describe their own feelings and emotions in verbal and non verbal language, therefore, they can provide us a lot of information drawing their own world.

Objective:

The purpose of this study was to discover the psychopathology of children with ASD through their drawings.

Methods:

A selection of drawings of ASD children, ranged from 6 to 16 years old, was done. ASD was diagnosed according to DSM-IV criteria and confirmed with ADOS (Autism Diagnostic Observational Schedule) and ADI-R (Autism Diagnostic Interview Revised).

A4-sized booklets were given for each child and they had to draw an imaginary family (L. Corman), a human figure (Buck) or a free drawing.

The drawings were done by children during their attendance in group therapy in the Child and Adolescent Psychiatry Day Hospital of Valladolid (Spain).

Results:

The drawings showed the psychopathology that we had observed in our patients: the social and emotional impairments was revealed by the fact that they drew more inanimate forms; the difficulties in interpreting emotional process in the lack of facial emotional expression; interaction difficulties were shown by the fact that they did not draw so much interactive social actions in their pictures and restricted interests almost always appeared as an important element of their subjects.

Discussion:

Drawing provide a safe and enjoyable means that encourage children to explore, make decisions and solve problems. Children's drawings are indicators of emotions, self-esteem, and social competence, as well as other aspects of personality.

A projective technique as drawing could help us to discover additional information about our patients, specially children and mainly the ones who had problems with the expression of feelings like ASD children.

In most of the drawings of ASD children we could find at least one of the three criteria of ASD: social deficits, communication difficulties and restricted interests.

The act of drawing can be used to understand children's struggles, their internal world. Moreover it could also help the children gain insight and review progress through drawing records.

Keywords: ASD, drawings, psychopathology

PS-045

EARLY RISK FACTORS OF CORONARY HEART DISEASE AMONG YOUNG ADULTS WITH CHILDHOOD ONSET DEPRESSION

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Introduction

There is strong evidence for a link between depression and coronary heart disease (CHD). Studies are usually made after CHD developed and measure the effect of depression on the outcome of the heart disease. The aim of our study was to see whether cardiological risk factors are present in a population of young adults who suffered from major depression with an onset before age 15. We hypothesized that risk factors such as smoking, obesity and hypertonia will be more frequent in this population than in a healthy population. Individuals with childhood onset depression will exercise less and spend more time on passive activity such as watching television or using a computer.

Methods

N=258 childhood-onset depression patients (56% females, mean age 22.39+2.41 years) and N=148 healthy controls (36% females, mean age 19.01+1.52 years) were examined by self-report questionnaires. Of the COD sample 40.1% worked, 17.1% were unemployed and 37% studied compared to 7.4%, 4.1% and 88.5% of the healthy controls, respectively.

Results

Health status was excellent in 27.2%, good in 49% and acceptable in 4.7% of the COD sample, while the proportions were 52%, 42.6% and 5.4% in the healthy controls. Significantly more COD young adults smoked both in the past and at present. COD youngsters ate less vegetables, fruits and dairy products than healthy ones. Twice as many ever depressed young ones took medication against hypertonia and significantly more had cardiological problems at that young age. They also spent more time in front of the television and had less exercise during an average day.

Summary

Risk factors of heart diseases include smoking, physical inactivity, overweight, diabetes, hypertension and unhealthy eating habits. Depression that started before the age of 15 in our sample was associated with early appearance of these traditional risk factors of later cardiological problems. It would be important to screen and educate this high risk group for coronary heart disease.

PS-046

Early-onset anorexia nervosa in an 8-year-old boy

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Early-onset anorexia nervosa in an 8-year-old boy

Introduction

The onset of both diseases, AN (Anorexia Nervosa) and BN (Bulimia Nervosa), occurs normally during adolescence, however, some authors report AN beginning at the age of seven. They draw attention to that early onset AN can retard or even stop physical development, and the incidence in boys may be higher before puberty. Conversely, BN is scarce before adolescence. In this case report, we describe an 8-year-old boy diagnosed as AN, restricting type.

CASE

M. is an 8-year-old boy and he was referred with diagnosis of anorexia nervosa, restricting type from another outpatient clinic, where his aunt had taken him two months ago because of his fear of gaining weight. History was completely obtained from his parents since M. refused to speak with the doctor. His fear of gaining weight began 2 years ago, and according to his parents, media played a big role in this situation. He was adversely affected by comments made about obese people on TV shows. After that, he began to eat less and weigh himself whenever a weighing scale is available. When he saw even a little increase in his weight, he restricted his diet. After meals, he used to look at himself in the mirror and almost always pointed out he had a huge belly. About a year ago, when his mother started to insist him on eating more and finishing a full plate, even he ate obediently, he began to vomit as soon as he finished his meal. After first psychiatric evaluation, in which he was diagnosed as AN, he was sent to a

pediatrician for physical examination. His height and weight were respectively at the 3rd percentile, and below the 10th percentile.

Discussion

The high risk group for AN is usually described as 15-19 year old girls, however epidemiological studies suggest that the age of onset of AN decreases, and the incidence in boys may be higher before puberty. Lack of awareness, that AN also can occur in young children and boys, can lead to delay in referral, diagnosis and treatment. This case is a striking example to this argument since M. was diagnosed two years after the beginning of the clinical representation.

PS-047

EATING DISORDERS AND DUAL PATHOLOGY

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INTRODUCTION: Eating disorders relate to more and more with problematic addictive risk behaviour. This interaction is more evident in Binge Eating Disorder where dysphoria can pay binge episodes with food. Bulimia Nervosa is characterized by loss of the feeding control behaviour and Anorexia Nervosa has on their clinical explanation addictive and fixed ideas of weight, food and general physical activity control.

METHOD: Among the patients with Feeding and Eating Disorder attending group therapy, a patient of 14-years-old affected of Anorexia Nervosa is described. Is also described an adolescent with Bulimia nervosa, co-morbidity of Internet addiction and a personality style with risk of becoming borderline when adult. After, we depict a 12-year-old girl suffering from Binge Eating Disorder that was solved to treat her ADHD's base. Finally, we study the psychotherapeutic methods used in a 15-years-old boy with obesity and addictive behaviour to video-games.

RESULTS: Solidarity, empathy and self-esteem protection and prevention was improved with therapy groups in all the 4 cases of Feeding and Eating Disorder. Protective factors such enhancing parents and to be clear about their own goals may be related to decreased risk of addiction. Anorexia Nervosa could be cured through their parents regained control over her global behaviours and in that order was the psychotherapy. In the other three cases, the presence of co-morbidity spoke about real addictive risk.

DISCUSSION: Addiction protective factors, individual psychotherapy, group therapy and family therapy similar to that used in Substance Use Disorders has been used in all the 4 cases showed here. Results have been able to better restoring by full on three of the 4 cases and pointing out a continuing psychotherapeutic treatment with progressively better results in the last fourth patient.

CONCLUSION: The psycho-prophylactic conclusions are that given the difficulty of predict the posterior evolution of problematic behaviours, is essential to reduce future risk of their psychopathological consolidation in terms of addiction. The Feeding and Eating Disorders therapy beneficiaries can be well evolutionarily if psychotherapy point to their relationship with problematic behaviours of addictive risk.

KEYWORDS: Addictive behaviours. Binge Eating Disorder.

REFERENCES: 1.- SHAW H. et al. (2009) "Preventing eating disorders". Child.

Adolesc.Psychiatr.Clin.N.Am. Jan.; 18(1): 199-207;

2.- LAZARO L. et al. (2010) "Effectiveness of self-esteem and social skills group therapy in adolescent eating disorder patients". Eur.Eating Disord.Rev. Oct. (27).

PS-048

EATING DISORDERS IN MALE ADOLESCENTS: A CASE PRESENTATION OF ANOREXIA NERVOSA

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The prevalence of Eating Disorders (EDs) in men is lower than in women (1:10). However, it is remarkable that there has been an increase in the number of cases in male adolescents. Anorexia nervosa (restricting type/binge eating or purging type with binging and/or purging) is found amongst adolescents between 1-3% and bulimia nervosa (purging type/non-purging type) between 0, 6-13% and they both entail eating behaviour alterations which affect the health of those who suffer from these disorders.

The psychopathology, the age of onset by 14 years old, the premorbid characteristics, the psychiatric comorbidity, and parental and mass media influence can be similar for both sexes while environmental and socio-cultural factors are distinct from birth. Men and women perceive body volume differently; they do not share the same values with regard to body shape and figure and they judge thinness in a different manner. EDs are always associated to female pathology, which hampers the recognition of the eating disorder in men and the help-seeking behaviour is delayed due to the fact that they feel stigmatized. Risk factors for EDs such as premorbid obesity, sports participation, sexual orientation conflicts, and social influence towards the assumption that men must have a sculptural body are some aspects to be taken into consideration when monitoring this group of the population.

The aim is to present the report of a male adolescent that was diagnosed with anorexia nervosa of the restrictive and selective type of the food and to know the therapeutic and multimodal approach conducted by professionals of an Eating Disorder Unit.

PS-049

EFFECTIVENESS OF A PARTIAL HOSPITALIZATION TREATMENT PROGRAM FOR ADOLESCENTS WITH EATING DISORDERS

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Introduction: The likely increase in the incidence of Eating Disorders (ED) in children and adolescents, together with the chronic course of the disease and the reduced availability of hospital beds, require the reorganization of resources to comprehensively treat patients with ED. This study describes and assesses the effectiveness of an ED-Transition Program Group (ED-TPG), which is an intensive outpatient treatment for ED patients at risk of chronicity carried out within the Partial Hospitalization Unit (PH) of a pediatric general hospital. **Objective:** To assess the effectiveness of ED-TPG at discharge and at 12 month follow-ups for adolescent patients with ED and a torpid course of the disease. A second objective was to compare psychopathological variables among ED patients that evolved favorably in the ED-TPG and patients requiring intensity increase treatment in PH. **Method:** Forty-nine patients with ED 13-17 years (Mean: 15.5 SD: 1.36) were evaluated with the Eating Disorder Inventory (EDI-2), the Beck Depression Inventory (BDI), State-Trait Anxiety Inventory (STAI), the Body Attitudes Test (BAT), Child and Adolescent Perfectionism Scale (CAPS) and Anorexia Nervosa Stage of the Change Questionnaire (ANSOCQ). Demographic and clinical variables were also recorded. **Results:** 36 (73.5%) patients completed the ED-TPG and were discharged to an outpatient setting and 13 (26.5%) patients needed to increase the intensity of treatment (partial or total hospitalization). ED patients below the normal minimum weight increased significantly the Body Mass Index (BMI) (17.56 vs. 18.22Kg/m²; p <.001) and maintained it at 12 month follow-ups (Mean: 18.95 kg/m²; SD: 1.1). At 12 month follow-ups, 10 (90.9%) patients stopped binge eating, 10 (90%) ceased purging behavior and 31 (88.6%) recovered menstruation. No significant differences were found in any of the evaluated variables, except that an older age was associated with a favorable outcome in the ED-TPG (16 vs. 14 years; p=.004). **Conclusions:** The ED-TPG is an effective treatment for adolescents with ED and risk of chronicity. The ED-TPG has a significant impact on weight recovery, elimination of binge eating and purging behavior in adolescent patients with ED. The improvements obtained at discharge were maintained after 12 months of stopping treatment. Older age is the only variable that is associated with a good response to treatment in ED-TPG.

PS-050

EFFICACY OF EARLY INTERVENTION IN AUTISM: 10H HOURS A WEEK OF ESDM

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Background: In the last decades early intervention has become highly recommended in Autism spectrum disorders (ASD). Early Start Denver Model (ESDM) is an early one-to-one intervention model that integrates behavioral, developmental and relational approaches with the aim to promote the overall development of young children with autism. This is also one of the models that showed the most promising results in the treatment of this syndrome: for instance, previous literature demonstrates significant progress of these children in IQ, adaptive behaviour and autism diagnosis after two years of early and intensive ESDM intervention. Nevertheless no display of efficacy of this model has been yet reported in France. In the current report, we present outcomes of three children with diagnosis of autism spectrum disorder, after 1 year of one-to-one ESDM intervention in a public hospital in Lyon, France.

Method: the three children (mean age 2y10m at the beginning of the intervention) received 10 hours a week of one-to-one ESDM intervention during a period of 36 weeks. The three children were tested on adaptive behaviour and developmental abilities before starting the intervention and at the end of the intervention. To this aim Mullen Scale of Early learning (MSEL) was administered and parents were interviewed by means of Vineland adaptive behaviour scale (VABS). Tests' standard scores and psychological observation were used as measures of the outcomes.

Results: Compared to their baseline the three children showed a global improvement in their IQ in all domains of their development. MSEL scores demonstrate a gain concerning in particular subscale of visual reception and receptive language. VABS scores stayed stable over time, although little improvement emerged especially concerning subscale of daily living skills.

Conclusions: Our report confirms the importance of early intervention in ASD. In particular it suggests that ESDM may be efficiently implemented in European countries and that 10 hours a week may also provide promising outcomes.

Key words: Autism, Early Start Denver Model, behavioural and developmental intervention

PS-051

EMOTIONAL REGULATION TO FRUSTRATION AND BEHAVIORAL PROBLEMS IN CHILEAN PRESCHOOL CHILDREN: A PILOT STUDY WITH FOUR MEASURES OF FRUSTRATION.

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This study aimed to analyze the functioning of various (four) measures of frustration with a sample of nine Chilean preschool children, considering the cultural specificity of this population. Five children with behavioral problems and four without behavioral problems, and their primary caregiver, took part of four observational measures: "denied game" in two modalities, "denied candy" and "disappointing gift". The measures were coded according to the method of Stansbury & Sigman (2000), which assesses four emotional regulation strategies in preschool: search for comfort, instrumental, refocusing attention and cognitive reappraisal. Preschoolers are expected to occur more frequently strategies refocusing of attention and cognitive reassessment, so that children with behavioral problems would show a deficit of them and increased use of instrumental strategies.

Descriptive analysis of data revealed that children with behavioral problems mainly used instrumental and refocusing attention strategies. Children without behavioral problems also used refocusing attention strategies more frequently, however they also used cognitive re-evaluation strategies, yet in lesser extent. In none situation children used searching for comfort strategies.

Although differences between the two groups of children were observed, the measures of frustration did not provide information about the magnitude of behaviors among children with difficulties. Hence, we estimate it is essential to keep the parents' report in the measure of emotional regulation.

Regarding each measure of frustration, the "disappointing gift" induced higher levels of frustration than the rest of situations, and was associated with the delivery of gender-related objects. The "denied game" was influenced by children's motivation and was also linked with gender differences (measures with gender-neutral games were less motivating than those with gender-related games, such as cars or dolls). The "denied candy" did not generate a major impact on children. Most of them did not pay attention to the sweet because they were concentrated in the game.

It can be concluded that disappointing gift and denied game are relevant to the study of this population, however, consistent with other authors, the observational evidence must be complemented by other measures, such as reporting parent or teachers.

Keywords: Emotional regulation, frustration, measure of emotion regulation, behavioral problems, preschool.

PS-052

EMPATHY MATURING IN CHILDREN WITH MENTAL RETARDATION

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The emotional well-being of a person depends of the level of social competence. Empathy can be considered as a precondition for developing this ability. Therefore it is important to study mechanisms and factors influencing on empathy maturing of children with mental retardation. The aim of this research was studying the features of the process of empathy in children with mental retardation per se, as well as studying the relationship between child-parent relations and maturing of empathy.

The research included the following methods:

1. Neuropsychological diagnosis;
2. The experimental method (presentation of emotionally charged videos);
3. Lüscher Color Test test;
4. Self-assessment of child's emotional response;
5. Drawing of a family;
6. PARI- technique of E. Schäfer, and R.Bell in T.V.Netscheret's adaptation;

Statistical analysis included U-Mann-Whitney test, t-Student test and Spearman correlation analysis.

The experimental group consisted of 20 children of 6-7 years old with mental retardation (15 boys and 5 girls) and their parents. The control group included 23 children (15 girls and 8 boys) of the same age with normal development and their parents. The study has showed that the children of the experimental group were less emotionally responsive than their normally developing peers. Child-parent relations in the control group were more satisfactory than in the experimental group. The positive correlation between favorable child-parent relations and the ability of the child to the emotional response has been observed in the control group, but not in the experimental group. These conclusions can put into the focus while working-out an intervention course for empathy developing for children with mental retardation.

PS-053

EVALUACIÓN DE LA PERSONALIDAD Y SINTOMATOLOGÍA ASOCIADA EN PACIENTES CON TRASTORNO DE CONDUCTA

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La sintomatología ansioso-depresiva se asocia estrechamente con los trastornos externalizantes. De hecho existe una amplia evidencia científica que sugiere una amplia comorbilidad entre ambos trastornos. Uno de los mayores exponentes de los trastornos externalizantes son los Trastornos de Conducta, los cuales se relacionan con rasgos de personalidad antisocial. Por todo ello, la presente investigación ha consistido en evaluar las variables de personalidad, la sintomatología ansioso-depresiva, el locus de control y la impulsividad en un grupo de pacientes diagnosticados de Trastorno de Conducta (Trastorno Negativista-Desafiante, Trastorno Disocial y Trastorno de la Conducta No especificado) ingresados en régimen de Hospitalización completa en ITA (Unidad de Trastornos de Conducta). Para evaluar la sintomatología ansioso depresiva empleó el STAI (Rasgo y Estado) y el BDI-II. En cuanto a la evaluación de la personalidad se empleó el MACI; También se emplearon la Escala de Impulsividad de Barrat y una escala de Locus de control. Los resultados muestran las características de personalidad de los pacientes diagnosticados con algún tipo de Trastorno de Conducta, así como su relación con la sintomatología asociada, la impulsividad y el locus de control.

PALABRAS CLAVE: TRASTORNO DE CONDUCTA, PERSONALIDAD, ANSIEDAD, DEPRESIÓN, IMPULSIVIDAD, LOCUS DE CONTROL.

PS-054

Executive functions association with phenylalanine blood level in children with Phenylketonuria (PKU)

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Executive functions association with phenylalanine blood level in children with Phenylketonuria (PKU)

Objectives: PKU is a metabolic disorder which is associated with intellectual disabilities. The negative consequences of phenylalanine blood level on brain development have been demonstrated. However the effect on executive functions is not yet known thus in this study we evaluated the correlation between executive functions and phenyl alanine blood level in these children.

Method: In a case control study, a total number of 50 children at ages 6-16 who had three documented serum phenylalanine in their medical records enrolled the study. Patients with severe mental retardation, mood and psychotic disorders and who had a history of head trauma were excluded from the study. Demographic characteristics were recorded and the IQ level was determined using Raven Progressive Matrices. Executive functions including Behavioral Regulation Index, Metacognition Index and Global Executive Index were assessed by BRIEF rating scales. Statistical analysis was performed using parametric and nonparametric statistical methods including Chi square, ANOVA and regression analysis using SPSS-11 statistical software.

Results: among participants 54% were male and 46% were female. The mean age of participants was 11.6 ± 3.7 . The mean of IQ score was 61.2 ± 16 and the mean serum level of phenylalanine was 10.3 ± 2.9 mg/dl. There was a negative correlation between IQ score and mean phenylalanine blood level. There was a significant difference in executive functions mean scores in patients with normal and abnormal Phenylalanine serum level.

Conclusion: Phenylalanine serum level may affect the executive function abilities and the IQ level in children with PKU and is an important protective factor for prevention of intellectual deficits.

PS-055

EXPLORING TEMPERAMENT PROFILE OF 3 TO 10 YEARS OLD BELGIAN CHILDREN REFERRED FOR AUTISM DIAGNOSIS.

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Exploring temperament profile of 3 to 10 years old Belgian children referred for autism. Temperament study has recently received a growing interest in the field of autism research. So far, studies have highlighted its impact on symptoms expression in autistic patients, from adulthood to early childhood, especially for maladaptive and challenging behaviours. Some researchers also claimed that specific temperament features were predictive of the evolution to autism in young high-risk children, and could be part of the very early symptoms. As temperament is a developmental construct that crosses diagnostic categories, it has also been involved in comorbidities between autism and ADHD. These results have then raised new questions, concerning the influence of chronological and developmental age on the temperament profile in children with autism, the cross diagnostic aspect of temperament profile and the influence of temperament profile on symptom intensity.

In order to address these issues in a clinical population, we proposed to investigate temperament profile in young children referred for autism diagnosis in Brussel's Saint-Luc university clinic specialised centre for autism. We have interviewed the parents of 40 children from 3 to 10 years old with Rothbart's well-known Child Behavior Questionnaire very short form. Diagnosis was assessed through ADOS-1 and ADI-R and a multidisciplinary team evaluation referring to DSM-5 criteria. IQ was assessed by specialised psychologist with French age appropriate tools, and comorbidities were investigated through an extensive interview by experienced clinicians. Symptoms intensity was assessed with the revised version of the Infant Behavioral Summarized Evaluation. The Child Behavior Questionnaire very short form delivers scores for three temperament dimensions: Negative Affects, Effortful Control and Surgency. We aimed to compare temperament profiles concerning these three dimensions between the group of children that has received the autism diagnosis and the group of children that failed to match autism criteria. We are also interested in the influence of chronological and developmental age on this profile, and its link with symptoms intensity.

PS-056

Factors associated with accidental injuries in children with ADHD

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Background:

Young people with ADHD-CT have been found to be at greater risk of being involved in accidents, including physical injury. It is not clear whether this is associated with core ADHD-CT symptoms of hyperactivity and inattention, motor impairment, or other developmental comorbidities

Aims:

To profile clinical factors associated with accidental injuries in children with ADHD.

Method:

Participants were 32 male children with a DSM-IV-TR diagnosis of ADHD-CT, and 23 Typically developing male children, aged 7 to 12 years with a FSIQ of 80 or above [Mean (SD): FSIQ, TD = 107.13 (9.54), ADHD-CT = 102.16 (12.26); Age, TD= 9.47 (1.41), ADHD-CT = 9.98 (1.59)]. Parents completed a customised questionnaire that asked about the occurrence and types of accidental injuries their child had in the past 12 months including bruises, cuts, sprains, broken bones, or any other injuries. Each child was given a score out of five according to the number of accidental injury types their parent reported, with five being the most injury types that could be reported. Motor proficiency was measured using the Movement ABC-2. ADHD-CT symptoms were measured using Conners Long Form, and Autism and Anxiety symptoms measured using the Developmental Behaviour Checklist. Spearman (ρ) rank correlations between accidental injuries and parent-reported measures of ADHD-CT symptoms, autism symptoms and motor problems were performed.

Results:

Children with ADHD-CT had a higher number of accidental injuries compared to typically developing children Mann–Whitney $U = 482$, $p < .043$, ADHD-CT group Mean (SD) = 2.19 (1.15); Typically Developing group Mean (SD) = 1.12 (1.52). There was no relationship between motor proficiency (Total MABC-2) and number of accidental injuries ($\rho = -0.078$, $p = .675$) in children with ADHD-CT. Higher levels of parent-reported hyperactivity/impulsivity ($\rho = 0.382$, $p = .034$), autism symptoms ($\rho = 0.472$, $p = .006$) and anxiety ($\rho = 0.618$, $p < .001$) were associated with greater number of accidents in children with ADHD-CT.

Conclusion:

Our results are consistent with previous studies that have found children with ADHD-CT to be at greater risk of accidental injuries than those without ADHD-CT. We found that accidental injuries in children with ADHD-CT were associated with higher levels of hyperactivity/impulsivity symptoms, autism symptoms and anxiety symptoms; whereas motor proficiency was not associated. Though these findings require replication in larger samples, they suggest that accident proneness in children with ADHD-CT may be related to behavioural, social and emotional symptoms, rather than proficiency of motor skills or motor delays. Further research is needed to investigate the mechanisms behind this.

PS-057

FUNCTIONAL SOMATIC SYMPTOMS: STRUCTURAL EQUATIONS OF A CONCEPTUAL MODEL IN A SPANISH SAMPLE

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Background: Functional somatic symptoms (FSSs) are quite common among children. Data suggest an important association with anxiety, parental overprotection and high rates of psychiatric disorders and physical complaints in parents. Objective: The aim of this study is to verify the effect of these variables on FSSs manifested by children through a structural equation model. Methods: Data were analyzed from a sample of 672 children aged 6 to 8 years who were enrolled in the first and second years of elementary school in Osona (Catalonia, Spain). Parents informed about the presence of FSS in children, child and parental psychiatric symptoms, absences from school and pediatric visits. They also reported about parental overprotection and parental physical complaints. Structural equation modeling (SEM) was used. Results: The final model showed an excellent fit (model fit: χ^2 (df = 542) = 851.7, $p < .001$; CFI = .91; TLI = .91; RMSEA = .02). The variables separation anxiety ($\beta = .18$; $t = 2.2$; $p < .05$), specific phobia ($\beta = .19$, $t = 2.5$; $p < .05$), parental somatic symptoms ($\beta = .29$, $t = 3.9$; $p < .001$) and female gender ($\beta = .28$, $t = 3.1$; $p = .001$) had a direct effect on FSSs. Conclusions: The results of SEM suggest that separation anxiety, specific phobia, somatic symptoms in a family member, and female gender should be considered important factors for understanding the presence of FSSs in children aged 6 to 8 years. In clinical practice, pediatricians and child mental health specialists should assess these aspects in children with FSSs. Children with anxiety symptoms should be considered a group at risk of showing functional somatic symptoms. It is possible that anxious children show greater vulnerability to FSSs. This vulnerability may be based on psychobiological, genetic or temperamental factors. Future research should clarify the nature of the relationship between anxiety and FSSs. Genetic studies of parents and children with FSSs would also be interesting to verify the existence of genetic similarities, which would increase understanding of the etiology of FSSs in childhood.

Keywords: Children; Functional somatic symptoms; Psychopathology; Structural equation modeling.

PS-058

ILLITERACY AND MIGRATION IN PARISIAN VOCATIONAL HIGH SCHOOLS

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School failure has become a major concern in France, with disorders taking many different shapes, from learning to behavioral problems, including illiteracy, aggression and withdrawal. In 2013, out of 994 students entering 11 Parisian vocational high schools, 215 were illiterate, ie. 22%. While 65% of them were migrants, still in the process of learning the school language, 31% were children of migrants, who were born in France and had completed 13 years of French schooling. We interviewed 20 of them, as well as 11 of their mothers, 4 of their fathers and 30 of their teachers and directors, in order to identify vulnerability, protection and prevention factors. We thus retrospectively investigated all participants' school and family histories, and family-

teachers' relationships. Data were analyzed with the qualitative grounded theory methodology. Results show a specific vulnerability, peaking at the beginning of primary school, due to linguistic but also to sociocultural, historical and political factors. First, the French school system fails to take into account the fact that for those children of migrants, French often is a second language, which would require to be taught as such. Second, most of those students indeed have western African origins and come from countries who share a colonial past with the hosting country. In other cases, families fled the country of origins because of war or dictatorship. Generally, early interactions were hindered by traumatic parental experiences. They lead to a feeling of insecurity and illegitimacy which would require specific pedagogical conditions and teachers competences. We thus identified specific pedagogical needs for families coming from a minority culture or social class. Teacher's affective and relational skills have proven efficient to address learning disorders. We thus developed an original training design within the school system to allow teachers to elaborate their counter-transferential reactions and to help create a new school environment based on partnership between students, parents and teachers. Taking into account the geopolitical and counter-transferential dimensions of the pedagogical relationship indeed seems to be necessary and to constitute an effective prevention factor, leading to promising partnership between clinicians and educators in order to allow for educational success for all, towards an inclusive school system and society.

Sarot A (2013). The access to knowledge in a migration situation -

Illiteracy prevention perspectives in Parisian Vocational High Schools. Research Masters' Thesis. University of Paris Descartes.

Sarot A (2014). L'accès aux savoirs en situation de migration. Paroles d'élèves, de parents et d'enseignants. Sarrebruck, Presses Académiques Francophones.

PS-059

INFLUENCIA DE LOS ESTILOS EDUCATIVOS Y VARIABLES DE PERSONALIDAD EN PACIENTES CON TRASTORNO DE CONDUCTA

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Las prácticas de crianza que ejercen los padres están determinadas por los factores de personalidad, las experiencias previas y las características personales de cada uno de los progenitores y éstas influyen directamente en la conducta de los hijos. De hecho se observa que entre los diferentes estilos educativos, el permisivo, autoritario y el negligente son los que más precipitan la aparición de la violencia filio-parental (Ibabe et al, 2007). La presente investigación tiene como objetivo evaluar los estilos educativos y las variables de personalidad de los progenitores de un grupo de pacientes con Trastorno de Conducta e investigar la interrelación que tienen estas variables con la violencia filio-parental. Para ello hemos evaluado a un grupo de pacientes (N=30) ingresados en régimen de Hospitalización completa en ITA

(Unidad Trastornos de Conducta) y a sus progenitores. Se emplearon los siguientes instrumentos; Para evaluar los estilos educativos y el clima familiar se emplearon: EMBU-A, EMBU-P y el FES. Para la evaluación de la personalidad se emplearon el MCMI-II (para los progenitores) y el MACI (para los adolescentes). Para la evaluación de la violencia filio-parental se empleó el CTS-CP, el AQ y la Escala de Exposición a la violencia. En cuanto a la sintomatología asociada se emplearon el BDI, el STAI y el CORE. Y por último se tomó una medida para la evaluación de la Inteligencia Emocional, el TMMS-24. Los resultados muestran la relación que se establece entre los diferentes estilos educativos, el clima de la familia, la personalidad, la sintomatología y las variables emocionales en la aparición de la violencia en la familia

[ANNOTATION:

ON '2015-01-06T21:30:00'

NOTE: 'Aixó está bé???'

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PALABRAS CLAVE: VIOLENCIA FILIO-PARENTAL, ESTILOS EDUCATIVOS, PERSONALIDAD, TRASTORNO DE CONDUCTA.

PS-060

INSECURE SELF ESTEEM IN ADOLESCENTS WITH SOCIAL ANXIETY

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Background: Recent studies support that low self-esteem (SE) is related to the onset and maintainment of social anxiety (SA), although comorbid depression explains part of the association between SA and low SE. Although SE is a complex construct, most studies only measure explicit self-esteem (ESE), the most cognitive, conscious and deliberate part of SE. Growing evidence suggest that also Implicit self-esteem (ISE), i.e. the most affective, unconscious and automatic part of SE, should be measured along with ESE for a complete measure of this dimension. The discrepancy between ISE and ESE has been associated to psychopathology and impairment. In the case of SA, low ESE along with preserved ISE (i.e., the so-called insecure 'damaged' SE) is a relatively common finding. However, discrepant and therefore not concluding results suggest the possible intervention of intermediate variables. Apart from depression, Emotional Intelligence (EI) and Reflective Function (RF) (i.e., the capacity to read own and others mental states) is a potential important mediator, given that this capacity may become underdeveloped as a consequence of the avoidance of social interaction. Moreover, the ISE is developed based on the relationship with the caregivers, so the quality of the attachment style may also have a mediator effect on the quality of ISE. Objective: The aim of this study is to analyze the effect of the candidates, additional to depression, to play this intermediary role: the attachment style, mentalization and EI. Method: Two hundred and fifty three youngsters aged 12 to 19 years old were assessed on measures of SA, implicit SE, explicit SE, depression, mentalization deficit, EI and attachment style. Results: As expected, the association between ESE and SA ($\beta_{SASA} = -.56$) was mediated by depression ($\beta_{BDI} = -.51$). Results also reveal a slight but significant relationship between ESE and EI ($\beta_{TMMS} = .16$). In consistency to previous research, in this study damaged insecure SE (i.e., discrepancy based on low ESE but high or preserved ISE) was associated to SA ($\beta_{DAM} = .37$), although it also showed significant relationship to depression ($\beta_{BDI} = .40$) and to the interaction between depression and SA ($\beta_{SASA \times BDI} = .73$). Conclusion: These results highlight the importance of considering depression when the association between SA and SE is analyzed. Additionally, this study suggests that discrepancy between ISE and ESE is something relevant when dealing with adolescent SA. Finally, results suggest that the interaction (i.e., comorbidity) between SA and depression make the outcomes regarding SE worse than those of cases with no comorbidity.

Keywords: Social Anxiety, Adolescents, Depression, Self-Esteem, Security of Self-Esteem, Discrepant Self-Esteem, Reflective Function, Emotional Intelligence, Attachment Style

PS-061

IRRITABILITY: TEMPERAMENT, SYMPTOM OR DISEASE?

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Background: The DSM-5 brought irritability to the spotlight, in response to the increasing scientific interest in this subject. Although one of the most common features in the child and adolescent psychiatry population, there is still a lot of controversies in how to diagnose severe irritability. A new diagnostic category, Disruptive Mood Dysregulation Disorder, was included in

the DSM-5 in order to include children/adolescents with chronic and severe irritability in association with behaviour outbursts, who do not meet the full criteria for a Bipolar Disorder. Still, the diagnosis of irritable children/adolescents is far more complex, since irritability is also a common feature in other frequent child and adolescent psychiatric disorders.

Methods: With this study we aim to discuss two clinical cases of irritability that illustrate the controversies around the diagnosis and treatment of this condition. We also present a comprehensive revision of the most recent literature regarding irritability.

Results: Although irritability and behavioural issues were the core features in both clinical cases, the clinical diagnosis were quite different. One of the clinical cases was diagnosed as DMDD, while the other was considered to be a case of Border line Personality traits and a Conduct Disorder NOS. There were some differences regarding the treatment options, nevertheless we still used similar pharmacologic strategies to treat both conditions.

Conclusion: This paper raises questions about the validity of irritability as a diagnostic category versus a view on irritability as a symptom shared by various psychiatric conditions, especially during childhood. There is a tremendous lack of studies concerning the differential diagnosis between DMDD and Personality Disorder traits, thus clinical reports subject to this theme are especially important. More longitudinal studies are needed to support the existence of DMDD as an individual category, since pharmacological treatment does not seem to be distinctive from that used in case of irritability due to other psychiatric conditions.

Keywords: Irritability, Child and adolescent psychiatric disorders, differential diagnosis, DMDD, Border Line Personality traits.

PS-062

MAJOR DEPRESSION AND A SUICIDE ATTEMPT DUE TO ISOTRETINOIN TREATMENT : A PEDIATRIC CASE REPORT

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Trakya University

Acne is the most common skin disease treated by dermatologists, affecting up to 85% of people aged 12-24 years. As much as 30-50% of acne patients suffer from psychiatric problems such as depression, low self-esteem, anxiety (particularly social phobia) and social maladjustment. Suicidal ideation and suicide attempts are also approximately twice as common in individuals affected by acne.

Isotretinoin (13-cis retinoic acid) is a synthetic oral retinoid that is used in cases of severe, recalcitrant, nodulocystic acne, not responsive to other therapies. Isotretinoin treats acne by reducing sebaceous gland size, inhibiting formation of new comedones, reducing growth of propionibacterium acnes and decreasing inflammation.

There are factors suggesting an association between isotretinoin and depression. Isotretinoin affects the brain's retinoid system, which is known to play a role in depression-related neurotransmitters and brain areas. Isotretinoin treatment decreases brain metabolism in the human orbitofrontal cortex, a brain area known to mediate symptoms of depression.

S.M. is a 16 years 9 months female, who goes to high school and is in second grade. 6 months ago, she went to a dermatologist for her acne problem and was prescribed 30mg/day isotretinoin. After the first month of treatment her prescription was changed to 40 mg/day. After 3 months her acne problem was reduced and she had no side effects other than dryness of mouth and lips. The patient had never experienced psychiatric symptoms in her life, except for the last two months; which included a depressed mood, anhedonia, increased time of sleep, feeling tempered, numbness, trouble in focusing almost everyday. During her treatment, she started to feel anxious, not wanting to go to school, self-blaming and had suicidal ideas for a week and didn't consult a psychiatrist. 3 days ago she attempted suicide by taking 24 isotretinoin pills and was hospitalized in pediatric intensive care unit. She was consulted to our department of child psychiatry and was diagnosed with drug-induced depressive disorder. The patient's acne problem was cured and after consulting the dermatologist, isotretinoin treatment was discontinued. The patient was prescribed fluoxetine 20 mg/day and is still being followed by child psychiatry regularly.

Treatment of isotretinoin in adolescents may cause severe psychiatric symptoms such as major depressive disorder and suicidal attempts. Adolescents who are in use of isotretinoin must always be assessed for psychiatric symptoms in follow ups and if psychiatric symptoms occur, psychiatric consultation should be requested as soon as possible.

PS-063

MAJOR LIFE EVENT'S ROLE IN THE ANXIETY LEVEL OF PREADOLESCENTS IN A COMMUNITY SAMPLE: A LOG-LINEAR ANALYSIS MODEL

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Background: Children's functioning is affected by major life events (especially adversities). Children with good emotion regulation skills are more capable of being less affected by the adverse events. Anxious children, however, may already have reduced capacity to regulate their emotions (Thompson, 2011).

Method: In this study, we explored associations between the factors that may have an impact on child's psychosocial functioning. Children's level of anxiety was examined in terms of its relation with adverse life events. These events include a severe illness within the family, severe economic crisis in the family during the past 6 months and academic failure of the child.

The data was collected from a non-clinical school sample in İstanbul. Participants included 1175 2nd to 8th grade students, from 3 primary and secondary level public schools in low to middle SES neighborhoods. Demographic questionnaires, a nationally validated measure of psychosocial functioning/impairment (Wolmer, L. et. al, 2005) and Achenbach Child Behavior Checklist (CBCL) were filled out by the parents while academic and school behavior ratings were collected from teachers.

Results: Exploratory frequency analysis was performed to develop a log-linear model for the analysis of "presence of a clinical level of anxiety" and the factors affecting children's daily functioning. In the first step, the fit for the saturated log-linear model was explored and partial associations were examined. The K-way Higher Order effects show that all main effects and 2 way interactions were significant; whereas the 3 and more way interactions were insignificant. (LR $\chi^2= 1487.107$; $p=.000$ for one-way; LR $\chi^2= 102.416$; $p=.000$ for two-ways).

Discussion: Several factors in child's life can affect the functioning of the child both in the emotional and academic sphere. Our results indicated an association between anxiety, economic distress and academic success, but not with illness in the family. These factors when together and in interaction can be detrimental to child's psychosocial functioning. The findings can be used in developing preventive strategies for children and adolescent mental health.

Keywords: Preadolescents, anxiety, life-events, academic success

PS-064

MÁS QUE PALABRAS: AGRESIVIDAD AUTO Y HETERODIRIGIDA EN ADOLESCENTES

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Entre los fenómenos frecuentemente descritos en adolescentes con diferentes patologías psiquiátricas, el apartado de las conductas autodestructivas cobra especial relevancia debido de los actos autolesivos responde a factores diversos como la presencia de inestabilidad emocional o la concurrencia de trastornos afectivos. En esta mesa se abordarán las conductas autodestructivas presentes tanto en Trastornos de la Conducta Alimentaria (TCA) como en Trastornos de Conducta (TC). Concretamente se abordarán la violencia filio-parental, las autolesiones y el suicidio.

Ponencia 1: VALORACIÓN Y GESTIÓN DE LA VIOLENCIA FILIO-PARENTAL (VFP) EN ADOLESCENTES CON PROBLEMAS DE SALUD MENTAL

Antonio Andrés Pueyo. Catedrático de Psicología. Departamento de Personalidad, evaluación y tratamientos psicológicos. Universitat de Barcelona (UB)

Ponencia 2: SUICIDIO EN ADOLESCENTES CON TRASTORNOS DESTRUCTIVOS DEL CONTROL DE IMPULSOS Y DE LA CONDUCTA Y TRASTORNOS DE LA CONDUCTA ALIMENTARIA

Gustavo Faus. Psiquiatra. Director Asistencial Instituto de Trastornos Alimentarios (ITA)

Ponencia 3: AUTOLESIONES EN ADOLESCENTES CON TRASTORNOS DE CONDUCTA Y TRASTORNOS DE LA CONDUCTA ALIMENTARIA

Antoni Grau. Psicólogo. Jefe Conocimiento e Investigación. Instituto de Trastornos Alimentarios (ITA)

PS-065

MENTAL AND BEHAVIORAL VARIATION IN CHILDREN WITH MORBID OBESITY

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Within the concept of an unfavorable course of psychopathology in childhood obesity (morbid forms) was studied 112 children: 55 children with morbid obesity (BMI > 30 kg / m²; m = 27, d = 27; age 13,65 ± 3,0 (σ = 0.4)) and 57 non-obese children (m = 20, d = 37) aged 14,36 ± 2,36 (σ = 0,3).

To assess psychopathology used Child Behavior checklist (CBCL) 6-18.

To study the phenomenon of compulsive overeating - Children Eating Disorder Examination-Questionnaire (ChEDE-Q) to fill the parents.

The Results:

The sum total scores of mental and behavioral disorders on the scales CBCL 6-8 in children with morbid obesity is 1.4 times higher than in the control group (p = 0,008; Cohen's d = 0,56).

Obese children have a significantly more common symptoms of social exclusion (F = 17,68, p = 0,000, Cohen's d = 0,63), anxiety and depressive symptoms (F = 10,32, p = 0,002, Cohen's d = 0,78), attention deficit (F = 12,94, p = 0,001, Cohen's d = 0,78), hyperactivity / impulsivity (F = 7,10, p = 0,009, Cohen's d = 0,57), ADHD (F = 9,15, p = 0,003, Cohen's d = 0,60).

The largest (λ² = 71,13-74,86-87,56) significant differences (p = 0.000) were obtained on items CBCL 6-8: «vicious, rarely open to others»; "Inactive, devoid of energy"; "Incredulous, has a lot of suspicion."

In children with morbid obesity revealed a strong correlation (r = 0,83; p = 0.000) between attention deficit and anxiety-depressive symptoms, as well as between attention deficit and social exclusion (r = 0,80; p = 0.000). Which may indicate a certain "weakness" of the nervous system in relation to the stress resistance in obese children and explains much of the inefficiency of dietary restriction in the treatment of morbid obesity forms.

Internal consistency empirically based ChEDE-Q (ratio α-Cronbach) ranged from 0.66 to 0.88; the average ratio was 0.79.

Reliable significant differences reliability ChEDE-Q by sex and age were found.

Comparison of mean values of scales ChEDE-Q revealed a significant difference in clinical and control groups (F = 6,25, p = 0.016).

The phenomenon of compulsive overeating in relation to psychopathology scales on CBCL 6-8 had a significant correlation with symptoms of anxiety and depression (r = 3,81, p = 0.003), social exclusion (r = 3,39, p = 0.003), hyperactivity / impulsivity (r = 2,6, p = 0.025), attention deficit disorder (r = 2,4, p = 0.033).

PS-066

META-ANALYSIS OF LOCOMOTOR ACTIVITY MEASURES IN ATTENTION-DEFICIT/HYPERACTIVITY DISORDER

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Nyu Child Study Center; Cambridge University Hospital Nhs; Nathan Kline Institute For Psychiatric Research

Meta-analysis of locomotor activity measures in Attention-Deficit/Hyperactivity Disorder

Lourdes Garcia Murillo, MD, Samuele Cortese, MD, PhD, David M. Anderson, PhD, Adriana Di Martino, MD, Francisco Xavier Castellanos, MD

- •.OBJECTIVE:

To assess group-differences in movement measures in published studies contrasting Attention-Deficit/Hyperactivity Disorder (ADHD) vs. controls.

- •.BACKGROUND

ADHD diagnoses continue to be completely based on clinical history, which is subjective and subject to recall bias. In response, investigators have proposed incorporating objective measures such as locomotor activity which can be measured with actigraphy or with a high spatial and temporal resolution infrared camera. In May 2014, the United States Food and Drug Administration cleared an example of the latter, the Qb-Test, as a device to be used in supporting the diagnosis of ADHD. A review of the literature did not reveal any prior meta-analyses of such data.

- •.METHODS

We performed a systematic review and meta-analysis of published studies on motion measures contrasting individuals diagnosed with ADHD and healthy controls. Two authors reviewed a total of 89 abstracts culled from an initial search of 356. After applying inclusion and exclusion criteria, 13 papers were included in our analyses of actigraphy and five papers in analyses of motion tracking systems.

- **RESULTS**

The combined sample sizes were 406 patients with ADHD versus 359 controls with actigraphy data and 164 patients with ADHD versus 156 controls with motion tracking system data. Meta-analyses revealed medium effect sizes for actigraphy (standardized mean difference [SMD]: 0.64, 95% CI: 0.43, 0.85) and large effects for motion tracking systems (SMD: 0.92, 95% CI: 0.65, 1.20) in differentiating individuals with ADHD from controls.

- **CONCLUSIONS**

When measured objectively, locomotor hyperactivity robustly differentiates groups of patients with ADHD from healthy controls. Inclusion of objective locomotion measures is likely to be useful in circumstances in which ancillary information is not available, such as when evaluating adults with possible ADHD. However, even the relatively large effect sizes reported to date are unlikely to yield clinically actionable information for individual patients on their own. How to best incorporate such objective data in the diagnostic process remains unclear.

PS-067

MISSED CLUES FOR EARLY DETECTION OF ASPERGER SYNDROME: A COMPARISON BETWEEN EARLY AND LATE CHILDREN VISITORS

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Objectives: Despite the integration as autism spectrum disorder, interest in Asperger syndrome as an independent disorder is growing in clinical practice. This retrospective study investigated the clinical clues valuable for the early diagnosis of Asperger syndrome.

Subjects and methods: Authors reviewed hospital records retrospectively for patients diagnosed as Asperger syndrome with more than 3 additional visits during the period of September 1998 to August 2013 at Kyung Hee university hospital. 41 patients were fit for the criteria. Among 41, ten patients were excluded who had mental retardation as comorbidity. Therefore, we examined 31 patients as final subjects. Firstly, we analyzed the characteristics of all subjects. Secondly, we divided the subjects into two groups by the age under or above 13 years old on the first visit to the hospital, and compared with the two groups.

Results: The mean age of all subjects was 14.3±6.6 years old and males were 27 (87.1%). Difficulty in peer relationship was the main reason for the hospital visit. Among 18 caretakers who answered the question about patients' language development, 17 agreed with the delay of language development. The full scale intelligence quotient (IQ) was 103.0±15.0 and difference between verbal IQ and performance IQ was not statistically significant. 17 out of 31 patients had taken electroencephalography and 8 subjects showed abnormal findings. From the comparison between two groups depending on the age of the first diagnosis as Asperger syndrome, the older group revealed more comorbidity and more medications than younger ones. Attention deficit/hyperactivity disorder (ADHD) was the commonest comorbidity and antidepressant was the commonest drug. The education level of father and mother was no statistical significance.

Conclusions: These results suggest that non-specific delay of language development and peer relationship problem would be the critical clues for early detection of Asperger syndrome.

Key words: Asperger syndrome, autism spectrum disorder, language, peer, neurologic deficit, intelligence

PS-068N°109

MUM, FEED ME WITH LOVE. EATING DISORDER AND DISORGANIZED ATTACHMENT

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Introduction

There is a parallelism between desorganized attachment and dissociative disorders. Is not only the presence of an desorganized attachment

There is a parallelism between the disorganized attachment and dissociative disorders. Not only is this disorganized attachment, the single etiological factor in the emergence of dissociative state, there is a "diathesis stress" model of where the disorganized attachment leads to a vulnerability to the dissociation in response to a later trauma.

Objectives

The clinical case illustrates the relationship between the emergence of an eating disorder with the presence of a disorganized attachment and an episode of sexual abuse during adolescence.

The patient presents trance 'episodes' when she had purging behaviors with enemas with the purpose of "cleaning herself". These behaviors began a few years after having suffered sexual abuse.

Hypothesis

17-Year-old woman who was admitted because of anorexia purgative symptoms. During his childhood, she grown up with the help of a nanny because her parents are barely in house. Parents were defined as cold, distant and non emotional. When she was 14 she suffered from an episode of sexual abuse, after that, she started to enemas in a compulsively way due to the constant idea of she was dirty inside. Finally, she was admitted in our inpatient unit. During she was in the inpatient unit, she still had these cleaning while she was in trance, with sexually explicit conduct and self injuries.

Conclusion.

The presence of an emonocional trauma in patients with a disorganized attachment plays a very important role in the development of a dissociative episode and a secondary way of ED. In patients with an ED, there is a high frequency of sexual abuse. In this case, the purging behaviors were more secondary to the traumatic event that a desire to lose weight.

PS-069

iMum, please, don't leave me alone!

Flores Cantera E; Rodríguez Noguera M; Seijas López ; Moreira Martínez M; Uzal Fernández C; Balseiro Mazaira E; Cuello Hormigo L; Moure Moure M
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Keywords: anxiety, separation anxiety, somatic complaints, marital separation, anticipation, regressive behaviors.

We review separation anxiety disorder through the case of a 5-year-old girl served in our unit of child and adolescent mental health after have been derived by her pediatrician by anxiety symptoms in relation to marital separation.

When child moves away from his parents is very common in childhood feel anxiety. It usually starts at six months of age, but is about 2-year-old when fear is intensified. During early infancy this fear means a protection mechanism against the environment hazards, but when anxiety is disproportionate may constitute a psychological disorder.

Separation anxiety disorder prevalence is estimated around 4% in children and young adolescent, with one incidence higher in females. The average age of the children who suffer from this disorder is approximately 9-year-old. For diagnosis, it is necessary that the child expresses high anxiety before the separation of attachment figures, home or the anticipation of these. The anxiety tends to be accompanied by other symptoms, which must persist for at least four weeks, as excessive discomfort, somatic complaints, persistent concern, refusal to go to school, to be alone at home, to sleep if he is alone, etc. The disorder is disabling for the child, since it affects negatively their activity and development.

Our patient is a girl of 5-year-old whose parents have recently separated, she is derived to our consultations by her primary care pediatrician because she refusal to attend to school, she has anxiety symptoms, irritability, regressive behavior, anxiety to separate from her mother, alterations of behavior at home, refusing to go with her father when he has visits... for several months. We do the assessment of the case and intends to a cognitive-behavioral psychotherapy.

PS-070

ONE-YEAR OUTCOME OF SEVERE EATING DISORDERS IN ADOLESCENCE AFTER A MULTI-COMPONENT THERAPEUTIC INTERVENTION (ANABEL PLUS STUDY).

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Introduction: Clinical course of eating disorders (ED) is variable. There is not an agreement about the definition of ED remission. Some studies show a rate of total remission at 12 months about 40% after an outpatient family behaviour intervention (Robin 2003; Lock 2010).

Objectives: To analyze one-year clinical outcome of severe eating disorders in female adolescence after a interdisciplinary and familial therapeutic intervention.

Methods: Naturalistic and longitudinal study of 115 ED adolescents seeking for treatment in a reference ED Unit. Social-demographic, clinical, familial, psychometric variables are studied at baseline and at 6, 12, 18 and 24 months after initiated the multi-component treatment. Diagnosis is completed by K-SADS interview.

Results: Baseline: age:14.55 y. (s.d.:1.35). 103 (88,8%) post-menarchial. Overweight antecedent : 21 (18.3%). Psychiatric antecedent : 23 (19,8%). Duration ED: 10 months (s.d.:6.73). Percentage lost weight:21.4 % (s.d.:8.37). BMI at presentation:16.1 (s.d.:1.77). Amenorrhea: 81 (70.4%). Excessive exercise: 64 (55.2%). DSM-IV –TR diagnosis: Restrictive Anorexia Nervosa (RAN): 69 (60%), Eating Disorders Not otherwise specified (EDNOS):28 (24.3%) and Purgative Anorexia Nervosa (PAN):18 (15.7%). EAT-40: 37.50. CDI: 16.50. Percentile STAI state:93. Psychiatric comorbidity 33 (30%). 6 months follow-up: BMI: 18.50 Kg/m² (t–student baseline vs 6 months p<0.01). Amenorrhea 37 (43.7%). EAT-40: 30.2. (Test t–student baseline vs. 6 months p<0.01) CDI: 15 (t–student baseline vs. 6 months p<0.054).Percentile STAI state:74. 3(t–student baseline vs. 6 months p<0.015).DSM-IV –TR diagnosis at 6 months: RAN: 32 (36%), EDNOS:53 (59.6%) PAN:2(2.2%) and BN: 2 (2.2%). 12 months follow-up: BMI: 19.1 Kg/m² (t–student 6 months vs 12 months p<0.002 y ANOVA F: 9723,7 p<0,001). Amenorrhea 27 (39.1%). EAT-40: 25.6 (t–student 6 months vs. 12 months n.s. ANOVA F 178,192 p<0,001) CDI: 15 (t–student 6 vs. 12 months n.s. ANOVA F 225,65 p<0,001).Percentile STAI state:74. 3(t–student 6 vs. 12 months n.s. ANOVA F 247,07 p<0,001).DSM-IV –TR diagnosis at 12 months: RAN: 23 (32.9%), EDNOS:46 (65.7%) PAN:0 and BN: 1 (1.4%). DSM-IV-TR diagnosis at 12 month follow-up is related with BMI at baseline (ANOVA F:4.3 p<0.005 EDNOS> RAN).

Conclusions: There is an acceptable physical and psychopathological improvement during the first year of treatment, resulting more evident during the first 6 months. However, neither BMI nor eating attitudes, depression and anxiety are at normal rank at 12 months of treatment in severe ED adolescents. Also one third mantain diagnosis of RAN and two third have EDNOS diagnosis at one year after starting treatment.

PS-071

OTOMAC TRIBE LEGACY.

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Keywords: pica, eating disorder, Dr. Alexander Von Humboldt, DSM-V, Conners test, WISC-IV.

We review the eating disorder called pica through the case of a 7-year-old girl served in our unit of child and adolescent mental health after have been derived by her pediatrician because of hyperactivity, behavior disorders and intake of various non-eatable substances. The origins of this disorder go back to 1800 when Dr. Alexander Von Humboldt found out the case of an indigenous Indians tribe, the "Otomac", in South America who ate large amounts of mud.

Back to the 21st century, and according to the DSM-V diagnostic criteria we understand pica like an eating disorder characterized by binge eating of non-nutritional substances (mud, chalk, papers, pencils, soap, animal faeces,...) for more than one month, inappropriate for the child development level, without it form part of a belief or cultural practice and has no place in the presence of another mental illness (intellectual disability, neurodevelopmental disorders: ASD, ADHD, Tics disorders,...).

Our patient was derived to our child and adolescent mental health unit by her primary care pediatrician motivated by the patient's mother story who referred to him that she had begun to receive school complaints because the girl was impulsive, restless, not disregarded the rules, interrupted classes, attacked verbal and physically against her schoolmates and binge eating pencils, crayons, papers... Her mother had also observed a similar behavior, to that teachers described, at home. During the case evaluation we did a blood analysis, we asked family and teachers to answer Conners test, and we evaluated her intellectual ability with WISC-IV test, all in order to orientate the diagnosis and therapeutic intervention looking for the choice that more benefits could brought her.

PS-072

PALLISTER-HALL SYNDROME: A REVIEW OF CLINICAL SYMPTOMS OF THE DISEASE, ITS EVOLUTION AND TREATMENT; REGARDING A SPECIFIC CASE

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Introduction

The Pallister-Hall syndrome is a pleiotropic polymalformative disorder inherited in an autosomal dominant manner, yet forms de novo may appear. It is characterized by the presence of a hypothalamic hamartoma, associated with diverse and highly variable malformations: craniofacial, skeletal, cardiac, pulmonary or genitourinary.

Objectives

Literature review of pathogenesis, somatic and psychiatric clinical manifestations and treatment of the Pallister-Hall syndrome, apropos of a clinical case.

A Case Report

The case of an 8-year-old girl with dysmorphic bone in the upper limbs identified at birth, together with gelastic seizures and precocious puberty, which are diagnosed at the age of two when a space-occupying mass on both thalami is observed in a study of brain magnetic

resonance, which happens to be a hypothalamic hamartoma, is presented. According to these findings, the diagnosis of Pallister-Hall syndrome is performed, resulting in features suggestive of a variant of this syndrome. At the age of 8 and after bilateral surgery of both upper limbs with partial ablation of hypothalamic hamartoma by stereotactic gamma-knife radiosurgery, the patient seeks medical consultation in psychiatry regarding consistent behavioral alterations involving significant physical and verbal aggressiveness along with high impulsivity.

Discussion

The disruption of the development of the hypophysis due to the hypothalamic hamartoma may be associated with endocrine abnormalities. Among the manifestations of the central nervous system, in addition to the hamartoma, dysplasia of the corpus callosum is usually observed and in some cases convulsive seizures, as in our patient, which are usually refractory characteristics to the antiepileptic drugs. Gelastic seizures are epileptic manifestations highly characteristic and frequent in patients with hypothalamic hamartoma, starting in the early years of life. Hamartoma ablation attains an improvement regarding to cognitive problems and the associated behavioral disturbances. Cognitive impairment (language impairment, learning disabilities) and behavioral disorder (attention deficit disorder and hyperactivity or ADHD, aggressiveness, anxiety, defiant disorder, etc.) are common in patients with epilepsy associated with a hypothalamic hamartoma. They have been correlated with the frequency and severity of the seizures, but there is debate on this point. The Biopsychoneuroendocrine Unit becomes appointed as the determinant of this behavior: the interrelationship between the environment of the child, its brain injury and the endocrine that affect him.

PS-073

PATIENT, CAREGIVER AND TREATMENT FACTORS ASSOCIATED WITH MEDICATION ADHERENCE IN THE CAREGIVER PERSPECTIVE ON PEDIATRIC ADHD (CAPPA) STUDY IN EUROPE

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Objective: To evaluate the association between attention-deficit/hyperactivity disorder (ADHD) medication adherence and the following factors: socio-demographic characteristics of patients and caregiver, ADHD severity, co-morbid conditions and treatment types.

Methods: CAPPA is a cross-sectional online survey completed by caregivers of children/adolescents (6–17 years) with ADHD between 2012 and 2013 in 10 European countries: Denmark, Finland, France, Germany, Italy, the Netherlands, Norway, Spain, Sweden and the United Kingdom. Denmark, Finland and Norway were combined (other Nordic) for analysis because of small sample sizes. Responses were collected from caregivers of children/adolescents who were taking pharmacological treatment for ADHD at the time of survey completion (current users) or had done so within the previous 6 months (prior users). Data for current and prior users were analysed separately. Prior users reported on the last medication taken. Caregivers were asked to estimate the degree of adherence to prescribed medication, and a binary adherence outcome was defined (adherence defined as taking medication $\geq 80\%$ of the time on school days and $\geq 50\%$ on weekends/holidays). Multiple logistic regression models were used to examine the simultaneous relationship between adherence and socio-demographic, clinical and treatment factors. Statistical significance was defined as $p < 0.05$.

Results: Among 3688 respondents, 3015 (81.8%) could be evaluated for adherence; 1833/2461 (74.5%) current users and 330/554 (59.6%) prior users reported being adherent. Compared with current users, prior users were significantly older (12.4 vs 11.6 years) and less severely ill (14% vs 31%), but proportions of males were similar (78% vs 81%). Significant factors associated with higher adherence across both current and prior users were older age, mothers being caregivers compared with fathers and other caregivers and more severe ADHD. Among

prior users, no other factors were significant. For current users, adherence levels varied by country (the United Kingdom, other Nordic and Sweden were most adherent), and higher adherence was observed with monotherapy (for stimulants and non-stimulants) versus combination therapy. Additional significant factors associated with better adherence in the current users model included: absence of aggression, parents not diagnosed with ADHD, caregivers with less responsibility caring for the child and prior treatment with multiple medication types or stimulants only compared with no prior drugs.

Conclusion: Better adherence was found with older children, respondents who were mothers and patients with more severe ADHD. Monotherapy stimulant and non-stimulant users were more adherent relative to combination users. There was significant variation in adherence across EU countries.

Funded by Shire Development, LLC.

PS-074

PATIENT, CAREGIVER AND TREATMENT FACTORS ASSOCIATED WITH SYMPTOM CONTROL AMONG TREATED PATIENTS IN THE CAREGIVER PERSPECTIVE ON PEDIATRIC ADHD (CAPPA) STUDY IN EUROPE

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Objective:

To evaluate the association between attention-deficit/hyperactivity disorder (ADHD) symptom control (SC) and the following factors: patient and caregiver socio-demographic characteristics; ADHD severity; psychiatric comorbidities; treatment types.

Methods:

CAPPA is a cross-sectional online survey of caregivers of children (6–17 years) with ADHD fielded between 2012 and 2013 in 10 European countries: Denmark, Finland, France, Germany, Italy, Netherlands, Norway, Spain, Sweden and UK. Assessments of child's SC while receiving pharmacological treatment for ADHD at time of survey completion were analysed. Caregivers evaluated SC levels as 'very controlled', 'controlled', 'moderately controlled', 'a little controlled' or 'not controlled'. The last two levels were combined because of small samples. ADHD severity during treatment interruption (off medication as baseline proxy) and while on medication were measured using the ADHD Rating Scale, Version IV (ADHD-RS-IV) total score (TS). Significant factors at $p < 0.05$ are reported.

Results: Among 3688 respondents, 2853 (77%) respondents whose child was using ADHD medication at time of survey completion were evaluated. Child mean (SD) age was 11.4 (3.1) years, 81% were male; 67% of caregivers were female. SC was rated very controlled, controlled, moderately controlled and little/not controlled for 594 (21%), 1296 (45%), 798 (28%) and 165 (6%) respondents, respectively. Better SC was reported with lower ADHD-RS-IV TS at baseline ($p < 0.001$). Mean (SD) ADHD-RS-IV TS for the four descending SC levels were 33.1 (13.1), 33.3 (12.1), 37.0 (11.7), 38.5 (12.9) at baseline and 11.6 (9.3), 13.8 (7.9), 17.4 (8.9), 23.4 (11.6) on medication and mean (SD) number of reported comorbidities were 0.9 (1.2), 1.0 (1.5), 1.0 (1.4) and 1.4 (1.5). Most common comorbidities significantly associated with lower SC level were anxiety (very controlled, little/not controlled: 10%, 19%), aggression (10%, 19%), conduct disorder (10%, 18%) and oppositional defiant disorder (3%, 12%). Significantly better reported SC was associated with children of younger age (very controlled, little/not controlled: 11.4, 12.1 mean years) and caregivers who were married (84%, 68%), male (31%, 23%) or had college/higher education levels (42%, 31%). SC varied by country with ranges of 11–40% for highest and 1–10% for lowest SC levels.

Conclusion: SC was rated as better in younger children with lower ADHD severity and fewer psychiatric comorbidities, and in caregivers who were married, male and had higher education. There was significant SC variation across countries. These data suggest there may be opportunities to improve current treatment in more severe and comorbid ADHD patients.

Funded by Shire Development, LLC.

PS-075

PATTERNS OF MULTI-INFORMANTS AMONG ASIAN FAMILIES OF YOUTHS WITH MOOD AND ANXIETY DISORDERS

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Introduction

Clinician diagnoses are dependent on the perspectives and characteristics of the individual providing answers. Hence, having multi-informants may allow for a more balanced assessment. However, it is important to understand informant response patterns to effectively make sense of the information provided. Research has shown low to moderate correlation between parent-child reports and moderate correlation between self-collateral reports in European/American samples. Little is known about the patterns of Asian multi-informants for youths with affective disorders. Hence, we examined the patterns of parent-child reports and self-spousal reports of internalizing and externalizing problems among Asian families of youths with affective conditions.

Method

Children with affective disorders and their parents were recruited from a Singapore child psychiatric clinic as part of a larger epigenetic study. Youths completed the Youth Self Report (YSR) and one parent completed the Child Behavior Checklist (CBCL). Both parents completed the Adult Self Report (ASR) and Adult Behavioral Checklist (ABCL) for themselves and their spouse respectively. Mean age of children was 16 years ($SD=2.26$) and 65.7% were female. Mean age of adults was 48 years ($SD=6.05$). The sample was 80% Chinese, 9% Indian and 11% Others.

Results

Data were available for 35 parent-child and 28 self-spouse reports. Child-reported internalizing problems on the YSR were moderately correlated with parent-reported CBCL internalizing scores, $r=.42$, $p<.05$. Youths were found to self-report more internalizing symptoms ($M=29.14$, $SD = 12.12$) relative to parent-reports ($M=19.23$, $SD=11.66$), $t(34)=4.58$, $p<.05$.

Child-reported externalizing problems were also moderately correlated with parent-reported externalizing problems, $r=.54$, $p<.01$. Youths reported significantly more externalizing symptoms ($M=13.26$, $SD=7.73$) relative to parent-reports ($M=7.43$, $SD=7.43$), $t(34)=4.75$, $p<.01$.

Self-reported internalizing problems on the ASR were moderately correlated with spouse-reported internalizing problems on the ABCL, $r=.61$, $p<.01$. A similar trend was also found for externalizing problems, $r=.52$, $p<.01$. Scores on the self- and spouse-report for both internalizing and externalizing problems did not differ significantly.

Conclusion

The moderate agreement between Asian multi-informants reinforces the need to incorporate multiple sources in assessments. Rather than perceiving them as unreliable, each informant may be providing useful information from different perspectives.

Previous research has highlighted the need to consider the nature of youth problems on under-reporting, and we found that Asian youths with affective disorders did not exhibit such patterns of under-reporting. Asian parents have similar perceptions to each other and there may be less

need to obtain reports from both parents in an assessment. Understanding these patterns can help to refine future assessment procedures.

PS-076

**PRELIMINARY RESULTS OF THE NEURODEVELOPMENTAL DISORDERS
EPIDEMIOLOGICAL RESEARCH PROJECT (EPINED)**

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EPINED is a double phase cross-sectional epidemiological study that is being carried out to investigate the epidemiology of autism spectrum disorders (ASD), social communication disorder (SCD) and attention deficit hyperactivity disorder (ADHD) in school-aged population of Tarragona, Spain. We aimed to study a representative sample of approximately 7,000 subjects in two age periods: 4-5 and 10-11 years. This sample corresponds approximately to 40% of the population in Tarragona.

The access to participants is taking place in public and private schools since 2014, through an agreement with Department of Education of Generalitat de Catalunya. In the first phase, parents and teachers answer screening questionnaires –specifically: Childhood Asperger Syndrome Test (CAST), CONNERS and EDUTEA (developed ad-hoc). In the second phase, the subjects at risk of these disorders and a subsample without risk (controls) are assessed. Diagnosis is performed according to DSM-5 criteria using information from the family (ADI-R, K-SADS and CBCL), the children (ADOS, YSR, WPPSI-IV/WISC-IV and specific subtests of BLOC and ENFEN) and from scholar quantitative and qualitative reports.

Preliminary results are obtained in a sample of 2150 subjects, in which participated all teachers and 48% of the families. In the first phase, teachers reported ASD risk symptoms in 3.7% of preschoolers and 4.9% of school-aged children. Parents reported 7.7% and 4.3%, respectively. Teachers also described SCD risk symptoms in 2.5% of preschoolers and 4.9% in school-aged. ADHD risk symptoms were reported by teachers in 2.8% and 19.3%, with higher rates in older children. The same occurs in parent rates, with values of 20.8% and 35.5%. Second phase results indicate an ASD prevalence of 1.43% (IC 95% 0.4-2.4). Of these children, 78% were previously diagnosed by mental health services. Related to severity, 29% presented mild ASD symptoms, 57% moderate and 14% severe manifestations. The male to female sex ratio was 2:1. The prevalence of ADHD was 5.6% (IC95% 3.7-7.4), with 80% of cases previously diagnosed. The prevalence among preschoolers was 3.1% (IC 95% 1.0-5.1) and 8.2% (IC95% 5.0-11.4) among school-aged children. The male to female sex ratio was 1.7:1.

Our results show an elevated prevalence of ADHD risk symptoms in preschool and school-aged children, reaching values up to 40% in parents' reports. We also want to highlight the great amount of subclinical ASD and ADHD manifestations that were found in the sample. Prevalence rates of ASD (1.48%) and ADHD (3.1-8.2%) are in agreement with recent international findings in school population samples.

PS-077

**PRENATAL, PERINATAL AND DEVELOPMENTAL RISK FACTORS OF ATTENTION-
DEFICIT HYPERACTIVITY DISORDER**

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Objectives: Attention-deficit/hyperactivity disorder (ADHD) is generally accepted as having a genetic basis but environmental influences have also been reported as contributing factors. Environmental risk factors including perinatal complications and psychosocial adversities may

interact with genetic susceptibilities in complex ways, influencing the risk of developing ADHD. The purpose of this study was to examine the prenatal, perinatal and developmental risk factors of ADHD, as compared to the unaffected siblings (SIB), and typically developing children (TC). Methods: Subject with ADHD, their SIB, and TC were recruited from a child psychiatry outpatient clinic of Asan Medical Center Children's Hospital. Psychiatric diagnosis and comorbidities were confirmed based on Schedule for Affective Disorders and Schizophrenia for School-Age Children-Present and Lifetime Version (K-SADS-PL). The parents of the children completed the questionnaires on perinatal and developmental risk factors. Results: Fifty eight individuals with ADHD (41 boys, 7.7 ± 1.3 years), 21 SIB (8 boys, 8.2 ± 1.8 years), and 22 TC (8 boys, 8.5 ± 2.1 years) were included. The ADHD group had higher rates of maternal stress during pregnancy than the SIB ($p=0.002$) and ADHD group had higher rates of familial psychiatric history than TC (odds ratio, 8.76; 95% confidence interval, 1.69 to 45.45). Delay in first-word output tended to be frequent in the ADHD group than in the SIB. Conclusion: These findings suggest that among perinatal and developmental factors, maternal stress during pregnancy contribute to development of ADHD. Future prospective study is needed to identify the causal relationship between perinatal risk factors and development of ADHD.

PS-078

PRETERM BIRTH AND ATTENTION DEFICIT HYPERACTIVITY DISORDER: A CASE REPORT.

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Introduction: In Spain recent studies indicate an increase of up to 200% of very preterm birth (VP; <28 weeks or low birth weight <1500 g) in the last 20 years. The low attention and hyperactivity are major morbidities associated with moderately preterm and VP. Detection with the start of school age supposed delay in social, psychological and intellectual development and may have consequences for their transition to adulthood.

Objectives: Presenting a case and reviewing the literature to summarize the available information to date on pathogenesis, course and detection of attention deficit hyperactivity disorder (ADHD) in preterm birth.

Methodology: A case report of a patient born alive at 27 months of gestational age and weight 745g. Periventricular cerebral delayed myelination and decrease overall volume were found. The typical lesions of periventricular leukomalacia were not found in magnetic resonance imaging (MRI). At 36 months old, neurodevelopmental was determined using the McCarthy Scales of Children's Abilities (MSCA) and a MRI. At 8 years of age the patient starts disruptive behavior, self-aggressiveness, poor school performance and social problems requiring the attention of psychiatric consultations and drug therapy. 253 articles were reviewed in PubMed using the terms "premature birth", "comorbidity premature birth", "cerebral palsy", "ADHD detection" and "ADHD".

Results: Few studies work about early detection of ADHD in VP. Some studies show differences preattentive, attentive and frontal lobe dysfunction in preterm births and these attentive disturbances may manifest as ADHD1. In our patient the studies showed good cognitive development for learning, and normalization of brain myelination at 3 years old. Diagnosis was established according to DSM V criteria; Attention deficit hyperactivity disorder predominantly inattentive [314.00]. The behavior and attention improved after 6 months of treatment with methylphenidate and counseling.

Conclusions: There is evidence supporting the close monitoring of this population during early and middle childhood with a focus on attention functioning. Is very important identify at preschool age early precursors of low attention and hyperactivity in moderately and very preterm children, but it is unclear how to do it. Further studies are needed in this regard2.

Keywords: Attention-Deficit/Hyperactivity Disorder (ADHD); preterm birth.

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PS-079

PREVALENCE AND CLINICAL CORRELATES OF PRETERM BIRTH IN PATIENTS WITH AUTISM SPECTRUM DISORDER (ASD).

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Background: Prevalence of preterm birth (PTB) is increasing in most countries (Blencowe et al., 2013). In Spain, 5.35% of all babies, born before 37 weeks of pregnancy. Recent studies have identified an increased prevalence of social and communication difficulties and autism spectrum disorder (ASD) symptoms in PTB population (Johnson et al., 2014). However, data on clinical particularities of ASD with history of PTB is still sparse.

Objectives: We aimed to study the prevalence and clinical correlates of prematurity in a cohort of patients with ASD diagnosis.

Methods: Participants consecutively referred to an ASD specialized outpatient clinic between January 2012 and June 2014 and meeting ASD criteria (DSM-IV-TR) comprised the study sample. ASD diagnosis was based on best clinical judgment of experienced child developmental psychiatrists. ADI-R and ADOS interviews were used when clinicians deemed it necessary. Demographic, obstetrical and clinical data were collected as part of the intake visit, using a locally devised questionnaire. Prematurity (PTB) was defined as being born before week 37 of pregnancy, and very early preterm birth (VPTB) as before week 26. We compared demographic and clinical features (syndromic autism (i.e. secondary to an existing condition caused by a well-known genetic variant), comorbid ADHD, other psychiatric comorbidities, mental retardation and epilepsy) between patients with and without history of PTB. All statistical analyses were performed using SAS (9.0).

Results: 402 patients (mean age: 8 ± 3.9 , [2-48] years old; 19.7% female) were included in the study. 13.94% (n=56) met criteria for PTB, and nearly 1% (n=4) for VPTB. 30.36% of ASD patients with positive history of PTB were females, as compared with 17.16% in the group without PTB ($p=0.06$). No significant differences were found between the group of patients with and without PTB in rates of comorbidity with ADHD or other psychiatric diagnoses, mental retardation or epilepsy. Within patients with ASD, patients with positive history of PTB presented more frequently syndromic autism than patients without PTB (20% vs 10.2%; $p<0.05$).

Conclusions: There is a high prevalence of preterm birth in ASD population. In addition, our results suggest that ASD population with history of PTB could present a distinct clinical phenotype, which is related with a higher proportion of secondary autism. Future studies should investigate the association between prematurity and genetic variants related to ASD, and the implication of this relation in ASD pathogenesis.

PS-080

PREVALENCE AND CLINICAL PROFILE OF PATIENTS WITH AUTISTIC SPECTRUM DISORDER (ASD) DIAGNOSIS

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In the last decade, an increase in the diagnosis of patients with Autistic Spectrum Disorders (ASD) has been detected. This increase in prevalence can be explained by a raise in incidence, better detection procedures, a widening of the clinical criteria considered clinically significant, or a combination of all these factors.

The object of this study is to estimate the prevalence of the diagnosis within the clinical sample attended at the Child and Adolescent Mental Health Centre in Mollet, to observe the clinical variability of these cases and the possible comorbidities that may worsen the prognosis in these patients. In order to do this, a revision of clinical records of all cases with the diagnosis has been carried out, counting as variables age, gender, family history, comorbid mental disorders (in both axis I and II) and pharmacological treatment.

Preliminary results show that patients with ASD diagnosis represent more than 12% of all the cases attended in our Centre, 29% of which had associated cognitive deficits, and 55% require treatment with psychopharmacs (namely atypical antipsychotics and psychostimulants). 90% of them were males and 36% had a family history of mental disorder.

Keywords: Autistic Spectrum Disorders, prevalence, comorbidity, psychopharmacs, community mental health

PS-081

PRO-ANA & MIA INTERNET PHENOMENON

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Objective: Analyze the content of web pages, Pro-Anorexia y bulimia Nervosa.

Method: We did a Google search, using the keywords "pro ana". We obtained 19 million results and the first five links were analyzed.

Results We found the following types of websites: Blogs, links in facebook, wikipedia and forums.

Most of web pages contained:

- Reasons to become Ana
- Rules (Ana is a lifestyle not a disease. With Ana's help we can become perfect, successful, beautiful and weightless; Eat in front of a mirror, naked if possible. If you can't, carry a picture of yourself in a revealing outfit and look at it when you want to eat. When you have cravings pinch your fat and look at your problem areas;
- Quotes (Ask me to show you perfect and I will show you a thin person; Stay thin and you'll always win;)
- Admitted Anorexics (Angelina Jolie, Nicole Richie, Victoria Beckham, ...).
- Diets & Food Advice
- Testimonies (Diary of an Anorexic)
- Survey of how many kilos you lose, (How many kilos are you planning to lose this year)
- Lyrics
- Decalogue
- Pseudo scientific explanations of the body (consequences of overweight)

Conclusion

Names like Ana and Mia are popularly used to refer to the Anorexia and bulimia. Generally the people that use these terms, don't actually suffer from the disease, they are just the people who think eating disorders are a lifestyle or a choice.

On the Internet, the "Pro-Ana & Mia" phenomenon contributes significantly to disguise these serious diseases as a way of life ideal role. The positive values with which they are associated (beauty, perfection, effort, and overcoming) coupled with positive reinforcement, derived from belonging to a group (identity, companionship and support), are a great attraction for young unsafe and vulnerable, who are at a critical stage of development.

All revised pages show "slim" appearance as a symbol of perfection, happiness and success in life. Being able to control hunger, caloric intake and the body itself becomes the only way to achieve it.

It is likely that patients with eating disorder have belonged to a greater or lesser degree of this social phenomenon, which since its inception in 2004 has not stopped growing. Therefore we consider it important to know and include this phenomenon within the therapeutic strategy focused on this complicated and cruel disease.

PS-082

Prosocial behavior mediates the association between ADHD and peer problems

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Introduction:

Children and adolescents with ADHD have more peer problems than normal controls¹. Children with ADHD show high rates of negative and uncooperative behaviors². In normal population, the more positive social behavior (prosocial behavior), the better peer relationship³. However, this is not so clear in ADHD population^{1, 4, 5}.

Our aim was to determine the role of prosocial behaviors on peer problems reported in children and adolescents with ADHD.

Methods:

475 children and adolescents were recruited at Child and Adolescent Mental Health Services at the Fundación Jiménez Díaz Hospital (Madrid) from January 1st 2011 to August 31st 2013. A positive ADHD diagnosis was based on the ADHD RS-IV. The parent version of the Strengths and Difficulties Questionnaire was used to measure peer problems and prosocial behavior. A study of mediation applying a general linear model analysis was conducted.

Results:

269 children and adolescents were categorized as ADHD subjects. Parents of ADHD subjects reported significantly greater peer problems than parents of non-ADHD subjects. Prosocial behavior mediated the relationship between peer problems and ADHD¹.

Conclusions:

Since children and adolescents with ADHD have substantial peer problems and prosocial behavior appears to mediate this relationship, improving social skills could be incorporated as an important tool in the treatment of ADHD patients.

Bibliography:

1. Andrade, B. F., & Tannock, R. (2013). The direct effects of inattention and hyperactivity/impulsivity on peer problems and mediating roles of prosocial and conduct problem behaviors in a community sample of children. *Journal of attention disorders*, 17(8), 670.
2. Clark, M. L., Cheyne, J. A., Cunningham, C. E., & Siegel, L. S. (1988). Dyadic peer interaction and task orientation in attention-deficit-disordered children. *Journal of Abnormal Child Psychology*, 16(1), 1-15.
3. Newcomb, A. F., Bukowski, W. M., & Pattee, L. (1993). Children's peer relations: a meta-analytic review of popular, rejected, neglected, controversial, and average sociometric status. *Psychological bulletin*, 113(1), 99.
4. Paap, M., Haraldsen, I. R., Breivik, K., Butcher, P. R., Hellem, F. M., & Stormark, K. M. (2012). The Link between Peer Relations, Prosocial Behavior, and ODD/ADHD Symptoms in 7-9-Year-Old Children. *Psychiatry journal*, 2013.
5. Blachman, D. R., & Hinshaw, S. P. (2002). Patterns of friendship among girls with and without attention-deficit/hyperactivity disorder. *Journal of Abnormal Child Psychology*, 30(6), 625-640.

PS-083

PSYCHIATRIC DISORDERS IN PEDIATRIC CONGENITAL HEART DISEASE

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Objectives.

To establish the prevalence of psychiatric disorders in children and adolescents between 6 and 18 years with a of congenital heart disease in our population and the most common psychiatric disorders we study a sample that we can recruited until at present in the last two years.

Methods

Cross sectional study of children and adolescents treated for congenital heart disease unit (CCU) of our Hospital. Previously we proceeded to the appropriate informed consent. So after a first open visit with usual anamnesis we used clinical assessment and implementation of K -SADS -PL ; Conner's RS ; CBCL ; WISC -IV , CMAS -R , CDI; PROLEC RT SE.

Results

At present he have a sample of 50 cases which initial results are presented.

Predominantly women and mean age of 12.

Congenital heart disease is the most represented based stenosis and nearly half still continued drug treatment.

Present some results of an average mean IQ although paradoxically predominantly associated with poor school performance.

Psychiatric disorders occur in over 70% of the studied cases fulfilling DSM diagnostic criteria.

Stressing ADHD: more than 40 %.

Psychiatric disorders are not less than 30%.

Is striking the low prevalence of depressive disorders as well as other way the high level to somatic complaints anxiety disorders.

Conclusions

The results confirm the high prevalence reported in the literature highlighting ADHD. Aspect that we consider very important for being a treatable and modifiable cause disorders likely poor school performance often associated and significant global impact.

References

X Gastaminza, CB Avella-García, B Rubio, O Herreros, R Vacas, J Cornella y MD Mojarro-Práxedes. Enfermedades cardiológicas. En B Rubio y X Gastaminza (ed.) Paidopsiquiatría psicósomática. La interconsulta y la psiquiatría de enlace en Pediatría. 1ª ed. Editorial Selene. Las Rozas Madrid 2014. Pp. 171-187. ISBN 978-84-697-0810-1

Avella CB - Garcia, CA Saavedra Inostroza; Cows R, O and X Gastaminza Herreros. Psychiatric disorders in children and adolescents with congenital heart disease. JOURNAL OF CHILD AND ADOLESCENT PSYCHIATRY 12/2013, 30 (4):7-18.

Avella CB - Garcia, CA Saavedra Inostroza; Gastaminza X, O Herreros, R. Vacas, B and J Rubio Girona. Psychiatric disorders in children and adolescents with congenital heart disease. JOURNAL OF CHILD AND ADOLESCENT PSYCHIATRY AEPNYA GRANADA 2013. 30: 2; p. 114-116

PS-084

Psychopathic Traits in Adolescents with Conduct Disorder

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Introduction: The presence of psychopathic traits in adolescents with conduct disorder may influence the frequency and severity of deviant/delinquent behavior, and their importance in distinguishing serious and persistent antisocial youths has been gaining increasing support. Psychopathic traits are described as having an important biological basis, and young people who present them seem to have a worse response to psychotherapeutic options. The assessment of psychopathic traits (lack of empathy, lack of guilt, shallow emotions, deceitfulness) may allow the clinicians to determine a subgroup in patients with Conduct Disorder with more dangerous and aggressive behavior and poorer prognosis, with different implications in treatment options.

Objectives: The authors aim to determine the prevalence of psychopathic traits in a clinical sample of patients with conduct disorder, and to evaluate the correlation between the frequency and nature of delinquent acts (severity of antisocial behavior) committed by patients and the presence of psychopathic traits.

Methods: We will measure psychopathic traits and deviant behavior in a 2 year clinical and convenience sample, using the Antisocial Process Screening Device-Self Report (Frick & Hare, 2001) and the Self - Reported Delinquency Scale (Carroll, Houghton & Hattie, 1996). The sample is on recruitment.

Results: The sample is on recruitment, so the results are to determine.

Conclusions: We predict that the presence of psychopathic traits will be correlated with more frequent and severe deviant/delinquent behavior. We hope to confirm in a clinical sample the relation between psychopathic traits and deviant/delinquent behavior in adolescents with Conduct Disorder. We hope that this findings can help clinicians to improve diagnostic and treatment strategies in this group of diseases.

PS-085

PSYCHOSOCIAL RISK FACTORS AND ADHD

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Introduction:

ADHD is a neurodevelopmental disorder affecting 5% to 10% of children. The etiology of ADHD is multifactorial with a strong genetic component. Environmental risks are thought to play an important role, specially in those periods of development when brain is more vulnerable to insult. Prenatal exposure to toxins or drugs, pregnancy complications, low socioeconomic status or psychosocial adversities have been identified as risk factors of ADHD in a large number of studies.

Objective and methods:

The purpose of this work is to investigate these environmental risk factors in out patients, in particular psychosocial risk factor.

We reviewed all the patients between 6 and 14 years old in a period of six months (march-august 2014) with a previous ADHD diagnostic and investigate for environmental risk factors of ADHD using the Clinical History.

Conclusions:

Psychosocial risk factors is a large group of different adverse situations, and they are present in an elevated number of our patients. These risk factors are related with more severity of symptoms, and poor prognosis. Identify and ameliorate psychosocial risk factors will provide a better outcome for these children.

References:

- American Psychiatric Association. DSM-IV-TR Manual Diagnóstico y Estadístico de los Trastornos Mentales. Barcelona: Masson; 2002.
- Froehlich TE, Anixt JS, Loe IM, Chirdkiatgumchai V, Kuan L, Gilman RC. Update on environmental risk factors for attention-deficit/hyperactivity disorder. *Curr Psychiatry Rep.* 2011 Oct;13(5):333-44
- Thapar A, Cooper M, Eyre O, Langley K. What have we learnt about the causes of ADHD? *J Child Psychol Psychiatry.* 2013 Jan;54(1):3-16
- Galéra C1, Côté SM, Bouvard MP, Pingault JB, Melchior M, Michel G, Boivin M, Tremblay RE. Early risk factors for hyperactivity-impulsivity and inattention trajectories from age 17 months to 8 years. *Arch Gen Psychiatry.* 2011 Dec;68(12):1267-75.
- Lindblad F, Ringbäck Weitof G, Hjern A. Maternal and paternal psychopathology increases risk of offspring ADHD equally *Epidemiol Psychiatr Sci.* 2011 Dec;20(4):367-72.

PS-086

PSYCHOTIC SYMPTOMS IN ADOLESCENTS WITH EATING DISORDERS. REPORT OF THREE CASES.

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Psychotic symptoms in adolescents with eating disorders. Report of three cases.
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Keywords: Anorexia Nervosa. Bulimia Nervosa. Hallucination. Psychosis.

Abstract:

Eating disorders are some of the most prevalent disorders in adolescence, often taking a chronic and disabling course. They are associated with high and sometimes life-threatening medical and psychiatric assessment.

The patients are often obsessed by their body image and usually perceive their self as being overweight, when the reality is usually just the opposite.

Recently there are some cases published in which patients diagnosed of Eating Disorders describe auditory hallucinations.

The relationship between Eating Disorders, and psychosis has long been a subject for debate and has been conceptualized in different ways.

One of these has been the study of the disorder's evolution whereby some studies have suggested that anorexic symptoms might be a prodrome of psychosis.

Or, from the psychological point of view, psychotic symptoms have been related to the psychopathological phenomenon of dissociation. The extreme symptom within this spectrum would be psychotic symptoms.

Since these patients do not have a realistic understanding of their condition which is undoubtedly ill and their own body perception is skewed, this disorder is extremely difficult to treat.

Three cases of adolescents affected by eating disorders who present psychotic symptoms are described. We discussed the main eating disorder and whether psychotic symptoms could be related to severity of Eating Disorders describing also the use of Aripiprazol in such a severe clinical condition.

At the end of 6 months period of a psychological treatment which was combined with psychopharmacotherapy, the patients exhibited no psychotic symptomatology and a stable clinical remission of the illness was achieved.

The use of this drug was found to be effective to reduce psychotic symptoms and to improve compliance to treatments.

Given the high difficulty of treating adolescents with eating disorders, it is important to identify the presence of psychotic symptoms in order to make optimal treatment.

Studies with larger numbers of patients are required to test for statistical efficacy of antipsychotics in these patients.

PS-087

PSYCHOTROPIC PRESCRIBING IN YOUNG PEOPLE WITH ADHD IN THE UK CLINICAL PRACTICE RESEARCH DATALINK: 2005-2014

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Background

In the UK, ADHD medication is now frequently prescribed under shared care arrangements between specialist and primary care. Past studies of ADHD prescribing in primary care reported highest rates of medication cessation amongst 16 and 17 year olds with ADHD, despite up to 60% continuing to experience symptoms into adulthood. Understanding of the impact of ADHD and its associated comorbidities has improved over time, which is likely to have led to an

increase in recognition and active management. Examining more recent trends in prescribing for this group is therefore essential to support service planning and improve outcomes over the vulnerable transition period from child to adult services.

Aims

To describe the prevalence of primary care prescribing of ADHD and other psychotropic medication from 2005-2014 in a cohort of young people with ADHD aged 10 to 20 years at baseline.

Methods

This analysis used the Clinical Practice Research Datalink, a large UK database, to obtain primary care prescribing records of patients who had an ADHD medical code during the study period and were aged between 10 and 20 years in 2005. We describe the prevalence of prescribing of drugs for ADHD by age band, with 95% confidence intervals. We also describe prescribing of other psychotropic medications (including antidepressants, anxiolytics and antipsychotics).

Results

10,406 ADHD patients were included (83.6% male), with 66% having follow-up data for 5 or more years. Amongst 15/16 year olds, prevalence of prescribing of ADHD medication was 37.8% (95% CI: 36.6-38.9%) whereas in the 17/18 age band less than a quarter had a prescription (23.7%, 95% CI: 22.7-24.6%). The lowest prescription prevalence was in the 21/22 age band (14.2%, 95% CI: 12.9-15.4%). In contrast, prescribing of other psychotropics rose with increasing age. At the age of 16/17 4.2% (95% CI: 3.7-4.7%) had a prescription, rising to 6.6% (95% CI: 6.0-7.3%) amongst 18/19 year olds and 8.7% (95% CI: 7.8-9.5%) in the 20/21 age band.

Discussion

Although new UK guidelines were released in 2008, results indicate that young people may still be experiencing premature cessation of medication. The corresponding rise in other psychotropic prescriptions also raises the question of whether substitution is taking place, which is being explored in current work. Despite limitations (e.g. capturing only primary care prescriptions), taken as a whole, this study supports the case for further review of training and commissioning to optimise ADHD management over the transition period and beyond.

PS-088

Reducing aggressive behaviour by targeting social information processing in referred boys: An implicit intervention.

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Childhood aggression is suggested to be the best-known predictor of (future) social adjustment difficulties. This study investigates the effectiveness of an implicit intervention to reduce aggressive behaviour, in boys who are referred for their behavioural problems, by targeting two deviations in social information processing. First, research shows that aggressive boys have a tendency to interpret ambiguous social cues as more hostile. Second, aggressive boys who have heightened scores on callous-unemotional traits appear to have problems with recognizing fearful expressions. This training will thus target on reducing hostile interpretation of ambiguous facial expressions, as well as increasing recognition of fearful facial expressions. We conducted a pilot in 67 boys ages 9 to 14 to see whether a computer training could reduce hostile intent attribution. The boys were randomly assigned to the intervention and an active control group. Participants received the training for 5 consecutive days, and teachers reported on the participants' (reactive and proactive) aggressive behaviour pre- and post-test. The training included pictures from morphing continua ranging from 'happy' to 'angry', with ambiguous pictures in between, of which participants had to judge on the emotional expression showed. Intervention consisted of feedback based on the boys' initial levels of 'angry' responses. The training significantly reduced hostile intent attribution: In general, boys' interpretation shifted 3 pictures in the 15-picture continua. We did not find an effect on aggressive behaviour yet. In the current study we will test the same kind of computer training

with morphing continua ranging from 'happy' to 'angry', but this time morphing continua ranging from 'angry' to 'fearful' will be added. Feedback will consist of discouragement of 'angry' responses, and encouragement of 'happy' and 'fearful' responses. We expect the training to be effective in reducing hostile intent attribution, and increasing recognition of fear. Besides this effect on social information processing, we expect the training to reduce related aggressive behaviour. The pilot already shows that effects can be reached with a seemingly small manipulation in a very limited time span. This training can be of additional value for bigger, already existing, interventions.

Keywords: social information processing; hostile intent attribution; aggressive behaviour; facial expressions; implicit training

PS-089

RELATION BETWEEN SALIVARY CORTISOL LEVEL AND COGNITIVE IMPAIRMENT IN CHILDREN WITH ATTENTION DEFICIT HYPERACTIVITY DISORDER IN A SAMPLE OF EGYPTIAN CHILDREN

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Relation between Salivary Cortisol Level and cognitive impairment in children with Attention Deficit Hyperactivity Disorder

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Objectives: Attention-deficit/hyperactivity disorder is one of the most common and impairing child neuropsychiatric disorders. The most prevalent clinical view of ADHD maintains that the central deficits of the disorder are the inability to sustain attention and symptoms of hyperactivity and impulsivity characterized by inattention, span of attention grow downwards, hyperactivity, impulsivity, and only recently, executive function deficits have been implicated as a core deficit of ADHD.

Several studies suggested that cortisol level influence the development and functioning of the brain in children and it is implicated in a variety of processes including memory and attention. This study was done to investigate the relation between cortisol level in ADHD children and their cognitive function profile.

Subjects and Methods: Descriptive cross-Sectional study, held in Suez Canal University Hospital in Ismailia, participants recruited from attendance of the childhood and adolescent psychiatry clinic. The study included 2 groups (74 children), ADHD group (diagnosis set upon DSM-IV TR through a structured clinical interview), composed of 43 children, (pure ADHD children with no co-morbid condition) and Control group composed of 31 typically developing children, participated voluntarily in this study. Age study ranges from 6-12 years, both sexes were included. Early morning awakening salivary cortisol levels were collected, on 2 different days, 2 months apart. Stanford-Binet intelligence test 4th edition (SB-4), Wisconsin card sorting test (WCST), Conner` test, child behavioral checklist (CBCL), were performed to all participants.

Results:

- -.Children with ADHD had significant lower cortisol levels at awakening $P < 0.01$.
- -.Comparison shows that there was statistically significant difference ($p < .05$) between mean scores of total score and subdomain scores of Stanford-Binet test and Wisconsin card sorting test (total number of errors, perseverative errors) between ADHD children and comparison group, and that these results are positively correlated with decrease in mean cortisol awakening response.

Conclusion: There are significant associations between salivary cortisol and cognitive and executive function impairment in children with attention deficit hyperactivity disorder (ADHD).

PS-090

Relations between Specific Language Impairment and Specific Learning Disorder in Italian sample

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Relations between Specific Language Impairment (SLI) and Specific Learning Disorder (SLD) have long been the subject of study and of a heated debate about the direction and the meaning of their frequent association. The DSM5 confirms this relationship, while not indicating the direction and, in Italy, the National Guidelines System Institute of Health recommended "... to conduct further studies aimed to deepen etiological relations between dyslexia and SLI". Our aim is to compare children diagnosed with SLI in preschool age, in follow-up (SLI), with subjects who receive a diagnosis of SLD in Primary School (SLD), without previous consultations for neuropsychiatric disorders. The Italian sample, selected according to the criteria defined by the ICD-10, using standardized tests, consists of 62 subjects (25 SLI and 37 SLD) attending the third year of primary school. In both groups it is detected familiarity for neuropsychological disorders; about half of the subjects in both groups presented difficulties in the praxic development; 43% of SLD presented slowed, but not atypical, language development. The share of SLI that develops a reading/writing disorder varies from 64 to 76 %, based on the threshold used for the diagnosis (1.5 or 2 sd). The comparison of the two groups shows that SLI have more quick reading rate and tend to be more accurate than SLD, but their understanding tends to be lower; both groups have relevant and homogeneous deficit in writing. Language difficulties (exitedated or not in SLI diagnosis) are confirmed to be a risk factor for the subsequent development of a SLD. The evolution of a SLI in SLD is however not a fixed path and the type of difficulties in reading and writing in the two groups appear not entirely overlapped.

PS-091

RELATIONSHIP BETWEEN ANGER, SUICIDAL IDEATION AND DEPRESSION IN KOREAN ADOLESCENTS.

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The purpose of this study identify relationship between anger, suicidal ideation and depression in Korean adolescents.

From June to October 2014, survey data from 395 adolescents were collected by using the Korean version of State Trait Anger Expression Inventory, Kovacs' Children's Depression Inventory and Korean Child Behavior Checklist.

Girls are having more suicidal ideation than boys($p < 0.01$). The group with suicidal ideation showed significantly higher average score in state anger, trait anger, anger out and anger control($p < 0.01$). The group with depression showed lower anger control($OR = 0.89, p = 0.033$) and higher anger in ($R = 1.90, p = 0.000$).

These findings suggests that anger is closely related with depression and suicidal ideation in Korean adolescents. School-based programs which alleviate anger may be needed to decrease suicidal ideation and depression among Korean adolescents

PS-092

RISPERIDONE USE IN CHILDREN AND ADOLESCENTS WITH AUTISM SPECTRUM DISORDERS AND PROBLEMATIC BEHAVIOR

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Introduction: Autism spectrum disorders (ASDs) are neuropsychiatric conditions characterized by marked impairment in social interactions, communication deficits, and restricted/repetitive patterns of behaviors. The term "spectrum" includes a wide range of these symptoms and impaired functioning of the patient. ASDs are associated with problematic behaviors, like aggression, hyperactivity, irritability, repetitive behaviors or stereotypies. Atypical antipsychotics are used for treatment some of these symptoms, like aggressive behavior, self injury and irritability.

Methods: In our study we were using risperidone to treat disruptive behaviors and self-injury in children and adolescents with ASD. We have analyzed a group of nineteen children and adolescents with ASD and problematic behavior. The group consisted of 15 males and 4 females, of the age between seven and sixteen. Diagnoses were made according to the ICD-10 criteria. All of them have aggressive behavior and seven of them also have self injury. They have been treated with risperidone 0.5-2.5 mg per day. Duration of the treatment was between three and four months.

Results: As demonstrated by the clinical observation as well as Aberrant Behavior Checklist (ABC) risperidone has significantly reduced symptoms of problematic behavior at all of the patients with ASD. However, some of the patients, six of them (31.5 percent), have significant weight gain. One patient has stopped received risperidone because of this side effect and change with the other antipsychotic drug. Patients with weight gain received higher dose of risperidone.

Conclusion: This study support our clinical experience of mean improvement of problematic behavior patients with ASD (like aggression, self injury and irritability) with risperidone. Our patients are well tolerated low dose of risperidone, but some of them with higher dose of medicine have problem with weight gain. Our conclusion, in small sample, is that for the most children with ASD and irritable, aggressive behavior and self injury risperidone is effective pharmacological treatment.

PS-093

SELF-REGULATION MATURING OF CHILDREN WITH NORMAL DEVELOPMENT AND MENTAL RETARDATION

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Self-regulation is supposed to be "a key to the life success" (Baumeister, 2002). Therefore it is important to study the way of forming of this ability in ontogenesis. The aim of the current research was to investigate the maturing of self-regulation in the age from 7 to 12 years in children with normal development and with mental retardation.

The theoretical concept assumed as a basis of the research was the three-level model of self-regulation introduced by Nikolaeva (1991), including the level of self-regulation of psychic states, the operational and the motivational levels.

The research sample consisted of 39 children with slight mental retardation in the age from 7 to 12 years and 93 their normally developing peers. Diagnostics included Luria's battery of neuropsychological tests adapted by Semenovich (2002), methods of studying learning motivation by Ginsburg (1996), Louskanova (1996), Grebeniuk (2000) and Markova (1990).

The research has shown that in the case of normal development in the age of 7-8 years the leading level of self-regulation is the level of psychic states. The transfer to the motivational level as the leading one begins in the age of 8-9 years. The results of learning activity of normally developed children in the age of 11-12 years depend of their motivation as contrasted to the age of 7-8 years, when most of the children have high level of learning motivation, but their results depend of the maturing of the self-regulation of psychic states.

In the case of mental retardation the underdeveloped first level of self-regulation negatively effects on the operational level, and therefore maturing of the motivational level also delays. The statistically significant differences in Mann-Whitney test in self-regulation level between the normally developing children and their peers with mental retardation show that a special intervention course is needed for the latter group to help them to shorten the gap in developing of this ability.

PS-094

SHORT-TIME OUTCOME PREDICTORS OF BIPOLAR DISORDER TYPE I IN CHILDREN AND ADOLESCENTS

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Objectives: Cohort researches on youth bipolar disorder are limited. This study aimed to evaluate the three and six month clinical and demographic outcome predictors (recurrence rate, the rate of hospitalization, severity of illness and recovery rates) in a group of inpatient children and adolescents with type I bipolar disorders.

Method: In a longitudinal and prospective study, 80 youths admitted in the child and adolescent psychiatry ward at Roozbeh hospital were recruited. All the participants were diagnosed as having type I bipolar disorder. These consecutive referrals were evaluated at admission, discharge, and follow-up at 3 and 6 months, using demographic questionnaire, the Kiddie-Schedule for Affective Disorders and Schizophrenia- Present and Lifetime Version-Persian Version (K-SADS-PL-PV), the Young Mania Rating Scale (Y-MRS), the Children Depression Inventory (CDI) for under 16 year-old, the Beck Depression Inventory (BDI) for above 16 year-old, and the Clinical Global Impression (CGI). The Pearson correlation coefficient and multivariate regressions were used for data analysis.

Results: The 6-month follow-up showed that there was a positive correlation between the severity of mania with male gender ($p=0.01$) and the severity of mania at admission ($p=0.04$). The rate of recurrence at the 6-month follow-up was correlated ($p=0.05$, $r=0.22$) with psychosis at admission. The duration of untreated disorder ($p=0.03$) had a positive correlation with the severity of global impairment at the 6 month follow-up.

Conclusion: This study confirms the role of some demographic and clinical features in predicting the course of disorder and the youth's response to treatment.

Key words: bipolar disorder; child and adolescent; outcome; predictor

PS-095

SOCIAL (PRAGMATIC) COMMUNICATION DISORDER: CLINICAL PREDICAMENTS

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Background: The DSM-5 has introduced a new clinical diagnosis, social (pragmatic) communication disorder, for children who do not meet criteria for autism spectrum disorder but who show social communication and pragmatic language impairments. This has raised concern with the diagnosis in its current form, as such impairments are likely to be present in other neurodevelopmental disorders and in language and cognition disorders. It is our aim to outline the challenges evoked in clinical conceptualization and assessment.

Method: Selective review of the evidence was conducted with a computerized search on PubMed (MEDLINE). Assessment approaches and clinical implications are discussed and illustrated with a clinical case.

Results: This clinical case portraits well the clinical assessment and diagnostic challenges posed by social (pragmatic) communication impairments. Once pragmatic deficits are strongly associated with a number of clinical groups and developmental concerns, assessment measures are unlikely to help in the diagnosis as they lack sensitivity and specificity. The broad dimensional view of such impairments and the requirement of fulfillment of all four specified criteria may also preclude the diagnosis in young people. Furthermore, although intimately related, the impairments of pragmatics and social communication are not necessarily the same and both are necessary for the diagnosis.

Conclusions: Existing evidence supports the view of social and pragmatic communication impairments as symptoms rather than a diagnostic entity. Clinical research in the future must develop valid assessment tools bearing this new entity in mind, and compare pragmatic profiles across different neurodevelopmental disorders in order to establish the validity of the diagnosis. Moreover, developmental trajectories and etiology studies may improve consistency as well as advance our understanding of the diagnosis.

Keywords: Social communication; Pragmatic disorder; Assessment; Child psychiatry

PS-096

SOCIAL SKILLS' PROFILE OF CHILDREN DIAGNOSED WITH ASPERGER SYNDROME OR HIGH FUNCTIONING AUTISM ATTENDED IN A MENTAL HEALTH CENTRE OF GRAN CANARIA.

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The concept of "Social Skills" refers to various specific learned behaviors that result in positive social interactions and include verbal and nonverbal aspects, all necessary for an effective interpersonal communication. On the other hand, "Social Competence" is an evaluation term which tests the performance of a subject in social tasks, based on the outcome of the trial by social agents according to certain criteria.

Children affected with High Functioning Autism or Asperger Syndrome exhibit as the central common deficit, among others, disturbances in terms of social skills, presented since early childhood. Despite they often are aware of their deficits and motivated to interact with peers they have great difficulty in their performance.

The negative impact they have on different areas of individual development, instead of tending to vanish, persists until adulthood. Research has highlighted that mere exposure to peer group and social interaction situations are insufficient for the development of social skills age-appropriate, so developing interventions to promote social competence becomes an intervention of great value, in order to improve their lives and reduce long-term social costs and suffering. But teaching social skills is a difficult task, requiring an evaluation and classification of specific social skills deficits presented by the subject, in order to develop an appropriate intervention.

Children diagnosed with Asperger Syndrome or High Functioning Autism attended in our Mental Health Centre were recruited, ranging in age from 7 to 18 years old. A test battery was administered to participants and relatives (parents) in order to get a measure of their general and specific yield in social skills.

Thus, the social skill's profile of the child population affected with Asperger Syndrome or High Functioning Autism who are attended in a Mental Health Unit of the Public Health of Gran Canaria is shown, and possible associations with clinical characteristics.

PS-097

SPECIFIC LEARNING DISORDERS: LONG TERM PROGNOSIS OF AN ITALIAN SAMPLE

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Developmental Specific Learning Disorders (SLD) show strong persistence across the school years. Some adults retain a marked dyslexia, others may be more compensated and, while showing some deficits in the automation of processes involved, are able to tackle everyday tasks using alternative strategies. The difficulties resurface when more specific tests are administered or require a higher cognitive load and a more efficient level of automation. With respect to the Italian population there are only two systematic studies on the evolution of reading skills in subjects with Dyslexia become young adults. The available data show that the typical neuropsychological deficits related to reading skills tend to persist, as well as variables related to broader cognitive and learning skills, allowing to differentiate between subjects with and without dyslexia. The SLD has a major impact both at the individual level (frequent lowering of curricular level achieved and/or premature school drop-out) and at the social level (reducing the realization of social and employment potential of the individual). This work aims to add further evidence on the outcome of the disorder in young adults. 30 Subjects, with SLD diagnosis made before age 13, were recruited and revalued at the end of Second Grade Secondary School, using a battery of standardized tests and a questionnaire on clinical and educational path. The presence of the disorder appears to affect the choice of the type of high school and determine a laborious and discontinuous schooling, although almost all subjects have received sufficient therapeutic and educational support. Faced with preserved cognitive skills, evaluation of school abilities shows how the specific difficulties persist, particularly in speed of reading text, and are associated with insufficient metacognitive strategies and skills, that affect negatively the use of written code as an expressing, learning and thinking tool.

PS-098

STABILITY OF PSYCHIATRIC DIAGNOSIS IN A CHILD PSYCHIATRY LIAISON PROGRAM

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OBJECTIVES

To assess the stability of diagnoses or suspicion of psychopathology made by paediatricians, once the psychiatrist assessment has been made in a liaison child psychiatry unit in a general hospital.

MATERIAL AND METHODS

We made a descriptive study collecting data from 79 patients who were cited and evaluated along 2013 and 2014 in a child psychiatric liaison program in Hospital Clínico San Carlos de Madrid, referred from other specialties. As a liaison psychiatry program inside a General Hospital, appointment availability of new patients from primary care is limited to half of the total. Analyzed variables are age, sex, service of provenance, reason for referral and diagnosis after the psychiatric assessment.

RESULTS

Of those who were referred for suspected ADHD or confirmed ADHD (15), 12 were diagnosed ADHD, 1 was diagnosed with Bipolar Disorder, 1 was diagnosed with anxiety disorder and 1 was not diagnosed with any disease. Among this group, 80% were referred by pediatric neurologist and 20% were referred by primary care. Of those who were referred for behavioral disorder, 6 were not diagnosed with any psychiatric disorder, 3 were diagnosed with intellectual disability, 2 ODD, 2 Adjustment Disorder, 2 mixed disorder of behaviour and emotions, 1 separation anxiety disorder and 1 Gilles de la Tourette. Of those who were referred for abdominal pain, 3 were not diagnosed with any psychiatric pathology, 3 were diagnosed with anxiety, 2 were diagnosed with emotional disorder and 1 with encopresis.

CONCLUSIONS

-Patients referred with suspected or confirmed ADHD, mainly from pediatric neurologist, maintain this diagnosis in the 80% of the cases. The detection of this disorder is correctly carried out outside the psychiatric field in our sample

- Among patients referred for abdominal pain, psychopathology was found in most of them, especially internalizing disorders.
- There is a high percentage of the sample of patients (16.5%) that have not received any psychiatric diagnosis. This is even higher in the subgroup of patients that were referred because of "behavioral disorders" (30%). In addition we find in this group multiple and different diagnoses after the psychiatrist evaluation. So it seems to be too inespecific and poorly stable as a referral item.

PS-099

STRENGTHS, DIFFICULTIES AND DEFENSES IN OFFENDERS ADOLESCENTS: CONSIDERATIONS AND BASES FOR INTERVENTION

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Adolescence is a period of functioning characterized by the transition between childhood and adulthood, the removal of identificatory figures, group trend and the search for identity, understood as a condition of being itself. However adolescents antisocial behaviors can present difficulties from the emotional development, which can lead to antisocial behavior in adults. The delinquency can be understood as the result of emotional deprivation and lack of environmental supplies to deal with the lack, and at the same time can reveal the hope of the subject to retake the stages of life when there were reliability at home and in good object .. The aim of the study was to present and understand the strengths and weaknesses of adolescent offenders who meet educational socio measure. And identify the nature of defense mechanisms employed as a way of them deal with the difficulties they face .. The sample was composed 50 juvenile delinquents male, 13-18 years of age assisted by NGOs (group 1) . And 50 teenagers controls from public schools (group 2) .The instruments used were interviews with teens to know the history of life and how they perceive themselves and their environment and the tools: Defense Style Questionnaire (DSQ-40) Is a self report questionnaire designed to measure manifestations aware of defense mechanisms, techniques used by the ego to deal with anxiety and resolve conflicts is composed of 40 items representative of twenty types of defenses, organized into three factors: a maturation factor, a neurotic factor and an immature factor. Strengths and Difficulties Questionnaire (SDQ) that screens child mental health problems, comprising a total of 25 items divided in five subscales: emotional problems, hyperactivity, relationship, conduct and pro-social behavior, with five items in each subscale. Data were analyzed statistically by SPSS program and made comparisons between the two groups, and the results in the instruments. As results were found: Group 1 - more emotional symptoms, conduct problems, difficulties in interpersonal relationships. As defenses were found more lack of defenses matures , as a mechanisms to preserve the psyche of the subject of the frustrations of middle and absence of continence of their own aggression. And more immature defenses. Thus, here was more difficulties in offenders adolescents, and the need for proper and early intervention for them ad hei family.

Key words: adolescence, Conduct and oppositional defiant disorder, Defense Style Questionnaire (DSQ-40), Strengths and Difficulties Questionnaire (SDQ)

PS-0100

SYSTEMATIC LITERATURE REVIEW AND MIXED TREATMENT COMPARISON OF GUANFACINE EXTENDED RELEASE (GXR) VERSUS OTHER PHARMACOTHERAPIES IN CHILDREN AND ADOLESCENTS WITH ATTENTION DEFICIT/HYPERACTIVITY DISORDER (ADHD)

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OBJECTIVES: This study compared the clinical efficacy of ADHD pharmacotherapy in children and adolescents 6–17 years of age.

METHODS: A systematic literature review was conducted according to National Institute for Health and Care Excellence guidelines to identify randomized controlled trials (RCTs) of GXR, atomoxetine (ATX), lisdexamfetamine (LDX) and methylphenidate (MPH) extended release (ER) and immediate release (IR) among children and adolescents with ADHD. A Bayesian mixed treatment comparison was conducted to compare ADHD-rating scale (ADHD-RS-IV) change, clinical global impressions improvement (CGI-I) response (defined as a CGI-I score ≤ 2), all-cause discontinuation and discontinuation due to adverse events (AEs), with meta-regression adjustments permitted by data availability (age and percent female). 95% credible intervals (CrIs) for treatment effects and the posterior probability that GXR was more efficacious than each other medication were estimated.

RESULTS: Of 5619 records retrieved, 31 RCTs met the inclusion criteria. Five trials included GXR, 4 included LDX, 18 included ATX, 7 included MPH-ER and 5 included MPH-IR. The mean ADHD-RS-IV score change from baseline and 95% CrI (active minus placebo) were -8.68 ($-10.63, -6.72$) for GXR, -14.98 ($-17.14, -12.80$) for LDX, -6.88 ($-8.22, -5.49$) for ATX and -9.33 ($-11.63, -7.04$) for MPH-ER. The relative risk and 95% CrI for CGI-I response (drug vs placebo) were 2.13 (1.68, 2.59) for GXR, 2.93 (2.47, 3.40) for LDX, 2.30 (1.79, 2.81) for MPH-ER, 1.97 (1.43, 2.58) for ATX and 1.66 (1.02, 2.32) for MPH-IR. Among non-stimulants, GXR was more efficacious than ATX when comparing ADHD-RS-IV change (posterior probability 93.91%) and CGI-I response (posterior probability 71.01%). The relative risk (vs placebo) and 95% CrIs for all-cause discontinuation were 0.89 (0.65, 1.17) for GXR, 0.67 (0.46, 0.94) for LDX, 0.91 (0.72, 1.13) for ATX, 0.58 (0.40, 0.81) for MPH-ER and 0.55 (0.24, 1.03) for MPH-IR. For AE-related discontinuation, relative risks (95% CrIs) were 4.94 (2.00, 10.46) for GXR, 3.50 (1.25, 8.16) for LDX, 2.75 (1.32, 5.21) for ATX, 1.42 (0.48, 3.30) for MPH-ER and 0.89 (0.12, 3.17) for MPH-IR.

CONCLUSIONS: In this study, it was found that LDX had greater efficacy compared with GXR, ATX and MPH in the treatment of children and adolescents with ADHD with no overlap in CrIs. Among non-stimulants, GXR had a high probability of being more efficacious than ATX, although their CrIs overlapped. Owing to low rates of AE-related discontinuations, statistical uncertainty was high for this outcome.

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PS-101

SYSTEMATIC REVIEW OF AVOIDANT/RESTRICTIVE FOOD INTAKE DISORDER IN CHILDREN AND ADOLESCENTS

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Introduction: In May 2013, the American Psychiatric Association (APA), at its annual meeting, presented the fifth edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM-5). The DSM-5 includes a large and significant revision of Eating Disorders (ED); among other changes, it includes the Avoidant/Restrictive Food Intake Disorder (ARFID). This type of patient maintains a restrictive diet without other conditions present in Anorexia Nervosa (AN): body image distortion or fear of gaining weight. Patients with ARFID may have nutritional deficiencies, reliance on tube feeding or oral nutritional supplements, food avoidance, loss of appetite, abdominal pain, fear of vomiting and disturbances in psychosocial functioning.

Objective: This work is a systematic review of ARFID in children and adolescents. The review was carried out in two databases, PubMed and EBSCO, between 2012 and 2014, using the terms: "ARFID" and "children and adolescents". We found fourteen articles and for this study, use six suited to our objectives: analyze the socio-demographic and psychopathological characteristics (sex, age, duration of illness, comorbidity and body mass index) of this type of patient and compare the differences and similarities with patients diagnosed with AN. **Results:** In three studies that compare ARFID with AN, the results were that children and adolescents with ARFID were younger, had a longer duration of illness before diagnosis and included a greater number of boys than patients with AN. Conversely, these same studies, found that ARFID patients had significant weight loss, malnutrition and food restrictions as patients with

AN. In these three articles, ARFID prevalence was between 12.4% and 22.5%, they were evaluated among patients with ED and outpatient in different service of mental health. In two descriptive cases studies, ARFID was associated with anxiety disorders, obsessive-compulsive disorder, attention deficit hyperactivity disorder, autism spectrum disorders, pervasive developmental disorder and learning disorders; conversely, ARFID demonstrated less comorbidity with depression. Conclusions: ARFID patients are significantly different than patients with AN. Because clinical, demographic and treatment characteristics of patients with ARFID may require a more intensive level of care than other ED.

Keywords: Avoidant/Restrictive Food Intake Disorder, Children and adolescents, Anorexia Nervosa, DSM-5.

PS-102

SYSTEMATIC REVIEW OF PSYCHOLOGICAL TREATMENTS FOR DEPRESSION IN CHILDREN BELOW 13 YEARS OLD

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Objective: To evaluate the efficacy of psychological treatments for depression in pre-adolescent children

Design: Systematic review of studies of psychological interventions to treat depressive disorder in pre-adolescent children (aged up to 12 years old). The primary outcome was level of depressive symptoms. Time frame for the search was up to 1st October 2014.

Data Sources: Studies were found using Medline, PsycINFO, EMBASE and Web of Knowledge databases and selected on several criteria.

Eligibility criteria for selecting studies: Only randomised controlled trials were included. Where individual studies covered a broader age range (usually including adolescents up to age 18 years), authors of those studies were contacted and requested to provide individual patient level data for those aged 12 years and younger.

Results: 2823 abstracts were reviewed and from these, 124 full text articles were reviewed, yielding 7 studies for which we were able to access appropriate data for this review. 5 of these studies evaluated cognitive behaviour therapy (CBT). Combined results from these studies suggest that there is no convincing evidence that CBT is better than no treatment (Standard Mean Difference -0.342 (95% Confidence Interval -0.961, 0.278), although the numbers included in trials is relatively small. The evidence for efficacy of family therapy and psychodynamic therapy is even weaker.

Conclusions: There is inadequate and inconclusive evidence for the psychological treatment of depression in children aged 12 years and under. Given the prevalence and significant impact of this disorder, there is an urgent need to establish the efficacy or otherwise of psychological intervention.

Keywords: children, depression, psychological treatment, systematic review

PS-103

TACKLING TEENAGE IN HIGH FUNCTIONING –ADOLESCENTS WITH AUTISM SPECTRUM DISORDERS (HF -ASD): A PILOT PROJECT IN BARCELONA.

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BACKGROUND

Adolescence is a difficult period of life, especially for ASD adolescents due their scarce social understanding and difficulties to cope with changes. Discrepancies between socio-emotional and physical development arouse driving to frustration and disturbances in socio-emotional behavior (Ballan, 2011; Stokes, 2007). Dutch researchers have developed the "Tackling Teenage (TT)", a program based on previous psycho educative and cognitive models

(Hellemans, 2007; Sperry & Mesibov, 2006) with the aim to improve psycho-sexual development in ASD adolescents.

AIMS OF THE STUDY

1. To adapt the TT program to our environment in collaboration with the Rotterdam research team.
2. To replicate the previous positive results in HF-ASD adolescents.

METHOD

The TT consists of 18-week individual sessions with a trained psychologist. The topics of the TT adapt the psychosexual education and interpersonal abilities to the knowledge levels and functioning of the adolescent. Effects of TT were investigated by comparing the knowledge and skills of the HF-ASD adolescents before (T1) and after the training (T2). Baseline assessment included the ADI-R, WISC-IV or WAIS-III depending on age, the Social Responsiveness Scale (SRS), the Child Behavior Checklist (CBCL) and the Knowledge Test (KT) about human biology. The SRS, the CBCL and the KT were administered again at T2.

Twenty eight adolescents with DSM-IV diagnosis of HF-ASD and with IQ >80 were recruited and 16 completed the training. All diagnoses were confirmed with ADI-R and clinical consensus of the research team. Ethical board committees of both hospitals authorized the present study.

RESULTS

The 16 adolescents who completed the training had a mean of age of 15, 62 (SD= 1, 31). The SRS mean at baseline was 81, 50 (SD= 26, 59). The CBCL mean total score was of 47, 88 (SD= 21, 39). The KT mean was of 25, 64 (SD= 6, 29). No significant differences were found between the recruited sample and participants (n=16).

The pre-post analysis showed a significant improvement of knowledge ($t= 4, 92; p=0.000$) after intervention but not a significant improvement of social communication deficits ($t=1,981, p=0.066$). No significant differences were found in the total score of the CBCL ($p= 0.756$) nor in the internalized nor in the externalized ($p=0.786$).

CONCLUSIONS

These preliminary findings suggest that the TT increases knowledge on sexuality in HF-ASD adolescents.

KEYWORDS

High-Functioning Autism; Adolescence; Sexuality

PS-104

Temperament profiles in very preterm born children and the possible link with ASD features

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Background

Previous research in cohorts of preterm born children clearly suggests a link between prematurity and autism spectrum disorder (ASD; e.g. Kuban et al., 2009; Wong et al., 2014; Dudova et al., 2014). However, prospective research is considered necessary to understand the developmental pathways through which a substantial subgroup of preterm born children develops ASD. One useful framework that has been suggested for understanding the emergence of ASD in early life, is temperament (Garon et al., 2008). Research with children with ASD and their high-risk siblings on the one hand points out that clear temperament peculiarities linked with ASD emerge during infancy (e.g. Zwaigenbaum et al., 2005), while studies with preterm born children on the other hand provide inconsistent results considering their temperament profiles (e.g. Larroque et al., 2005).

Objectives

This study aims to compare the early temperament profiles of very preterm born children (PI) with the profiles of their term born counterparts (TI). Among PI, we intend to study to what extent temperament dimensions in the first year of life can predict the emergence of ASD symptomatology at 18 months.

Methods

Data are currently being collected in a prospective follow-up study of PI born before 30 weeks of gestation. Infants are assessed at the (corrected) ages of 5, 10 and 18 months. Their parents are asked to complete the IBQ-R at the ages of 5 and 10 months (Gartstein & Rothbart, 2003) while at 18 months, ASD features of PI are examined with the ADOS-Toddler version (Lord et al., 2012). Up till now, valid data of 38 PI and 24 FI have been analysed.

Results

At 5 months, PI were assigned less sadness ($p = .030$), less distress ($p = .007$) and their parents believed PI had a higher rate of recovery after peak distress ($p = .077$), compared to FI. PI also showed less approach towards pleasurable activities at the age of 10 months ($p = .066$). Moreover, preliminary results suggest no significant correlations between temperament constructs in the first year of life and ASD features at 18 months.

Conclusions

In line with results of previously reported studies, no consistent temperament profiles of very preterm born children could be identified. However, some age-related differences with FI could be found, but preliminary results suggest that they are not associated with ASD symptomatology. More detailed results will be presented at the conference.

PS-105

THE ABERRANT BEHAVIOR CHECKLIST: PSYCHOMETRIC PROPERTIES IN A NEURO-PAEDIATRIC SAMPLE

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Population-based studies have found a high prevalence rate of behaviour problems among children and adolescents with intellectual and developmental disabilities and chronic illnesses. Hence, a screening measure to detect such problems is needed. Few screening measures of behaviour problems have been developed and validated for children and adolescents with such disabilities. This study aimed to investigate the psychometric properties of the Aberrant Behaviour Checklist (ABC) in a neuro-paediatric sample. Participants were 97 children aged 5-17 years ($M = 10.70$, $SD = 3.43$) attending an outpatient neuro-paediatric clinic in the specialized health service. They underwent assessment of intellectual level (Wechsler Intelligence Scale for Children-IV) and adaptive level (Vineland Adaptive Behavior Scales-II). Subscale reliability of the ABC (internal consistency) was good (mean coefficient α across ABC subscale was $.90$). The ABC total and subscale scores did not correlate significantly with IQ scores. There were significant small to moderate negative correlations between the ABC total score and the adaptive level (mean coefficient r was -0.39). Twenty-eight percent of the children had an item on the ABC scored as a moderate or a severe problem on one or more scales. It was the items on the hyperactivity, the irritability and the lethargy scales that were most frequently scored as moderate and severe problems. In conclusion, the ABC shows promising psychometric properties in a neuro-paediatric sample of children and adolescents with neurological and developmental disabilities.

Key words: aberrant behavior checklist; behaviour problems, developmental disability, neurological disorders.

PS-106

THE EFFECTIVENESS OF A BRIEF BEHAVIOURAL SLEEP INTERVENTION IN SCHOOL AGED CHILDREN WITH ADHD AND COMORBID AUTISM SPECTRUM DISORDER.

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Attention Deficit Hyperactivity Disorder (ADHD) and Autism Spectrum Disorder (ASD) frequently co-occur with up to 78% of children meeting diagnostic criteria for a comorbid ADHD-ASD diagnosis (Holtmann et al. 2007; Keen and Ward 2004). Sleep problems are common in children

with ASD and ADHD and impact adversely on child and parent wellbeing. Behavioural sleep interventions have been shown to be effective in improving sleep problems and child behavioural functioning in ASD (Malow et al., 2014) or ADHD (Keshavarzi et al., 2014), however there is a lack of research that has considered whether behavioural sleep interventions improve sleep problems in children with co-morbid ADHD-ASD. This study evaluated the efficacy of a brief behavioural sleep intervention in children with comorbid ADHD-ASD. A subsample of children with ADHD-ASD (n=61; 5-13 years; 89% male) participating in the Sleeping Sound with ADHD study were included in the current investigation. The subsample comprised of 28 children randomised to the sleep intervention group, while 33 were randomised to usual clinical care. The intervention consisted of two clinical consultations and a follow-up phone call covering sleep hygiene and standardised behavioural strategies targeted at a range of sleep problems (e.g. sleep onset association disorder, delayed sleep phase, limit setting sleep disorder, primary insomnia and night time anxiety). Children with ADHD-ASD who received the behavioural sleep intervention had large improvements in sleep problems and moderate improvements in child behavioural functioning 3 and 6 months post-randomisation. These findings suggest that a brief behavioural sleep intervention can improve sleep problems in children with ADHD-ASD and has positive effects on children's social, emotional and behavioural functioning. Rigorous, controlled trials are now needed with a larger sample to further confirm these findings.

PS-107
THE LOSS

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We review the characteristics of grief in children and adolescents through the case of a 13-year-old girl served in our unit of child and adolescent mental health after have been derived by gynecology service after several deaths in her family.

We are talking about grief when referring to a person's reaction to the death of a loved one. We refer to the set of phenomenon that humans express in the psychological, biological and social fields after an emotional loss. Grief is an adaptive process, which is to say "we will develop". It's one of the most stressful events in a person's life and each individual needs a variable time for recovery. When we have no enough resources to deal with the loss, as it can occur in the case of children and adolescents, it enters the land of the "complicated mourning" and a specialized psychological care is required.

There are various factor types which predispose to a complicated mourning: 1. Relational (dependency, conflict with the emergence of auto-reproaches...), 2. Circumstantial (youth of the deceased, sudden death, uncertain death by disappearance...), 3. Personal (more complicated in male, any previous physical or mental problems, previous duels unresolved...) and 4. Social (lack of social or familial support, socioeconomic level bass...). Special risk cases to a complicated mourning are children and adolescents who lost their father or their mother. The age in which you can start to talk about grief aroused many controversies between the different authors, from those who deny its existence before adolescence (a minority) to those who observed grief demonstrations from the six months of life, since from this age it can be said that child experiences the anguish of separation when the mother is absent. Our patient is a 13-year-old girl from our consultations who was derived by gynecology service after the death, in the course of a year, of her mother and her older sister, both by ovarian cancer.

Keywords: grief, complicated mourning, adaptive process, resources, predisposing factors.

PS-108

THE LOUDNESS DEPENDENCE OF THE AUDITORY EVOKED POTENTIAL (LDAEP) IN CHILDREN WITH ATTENTION DEFICIT HYPERACTIVITY DISORDER

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Objectives:

The loudness dependence of the auditory evoked potential (LDAEP) has been identified as being inversely associated with central serotonergic activity, with a weak LDAEP reflecting high serotonergic neurotransmission and vice versa. Recent studies suggest that LDAEP is also influenced by dopaminergic transmission. It is known that low serotonergic activity may be related to a dopamine deficit. Evidence shows that Attention deficit hyperactivity disorder (ADHD) symptoms are associated with dopamine dysfunction. The aim of the present study was to determine whether there is an association between the symptom severity and LDAEP in children with ADHD.

Methods:

A total of 32 school-aged children (6-12 years old, 29 males and 3 females) with ADHD were enrolled in this study. Severity of symptoms was assessed by using the ADHD rating scale (ARS). To evaluate the LDAEP, the auditory event-related potential was measured before beginning medication. Peak-to-peak N1/P2 amplitudes and current source densities were calculated at five stimulus intensities, and the LDAEP was calculated as the linear-regression slope.

Results:

The mean age of subjects was 9.19 ± 1.78 years old and the LDAEP score was 0.80 ± 1.06 ($-0.76 \sim 4.32$). Total ARS score was 21.47 ± 10.35 . LDAEP was found to be positively associated with ARS score, after adjusting for age and IQ ($r=0.451$, $p=0.024$). LDAEP was related with score of inattentive symptoms ($r=0.489$, $p=0.013$). But LDAEP was not correlated with score of hyperactive-impulsive symptoms ($p=0.072$). When linear regression analysis was carried, the relationship between LDAEP and severity of symptoms was also significant ($p=0.013$). When reassessing LDAEP of 17 subjects after Methylphenidate treatment, 12 children (70.6% of 17 children) showed that LDAEP was decreased after taking methylphenidate.

Conclusions:

These findings suggest that the LDAEP may be associated with the symptom severity in children with ADHD. To the best of our knowledge, this is the first study of assessing LDAEP in children with ADHD. Further investigation is needed.

Key words: ADHD, ERP, LDAEP

PS-109

THE RELATIONSHIP BETWEEN SYMPTOMATIC AND FUNCTIONAL CHANGES OF KOREAN CHILDREN AND ADOLESCENTS WITH ATTENTION DEFICIT HYPERACTIVITY DISORDER TREATED WITH OROS METHYLPHENIDATE

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This study examined the effect of OROS-methylphenidate on everyday functioning of children with ADHD. We tried to investigate the relationship between reduction of ADHD symptoms and improvement in functioning and identify factors that are predictive of functional improvement in ADHD patients.

Materials and Methods

Prospective, multicenter, open-label study was conducted in 116 children (ages 6 to 18 years, mean age 9.4) with ADHD treated by OROS MPH for 12 weeks. ADHD symptoms, functional impairment, and other comorbid status were evaluated using various clinical subscales. Correlational analysis and multiple regressions were conducted to examine the relationship between symptomatic vs functional change after OROS-MPH treatment.

Results

OROS-MPH treatment of ADHD resulted in improvement in both ADHD symptoms and functioning of participants. Correlation analysis revealed a moderate-to-strong association between changes in the ADHD core symptoms versus functional measure scores ($r: -.65$). The change in ADHD symptom after treatment, baseline severity of ADHD symptoms and age mediated functional outcomes. Attention is a stronger mediator of ADHD-specific functional outcomes than hyperactivity/impulsivity.

Conclusion

OROS-MPH treatment appear to improve both clinical symptoms and patients' functioning. The results of the present study suggests that symptom and function is partially overlapped but dissociable domains. Therefore, functional measures should be incorporated as important outcome measures in future studies with ADHD children.

Key word: OROS-MPH, ADHD, symptoms, functioning, Life Participation Scale

PS-110

THE RESULTS OF A SCREENING STUDY OF ADHD IN CHILDREN IN THE DEVELOPMENT OF A CONCEPTUAL MODEL OF MEDICAL AND SOCIAL REHABILITATION IN THE REPUBLIC OF BELARUS

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In order to clarify the theoretical, methodological and organizational aspects of medical and social rehabilitation of children with ADHD, taking into account local features from november 2010 to march 2011 performed a screening population-based study, which involved 1 846 children aged 3-15 years attending kindergartens and secondary schools in Minsk. Clinical evaluation was performed using psychometric diagnostic scales Vanderbilt ADHD Diagnostic Teacher Rating Scale (VADTRS), sensitivity - 98%, specificity - 86%). The results: a diagnosis of ADHD claim 6.2% of Belarusian children aged 3-15 years: 9.3% of boys and 2.9% of girls. At the age of 3-15 years in boys ADHD were significantly 3.2 times more likely than girls ($p = 0.01$). Installed interquartile ranges of clinical symptoms of attention deficit, hyperactivity and impulsivity in the population of Belarusian children have obvious gender difference ($p = 0.000$), more pronounced (F -criterion = 135.18) in respect of hyperactivity.

It is worth noting the presence of isolated cases of marked clinical manifestations of ADHD in girls. However, in general, low diagnostic thresholds of hyperactivity and impulsivity in a

community sample of girls due to the fact that girls rarely come to the attention of specialists in the preschool years and F90 diagnostic criteria in ICD-10, "the symptoms observed in the age of 7 years" may be subject to questioned.

In the Belarusian population hyperactivity symptoms are significantly reduced to 9-11 years ($p = 0.05$), the symptoms of attention deficit and impulsivity are quite pronounced at the age of 13-15 years, which coincides with the results of studies in other countries. The girls found a trend to an increase in impulsivity to the period of puberty that require further comprehensive studies.

The evaluation factors oppositional behavior, the results of a screening study, significantly ($p = 0.000$), the leading role of impulsivity ($r=0,73$) and hyperactivity ($r=0,72$), attention deficit disorder also has expressed the importance, albeit to a lesser extent ($r=0,61$).

Social exclusion of children with ADHD are statistically significant ($p = 0.000$) to a large extent determined by the attention-deficit (0,70), moderate - oppositional behavior ($r=0,47$), slightly - hyperactive ($r=0,40$) and impulsive (0,38) behavior. The presence of anxiety and phobic symptoms also has a role ($r=0,33$) in the social exclusion of a child with ADHD.

The results obtained are important in the development of a conceptual model of a system of differentiated complex medical and social rehabilitation of children with ADHD in Belarus.

PS-111

THE SITUATION OF SCHOOL REFUSAL OF OUTPATIENT IN THE CHILD AND ADOLESCENT PSYCHIATRY OF NARA MEDICAL UNIVERSITY

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<Objective>

This study was aimed to investigate the characteristics of the patients aged 6-18 years old who were diagnosed as school refusal since April 2013 to March 2014 in the Child and Adolescent psychiatry specialized outpatient in Nara Medical University, to analyze their backgrounds, and to compare the characteristics of the previous study.

<Methods>

We defined school refusal as a student who had been absent from school more than 30 days a year, without economic reasons or physical diseases. The patients were diagnosed according to ICD-10, and were adopted the main one diagnosis if they had overlapping mental diseases. We also collected the information about duration of treatment, medications, family history of mental disease, and situation as of July in 2014.

<Results>

There were 312 patients during this period. Of these, male were 167 (53.5%) and mean age was 13.3 (SD; 1.95) years old. 82 patients (male; 61.0%, mean age; 14.4) met the criteria of school refusal. 26 % of them had family history of mental disease. They were classified in F43 (23%), F45 (21%), F8 (11%), and the other (45%). Among school refusal patients, there was 18% of F8 in the males but 0% in the females. During this period, 47.5% of them received medication, mainly antidepressant. 19 (23.8%) patients had restarted to attending school at July 2014

<Conclusion>

There were 27% of school refusal among all patients who visited our specialized outpatient, and most of them were diagnosed as F4. The percentage of school refusal was almost the same as that of in 1989-1992. But among them, schizophrenia was 15% before, but was only 1% in this investigation. The number of neurodevelopmental disorder (F8) was increasing in school refusal.

PS-112

The study of speech development and selection of therapeutic targets for correction in children with autism

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The study of speech development and selection of therapeutic targets for correction in children with autism

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Differential diagnostics research of abnormalities in speech development in children with autism creates the opportunity to pick up therapeutic targets for psychocorrection and development of active verbal interaction in the child with autism using specific differences.

Object: to choose therapeutic targets for psychological correction on the basis of diagnostic differences in the features of speech development in children with autism.

Material and Methods: The study involved 35 children with a diagnosis F 84.0; F 84.1; F 84.5. Diagnosis of speech carried by the developed questionnaire "Algorithm for diagnose of speech disorders in children with autism under 7 years old."

Results and Discussion: A wide range of speech disorders was identified, monotonous speech - 12%; violation of syllabic structure - 23%; grammatical structure - 17% violation rate of speech rate - 4%; repetitive speech - 15%; expressive speech disorder - 17%; receptive language disorder - 19%; Spontaneous initiation of speech - 13%; echolalia - 5%; loss of language skills - 3%

Psychocorrection included the selection of therapeutic targets and the use of speech stereotypes autistic child: the monotony of speech, change in syllable structure, speech repetition.

Psychologist established emotional connection based on the important for the child experiences, showed a leading representative modality of child and leading auditory perception of information (left or right ear).

On the top side psychologist introduced the usual verbal stimulus (verbal repetitions, sound action), which was associated with a positive statement of kinesthetic anchor at the wrist of the child.

This kinesthetic anchor used in the learning process with the development of necessary actions for daily life (such as: "Take (item name)", "let's go (name of the place)").

Differentiation mechanisms of stimulation and the actualization of impressions, the formation of new semantic concepts were carried out

Learning process lasted 5-7 minutes due to exhaustion processes and repeated 5-6 times a day for the assimilation and fixation of new information and skills.

PS-113

THE TREATMENT OUTCOME OF INPATIENTS WITH ANOREXIA NERVOSA RESTRICTING SUBTYPE IN A JAPANESE NATIONAL CHILDREN'S HOSPITAL

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Background: The incidence of eating disorders has been increasing in adolescent girls. Recently, it is reported that age of onset is becoming lower and chronic patients with a longer illness duration are increasing. To recover from physical complications or psychological symptoms, patients often need to receive inpatient treatment.

Aim: The purpose of the present study was to investigate the treatment outcome of inpatients with anorexia nervosa restricting subtype (AN-R) in a Japanese National Children's hospital.

Methods: 43 eating disorder inpatients treated between 2003 and 2012 in Kagawa National Children's Hospital were examined retrospectively. Of them, 23 had a diagnosis of AN-R (DSM-5). 18 of them who had first admission and completed the whole treatment were examined statistically.

Results: A significant weight gain was found after inpatient treatment (BMI ; 13.7 ± 1.6 at admission and 16.7 ± 3.1 at discharge). A significant improvement of CGI-S (CGI-Severity of Illness) was found (6.5 ± 0.7 at admission, 4.6 ± 0.9 at discharge, and 2.0 ± 1.6 at end of treatment). Lower age of onset was associated with more serious CGI-S score at admission ($r = -.53, p = .023$). However, lower age of onset was also associated with better CGI-S score at end of treatment ($r = .47, p = .048$). More serious CGI-S score at discharge predicted worse CGI-S score at end of treatment ($r = .52, p = .028$).

Conclusion: The results indicate that although AN-R inpatients with lower age of onset could have more serious illness state, they would get good outcome by inpatient treatment.

PS-114

THERAPEUTIC EFFECT OF 12 WEEKS EQUINE ASSISTED ACTIVITIES AND THERAPIES (EAA/T) IN CHILDREN WITH ATTENTION DEFICIT HYPERACTIVITY DISORDER

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Proceedings Abstract:

Objectives: Attention deficit/hyperactivity disorder (ADHD) is most prevalent neurodevelopmental disorder. Currently the efficacy of medications in the treatment of ADHD is well established. However, it is estimated that between 10% and 30% of patients treated with medications either do not improve adequately. Therefore there is a need for non-pharmacological options for the treatment of ADHD. Equine Assisted Activities and Therapy (EAA/T) has been introduced such an option. Building a relationship with horse promotes confidence, relationship skills and problem-solving skills. And during the EAA/T, Physical exercise has been reported to promote calmness and improve attentional function. But there have been limited studies in ADHD children. This study was designed to examine the effect of 12 weeks of EAA/T on ADHD symptoms and brain function in children with Attention deficit hyperactivity disorder (ADHD). Showing positive effect of EAA/T of a previous study with small sample size, clinical effectiveness and neural mechanism is still unclear in ADHD. Methods: In 22 subjects who met DSM-IV-TR criteria for ADHD, symptom improvement after EAA/T was assessed by using ADHD rating scale (ARS), Clinical global impression (CGI), Korea-Child Behavior Checklist (K-CBCL). To investigate functional brain change, resting state-functional MRI (rsfMRI) before and after EAA/T was scanned in children with ADHD who agreed to fMRI (n=6). The Samsung medical center's IRB approved all procedures. Results: After 12 weeks EAA/T, ADHD children showed significant improvement in ADHD severity compared to baseline. The ARS total scores indicated a significant improvement in total score, inattentive, and hyperactive-impulsive subscales (all $p < 0.001$). The CGI improvement was also evaluated. ($p < 0.001$). And there was significant improvement on social problems' subscale of the K-CBCL ($p = 0.030$). Fractional amplitude of low frequency fluctuation was increased in the left anterior cingulate cortex, frontal pole, supramarginal gyrus ($p = 0.05$) after EAA/T. Conclusions: This study suggests that 12 weeks EAA/T is effective for ADHD symptoms and may be related with the changed spontaneous neuronal activity in fronto-parietal regions.

Title:

Therapeutic Effect of 12 Weeks Equine Assisted Activities and Therapy (EAA/T) in Children with Attention Deficit Hyperactivity Disorder

Keywords:

Attention-Deficit/Hyperactivity Disorder and Imaging/Imaging Studies, Equine Assisted Activities and Therapy

PS-115

THIS IS MY WAY TO REST: DEPRESSION AND DRUG ABUSE IN AN ADOLESCENT

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1. Objectives educative.

Several studies indicate that among the risk factors involved in drug abuse, which happens in a generalized manner during adolescence, it is possible to consider a number of psychological variables being self- concept and depression.

2. Proposition.

The purpose of this case is to establish the relationship between each of these factors with the direct and indirect relationships among family functioning, multidimensional self-esteem in the use of drugs.

3. Methods:

The case shows the relationship that exists between a major depressive disorder, abnormal attachment and drug abuse during adolescence.

The patient started to consume cannabis at the age of 14 after her grandmother's death, because she wanted to "forget about everything". She also showed depressive symptoms which got worse until the point that she made a suicide attempt.

4. Results.

Girl, 15 years and 11 months, who presented depressive symptoms around two years ago, after her parents got divorced. In the beginning, she started with irritability and atypical behavior at home. One year ago, when her grandmother died, her depressive symptoms got worse and she started to use marijuana as a way to relive her symptoms. The last month, at the same time that she stopped to consume marijuana, she started with apathy, anhedonia, feelings of guilt and hopelessness. Finally she was lead to admission for a suicide attempt.

5. Conclusion.

Substance abuse is common among adolescents with MDD. This case indicates that depressive symptoms in early life might signal a risk for increasing involvement in substance use among severe emotional disturbed youth.

Effective short-term adolescent depression treatment significantly reduces the rate of subsequent substance abuse, instead, alcohol or drug use should be assessed prior to adolescent MDD treatment and monitored even after MDD recovery. It is necessary to adopt a multidimensional perspective when analyzing the self-esteem of adolescents with substance use and to prevent the over-valuation of social and physical dimensions.

PS-116

TO EVALUATE THE PERCEPTION OF PARENTAL STYLES BY A SAMPLE OF ADOLESCENTS WITH EATING DISORDERS

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Introduction: It is known that eating disorders have multiple causes in its origin. Numerous authors have studied the influence of the family in this illness.

Parents have a crucial part in the emotional and social development of their children and adolescents.

Diana Baumrind (1967) identified the main parental styles and their influence in the rearing of children and adolescents. It is known that the authoritative style is protectoral against psychopathology. In the literature, it's described that between 8,6% and 12,9% adolescents with eating disorders perceive their parents' educational style as neglectful.

Objective: The main aim of this study was to evaluate the different dimensions/factors that constitute parental styles, in a sample of adolescents with eating disorders.

Methods: A sample of 35 adolescents diagnosed with an eating disorder (cross-section study) from an eating disorders consultation at a public hospital in Oporto was studied. Participants

filled the Parental Educational Style Questionnaire Revised (QEEP-R), a question regarding their satisfaction in the relation with their parents (in a likert scale) and sociodemographic data. All questionnaires were self-fulfilled.

Results: When we compared mothers' educational dimensions/factors with fathers we found that there were statistical significant differences between them, and mothers showed higher values in all dimensions. Adolescents perceived the dimension "Promotion of Autonomy" as being the most significant.

We also found a positive correlation between the degree of satisfaction with the relationship with their parents, perceived by adolescents, and all the dimensions of parenting style.

Conclusions: Understanding the parental style could be of interest to prevent, as we could promote changes in the way parents, especially mothers, educate their adolescents. Special attention should be given to the promotion of autonomy, overprotection and responsiveness, as these are the most implicated issues in Eating Disorders, described in the literature.

PS-117

TOURETTE'S SYNDROME IN HETEROZYGOTE, MENTALLY RETARDED TWINS WITH EPILEPSY AND PSYCHOTIC MANIFESTATIONS - CASE REPORT

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The Tourette's syndrome occurs in about 0.5% of school-age children. The onset is usually between the age of 5 and 15 years. Twins studies, adoption studies and segregation analysis studies, all supports a genetic cause for Tourette disorders. The concordance – rate among monozygotic twins is 50% and among heterozygote twins is 8-23%. The mode of transmission, while mildly controversial, generally is thought to be due to a single major locus, inherited either as an autosomal dominant trait with reduced penetrance, or as a trait with intermediate inheritance in which some heterozygote manifest the disorder. Currently, the most accepted genetic model is an autosomal dominant pattern of inheritance with incomplete penetrance and variable expression. Recent studies of a long family pedigree suggest that Tourette disorder may be transmitted in a bilinear mode: that is, Tourette disorder appears to be inherited through an autosomal pattern in some families, intermediate between dominant and recessive. A recent study identified a sequence variant believed to be a candidate gene on chromosome 13q31.

Lower socio-economic status is a risk factor for Tourette's syndrome. Potential explanations include differential exposure to environmental risk factors or parental psychopathology as a measure of an increased genetic risk leading to decreased parental socio-economic status. Tourette's syndrome in mentally retarded is also described but the association with mental retardation, epilepsy and psychotic phenomenon were unusual.

Our case report describes a heterozygote twins in orphanage (in Sombor, Serbia), a girl and a boy at age 15, both with Tourette syndrome. The girl is with moderate mental retardation and epilepsy and the boy with mild retardation and psychotic symptoms.

Key words: Tourette's syndrome, twins, mental retardation

PS-118

TRAIT SOCIO-EMOTIONAL EDUCATION PROGRAM AND EXECUTIVE FUNCTIONS IN ADHD

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Introduction: ADHD is a disorder of inhibiting behavior; as such, it disrupts the development and effective performance of the executive functions and the self-regulation. According to Barkley, executive functions permit outer behaviour to be guided by forms of inner action that

effectively bridge delays in crosstemporal contingencies and direct behaviour toward hypothetical future events (out-comes, goals, etc.) (Barkley, 2008) A number of treatment implications flow from this model for the management of ADHD. Among them is a justification for the use of medications as a temporary corrective treatment for the underlying neuropsychological deficits in behavioural inhibition and self-control. Medications need to be accompanied by the externalization of sources of information aimed at controlling the individual's behavior. Objectives: The aim of this study was to determine whether a socio-emotional education program could show children with ADHD the way to control their behavior and improve executive functions. Method: A total of 25 boys aged 8–12 years with ADHD (hyperactive-impulsive, inattentive or combined type) participated in the study. All participants attended mainstream elementary schools. A Quasi-experimental pre-test and post-test design was used. Data was collected using a socio-demographic questionnaire, the Behavioural Assessment of the Dysexecutive Syndrome in Children (BADS-C), and the Behaviour Rating Inventory of Executive Functions (BRIEF) – Parent Form. During 12 weeks we worked on the ability to control and recognize emotions, empathy, self-determined motivation, self-esteem and conflict-resolution. Results: The outcomes revealed that executive functions significantly improved after the program implementation ($F= 4,7, p<0.05$). Discussion: results showed that a socioemotional education program contributed significantly to improve executive functions in children with ADHD and the control of their behavior. Further research is needed with a bigger sample size to confirm these preliminary findings.

PS-119

TRATAMIENTO EN LOS PACIENTES CON TRASTORNO DEL ESPECTRO DEL AUTISMO SIN DISCAPACIDAD INTELECTUAL

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INTRODUCCIÓN: La comorbilidad psiquiátrica en los Trastornos del Espectro del Autismo (TEA) suele ser muy elevada y ésta se asocia con una mayor probabilidad de precisar tratamiento farmacológico, de ser hospitalizado o incluso de necesitar internamiento en régimen residencial.

OBJETIVO: Describir el tratamiento que realizan los pacientes diagnosticados de TEA sin discapacidad intelectual que realizan seguimiento psiquiátrico en la Unidad de Salud Mental Infanto-Juvenil.

METODOLOGÍA: Se revisó la historia clínica de los pacientes diagnosticados de TEA de una de las consultas de la Unidad de Salud Mental Infanto-Juvenil de Burgos y se excluyó a los que presentaban discapacidad intelectual (capacidad intelectual <70 objetivada mediante WISC-IV).

RESULTADOS: Se encontraron 40 pacientes diagnosticados de TEA sin discapacidad intelectual de los 434 revisados. De estos 40 casos encontrados, 32 de ellos presentaban alguna comorbilidad psiquiátrica; el 32,5% un TDAH asociado, un 28,1% un trastorno de ansiedad como principal diagnóstico y un 12,5% un trastorno afectivo. El 30% de los TEA de alto funcionamiento presentaban más de una patología comórbida. De los 40 pacientes con TEA, tan sólo 9 no estaban medicados, 6 de ellos sin comorbilidad alguna, 2 diagnosticados de TDAH y 1 con mutismo selectivo. Entre los 31 que sí tomaban algún psicofármaco, el fármaco principal fue Metilfenidato en 13 de ellos, un Antipsicótico en 10 de ellos, un fármaco antidepresivo en 7 pacientes y Alprazolam como fármaco principal en tan sólo uno de ellos. Además, entre los medicados, 17 pacientes tomaban 2 ó más fármacos simultáneamente. Tan sólo 3 de estos pacientes precisaron un ingreso psiquiátrico por inadecuada evolución clínica. Aunque se les recomendó a todos en el momento del diagnóstico, 14 de los 40 pacientes no realizaban un tratamiento psicológico específico a pesar de que 12 de ellos presentaban alguna comorbilidad psiquiátrica y 11 precisaban tratamiento psicofarmacológico.

CONCLUSIONES: Hasta el 22,5% de los pacientes con un TEA de alto funcionamiento no precisaron ningún tratamiento psicofarmacológico a pesar de que un tercio de ellos presentaba comorbilidad psiquiátrica. El principal psicofármaco utilizado fue Metilfenidato así como los fármacos antipsicóticos (asociados o en monoterapia). También fue representativo el uso de fármacos antidepresivos en esta población. El 54,8% de los pacientes medicados precisaron

varios fármacos simultáneamente y tan sólo el 7,5% del total fueron ingresados en psiquiatría. Hasta el 35% de los pacientes con TEA sin discapacidad intelectual no realizaban tratamiento psicológico específico.

PS-120

UNEMPLOYED ADOLESCENTS WITH EXTREME OBESITY - EVALUATION OF A STRUCTURED APPROACH OF CARE TO OVERCOME SOCIOECONOMIC TREATMENT BARRIERS

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Background: Adolescent obesity entails a high risk of somatic and psychiatric comorbidities and reduced quality of life. Additionally, especially extreme obesity often impedes with social and vocational integration. For several reasons, socioeconomically disadvantaged individuals have limited access to available obesity treatment options, including bariatric surgery. In our pilot study we aimed to capture the rate of unemployed adolescents with extreme obesity willing to participate in a structured diagnostic and interventional program to potentially enable bariatric surgery.

Methods: Unemployed adolescents (14.0-24.9 years) with obesity (BMI \geq 30 kg/m²) were offered to participate at initial diagnostic procedures followed by a low-level group intervention on the premises of a local job center. We applied standardized questionnaires to assess health-related quality of life (DISABKIDS), depression (BDI-II), self-esteem (Rosenberg-Scale) and social anxiety (SASKO).

Results: Over the 18-months recruitment period of our pilot study, 80 eligible adolescents were identified by their case managers; of these 53 attended the initial appointment. 34 adolescents (mean BMI (SD) = 45.59 (6.29)) consented to participate in the program. We found clinically relevant depressive symptoms in 33% and symptoms of social anxiety in 60% of the sample. Six participants were eligible for bariatric surgery and directed to a local competence network for an individual assessment of indication.

Conclusion: The preliminary results are promising with regard to the proportion of unemployed adolescents with extreme obesity who benefited from our structured approach of care in cooperation with the job center. To evaluate the efficacy of such a program, longitudinal data concerning health and vocational perspective of the participants are required. Furthermore, the feasibility of this approach needs to be assessed in a larger model region encompassing more than one job center.

Acknowledgement: This study was supported by the German Federal Ministry of Education and Research (BMBF, project no. 01GI1120A/B) and was integrated within the German Competence Network Obesity (Consortium "Youths With Extreme Obesity").

PS-121

VERBAL MEMORY AND VOCABULARY IN CHILDREN WITH DEVELOPMENTAL DYSPHASIA AND ABNORMAL EEG

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The aim of our study was to examine how verbal memory affects active and passive vocabulary in children with developmental dysphasia and abnormal EEG findings, as well as to distinguish differences in verbal memory and lexical fund between children with developmental dysphasia who have abnormal EEG and children with the same disorder but with no EEG abnormalities. Children with developmental dysphasia have difficulties in understanding, using and expression of language in varying degrees in one or all areas of phonology, semantics, syntax and pragmatics. The delay or lag in the development of linguistic structures can be an indicator of dysfunction in specific brain areas. These data highlights the importance of examination of language functions in relation to the functioning of the central nervous system. Different frequency bands and their power change that can be obtained in the EEG signal have been connected to specific cognitive functions.

The sample consisted of 15 children with abnormal EEG findings, and 15 children with normal EEG. All subjects have developmental dysphasia. For testing verbal memory we used the " Verbal memory test ". For the evaluation of passive and active vocabulary we used " Test for the evaluation of the first level of abstraction of nouns ".

The results showed that children with normal EEG findings have better achievements in almost all tests, and that the results of tests in the experimental group was not the same between the genders. Children with abnormal EEG had limited vocabulary, difficulties to adopt the meaning of the words, to learn new words, and to define words. They understood only those words that are used very frequently.

Based on these results, it can be concluded that there is a correlation between capacity of verbal memory and the lexicon in children with developmental dysphasia and that there are significant differences in this abilities between children with normal EEG and children with abnormal EEG findings.

Keywords: verbal memory, vocabulary, developmental dysphasia, EEG findings

PS-122

Vigilance deficit in ADHD children: Evaluating CPT Performance.

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[Object] Attention-deficit/hyperactivity disorder (ADHD) is characterized by various neurocognitive dysfunctions. Among them vigilance deficit was estimated as a core deficit of neurocognitive function in ADHD. Purpose of this study was to evaluate vigilance deficit in ADHD children using neurocognitive test battery.

[Method] Sixteen drug naïve ADHD children (ADHD group; 16 boys, mean age was 12.0 ± 1.2) and 17 healthy children(Control group; 12 boys and 5 girls, mean age was 11.0 ± 1.8) were participated in this study. Wechsler Intelligence Scale for Children-Third Edition (WISC III), Wisconsin Card Sorting Test (WCST) and Continuous Performance Test (CPT) were used to evaluate their neurocognitive function.

[Result] Mean score of Full Scale IQ (FSIQ) was 99.5 ± 12.7 in ADHD group and 106.5 ± 13.9 in Control group. Category achievement (CA) of WCST in ADHD group was 2.8 ± 1.9 and in Control group was 3.7 ± 2.1 . No significant differences between two groups were found in age ($p=0.53$), FSIQ ($p=0.12$) and WCST ($p=0.18$). CPT was consisted of Simple Reaction Task (SRT), X-Task (X-T) and AX-Task (AX-T). There were significant differences in Omission Error (SRT; $p=0.018$, X-T; $p=0.03$, AX-T; $p=0.002$) and Comission Error (X-T; $p=0.008$, AX-T; $p=0.03$). Similarly, there were significant differences in coefficient of variation (CoV) of Reaction Time (RT) in each three tasks ($p<0.05$), although there were no differences in RT (SRT; $p=0.35$, X-T; $p=0.12$, AX-T; $p=0.26$).

[Discussion] This study suggested that vigilance deficit was core symptom of ADHD rather than executive dysfunction. CPT had the potential to evaluate vigilance deficits in ADHD children.

PS-123

WEIGHT, HEIGHT AND BODY MASS INDEX IN PATIENTS WITH ADHD TREATED WITH METHYLPHENIDATE.

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Objectives: Factors as gender, stimulant dose, duration of treatment and age when starting treatment remain unclear in previous studies about ADHD and growth. This article includes a large sample of Spanish patients and provides more data considering age and sex of patients. Our aims were: to describe weight, height and body mass index (BMI) evolution before and after treatment with methylphenidate, of a group of patients with ADHD.

Patients and Methods: 342 patients (6-18 y.o.) with ADHD, treated with methylphenidate in the Child and adolescent Psychiatry Unit, University Hospital of Navarra, are included in a observational longitudinal study. Weight, Height and BMI-Z scores are measured at baseline and at last follow-up.

Results: Patients are 10.66 (3.84) y.o. 79.9% are males. 68.6% were children (6-12 y.o.), and 31.4% adolescents when they started treatment. Weight and BMI are affected by treatment (weight: baseline 0.34 (1.22) SDS, follow-up -0.06 (1.38), $p < 0.001$); BMI: baseline 0.35 (1.10) SDS, follow-up: -0.23 (1.08) at, $p < 0.001$). There are no differences in height before and after treatment. However, in the group of children (6 to 12 years), height is slightly affected (baseline height-SDS 0.04 (1.14), follow-up -0.10 (1.11), $p < 0.001$). This effect is not observed in adolescents. There is a weak but significant correlation between age at starting methylphenidate and height-SDS ($r = 0.21$, $p < 0.001^{***}$), and also between the dose and all the anthropometric values ($r = -0.18$, $p < 0.001^{***}$ for weight-SDS, $r = -0.23$, $p < 0.001^{***}$ for height-SDS and $r = -0.18$, $p < 0.001^{***}$ for BMI-SDS). The duration of treatment did not correlate significantly with weight, height, or BMI.

Conclusions: Methylphenidate slightly decreases weight and BMI in this group of ADHD patients, and affects height only if treatment is started before 12 y.o. Children who start treatment younger or are taking higher doses, show greater impact in height.

PS-124

WHAT I AM? AM I AUTISTIC, HYPERACTIVE OR I HAVE ANOREXIA?

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Introduction

This is not unusual the emergence of behavior disorders of all kinds, and in particular those that have to do with the food area as the first symptom of an autism spectrum disorder. The early diagnosis of these syndromes can help to establish an appropriate educational guidelines to minimize the emotional impact that involve the adaptation to the social environment of these patients.

We present the case of a of a 7 years old girl which was admitted in our inpatient unit because food problems: she only ate porridge and she refused to try new foods. Personal History: diagnosed by her neuropsychiatrist of ADHD, she was in treatment with 27 mg of methylphenidate.

The parents told us that the girl was restless, without problems of behavior or performance in the college. For some things is very responsible but not for others, it is not sociable, she began to speak very soon. She was defined as very smart girl, the parents observed that their daughter never had laughed with the cartoons, she was very clumsy for sports, and she didn't

tolerate the frustration. Finally the parents said that " she didn't play as normal children".. She didn't have sleep problems. No presence of psychotic symptoms

Additional tests: EEG and other physical evidence: no significant findings.

When we took all these data together with the presence of an adult language, with a peculiar tone; made us think that it might point to an autism spectrum disorder, in particular of Asperger syndrome. Differential diagnosis was made with ADHD vs Oppositional Defiant Disorder.

Conclusions.

If we pay attention to these symptoms, apparently banal, we can make an early diagnosis of an autism spectrum disorder, as a consequence, we could work in a pharmacological and therapeutic way with these children and also their parents.

PS-125

ZUCLOPENTHIXOL TREATMENT OF DRUG REFRACTORY SEVERE BEHAVIORAL DISTURBANCES IN 10 YEAR OLD BOY WITH AUTISM SPECTRUM DISORDER COMORBID WITH ATTENTION DEFICIT HYPERACTIVITY DISORDER AND INTELLECTUAL DISABILITY

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Severe behavioral disturbances which are defined as aggression, self-injurious behavior and severe tantrums are insistent symptoms frequently experienced by children with autism spectrum disorders. Atypical antipsychotics are most commonly used as first-line pharmacotherapy for the treatment of severe behavioral disturbances. Risperidone and aripiprazole have been US Food and Drug Administration approved first-line treatment of irritability which was defined as a symptom cluster, including aggression, self-injurious behavior and severe tantrums in children with autism spectrum disorders. In a recent study, drug refractory severe behavioral disturbances in children with autism spectrum disorders were defined as behavioral symptoms requiring medication adjustment despite previous trials of risperidone and aripiprazole or previous trials of three psychotropic drugs targeting the symptom cluster, one of which was risperidone or aripiprazole. Our case is 10 year old boy who was diagnosed with autism spectrum disorder comorbid with attention deficit hyperactivity disorder and intellectual disability had severe behavioral disturbances. He has been treated risperidone 2.5 mg/day and atomoxetine 40 mg/day for last 4 months and before this treatment pharmacotherapy including combinations of risperidone, aripiprazol, haloperidol, methylphenidate and atomoxetine had been used but the treatment response of severe behavioral disturbances were insufficient. So we defined these symptoms as drug refractory severe behavioral disturbances. We couldn't reach any convincing evidence of a treatment plan of drug refractory severe behavioral disturbances in autism spectrum disorder in the literature search. One of the study which focused on the treatment of severe behavioral disturbances in mentally retarded children and adolescents was found zuclopenthixol monotherapy effective and well tolerated in those patients. In this study the beneficial effect of zuclopenthixol was described as its combined antagonistic effect on D1/D2 and alpha-1 receptors. Therefore zuclopenthixol 5 mg/day was added to our case's ongoing pharmacotherapy. This treatment has been going on for 8 weeks and we have got significant improvement in clinical observation and family report on severe behavioral disturbances without any side effects. With this case presentation, we concluded that clinicians can be helped to question and study the treatment of drug refractory severe behavioral disturbances in autism spectrum disorders and possible use of zuclopenthixol treatment.

**MONDAY
POSTERS**

PM-001

ATTENTION TO AFFECTED UNDER SEVERE MENTAL DISORDER. DEVELOPMENT OF AN EARLY WARNING UNIT

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Early Care Unit Osakidetza. San Sebastián, Guipuzcoa.Spain.

Introduction: Early Warning Unit arose from the need of creating Middle Child Mental Health Services for severe psychopathology approach. A relational psychotherapy work through individual sessions, group, relational psychomotor /sensory integration, psychotherapeutic consultations with family and psychoeducational approach is performed. Similarly, a networking with pediatricians, schools, social services and other resources that are operating in the case is done.

Keyword: ASD, Early Warning Unit

Objective: To show how our Unit. Analyze the sample of patients who have undergone early care unit since its opening in 2006.

Methods: Retrospective descriptive study of 8 years.

Results: In our study we found that the prototype of patients admitted to our unit is a 4 year old male patient middle-

aged, mostly diagnosed with pervasive developmental disorder with psychomotor difficulties, language and emotional disruption to everyday situations. Rest of earnings analyze data.

Conclusions: In our practice we have observed that early detection of children's mental condition along with proper referral to programs on computers early intervention where intensive treatment is performed, improves the outcome and prognosis of these patients, and the overall relationship in different contexts of everyday life.

Bibliography:

-Bowly J. "Affective Links: training, development and lost." Madrid. Morata, 1988.

-

Livorci S, Diatkine, R, Soula, M. "Treaty of child and adolescent psychiatry." Madrid. New Library . 1988.

-

J. Rodriguez "Psychopathology of children and adolescents". Sevilla. University of Sevilla 1995. National Center for Clinical Infant Programs "Classification diagnosed: 0-3." "Diagnostic Classification of Mental Health and developmental disorders of infancy and early childhood" Barcelona: Ed. Paidos, Iberica., 1998.

-

Ajuriaguerra J. De and Marcelli D. (1982) "Handbook of Child Psychopathology." Barcelona: Ed. Toray-Masson.

-
Ajuriaguerra J. De, et al (1970): "The therapeutic choice in child psychiatry. Barcelona: Ed Toray
- Masson..

-
Avila Espada, A. Poch I Bullich (ed.) (1994). "Technical Manual of Psychotherapy". Madrid: Siglo
XXI Editores Spain, SA

PM-002

12 MONTHS FOLLOW-UP OF A CHILD AND ADOLESCENT SAMPLE AT RISK FOR PSYCHOSIS

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INTRUCTION:

In the last 15 years several data has been collected in the field of high risk for developing psychosis. Several studies have been reported that about 17-28% of subjects with clinical high risk (HR) criteria developed a psychotic disorder at 12 months 1 of follow-up, although the percentages vary in the different studies. However, the amount of the studies has been developed in youth or adult samples, and we still have little data of child and adolescent samples. A previous study in adolescent sample showed lower transition rates at 24 months follow-up (7,1%), and a significant reduction of prodromal symptoms².

OBJECTIVE: The aim of this study is to determinate clinical characteristics and outcome of a child and adolescent sample at 12 months follow-up.

METHOD:

Data were collected from an on-going prospective, naturalistic and multicentric study from Hospital Clinic and Hospital Sant Joan de Déu of Barcelona. Help-seeking child and adolescent (10-17 years) were recruited. Inclusion criteria: 1) Attenuated positive or negative symptoms in the previous 12 months 2) Brief limited intermittent psychotic symptoms 3) First or second degree relative with schizophrenia or schizotypal disorder plus impairment of functioning. Exclusion criteria: IQ<70 and a diagnosis of neurodevelopmental disorder. Prodromal symptoms were assessed by The Semistructured Interview for Prodromal Syndromes (SIPS), and functional outcome was assessed by the Global Assessment of Functioning (GAF), by the Global Functioning Role Scale (GFRS) and the Global Functioning Social Scale (GFSS).

RESULTS:

At 24 months follow-up, 28 high risk patients were recruited (mean age 15,35 ± 1,83), 16 girls (57%) and 12 boys (43%). 25% of the sample has converted to fully psychotic disorder; 2 at the 6 months assessment and 5 at the 12 months assessment. 57% (n=4) of the ones who have converted were girls and 43% (n=3) were boys. Two converted to bipolar disorder and 6 to psychotic disorder NOS.

The non-converted group have improved in all the clinical and functional scales: the attenuate positive symptoms (p<0,001), the attenuated negative ones (p<0,001), the disorganized subtype (p=0,002) and the general subscale (p<0,001). The GAF, GFRS and GFSS also improve significantly.

CONCLUSION:

Child and Adolescent population presents similar transition rates than adult and youth samples. Patients show a significant reduction of prodromal symptoms and functional improvement according recent literature. However, a larger sample should be collected in order to generalize these results.

PM-003

A CASE REPORT OF DEMENTIA AND PSYCHOSIS IN AN ADOLESCENT FEMALE WITH IDIOPATHIC BRAIN CALCIFICATIONS

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We report a case presenting with psychiatric (psychotic, affective, cognitive) and some neurological symptoms with onset in adolescence.

A 17 year-old female was admitted to University Psychiatric Hospital because of suicidal behavior. Tactile hallucinations, secondary hypochondriacal delusions, disorganized behavior, stereotypical movements, emotional lability and below average intellectual level were the main symptoms observed during hospitalization. Total PANSS score on admission was 120. The patient had a history of school phobia, behavioral and emotional disorders, normal cognitive development until adolescence and a three-year history of chronic headache. Calcifications in the area of basal ganglia and thalamus with symmetrical calcification in head, body and tail of caudate nucleus and ventral part of thalamus were determined by computer tomography. No further pathological findings were identified by magnetic resonance imaging. Calcium, phosphate, and parathyroid hormone blood levels were normal. Vitamin D levels were decreased with decreased Ca levels in the urine. No Ca depositions in other organs were identified by ultrasound scan. Ophthalmological, ear-nose-and-throat examination and electroencephalography were also normal. The patient's mother had a history of chronic depression. Computer tomography of the head was normal in patient's mother, the patient's father is still under evaluation. Genetic analysis of genes associated with familial idiopathic brain calcifications (Fahr's disease) is currently performed.

The patient was treated symptomatically with quetiapine and sertraline. Psychotic, affective and behavioral symptoms were improved, intellectual abilities however were not. Total PANSS score at discharge was 39.

Idiopathic familial brain calcification or Fahr's disease is a rare neurodegenerative disorder with characteristic calcium deposits in the basal ganglia and other brain areas visualized with neuroimaging. It typically affects individuals in the 3rd and 4th decades of life with progressive neuropsychiatric and movement disorders. Neuropsychiatric symptoms can be the first or the most prominent manifestations ranging from mild difficulty in concentration, memory changes, personality and behavior changes, to frank psychosis and dementia. Symptoms can change over time. There is currently no etiological treatment.

Keywords: case report, basal ganglia calcification, psychosis, suicidality, intellectual decline

PM-004

A SYSTEMATIC REVIEW AND NETWORK META-ANALYSIS TO ASSESS THE RELATIVE EFFECTIVENESS OF ANTIPSYCHOTICS FOR TREATMENT OF PAEDIATRIC SCHIZOPHRENIA

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Introduction: Early diagnosis and effective treatment is imperative in paediatric schizophrenia due to the impact of the disorder on patients, which reduces their ability to live a productive and independent life. This research explores the relative efficacy of trialled antipsychotics for

early-onset schizophrenia in order to determine which treatments are potentially efficacious in this population.

Methods: A systematic literature review was conducted to identify trials conducted in children and adolescents with schizophrenia that reported symptom control/effectiveness using the positive and negative syndrome scale (PANSS), a medical scale frequently used for assessing the schizophrenia symptom severity in trials. A Bayesian random effects network-meta analysis (NMA) was performed, synthesising data for a number of outcomes, including mean change from baseline in PANSS scores, weight gain and treatment discontinuation due to adverse events. Comparative efficacy for PANSS scores was measured by the mean difference (MD) and all relative effects were compared with placebo.

Results: Eleven studies were identified in the systematic review and ten were included in the NMA, comprising 1,689 patients. All treatments showed a greater reduction in PANSS scores at 6 weeks vs. placebo; however, not all results were statistically significant. Haloperidol (5-15mg/day) had the greatest reduction vs. placebo (MD -19.1, 95% CrI [-39.5, 1.5]), followed by molindone (10-140mg/day) (MD -14.4, 95% CrI [-24.9, -4.1]), olanzapine (2.5-20mg/day) (MD -13.0, 95% CrI [-20.3, - 5.6]) and risperidone (0.5-6mg/day) (MD -13.0, 95% CrI [-19.4, - 6.4]). Treatment ranking probabilities suggested that haloperidol had the highest probability of being the best treatment in the network for reducing total PANSS scores (probability=0.59). All treatments showed a trend of greater odds of discontinuing treatment due to adverse events vs. placebo, however no pairwise comparisons were statistically significant.. Nine out of thirteen treatments showed a trend of increased weight compared with placebo, however no pairwise comparisons were statistically significant.

Conclusions: The analysis demonstrates that many of the treatments are efficacious in controlling symptoms, although side effects resulting from treatment should be considered; weight gain is commonly observed, and discontinuation due to adverse events is variable between studies and treatments. The lack of high-quality studies in this population highlights a need for further research.

PM-005

ADOLESCENTS SHELTERED. NEW SYMPTOM IN VIDEO GAMES ADDICTION

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Introduction: Demands for video game addiction treatment have increased significantly in recent years in adolescents. Many of these patients have interpersonal relationship problems and take refuge in their rooms to cope this.

Aims: Describe the profile of adolescents "sheltered" which viewed in Addictive Behavior Unit for this reason during the years 2010-2014.

Method: We defined as "sheltered" the adolescent who is enclosed at home over a week. The subjects were evaluated with diagnostic criteria DSM-5 for video game addiction, Ko criteria for Internet addiction in adolescents, the interview Kiddie Sads for mental disorders, Global Clinical Index (ICG) at three months intervention.

Results: A total 104 subjects were evaluated, 65 of them met diagnostic criteria for video game addiction. Of these, fifty seven reported using the video game as a shelter. The mean age of the adolescents was 15 years, and 84% were boys. Of total cases with addiction to video games, 12 had affective disorders, 19 disruptive behavior disorders, 7 ADHD, 10 anxiety disorders, 5 personality disorders, 9 mixed disorder of conduct and emotions, one psychotic

disorders. 49% of cases suffer more than one disorder. 32 patients reported a loss of friends group. In 76% of cases the school level is deteriorated and 40% have been bullied. At three months, ICG shows improvement in 48% of cases.

Conclusions: Many adolescents with video game addiction take refuge in their homes. These patients present a high comorbidity with other mental disorders. Loneliness seems an important motor for the addictive behavior. It is important to conduct an assessment of these mental disorders and make a specific intervention to break the reclusion.

Keywords: Adolescents; video game; addiction; reclusión

PM-006

ADOLESCENTS WITH SUICIDAL BEHAVIOR: RESULTS FROM A NEW CLINICAL INTERVENTION PROTOCOL AT THE SANT JOAN DE DÉU UNIVERSITY HOSPITAL IN BARCELONA (SPAIN)

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Introduction: The Child and Adolescent Mental Health Service at the Sant Joan de Déu University Hospital in Barcelona (Spain) has a new team specializing in assessing and treating suicidal behavior in young people that present to the emergency service. The team has designed a protocol of evaluation and its main aims include, not only to do a thorough assessment of the patient and to design a safety plan post-discharge from hospital, but also to ensure a good engagement with community services as patients have to be seen for follow-up within 72 hours post-discharge from hospital.

Hypothesis: The implementation of this new protocol of evaluation will reduce the suicidal behavior of the young person after the initial assessment and will ensure a better engagement with community services.

Methodology: This is a prospective study with an initial assessment in the emergency setting and follow-up of patients for up to a year.

Results and conclusions: In the last year we have seen more than 250 adolescents with suicidal behavior. Of the initial 106 patients (November 2013-April 2014) 85% were female and the mean age was 15 years (9-17); 64% took tablets as a means to take their own life; 60% were diagnosed with an affective disorder or adjustment disorder, 8% with conduct disorder and 8% with dysfunctional personality traits. 57% had had previous suicidal behavior. Of the first 106 patients, 45% were admitted to an inpatient unit or a day hospital after the initial assessment; from the rest 99% attended their first follow-up appointment with community services and 5% (n=5) had repeated suicidal behavior within 6 months. We are currently in the process of analyzing data from the whole sample. To conclude, patients assessed by the new specialized team have a lower risk of repeated suicidal behavior and a better engagement with services.

References:

- 1/ Gould M, Greenberg T et al. Youth suicide risk and preventive interventions: A review of the past 10 years. *J Am Acad Child Adolesc Psychiatry* 2003;42(4):386-404
- 2/Miranda R, Shaffer D. Understanding the suicidal moment in adolescence. *Ann NY Acad Sci* 2013;1304:14-21
- 3/ Pfeffer C. Youth suicide: prevention through risk management. *Clinical Neuroscience Research* 2001;1:362-365

PM-007

ADVERSE REACTIONS OF METHYLPHENIDATE IN CHILDREN WITH ATTENTION DEFICIT-HYPERACTIVITY DISORDER: REPORT FROM A REFERRAL CENTER

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Objective: The aim of the current study was to evaluate methylphenidate adverse reactions in children with attention deficit-hyperactivity disorder (ADHD).

Methods: During a 6 month period, all children receiving methylphenidate treatment alone or with other agents were screened regarding all subjective and objective adverse drug reactions (ADRs) of methylphenidate. Detection of ADRs was performed by face-to-face interview with patients or his/her parents at regular follow-up office visits through a checklist of methylphenidate adverse reactions in relevant scientific literature and reviewing their brief office charts. Required data including patients' age, sex, weight and height at the beginning of methylphenidate therapy, and at the present, comorbidities, ADHD treatment, drug regimen and co-administered medications (name, dosage, frequency, indication, and route of administration) and detected ADRs (clinical manifestation and the causative drug[s]) were registered in a predesigned form. ADRs reported by the patient daily (on a daily basis) and 2–3 times a week within the recent 1–2 weeks were classified as "always" and "sometimes," respectively.

Causality and seriousness of detected ADRs were assessed by relevant World Health Organization definitions. The Schumock and Thornton questionnaire was used to determine preventability of ADRs.

Findings: Seventy one patients including 25 girls and 46 boys with ADHD under methylphenidate treatment were enrolled within the study period. All (100%) ADHD children under methylphenidate treatment developed at least one ADR. Anorexia (74.3%), irritability (57.1%), and insomnia (47.2%) were the most frequent methylphenidate related adverse reactions. Except for one, all other detected ADRs were determined to be mild. In addition, no ADR was considered to be preventable and serious.

Conclusion: Our data suggested that although methylphenidate related adverse reactions were common in children with ADHD, but they were mainly mild and nonserious.

PM-008

AEPNYA RESEARCH GRANT 2013: INFLUENCE OF A GLUTEN-FREE AND CASEIN-FREE DIET IN BEHAVIORAL DISORDERS OF CHILDREN AND ADOLESCENTS DIAGNOSED WITH AUTISM SPECTRUM DISORDER

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Background. Autism Spectrum Disorder (ASD) is a complex and heterogeneous group of neurodevelopmental disorders that share clinical manifestations in three levels: changes in communication, impaired social interaction and restricted and stereotyped patterns of behavior. Since 1943 autism was first described by Leo Kanner, how to address these disorders has not changed significantly. Today, still set as therapeutic pillars psycho-educational interventions and psychopharmacological management when these behavioral changes are. The gluten-free and casein-free diet, as etiopathogenic and therapeutic approach in ASD, has attracted great interest in recent years, although there are still many unknowns regarding its mechanism of action, response profile, safety, etc. **Hypothesis and Objectives.** Our working hypothesis is that diet without gluten and casein can provide improvements in behavioral syndrome of ASD. The main objective of this study is to determine the influence of a gluten-free and casein-free diet on behavioral disorders of children and adolescents diagnosed with ASD and investigate the correlations between behavioral changes and urinary levels of beta casomorphin (metabolization product of casein). **Methods.** The study design is a crossover clinical trial in which 30 children and adolescents diagnosed with ASD participate and in which each will

undergo 6 months to a diet containing gluten and casein (normal diet) and 6 months with a diet free of these components (exclusion diet). It randomly assigned the order of diet of each participant (starting with one kind or another diet). It will be assessed the subjects in three stages of the study: before starting any dietary intervention, after the period of normal diet and after the period of exclusion diet. Each evaluation will consist of completing three validated questionnaires to measure behavioral disorders in autism spectrum disorders (ABC-ECA, ERC III-A, ATEC) by parents and therapists of the participants, and determining urinary levels beta casomorphin. Monitor adherence to the diet will be assessed through the completion of two weekly questionnaires about food eaten for 24 hours (Questionnaire 24 hours), and also a monthly survey done during the exclusion diet will be completed by parents, asking about the degree of perception of performance and effort in introducing the diet. In addition, at baseline is being collected prior to initiation of the study (Dietary History) background information on dietary habits nutritional information. Results. At the moment, this research study is in the last phase of dietary intervention. The final results of the data analysis will be exhibited in the presentation.

PM-009

AFFECTIVE DISORDERS IN PSYCHOSIS RISK SYNDROME (PRS) IN A CHILD AND ADOLESCENT SAMPLE

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INTRODUCTION: PRS is characterized by the presence of several clinical indicators that reflect the patient vulnerability for developing a psychotic disorder. The most prevalent DSM-IV diagnoses among clinical HR subjects at baseline were anxiety and mood disorders, with the majority of subjects having at least one of these diagnoses.

OBJECTIVES: The aim of this study is to examine the processes underlying the symptoms related to mood disorders by investigating the affective deficits in adolescents at risk for schizophrenia. We have focused on these symptoms for the following reasons. First, affective deficits are considered a central part of the negative symptom syndrome. A second reason is that, as we explain previously, the mood disorders are one of the most frequent diagnoses in HR patients.

METHOD: Baseline data were available from a longitudinal multicenter study, which evaluated the clinical, cognitive and neuroimaging results of patients with PRS compared with a control group. We evaluate the subjects with the Kiddie-Sacks Scale, the HDRS and the SIPS and SOPS. Data analysis were performed by SPSS 20.0 statistic program.

RESULTS: A total of 70 patients (mean age $15,2 \pm 1,63$; 60% females) and 33 controls (mean age $15,23 \pm 1,37$; 60,6% females) have been recruited.

We've found positive correlations between the scores of the HDRS and the scores of the SOPS with a $p < 0,0001$ with a correlation of 0,538. The different correlations between HDRS and the SOPS subscales are the following: P1 ($p = 0,028$; correlation 0,296), P2 ($p = 0,002$; correlation 0,404), P total ($p = 0,028$; correlation 0,296), N2 ($p = 0,001$; correlation 0,453), N3 ($p = 0,020$; correlation 0,313), N4 ($p < 0,0001$; correlation 0,507), N total ($p = 0,006$; correlation 0,367), D4 ($p = 0,015$; correlation 0,327), D total ($p = 0,040$; correlation 0,278), G1 ($p = 0,006$; correlation 0,367), G2 ($p = 0,001$; correlation 0,457), G4 ($p = 0,002$; correlation 0,420), G total ($p < 0,0001$; correlation 0,548).

We've found positive correlations between the scores of Young and the scores of some subscales of the SOPS. The different correlations are the following: P3 ($p = 0,002$; correlation 0,419), D1 ($p < 0,0001$; correlation 0,592), D2 ($p = 0,049$; correlation 0,270), Dtotal ($p = 0,015$; correlation 0,328), G3 ($p = 0,006$; correlation 0,374) .

CONCLUSION: Up to date, the analysis of the depressive diagnoses of a sample of PRS patients shows that it is one of the most prevalent diagnoses in Axis I. Moreover, it shows that there is a correlation between the affective and prodromal symptoms, and consequently it could be a possible target for the study of the non-converters subjects and also as the comorbidity of the converters.

PM-010

ANALYSIS OF CHANGES IN TRAUMATIC SYMPTOMS OF CHILDREN AFFECTED BY THE 2011 JAPAN EARTHQUAKE AND TSUNAMI

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Background

The aim of this study was to assess changes in traumatic symptoms 8, 20, 30 and 42 months of the 2011 Japan huge earthquake and tsunami.

Methods

The study comprised four groups. Copies of the Post-Traumatic Stress Symptoms for Children 15 items (PTSSC-15), a self-rating questionnaire on traumatic symptoms, were obtained from 11,639 children (8-month period), 10,597 children (20-month period), 10,812 children (30-month period), and 10,654 children (42-month period). We calculated the total score, PTSD subscale, and Depression subscale of PTSSC-15.

Results

The PTSSC-15 total score and PTSD subscale of children belonging to 1st–9th grade groups who were tested 42, 30 and 20 months after the tsunami significantly decreased compared with those of children tested 8 months after the tsunami. The PTSSC-15 total score of boys in 7st–9th grade groups tested after 42 and 30 months did not decrease significantly compared with those of children tested after 20 months. The PTSSC-15 PTSD subscale of children in 1st–9th grade groups tested after 42 months significantly decreased compared with those of children tested 30, 20 and 8 months after the tsunami. The PTSSC-15 Depression subscale of children in 1st-3rd and 7st–9th grade groups evaluated after 42 months significantly decreased compared with those of children evaluated after 30 months.

Conclusions

This study demonstrates that the traumatic symptoms of children who survived the massive tsunami improved with time. Nonetheless, the traumatic symptoms included PTSD and depressive symptoms, which in some cases did not improve consistently 8, 20, 30 and 42 months after the disaster.

PM-011

Anxiety and depression in mothers of children with Autism Spectrum Disorders (ASD) and Attention Deficit Hyperactivity Disorder (ADHD).

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Parents of children with psychiatric disorders frequently experience higher levels of psychological dysfunction than parents of children with typical development. Severity of ASD and ADHD manifestations in particular may significantly distress parents and higher rates of depression have been reported in mothers of these children.

We intended to study anxiety and depression symptoms experienced by mothers of children with Autism Spectrum Disorders and Attention Deficit Hyperactivity Disorder.

Methods: In this cross-sectional study, data about participants demographic characteristics and child's behavioural problems were collected through a battery of questionnaires. ADHD was

diagnosed by a child psychiatrist according to DSM-IV-TR criteria for this disorder and ADHD children were divided in sub-groups, according to the type of symptoms in inattentive type, hyperactive type or combined type. ASD children were diagnosed by a child psychiatrist and fulfil score for ASD in ADOS-2 and ADI-R scales. Symptoms of anxiety and depression were assessed through the Portuguese version of Hospital anxiety and depression scale (HADS). The HADS scores were correlated with children symptoms severity.

The results of the study suggested elevated levels of depression and anxiety in mothers of ASD and ADHD children. These are important findings since literature suggests that maternal mood and anxiety symptoms may be related to depression and anxiety in their children. Findings are discussed with respect to understanding the needs of such families, including service provision. Results: Preliminary results show elevated levels of depression and anxiety were detected in mothers of ASD and ADHD children (mean HADS score for depression: 10,4 mean HADS score for anxiety: 11,7).

Present findings in mothers of ASD and ADHD children may represent the burden of their children disorder but at the same time literature suggests that maternal mood and anxiety symptoms may enhance the risk of affective disorder in their children. Understanding the needs of such families, including service provision is underscored. In conclusion, these results reinforce the needed for a future investment in this clinical subject

PM-012

ASSESSING PROBLEMATIC BEHAVIORS IN KOREAN CHILDREN WITH DEVELOPMENTAL DISORDERS

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Introduction

The number of Korean children who are diagnosed and registered with developmental disorders reached 183,000 by December, 2011. Children with autism spectrum disorder(ASD) increased from 21,471(in 2005) to 26,339(in 2011). Thus, about 800 children have been diagnosed with ASD every year. The purpose of this study is to select and to develop tools assessing problematic behaviors in children with development.

Methods

We attained the approval of the BPI author and performed translation and back translation. We reviewed the translated BPI items by the author and translators and examined cultural variations and other practical matters while completing the questionnaires with caregivers to make necessary modifications of the Korean version of the BPI.

To test validity(face validity, construct validity and concurrent validity) and reliability(inter-rater reliability, test-retest reliability, internal validity) of the Korean version of the BPI, we obtained social and demographic information and completed the Korea-Scales of Independent Behavior-Revised(K-SIB-R), and CBCL. Test-retest was performed 2 weeks after the first test with several caregivers who participated at the baseline.

Results

The author of BPI agreed upon a non-commercial use of BPI, and validity and reliability were verified. Inter-rater reliability was shown to be highly reliable($r = 0.992(95\% \text{ CI} = .984 \sim .997)$: SIB subscale items. $r = 0.988(95\% \text{ CI} = .978 \sim .994)$: Stereotyped Behavior subscale items, $r = 1.000$: Aggressive /Destructive Behavior subscale items. Also, test-retest reliability analysis(SBI subscale items : $r = 0.233$, Stereotyped Behavior subscale items : $r = 0.625^{**}$, Aggressive/Destructive Behavior subscale items : $r = 0.907^{**}$) exhibited several significant results. As for the results for concurrent validity for subscale items of BPI-01 and scales of SIB, the correlations between SIB and BPI-01 subscales are as follows: Self-harm, $r = 0.6363^{***}$, Stereotyped behavior, $r=0.357^{***}$, and Aggressive/Destructive Behavior, $r=0.672^{***}$.

Discussion

ASD children at high risk for severe behavioral problems can be identified and provided with more specialized treatment by introducing the managing protocols. Moreover, increased

awareness of parents or caregivers, decreased prejudice and stigma, and better treatment compliance are expected to bring about better outcome for these children. Behavior problems in ASD can be caused primarily by ASD symptoms and other secondary factors. Results of this study will help other researchers and other clinicians attain important finding on behavior and decision making in ASD children and further broaden the current understanding of ASD.

PM-013

ASSESSMENT OF MALADAPTIVE PERSONALITY FUNCTIONING

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The diagnostic of personality disorder (PD) is in transition. First, the dimensional severity approach is gaining acceptance over the traditional categorical approach because of numerous problems concerning the validity and the acceptance of the diagnoses. Second, the prototype approach to define and classify current PD is questioned fundamentally and a shift to basic personality functions defining the core of PD in general is in intense international discussion. Third, the life-span approach promotes the inclusion of children and adolescents to overcome the artificial limitation by simple life age to obtain and denote clearly pathological development. This symposium has its focus on the different models to define the central personality functions and to assess them in adolescents, including empirical results for psychometric properties of the presented inventories. The first talk introduces an interview, the second talk a self-report questionnaire to assess personality functioning in adolescents according to the descriptions given in the research section of DSM-5. The third talk presents alternative procedures referring to the revised multiaxial system of operational psychodynamic diagnosis OPD-KJ2 and the symptom oriented questionnaire BPFSC-11. The last talk focuses on the personality function "identity" in an inpatient population with personality disorders.

Keywords: personality functioning, assessment, personality disorder, identity, adolescence

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

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Screening for Personality Disorder –Assessment of personality structure and Borderline personality features with the questionnaires OPD-KJ2-SF and BPFSC-11"

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PM-014

ASSOCIATION BETWEEN APPEARANCE-BASED REJECTION SENSITIVITY AND BODY DYSMORPHIC DISORDER SYMPTOMS IN JAPANESE UNIVERSITY STUDENTS

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Objectives: Appearance-based rejection sensitivity (appearance-RS) was characterized by anxious concerns and expectations about being rejected based on one's physical attractiveness (Park, 2007). Recent studies revealed that appearance-RS uniquely predicted the body dysmorphic disorder (BDD) symptoms controlling for other related variables in university students. However, there were no studies about the association between appearance-RS and BDD symptoms in Japan. In the present research, we aimed to investigate the association between appearance-RS and BDD symptoms controlling for Social Anxiety Disorder (SAD) symptoms in Japanese university students.

Method: A total of 279 students (Mean age = 19, SD = 1.4, 179 women, 100 men) took part in this study. They completed the questions about their demographic characteristics (age and gender), the Japanese short version of Appearance-based Rejection Sensitivity Scale (Tanaka et al., 2014), the Japanese version of Body Image Concern Inventory (Tanaka et al., 2010; 2015), the short Fear of Negative Evaluation scale for Japanese (Sasagawa et al., 2004) and the Japanese version of Liebowitz Social Anxiety Scale (LSAS-J; Asakura et al., 2002). The reliability and validity of all questionnaires were confirmed in each previous study. To examine the effect of appearance-RS to BDD symptoms, we carried out a series of hierarchical regression analysis. At step 1, we entered gender and SAD symptoms variables. At step 2, we entered appearance-RS to investigate whether adding this variable significantly improved model fit.

Results: A hierarchical regression analysis revealed that appearance-RS was uniquely accounted for 12% of BDD symptoms after controlling for gender and SAD symptoms ($F [1, 273] = 73.24, p < .001$). In step 2, gender ($\beta = .29, t = 6.85$), fear of negative evaluation ($\beta = .25, t = 4.70$), and appearance-RS ($\beta = .44, t = 8.56$) significantly predicted BDD symptoms ($p < .001$). Fear ($\beta = .03, t = .38, p = .71$) and avoidance ($\beta = .00, t = .05, p = .96$) assessed by LSAS-J did not predict BDD symptoms significantly.

Conclusion: Our results indicated that appearance-RS was the key predictor variable for predicting BDD symptoms in Japanese university students.

Key words: appearance-based rejection sensitivity, body dysmorphic disorder, social anxiety disorder, Japan

PM-015

ASSOCIATION BETWEEN BULLYING EXPERIENCES AND SUICIDAL BEHAVIORS OF ADOLESCENTS IN SOUTH KOREA

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Objective: School bullying has been identified as a worldwide problematic behavior among adolescents, affecting school achievement, social skills, and psychological well-being for both victims and perpetrators. School bullying is not a recently newborn phenomenon but types and characteristics have been differed by time and culture. This study aims to examine the structure of peer bullying types at school in South Korea with relatively large sample. Also, this study attempts to find the causal effects of these experiences to suicidal behaviors including suicidal ideation and suicidal attempt, by controlling compounding factors more accurately. We hypothesize that there are two distinctive bullying types, overt and covert, and both types differently affect on adolescent's suicide ideation and attempt

Method: This study uses initial assessment data of children and adolescents who visited 31 local mental health centers in Gyonggi province in South Korea. The sample size was 4,410. To examine the structures of peer bullying experiences, latent class analysis (LCA) was used to classify the participants' experiences with bullying. Then, the propensity scores adjusted

binomial logistic regression has been conducted to find the causal relationship between bullying types and suicidal behaviors.

Results: Through the latent class analysis on the experiences with bullying, it is revealed that there are two distinct bullying types of physical and non-physical bullying. We can find that the adolescents experiencing bullying group is 3.05 times more likely to conduct suicide attempts than the non-experienced group. Non-physical bullying accompanying the high prevalence of cyber bullying also makes victims 2.94 times more likely to conduct suicide attempts than the non-experienced adolescents.

Conclusions: Different intervention strategies are required to the two distinct types of bullying, including different set of bullying items. This study reveals that two types of bullying have great harmful effects on self-destructive behaviors such as suicide behaviors in common. Therefore much attention should be paid to 'hidden' types of non-physical bullying as long as the traditional physical bullying in school.

PM-016

ASSOCIATIONS BETWEEN PROBLEMATIC SEXUAL BEHAVIOR OF CHILDREN AND PSYCHIATRIC SYMPTOMS AND DIAGNOSES – AN EPIDEMIOLOGICAL STUDY

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Even though since the early 50s of the last century, sexual behavior of children in general has been known as common behavior, in clinical practice it seems to be a very problematic field. There, we see a gap not only in knowledge of normal sexual development but in the link to psychiatric abnormality. In the last years, we find an increasing research on sexual behavior of children, not just related to sexual abuse but also to other forms of psychiatric-associated behavior. Various mechanisms seem possible to connect both domains of problem behavior. The present study explores the nature and the scope of the association in German children.

Sample: The sample comprises of all children aged 5-8 years who were treated at the Clinic for Child and Adolescent Psychiatry of the University of Rostock between 2006 - 2010. The only exclusion criterion was a known or suspected sexual abuse. 142 children with a wide range of psychiatric diagnoses were included.

Method: Using the CBCL (Child Behavior Checklist 4-18, Achenbach 1991) and the CSBI (Child Sexual Behavior Inventory, Friedrich 1997), the behavior of every child was rated by parents. Psychiatric symptoms and diagnoses were obtained as well. The statistical analyses used Chi2 and T-tests for independent samples.

Results: Disregarding the degree of severity of psychiatric symptoms, we found a significant correlation between sexually deviant behavior and psychiatric burden in general. Searching for specific relations we analyzed the type of sexual behavior (directed to themselves vs. to other people) and the psychiatric specifics (internalizing vs. externalizing behavior, diagnoses). Even though we did not find the expected relation to isolated diagnoses, some results seem to confirm the hypothesis that high degrees of deviant sexual behavior problems are associated with early forms of delinquent behavior. Problematic sexual behavior appears to be a part of psychiatric symptoms already early in life. These outcomes seem to match the results from adolescent and adult studies, yet more research concerning the patterns and meaning in early childhood has to be conducted.

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PM-017

AT THE END OF THE LINE: CASUISTIC STUDY OF PAEDIATRIC SUICIDES IN THE NORTH OF PORTUGAL

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Introduction: According to some studies, suicide is among the leading causes of death in adolescents and young adults. Worldwide, there are nearly 900,000 suicides each year; over 200,000 referring to young people. Either the prevalence or the suicide methods vary according to the gender and the sociocultural context. It is considered that suicide is more common in adolescents with psychiatric problems, history of substance abuse, difficulties in socializing with family and peers, poor school performance and in those exposed to suicidal behaviour. Therefore, considering that some suicide victims don't have a history of attending Psychology or Child and Adolescent Psychiatry consultations, subsequent evaluation of the suicidal context is extremely important so that future preventive measures can be taken, avoiding many early deaths.

Objectives: The purpose of this study is to characterize the context of adolescent suicides (including age, gender, method and psychiatric history), evaluated throughpost mortem examinations at the Oporto Delegation of the National Institute of Forensic Medicine.

Methods: Data base research of adolescent suicides aged below 18, from 2009 to 2014, at the Oporto Delegation of the National Institute of Forensic Medicine.

Results: The sample was composed by eight adolescents, aged between 14 and 17 years old; five males and three females. In regard to the method used to perform the act, we registered: hanging, use of a firearm, jumping off a bridge, carbon monoxide intoxication and being hit by a train. Only two adolescents presented risk factors for suicide.

Conclusions: The sample size may be underestimated, as some cases may not have been evaluated by the forensic services. Although the small sample size doesn't allow us to generalize conclusions, our results are similar to those in the literature regarding gender frequencies and suicide method. The results also show that it is important to be alert to the presence of psychopathology and other risk factors for suicide.

Keywords: adolescents, suicide.

PM-018

ATTITUDES AND OPINIONS TOWARDS ELECTROCONVULSIVE THERAPY AMONG ADOLESCENTS WITH SCHIZOPHRENIA SPECTRUM DISORDERS

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Background: Most studies examining the efficacy of Electroconvulsive therapy (ECT) in children and adolescents have shown benefits in the treatment of schizophrenia spectrum disorders (SSD). Despite this and the relatively low incidence of relevant adverse events (Bloch et al., 2008;Taieb et al., 2002), it is not frequently used in this population. This may be due, among other reasons, to the lack of knowledge about the treatment and its adverse events, and the negative perception of the treatment by the general population, and even the professionals themselves.

Objectives: The aim of the study was to evaluate the attitudes regarding ECT, of a sample of adolescents treated with ECT, and to compare their opinion with a sample of adolescents with SSD treated with antipsychotics only.

Methods: 19 patients diagnosed with SSD between 2003-2012 treated with ECT when they were under 18 years old (ECT group), were compared to a sample of 21 patients, also diagnosed with SSD during the same period, treated only with antipsychotics (Non-ECT group).

A self-administered questionnaire of 48 and 26 items was administered to patients in the ECT group and the Non-ECT group respectively. The questionnaire is a Spanish translation of the one used by Walter (1999) with his permission.

Results: A total of 77.8% of the adolescents in the ECT group believed that the ECT had helped them and a 72.2% also reported that the illness was worse than the medication or the ECT treatment. An 84.2% of them would agree to the treatment right away or if medications did not work. If we compare both groups, a 63.2% of patients in the ECT-group thought that ECT was safe, while only the 4.8% of the patients in the Non-ECT group thought it was safe and 81% did not know the answer ($\chi^2 = 15.99, p < 0.001$). A 57.9% of patients in the ECT-group reported that it does not leave permanent damage and a 26.3% did not know the answer, while in the Non-ECT group a 4.8% reported that ECT does not leave permanent damage and a 76.2% did not know the answer ($\chi^2 = 14.74, p = 0.001$).

Conclusions: Most patients who received ECT had a positive opinion about the treatment, and thought that it was a safe treatment, while most patients who did not receive ECT did not know the answer to the questions.

Keywords: Electroconvulsive therapy, schizophrenia

PM-019

AUGMENTATION THERAPY WITH ARIPIPIRAZOLE IN TREATMENT-RESISTANT OCD IN CHILDHOOD: WHICH SSRI TO CHOOSE, FLUOXETINE OR SERTRALINE?

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Background and Aim. Obsessive-compulsive disorder (OCD) in childhood is generally treated with selective serotonin reuptake inhibitors (SSRIs) and/or clomipramine and cognitive behavioral therapy (CBT). But, about half of the cases are treatment resistant. Augmentation therapies with several agents were also evaluated. This study was aimed to evaluate the efficacy of aripiprazole as an augmentation agent, and also to evaluate the efficacies of Fluoxetine and Sertraline as SSRIs.

Methods. Forty-four children (13 girls, 31 boys), who are non-responders to treatment with at least two types of SSRIs and CBT, were administered a 12-week of augmentation. Treatment outcomes were evaluated by childhood Yale-Brown Obsessive Compulsive Scale (Y-BOCS), and Clinical Global Impression-Severity and Improvement (CGI-S and CGI-I) scales.

Results. Children with a mean age of 12.2 ± 3.0 years showed significant improvements in symptoms after 12 weeks of aripiprazole augmentation and SSRI treatment, which were evaluated by significant decreases in symptom scores in Y-BOCS, and improvements in CGI-I scores. Sex was found to be effective on treatment response, and fluoxetine was found to be superior to sertraline in augmentation therapy.

Conclusion. Aripiprazole treatment is an effective strategy in refractory OCD cases. Treatment response may vary between sexes, and SSRI types, but both sexes should benefit from either of the SSRIs augmented with aripiprazole.

Keywords: Aripiprazole, augmentation, obsessive-compulsive disorder

References:

- Walter G, Koster K, Rey JM. [Electroconvulsive therapy in adolescents: experience, knowledge, and attitudes of recipients](#). J Am Acad Child Adolesc Psychiatry. 1999 May;38(5):594-9.
- Taieb O, Flament MF, Chevret S et al. Clinical relevance of electroconvulsive therapy (ECT) in adolescents with severe mood disorder: evidence from a follow-up study. Eur Psychiatry. 2002; 17:206-212
- Bloch Y, Sobol D, Levkovitz Y, et al. Reasons for referral for electroconvulsive therapy: a comparison between adolescents and adults. Australas Psychiatry. 2008; 16:191-194.

PM-020

AUTISM SPECTRUM DISORDER SYMPTOMS IN CHILDREN WITH ADHD: ASSOCIATION WITH PARENT, COUPLE AND FAMILY FUNCTIONING.

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Background: Autism spectrum disorder (ASD) symptoms are common in children with Attention Deficit/Hyperactivity Disorder (ADHD). Little is known about the association between ASD symptoms in children with ADHD and parent, couple and family functioning.

Objectives: To explore the association between ASD symptoms in children ADHD and: (1) parent mental health, (2) family quality of life, (3) couple conflict and couple support and (4) parenting approaches. We hypothesized that greater ASD symptoms in children with ADHD would be associated with (1) poorer parent mental health, (2) poorer family quality of life, (3) greater couple conflict and less couple support and (4) more negative parenting behaviours.

Methods: Participants were 6-10 year old children (164 ADHD; 198 Control) attending 43 schools in Melbourne, Australia, who were participating in a longitudinal cohort study. ADHD was assessed in two stages using the parent and teacher Conners' 3 ADHD index and the DISC-IV. ASD symptoms were identified using the Social Communication Questionnaire (SCQ). Outcome variables were parent mental health (Kessler 6), family quality of life (Child Health Questionnaire Family Impact Scale), and scales assessing couple conflict, parenting support and parenting behaviours. Linear regression was used to examine continuous outcomes.

Results: There was some evidence that greater ASD symptoms in children with ADHD were associated with poorer parent mental health ($p=0.07$). As predicted, greater ASD symptoms in children with ADHD were associated with poorer family quality of life across all three domains; emotional impact ($p=0.001$), family impact ($p<0.001$) and time impact ($p<0.001$). Greater ASD symptoms were associated with greater couple conflict ($p=0.04$) and less couple support ($p=0.04$). Although greater ASD symptoms in children with ADHD were associated with angry parenting behaviours ($p=0.04$), they were not associated with other parenting domains including consistency ($p=0.22$), parental warmth ($p=0.89$), or parental self-efficacy ($p=0.54$).

Conclusions: ASD symptoms in children with ADHD is associated with poorer family quality of life, greater couple relationship difficulties and more angry parenting behaviours. This highlights the importance of assessing for ASD symptoms in children with ADHD to ensure appropriate intervention for these symptoms, and to consider support services for parents.

PM-021

BODY IMAGE IN ADOLESCENTS WITH NON-SUICIDAL SELF-INJURY BEHAVIOURS: A COMPARISON WITH EATING DISORDER DIAGNOSIS

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Objectives: Body image is defined as a multi-dimensional set of thoughts and feelings related to the physical experience, appraisal of, and satisfaction with one's body (Cash & Pruzinsky, 2002). It plays a prominent role as a risk factor for several types of adjustment problems and disorders with adolescent onset, such as non-suicidal self-injury (NSSI) behaviours and eating disorders. Orbach (1996) theorized that negative bodily experiences and attitudes, as body dissatisfaction and/or disregard, reduce self-preservative functions, and contributes to a greater propensity for self-harm. This has been validated among self-destructive acts such as NSSI and disordered eating behaviours. The importance of body image as a developmental risk factor for NSSI as well as eating disordered behaviours has been largely studied but differences concerning body image among adolescents with NSSI behaviours and adolescents with eating disorders remain largely unknown.

The current study aims to evaluate the body image in a clinical sample of adolescents with NSSI behaviours and find out whether there are significant differences in body image in adolescents with an eating disorder without NSSI behaviours.

Methods: We selected a group of 20 female adolescents with NSSI behaviours and compare them with a group of 20 female adolescents with an eating disorder without NSSI behaviours. A questionnaire with socio-demographic and health variables was applied. Body image was assessed by The Body Shape Questionnaire (BSQ) which quantifies body dissatisfaction.

Results: Consistent with previous research, the adolescents with NSSI behaviours reported high levels of body dissatisfaction. Preliminary results suggests some specificities among this population relating to eating-disordered adolescents.

Conclusions: Despite its limitations, this study provide evidence that body image may act an important role in NSSI behaviours in adolescents. Also, it is imperative to develop a comprehensive understanding of how body image is differentially related to various forms of self-destructive behaviours, such as NSSI behaviours and eating disorders, and identify mechanisms through which such disturbances influence the likelihood of engaging in self-destructive behaviours.

PM-022

BULLYING, PSYCHOPATHOLOGY AND SOCIAL ISSUE: A CASE REPORT

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Introduction: Facing the increasing impact that bullying has experienced in recent years, there is also an increasing demand for attention in child and adolescent mental health services because of the psychopathological factors related with this phenomenon, such as anxiety, insomnia, PTSD or depression. It is well known that students involved in these situations, from any of the roles, are at an increased risk for psychosocial disorders and might require psychiatric care. The approach should be aimed at prevention, with the perspective of human rights and conviviality. It must include the family and the parenting styles, since bullying is considered to be the reflection of upbringing based on the extremes, from overprotection to high permissivity.

Objectives:

- -.To describe a clinical case of suspected bullying.
- -.To analyse the psychopathological factors related.
- -.To expose the action protocol followed in this case.

Methods: we report the case of a minor who claimed to have received insults and demonstrations of contempt from her classmates during all year school. This is why the parents took her to another school, where the situation happens again. The family finally chose not to take her to school in order to protect her from such mistreatment. An analysis of the psychopathological aspects of this case is made from our mental health service. Insulting WhatsApp messages were shown during the clinical interview with her and her parents. In addition, comments and attitudes were described as intentionally offensive according to their point of view. An investigation to confirm the veracity of the event was also carried out, and the valuation methods used include the AF5 multidimensional scale of self-concept, the Personality Questionnaire for children and adults (EPQ-J), the Children´s Depression Inventory (CDI) and the Raven´s Progressive Matrices Test. The final aim was to promote the integration with her peers including a proper school attendance.

Conclusions: In cases of bullying is essential an early and rigorous approach, not magnifying it but neither denying it. This approach must include the psychopathological aspects, with a

proper identification of related factors and their redefinition in the constant change of modern society.

PM-023

CAARMS AS A DIAGNOSTIC TOOL TO IDENTIFY CHILDREN AND ADOLESCENTS AT ULTRA HIGH RISK OF PSYCHOSIS: A FEASIBILITY STUDY IN ITALY

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The past twenty years have seen the evolution of the construct of a clinical high-risk (HR) state for psychosis aiming at identifying individuals with potentially prodromal symptoms. The CAARMS (Comprehensive Assessment of At Risk Mental State), created by Yung et al in 2005, is one of the most used tools to diagnose individuals in a putative pre-psychotic phase. It detects attenuated psychotic symptoms (APS), brief limited intermittent psychotic symptoms (BLIPS), genetic risk and deterioration syndrome (GRD). The feasibility of this approach in children and adolescents is still underinvestigated.

Objectives: we address the feasibility of the HR approach within the framework of Italy's national child and adolescent neuropsychiatry services by using the CAARMS.

Setting: Neuropsychiatric unit, Neurological National Institute C. Mondino, Pavia, Italy.

Methods: we used the Italian version of CAARMS (translated in Italian in 2007 and validated on the Italian population in 2012 by Fusar-Poli et al) to determine if help-seeking patients met one of the HR criteria at baseline.

Results: there were no missing data. CAARMS-trained Child and Adolescent Psychiatrists evaluated 56 patients (52% males; mean age 15.58 y, SD 1.48, range 12.6-17.8), 85.7% referred from the Neuropsychiatry ward, 10.7% from outpatient services, 3.6% from private practitioners. 50% had low socio-economic status, 26.8% medium, 23.2% high. All but two successfully completed the interview (mean time 72.8 min, SD 20.82) over 2 sessions without interruptions or subjective discomfort. 41.0% met inclusion criteria for HR (4 GRD, 18 APS, 1 BLIPS), 17.8% were diagnosed psychotic, and 41.0% were not at risk. Mean CAARMS scores on the diagnostic subscales (and SD) were as follows: unusual thought content I (intensity) 2.05 (SD 2.07), F (frequency) 2.21 (2.09); non-bizarre ideas I 1.85 (1.74), F 2.6 (2.00); perceptual abnormalities I 2.69 (1.95), F 2.4 (1.68); disorganised speech I 1.98 (1.63), F 2.76 (2.16). Mean SOFAS score (Social and Occupational Functioning Assessment Scale) was 51.30 (SD 13.86) and it was significantly more impaired ($p=0.0199$) in the HR subjects (mean 49.91, SD 10.89) than in the non-HR ones (mean 57.69, SD 12.60).

Conclusion: administration of the CAARMS to samples of children and adolescents with putative prodromal psychosis appears feasible and this assessment could easily be integrated into Italian neuropsychiatry services. Further research in our cohort will establish the prognostic validity of the HR criteria and their applicability to the special needs of children and adolescents.

Funding: Italian Ministry of University and Research.

PM-024

CAN POSITIVE FAMILY FACTORS BE PROTECTIVE AGAINST THE DEVELOPMENT OF PSYCHOSIS?

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Introduction

Psychosis is a familiar disorder with genetic and environmental factors involved. Family negative factors have been linked to poor prognosis of psychosis.

Aim

Relate environment and family history of psychosis with development of psychosis.

Method

193 children-adolescents with first psychotic episode were included in the study, defined by the

first occurrence delusions / hallucinations. Patients and at least one relative were interviewed about socioeconomic status, family history of psychosis and familiar environment was evaluated with the Family Environment Scale (FES). We used U Mann-Whitney and Kruskal Wallis proof and logistic regression mode.

Results

The mean of age was 15. 37 (DT = 1. 80). The control group displayed higher socioeconomic status ($\chi^2 = 14.45$, $p < 0.01$). There was more psychotic family history between 1st and 2nd relatives of patients than in controls (PG: $\chi^2 = 29.74$; $p < 0.001$; C G: $\chi^2 = 5.24$; $p < 0.05$). The control group with psychotic antecedents receives more positive support compared with patients with and without psychotic antecedents (FES) (CGA: $Z = -3.98$; $p < 0.001$ and PNA: $Z = -3.69$; $p < 0.001$). The patients perceived more negative environment than controls with psychotic family history ($Z = -2.70$; $p < 0, 01$).

Conclusions

The negative family environment and family history of psychosis are related to the development of psychosis. The positive family environment, the best socioeconomic status and intellectual interests are protective factors for developing psychotic episodes in children-adolescents.

Therefore, our results support the importance of considering both family history of psychosis and family environment in the early stages of psychosis.

Bibliography

González-Pinto A1, Ruiz de Azúa S, Ibáñez B, Otero-Cuesta S, Castro-Fornieles J, Graell-Berna M, Ugarte A, Parellada M, Moreno D, Soutullo C, Baeza I, Arango C. Can positive family factors be protective against the development of psychosis?. *Psychiatry Res.* 2011 Mar 30; 186(1):28-33.

PM-025

CANNABIS ADDICTION, GENETIC LOAD AND PSYCHOSIS.

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Objective:

Explain through a clinic case, the results of coordinating several psychotherapeutic teams.

Community psychiatry.

Method:

Clinical interview.

Therapeutic intervention.

Results:

Personal antecedents: The patient came to our CAMHS in 2007 presenting bad behaviour with lots of aggressions towards the mother and sister. It looked like related to parental separation. After that, they started, weekly, Family Therapy from Social Services in 2013.

Family antecedents: grandfather suffers from schizophrenia, mother suffers from depression and anxiety, father suffers from schizophrenia and sister suffers from bulimia. All of them are on psychiatric attendance.

Actual symptomatology: From the beginnings of 2014, we found an attentive 14 year old girl, who collaborates in the interview, strange contact, appropriate language, some motiveless laughs with previous whispering. Cannabis consumer (2 to 12 joints a day), aggressiveness towards mother and sister daily, great difficulty to control impulses. Bullying against their partners at school. Sensoperceptive distortion when high cannabis consume, visual and kinesthetic hallucinations, paranoid thoughts without structure. Lack of emotion. Disocial personality. Conciliation insomnia. Good appetite. No insight.

We do psychoeducation in schizophrenia. We contact with a specific centre to treat addictions. We start paliperidone in a low dose to help her with the psychotic symptoms and with her conduct disorder. We talk to the family therapist and to the psychologist at school.

Conclusions:

After coordinating the three services that our patient was involved in, we have got that the child improves in many areas. She left the addiction to cannabis after having daily urine controls and being motivated by therapists and family. Irritability, paranoidism, conduct disorder and low tolerance to frustration also improve.

We believe that time to coordinate and trust in community psychiatry, is essential and necessary if we want to help Young people to function in all areas.

Bibliography:

In: Pumariega A, Winters N editor. Part one: conceptual foundations of systems of care. The handbook of child and adolescent systems of care: the new community psychiatry. San Francisco (CA): Jossey-Bass; 2003;

PM-026

CANNABIS USE AND PSYCHOPATHOLOGY IN ADOLESCENT PSYCHIATRIC INPATIENTS

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INTRODUCTION: Prevalence of substance use in adolescents has become a relevant public health issue, being cannabis the most frequently used. 33,6% of adolescent students aged 14-18 years reported they had used cannabis at least once in their lifetime (ESTUDES, 2012) in Spain in 2012. Psychiatric disorders (conduct and psychotic disorders, depression, anxiety) and impairment in global functioning have been associated to cannabis use during adolescence.

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KEY WORDS: Cannabis, adolescence, conduct disorders, psychosis

OBJECTIVES: Study the prevalence of cannabis use in adolescent psychiatric inpatients and the psychopathology associated .

METHODS: A sample of adolescent psychiatric inpatients admitted to Hospital Universitario Basurto (Bilbao) and Hospital Universitario Donostia (San Sebastian), Spain, from May to October 2011 were included. Sociodemographical data, history of cannabis use and psychopathology were assessed through medical interview and questionnaires administered to inpatients and parents (CBCL, YSR, ADIS and EEAG). Descriptive and bivariate statistical analysis (Chi-square test, Student's t-test) were performed.

RESULTS: A total of 48 adolescents (56,25% male; mean age: 15,33; SD=1,12) were included. 58,33% had used cannabis at least once. Cannabis use showed significant association with

other drugs use: 64,3% of cannabis users had used other drugs vs 5,3% of non-users ($p=0,000$). Psychiatric diagnoses showed statistically significant differences between cannabis users and non-users: most common diagnoses in cannabis users were Conduct Disorders (31%) and Psychotic Disorders (27,6%) vs Anxiety/Adjustment Disorders (21%) and Eating Disorders (18,8%) in non-users ($p=0,012$). There was significant difference ($p=0,034$) between the two groups in severity measured by EEAG scale (mean= 41,11, SD 13,27 in users vs 50,00, SD 14,29 in non-users). CBCL showed statistically significant differences ($p=0,032$) between both groups in Delinquent Behaviour subscale. Analysis of YSR showed differences in Attention Problems ($p=0,006$), Delinquent Behaviour ($p=0,002$) and Externalizing Problems ($p=0,04$), showing cannabis users higher severity in these subscales.
CONCLUSIONS: Cannabis use in adolescent psychiatric inpatients is a common habit associated to conduct and psychotic disorders, delinquent behavior and externalizing problems, and impairment in global functioning.

PS-027

CHANGE OF PSYCHOLOGICAL CHARACTERISTICS AFTER JOIN THE ARMY ACCORDING TO INTERNET ADDICTION TENDENCY IN KOREAN YOUNG MALE SOLDIERS.

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The aim of this study was to find out psychological changes associated with internet addiction between before and after military drill in young male army recruits.

All 1091 participants were army recruits aged from 19 to 22 years that participated in 5 weeks military drill. They were given some self-reported questionnaires (Sociodemographic questionnaires, Young's Internet Addiction Scale(IAS), State-Trait Anxiety Inventory(STAI), Beck Depression Inventory(BDI), Barratt Impulsiveness Scale(BIS), Attention-Deficit/Hyperactivity Disorder Self-Rated Scale(ASRS)). They were divided into internet addiction tendency group and non-addiction group according to IAS score. And the degrees of internet addiction tendency, depression, anxiety and impulsiveness were checked with IAS, STAI, BDI, BIS, ASRS before and after military drill.

The result from paired T-test shows that IAS, STAI, BDI, BIS, ASRS scores decreased after military drill in both non-addiction group and internet addiction tendency group. The result from repeated measures ANOVA shows that there is interaction effect between the changes of ASRS-hyperactivity($F=23.437$, $p<0.001$), ASRS-impulsiveness($F=4.896$, $p=0.027$), BIS-total($F=4.057$, $p=0.044$), BIS-motor impulsiveness($F=13.609$, $p<0.001$) scores and groups. The result from generalized estimating equation presents that internet addiction tendency is associated with ASRS-inattention($\beta=0.075$, $p<0.001$), ASRS-hyperactivity($\beta=0.092$, $p=0.002$), STAI-trait anxiety($\beta=0.046$, $p<0.001$), BIS-motor impulsiveness($\beta=0.119$, $p=0.028$).

The results present that psychopathologies such as internet addiction tendency, depression, anxiety, impulsiveness may be stabilized after military drill regardless of groups. Internet addiction tendency may be related with ASRS-inattention, ASRS-hyperactivity, STAI-trait anxiety, motor-impulsiveness. So these findings may be considered in treatment of internet addiction related to impulsiveness control.

PM-028

CHARACTERISTICS AND MANAGEMENT OF AGITATION IN ADOLESCENT PSYCHIATRIC PATIENTS

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Background: In Pediatric Psychiatry, estimating the prevalence of "agitation" is difficult due to the lack of standard studies or systematic data collection.

Objective: To assess the 3 month prevalence, characteristics and management of episodes of agitation in child and adolescent psychiatric patients attended in a Psychiatric Emergency Room or in an Acute Inpatient Unit.

Material and Methods: The number of episodes of acute agitation presenting in a Psychiatric Emergency Room or admitted in an Acute Inpatient Unit were registered. 37 patients were included (22 male, 15 female). Mean age was 14.27 ± 2.8 years (range 8-17 years). Psychiatric diagnosis was Autism Spectrum Disorder (n=14; 37.8%), Behavioral Disorder (n=9; 24.3%), Schizophrenia (n=8; 21.6%), Bipolar Disorder (n=1; 2.7%), Personality Disorder (n=1; 2.7%) and Other diagnoses (n=4; 10.8%). 51% of the patients were on antidepressants, 56.8% on antipsychotics, 32.4% on mood stabilizers and 37.8% on hypnotics.

Results: Before Intervention: Most patients (n=33; 89.2%) presented the agitation episode in the Acute Psychiatric Inpatient Unit, and 35% of the episodes occurred on Monday. Cannabis use was present in 18.9% of the episodes. The percentage of patients rated from moderate-severe to extreme in each PANSS-EC item was: 51.3% in poor impulse control, 62.1% in Tension, 62.1% in Hostility, 62.1% in Uncooperativeness and 54% in Excitement. CGI-severity at baseline was from "Markedly ill" to "Among the most extremely ill" in 56.7% of the patients.

Intervention: The agitation episode was managed with Physical Restraint (29.7%; n=11), Mechanical Restraint (54.1%; n=20), Isolation (62.2%; n=23) and Verbal de-escalation (62.2%; n=23). Pharmacological treatment was given to 43.2% (n=16) of the patients, being the route of administration both oral (50%) and intramuscular (50%). 32.2% (n=12) of the patients received a Second Generation Antipsychotic, 5.4% (n=2) a First Generation Antipsychotic, one patient received both First and Second Generation Antipsychotics and one patient received benzodiazepines.

After Intervention: A decrease in PANSS-EC was noted after the intervention (22.5 ± 5 before and 11.4 ± 3.7 after intervention; $t=11.9$; $df=36$; $p=0.000$; Paired-t test). CGI-Improvement showed that 86.4% of the patients were "Much Improved" or "Very much Improved".

Conclusions: Our results are in agreement with the few data reported in the literature concerning adult patients, and confirm the agitation is an important challenge in adolescent psychiatry

PM-029

CHILD ABUSE AND NEGLECT - A 10 YEARS OF EXPERIENCE OF MULTIDISCIPLINARY TEAMS OF THE CHILD PROTECTION CENTER OF ZAGREB

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The main aim of of the Child Protection Center of Zagreb is to provide an efficient and systematic help to abused and neglected children and their families. The multidisciplinary teams of the Child Protection Center of Zagreb include experts specially trained in the field of child trauma, and they consist of psychologists, psychiatrists, social workers, pediatricians, special education teachers, nurses and lawyers. In this paper we will demonstrate the work and experiences of our Center with an emphasis on a multidisciplinary approach in working with traumatized children, including children with experience of abuse and neglect, but also those who are at risk. This paper will also include a review of our experience in cooperation with other institutions involved in the problem of abused children and the importance of prompt communication between different systems. Furthermore, in this paper we will present the data

on the prevalence of abuse and neglect, as well as some characteristics of patients in the Center, such as socio-demographic data, developmental characteristics and symptoms, but also provided forms of assistance. This data will be interpreted and observed from the perspective of modern diagnosis and treatment options.

Keywords: abuse, neglect, child protection, multi-disciplinary teams

PM-030

CHILD AND ADOLESCENT OCD SYMPTOM PATTERNS: A FACTOR ANALYTIC STUDY

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Background: OCD is a heterogeneous disorder with regard to symptom presentation, course and prognosis. A few studies have tried to identify symptom based subtypes of OCD in children and adolescents, and found it to contain 4-5 factors. There are several reasons for the different number of factors found, such as difference in methods used and limited sample sizes. Previous studies have applied factor analysis on CY-BOCS categories, but this study is the first to evaluate CY-BOCS on item level in a sample of children and adolescents. This study based on a large sample will be a valuable addition to the previous studies by assessing the stability of obsessive-compulsive symptom dimensions in children and adolescents.

Objectives: To investigate OCD symptom structure in children and adolescents in order to identify OCD subtypes. Evaluate if the factors found have a specific relation to co-morbid disorders and demographics.

Methods: This study was a part of the Nordic Long-Term OCD Treatment Study (NordLOTS). Exploratory factor analysis was applied to the Children's Yale-Brown Obsessive-Compulsive Scale (CY-BOCS) symptom checklist items in order to reveal latent factor structures. Confirmatory factor analysis was applied to assist in selection of the best fitting factor structure. The relation between specific factors, demographics and co-morbid disorders was examined by using regression analysis and factor scores. Data for 854 children and adolescents with OCD was included in the study and was collected from 24 different research units in Denmark, Sweden, Norway, Holland and USA.

Results and Discussion: In the poster presentation, results will be presented and discussed. The importance of our findings for studies on OCD genetics and pathogenesis of symptoms will be discussed.

PM-031

CHILDREN AND ADOLESCENTS WITH BIPOLAR SPECTRUM DISORDER: SYMPTOM DESCRIPTION AND FUNCTIONAL OUTCOME

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Background: There has been a steadily growing interest in the clinical and public health implications of bipolar disorder (BD) affecting children and adolescents. Although different trends in diagnosis of BD in youngsters in Europe and the US may have been due to differences

in diagnostic practices (Goodwin et al. 2007), research in BD in children and adolescents has also been neglected in Europe, and most knowledge to date comes from US studies, making it difficult to extrapolate findings to European clinical settings.

Objetives: To study a clinically representative sample of children and adolescents with BD (I, II, and not otherwise specified NOS). To compare clinical symptoms and functional outcomes between patients with BD- I and II and those with BD-NOS. Comparisons between patients with and without psychotic symptoms were also performed.

Methods: We evaluated 36 children and adolescents (7-17 years of age; mean \pm SD: 14.39 \pm 2.92) with BD and 28 healthy controls matched for age and gender. Participants were recruited at the Gregorio Marañón Hospital (Madrid, Spain). They were clinically assessed using the Positive and Negative Syndrome Scale (PANSS), Young Mania Rating Scale (YMRS), Hamilton Rating Scale for Depression (HDRS) and Children's Global Assessment Scale (C-GAS). DSM-IV diagnoses were obtained by means of the K-SADS-PL. BD-NOS diagnostic criteria from Birmaher et al. 2006 were used. Categorical variables were compared by means of chi-square tests. Quantitative variables were compared using parametric or non-parametric tests as appropriate. SPSS 20.0 was used.

Results: Patients with BD-NOS (n=10) were significantly younger than those with BD-I and II (12.5 \pm 2.59 vs. 15.12 \pm 2.74, P=0.007) and had lower rates in the positive subscale of the PANSS (9.22 \pm 2.99 vs. 17.32 \pm 9.32, P=0.01). Patients with BD-NOS had comparable scores in other PANSS subscales and PANSS total score, YMRS, HDRS, and C-GAS. BD patients not showing psychotic symptoms (n=13) were also younger than those with them (12.23 \pm 2.80 vs. 15.6 \pm 2.23, P<0.0001), with no other significant differences in clinical symptoms.

Conclusions:

[ANNOTATION:

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NOTE: 'El inicio ms temprano de la enfermedad en los NOS... y los que no tienen sintomatología... peor pronóstico??? Importancia de hacer un diagnóstico e intervención adecuada?'

NOTE: "]Children and adolescents fulfilling criteria for BD-NOS were as symptomatic and functionally impaired as those meeting full BD criteria. Research on youth with BD spectrum in European settings will contribute to improve clinical detection and development of treatment approaches for this challenging clinical population.

PM-32

CHILDREN BORN WITH VERY LOW BIRTH WEIGHT HAVE DIFFICULTIES WITH SUSTAINED ATTENTION, BUT NOT RESPONSE INHIBITION

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Children born with very low birth weight perform poorly on executive function and attention measures. Any difficulties with sustained attention may underpin impairments in performance on tasks measuring higher-order cognitive control. Previous sustained attention research in very low birth weight cohorts has used tasks that involve arousing stimuli, potentially spoiling the measure of sustained attention. The aim of this study was to compare the performance of very low birth weight and normal birth weight children on a well-controlled task of sustained attention. The Fixed and Random versions of the Sustained Attention to Response Task were given to 17 very low birth weight and 18 normal birth weight children. The very low birth weight group performed the Fixed and Random Sustained Attention to Response Tasks in a

similar manner as the normal birth weight group on all measures except for the omission error and Slow Frequency Area under the Spectra variables on the Fixed Sustained Attention to Response Task. These measures index lapses in sustained attention that may be underpinned by declining arousal. The very low birth weight group showed no response inhibition deficits. Omission errors and slow-timescale response time variability on predictable tasks may thus present sensitive indices of difficulties with sustained attention and arousal associated with premature birth and low birth weight.

PM-033

CLINICAL AND SOCIO-DEMOGRAPHIC CORRELATES OF CONVERSION DISORDER IN CHILDREN AND ADOLESCENTS

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Pgims, Rohtak; Government Medical College

Conversion disorder is probably the most enigmatic diagnostic category in psychiatry and it continues to present a clinical challenge to clinicians. Majority of literature in the area of conversion disorder comes from the work done on adults. Most studies of conversion disorder in children are limited to case series and case reports. Despite the huge personal suffering and health resources implications of conversion disorder in children, this area remains neglected. Keeping this in mind, a prospective clinic based study was conducted in the Child and Adolescent Guidance Clinic (CAGC), department of psychiatry, PGIMS, Rohtak, India. All the children who met the diagnostic criteria of conversion disorder as per DSM-IV-TR constituted the study sample. After obtaining the consent from the parents, various socio-demographic details were collected using a specially designed performa, and the clinical variables were assessed using Conversion Disorder questionnaire, a specially designed follow up questionnaire and Children Global Assessment Scale. All the children were assessed at intake, 2 weeks and 4 weeks.

During a period of one year, a total of 368 children and adolescents attended CAGC. Sixty one children received the diagnosis of conversion disorder i.e. a prevalence rate of 16.6%. More number of girls than boys were affected. Motor weakness (75%) and pseudoseizures (70.5%) were the most common presentations. la belle indifference was seen in about one-fourth of cases.

Majority (95%) of children had reported the presence of stress prior to the onset of illness. School related problems constituted the most common form of stress (75%). Though the association with stressors was non-significant but the difference between boys and girls was statistically significant. Depression and anxiety were common comorbid psychiatric disorders. All the children were followed up at week 2 and week 4. 52.5% of children showed complete remission at week 2 while 77% had achieved remission at week 4. Only 2% of children relapsed at week 4.

Acute onset of illness, shorter duration of illness, young age and comorbid anxiety were associated with good outcome.

This paper further discusses the impact of conversion disorder on child and his family.

Key words: conversion disorder, children and adolescents, clinical variables.

PM-034

COENZYME Q10 DEFICIENCY AND PSYCHIATRIC COMORBIDITY: A CASE REPORT

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The coenzyme Q10 deficiency is a rare disease with a heterogeneous clinical and genetic presentation, which usually manifests in childhood and whose most common clinical

presentation usually consists of cerebellar ataxia. Five major clinical phenotypes were described: encephalomyopathy, cerebellar ataxia, severe infantile multisystem disease, nephropathy and myopathy isolated. The primary deficiency is due to defects in the biosynthesis of coenzyme Q10, while secondary deficiency is due to other causes. Various neuropsychiatric symptoms were described in association with coenzyme Q10 deficiency, such as mental retardation. It has also been reported secondary deficiency as a side effect of treatment with some psychoactive drugs. But is not described as such psychiatric comorbidity, at least we have consulted on bibliographic databases. Diagnosis is based on measurement of coenzyme Q10 levels in skeletal muscle biopsy. The treatment of this syndrome involves administering food supplements rich in coenzyme Q10. There is usually a clinical response to treatment, which makes diagnosis relevant. We describe a case of a 17 year old affection coenzyme Q10 deficiency whose clinical phenotype corresponds to a myopathy and growth and weight retardation, which comorbidly presents an obsessive compulsive disorder, vocal tics and multiple motor tics and attention-deficit and hyperactivity disorder that begins in childhood. A family history of suspected coenzyme Q10 deficiency and diabetes mellitus type I, which is a common finding because this syndrome is associated with deficiencies in the glucose transporter GLUT-1. The relevance of this case is that several comorbid psychiatric disorders were described for the first time on this rare disease.

PM-035

COMPARISON OF PHYSICAL HEALTH AND MENTAL STATUS IN KOREA HIGH SCHOOL STUDENTS LODGING AT A DORMITORY

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Background

In Korea, most people have believed that the graduation from famous university was very helpful to their future lives. because they long for the entrance of famous university, they want to live in famous high school dormitory to study hard. This renowned high school is divided into general and international high school. Because of strict school life and massive amount of study students do, students have huge physical and mental problems. Our study provides a comparison between physical health and mental status at a dormitory.

Methods

Between october and November 2014, 213 students (KIS; 123, SHS; 90) were enrolled. The study included the following: (1) individual school life (breakfast, snack, school class time, self studying time, exercise time, sleeping time), (2) physical health (neurologic, ophthalmic, auditory, respiratory, cardiovascular, gastrointestinal, urologic, dermatologic), (3) Zung self-rating depression and anxiety scale. Statistical analysis was performed using the chi-square test.

Results

There was no statistical difference between students from two schools of individual school life, self-rating depression and anxiety scales ($P>0.05$). Depression and anxiety scale showed mild depressed students (44.7%/40%) and mild to moderate anxiety students (17.8%/16,6%) in KIS and SHS respectively. But for physical symptoms, KIS students were significantly troubled than SHS students: tremor (16.3%/1.1%), tinnitus (36.6%/10%), loss of hearing function (10.6%/2.2%), coughing (54.5%/40%), sputum (45.5%/31.1%), hoarseness (25.4%/11.1%), chest pain (21.1%/7.8%), edema (8.1%/1.1%), epigastric pain(20.3%/8.9%), vomiting (24.4%/8.9%), skin eruption (15.4%/6.7%) ($P<0.05$).

Conclusions

Our study showed there was no mental status differences between both schools. But like psychosomatic symptoms, physical symptoms were more frequent prevalence in KIS students. This result can be construed that KIS students are more troubled in terms of physical symptoms due to geographic isolated situation, separated duration with family, strict school life in KIS. This conclusion draws the fact that more interest and detail care in school life will be necessary.

PM-036

COMPLEX AND UNUSUAL CLINICAL PRESENTATION: PANDAS AND PANS CASE SERIES

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INTRODUCTION

During the last decades, two different syndromes have been described: Pediatric autoimmune neuropsychiatric disorder associated with Streptococcus (PANDAS) and Pediatric acute-onset neuropsychiatric syndrome (PANS). They have a distinguished presentation pattern compared to a typical obsessive-compulsive disorder (episodic courses, early age of onset, psychiatric comorbidities)¹ and it is thought it is triggered via an autoimmune response.² Diagnosis of PANDAS needs a positive throat culture. Treatment includes antibiotics.¹

We aim to report a case series of patients with PANDAS/PANS treated in a university general hospital. Little data has been found regarding this topic in southern European countries.

METHODS

A retrospective evaluation was performed on the 6 individuals with PANDAS/PANS detected in the Department of Child and Adolescent Psychiatry of Hospital Clínic of Barcelona throughout 7 years (2007-2014).

RESULTS

We identified four females and two males, with a mean age of 10 years. All presented an abrupt onset of obsessive compulsive symptomatology and/or tics, associated with other neuropsychiatric symptoms and coinciding with a tonsillopharyngitis. A positive throat culture was obtained for Streptococcus Pyogenes in 3/5 subjects that we tested. In the other two, blood test showed elevated antistreptolysin O titers. Antibiotics were administered in association with psychiatric drugs. During the follow-up, four of them had relapses associated with a new throat infection. Antibiotic prophylaxis was initiated in three of them. As a result, no relapses were detected except in one subject, in the context of antibiotic prophylaxis cessation. Regarding personal history, three referred to having repeated respiratory tract infections in childhood. We detected autoimmune family antecedents in one subject and, in another, relatives with possible rheumatic fever.

CONCLUSIONS

The clinical picture of PANDAS and PANS can be disruptive. Early detection is essential. Patients show an appropriate response to antibiotics, often enabling a complete remission.¹ Some cases remain stable with antibiotic prophylaxis. It is remarkable the complexity of these cases and the importance of an individualized assessment.

In the management of PANDAS and PANS, further research is needed to identify risk groups, facilitating more effective early intervention and prophylaxis.

REFERENCES

1. [Murphy TK](#), [Patel PD](#), [McGuire JF](#), [Kennel A](#), [Mutch PJ](#), [Athill EP](#) et al. Characterization of the Pediatric Acute-Onset Neuropsychiatric Syndrome Phenotype. [J Child Adolesc Psychopharmacol](#).2014Oct14.

2.Allen AJ, Leonard HL, Swedo SE. Case Study: A New Infection-Triggered, Autoimmune Subtype of Pediatric OCD and Tourette's Syndrome J. Am. Acad. Child Ado/esc. Psychiatry,1995,34,3:307-311.

PM-037

CONDUCT DISORDERS IN ADOLESCENTS WITHOUT STRUCTURED FAMILIES. BORDERLINE SPECTRUM SYMPTOMS AND OUTCOME AT ONE YEAR FOLLOW UP.

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Abstract

Conduct disorders are highly prevalent among adolescents without structured families. The conduct disorders frequently resemble borderline personality disorders. Kaess, after carrying out a review in adolescents with borderline personality disorder noted that they can benefit from an early detection and intervention (Kaess et al., 2014).

The aim of this study is to determine the number of borderline spectrum symptoms in this type of patients and to measure the frequency of cannabis use, social adjustment and number of absenteeism days at school in a sample of 10 adolescents seen as inpatients in an adolescent psychiatric unit.

METHOD

We made 3 evaluations (baseline, at 6 and 12 months) and collected clinical and sociodemographical data's (Life Problems inventory, the ASI, and the GAF). They were all interviewed with the K-SADS- PL, both at baseline and at follow up. We analysed them with descriptive analysis.

RESULTS

All patients were guarded by social services and lived in social residencies. Age was between 12 and 16 years old and the 80% were men. They all had high levels of borderline spectrum symptoms. 40% had previous sexual abuse. 30% of patients developed a schizophrenia spectrum disorder and 20% developed a bipolar spectrum disorder. Integrated treatment with social services improved their global activity (GAF) from 50 at baseline to 70% at one year Clozapine was the antipsychotic more frequently used (30%).

Discussion

Adolescents with severe conduct disorders and borderline spectrum symptoms should be treated as high risk mental disorder patients and might require and benefit from a specialized preventive treatment.

Keywords: Borderline symptoms, adolescent, prevention treatment

PM-038

Connection between psychotic symptoms and treatment with levothyroxine: report of a case

Abstract type: Poster Presentation

Thematic area: Clinica Disorders: Schizophrenia and other psychotic disorders

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Connection between psychotic symptoms and treatment with levothyroxine: report of a case

OBJECTIVES: We want to emphasize the relationship between the use of Levothyroxine and the emergence of psychotic symptoms, a side effect that can occur with this medication.

METHODS: We report the case of a 16 years old woman in treatment with this medication who presented psychotic symptoms.

This is a woman without a psychiatric history of interest; following an only cannabis consumption she presented a major psychotic episode, with delusions, hallucinations and other sensory perception alterations, which required urgent medical attention. Later, after two weeks of stability, the patient began treatment with levothyroxine prescribed by Endocrinology to treat an Acquired Hypothyroidism that had manifested itself in the form of fatigue, asthenia, fatigue ... Shortly after starting treatment, psychotic symptoms appeared, attributing the symptoms to the onset of a latent psychosis due to intoxication with cannabis (originally not thought of levothyroxine as a possible cause)

RESULTS: We observed during the onset of symptoms, that the intensity of psychotic symptoms varied with changes in dosage of levothyroxine, and even disappeared completely on drug withdrawal.

CONCLUSION: We should not downplay the possibility that psychotic symptoms may appear with this drug, as it is universally prescribed, even in childhood. This confronts us with the fact that we must raise our attention to the possibility of a latent psychosis, as this possibility has to guide us when prescribing medication with greater caution. Many medications can cause psychosis, and if the patient is a patient vulnerable with this possibility, it is a fact we must bear in mind.

PM-039

CONTENT OF OC SYMPTOMS AND COMORBIDITIES IN OCD ALONE VERSUS TIC RELATED OCD CHILDREN AND ADOLESCENTS

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Introduction: DSM V has introduced in the diagnostic criteria for Obsessive-Compulsive Disorder (OCD) the specifier "tic related". This identifies a large group of individuals - with OCD onset in childhood - which have a Tic Disorder (TD) and tend to show different themes of OC symptoms, comorbidity and course.

Our aim was to characterize the content of OC symptoms and psychiatric comorbidities in a large group of children and adolescents showing OCD and/or TD.

Materials and Methods: We evaluated subjects presenting to the Department of Child and Adolescent Neuropsychiatry of University of Rome La Sapienza in the last 2 years requiring their first psychiatric consultation for the presence of OC and/or tic symptoms.

Clinical diagnosis was assessed by the K-SADS-PL; clinical symptoms were evaluated by the CY-BOCS and the YGTSS; cognitive profiles were assessed by the WISC-III; moreover, self-report [CDI, MASC, STAI-C, PSS-10] and proxy-report questionnaires [CBCL, CPRS-R, P-PSS-10] were administered.

For this report we have excluded subjects with a low cognitive profile (IQ < 70) or an ongoing pharmacological treatment.

Results: We examined 82 subjects (65 males, 17 females), aged between 6.6 and 17.6 years (mean: 12). Twenty-three subjects showed OCD alone, three OCD+ADHD, thirteen TD+OCD, two OCD+TD+ADHD, twenty-five TD alone and fifteen TD + ADHD. In this group, other comorbid diagnosis were uncommon and scattered, including Separation Anxiety Disorder (12), Oppositional Defiant Disorder (6), Generalized Anxiety Disorder (5), Specific Phobia (5) and Mood Disorder (5).

Patients with OCD alone in comparison with those with OCD+TS showed a broader variety of OC symptoms, even if any specific content of obsessions or compulsions couldn't be identified. Moreover, they obtain significantly higher scores at the CDI questionnaire.

In the whole sample however, patients showing only OC symptoms have significantly lower problems of attention and hyperactivity in comparison with both OCD+TD and TD alone subjects.

Finally, beyond the clinical diagnosis, in 72% of our sample tic and OC symptoms coexist.

Conclusions: With the caution due to the limited number of subjects and the possible referral bias, our data shows that in children and adolescents there is a large overlapping between tic, OC and ADHD symptoms. Patients with tic related OCD seem to have more externalizing symptoms, whereas the internalizing symptoms prevail in patients with OCD alone. There is not a clear-cut difference between the two subgroups in the content of obsessions and compulsions.

PM-040

CORRECTED QT CHANGES DURING ANTIPSYCHOTIC TREATMENT OF CHILDREN AND ADOLESCENTS: A SYSTEMATIC REVIEW AND META-ANALYSIS OF CLINICAL TRIALS

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Objective

To evaluate the effect of antipsychotics on the corrected QT (QTc) interval in youth.

Method

We searched PubMed (<http://www.ncbi.nlm.nih.gov/pubmed>) for randomized or open clinical trials of antipsychotics in youth <18 years with QTc data, meta-analyzing the results. Meta-regression analyses evaluated the effect of age, sex, dose, and study duration on QTc. Incidences of study-defined QTc prolongation (>440–470 milliseconds), QTc >500 milliseconds, and QTc change >60 milliseconds were also evaluated.

Results

A total of 55 studies were meta-analyzed, evaluating 108 treatment arms covering 9 antipsychotics and including 5,423 patients with QTc data (mean age = 12.8 ± 3.6 years, female = 32.1%). Treatments included aripiprazole: studies = 14; n = 814; haloperidol: studies = 1; n = 15; molindone: studies = 3; n = 125; olanzapine: studies = 5; n = 212; paliperidone: studies = 3; n = 177; pimozide: studies = 1; n = 25; quetiapine: studies = 5; n = 336; risperidone: studies = 23; n = 2,234; ziprasidone: studies = 10, n = 523; and placebo: studies = 19, n = 962. Within group, from baseline to endpoint, aripiprazole significantly decreased the QTc interval (-1.44 milliseconds, CI = -2.63 to -0.26, p = .017), whereas risperidone (+1.68, CI = +0.67 to +2.70, p = .001) and especially ziprasidone (+8.74, CI = +5.19 to +12.30, p < .001) significantly increased QTc. Compared to pooled placebo arms, aripiprazole decreased QTc (p = .007), whereas ziprasidone increased QTc (p < .001). Compared to placebo, none of the investigated antipsychotics caused a significant increase in the incidence of the 3 studied QTc prolongation measures, but there was significant reporting bias.

Conclusion

Based on these data, the risk of pathological QTc prolongation seems low during treatment with the 9 studied antipsychotics in otherwise healthy youth. Nevertheless, because individual risk factors interact with medication-related QTc effects, both medication and patient factors need to be considered when choosing antipsychotic treatment.

PM-41

DEFINING SOCIAL RECIPROCITY DEFICITS IN INTERNET ADDICTION: EVALUATION OF PROBLEMATIC INTERNET USER (PIU) ADOLESCENTS IN AN UNIVERSITY OUTPATIENT CLINIC

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Introduction: Internet provides an immediate access to explore information and serves an easy way for communication. However, a loss of control over Internet use might lead to a negative impact on adolescents. This phenomenon is suggested to be one type of behavioral addiction, named as Internet addiction or problematic Internet use (PIU). Many studies have shown that PIU may have negative effects on the psychosocial aspects of adolescent mental health. On the contrary, studies investigating the relation between the internet addiction and social reciprocity in adolescents are absent. Our study is planned to evaluate the social reciprocity measures of PIU adolescents in the context of the accompanying psychopathology.

Method: In this cross-sectional case-control study; parents completed a detailed form for socio demographic variables. Psychiatric diagnoses of randomly selected children from the Outpatient Child Psychiatry Clinic were established by using the Kiddie Schedule for Affective Disorders and Schizophrenia Present and Lifetime Version, Strength and Difficulties Questionnaire, Social Reciprocity Scale, Pier – Harris Self Concept Scale, Internet Addiction Scale (IAS), and Negative Life Events List were filled out by the children. Cases with IAS scores over 40 were defined as PIU.

Results: In this study, 45 PIU cases and 30 control cases between the ages of 12-17 were evaluated. The average age of PIU was 14.4 ± 0.86 and the average age of control group was 13.73 ± 1.33 . Boys were significantly more described as PIU ($p < 0.05$). Cigarette smoking and energy drink consumption ($p < 0.05$), sleep problems ($p < 0.05$), the presence of negative life events ($p < 0.001$), poor social skills and low self- perception levels ($p < 0.001$ and $p < 0.05$ respectively) were significantly present in PIU group when compared to controls. Furthermore we found that depressive disorder (37.8%), anxiety disorder (15.6%) and Attention Deficit Hyperactivity Disorder (32.2%) were more frequently seen in PIU group. Logistic regression analyses revealed out that poor social response skills, exposure to internet in younger ages, unlimited internet connection at home, energy drink consumption, and having a psychiatric diagnosis were significantly associated with PIU after controlling for demographic characteristics.

Conclusion: We examined the relationships between socio demographic variables, social reciprocity, self –perception, and accompanying psychopathology in PIU adolescents. The situational factors such as easy access to unlimited Internet connection in earlier ages at home must be taken cautiously into consideration. The neurobiological tendencies including psychiatric comorbidity, sleep disorders and overconsumption of energy drink may carry higher preponderance of Internet addiction in adolescents.

PM-042

DELAYED SLEEP PHASE DISORDER IN ADOLESCENTS: A REVIEW

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Introduction

According to studies, 50% of childhood and adolescence have sleep problems, although only 4% will have a diagnosis of sleep disorder. In adolescence, the most common disorder is the syndrome of delayed sleep phase disorder, with a prevalence of around 15%. The importance of this disorder goes beyond the clinic of insomnia; these patients may also have consequences in their daily work, behavioral disturbances and psychiatric comorbidities.

Objectives

Review of the literature on the pathogenesis, clinical features and consequences of the delayed sleep phase disorder in adolescents.

Results

There are two main causes for the start of delayed sleep phase disorder. On one hand, the circadian rhythm lengthens in adolescence compared to childhood. On the other hand, the changes in activities and social life of the adolescents. Both factors determine the delay time to sleep and, consequently, the awakening. However, there is not a decrease in sleep quality and the number of hours is only conditioned by the social needs in daily work (in fact, when a strict schedule is not mandatory, patients often do not perceive any problem). The decrease of sleep hours causes irritability, low productivity in job or academic issues and psychiatric pathologies such as mood disorders. In many cases, the diagnosis goes unnoticed –the problems are often attributed to the lack of responsibility of the person or laziness – or misdiagnosed – starting sometimes psychopharmacological treatments that perpetuate the problem –. The treatment is based in sleep hygiene education, bright light therapy and melatonin and is usually effective in most cases.

Conclusions

Concerns about sleep disorders, especially in children and adolescents, are increasing. It seems essential to evaluate this and other possible sleep disorders, not only to provide specific treatments, but also because a correct approach to these disorders will improve other psychiatric or physical problems and will prevent complications on other areas.

1 Carter K. Common Sleep Disorders in Children. *Am Fam Physician*. 2014 Mar 1;89(5):368-377.

2 Gradisar M. Delayed sleep phase disorder in youth. *Curr Opin Psychiatry*. 2013 Nov;26(6):580-5

3 Robillard R. Delayed sleep phase in young people with unipolar or bipolar affective disorders. *Journal of Affective Disorders* 145 (2013) 260–263

PM-043

DEPRESSION MEDIATES THE RELATIONSHIP BETWEEN STRESSFUL LIFE EVENTS AND NON-SUICIDAL SELF-INJURY (NSSI) IN AN ADOLESCENT OUTPATIENT SAMPLE

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Background: NSSI has been associated to depression in adolescents. Likewise experiencing stressful life events has been associated to depression in adolescents. However, the relationship between NSSI and stressful life events has rarely been examined. Our aim was to examine the influence of stressful life events on NSSI in a clinical sample of adolescents.

Methods: 11 to 17 year-old subjects were recruited from the Child and Adolescent Mental Health Outpatient Services. They completed the Self-Injurious Thoughts and Behaviors Interview (Garcia-Nieto, Blasco-Fontecilla, Paz Yepes & Baca-Garcia, 2013), the Life Events Stress Scale (Oliva, Jiménez, Parra & Sánchez-Queija, 2008), and the Children's Depression Inventory (Del Barrio, Roa, Olmedo & Colodron, 2002). Sociodemographic data, developmental features, medical and psychiatric history and treatment histories were also evaluated. A study of mediation applying a general linear model analysis was conducted in order to examine the mediation of depression on the relationship between total number of stressful life events and NSSI.

Results: 265 adolescents (64.5% male; mean age 14.21 years, Sd=1.95) took part in this investigation. 22.3% of them reported NSSI. Although the number of stressful life events was significantly associated with the presence of NSSI ($t=-3.144$, $p=0.002$) analyses supported that the relationship between stressful life events and NSSI was partially mediated by depression (Depression: $F=11.39$, $p=0.001$; Total stressful life events: $F=1.91$, $p=0.168$).

Conclusions: experiencing stressful life events may put adolescents at a greater risk of displaying NSSI behaviors. However, among adolescents evaluated at Mental Health Centers this relationship appears to be mediated by depressive symptomatology. Longitudinal studies are warranted.

Keywords: NSSI, Stressful Life Events, Depression, Adolescence, Clinical Sample

References:

Del Barrio, V., Roa, M., Olmedo, M. & Colodron, F. (2002). Primera adaptación del CDI a la población española. *Acción Psicológica*, 3, 263-272.

Garcia-Nieto, R., Blasco-Fontecilla, H., Paz Yepes, M. & Baca-Garcia, E. (2013). Translation and validation of the "Self-injurious thoughts and behaviors interview" in a Spanish population with suicidal behaviour. *Revista de Psiquiatría y Salud Mental*, 6, (3), 101-108.

Oliva, A., Jiménez, J.M., Parra, Á. & Sánchez-Queija, I. (2008). Acontecimientos vitales estresantes, resiliencia y ajuste adolescente. *Revista de Psicopatología y Psicología Clínica*, 13, (1), 53-56.

PM-044

DEVELOPMENTAL REGRESSION IN AUTISM

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Introduction :

Autism symptoms can be observed from the first months of life or after an initial period of typical development followed by a regression with loss of some developmental milestones and occurrence of core autistic picture. This last pattern is referred to as regressive autism and is still associated with some controversial debates regarding its own validity and on whether it is representing a particular subtype of autism.

The objectives of this study were to describe regression in autism and to compare the clinical pictures in children with regressive and non regressive autism

Methodology :

A descriptive cross-sectional study was conducted on 100 consecutive children diagnosed with autism from the child and adolescent psychiatry outpatient clinic in University Hospital F. Bourguiba, Monastir Tunisia, with an age ranging from 3 to 9 years. Children diagnosed with a known genetic syndrome or a documented neurosensory impairment were excluded. Investigation was conducted with the Early Development Questionnaire EDQ- (S .Ozonoff et al 2005) , the Autism Diagnostic Interview- Revised (ADI-R) and the Childhood Autism Rating Scale (CARS)

Results :

Regression was found in 42% of cases. Gender and severity of autism were not associated with regression. Mean age of regression was 20 months with extremes ranging from 5 to 33 months. Socialization and communication were the major domains of regression. Some factors occurred prior to regression, either somatic (infection, unexplained fever, vaccination), or psychological (birth of a brother/sister, separation from care-giver)...

The clinical picture of autism in regressive and non regressive groups was not very different, neither was the short-term and mid-term outcome

Conclusions :

Regression is occurring at a higher rate than usually reported but recall bias and excessive focusing on communication are limiting the conclusions regarding clinical specificities and possible associated factors.

PM-045

DIFFERENT ASPECTS OF NEURODEVELOPMENTAL DISORDERS: RECENT STUDIES FROM TURKEY

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1. Is there a relationship between eating behavior and autistic traits?
2. The relationship between metabolic disorders and attention-deficit/hyperactivity disorder (ADHD): focus on vitamins
3. Ways of integrating data from parents and teachers to estimate prevalence of ADHD in children and adolescents
4. Cognitive profiles of children with Down syndrome

PM-046

Disharmonic personality disorder in adolescents

Abstract type: Poster Presentation

Thematic area: Clinical Disorders: Other

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Workplaces: "Prof. Dr. Al. Obregia" Psychiatry Hospital

Disharmonic personality disorder in adolescents

Abstract

Background: The human personality represents simultaneously both a concept and a multidimensional structure that integrates biologically, psychologically and socially conditioned components. Thus, a disharmonic personality implies the development of abnormal, maladaptive traits which interfere with day to day life. Personality disorders with onset during adolescence are characterized by a symptomatology that becomes manifest after the ages of 10-12 years.

Objective: In this analysis we try to identify the diagnostic frequency of personality disorders in adolescents, the differences between behaviours considered to be specific to this particular age group.

Methods: Data was collected from the Child and Adolescent Psychiatry Department of „Prof. Dr. Al. Obregia” Clinical Psychiatric Hospital in Bucharest, during the months of January to November 2014. All patients in the lot were above age 14.

Results: A diagnosis of personality disorder is frequently given after age 16, a few years after the onset of the first symptoms which are usually considered as behavioural disorders. The most frequent diagnosed disorders are borderline disorder and obsessive-compulsive disorder.

Conclusions: The results underline the importance of a rapid diagnosis of personality disorders. Even if less than 5 symptoms are present, these can imply severe impairment of functionality and significant distress leading to destructive behaviours such as suicidal attempts, self mutilation, substance abuse, etc. Through thorough evaluation and early consideration of a diagnosis of personality disorder, more patients can receive treatment tailored to their symptomatology and, as such, avoid complications in later stages of development.

Keywords: borderline, personality disorder

PM-047

DOES REFLECTIVE FUNCTION MEDIATE THE RESPONSE TO TRAUMA?

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Background: What factors contribute to human reactions after an important life event is one of the most important questions regarding trauma. It is still unknown whether Reflective Function (RF) contributes to the response of impairment, resilience, or even Post-Traumatic Growth (PTG) after trauma. RF is the ability to recognise the mental states (feelings, wishes, needs, believes) that underpin own and others' behaviours. RF is related to the capacity to contact with, hold, and understand emotions, and therefore to "metabolize" suffering. Objective: The aim of the present study is to analyze to what extent RF mediates the response of impairment, psychopathology, resilience, and PTG associated to biographic trauma. Method: A sample of 185 adolescents aged 12 to 18 years old and their parents were assessed on measures of trauma, impairment, RF (Brief RF Scale 4; BRFS-4), deficit in RF (Mentalization Questionnaire; MZQ), Resilience (Connor-Davidson Resilience Scale 10, CD-RISC 10), PTG (Posttraumatic Growth Inventory; PTGI), Personality (Big Five Inventory), Emotional Intelligence (Trait Meta-Mood Scale; TMMS-24), Attachment (Relationship Style Questionnaire; RSQ), Self-Transcendence (Aspiration Index), and Psychopathology (CBCL, BDI, MASC, Personality Diagnostic Questionnaire-4, and Somatization Scale). Results: The intensity and duration of suffering, as well as the consequences and the impairment after trauma are associated to problems in RF. A deficit in RF also mediates the relation between biographic trauma and depression, anxiety, borderline personality symptoms, and somatic complaints (β MZQ ranging from .40 to .43). Interestingly, resilience after biographic trauma is more strongly associated to the caregiver's RF (β BRFS-4 ranging from .35 to .40) than to problems in the participant RF (β MZQ from -.21 to -.34). By contrast, a deficit in the caregiver RF mediates PTG after biographic trauma (β MZQ-PA from .21 to .36). Conclusion: A deficit in the participants' RF mediates impairment and psychopathology after trauma. However, a resilience after trauma is more influenced by the principal caregiver's RF than by the participant's RF. Interestingly, PTG is positively associated to a deficit in the caregivers' RF, thus suggesting that less caregivers' capacity to understand and hold the children's suffering may promote CPT. Overall, this study supports that both adolescents' and parents' capacity to "metabolize" suffering is important to deal with trauma, and highlights the importance of focusing intervention and prevention programs in the improvement of RF. (377 words)

Keywords: Reflective Function, trauma, impairment, psychopathology, resilience, post-traumatic growth, adolescence

PM-048

DOES THE AGE OF BEGINNING PRIMARY SCHOOL AFFECT ATTENTION DEFICIT HYPERACTIVITY DISORDER SYMPTOMS?

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INTRODUCTION

Attention Deficit Hyperactivity disorder (ADHD), is one of the most frequent psychiatric disorders in childhood. It has been reported that among children at school age, the prevalence of ADHD varies between %2-20 and prevalence of comorbidity is high. An understanding of the

epidemiological aspects of ADHD/HD may provide insight into its distribution and etiology as well as information for planning the allocation of funds for mental health services.

OBJECTIVES

We aimed to identify the rates of Attention Deficit Hyperactivity Disorder (ADHD) symptoms, and the interrelation of ADHD with sociodemographic variables especially age and degree of class in a sample of Turkish students

METHODS

The study population was composed of 4356 school age children from 1st and 2nd grades in all primary schools for state in Kadikoy-Istanbul. Sociodemographic data were collected from teachers by sociodemographic data form, and ADHD symptoms were evaluated by Conners' Teacher Rating Scale and SNAP ADHD form.

RESULTS

According to results 169 (% 3.7) children were found to be in the range of ADHD risk according to our questionnaires. The primary school experience, mother education level and age affect the severity of ADHD symptoms.

CONCLUSION

This study was undertaken in order to provide a current estimate of rates of ADHD and indicating risk factors among primary school children and to compare rates of disorder across studies. According to the results of our study we concluded the sociodemographic features (sex, age, education of parents) affects the symptom severity of ADHD.

PM-049

DOES THE BRIEF OBSERVATION OF SOCIAL COMMUNICATION CHANGE (BOSCC) HELP MOVING FORWARD IN MEASURING CHANGE IN EARLY AUTISM INTERVENTION STUDIES?

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The choice of outcome measures in autism research is highly varied and there is little consensus about what measures to use to evaluate change over time. This enormous variation in outcome measures has kept autism research from effective comparisons between intervention studies and compromises conclusions regarding the most effective intervention types for children with Autism Spectrum Disorders (ASD). Given the differences in developmental patterns between children with ASD, a common outcome measure or a set of measures is highly needed to detect change over time and to identify who will benefit most from which interventions.

The current study aims to investigate the usefulness of an in-development change-measure of key autistic behaviours, the Brief Observation of Social Communication Change (BOSCC; Lord et al., 2014), as a promising candidate outcome measure in early treatment studies. The sample included 67 toddlers (aged 12-42 months) diagnosed with ASD and their parents who participated in an early intervention study (RCT), focusing on enhancing joint attention and language skills (Oosterling et al., 2010). Parent-child dyads were videotaped at pre and post intervention. In the current study these clips were recoded by blind observers using the BOSCC. We are still working on analyses, but results will be related to commonly used outcome measures in autism research, namely the Autism Diagnostic Observation Schedule (ADOS) and the MacArthur Communicative Development Inventory (CDI). The clinical relevance of the BOSCC will also be investigated by relating the change scores to scores on the Clinical Global Impression – Improvement scale (CGI-I). In addition, both the inter- and intrarater reliability of the coders will be explored. The poster will present results and their relevance for research and practice will be discussed.

Key words: Autism Spectrum Disorder, outcome measures, early intervention

PM-50

DSM-5 CLASSIFICATION OF PERSONALITY DISORDERS VERSUS OPERATIONALIZED PSYCHODYNAMIC DIAGNOSIS IN CHILDREN: A CLINICAL COMPARISON

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Background: The diagnosis of mental and disorders is currently dominated by descriptive diagnostic systems. For the first time, in its fifth edition, the DSM proposes a new classification system for personality disorders (PD), which incorporates evidence-based concepts and constructs, and with potential for greater clinical (and research) utility while further facilitating the assessment and comprehension of pediatric patients. Coupled with this, in the last decade, psychoanalytically inspired assessment tools were developed in which psychic structure and mental functioning have become a diagnostic core concept. The operationalized psychodynamic diagnosis in children and adolescents-2 (OPD-KJ-2) is one such attempt at the operationalization of psychodynamic concepts, delivering clinical practice-oriented insights while showing good psychometric properties.

It is our aim to describe such assessment strategies and provide a discussion of their clinical and scientific value.

Methods: With the aid of a clinical case vignette we took the recommended standard approach to the assessment of personality pathology according to the new DSM-5 proposal and using the Personality Inventory for DSM-5 (PID-5)—Child version and examined the “structure” axis following the OPD-KJ-2 manual. A clinical comparison between both approaches is herewith drawn. A computerized selective review of the most recent evidence was conducted.

Results: The use of multidimensional and research-guided approaches provides interesting and clinically relevant information, while shedding some light on features like identity integration and maladaptive personality traits and capturing better the nuances of development. As expected, the level of psychic structure integration in the OPD-KJ-2 shares many common factors with the level of personality functioning scale of the DSM-5 proposed model, in particular in self-concept and interpersonal profiles.

Conclusion: Although there is a lively controversy regarding the concept of PD in children, this kind of approaches broadens our understanding of patient psychopathology and opens up new realms for planning and guiding psychotherapeutic interventions without the pressure of a categorical diagnosis. Whilst the proposed changes in the new model of PD disrupt progress in the field of both PD research and clinical practice, it reflects the best evidence to date in personality pathology. It is our opinion that future studies should encompass an integrative and multidimensional view in order to advance the field of psychoanalytically informed neuroscience in child psychiatry.

Keywords: DSM-5; Personality disorder; Operationalized Psychodynamic diagnosis; Child psychiatry

[Affiliations were removed(word limit exceeded)]

PM-051

EFFICACY OF GROUP EDUCATIONAL TRAINING ON KNOWLEDGE, STRESS, ANXIETY AND DEPRESSION IN PARENTS OF CHILDREN WITH AUTISTIC DISORDER

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Introduction: There is a paucity of data regarding the efficacy of group education for parents of children with autistic spectrum disorder. The aim of this study was to investigate the effectiveness of a parental group educational program to increase the parents’ knowledge about

the autism, its correlates and therapeutic interventions, and to decrease their depression, anxiety and stress.

Materials and Methods: Among referrals to the child psychiatry clinic at Roozbeh hospital in Tehran the capital of Iran, twelve parents with a child with autistic disorder participated in a group education program consisting of five two-hour weekly sessions. Each session consisted of a specific agenda including: autism and its clinical characteristics, the ways to improve communication with children, the impact of playing on children's language improvement, and the appropriate strategies to manage their behavior. The materials were practiced using brainstorming, role-playing, sides and handouts. The speech-language-hearing history profile of each child was completed. Before initiating and after completing the program, the participants were evaluated via following assessment tools: the depression-anxiety-stress scale, participant satisfaction scale, and a tailored questionnaire for assessing parents' knowledge level.

Results: Study data showed a significant increase in parents' knowledge level ($P < 0.001$). The participants were satisfied with the quality of the program. There was no improvement in any measures of the depression, anxiety, and stress.

Conclusion: Group educational training could be effective in increasing the parents' knowledge on autism spectrum disorder and its characteristics. The findings suggest specific related interventions to improve parents' emotional problems.

Keywords: Autism, Group education, Parent training

PM-052

EMOTION RECOGNITION AND PERSPECTIVE TAKING IN INCARCERATED MALE ADOLESCENT OFFENDERS

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Objectives: Emotion recognition and perspective taking are key factors in social interactions as they provide a basis for understanding, anticipating and inferring the mental states behind the actions of other people. Impairments in these abilities are associated with aggressive and antisocial behavior.

The aim of the present study is to investigate emotion recognition and perspective taking abilities in a sample of incarcerated male adolescents. In contrast with previous studies, we measured the recognition both positive and negative emotions concurrently to a visual perspective-taking task. We hypothesized that adolescent offenders, in comparison with the control group, would show reduced emotion recognition and perspective taking abilities.

Methods: Thirty-eight male adolescents participated in the study, 18 incarcerated adolescents from a youth educational detention center (M age= 16.44, SD=1.04) and 20 control community adolescents (M age= 16.20, SD=1.34). Emotion recognition abilities were measured using the Geneva Emotional Recognition Test, a dynamic and multimodal task that requires the participants to watch short videos, in which trained actors express 14 emotions. Perspective taking was examined using a computerized task, the "director task", where participants had to follow the directions of another person, the director, whilst taking into consideration his perspective.

Results: For the emotion recognition task, the MANOVA showed an effect of group on the ability of emotion recognition, $F(14, 23) = 2.14, p = .05$. Separate univariate ANOVAs revealed significant group effect on the recognition of specific emotions: anxiety ($F(1, 36) = 7.08, p < .05$), interest ($F(1, 36) = 8.77, p < .05$), and pride ($F(1, 36), p = .05$). Moreover, Mann Whitney U test showed that the adolescent offenders group had significantly lower performances in perspective taking ($U = 247, p = .05$).

Discussion: In this study, adolescent offenders showed significantly reduced abilities of emotion recognition, specifically for the expression of interest, anxiety and pride and reduced abilities of perspective taking. The inability to recognize anxiety confirms the results of previous studies,

which showed deficits of young offenders in recognizing negative emotions, especially the emotions related to fear. The impairments in recognizing interest and pride, which are emotions implicated in knowledge acquisition and consolidation through social interactions, might be due to a lack of adequate social contacts during the development. Future studies are necessary in order to understand the developmental trajectories of these impairments, as well as their role in the development of aggressive and antisocial disorders.

PM-053

EMOTIONAL DYSREGULATION IN ADOLESCENTS, A COMMON POTENTIAL DENOMINATOR BETWEEN EATING DISORDERS AND BIPOLAR SPECTRUM

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Introduction:

Emotional dysregulation is a characteristic present in many child & adolescent mental pathologies. It can be found in Eating disorders (ED), and in the bipolar spectrum too. Highlighting similarities between a softer bipolar spectrum in its sub-threshold forms and eating disorders syndromes and sub-syndromes in adolescents.

Objective:

Evaluate the emotional dysregulation (measured by the HCL-32), and eating habits (measured through the BEDS), in a population with ED.

Materials & Methods:

This is a transversal, observational study in a group of 40 patients between 12 and 19 years of age, all of whom were diagnosed with ED before they turned 18 and receive inpatient treatment. The group was divided into two subgroups: Group-I: Anorexia Nervosa-AN (n=17), and Group-II: Bulimia Nervosa-BN (n=23). They were evaluated with two scales: Hypomanic Checklist (HCL-32) and Barcelona-Bipolar-Eating-Disorder-Scale (BEDS); with different clinical and sociodemographic characteristics.

Results: Group I-AN showed higher scores in HCL-32, which was not correlated with the BEDS total score. Group-II presented high scores in HCL-32, showing a positive correlation with the BEDS total score ($r=0,518$; $p=0,011$), mainly in the subscale symptoms of hypomania associated with a lack of inhibition, self-control and attentional capacity. ($r=0,461$; $p=0,027$).

Conclusions:

Emotional dysregulation is a factor to be considered in the diagnosis and clinical management of patients with ED, and may imply in other comorbid conditions. Furthermore, Bulimia Nervosa, especially in cases with emotional dysregulation could be related to hypomania or a bipolar spectrum.

BEDS Scale may be related to emotional dysregulation in patients diagnosed with Bulimia Nervosa and high score in the scale of hypomania HCL-32, not so for the Anorexia Nervosa.

PM-054

EMOTIONAL FACE PERCEPTION: EVENT-RELATED POTENTIALS (ERPs) CONTRIBUTION TO DIFFERENTIATE SCHIZOPHRENIA AND AUTISM SPECTRUM DISORDERS IN ADOLESCENTS

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Early onset schizophrenia (EOS) and autism spectrum disorders (ASD) are now recognized as distinct disorders, with distinct features. However similarities between these disorders remain, in particular in the area of social cognition and emotion processing. It remains unclear whether these similarities come from shared or disorder-specific mechanisms and pathways. This multicenter study carried out in the three main Child and Adolescent psychiatry departments of the district compared three groups of adolescents matched for age and verbal IQ. Eighteen adolescents with EOS (mean age = 15±1.6), 19 adolescents with ASD (mean age = 15±2.1) and 20 typically developing (TD) adolescents (mean age = 14±1.7) were included. All groups completed an implicit emotional face perception task: subjects were instructed to observe the images of emotional faces (neutral, happiness, sadness, fear) on a computer screen while visual ERPs (focusing on the P100 and N170 electrophysiological components) were recorded. Results revealed that both EOS and ASD adolescents showed impairments in emotion processing, but distinct patterns emerged in each disorder. The EOS group showed altered early visual processing of emotional faces (reduced P100 peak amplitude), which was related to clinical symptoms of schizophrenia. In the ASD group, differences occurred predominantly within the 'face sensitive' N170 component, suggesting atypical configural face processing and altered social brain functioning. Findings in adolescents with EOS suggest the involvement of developmental processes with impairments in emotional processing in the early stages of the disorder. The discrimination of specific impairments supports the need for distinct early intervention approaches to EOS and ASD.

Keywords:

Emotion; Event-related Potential; Early Onset Schizophrenia; Autism.

PM-054

EVENT-RELATED POTENTIALS IN DRUG NAÏVE PEDIATRIC PATIENTS WITH OBSESSIVE COMPULSIVE DISORDER

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Keywords:

Obsessive compulsive disorder, Event-related potentials, Mismatch negativity, P300

Obsessive compulsive disorder (OCD) is one of the most common mental health disorder characterized by obsessions and/or compulsive behaviors, which may involve a specific disorder in cognition and/or information processing. OCD is a serious psychological disorder with occurs in approximately 2% of child and adolescents. Event-related potentials (ERP), which are easily measured and non-invasive, are commonly used as physiological measures of cognitive function to explore the underlying neurophysiological mechanisms and characteristics of the cognitive dysfunctions of several psychiatric disorders. In present study, thirteen drug naive pediatric patients with OCD were compared with 10 healthy control participants who were age- and sex-matched to perform the ERP. Based on the guidelines for evoked potential measurement, mismatch negativity (MMN) and P300 were obtained by auditory odd-ball tasks. We found that P300 amplitude components in Fz, Cz, Pz, C3 and C4 were significantly smaller in the OCD group compared with the control group. There were no differences in P300 latency, MMN amplitude and MMN latency. Moreover, we found that correlations between P300 amplitude components in Cz, Pz and C3 and Children's Yale-Brown Obsessive-Compulsive Scale (CY-BOCS) scores. The present study is the first to show smaller P300 and an association between P300 abnormalities and CY-BOCS scores in drug naïve pediatric patients with OCD. Thus, our research indicates that drug naïve pediatric OCD patients might have cortical hypoactivity.

Moreover, the lower cortical activity is, the more severe OCD symptom is. Therefore, P300 amplitude components are sensitive tools for measuring the biological assessment of OCD severity.

PM-056

EXECUTIVE FUNCTION IN AUTISM SPECTRUM DISORDER WITHOUT INTELLECTUAL DISABILITY: CASE CONTROL STUDY

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There are contradictory studies of children and adolescents with Autism Spectrum Disorder without intellectual disability (ASD) on the performance in executive function tasks. Our hypothesis was that children and adolescent with ASD would obtain an impaired cognitive profile, show lower significant scores in attention, working-memory, mental-flexibility, inhibitory-control and problem-solving tasks than a healthy controls (HC). Methods: In a sample of ASD without intellectual disability and HC we applied a neuropsychological battery composed by the following test: Wisconsin Card Sorting Test (WCST), Stroop Color Word Test (STROOP), Continuous Performance Test-II (CPT-II), Trail Making Test (TMT), Digit and Letter-Number sequencing using WAIS-III. Five domains of cognitive functioning were constructed (attention, working-memory, mental-flexibility, inhibitory-control and problem-solving) by selected individual measures from aforesaid tests. We used z-score transformations of raw scores of each subtest considered and then comprised as follows: attention (WAIS-III Digits Forward, Number of Correct Responses CPT and Mean Hit Reaction Time CPT); working-memory (Digits Backward and Number-Letter Sequencing by WAIS-III); mental-flexibility (Number of Perseverative Errors, Number of Errors, Number of Perseverative Responses by WCST and Derived Score from TMT-B); inhibitory-control (commissions CPT and Stroop Interference Score); problem-solving (number of Categories Completed, Conceptual Level Responses and Conceptual Level Responses by WCST). Not all variables were normally distributed, T-Student test and Man Whitney U test, for normal and no normal distribution of variables respectively, were used for the analyses. Effects sizes were calculated. All statistical tests were one-tailed, and a p value of <0.05 was considered statistically significant. Results: 28 ASD patients met the inclusion criteria (24 Asperger syndrome and 4 high functioning autism according DSM-IV); mean age: 13.14±2.43 and 92.9 % (n=26) was male. 40 HC were included (mean age: 12.55 ±2.68 years old; 95% (n=38) was male). Comparing z-score of both groups in the five cognitive domains assessed, revealed significant differences, with better performance in favour of HC: Attention: ASD (mean=-0.77±0.92) versus HC (mean=-0.003±0.68); T66=3.93; p<0.0001 (r2:0.19). Working-memory: ASD (mean=-0.60±0.60) versus HC (mean=0.002±0.87)); T66=3.15; p=0.002 (r2:0.13). Mental-flexibility: ASD (mean=-0.6±1.05) versus HC (mean=0.001±0.86)); T66=2.81; p=0.004 (r2: 0.11). Inhibitory-Control: ASD (mean=-0.39±0.72) versus HC (mean=-0.0002±0.59)); T66=2.44; p=0.009 (r2:0.08). Problem-solving: ASD (mean=-0.59±1.06) versus HC (mean=-0.0003±0.83); U=366.50; p=0.008 (Z/√n: 0.29). Conclusion: Children and adolescents with ASD without intellectual disability show longer response latency, difficulties to retain, transform and manipulate mentally information, rigidity and attention problems problems in the inhibition of automatic responses and performance in solving problems.

PM-057

EXPERIENCE WITH LDX IN SPAIN

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INTRODUCTION : Since April 2014 a new drug is available in Spain, as part of a Program of Integral Treatment for children with ADDH from 6 years on, previously treated with MFD without satisfactory response. LDX is a prodrug, which is absorbed in the digestive tract,

remaining inactive until it reaches the bloodstream, where it is hydrolyzed inside the erythrocyte. It is administered orally and the duration of effect is approximately 13 hours. Side effects are similar to other stimulants, the most frequently found are decreased appetite, insomnia, headaches and abdominal pain.

OBJECTIVE/TARGET: To evaluate LDX treatment results in children and adolescents with ADHD and insufficient clinical response to other therapeutic options.

MATERIALS AND METHODS: Systematic Review of medical records from 09/01/14 -30/11/14 of patient in 7-17 age range, both male and female, diagnosed with ADHD, treated in the Department of Psychiatry, Sant Joan de Deu Hospital, Barcelona.

RESULTS: We found 20 patients treated with LDX (7-16 years old, 3 women and 17 men) after trying other pharmacological options which had failed mainly due to lack of response, symptoms of depersonalization and insufficient duration of therapeutic effect; positive response was found in 19 of 20 case.

CONCLUSIONS: LDX can be used in cases of inadequate clinical response or adverse effects after trying other therapeutic options in patients with ADHD from 6 years on, finding positive response to treatment and few adverse effects.

BIBLIOGRAPHY: Monografía de la Lisdexanfetamina dimesilato. C. Soutullo et al. Editorial Comunicación y ediciones Sanit. 2014

PM-058

FACEBOOKING SUICIDE: EVALUATION OF PRO-SUICIDE WEBSITES IN MOST USED SPANISH SOCIAL NETWORKS BY ADOLESCENTS

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Introduction and Objectives:

96% of Spanish youth (15-29 years old) use daily Internet. In addition, 83% use Social Networks (62% of activity on Social Networks in Spain is on Facebook), making Internet the second most popular media after phone. Internet could be a good way to spread information through websites, providing material and means to achieve the self-harm purpose. Our objective is to measure the number of sources dedicated to suicide in this media.

Methods:

We use "cómo suicidarse" (which means: "how can I kill myself") and "suicidio" (which means: suicide) as search terms in Google search engine and the most used Social Networks in Spain (Facebook, YouTube, Twitter, Tuenti, Instagram, Myspace and Blogspot).

Results:

Google: 41.700 results. In the first screen all the websites are about easy or painless ways to commit suicide.

Facebook: 117 results. 35 sites showing advocacy of suicide and 6 events of people announcing the day that they were thinking on committing suicide.

YouTube: about 759.000 results. On the three first screens, we can only see videos of people saying goodbye before killing themselves and others showing easy ways of committing suicide.

Twitter: 2.760 results. Most of them kidding and playing down about suicide.

Tuenti: 101 results. 4 sites of bullying, where adolescents cheer up other adolescents to kill themselves and 21 sites about autolytic thinking and self-harming as a way of life. The rest of websites is making jokes around the idea.

Instagram: 33.288 results.

Myspace: 19.400 results.

Blogspot: 4.150 results.

Conclusion:

It is very easy to find information about methods of committing suicide on Internet (specially in Social Networks), also uncommon ones as using gases, chemical products, drugs and other more selective ones are described. Considering that Internet increasingly takes more importance in our lives, its influence in suicide methods must be considered and also the impact in the prevalence of deaths due to this cause, especially among young users because they spend a lot of time surfing on Internet. Content generated on Internet should be taken into account while planning suicide prevention programmes.

PM-059

FACTORES DE RIESGO Y PROTECCION PARA IDEACION SUICIDA EN ADOLESCENTES UNIVERSITARIOS EN COLOMBIA

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El suicidio es una de las tres primeras causas de mortalidad entre adolescentes y adultos jóvenes en el mundo (OMS, 2014). En Colombia, el departamento de Nariño tiene una de las tasas de suicidio más altas del país (Medicina Legal, 2013). Estudios epidemiológicos han mostrado que la ideación suicida, la cual es un antecedente del suicidio, es más prevalente en las mujeres que en los hombres (OMS, 2014). Investigaciones también han identificado los síntomas depresivos (Amézquita, et al., 2008) y la baja autoestima (Rossello, 2004) como variables significativamente asociadas con la ideación suicida. Sin embargo, estudios en Colombia no han examinado la religiosidad, el familismo y el apoyo social como factores de protección en contra de la ideación suicida. En este estudio se probó la hipótesis que cada uno de estos tres factores protegerían en contra de la ideación suicida entre adolescentes universitarios en Nariño, Colombia.

Análisis fueron conducidos en una muestra de 169 participantes (64.5% mujeres; 16-19 años de edad; $M = 17.97$ años; $DE = 0.935$). El 31.4% de los participantes reportaron pensamientos suicidas durante el último año. Aunque las mujeres ($M = 1.5$, $DE = 0.996$) reportaron más pensamientos suicidas que los hombres ($M = 1.32$, $DE = 0.685$) la diferencia no fue estadísticamente significativa ($F = 6.98$, $p = 0.064$). Se construyó un modelo de regresión múltiple en dos pasos para determinar la contribución de la religiosidad, el familismo y el apoyo social a los pensamientos suicidas por encima de la contribución del género, los síntomas depresivos y la autoestima. Los resultados mostraron que los síntomas depresivos ($\beta = 0.241$, $p = .02$) y la baja autoestima ($\beta = -0.285$, $p = .000$) estuvieron significativamente asociados con los pensamientos suicidas incluso después de entrar las variables de religiosidad, familismo y apoyo social. De éstas últimas tres variables sólo el apoyo social ($\beta = -0.183$, $p = 0.027$) fue significativamente asociado con los pensamientos suicidas, lo que apoyó la hipótesis del estudio parcialmente.

Los síntomas depresivos y la baja autoestima fueron factores de riesgo mientras que la alta autoestima y el apoyo social fueron factores de protección en contra de la ideación suicida. Programas de bienestar universitario deberían implementar estrategias para identificar estudiantes con síntomas depresivos y baja autoestima y desarrollar intervenciones que les ayuden a los estudiantes a mantener una autoestima positiva e incrementar sus redes de apoyo social como estrategia para reducir la ideación suicida.

Palabras Claves: ideación suicida, adolescentes, religiosidad, familismo, apoyo social

PM-060

FACTORS INFLUENCING QUALITY INDICATORS OF OUTPATIENTS FROM CHILD AND ADOLESCENT MENTAL HEALTH SERVICES (CAMHS)

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Background: The knowledge about the factors influencing the quality indicators of child and adolescent psychiatric treatment is still underdeveloped. In this context, parent and youth perception of psychiatric care can be considered as important and non-redundant information allowing the assessment of the quality of child and adolescent mental health services (CAMHS). Therefore, the role of various factors in predicting quality indicators (i.e. therapeutic alliance, satisfaction and perceived treatment efficacy) was examined.

Method: 1433 participants (parents, N=770, and youth older than 10, N=663) attending or having attended (drop out) as outpatients of CAMHS of the canton de Vaud participated in this study. Outcome measures are satisfaction (CSQ-8), therapeutic alliance (HAQ) and perceived treatment efficacy. Factors predicting these quality indicators are socio-demographic variables (patient age, patient gender, parents' socioeconomic status (SES)), general factors (drop out, number of people addressing the patient, number of reasons for addressing the patient), first appointment (waiting time for first appointment, agreement for first appointment, reassurance during first appointment), therapeutical setting (frequency of consultation, changing therapists, time to formulate questions), general setting of CAMHS (phone access, kindness of the secretary, agreeableness of waiting room).

Results: Beyond drop out which greatly influences the quality indicators, some factors systematically explained the different indicators from youth and parents' perspectives. Indeed, variables like first appointment, phone access and having enough time to formulate questions were significantly and systematically related to each quality indicator (satisfaction, therapeutic alliance and perceived treatment efficacy) from youth and parents' perspectives. In contrast, youth age, parents' SES, number of people addressing the patient, number of reasons for addressing the patient, changing therapists or kindness of the secretary were never associated to quality indicators.

Conclusion: This study determined some key predictors which are of great importance to influence quality indicators from youth and parents' perspectives, such as first appointment and allowing enough time for questions. These results give interesting clinical advice concerning the investment which should be done regarding the preparation of the first appointment. In contrast, changing therapists due to institutional reasons, general factors (number of persons or reasons to consult) as well as socio-demographic ones (age, parents' SES) did not have an influence on the indicators. Thus, this study revealed some important factors which should be carefully taken into account when aiming at enhancing the quality of CAMHS.

PM-061

FAMILY HISTORY OF PSYCHIATRIC DISORDER AND AUTISM SPECTRUM DISORDERS: A STUDY ABOUT 790 CASES

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Background: autism spectrum disorder or ASD is a neuro developmental disorder with a strong genetic component. Several studies have found an increased incidence of psychiatric disorders in families of children with ASD. These psychiatric disorders can they be part of the broader phenotype of autism?

Objective: To describe the prevalence and nature of psychiatric disorders found in families of children diagnosed with ASD.

Methodology: This is a descriptive retrospective study on all children followed with ASD in child psychiatry consultation Monastir and Mahdia, Tunisia from 2008 to October 2014. The sample size is 790 cases of ASD, the average age is 3 years 5 months (from 1 year 8 months to 18 years) and sex ratio was 8.1 (male). We conducted a record revision to search for family history of psychiatric disorders. The ASD and psychiatric disorders are diagnosed according to the DSM-IV-TR criteria.

Results: a total of 58% of cases had family history of psychiatric disorders. We found 28% of cases of simple language delay, an ASD in 8% of cases, attention deficit disorder / hyperactivity disorder (AD / HD) in 1% of cases, intellectual deficit in 10% of cases and five cases of stuttering. Schizophrenia is reported in 6% of cases and schizoid personality in 2% of cases. A depressive disorder is noted in 7% of cases, bipolar disorder in 2% and three cases of suicide.

Anxiety disorders (OCD, GAD, social phobia) had a prevalence of 1%. There are also three cases of alcoholism, three cases of personality disorder unspecified and a case of abuse. 3% are followed in psychiatric institutions for unspecified reasons.

Conclusion: families of children with ASD are clearly more at risk to develop psychiatric disorders. This statement is consolidated every day more with genetic research. But did those finding support the theory of autism broad phenotype?

Key Word: autism, psychiatric family history, broader phenotype

PM-062

FEATURES OF ASYMMETRY OF VISUAL ATTENTION IN CHILDREN WITH SCHIZOPHRENIA SPECTRUM DISORDERS.

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Introduction

Specific cognitive deficits are the feature of schizophrenia spectrum disorders. Along with the peculiarities of thinking, memory and perception in children with schizophrenia spectrum disorders observed features of the organization of processes of voluntary attention. We investigated the characteristics of lateralization of visual attention in children with schizophrenia spectrum disorders in comparison with normal developing children

Materials & Methods

Group 1 (schizophrenia spectrum disorders): 28 persons, 10 girls, mean age 10.3, diagnoses: F21, F20.8 – children with schizophrenia spectrum disorders. All children were tested at hospital and got psychopharmacologic treatment.

Group 2 (normal development): 64 persons, 25 girls, mean age 9.

Methods: test to assess of asymmetry visual attention by NN Nikolaenko. The test determines the vector hemispheric preference visual attention, stability, mobility, switching speed of an arbitrary visual attention.

Stimulus material is a sheet of paper with randomly distributed stimuli («A» letter of the alphabet), which are situated among distractors (other characters). The child is asked, quickly scanning the sheet, striking out one of the letters. The amount of symbols is the same in the left and right sides of the sheet. The working time is 1 minute.

Results

Children with schizophrenia spectrum disorders characterized by: 1) a decrease in tempo characteristics and productive of activity compared to the control group; 2) The vector of hemisphere asymmetry of visual attention is moved to the right, that is expressed, firstly, in larger number of stimuli found by the left hand (, secondly, the difference between the number of marked stimuli to the left and right was found.

Conclusion and perspective of study

These data, along with data obtained in the study of lateral preference for hand, foot, eye and ear (according to Annette' questionnaire) indicate specific features lateralization of functions in children with schizophrenia spectrum disorders.

The results of this step of our study are preliminary and require verification and in-depth researches on a broader sample of children c schizophrenia spectrum disorders.

PM-063

FIRST EPISODE PSYCHOSIS AND CONTINUOUS CANNABIS USE: A CASE REPORT

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Introduction: Recent studies show increased cannabis use in adolescents, more than tobacco. Cannabis use is associated with another substance abuse and early onset of psychotic

symptoms, but it is unclear if it is a causal relationship or self-medication in first episode psychosis (FEP). Continuous cannabis use after FEP is associated with worse outcome¹.
Objectives: Presenting a case and reviewing the literature to summarize the available information to date on pathogenesis, course and treatment of psychotic symptoms in adolescents patients with cannabis use and relationship with psychotic disorder.

Methodology: Description a case of a 17 year old patient with a history of three years of cannabis use. He experienced an episode of behavior disorders with psychotic symptoms and conceptual disorganization. Was treated with atypical neuroleptics and did not need hospitalization. 472 articles were reviewed in PubMed using the terms 'youth psychosis', 'psychotic symptoms', 'schizophrenia' AND 'cannabis'.

Results: We promoted the cessation of cannabis, pharmacology and psychological treatment. After ten months, total scores of the Positive and Negative Syndrome Scale and the Global Assessment of Functioning were better. The episode may justify the diagnosis according to DSM IV Drug-induced psychotic disorder with delusions [292.11].

Conclusions: Cannabis after FEP could increase the risk of psychotic disorder, with greater association when we consider the interaction of genetic factors. Reducing cannabis use can delay or prevent some cases of psychosis ². More longitudinal studies to evaluate patient outcomes are needed.

Keywords: cannabis use; young psychosis.

References:

1. Clausen L1, Hjorthøj CR, Thorup A, Jeppesen P, Petersen L, Bertelsen M, Nordentoft M. Change in cannabis use, clinical symptoms and social functioning among patients with first-episode psychosis: a 5-year follow-up study of patients in the OPUS trial. *Psychol Med* 2014 Jan; 44 (1): 117-26.
2. Tosato S1, Lasalvia A, Bonetto C, Mazzoncini R, Cristofalo D, De Santi K, Bertani M, Bissoli S, Lazzarotto L, Marrella G, Lamonaca D, Riolo R, Gardellin F, Urbani A, Tansella M, Ruggeri M; PICOS-VENETO Group. The impact of cannabis use on age of onset and clinical characteristics in first-episode psychotic patients. Data from the Psychosis Incident Cohort Outcome Study (PICOS). *J Psychiatr Res.* 2013 Apr; 47 (4): 438-44.

PM-064

FUNCTIONAL ANALYSIS OF AGGRESSIVE BEHAVIORS IN AUTISM SPECTRUM DISORDERS

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Introduction: Functional analysis allows to identify correlations between environmental factors and the development or maintaining of behavioral problems.

Objectives: to perform a functional analysis of aggressive behaviors in children with autism in order to look for correlations between environmental factors and the evolution of these behaviors.

Methods: 50 children with autistic disorder (AD) were included. Diagnosis was confirmed using the ADI-R, and severity of the disorder was assessed using the CARS. Aggressive behaviors were assessed using the Behavior Problems Inventory. Parents were asked in a semi-structured questionnaire about the conditions chronologically associated before and after the occurrence of the aggressive behaviors. We looked for: life events preceding the onset of aggressive behaviors, triggering factors preceding the occurrence of these behaviors, emotional and behavioral reactions of the parents to these behaviors.

Results: The sex-ratio of our sample was 4,55. The prevalence of aggressive behaviors was 60%. Aggressive behaviors were stationary over time among 44% of the children, increasing among 14% of them and decreasing among 26%. Aggressive behaviors had disappeared among 16% of the children at the time of the evaluation. One or more factors have been identified by parents as triggering aggressive behaviors in 80% of cases: frustration was most frequently reported by (75%) followed in a decreasing order by jealousy, change in habits, play, when stopping a stereotypy, lack of sleep, hunger and reaction to an aggressive behavior. Parents' reactions were characterized by: forbidding or stopping the behaviors in 75% of cases, giving away in 16% of cases and ignoring it in 8%. There was no statistical link between differences in parental perceptions of these behaviors and their evolution. Forbidding the behaviors was more associated ($p=0,04$) to a positive a decrease of the behaviors in opposition to other parental reactions.

Conclusion: Our results confirm the eco-behavioral model in which parental attitudes may play a role as a positive or negative reinforcer of aggressive behavior.

PM-065

GENDER DIFFERENCES IN CLINICAL FEATURES AND GLOBAL FUNCTIONING IN SUBJECTS AT RISK OF DEVELOPING PSYCHOSIS

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Introduction: Gender differences in the clinical expression of schizophrenia are widely documented. Most of studies reported that males have an earlier age of onset than females. Findings on clinical features are less conclusive. Some authors identified worse severe negative symptoms in men and higher prevalence of affective symptoms in women. Better premorbid and social functioning was associated to women. Little is known about subjects at high risk for psychosis, also called Psychosis Risk Syndrome Subjects (PRSS). The aim of this study is to investigate gender differences at baseline regarding to age of onset, clinical features, social and role functioning in a sample of adolescent PRSS.

Method: Participants were recruited from a prospective, naturalistic and multicentric study conducted in help-seeking child and adolescent population (age 10-17). Inclusion criteria: 1) Attenuated positive or negative symptoms in the previous 12 months 2) Brief limited intermittent psychotic symptoms 3) First or second degree relative with schizophrenia or schizotypal disorder plus impairment of functioning. Exclusion criteria: $IQ < 70$ and a diagnosis of neurodevelopmental disorder. Psychopathology was assessed by The Semistructured Interview for Prodromal Syndromes (SIPS), the Hamilton Rating Scale for Depression (HRSD), and the Young Mania Rating Scale (YMRS). Functioning was evaluated by the Global Assessment of Functioning (GAF), by the Global Functioning Role Scale (GFRS) and the Global Functioning Social Scale (GFSS).

Results: 72 PRSS were included. Females (44 (61%); age $14,9 \pm 1,70$) overnumbered and were younger than males (28(39%); age $15,46 \pm 1,53$), but differences were not statistically significant ($p=0,129$). There were not sex differences on demographic factors at baseline. Male subjects showed significant differences in negative symptoms (SIPS-N: $p=0,017$). There was no effect of gender on affective symptoms (HRSD $p=0,529$ and YMRS $p=0,142$). Males had lower social functioning compared to females, as GFSS scores were significantly worse in males ($p=0,043$).

Conclusions: These results are consistent with the studies that found gender differences in schizophrenia spectrum disorders. However, only a minority of PRSS develops a psychosis, and we also recruited a youth sample. Therefore, sex differences might be less evident in our sample than in people diagnosed of schizophrenia. For this reason, most studies found no relevant sex differences in people at ultra-high risk of psychosis. Nevertheless, some studies reported worse baseline social and role functioning and high severity of negative symptoms in male in longitudinal analyses. Our results might be on this second hypothesis.

PM-066

IMPACT OF LONG-TERM MELATONIN TREATMENT FOR SLEEP DISTURBANCES IN A CHILD PSYCHIATRIC POPULATION

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Study objective: Numerous studies have shown a beneficial impact of melatonin treatment on sleep disturbances in children, in particular in children with neurodevelopmental disorders such as the autism spectrum disorders (ASD). However, few studies only have assessed long-term clinical efficacy of melatonin treatment in these children. In this open longitudinal study, we have assessed the impact of chronic melatonin treatment on sleep disturbances in a child psychiatric population, depending on the type of sleep disturbance (International Classification of Sleep Disorders – 3rd edition) and the underlying child psychiatric disorder.

Methods: Were enrolled in this open trial: all children with a child psychiatric disorder consecutively referred to a specialized sleep consultation for children and adolescents, in for whom melatonin i) was clinically indicated, ii) was prescribed for the first time, and iii) who had at least two controls visits over a period of at least two months. 57 children were included in the study (16 girls; mean age 8.5 years \pm 5.7), treated with melatonin dosages between 0.5 mg and 3.5 mg.

Results: Children in this child psychiatric population were followed by a specialized somnologist over a period ranging from 3 to 54 months. Twenty-one children had a diagnosis of ASD, 14 of a polyhandicap, 12 of an anxiety or mood disorder, 9 of ADHD and 1 of a learning disorder. Melatonin has been prescribed in different indications: in 43 children for a circadian rhythm disturbance, in 12 for a sleep onset insomnia, in 4 in the context of a restless legs syndrome, and in 4 children for parasomnias. Melatonin demonstrated good clinical efficacy in 95% of the children, with the largest impact of melatonin treatment being observed on sleep onset disturbances, followed by nocturnal awakenings and daytime symptoms (vigilance, attention). Only 3/57 children did not respond to melatonin treatment initially, 2/57 lost initial benefits over the follow-up period whereas a decrease in efficacy was observed in 7/57 children. There was no statistical difference observed in treatment efficacy of melatonin depending on the underlying child psychiatric condition.

Conclusions: The results of this study underscore that melatonin is a well tolerated and efficient pharmacological tool for specific sleep disorders in children with child psychiatric disorders. Its effects on sleep are independent of the underlying child psychiatric condition, i.e. in this study melatonin was as efficient in ASD than in other child psychiatric conditions.

PM-066

IMPACT OF PEER'S SUICIDE ON MENTAL HEALTH OF ADOLESCENTS

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Objectives : This study investigated impact of peer's suicide on mental health of middle-school students. The aim of this study was to describe the acute and long-term impact of post-traumatic stress and grief reaction of adolescents on their mental health and suicidal ideation after being exposed to peer's suicide.

Methods : 37 middle school students who exposed the suicidal death of a friend completed self-report measures to assess levels of depression, grief reaction, post-traumatic stress, suicide ideation at 1 month and 8 month after the peer's suicide.

Results: There are no significant change in mental health scores between 1 month and 8 month. Level of posttraumatic stress after 8 month was related with acute grief response.

Subjects who experienced clinically significant level of suicidal ideation and posttraumatic stress showed more mental health problems.

Conclusion: The results suggested peer's suicide highly impacted mental health issues of adolescents at a critical time of development.

Clinicians should make thorough evaluation of mental health problems for youth who experienced friend's suicide and help them to manage their grief reaction.

KEY WORDS: peer's suicide, grief, PTSD

PM-067

IMPACT OF PEER'S SUICIDE ON MENTAL HEALTH OF ADOLESCENTS

Kwack Y; Kang N

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Clinicians should make thorough evaluation of mental health problems for youth who experienced friend's suicide and help them to manage their grief reaction.

KEY WORDS: peer's suicide, grief, PTSD

PM-068

IMPACT OF TRAUMA DUE TO SEXUAL VIOLENCE ON PSYCHOPATHOLOGY AND QUALITY OF LIFE IN CHILDREN AND ADOLESCENTS

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Key words: Sexual Violence; Psychopathology; Quality of Life

Objectives : This study was conducted in order to investigate the influence of sexual trauma on the psychopathology and quality of life of children and adolescents in Korea.

Methods : Twenty-seven children and adolescents and their caretakers who entered Kangwon Sunflower Center participated in a cross-sectional study. Participants completed the Korean version of Kiddie-Schedule for Affective Disorders and Schizophrenia-Present and Lifetime Version, Child Behavior Checklist (CBCL), and Child Health Questionnaire-Parent Form-50 (CHQPF-50). Their scores were compared with those of age and sex-matched control groups of 27 healthy children and adolescents.

Results : Victims of sexual violence showed higher t score in Withdrawn, Social problems, Delinquent behavior, Externalizing problems, and Total problems in CBCL, compared with control groups. In CHQ-PF-50, there were lower scores in Bodily pain/discomfort, Behavior, Mental health, Time impact on parent, and Family activities subscales in victims of sexual violence. While Behavior and Family activities subscale showed negative correlation with Delinquent behavior, Externalizing problems, and Total problems in CBCL, Mental health subscale showed negative correlations with Social problems, Delinquent behavior, Externalizing problems, and Total problems. In addition, Time impact on parent subscale showed negative association with Delinquent behavior in CBCL.

Conclusion : The current study provided evidence suggesting that victims of sexual violence had a higher level of psychopathology and lower level of quality of life.

PM-069

INTERNALIZED SEXUAL STIGMA AND PARENTS' REACTIONS TO COMING OUT IN A SAMPLE OF LESBIAN AND GAY ADOLESCENTS

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Introduction. The coming out (CO) process is an important transition in lesbian and gay (LG) identity development. Revealing to others promotes self-integration, personal empowerment, and is a sign of self- and social acceptance. Besides this, key factors include social support and family acceptance resulting as a protective factor from negative health outcomes in youth (Rothman et al., 2012). However, revealing same sex attraction to parents is the one of the most dreaded steps in LG youth due to the risk of disapproval and rejection (Willoughby et al., 2006). Many studies have demonstrated the relationship between negative parental reactions and elevated levels of internalized sexual stigma. According to the literature, parental negative reaction to CO can be the result of different variables including a lack of cohesion and adaptability in the family system, parents' age; political orientation, level of education, and religiosity. **Aims.** This study aims first to identify individual factors that can affect how parents react to their child's disclosure and the differences between mothers' and fathers' responses. Then we examine how parents' reaction influence the LG adolescents' internalized sexual stigma levels. **Methods.** We conducted a cross-sectional study in Italy (N=200) using snowball sampling in order to recruit gay and lesbian young adults. The prerequisites for inclusion were: have already revealed their sexual orientation to both parents; and the parents had to be living together at the time of coming out. We obtained data using a structured questionnaire addressing parents' reactions to CO, religion involvement, political orientation, internalized sexual stigma and disclosure of sexual orientation. **Results.** Differences were found in parents' reaction to the CO of their son/daughter, $t(199) = 2.98$, $p < .01$, $r = .57$. In line with other studies, mothers answer more negatively to the disclosure than fathers. Mothers with a lesbian daughter reported a more negative reaction to coming out than did fathers with a gay son. High levels of parents' religiosity and paternal right-wing conservatism predict a more negative reaction to coming out, as was found in previous studies (Baiocco et al., 2014); poor family functioning with low levels of cohesion and adaptability correlates with both parents' negative reactions. **Discussion and Implications.** These results suggest that a negative parental response to CO is related to higher levels of internalized sexual stigma, with the well-known

consequences on the adolescents' psychological and sociological health. These results have important implications in clinical and social fields.

PM-070

INTERNET GAMING DISORDER AND ITS NOSOLOGICAL LOCATION

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Introduction

In today's society, videogames are an important way of entertainment that continue to increase their market penetration, especially among adolescents and young people who often spend a significant portion of their time playing them.

However, the concept has generated a considerable debate and divergent positions. Thus, while for some authors it is a form of behavioral addiction, others consider it a facet of impulse control disorder or a comorbid disorder of depression or social anxiety.

Methods

Case report and literature review.

Results

We expose the case of 15-year-old boy referred by his pediatrician to our center. He had been diagnosed when he was six with Attention-Deficit Hyperactivity Disorder (mixed type) and Emotional Dysregulation. He is currently taking daily methylphenidate 36mg and aripiprazole 10mg.

Coinciding with the start of the school year, he starts investing many hours playing online videogames (up to 8 hours a weekday and all the weekend) causing frequent arguments with his family with some occasional episodes of aggression towards their parents. He didn't pass five exams in the first evaluation. In the mental examination, there were no criteria for major depressive disorder or psychosis. No substance abuse existed as well.

Psychological intervention was performed using a cognitive-behavioral approach (based on behavioral modifications techniques and motivational interviews) with sessions once a week during a 13-week-period. After the treatment period, he kept without playing and he could retrieve his exams and was more interested on meeting his friends.

Conclusions

Internet gaming disorder has been included in Section III of the DSM-V (conditions for further study). It specifies that Internet games based on betting, recreational use, social use, professional use and sex pages are not included. When playing with money online, it is a gambling disorder.

More research is needed in this area to achieve consistent data concerning the choice of treatment of Internet gaming disorder, since most of the studies coincide in the need of psychological treatment, but published studies don't have yet neither details of the applied interventions nor its effectiveness.

References

1. Clara Marco y Mariano Cholz (2014). Tratamiento cognitivo-conductual de la adicción a videojuegos de rol online: fundamentos de propuesta de tratamiento y estudio de caso. *Anales de psicología*, 2014, vol 30, nº1 (enero), 46-55
2. Xavier Carbonell (2014). La adicción a los videojuegos en el DSM-5. The Internet Gaming Disorder in the DSM-5. *Adicciones* vol 26, nº2 2014

PM-071

INVESTIGATION OF SPEECH IN ADOLESCENTS WITH SCHIZOPHRENIA. PILOT STUDY

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Objectives

Authors were aimed to create methodical battery for the most complete psychological evaluation of speech in schizophrenia. Patho-psychological part of the battery performed in the traditions of Russian clinical psychological school of Yu. Polyakov: diagnostics of mental lexicon contents (Syllabic methodic, Kritskaya. V); associative speech activity (Directed verbal associations, Zvereva. N) and domain-informative feature of thinking (Construction of objects, Meleshko. T). Neuropsychological part of this battery evaluates the degree of dysfunction of speech production and perception of speech stimuli (Methodic of assessing speech in aphasia, Akhutina. T).

Subjects

The subject group originally consisted of 78 adolescents (aged 12 – 16 years). 30 of them were a group of patients with the diagnosis of schizophrenia. Several neuropsychological and patho-psychological methodic were selected for the study.

Results of study.

"Syllabic method"

Were analyzed parameters of latency response time, the coefficient of standardness and productivity index. Coefficient of standardness produced the following middle range values: 0.62 to 0.67 for the experimental and control samples. The significance of differences as well confirmed statistically ($U = 489,500$, $p = 0.018$). The average value of the latency response time: 7.5 - 4.7 for the control and experimental for significant differences in this parameter is confirmed ($U = 53.500$, $p = 0.000$). Productivity parameters were analyzed by chi-square test of Pearson. Average values for this indicator - 49.1 to 47.9 for the control and experimental. The significance of differences was confirmed (Chi-square = 18.21, $p = 0.0000$).

"Construction of objects"

Were analyzed following parameters: coefficient of standardness, productivity index. Significant differences between the groups in the coefficient of standardness were not found ($U = 616$, $p = 0.282$). The parameter of productivity (6.6 for the control and experimental groups to 6.43) did not differ significantly ($U = 628.500$, $p = 0.241$).

"Directional verbal associations" Was analyzed following parameter - coefficient of standardness. The data indicate significant differences between the controls and patients ($U = 276.500$, $p = 0.000$).

Finally, have been compared the coefficient of standardness for the three methods of patho-psychological part of battery. In general, we can say that the coefficient of standardness is higher in controls (average values for three methodics- 0.68. 0.65 and 0.65 respectively).

PM-072

IQ LEVELS IN CHILDREN AND ADOLESCENTS WITH DIFFERENT PSYCHOPATHOLOGICAL SYNDROMES IN SCHIZOPHRENIA

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Objective. Analysis of the relation between IQ levels and psychopathological syndromes in children and adolescents with schizophrenia.

Methods:

- -.Psychometric evaluation of IQ (Wechsler Intelligence Scale for Children, WISC): Verbal IQ score (VIQ), Performance IQ score (PIQ), Total IQ score (TIQ). Both IQ score

and 5 levels of IQ (Total Defect, Defect, Borderline, Middle, and High) were used. Total Defect level was used for patients whose IQ scores can't be evaluated due to extremely low intelligence.

- -.Psychiatric assessment of the psychopathological syndromes: catatonic, neurotic, psychopathy-like.
- -.Mathematical methods of data assessment: Pearson's Chi-square for IQ levels, ANOVA for IQ scores comparison.

Subjects. 42 patients (29 males), mean age 11.1 ± 3.0 ; diagnoses: F20.8, F21, F2x.x; syndromes: catatonic (18 patients), neurotic (11 patients), and psychopathy-like (13 patients).

Results. Patients with catatonic syndrome has the lowest IQ score (TIQ = 68.1 ± 12.6 , VIQ = 71.0 ± 15.4 , PIQ = 68.0 ± 14.6), patients with neurotic syndrome – the highest (TIQ = 92.4 ± 18.5 , VIQ = 96.2 ± 19.1 , PIQ = 89.3 ± 17.2), and patients with psychopathy-like syndrome take intermediate position (TIQ = 84.8 ± 11.0 , VIQ = 86.1 ± 16.7 , PIQ = 89.1 ± 15.9).

The ANOVA test reveals significant differences between psychopathological syndromes in either VIQ ($F(2, 35) = 7.56, p = 0.002$), or PIQ ($F(2, 31) = 7.18, p = 0.003$), or TIQ ($F(2, 31) = 8.98, p = 0.001$). Post hoc multiple comparison (by Bonferroni) showed the most pronounced significant differences in TIQ between catatonic and neurotic (MD (mean difference) = -24.3 ; $p = 0.001$), catatonic and psychopathy-like (MD = -16.7 ; $p = 0.029$) syndromes.

The above-mentioned method of analysis was impossible for those of patients with Total Defect IQ level. To resolve this problem Chi-square test for 3 syndromes and 5 IQ levels was performed and proved to be significant ($p = 0.008$). Chi-square test for 2 syndromes and 5 IQ levels was significant only for catatonic and neurotic ($p = 0.018$), catatonic and psychopathy-like syndromes ($p = 0.013$).

Conclusion. Such clinical characteristic as psychopathological syndrome has proved to be predicted sign of cognitive deficits in patients with schizophrenia or schizotypal disorder early in their psychological development. Children and adolescents with catatonic syndrome have severe cognitive impairment which influence their intelligence and differ them from those with other types of psychopathological syndromes.

PM-073

IS SELF-INJURIOUS BEHAVIOR MORE FREQUENT IN AUTISM SPECTRUM DISORDER INDIVIDUALS WITH AGGRESSIVE BEHAVIORS THAN IN THOSE WITHOUT AGGRESSIVE BEHAVIORS? : PRELIMINARY STUDY

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Introduction: Problems behaviors are relatively common in individuals with autism spectrum disorder (ASD). Such behaviors include aggressive behaviors, self-injurious behaviors (SIB), stereotypic behaviors and noncompliance. Among those, SIB may be regarded as one form of aggression. However, it is not clear whether SIB is related to aggression in ASD until now. So we investigated whether SIB was more common in ASD individuals with aggressive behaviors compared to those without.

Method: We gathered clinical characteristics of subjects with ASD through a retrospective chart review. They visited our clinic for treatment of problem behavior. The diagnosis of ASD was made based on DSM-IV-TR by experienced child psychiatrist. In this study, ASD includes autistic disorder, Asperger's disorder, and pervasive developmental disorder NOS. Clinical date of thirty-eight individuals with ASD was gathered. Their age ranged from 6 to 25 years. The problem behavior was classified as aggressive behavior or nonaggressive behavior according to the reports of both caregiver and therapist. And SIB was also reported by both of them. We analyzed the date using chi-square test at p-value of <0.05 .

Results: The mean age of subjects was 12.7(SD 5.2) years old. There were thirty-one boys (81.6%) and seven girls (18.4%). Twenty-five subjects (65.8%) were classified as group with aggressive problem behavior and thirteen subjects (34.2%) were classified as group without aggressive problem behavior. Seventeen subjects (44.7%) showed SIB. Fifteen subjects (39.5%) showed both aggressive behavior and SIB. Self-injurious behavior was more common in group with aggressive behavior than in group without aggressive behaviors ($p=0.015$).

Conclusion: In ASD individuals with aggressive behavior problem, SIB was more frequent than in ASD individuals without aggressive behavior problem. Therefore, SIB may be related with aggressive behavior in autism spectrum disorder.

Keywords: autism spectrum disorder (ASD), aggression, self-injurious behavior (SIB)

PM-074

ME, THE DEMON

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Objective

Submit through a case the general aspects of dissociative disorder in adolescents and stand out the importance of assessing comorbidities.

Method

We report the case of a girl of 13, from Romania, brought to the emergency room because of an agitation episode while watching TV with her brothers. Background of Child abuse and nocturnal bed-wetting. Her mother was hospitalized in 2011 by brief dissociative episode vs. reactive psychosis.

We were called for psychiatric evaluation: hectic, incongruous affection, unmotivated laughs and possible visual hallucinations. She fluctuated between moments of lucidity and others of apparent intoxication. She said she was the demon and she had taken pills from her mother to "get out of the way" for "hearing voices", so a nasogastric wash was performed finding remains of pills. In this context her family considered appropriate to make an exorcism because they believed she was possessed.

She was hospitalized in pediatric ICU for a few days. After that she was in a conventional psychiatry ward (for children). The situation was normalized, with a good evolution. She referred a partial amnesia episode and explained feelings of "being out of my body" and even the voices sometimes she said she had been hearing seemed doubtful and fitted into neurotic dye. Psychotic symptoms had not been appreciated. Initially she presented unmotivated laughter, but throughout the interview she said she laughed because she got nervous.

Complementary tests showed normal results. Toxics were negative. Positive for benzodiazepines and escitalopram.

Results

The episode seems to lean more towards a dissociative episode features in the context of PTSD. It would be important to note that all this clinic would be very influenced by the cultural context of the patient and her family. Treatment at discharge: alprazolam and risperidone.

Conclusions

Differential diagnoses that were considered are:

- Poisoning with some substance (toxic or drug).
- Debut of adolescent psychotic episode.

- Confusional syndrome secondary to intoxication.
- Dissociative episode.

The clinic is consistent with a dissociative episode.

The dissociative disorder usually begins in childhood as a response to traumatic experiences, but less than 8% are diagnosed at this stage. The literature predicts high level of comorbidity: Sar et al, found that 93.9% of adolescents with a dissociative disorder have other psychiatric diagnosis, the most prevalent disorder, separation anxiety, major depressive disorder, ADHD, oppositional defiant disorder and PTSD.

Keywords: dissociation, PTSD, cultural psychiatry,

PM-075

MUNCHAUSEN SYNDROME BY PROXY WITH PSYCHIATRIC FEATURES: A CASE REPORT. DIAGNOSTIC AND MANEGEMENT CHALLENGES.

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Munchausen syndrome by proxy, as well known as factitious disorder imposed on other (DSM-V), is a form of a child abuse, in which a caregiver (typically a mother) fabricates, exaggerates, or induces health problems in her own child, in order to gain the attention of medical providers and others. Usually the main intention of this behavior is to please her own psychological needs. Even though, the most often fabricated symptoms are somatic, in some cases they can be psychiatric. We would like to present one of these cases. A female patient, 14 years old, arrived to children and adolescence clinical psychiatry unit, having complaints of eating disorder and depression. The girl was referred to a psychiatric ward for the second time. The primary diagnosis was bulimia nervosa and moderate depressive episode. During the first interview, it was noticed that the mother-daughter relationship is disturbed. Family anamnesis was complicated: grandmother of a patient had schizophrenia, mother was raped and sick with severe depression. However, during the assesment of patients mental state and family relationship, the hypothesis was formulated, that the mother herself is fabricating the symptoms of depression – maybe she has Munchausen syndrome?

During hospitalisation, we ascertained that the girl didn't have any symptoms of previously diagnosed illnesses, her behaviuor in absence of her mother was adequate.

In this case report we present diagnostic and manegement challenges of this syndrome, especially one ethical problem of manegement. This is parentectomy – separating the child from his parent/abuser - does it help or does it cause more psychological problems for the child?

Keywords: Munchausen syndrome by proxy, manifestation with psychiatric features, disturbed mother-daughter relationship, parentectomy

PM-076

NEGATIVE SYMPTOMS IN CHILD AND ADOLESCENT POPULATION. REVIEW UNDERTAKEN IN CONNECTION WITH A CASE.

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Schizophrenia is a severe mental disorder characterized by positive, negative and cognitive symptoms that influence almost every aspect of the individual, it often starts at the end of

adolescence and beginning of adult life. However, it is not uncommon to start at younger ages, defining itself with the same criteria as in adults, but presenting certain features that distinguish them. In this age group, positive symptomatology is frequent but negative is predominant, which seems to be relatively constant and associated with poorer global outcome. And, last but not least, current interventions (both pharmacological and psychosocial) for these have limited benefits.

OBJECTIVES: Literature survey of the existing publications and analysis of the implications negative symptomatology has in early and very early onset schizophrenia. **METHOD:** Literature review through Pubmed of negative symptoms in schizophrenia in child and adolescent population in the last 15 years, as well as the presentation of a clinical case.

RESULTS: The case of M. is presented, a 14 year old male with mainly negative psychotic symptoms with, at least, two years of evolution, submitted by the community priest for referring feeling the possession of the devil.

CONCLUSIONS: Although there is little specific literature related to negative symptomatology in child and adolescent population, there is evidence of its frequency and of the detrimental impact on the development of the subject.

PM-077

NEUROBIOLOGY OF SUICIDAL BEHAVIOR IN ADOLESCENTS: THE ROLE OF SEROTONIN AND HPA AXIS ABNORMALITIES

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Background: Epidemiological evidence shows that suicidal behavior, psychiatric illness and substance use are highly comorbid in adolescence with indicators of circular causality. These conditions might share some common biological underpinnings. Identification of these biological mechanisms would be extremely relevant to recognize high-risk subjects and implement targeted strategies to prevent suicides. In the last decades a substantial body of research has identified two main biological risk factors for suicide; deficits in serotonergic neurotransmission and hyperactivity of the hypothalamic-pituitary-adrenal (HPA) axis.

Objective: to critically review up to date literature suggesting a pathophysiological role of serotonin and HPA abnormalities in suicidal behavior in adolescents.

Methods: We conducted a comprehensive review of the studies available in MEDLINE from January 1998 until December 2014 on the role of "serotonin" or "hypothalamic-pituitary-adrenal axis" or "HPA" both in adults' and adolescents' "completed suicide", "suicide attempts" and "suicidal ideation".

Results: Serotonergic (5-HT) dysfunction has extensively been studied in adults and has been postulated as a biological marker for suicide. Studies on 5-HT conducted in adults and replicated in adolescents have yielded inconsistent results. Until recently, alterations in the HPA axis had been regarded only as an epiphenomenon of the psychiatric disorders or suicidal behaviors but in recent years evidences suggest a role for hyper-function of the HPA axis in the pathophysiology of suicidal behavior in adolescence, particularly in mood disorders.

Discussion: Results of studies on the neurobiology of suicide conducted in adults should not be extrapolated into adolescent suicide. More work is needed to clarify the role of serotonin and expand knowledge on HPA axis abnormal functioning as potential biological markers of suicidal risk in adolescents. Future research designs should take into account the biological specificities of this life stage and also try to integrate findings in psychological and biological domains.

References:

(1) Picouto M, Villar F, Braquehais M. The role of serotonin in adolescent suicide: theoretical, methodological, and clinical concerns. *Int J Adolesc Med Health.* 2015;27(2):00-00

- (2) Sher L. The role of the hypothalamic-pituitary-adrenal axis dysfunction in the pathophysiology of alcohol misuse and suicidal behavior in adolescents. *Int J Adolesc Med Health*.2007;19(1):3-9.
- (3) Pandey G, Dwivedi Y. Neurobiology of teenage suicide. In:Dwivei Y, editor. *The neurobiological basis of suicide*. Boca Raton (FL) CRC Press; 2012. Chapter 15.

PM-078

NON SUICIDAL SELF INJURY BEHAVIORS IN A PORTUGUESE CHILD AND ADOLESCENT PSYCHIATRY EMERGENCY UNIT

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INTRODUCTION: Self-harm behavior was defined as "behavior with non-fatal outcome, in which the individual intentionally inflicts himself injuries, ingest substances in excessive doses, illicit or recreational drugs, not ingestible substances/objects, in an act that he sees as self-harm ". Non suicidal self injuries (NSSI) were distinguished in this group and represent the destruction of body tissue in the absence of suicidal intent (self-inflicted cuts, burns, scrapes).

Although there are a geographical variation in NSSI behaviors, the European multicenter study CASE pointed to a prevalence of 8.9% in girls and 2.6% in boys.

History of self-harm behaviors is an important risk factor to suicide, occurring in up to 40% of completed suicides. Repetead NSSI are one of the most predictive risk factors for future suicide attempts.

OBJECTIVES: The authors proposed to evaluate the prevalence of NSSI in children and adolescents referred to Child and Adolescent Psychiatry Emergency Unit (CAPEU) in Oporto Medical Centre - Portugal in the last three years, and to characterize the underlying contexts and associated disorders.

METHODS: The authors evaluated the prevalence of NSSI reported by children and adolescents (0-18 years) in all the medical records of the CAPEU from May to August 2012, 2013 and 2014. For the year 2014, variables such as psychopathological diagnoses, associated problems, triggering events, medical, psychiatric and consumption history, and therapeutic approach were analyzed.

RESULTS: There were 441 referrals to CAPEU from May to August in 2012, 412 in 2013 and 355 in 2014. The NSSI prevalence was 2,04% in 2012, 14,12% in 2013 and 17,75 in 2014. In 2014 there was a female preponderance (4,7:1), up to 12 years old. 26 adolescents (41.27%) were referred due to NSSI, while 37 (58.73%) had another reason for referral. There was a frequent association with recognized precipitating factors, most commonly family conflicts. The most frequently considered diagnoses were Adjustment Disorder, Conduct Disorder and Anxiety Disorder.

CONCLUSIONS: The authors observed, over the last three years, an increase in reported cases of NSSI, which may be due in part to greater awareness of this entity. In 2014 the prevalence was 17.77%, higher than that reported in the general population, probably due to the clinical and emergency nature of the sample. Important results have been replicated regarding the emergence pattern and characteristics of NSSI in a Portuguese clinical population, reinforcing the importance of increasing attention to their clinical understanding and therapeutic approaches.

PM-079

PHYSICAL ACTIVITY IN CHILDREN WITH AUTISM SPECTRUM DISORDERS

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Introduction

Autism spectrum disorders (ASD) are a band of lifelong neurodevelopmental disorders that affect approximately 1% of the population. Children with ASD typically have difficulty with social communication and restricted repetitive behaviours, which may in turn impact their physical activity.

Methods

An online survey was circulated via social media accounts and parents of children with and without neurodevelopmental disorders were invited to complete it. The survey assessed children's physical activity during a typical school week – how the children travelled to school, structured physical activity during and after school, and sedentary time. Furthermore, children with ASD or dyspraxia and typically developing controls were sent an Actigraph GT3X triaxial accelerometer to monitor physical activity. This was to be worn on the waist for one week. T-tests and ANOVA were performed to evaluate between-group differences.

Results

There were 221 parental responses to the survey. 77% of children were male, 23% female; 48% had a diagnosis of ASD, 24% Dyspraxia, 22% typical development and 6% had other neurodevelopmental disorders. Of children with ASD, 26% walked to school compared to 37% of controls and 29% of children with dyspraxia or other conditions. Children with ASD or dyspraxia spent significantly less time in structured physical activity than controls – 61% of children with ASD spent two hours or less, compared to 37% of controls but 68% of children with dyspraxia ($p < 0.05$). 56% of children with ASD spent over 6 hours per week in sedentary behaviour such as watching television or on a computer, similar to 49% of children with dyspraxia but significantly more than the controls at 33% ($p < 0.05$).

Actigraph data was gathered from three children with ASD, three with Dyspraxia and three controls. There were no significant differences in measured physical activity levels between the groups however the ASD group spent less time in the vigorous activity level than the other groups, with a p value approaching significance ($p = 0.0684$).

Conclusion

Results of the survey suggest that children with autism spectrum disorders spent more time in an average week in sedentary activity and less time in structured physical activity, and were less active in general in compared to typically developing controls. Differences in physical activity levels in the three groups have not become apparent by actigraphy, however further study may allow a difference in vigorous activity, such as that associated with structured physical activity and sports participation as demonstrated by the survey, to be objectively highlighted.

PM-080

PREFRONTAL DYSFUNCTION IN PEDIATRIC TOURETTE'S DISORDER AS MEASURED BY NEAR-INFRARED SPECTROSCOPY

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Abstract:

Tourette's disorder (TD) is a childhood neuropsychiatric disorder characterized by persistent motor and vocal tics. The prevalence of TD is between 0.05% and 3%. Despite strong evidence that the pathophysiology of TD involves structural and functional disturbances of the frontal cortex and its connections to subcortical regions, such as the basal ganglia, through frontal cortico-striatal-thalamo-cortical (CSTC) circuits, in vivo imaging studies have produced conflicting results. Recent developments in near-infrared spectroscopy (NIRS) technology have enabled noninvasive assessment of brain function in people with psychiatric disorders. We asked 10 individuals with pediatric TD and 10 healthy controls who were age- and sex-matched to perform the Stroop color-word task during near-infrared spectroscopy (NIRS). We used prefrontal probes and a 24-channel NIRS machine to measure the relative concentrations of oxyhemoglobin (oxy-Hb) every 0.1 s during the task. We found that oxy-Hb changes in the prefrontal cortex were significantly smaller in the TD group compared with the control group, especially in the left dorsolateral prefrontal cortex. Moreover, The SCWC scores obtained by participants in the TD group were significantly lower than those of the control group. Low SCWC scores have been closely linked with impulsivity. Our research indicates that pediatric TD patients might have prefrontal dysfunction and more impulsive than control participants. The multi-channel NIRS system appears to be a very useful tool for assessing brain function, as it enables non-invasive functional mapping of the cerebral cortex and has much shorter measurement times (about 5 min) compared with other functional brain imaging methodologies.

Keywords:

Tourette's disorder, Near-infrared spectroscopy, Left dorsolateral prefrontal cortex, Prefrontal hemodynamic response

PM-081

PREMORBID INTELLIGENT QUOTIENT (PRE-IQ) AS A FIRST EPISODE PSYCHOSES PREDICTOR

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Background: In First Episode Psychoses (FEP) patients, a relation between early age of onset (EAO) and bad prognosis has been found. Some age of onset predictors related to low Intelligent Quotient (IQ) scores were already found: neurodevelopmental disorders, retard in language acquisition. The schizophrenic adult data gathered suggest that low IQ scores are related with EAO.

Objective: Assess the premorbid intelligent quotient (Pre-IQ) relation to an age of onset (AOO) during a (FEP).

Method: 294 patients with a FEP were included in the study, 220 adult onset psychoses (AAO) and 74 early onset psychoses (EAO), we grouped them in 3 diagnostic groups, 145 Schizophrenia Spectrum Disorder (SSD), 51 Affective psychoses (AfP) and 98 Other psychoses (OP).

Results: Multiple linear regression models with premorbid adjustment, global functioning, sex and obstetric complications as confounding factors were assessed. Pre-IQ was significantly directly related to Age of onset ($B = 0.14$; $sig = 0.017$; $R^2 = 0.065$) in the whole sample. In the AOS group after splitting by age of onset groups ($B = 0.16$; $sig = 0.02$; $R^2 = 0.03$) and in the SSD diagnostic group ($B = 0.22$; $sig = 0.009$; $R^2 = 0.051$). There were no statistically significant relation in EOS group ($sig = 0.74$), neither in the AfP ($sig = 0.62$) or OP ($sig = 0.58$) diagnostic groups.

Conclusion: Pre-IQ is related to AOO in FEP patients, this relation seems to be specific of the adult onset psychoses and Schizophrenia spectrum disorder group.

Key Words: First-episode psychosis; Intelligence; Schizophrenia.

7. References

1. Ullman VZ, Levine SZ, Reichenberg A, Rabinowitz J. Real-world premorbid functioning in schizophrenia and affective disorders during the early teenage years: a population-based study of school grades and teacher ratings. *Schizophr Res.* 2012;136(1-3):13-8.
2. Vourdas A, Pipe R, Corrigall R, Frangou S. Increased developmental deviance and premorbid dysfunction in early onset schizophrenia. *Schizophr Res.* 2003;62(1-2):13-22.
3. Khandaker GM, Barnett JH, White IR, Jones PB. A quantitative meta-analysis of population-based studies of premorbid intelligence and schizophrenia. *Schizophr Res.* 2011;132(2-3):220-7.

PM-082

PROCRASTINATION AND PERSONALITY FEATURES OF STUDENTS IN HEALTHY AND WITH ENDOGENOUS PATHOLOGY

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Objective: To assess the relation between procrastination phenomena and personal parameters (self-esteem, mental well-being) of students in normal and endogenous pathology.

Methods: Procrastination Assessment Scale for Students (PASS), by Solomon & Rothblum, Rosenberg self-esteem scale (RSES) by M. Rosenberg, Warwick-Edinburgh Mental Well-being scale (WEMWBS) by R.Tennart et al. All scales were adapted in russian population.

Mathematical methods of data assesment: Spearman's rank correlation coefficient, Mann — Whitney U-test.

Subjects: Group 1 – 60 healthy students of specialised secondary school and graduate school, 18- 25 years old.

Group 2 – 34 patiens with endogenous pathology (students of specialised secondary school and graduate school), 18- 25 years old.

Results: In PASS we used next factors: frequency, "bad perfectionism", fear of failure, laziness, self-organization. We obtained significant differences between group 1 and group 2 in factors: laziness (average values: group 1 = 15,8, group 2 = 13,3) and self-organization (average values: group 1 = 17,3, group 2 = 15,3) U-test, $p \leq 0,01$ laziness = 710, U-test, $p \leq 0,05$ self-organization = 772. We didn't find significant differences between group 1 and group 2 in frequency of procrastination.

Assessment of RSES showed significant differences of self-esteem between group 1 and group 2 (average values: group 1 = 30,98, group 2 = 27,6), U-test, $p \leq 0,01$ U=575. Assessment of WEMWBS showed significant differences of mental well-being between group 1 and group 2 (average values: group 1 = 53,75, group 2 = 50,4), U-test, $p \leq 0,01$ U=712.

Significant correlations were obtained only in group 1. They are frequency of procrasination and WEMWBS ($r_s = -0,299$, $p \leq 0,05$), "bad perfectionism" and RSES ($r_s = -0,338$, $p \leq 0,05$), fear of failure RSES ($r_s = -0,392$, $p \leq 0,05$), self-organization and RSES ($r_s = 0,276$, $p \leq 0,05$).

Conclusion: We didn't discovered similar connection between factors of procrastination and personal parameters in students groups in normal and endogenous pathology. We find significant differences between group 1 and group 2 at factors of procrastination (laziness, self-organization) and personal parameters (self-esteem, mental well-being). We have find clear and significant correlation between procrastination and personal parameters in normal group, but there were no any correlation between procrastination and personal parameters in patients group. All this indicates that there is different connection between procrastination phenomena and personal parameters (self-esteem, mental well-being) of students in normal and endogenous pathology.

PM-083

PRODROMAL PHASE OF SCHIZOPHRENIA, A CASE REPORT

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Objectives

Reviewing the prodromal phase of schizophrenia through a clinical case.

Methods

Case report and literature review.

Results

We report a case of a man of 17 who attends the unit for children and his first contact with psychiatry. The patient took several months irritable, with strange behaviors and weight loss of 11 kgs. No somatic history of interest and denied drugs consum.

Several months ago the patient left wrestling (sport in which he emphasized significantly), stop hanging out with his friends and his academic performance declines. Most of the time was spent in his room because he fears that something could happend, just maintaining hygiene and fed once a day. His parents said he was very irritable, and sometimes spoke in a disorganized way. The patient said "I feel trapped me".In the interview was highlighted that he presented a speech struts derailments and contradictory answers. Loss of control of his own activity consistent with phenomena of depersonalization. Some perplexity. Affective flattening. Unmotivated laughter and crazy humor.

Neuroleptic medication was introduced gradually improving disorganized behaviors, showing less irritable and improving family relationships. Complaints of inattention and concentration were reduced, improving school performance with supports and took up wrestling. With regard to his previous state, said "before I was trapped in another world".

Conclusions

This case presents a consistent clinic with the prodromal phase of schizophrenia. In this phase nonspecific psychotic symptoms, which involve a disruption over the previous conduct of the patient. Symptoms such as depressed mood, anxiety, irritability, suspiciousness, ideas of self-reference, decreased concentration, disorganized thinking, flat affect, diminished motivation, isolation, sleep disturbance and decreased social functioning are included. In the case that concerns us, probably through early intervention, there was the emergence of schizophrenic outbreak. The patient showed a clear improvement, both as a procedural level, emotional level with recovery of their academic and social activity, although exploration persist gross alterations in the executive functions, working memory and the ability to stay focused (1).

We emphasize the importance of detecting the prodromal phase and the disease usually does not begin in the first psychotic episode with flowery manifestations, but is preceded by a prodrome of variable length (2).

Reference

1-Linares, A. Esquizofrenia una aproximación a su detección temprana. No322. Las tesinas de Belgrano. Departamento de investigaciones. Abril 2010.

2-Schultze-Lutter, F. Subjective Symptoms of Schizophrenia in Research and the Clinic: The Basic Symptom Concept. Schizophrenia Bulletin. vo.35 no. 1pp-5-8,2009.

PM-084

PROPOSED DIAGNOSTIC CRITERIA FOR NON-SUICIDAL SELF-INJURY (NSSI) FOR THE DSM-5: PSYCHOPATHOLOGICAL CORRELATES

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NSSI is an increasingly prevalent behavior, especially during adolescence (18% lifetime prevalence, increasing up to 40-60% in clinical samples). The DSM-5 recognizes NSSI as a distinct entity. The frequency of the NSSI disorder ranges from 3.1-6.7% in student/community to 37-50% in inpatient adolescent samples, and it is associated with Axis I comorbidity, substance use, suicidal behavior, and lower GAF. Objectives: Explore 1) the prevalence of DSM-5 diagnostic criteria among outpatient adolescents with NSSI disorder (DSM-5 group) and with only NSSI behavior (NSSI group); 2) the clinical variables which discriminate between the DSM-5 group, NSSI group, and PC group (psychiatric controls without NSSI behavior). Method: 267 outpatients, aged 12-17, 63% male, 86% white, recruited from an Spanish outpatient clinic, completed the Self-Injurious Thoughts and Behaviors Interview (SITBI; Nock, 2007), Children Depression Inventory (CDI), State-Trait Anger Expression Inventory (STAXI-NA), Strengths and Difficulties Questionnaire (SDQ-Y), Family APGAR, Inventario de Acontecimientos Vitales Estresantes (AVE), Children's Global Assessment Scale (C-GAS). We followed the DSM-5 proposed diagnostic criteria for NSSI (as of November 2012). Results: DSM-5 group (N=19, 63.2% male) reported significantly more NSSI episodes (Criterion A), familial problems as

“Psychological precipitant” (Criterion B1), “Preoccupation” (criterion B3), and greater number of “Contingent responses” (Criterion B4), specially engaging in NSSI to get positive reinforcement than the NSSI group (N=39, 60% male). No differences in number or types of NSSI methods used between both groups. DSM-5 and NSSI groups were more likely to score above the clinical cut-off point in the CDI, the SDQ-Y behavioral dimension, and lifetime ideation than the PC group (N= 209, 65.5% male). The DSM-5 group was more likely to report more problems in the SDQ-Y Hyperactive dimension and total score, family APGAR, and number of life events (AVE) than the NSSI and PC groups. The DSM-5 group showed more problems in the SDQ-Y emotional dimension and (almost significant) lower score in the C-GAS than the PC group. In the logistic regression analyses (DSM-5 vs. PC), Family APGAR remained significant; CDI, SDQ-Y, and AVE were no longer significant. Discussion: Results support the DSM-5 NSSI disorder. The DSM-5 group had significant differences from the NSSI group in several diagnostic criteria. And we found a continuum of severity from the PC to NSSI to DSM-5 groups. The acceptance of the NSSI diagnosis would improve the conceptualization, detection, treatment, and communication between clinicians of NSSI behavior.

PM-085

PSYCHIATRIC SYMPTOMS OF KLINEFELTER SYNDROME IN BOYS

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Introduction

Klinefelter syndrome, caused by one or more supernumerary X chromosomes in males, is one of the most common chromosomopathies and has multisystem clinical manifestations. The largest percentage of the diagnoses occurs in adulthood, leaving more than 65% of total cases undiagnosed through life. The majority of diagnoses in childhood are usually associated with psychiatric disorders.

Objectives

Review of the literature on the psychiatric symptoms of Klinefelter syndrome in boys from the analysis of a clinical case referred by his pediatrician to our centre.

Results

The main reasons for why children visit the doctor are symptoms of psychiatric disorders, although with an atypical presentation in respect to the general population: unspecific behavioral disorders, lack of interest, low capacity of abstraction, delayed psychosexual development and difficulties in emotional expression.

Disorders associated to Klinefelter syndrome that appear with more prevalence than in the general population are: learning disorders, Attention-Deficit Hyperactivity Disorder (inattentive type, specially) and autism spectrum disorders. On the other hand, there is often an important development of affective disorders and isolated psychotic symptoms which do not constitute a well defined disorder by themselves.

All researches carried out to date to explain the pathogenesis of symptoms of Klinefelter syndrome point as the main responsible the deficit of androgens and the role of the supernumerary X chromosome.

Conclusions

Based on these results, it seems essential to consider the possible diagnosis of Klinefelter syndrome in view of the presentation of the reported symptoms. Early diagnosis would enhance a more specific psychiatric treatment and helps to prevent complications and somatic manifestations and to improve overall prognosis.

- 1 Tartaglia N. The Spectrum of the Behavioral Phenotype in Boys and Adolescents 47,XXY (Klinefelter Syndrome). *Pediatr Endocrinol Rev.* 2010 December ; 8(0 1): 151–159
- 2 Bishop D. Autism, language and communication in children with sex chromosome trisomies. *Arch Dis Child.* 2011 October ; 96(10): 954–959.
- 3 Bruining H. Psychiatric Characteristics in a Self-Selected Sample of Boys With Klinefelter Syndrome. *Pediatrics.* 2009 May;123(5):e865-70

PM-086

PSYCHOEDUCATION PROGRAMME FOR FAMILIES/CAREGIVERS OF CHILDREN WITH ADHD

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OBJECTIVES

Attention Deficit Hyperactivity Disorder (ADHD) is a neurobehavioral disorder of childhood onset characterised by symptoms of inattention, hyperactivity and impulsivity. Diverse studies have point out to the existence of benefits of multimodal treatment in children with ADHD, compared to the exclusively psychopharmacological approach. These benefits would be especially significant in reducing non-ADHD domains, as oppositional/aggressive and internalizing symptoms, social skills, family functioning, or quality of life.

Recent clinical guidelines emphasize the importance of PE as part of the multimodal treatment. Despite of this, the number of studies that specifically evaluate the effectiveness of this approach is actually scarce.

METHODS

A qualitative review of previous studies evaluating the effectiveness of stringent PE programmes for families of ADHD children was performed. Based on the evidence available, we developed a PE programme for parents/caregivers of children with ADHD that will be conducted shortly in Hospital 12 de Octubre, Madrid (Spain).

RESULTS

To date, only a small number of studies exist regarding the effectiveness of PE. Multiple methodological flaws and a considerable heterogeneity among these studies prevented from drawing definite conclusions. Nevertheless, a positive effect of PE was observed in most available studies regarding ADHD symptoms, pro-social functioning, general children behaviour, parent-children conflicts, and treatment adherence.

Based on results of effectiveness found in this review, we developed a PE programme for parents/caregivers of children (age range 6-12) being attended in the Child and Adolescent Mental health service of Hospital 12 de Octubre in Madrid, and receiving the diagnosis of ADHD any subtype. The programme will be composed of groups of 6-8 families/caregivers who will receive a 6-week 90 min weekly sessions regarding education on the disorder and strategies for managing symptoms, behaviour and comorbidities of children with ADHD.

CONCLUSIONS

The actual paradigm of treatment of ADHD comprises a multimodal approach. Although current guidelines emphasize the need for PE interventions, available studies reviewing their effectiveness are scarce.

An important heterogeneity between studies impeded drawing definite conclusions, but a positive effect in different dimensions was observed in most studies. Based on this, we developed a PE programme for parents/caregivers of children with ADHD.

PM-087

PSYCHOMETRIC PROPERTIES OF THE BEHAVIORAL INHIBITION OBSERVATION SYSTEM (BIOS) IN A SAMPLE OF ADOLESCENTS

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Background: Behavioural Inhibition (BI) is the temperamental tendency to react with anxiety to the uncertainty. BI is associated to internalizing psychopathology in general and to social anxiety specifically. The Behavioural Inhibition Observation System (BIOS) is the only scale that allows professionals to obtaining a quick measure of BI from direct observation. The BIOS allows the clinician to rate the BI of the child in only 3 minutes, taking advantage of the uncertainty with which the child has to deal in their first meeting. Evidence for the reliability and validity of the BIOS has been provided with preschool-age children. Objective: The present study aims to provide further evidence of the reliability and validity of the BIOS with adolescents. Method: The BIOS was used after an interview with 256 adolescents aged 12 to 19 years old in the context of a study about social anxiety. In 38 cases, the BIOS was simultaneously rated by 2 researchers in order to test inter-judges reliability. Measures of personality and psychopathology were obtained from the adolescents and their parents. Results: Overall, results from the present study improve those of the previous one. The factor analysis revealed one single dimension structure. The first factor showed an eigenvalue of 4.64, it explained the 67% of the total variability and displayed excellent internal consistency ($\alpha = .91$). All items were adequately correlated with this dimension (r from .65 to .92) as well as with the total score, and with the B8 indicator (r from .5 to .9). Similarly to the original study, in the current case the BIOS' scores showed significant correlations with other measures of BI and related constructs. However, although correlations were in the correct direction in all cases, they were always slight, ranging from .2 to .3 (e.g., $r = -.32$ with a measure of extraversion; $r = .34$ with a measure of BI). Interestingly, the BIOS' scores were associated to the parental measures of BI but not with the adolescents' ones. Conclusion: The current study provides further evidence for the reliability of the BIOS. However, although it is well established that different informants do not usually converge more than $r = .3$ in the assessment of the same construct, the slight correlations with other measures of social inhibition suggest that this study does not extend the existing evidence for the validity of the BIOS. Further research is needed to conclude about the validity of the BIOS' scores. (398 words)

Keywords: Behavioural Inhibition, Social Anxiety, Assessment, Direct observation, Validity, Reliability, Adolescents

PM-088

PSYCHOPATHOLOGICAL CORRELATES OF INSECURE SELF-ESTEEM

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Background: The assessment of Implicit Self-Esteem (ISE) along with Explicit Self-Esteem (ESE) is usually recommended for a complete perspective of this affective phenomenon. However, although low ESE is clearly associated to psychological impairment, studies about different disorders (e.g., depression, psychosis, social anxiety) stably report that, against expected, there is no relationship between ISE and psychopathology, although the discrepancy between ISE and ESE (i.e., the so-called insecure self-esteem) is indeed associated to different disorders. **Objective:** The first aim of the present study is to explore the impairment and the psychopathological profile associated to low ISE. According to literature, insecure (i.e., discrepant ISE-ESE levels) but not implicit self-esteem is associated to psychopathology, so the second aim of this study is to analyze the impairment and psychopathology associated to insecure self-esteem. **Method:** A sample of 264 adolescents aged 12 to 19 years old were assessed on measures of ESE, ISE, personality and psychopathology. In contrast to the usual design referred in the literature—comparing the level of ISE between groups with and without psychopathology—here the attention was focused on ISE, so groups with high and low ISE were compared on the level of impairment and psychopathology. In addition, a group with high insecure defensive self-esteem (i.e., high ESE and low ISE), a group with high insecure damaged self-esteem (i.e., low ESE and high ISE), and a group with secure (i.e., non discrepant) self-esteem were also compared on the same measures of personality and psychopathology. **Results:** In consistence to previous studies, ISE was not correlated with any measure of psychopathology. By contrast, insecure self-esteem was correlated with several measures of impairment and psychopathology. The group with high damaged self-esteem showed significantly higher levels of depression, anxiety, somatic complaints, and borderline symptoms than the group with defensive self-esteem and the group with consistent self-esteem. Moreover, the group with damaged self-esteem also showed higher levels of self and others' negative image, neuroticism, deficit on reflective function, and insecure fearful-avoidant attachment style, along with lower levels of self and others positive image, agreeableness, consciousness, extraversion, resiliency, and secure attachment style, in comparison to the group with defensive self-esteem and to the group with non discrepant self-esteem. **Conclusion:** The profiles of psychopathology and impairment obtained for the groups with damaged and defensive insecure self-esteem are consistent to previous findings. However, ISE is independent from all measures and this is a stable result in literature that requires an explanation. (399 words)

Keywords: Implicit self-esteem, explicit self-esteem, insecure self-esteem, psychopathology, impairment

PM-089

PSYCHOPATHOLOGY IN CHILDREN WITH EPILEPSY: THE ROLE OF DEMOGRAPHIC, SEIZURE, AND QUALITY OF LIFE FACTORS

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Objectives: To examine the prevalence of psychopathology in children with epilepsy and to study the extent to which demographic, seizure, and quality of life variables are related to psychopathology.

Methods: Seventy nine children with chronic epilepsy (Mean= 10.06 years, SD= 2.68; Boys= 74.7%) presenting to the outpatient department of a tertiary care teaching hospital in North India, were recruited. The inclusion criteria for the epilepsy group included an age between 6 to 15 years, epilepsy duration of at least 6 months, and currently on anticonvulsants. Children with severe and moderate retardation were excluded. In addition, an age matched control group of

healthy children were also recruited. Psychopathology was assessed by the Childhood Psychopathology Measurement Schedule (CPMS), the Indian adaptation of the Child Behavior Checklist, and the Strengths and Difficulties questionnaire (SDQ, Goodman, 1999). Quality of life (QOL) was measured by the Quality of Life in Childhood Epilepsy Questionnaire (QOLCE, Sabaz et al., 2000). Epilepsy-related factors (i.e., seizure type, frequency of seizures, presence of mono/polytherapy, age at epilepsy onset) were obtained from the medical records and a seizure severity score was calculated (Austin et al., 1996). The study was approved by the Ethics committee of the Institute and an informed, written consent was obtained.

Results: The most frequent seizure type was generalized tonic-clonic seizures (61%), followed by simple partial seizures (34%) and absence seizures (5%). Children with epilepsy had significantly higher scores on the sub-scales of the CPMS as compared to the controls, as well as total CPMS score ($t= 8.74$, $P= .000$). Moreover, 27% of the children with epilepsy had psychopathology scores in the maladjustment range and this was significantly higher than controls ($\chi^2 = 21.12$, $P=.000$). On the SDQ, as compared to controls, children with epilepsy had significantly higher emotional ($t= 4.62$, $P= .000$), conduct ($t= 7.13$, $P= .000$), hyperactivity ($t= 8.04$, $P= .000$) and peer problems ($t= 4.96$, $P= .000$). In addition, children with epilepsy had a relatively comprised QOL across a range of domains of functioning. Multiple regression analysis revealed that quality of life scores accounted for 37% of the variance in the psychopathology scores of the children with epilepsy ($F=46.15$, $P=.000$).

Conclusions: Children with epilepsy exhibit significantly more psychopathology than controls and there is a need to monitor multiple domains of functioning in order to provide appropriate interventions.

Keywords: Psychopathology, epilepsy, India

PM-090

PSYCHOSIS NOS IN CHILDREN AND ADOLESCENTS: A SYSTEMATIC REVIEW OF THE "UNSPECIFIED" GAP

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Introduction. Psychotic Disorder Not Otherwise Specified (PsyNOS) and Brief Psychotic Disorder (BrPsy) involve the presence of positive psychotic symptoms without fulfilling criteria for other psychotic disorders (DSM-5) Therefore, PsyNOS and BrPsy are usually diagnoses of exclusion in clinical practice and often neglected in research and in the literature^{1,2}, although they are not uncommon during childhood and adolescence, a time when psychiatric disorders frequently emerge.

Methods. We systematically searched PUBMED from database inception until 12/2014 for articles reporting on PsyNOS and BrPsy in samples aged ≤ 19 years old. Authors were contacted to obtain unpublished/missing data. A meta-analysis was conducted to characterize this population socio-demographically and clinically and to determine the progression to other diagnostic entities during follow-up.

Results. Altogether, 30 articles were included encompassing 357 individuals from 12 non-overlapping samples. Youth were mainly Caucasian (40%), boys (62%), aged 14.5 (SD=2.6) years with poor functioning (CGAS=38 (SD=11)) and a borderline IQ (M=83 (SD=16)). Altogether, 21% had a history of obstetric complications. Comorbidities were common, including externalizing disorders (17%), post-traumatic stress disorder (15%), anxiety and depressive disorders (13%); attention-deficit/hyperactivity disorder (12%) and substance use disorders (12%), and. The majority (53%) received psychotropic treatment at time of

assessment, including antipsychotics (38%), antidepressants (23%) and/or mood stabilizers (14%). During follow-up (4 samples, 2-8 years, (M=32 months (SD=18)) only 19.5% kept the same diagnosis, 9.8% were in full remission (without requiring pharmacological treatment) and 70.7% changed to another diagnosis, mainly bipolar disorder (27%), schizophrenia (20%), depression (11%), schizoaffective disorder (4%) and personality disorders (4%).

Conclusion. According to the very scarce literature, youth with PsyNOS and BrPsy were predominantly prepubertal boys with low average IQ, frequent comorbidities and low functioning. Over an average of 3 years, 71% of youth diagnosed with PsyNOS/BrPsy developed a different severe mental disorder, pointing to the unspecified psychosis diagnosis as a mostly transient condition in youth. Since treatment will vary depending on longer-term outcomes, more research is needed to identify markers and predictors of transition to specific conditions and to test interventions to improve overall outcomes.

1. Correll CU, Smith CW, Auther AM et al. Prospective study of adolescents with subsyndromal psychosis: characteristics and outcome. *J Child Adolesc Psychopharmacol*. 2005 Jun;15(3):418-33.
2. Correll CU, Lencz T, Smith CW et al. Predictors of remission, schizophrenia, and bipolar disorder in adolescents with brief psychotic disorder or psychotic disorder not otherwise specified considered at very high risk for schizophrenia. *J Child Adolesc Psychopharmacol*. 2008 Oct;18(5):475-90.

PM-091

PSYCHOSOCIAL IMPACT IN EARTHQUAKE EXPOSED GREEK PUPILS AND THEIR PARENTS

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Background: Natural disasters are traumatic events that may have a serious impact on people's mental health. On January 26 and February 3, 2014, two strong (6 Richter) earthquakes hit Cephalonia island, western Greece and damaged hundreds of buildings mainly close to the epicenter. A great number of residents whose properties had been affected by the earthquake were accommodated in sailboats, tents and pre-fab buildings.

Objectives: This study investigates post traumatic stress disorder (PTSD) in pupils (aged between 10 and 18) and their parents who experienced the earthquakes. It tests the hypothesis that people who lived close to the earthquake epicenter would experience higher levels of PTSD than those who lived further away from epicenter. Differences in levels of child and parental PTSD and social support as well as child emotional and behavioral difficulties were investigated in a cross-sectional, between groups design, three months after the two earthquakes.

Methods: Three groups of pupils and their parents participated in the study: 215 parent-child dyads who lived very close to the epicenter (Lixouri), 174 who lived close to the epicenter (Argostoli), and 132 who lived further away to the epicenter (distant villages). Participants were asked to complete a series of questionnaires.

Results: There were no significant differences in child emotional and behavioral difficulties according to parental and child reports between the three groups (parental reports: $p=.663$; child reports: $p=.794$). Both parents and their children reported that they received satisfactory social support (Lixouri: 87.2%; Argostoli: 78.4%; distant villages: 86.9%). Parents who lived in Lixouri experienced significantly higher levels of PTSD than those who lived in Argostoli ($p<.001$) and those who lived further away to epicenter (distant villages) ($p<.001$).

Furthermore, pupils who lived in Lixouri reported higher levels of PTSD than those who lived further away to the epicenter ($p=.033$).

Conclusions: Although there were no differences in child emotional and behavioral problems, child PTSD levels appeared higher in populations who lived very close to the earthquake epicenter. Additionally, parents who lived very close to the epicenter experienced higher levels of PTSD compared to the other two groups.

PM-092

PSYCHOTHERAPY OF A 10 YEAR OLD BOY WITH DISSOCIATIVE DISORDER: HE WAS THE WITNESS OF CROOKED ROMANTIC RELATIONSHIPS WITHIN THE FAMILY MEMBERS

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Introduction

'Dissociation' is defined as a human capacity that can fulfill an adaptive or maladaptive function in specific circumstances, and which appears to be particularly recruited as a response to trauma in most cultural settings around the World. Dissociative disorders are not uncommon although little is known about their true prevalence. This is mainly because the most symptoms of these disorders are not necessarily brought the medical attention until the functionality is broken. Precipitating factors in childhood include lifestresses of all types, involving either the child directly or the whole family.

In this case study, we present a 10 year old boy exposing behavioral problems and then converting into a different personality in two months.

Case

Ali (a pseudonym), a 10 year old elementary student, referred to our Child and Adolescent Psychiatry clinic by his family reporting nervousness, pessimism, anhedonia, thoughtfulness and temperament changes. He also reported amnesia (e.g. having found himself a few times on the room of his sibling after arguments with his parents with no memory of the reason). At the time of intake, Ali reported having heard 3 voices from inside his head since two months and having seen the owners of the voices in two weeks. He reported that these voices tried to control him, made him behave rebelliously and insisted on him to wash his clothes. He reported that one of the persons looked like his uncle, and having been witnessed of secret romantic relationship between his uncle and little aunt. He was threatened to be killed if he tells the events. The switching to new personality state was easily observed during diagnostic interview following direct inquiry of the interview.

Our treatment was mainly consisted of three steps: stabilization, trauma work, and integration.

Discussion

Dissociative disorders is a chronic, severe and destructive mental problem seemed in different age brackets and independently from the culture and geography, come out where child abuse and neglect formed. The presented case was treated until integration in outpatient therapy only. We considered that early intervention was the most important thing of successful therapy sessions.

PM-093

PSYCHOTIC DISORDERS IN AN INPATIENT UNIT OF CHILD AND ADOLESCENT PSYCHIATRY: A FOLLOW-UP STUDY

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Introduction

The inpatient unit of the Department of Child and Adolescent Psychiatry of Oporto Hospital Centre provides care for all patients in the North and Centre regions of Portugal. Psychotic disorders are among the most prevalent diagnosis in the unit, most of which being first episode psychosis. The follow-up of these patients is made in the same or in other Child and Adolescent Psychiatry Departments until the age of 18, when patients are transferred for continued care in Psychiatric units for adults.

With this study, we intended to acknowledge follow up information on this group of patients from 2 to 7 years after admission in our inpatient unit.

Methods

We conducted a retrospective cohort study, obtaining data for all inpatients with identified affective and non-affective psychotic disorders in our unit between the years of 2008 and 2012. Using patient records, we collected the following information about the first psychotic episode: sex, age, duration of the inpatient care and diagnosis according to DSM-IV-TR.

For the follow-up information, we consulted the Portuguese Health Data Platform for updated information and performed a questionnaire through telephonic contact to these patients and/or their carers. We aimed to obtain information about current medical care, treatment compliance, repeated psychotic episodes and occupational and personal functioning.

Results

A total of 96 patients received treatment in our unit during the years of 2008 until 2012 for a first episode of psychosis. Nearly half (53%) were male and the mean age was 15,7 years old. Of the 96 patients, 11 (11,5%) were diagnosed as having a primary affective disorder. The mean duration of the inpatient care was 30 days. The mean follow-up time was 4,3 years.

Conclusion

This study allowed us to better understand the diagnostic stability and prognosis of the patients that receive treatment in our inpatient unit, promoting a reflection on our current practice. By sharing the results of our study, we aim to allow for a similar exercise to all of the units with an equivalent practice.

PM-094

RECONSTRUCTION OF IDENTITY IN ADOLESCENTS WITH CANCER IN BRAZIL COPING STRATEGIES AND PSYCHOSOCIAL IMPACT

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Cancer in adolescence is an especially critical experience. Having a neoplastic disease at this age hardens the construction of personal identity, affecting socialization, and hinders the development of sexual identity. Thus, young people and families need to acquire psychosocial adjustment and resilience skills to facilitate the management of diagnosis and of continuous bodily changes helping them to deal with aggression therapeutic. The psychological impact of cancer can be more devastating during adolescence than at any other stage of life, since the illness and therapeutic responses, mainly aggressive, difficult the construction of self-image and self-esteem. Teen cancer also implies loss of freedom and autonomy in habits and lifestyles, compromising the construction of identity not only by the losses associated with the change in familiar role, but especially at school, with possible fears of rejection by friends due to not participating in social activities as often as before. General objective: To investigate psychosocial impact and coping strategies in the structuring of identity in adolescents with cancer. Methodo According to the research objectives, the following instruments will be applied: the AIDA (Assessment of Identity Development in Adolescent, and qualitative analysis based on semi-structured interviews to be conducted with parents and health professionals. Life stories of teenagers suffering from neoplastic disease will also be made, and then analyzed through content analysis technique. Universe: Adolescents aged 12-18 years with cancer, who are receiving treatment in Cancer Institute of São Paulo. Conclusions: -(1) multivariate analyzes may allow a better assessment of coping strategies both in young and their family (2) This study may contribute to understanding the behavior models used by adolescents with oncological disease and parents and that this review could allow healthcare professionals a greater understanding of the patient and their family. We believe that this study, which presents multivariate analyzes, can be a contribution to a better understanding of the concept of coping in adolescents with cancer.

Keywords: 1- Coping strategies, 2- Psychosocial impact, 3- Quality of Life .
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PM-095

REFLECTIVE FUNCTION MODERATES THE ASSOCIATION BETWEEN TRAUMA AND SYMPTOMS OF BORDERLINE PERSONALITY DISORDER

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Background: Reflective Function (RF) is the capacity to realise and understand the mental states (beliefs, motives, emotions, feelings, needs, expectations) that underpin own and others' behaviour. Impairment in RF affects the capacity to contact, hold and "metabolize" own emotional reactions and to make sense of interpersonal interactions. The association of Borderline Personality Disorder (BPD) to both biographic trauma and to deficit in RF suggests the possibility that RF may moderate the association between trauma and BPD. Objective: The aim of the present study is to analyze to what extent RF moderates the association between trauma and symptoms of BPD. Method: A sample of 185 adolescents aged 12 to 18 years old were assessed on measures of trauma, BPD (Personality Disorders Questionnaire 4 or PDQ-4, and SCID-II), and deficit on RF (Mentalization Questionnaire or MZQ). Results: Participants who suffered life events with important consequences showed both higher mean score on BPD (PDQ-4 = 21.1 against 18.5 in the control group, $p < .0005$; SCID-II = 11 against 7.7 in the control group, $p < .0005$) and also more mean deficit on RF (MZQ = 47 against 41.8 in the control group, $p < .0005$). Results from Multiple Linear Regression indicate that symptoms of BPD are related to the number of biographic traumas (β on PDQ-4= .25; β on SCID-II= .16), to the presence of impairing consequences from these traumatic life events (β on PDQ-4= .38; β on SCID-II= .26), and to the duration of the impairment (β on PDQ-4= .40; β on SCID-II= .45). However, the association between trauma and BPD is moderated by the presence of deficit in RF (β on MZQ from .41 to .46) in all cases. Conclusion: These results suggest that RF moderates the association between trauma and symptoms of BPD also in non-clinical population. This highlights the importance of taking into account RF both in treatment and prevention of consequences of trauma as well as in the onset of symptoms of BPD even in adolescents from non-clinical population. (326 words)

Keywords: Reflective Function, trauma, Borderline Personality symptoms, adolescence, non-clinical population

PM-096

RELATIONSHIP BETWEEN ALCOHOL BINGE DRINKING AND CONDUCT DISORDERS IN ADOLESCENCE

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KEY WORDS:

Alcohol, binge drinking, conduct disorders, adolescence.

INTRODUCTION:

Alcohol is the drug most commonly used by youths. In early adolescence youths are extremely vulnerable to alcohol initiation. The recent results of ESTUDES survey reveal an important increase of alcohol use in 14-18-year-old students in Spain. Especially binge drinking in the last month was found in 28,2% of 15 years old boys and 32,6% of girls; and in 44,8% of 16 years old boys and 40,4% of girls. The binge drinking pattern of alcohol use has been associated to aggressive and violent behaviours in adolescents.

AIMS:

- Study the psychopathology associated to alcohol use in adolescent psychiatric inpatients.

METHODOLOGY

A sample of adolescent psychiatric inpatients admitted to Hospital Universitario Basurto (Bilbao) and Hospital Universitario Donostia (San Sebastian), Spain, from May to October 2011 were included. Sociodemographical data, history of alcohol use and psychopathology were assessed through medical interview and questionnaires administered to inpatients and parents (CBCL and YSR). Descriptive and bivariate statistical analysis (Chi-square test, Student's t-test) were performed.

RESULTS:

- A total of 48 adolescents (56,25% male; mean age: 15,33; SD=1,12) were included.
- 56,3% drank alcohol, being on a weekend basis the most frequent
- 4,2% started to drink alcohol before age 10; 29,2% between 10-13 years; and 29,2% between 14-15 years.
- Alcohol binge drinking was found in 63%: 37% of adolescents drank more than 10 standard drinks the days they use alcohol and 26% drank between 6-10 (1standard drink=10g of alcohol)
- Statistically significant differences between alcohol use and the subscale of criminal behaviour in CBCL ($p=0,010$) and in YRS ($p=0,001$) were found.
- Statistically significant differences between alcohol use and the subscale of social problems were found only in CBCL ($p=0,054$), but not in YSR.

CONCLUSIONS:

- Alcohol use in adolescence is a common habit.
- Binge drinking pattern of alcohol use is also common in adolescence.
- In our sample, alcohol use has relationship with behaviour disorders (social problems and criminal conducts).

PM-097

RELIABILITY AND VALIDITY OF A BRIEF INTERVIEW FOR ASSESSING REFLECTIVE FUNCTION IN THE ADOLESCENCE: THE ADOLESCENT MENTALIZATION INTERVIEW (AMI)

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Background: Reflective Function (RF) or mentalization is the human capacity to identify the mental states (i.e., emotions, feelings, beliefs, desires, needs) that underpin and make sense of human behaviour. The most used measure of RF is the Fonagy and colleague's Reflective Function Scale (RFS), but it requires of several weeks to assess every participant. The growing evidence for the association of RF to psychopathology enhances the importance of looking for more cost-efficient measures. Objective: To provide preliminary evidence for the reliability and validity of the new Adolescent Mentalization Interview (AMI). Method: The AMI was constructed

after a deep analysis of the construct of RF, the Fonagy's RFS, and other interviews designed to explore complex phenomena such as trauma or attachment style. The AMI consists of two guided exercises structured in 7 questions. The first one asks the adolescent about the dynamics of mental states on the basis of a fictitious illustrated story. The second one asks about the mental states of the participant in relation to two Very Close Others (VCO) (e.g., parents, boy-/girlfriend, best friends) previously chosen by him or her. The interview was used with 256 adolescents aged 12 to 19 years old (50.6% of girls) in the context of a study about social anxiety. Results: The factor analysis revealed one single dimension structure, which explained the 64% of the total variability and displayed excellent internal consistency ($\alpha=.90$). All items were perfectly correlated with this dimension (r from .75 to .83). A second analysis with Varimax rotation showed two possible factors regarding the two parts of the interview (i.e., the first one accounting for the 41% of total variability; $\alpha=.85$; and the second part accounting for the 33% of the total variability; $\alpha=.84$). Inter-judge reliability was also good (ICC ranging from .60 to .94 for the individual items; $r=.90$ for the total score). However, nor the individual items neither the different total scores were correlated with self-reported measures of RF, similar constructs (such as Emotional Intelligence), or related constructs (such as Borderline Personality). Conclusion: Given that RF and EI may be necessary for correctly self-reporting a measure of these constructs, it is possible that the self-reported measures of RF and similar constructs may not be gold-standards, or they may even be biased, especially in those cases with low RF. Although preliminary results support excellent AMI's reliability, further evidence is needed to support the validity of this new instrument. (399 words)

Keywords: Reflective Function, interview, assessment, cost-efficient measures

PM-097

RELIABILITY AND VALIDITY OF A BRIEF SELF-REPORT OF REFLECTIVE FUNCTION

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Background: The growing interest in Reflective Function (RF), i.e., the ability to identify the mental states that underpin human behaviour (i.e., intentions, feelings, desires, motives) highlights the importance of having cost-efficient measures for this capacity. Fonagy's Reflective Function Scale is a widely used procedure, but it requires of several weeks to obtain a score of RF. Objective: The present study aims to analyse the psychometric properties of the Brief self-report of Reflective Function (BRF), a very short self-reported instrument based on 4 Lickert scales. Method: The BRF is inspired in short instruments, such as the Relationship Questionnaire (RQ), and provides the participant with 4 brief descriptions about own and others' mental states to then ask about the agreement with every statement. The BRF was used with 462 adolescents aged 12 to 19 years old (50.6% of females) in the context of a study about social anxiety. Results: The factor analysis showed that BRF is structured in one single dimension that accounts for the 54% of the total variability. Items 2 to 4, (referred to others' mental states) showed high correlations with this dimension (from $r=.76$ to $r=.85$), and item 1 (referred to own mental states) showed a moderate correlation ($r=.45$). The internal consistency (Cronbach's $\alpha=.69$) was considerably improved ($\alpha=.76$) if the first item was not taken into account. Therefore, two total scores were obtained, one based on the sum of all the four items, and another one based only in the items referred to other's (2 to 4). Test-retest reliability was good both for the items (CCI from .47 to .62) and for the total scores (r between .47 and .50). BRF also showed slight but significant correlations with other measures of RF (r from -.26 to -.35 with the Mentalization Questionnaire, which evaluates deficit on RF; and $r=.25$ with an interview). Positive correlations with measures of similar constructs (i.e., Emotional Intelligence, $r=.43$), and with measures of related constructs (i.e., Resilience, $r=.34$) were evidence for convergent validity. Conclusion: The present study provides evidence for the reliability of the BRF based on the internal consistency and on the test-retest. Preliminary evidence for the convergent and construct validity is also presented. However, given that RF is

probably needed to reliably self-report RF, the level of RF may correlate with the reliability of the self-report, so further research is needed to explore whether RF can be really self-evaluated, especially in cases of deficit.

PM-098

RELIABILITY AND VALIDITY OF A BRIEF INTERVIEW FOR ASSESSING REFLECTIVE FUNCTION IN THE ADOLESCENCE: THE ADOLESCENT MENTALIZATION INTERVIEW (AMI)

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Background: Reflective Function (RF) or mentalization is the human capacity to identify the mental states (i.e., emotions, feelings, beliefs, desires, needs) that underpin and make sense of human behaviour. The most used measure of RF is the Fonagy and colleague's Reflective Function Scale (RFS), but it requires of several weeks to assess every participant. The growing evidence for the association of RF to psychopathology enhances the importance of looking for more cost-efficient measures. Objective: To provide preliminary evidence for the reliability and validity of the new Adolescent Mentalization Interview (AMI). Method: The AMI was constructed after a deep analysis of the construct of RF, the Fonagy's RFS, and other interviews designed to explore complex phenomena such as trauma or attachment style. The AMI consists of two guided exercises structured in 7 questions. The first one asks the adolescent about the dynamics of mental states on the basis of a fictitious illustrated story. The second one asks about the mental states of the participant in relation to two Very Close Others (VCO) (e.g., parents, boy-/girlfriend, best friends) previously chosen by him or her. The interview was used with 256 adolescents aged 12 to 19 years old (50.6% of girls) in the context of a study about social anxiety. Results: The factor analysis revealed one single dimension structure, which explained the 64% of the total variability and displayed excellent internal consistency ($\alpha=.90$). All items were perfectly correlated with this dimension (r from .75 to .83). A second analysis with Varimax rotation showed two possible factors regarding the two parts of the interview (i.e., the first one accounting for the 41% of total variability; $\alpha=.85$; and the second part accounting for the 33% of the total variability; $\alpha=.84$). Inter-judge reliability was also good (ICC ranging from .60 to .94 for the individual items; $r=.90$ for the total score). However, nor the individual items neither the different total scores were correlated with self-reported measures of RF, similar constructs (such as Emotional Intelligence), or related constructs (such as Borderline Personality). Conclusion: Given that RF and EI may be necessary for correctly self-reporting a measure of these constructs, it is possible that the self-reported measures of RF and similar constructs may not be gold-standards, or they may even be biased, especially in those cases with low RF. Although preliminary results support excellent AMI's reliability, further evidence is needed to support the validity of this new instrument. (399 words)

Keywords: Reflective Function, interview, assessment, cost-efficient measures

PM-099

RETROSPECTIVE STUDY OF CLINICAL, DEMOGRAPHIC AND PSYCHOSOCIAL CHARACTERISTICS OF HOSPITALIZED CHILDREN AND ADOLESCENTS WITH A PSYCHOTIC DISORDER

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Background: An increased rate of premorbid developmental deficits and social impairments have been associated with psychotic disorders in children and adolescents. However, the significance of these premorbid impairments as risk factors in developing psychosis has not been yet established. Recent literature mostly focuses on familial liability, and developmental aspects of psychotic phenomena, i.e., hallucinations, delusions, and thought disorder.

Objectives: To examine the clinical, developmental and psychopathological features as well as to describe the psychopharmaceutical interventions.

Methods: We conducted a retrospective study on a total of 70 consecutive hospitalized patients, whose ages were between 10 and 16 years, with first-episode child- or adolescent-onset psychosis, so as their relapses. Participants had been admitted in the inpatient unit of the Department of Child Psychiatry, Athens University Medical School, Aghia Sophia Children's Hospital, between 1997 and 2014. Clinical and demographic information were extracted from the patients' medical records using a structured coding sheet specifically designed for the study. Premorbid development, family assessment and general functioning were recorded from medical records by trained clinicians with the use of a pre-established form. We compared patients, on demographic variables, medical and psychiatric history, number of medication, cognitive state and functioning.

Results: Of the 70 patients of the sample, 38% were male and the mean age was 13 years. 23% of the participants had presented deficits in language development and 73.4% reported major difficulties in their social skills. Furthermore they experienced at least one traumatic life event in the last year before their psychotic break. Furthermore, delusions and hallucinations were the predominant features, with formal thought disorder, mobility and negative symptoms being also present.

PM-100

SAME OR DIAMETRICAL RELATIONSHIPS BETWEEN AUTISTIC AND SCHIZOTYPY TRAITS? IMPLICATION FOR AUTISM AND SCHIZOPHRENIA SPECTRUM RESEARCH

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The autism (ASp) and schizophrenia spectrum (SSp) are mainly treated like distinct entities, despite common historical roots and clinical features. Confusion might even lead to misdiagnoses. We experience an ongoing debate between theories relating and distinguishing between ASp and SSp. To this aim, research also measures personality traits in the general population as a proxy for illness-relevant markers. Both autism and schizotypy traits are qualitatively similar though quantitatively milder to those experienced by patients. They also have a genetic component. Research using such personality trait measures found that (i) higher negative schizotypy related to higher autistic social deficits, (ii) higher positive schizotypy related to higher autistic attention to details, and (iii) higher positive schizotypy related to lower autistic imagination deficits. Most important here, the latter observation would support the notion that ASp and SSp differ diametrically regarding social cognition. To test whether these relationships replicate in French speakers, we assessed the French Autism Spectrum Quotient (AQ, Sonié et al., 2011) and the French O-LIFE Short (sO-Life, Sierro et al., in press) in 921 French-speaking undergraduate students. We applied common psychometric methods to validate the French AQ (confirmatory factor analysis) and to assess the relationships between the AQ and sO-LIFE (i.e., zero-order correlations, semipartial correlations; principal component analyses [PCAs]). Results showed that our AQ data best fitted the 5-factor solution from Kloosterman et al. (2011). Applying this solution and the original one by Baron-Cohen et al. (2001), our zero-order correlations, semipartial correlations and PCA results replicated that (i) higher negative schizotypy related to higher autistic social deficits, (ii) higher positive schizotypy related to higher autistic attention to details, and (iii) higher positive schizotypy related to lower autistic deficits in imagination and communication/mindreading. These results replicate in a French sample that most autistic and schizotypal dimensions share a considerable amount of variance, while high positive schizotypy goes along with reduced interpersonal autistic deficits (or in other words social cognitive deficits). As such, this latter relationship supports Crespi & Badcock's (2008) theory that ASp and SSp lie on opposite ends of a social cognition spectrum, likely representing a hypo- versus hyper-mentalism continuum. For future studies, we would benefit from a psychometrically improved autism trait questionnaire and individual PCA-scores (see also Dinsdale et al., 2013) that could enhance our ability to distinguish between ASp- and SSp-related traits.

PM-101

SDQ DIMENSIONS ARE ASSOCIATED WITH 2-YEAR POSITIVE AND NEGATIVE SYMPTOMS IN EARLY ONSET PSYCHOSIS

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Purpose of the study

The Strengths and Difficulties Questionnaire (SDQ) is a brief behavioural screening questionnaire which includes 25 items on psychological attributes, divided into five different subscales: emotional, hyperactivity, prosocial, problems with peers and behaviour. The aim of this study is to use the scale as a measure of prognostic value in a sample of adolescents with a first psychotic episode.

Methods

The Child and Adolescent First- Episode Sample (CAFEPS) sample included 110 children and adolescents with a diagnosis of a first psychotic episode and 98 matched healthy control subjects who were followed for two years. After confirming normality of the data, scores in the SDQ subscales at baseline and 2-year follow-up were compared between patients and controls using Student's t tests. Pearson's correlations and stepwise linear regression models were used to analyze the association between baseline SDQ subscales and 2-year clinical and functional scales.

Results

110 patients (age 15.53 ± 1.83 years, 67.3% male) and 98 controls (age 15.18 ± 1.99 years, 65.3% male) comprised the study sample. At baseline, patients with early-onset psychosis (EOP) showed significantly higher scores than controls in emotional ($p < 0.001$), behaviour ($p < 0.001$), problems with peers ($p < 0.001$) and prosocial ($p < 0.004$) dimensions. At two-year follow-up, the differences in the emotional and prosocial subscales remained significant ($p < 0.01$). In patients with EOP a positive correlation was found between the behaviour dimension at baseline and the Positive and Negative Syndrome Scale (PANSS) positive subscale ($r = 0.268$, $p < 0.023$) at the two-year follow-up and the problems with peers dimension at baseline and the total PANSS ($r = 0.271$, $p < 0.022$) at the two-year follow-up. A negative correlation was found between the prosocial dimension at baseline and the PANSS negative subscale ($r = -0.283$, $p < 0.017$). Controlling for age, sex, diagnosis, baseline GAF and baseline PANSS, the "problems with peers" dimension at baseline predicted the positive subscale of the PANSS at the two-year follow-up ($r^2 = 0.075$, $p < 0.023$). Controlling for the same covariates, the "problems with peers" and the "prosocial" dimension at baseline predicted the negative subscale of the PANSS at the two-year follow-up ($r^2 = 0.258$, $p < 0.001$ and $r^2 = 0.207$, $p < 0.001$).

Conclusions

In this clinical sample of adolescents with first-episode psychosis more problems with peers at the onset were associated with more positive and negative symptoms at 2-year follow-up, whilst poorer prosocial preadjustment predicted more negative symptomatology. The inclusion of dimensional measures in the assessment of young people with EOP could be helpful for the prediction of some clinical outcomes during follow-up.

PM-102

SELF CUTTING IN PSYCHIATRIC ADOLESCENT PATIENTS: A CASE - CONTROL STUDY

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Non-suicidal self-injury (NSSI), defined as the deliberate destruction of body tissue without suicidal intent [1], is a common and multifaceted phenomenon among adolescents as well as actually representing a major health issue in this critical age.

In the previous studies, several psychopathological conditions have proven to be potentially implicated in the origin and in the development of this behavior (e.g., DSM axis I/II disorders). A better understanding of self-harm comorbidities is therefore crucial to improve our knowledge in terms of assessment, treatment and prevention.

The aim of the current study is to provide a more depth analysis of the broad range of psychopathological correlates of the NSSI. More in detail, we focused our attention on the inter occurring relationships among NSSI and alexithymia, impulsivity, depression, emotional and behavioral problems in adolescents.

In order to reach our goal, we conducted during the last 12 months a case-control study: the clinical sample (n=35, aged 12 to 18) included adolescents who attended our Child and Adolescent Psychiatric Service in Padua in 2014 for self-injurious behavior, while the control group (n=80) has been selected from cohorts of 13- to 18-years old adolescents who, at the time of the study, were attending a local high school.

The collected data include six structured self-reporting questionnaires, five of which filled by the participants: the Youth Self-Report (YSR) for adolescents aged 11–18 years, the Barratt Impulsiveness Scale (BIS-11), the 20-item Toronto Alexithymia Scale (TAS-20), the Children's Depression Inventory (CDI) and the Symptom Checklist-90-R (SCL-90-R). Additionally, we asked the parents (or the legal guardian) to compile the Child Behavior Check List (CBCL). Data analysis is working in progress.

[1] Nock, M. K. (2010). Self-injury. *Annual Review of Clinical Psychology*, 27, 339-363.

PM-103

SENSORY PHENOMENA IN OBSESSIVE COMPULSIVE DISORDER – CHILDREN AND ADOLESCENT STUDY

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Introduction: Sensory phenomena is a term used to define uncomfortable or disturbing sensations, perceptions, feelings or urges that either precede or accompany repetitive behaviors such as compulsions or tics. Obsessive Compulsive Disorder (OCD) patients might feel driven to repeat compulsions until they experience a sense of relief from these uncomfortable sensations. Sensory phenomena can be divided into physical and mental. Evaluation of the presence and severity of sensory phenomena is relevant because some studies have reported that patients with early-onset and tic related OCD show more sensory phenomena and some report that these sensory phenomena cause even more distress than the compulsions. **Objectives:** Evaluate the presence of sensory phenomena in OCD children and adolescents. **Methods:** Twenty outpatients, meeting Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition, criteria for OCD, were assessed with the University of São Paulo-Sensory Phenomena Scale, Children's Yale-Brown Obsessive-Compulsive Scale, Dimensional Yale-Brown Obsessive-Compulsive Scale and Yale Global Tic Severity Scale. **Results:** Children and adolescents observed to date were aged between 6 and 17 years. Fifty six percent were male. Patients with early-onset and tic related OCD show more sensory phenomena than others, according to literature. Due to small sample, the analysis is only descriptive. **Conclusions:** In observation of OCD patient, especially in pediatric age, is extremely important to evaluate sensory-phenomena, and take it into consideration in the treatment.

ARTIGOS

[J Psychiatr Res.](#) 2014 Oct;57:141-8. doi: 10.1016/j.jpsychires.2014.06.010. Epub 2014 Jun 26.

1. 1.Phenomenology of OCD: Lessons from a large multicenter study and implications for ICD-11.

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Abstract

This study aimed to investigate the phenomenology of obsessive-compulsive disorder (OCD), addressing specific questions about the nature of obsessions and compulsions, and to contribute to the World Health Organization's (WHO) revision of OCD diagnostic guidelines. Data from 1001 patients from the Brazilian Research Consortium on Obsessive-Compulsive Spectrum Disorders were used. Patients were evaluated by trained clinicians using validated instruments, including the Dimensional Yale-Brown Obsessive-Compulsive Scale, the University of Sao Paulo Sensory Phenomena Scale, and the Brown Assessment of Beliefs Scale. The aims were to compare the types of sensory phenomena (SP, subjective experiences that precede or accompany compulsions) in OCD patients with and without tic disorders and to determine the frequency of mental compulsions, the co-occurrence of obsessions and compulsions, and the range of insight. SP were common in the whole sample, but patients with tic disorders were more likely to have physical sensations and urges only. Mental compulsions occurred in the majority of OCD patients. It was extremely rare for OCD patients to have obsessions without compulsions. A wide range of insight into OCD beliefs was observed, with a small subset presenting no insight. The data generated from this large sample will help practicing clinicians appreciate the full range of OCD symptoms and confirm prior studies in smaller samples the degree to which insight varies. These findings also support specific revisions to the WHO's diagnostic guidelines for OCD, such as describing sensory phenomena, mental compulsions and level of insight, so that the world-wide recognition of this disabling disorder is increased.

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2. [Treatment-refractory OCD from the viewpoint of obsessive-compulsive spectrum disorders: impact of comorbid child and adolescent psychiatric disorders].

[Article in Japanese]

[Kano Y.](#)

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Abstract

More than a half of patients with OCD are classified as early-onset. Early-onset OCD has been indicated to be associated with a greater OCD global severity and more frequently comorbid with tic disorders and other obsessive-compulsive (OC) spectrum disorders, compared with late-onset OCD. Early-onset OCD patients with severe impairment caused by both OC symptoms and comorbid OC spectrum disorders may be identified as being refractory. Tic disorders and autism spectrum disorder (ASD) are child and adolescent psychiatric disorders included in OC spectrum disorders. OCD comorbid with chronic tic disorders including Tourette syndrome (TS) is specified as tic-related OCD. Tic-related OCD is characterized by the high prevalence of early-onset and sensory phenomena including "just right" feeling. Self-injurious behaviors (SIB) such as head banging and body punching often occur in patients with TS. The patients' concern about SIB is likely to trigger them, suggesting that an impulse-control problem is a feature of TS. More than a half of patients with TS have OC symptoms. When OC symptoms in patients with TS were assessed with a dimensional approach, symmetry dimension symptoms were found most frequently over the lifetime. On the other hand, the severity of aggression dimension symptoms was the most stable during the course among all dimensions. Aggression dimension symptoms also exhibited a close relationship with impairment of global functioning and sensory phenomena. This tendency may be characteristic of tic-related OCD. It is sometimes difficult to differentiate between OC symptoms and restricted, repetitive behaviors which are core symptoms of ASD. Recently, ego-dystonia and insight are considered non-essential to diagnose OCD, whereas high-functioning and/or atypical ASD is recognized as being more prevalent than previously estimated. In this situation, attention to comorbidity of OCD and ASD is increasing, and the prevalence of OCD in children and adolescents with ASD was reported to be about 20%. One study on the impact of comorbid ASD in adults with OCD

indicated that comorbid patients had higher scores for the Autism Questionnaire (AQ) subscales of attention switching and imagination but showed little difference in OC symptoms except for the predominance of compulsion compared to patients with pure OCD. "Just right" feeling and impulse-control problems were evident in OC patients comorbid with both ASD and TS. Out of five adults with TS who underwent deep brain stimulation (DBS) because of refractory tics, four had impulse-control problems including SIB, leading to very severe physical injuries in two patients. After DBS, tics and SIB improved in all patients; however, one patient experienced their re-aggravation. To improve understanding of and treatment/support for refractory OCD, OC spectrum disorders should also be considered.

[Psychiatry Res.](#) 2012 May 30;197(3):253-8. doi: 10.1016/j.psychres.2011.09.017. Epub 2012 Feb 22.

3.Sensory phenomena associated with repetitive behaviors in obsessive-compulsive disorder: an exploratory study of 1001 patients.

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Abstract

A substantial number of patients with obsessive-compulsive disorder (OCD) report compulsions that are preceded not by obsessions but by subjective experiences known as sensory phenomena. This study aimed to investigate the frequency, severity, and age at onset of sensory phenomena in OCD, as well as to compare OCD patients with and without sensory phenomena in terms of clinical characteristics. We assessed 1,001 consecutive OCD patients, using instruments designed to evaluate the frequency/severity of OC symptoms, tics, anxiety, depression, level of insight and presence/severity of sensory phenomena. All together, 651 (65.0%) subjects reported at least one type of sensory phenomena preceding the repetitive behaviors. Considering the sensory phenomena subtypes, 371 (57.0%) patients had musculoskeletal sensations, 519 (79.7%) had externally triggered "just-right" perceptions, 176 (27.0%) presented internally triggered "just right," 144 (22.1%) had an "energy release," and 240 (36.9%) patients had an "urge only" phenomenon. Sensory phenomena were described as being as more severe than were obsessions by 102 (15.7%) patients. Logistic regression analysis showed that the following characteristics were associated with the presence of sensory phenomena: higher frequency and greater severity of the symmetry/ordering/arranging and contamination/washing symptom dimensions; comorbid Tourette syndrome, and a family history of tic disorders. These data suggest that sensory phenomena constitute a poorly understood psychopathological aspect of OCD that merits further investigation.

[Compr Psychiatry.](#) 2006 Jul-Aug;47(4):276-81. Epub 2006 Apr 19.

4. Clinical features associated with treatment response in obsessive-compulsive disorder.

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Abstract

OBJECTIVE:

This study aims to investigate the effect of sociodemographic and clinical features on the short-term response to pharmacological treatment in obsessive-compulsive disorder (OCD). We focused especially on investigating factors previously associated with poorer prognosis, such as comorbidity with tic disorders, early onset of symptoms, and sensory phenomena preceding compulsions, which have been described as common in both tic-related and early-onset OCD.

METHOD:

The study involved 41 consecutive adult patients with OCD diagnosed according to Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition (DSM-IV) criteria and was conducted at the OCD Spectrum Disorders Clinic of the University of Sao Paulo School of Medicine in São Paulo, Brazil, between January of 2000 and December of 2001. All patients were treated exclusively with oral clomipramine for 14 weeks. Treatment response, measured for Yale-

Brown Obsessive-Compulsive Scale score decrease from baseline, was assessed by an investigator blinded as to the variables of interest present.

RESULTS:

Linear regression analysis showed that having a partner and sensory phenomena preceding compulsions were associated with better response to clomipramine treatment ($P = .04$ and $P = .002$, respectively). Tic comorbidity and early onset of symptoms were not associated with poorer response.

CONCLUSIONS:

In OCD, having a partner and sensory phenomena preceding compulsions seem to be associated with a favorable response to pharmacological treatment.

PM-104

SLUGGISH COGNITIVE TEMPO: NEW DISORDER OR A DIAGNOSTIC TOOL?

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Introduction:

The Sluggish Cognitive Tempo (SCT) concept was first defined by Carlson in 1986, related to attention impairment in children with hypoactive appearance. Decades before descriptive studies had separated it from the Attention Deficit/Hyperactivity Disorder under the DSM-III diagnostic of Attention Deficit Disorder subtype.

Studies described older age in children with SCT, lower parent educational level and family income than children without SCT. They presented partial comorbidity with ADHD, high presence of internalizing symptomatology and executive functioning deficits (Garner, 2010; Barkley, 2013; Becker, 2013). A higher risk to prenatal injury and lower IQ were also seen (Graham, 2013).

Objective:

The main objective was to study the SCT dimension in an ADHD sample from a larger fMRI study comparing predominantly Inattentive with Combined subtypes and to analyse clinical and neuropsychological characteristics.

Methods:

All participants ($n=63$) were assessed with a standardized clinical interview (Kiddie-SADS-PL) and clinical questionnaires were administered to teachers (T) and parents (P) (Conners' Rating Scales 3rd edition, Achenbach CBCL and TRF scales, ADHD Rating Scale and Social Communication Questionnaire)

A wide neuropsychological evaluation was administered: Wechsler Intelligence Scale for Children-IV, Rey-Osterrieth Figure Test, and reading ability evaluation were administered previously to exclude intellectual and learning disabilities; measures of working memory, processing speed, planning, sustained attention and response inhibition were administered to compare the cognitive performance of both groups.

SCT categorization criteria were established with Achenbach SCT subscale when both T and P subscores reached a typical score of 65; subgroup of no-SCT should score under 60. 37 children composed the final sample.

Results:

Significant differences were found between groups in internalizing and externalizing problems ($INTp=0.002$; $EXTp<0.004$) described by P and T ($p.0.04$) and in visual-spatial working memory (WMS-III Spatial Localization test: Direct score= 0.011 ; Total score= 0.019)

Conclusions:

Results only showed a worse performance in visual-spatial working memory tasks in the SCT group as well as increased internalizing and externalizing symptomatology.

Limitations:

The exclusion of any comorbid condition, any learning disability and IQ<80, and the use of a screening tool for establish the SCT subgroups increased internal validity but reduced ecological validity of the sample.

Aknowledgments:

This study was conducted thanks to Fundació Marató TV3.2009 and Instituto de Salud Carlos III2011

PM-105

SOFT SIGNS IN DEVELOPMENT OF PROBLEMATIC SEXUAL BEHAVIOR OF CHILDREN

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Soft signs in development of problematic sexual behavior of children

Not just since the Kinseys research in the early 50s of the last century (e.g. Kinsey et al. 1954; 1955) we know about the fact that sexual behavior of children in general is common and "normal", and the research of the last years shows a wide variety of manners even in prepubertal childhood (e.g. Friedrich et al. 1998). The clinical practitioner has to estimate the clinical relevance of observed behavior, not just in general but case by case. Knowing the poor validity of a single behavior we need more facts to assess a psychiatric endangerment. Besides a traumatic cause, like sexual abuse, our knowledge about nature and the development of problematic sexual child behavior (PSB) seems to be low. Some studies describe an influence of family-related factors like social class, finance income, maternal education or presence of a father (father figure). In our study we not only analyzed socio-economic factors and family structure but also the social life of children as well as everyday-life of the family (like media consumption, sports or meals).

Sample and Method: Data of 181 children without known or suspected sexual abuse aged 5-8 years were collected in a field study in kinder gardens and primary schools. Using the CBCL (Child Behavior Checklist 4-18, Achenbach 1991) and the CSBI (Child Sexual Behavior Inventory, Friedrich 1997), the behavior of every child was rated by their parents. Specific questionnaires asked for family structure, socio-economic factors, family life, social integration and individual preferences for toys, games, TV etc. Statistical analysis used T-Tests and Chi2.

Results: Contrary to our hypothesis, neither the presence of both parents nor siblings and the position between them seem to influence the development of problematic sexual behavior (PSB). Even if the formal family-structure does not differ between children with or PSB, we found indicators for differences in the concrete realization of family life and parenting, e. g. for children with PSB one-sided parenting (mother OR father) is reported by more than 40%. This is twice as much as for children without PSB – although the formal family-structure includes both parental figures. Further discrepancies appeared in questions about meals and chores. All in all there seems to imply a different concept of responsibility for family life between both groups.

PM-106

SPANISH ADAPTATION OF THE MENTALIZATION QUESTIONNAIRE (MZQ): PSYCHOMETRIC PROPERTIES IN A SAMPLE OF ADOLESCENTS

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Background: Mentalization is defined as the capacity to recognize and understand the mental states (feelings, wishes, thoughts, beliefs, needs, expectations) that underpin own and others' behaviour. The most used procedure to measure mentalization is the Fonagy's Reflective Function Scale (RFS), which requires of several weeks to obtain a single score of mentalization from every participant. Given that more cost-efficient measures of mentalization are needed,

the Mentalization Questionnaire (MZQ; Hausberg et al., 2012) was developed and became valuable for being the single available self-report instrument for measuring deficit in mentalization. Objective: The aim of the present study is to analyze the psychometric properties of the MZQ in a Spanish population. Method: A sample of 463 adolescents aged 12 to 19 rated the MZQ and measures of personality (Big Five Inventory), psychopathology (Beck Depression Inventory, BDI; Multidimensional Anxiety Scale for Children; MASC; Social Anxiety Scale for Adolescents, SASA; the borderline symptoms scale from the Personality Diagnostic Questionnaire-4, PDQ, and from the SCID-II), and attachment style (Relationship Questionnaire, RQ; and Relationship Style Questionnaire, RSQ). More than a half of the entire sample (249) rated again the MZQ one month after the first time. Results: The factor analysis showed a general factor that explains over 24% of total variability and displayed good internal consistency (Cronbach's $\alpha=.77$). The Varimax rotation did not reveal the same structure than in the original study. This could be attributed to the differences between samples. The original study was carried out with German adult participants from clinical population. The current study was developed with Spanish adolescents from general (i.e. non-clinical) population. Test-retest reliability was moderate-good ($r=.65$). Positive moderate correlations (between $r=.44$ and $r=.55$) with related constructs such as neuroticism, psychopathology, and insecure attachment style supported adequate convergent validity. Given that MZQ provides a measure of deficit in RF, negative correlations with measures of MZ were evidence for construct validity. Conclusion: Overall, the current results are evidence for the validity and the reliability of the Spanish version of the MZQ, even using the instrument with non clinical adolescent population. (338 words)

Keywords: Mentalization Questionnaire, Spanish adaptation, Reflective Function, Measurement, Adolescents, Non-clinical population

PM-107

SUBSTANCE USE IN ADOLESCENTS WITH SUBSTANCE ABUSING PARENTS: PARENT-ADOLESCENT RELATIONSHIP

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A relationship between parental substance abuse and subsequent substance use problems in the children has been documented extensively. Nevertheless, some theories, as PARTheory (Rohner, 2002), suggests that substance use in adolescents with substance abusing parents may be attenuated by parent-adolescent relationship quality. Purpose: To examine the association between maternal warmth (MWA) and substance use in Puerto Rican youth with substance abusing parents. Methods: Sample: This is a secondary analysis of the Boricua Youth Study which assessed Puerto Rican youth aged 5-13 yearly for 3 years, in two different sites: San Juan (Puerto Rico) and the South Bronx (NY), N=2,491 (Bird et al., 2007). Youth of parents with substance abuse at any wave who, at baseline were 10 years old or older were included in these analyses (n=238). Main Measures: a) Maternal warmth (Parent report) is a 13-item adaptation of the "Hudson's Index of Parental Attitudes" (Hudson, 1982); b) Parental Substance Abuse: Family Screening Instrument for epidemiologic studies FHE (Lish et.al., 1995); c) Child Substance Use (Parent and children report): Questions of the lifetime substance abuse section of the Diagnostic Interview Schedule for Children-IV (DISC-IV) (Shaffer et al. 2000) were used to assess youth substance use (alcohol, drugs, tobacco and marijuana) at any wave; c) Demographic factors: Youth gender; youth age; family income; d) Parental factors: parental psychopathology; Data Analysis: We tested the association between MWA at wave 1 and the presence of any youth substance use (alcohol, drugs, tobacco and marijuana) at any wave, using logistic regression analysis that adjusted for potential confounders (youth gender, youth age, family income, parent psychopathology and youth psychopathology). Results: The

prevalence rate of any substance use was 37.8% (w1-w3). Maternal Warmth was associated with a lower probability of using any substances, even after adjusting for confounding variables (AOR=.40; 95%CI=0.20-0.79, p .009). Conclusion: In a sample of Puerto Rican youth with substance abusing parents, these results are consonant with PARTheory, which supports the relevance of maternal warmth as a protective parental factor against substance use even among children of substance abusers. Positive parenting discourages substance use in children. Considering that Puerto Rican adults have the highest rates of SU among Hispanics (Alegria, 2007), early preventive interventions promoting parental warmth should be considered to reduce SU problems in this population.

PM-108

SUICID ATTEMPT IN A 12 YEAR OLD BOY AFTER SWITCHING 27 MG TO 36 MG OF OROS METHYLPHENIDATE

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OBJECTIVES: Methylphenidate (MPH) is a psychostimulant medication that is mostly common used in treatment of Attention-Deficit Hyperactivity Disorder (ADHD). Side effects like irritability and agitation, related with long-acting MPH, might be the reason for suicide attempts. Studies on association of suicide attempt and long-acting MPH are relatively rare.

METHODS: A 12-year-old boy with ADHD combined type, accompanied by his parents, was admitted to the pediatric emergency service because of suicide attempt with ingesting 10 long-acting MPH 36-mg tablets. The electrocardiography (ECG) parameters such as QRS duration, QT interval, R wave and PR interval were normal. except of elevated heart rate. There was no central nervous system finding except irritability and agitation. Activated charcoal administration was not carried out at the hospital because 3 hours have already elapsed after ingestion of the drug at the time of admission. In his psychiatric examination his mood was agitated and irritable. He mentioned about irritability and agitation when he took the first dose of 36 mg long-acting MPH.

RESULTS: All of his vital and laboratory findings were normal except heart rate. He had a full recovery and was discharged after one day of admission at the pediatric clinic and then referred to child and adolescent psychiatric department for further evaluation. There is no psychiatric history in his family.

CONCLUSIONS: Clinicians need to be alert when increasing the dosage of MPH in terms of the severe adverse effects like suicide attempts. And also it is important to inform patients' parents and teachers regarding potential adverse effects of MPH.

1. Goldman, L.S., et al., Diagnosis and treatment of attention-deficit/hyperactivity disorder in children and adolescents. Council on Scientific Affairs, American Medical Association. JAMA, 1998. 279(14): p. 1100-7.
2. Klein-Schwartz, W., Abuse and toxicity of methylphenidate. Curr Opin Pediatr, 2002. 14(2): p. 219-23.
3. Modi, N.B., B. Lindemulder, and S.K. Gupta, Single- and multiple-dose pharmacokinetics of an oral once-a-day osmotic controlled-release OROS (methylphenidate HCl) formulation. J Clin Pharmacol, 2000. 40(4): p. 379-88.
4. Challman, T.D. and J.J. Lipsky, Methylphenidate: its pharmacology and uses. Mayo Clin Proc, 2000. 75(7): p. 711-21.
5. Kimko, H.C., J.T. Cross, and D.R. Abernethy, Pharmacokinetics and clinical effectiveness of methylphenidate. Clin Pharmacokinet, 1999. 37(6): p. 457-70.

6. Levine, B., Y.H. Caplan, and G. Kauffman, Fatality resulting from methylphenidate overdose. *J Anal Toxicol*, 1986. 10(5): p. 209-10.
 7. Massello, W., 3rd and D.A. Carpenter, A fatality due to the intranasal abuse of methylphenidate (Ritalin). *J Forensic Sci*, 1999. 44(1): p. 220-1.
 8. Scharman, E.J., et al., Methylphenidate poisoning: an evidence-based consensus guideline for out-of-hospital management. *Clin Toxicol (Phila)*, 2007. 45(7): p. 737-52.
 9. Fettahoglu, E.C., et al., Oral megadose methylphenidate ingestion for suicide attempt. *Pediatr Int*, 2009. 51(6): p. 844-5.
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PM-109

SUICIDAL BEHAVIOR IN SPAIN: A CURRENT PERSPECTIVE

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INTRODUCTION

Self-injury has swelled in frequency in the last few decades. Although Spain has one of the lowest rates of suicide in Europe, current trends show a global expansion, while in most countries predominate a decreasing, other maintain rates.¹

Historically older men have been considered as the group at highest risk. Nowadays studies show that suicide is the third most common cause of death in male adolescents (after road-traffic accidents and violence) and the most common cause of death in female adolescents aged 15–19 years.²

OBJECTIVES

Analysis of the sociodemographic characteristics in our country and the manifold factors involved in this worldwide replacement.

METHODS

Review of the literature on this phenomenon, applying a dimensional view.

RESULTS

The easier availability of medication, the high rate in drugs consumption and the social transmission of the behavior could be possible factors implicated in this epidemiological change.² In females, major depression is the more important risk factor, while in males is the previous exposure to self-harm¹. While in past precipitation and overdoses were the more prevalent methods in females, currently hanging is the leading method in both gender. It is still more common in males (ratio 3:1). Under 12 years old, it is more common parasuicidal behaviors than suicide, which is extremely infrequent. The preferred seasons are spring and summer, specially at nighttime³.

CONCLUSIONS

The increasing prevalence in pubescent of suicide attempts, must force the development of national strategies for prevention, in order to decrease the high impact outcomes.

¹Clinical Practice Guidelines in major depression in childhood and adolescents of National Health System. Ed 07/2009.

²Keith Hawton, Kate E A Saunders, Rory C O'Connor. *Lancet* 2012; 379: 2373–82

³F. Cano et al. *Cuad Med Forense* 2012;18(2):55-62

PM-110

SUICIDE ATTEMPTS IN ADOLESCENCE - 5 YEARS' FOLLOW-UP

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Introduction

Despite the presence of a previous suicide attempt being one of the strongest predictors for future ones, there are few prospective studies characterizing the presence of continued suicidal ideation in these adolescents.

Pfeffer and colleagues, in a study conducted in 1991 on a sample of adolescents hospitalized after attempting suicide, reported that six years after admission, 44% teenagers maintained suicidal ideation. However, there are no studies that identify variables associated specifically to this fact.

Compared with the general population, adolescents and young adults with previous suicide attempts have a higher prevalence of psychopathology, including depressive disorder, impulse control disorder and personality disorders.

Aims

In this study the authors proposed to carry out a 5 years follow-up to adolescents admitted to a specific suicidal behaviour consultation and hospitalization, in 2009 (n = 89).

methods

Elaboration of a questionnaire for the systematic collection of socio-demographic and clinical data of patients, as well as the characterization of their social, family and occupational network, psychiatric history and stress factors over this period of time. To assess the presence of current suicidal ideation we applied the Beck's Ideation Scale translated and validated for the Portuguese population. (BSI, Beck, Kovacs, & Weissman, 1979).

Discussion and Conclusion

The presence of previous suicide attempts is one of the most important risk factors for future ones. However, many others appear to be related to the continued presence of suicidal ideation and the greater vulnerability of this population. Among other factors, we highlight the presence of psychopathology such as mood disorders, substance abuse and conduct disorders, social integration difficulties, low literacy, low self-esteem, family conflict and parental psychopathology.

From our preliminary analysis, the collected data in our sample seems to be consistent with the described in the literature.

Key Words: suicidal ideation, adolescents, suicide attempts

PM-110

SUICIDE ATTEMPTS IN CHILDREN AND ADOLESCENTS: CLINICAL FACTORS AND SUICIDAL INTENT IN A TUNISIAN SAMPLE

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Objective

The aim of the study was to determine socio-demographic and clinical characteristics of children and adolescents suicide attempters and to assess the suicidal intent score in this population.

Method

The study concerned 50 consecutives children and adolescents suicide attempters assessed immediately at the time of consultation. We examined youth who consulted emergency of the

child psychiatry department of Razi hospital in Tunis, and those hospitalized in pediatric service between July 2012 and July 2013. Past psychiatric history, history of abuse, psychiatric family history, numbers of suicide attempts, and the triggering factor were examined. All participants completed the Mini International Neuropsychiatric Interview for Children and Adolescents (MINI KID) and Suicide Intent Scale (SIS).

Results

The mean age was 13.1 +/- 2.0, ranging from 7 to 16 years. The sex ratio male/female was 0.44. Drugs overdose of and ingestion of toxic substances were the most common method (80%), more significantly in girls ($p = 0.001$). Sixty six percent of patients had psychiatric family history. Thirty eight percent had a history of one or more suicide attempts and 14% had a follow up visit at the psychiatric outpatient unit. History of abuse was found in 46% of patients. The triggering factor was noted in 62%: family conflict (26%), conflict with peers (12%) and relationship break (24%). A psychiatric disorder assessed by MINI KID was found in 94% of the cases, with a predominance of major depressive disorder in half of the cases and adjustment disorder in one quarter of them. The intent scores were in the moderate-to-high range for 86% of the cases, correlated with the presence of a psychiatric disorder.

Conclusion

Suicide attempts are seen in children as young as 7. Psychiatric diseases, mainly depression, as well as history of abuse, are an important risk factor of suicide attempts in youth. Psychiatric disease is associated with high suicidal intent. The screening and intensive intervention for those at risk are important to consider.

Key words: Child, Adolescent, Suicide Attempt

N°240

PM-111

SUICIDE ATTEMPTS IN CHILDREN AND ADOLESCENTS: CLINICAL FACTORS AND SUICIDAL INTENT IN A TUNISIAN SAMPLE

Harbaoui A; Charfi F; Belhadj A; Bouden A

Razi Hospital- La Manouba- Faculty Of Medecine Of Tunis; Mongi Slim Hospital- Faculty Of Medecine Of Tunis

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Conclusion

Suicide attempts are seen in children as young as 7. Psychiatric diseases, mainly depression, as well as history of abuse, are an important risk factor of suicide attempts in youth. Psychiatric disease is associated with high suicidal intent. The screening and intensive intervention for those at risk are important to consider.

Key words: Child, Adolescent, Suicide Attempt

PM-112

SUICIDE IN ADOLESCENT PATIENTS. PRESENTATION OF A CASE OF AN AUTOLYTIC ATTEMPT IN A TEENAGER WOMAN.

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Abstract:

The rates of suicide in 5-year-old minor children are not informed, though there exist described some cases of 3 and 4 years. According to the WHO the rate of suicide of 5-14 years old children is very low. The rates for boys place in a high range in contrast to the observed ones in girls. Approximately 2 % of the preadolescent in the general population presents an attempt of suicide.

The most used method in the attempt of suicide is the drug intoxication, being notably top the proportion in teenagers (91 %) that in children (44, 4 %).

The more frequently used drugs are analgesics, psychoactive drugs (principally tranquillizers and antidepressants) and other drug mixes.

There exist a series of factors of risk that relate to major probability of carrying out such potentially suicidal acts as the presence of other associated mental disorders (especially affective disorders), the age and the sex of the patient (masculine major lethality whereas feminine more associated to parasuicide), genetic and biological factors (changes in metabolism of serotonin, genetic polymorphism...), precedents of physical mistreatment or sexual abuse among others.

In males it is necessary to emphasize the high importance of a precedent on having developed an autolytic try previously, being considered to be this one of the more important risk factors. As protective factors to emphasize the family cohesion and with the equal group, presence of skills of resolution of problems and strategy of confrontation, attitudes and positive values, feminine sex, religious beliefs, educational level, locus of internal control, self-esteem as well as system of support and suitable resources.

The aim is to present the case of a teen woman joined the Service of pediatric ICU after performing drug intake with autolytic purposes, as well as to know the tackling and managing carried out by the Service of child and adolescent Psychiatry.

Key words: Teenager, suicide, risk factor, factors of prevention, drug intoxication.

PM-113

SURVEY ON GENERAL MENTAL HEALTH IN INTERNET USERS' MEDICAL STUDENTS IN SHIRAZ UNIVERSITY OF MEDICAL SCIENCES

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Introduction and objective: Internet is one of the most important resources to access the scientific literature in the medical universities and students, to reach their professional and personal goals. According to the increase of mental disorder's incidence in this group, this study

is done with the purpose of evaluating general mental health in medical students of Shiraz University of Medical Sciences who use internet.

Materials and methods: In this cross-sectional study, 210 cases of medical students were randomly selected. The questionnaire of general mental health is used to collect the data. In the scores of students was divided to 2 groups, one was equal or lower than 23 and the other one was more than 23, which was indicating to healthy users for the 1st and students who was in the risk of psychiatric problems for the 2nd group. The bases of distribution of the questionnaires were internet users. The information which was gathered was evaluated with SPSS and one-way analysis variance test and independent t-test and Chi square test and $P < 0.05$ was deemed significant.

Results: 29.5% of medical students were normal and 70.5% were suspicious to have psychiatric problems, so the relation between the average hours of using internet with mental health was not significant. ($P > 0.05$)

Conclusion: According to the borderline data which was gathered, we cannot certainly rule out the relation between these two parameters. Due to increase in using internet between young popularity of society and relative influence of that on general mental health, it's better to control the access of internet between students by regular planning.

PM-114

TEACHER'S PERCEPTION OF BENEFITS AND BARRIERS ON SCHOOL-BASED SUICIDE PREVENTION PROGRAM IN SOUTH KOREA

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Objective: This study was to examine the school teacher's views of school-based suicide prevention programs, including curriculum-based program, staff training, nationwide screening and postventions, with a particular attention to acceptability and barriers in implementation.

Background: Suicide is the first leading cause of death among youth in Korea. Much policy effort has focused on designing and carrying out successful school-based suicide prevention programs.

Methods: We used an online survey with 582 teachers from elementary to high school across the nation, National Education Information System of Ministry of Education. The participants completed the survey including their perception of benefit and barriers in school based suicide prevention programs. And we performed subsequent semi-structured interviews with 9 school principals exploring how differences in school organizational conditions have an influence on teachers' views.

Results:

1) Of the online survey, 34.9% of the participants were elementary, 43.3% were middle school, and 21.8% were high school teachers. 67.5% of the respondents were female, with an average age of 42 years ($SD=9.7$). Their positions were regular teachers (41.4%), followed by school nurses (15.6%), school psychologist (15.6%), school administrators (1.4%) and others (25.9%). The participants' acceptability ratings for curriculum-based program (65.6%) was relatively greater than other programs such as screening (23.7%), in-service training (8.4%) and postventions (2.2%) in the order of preference. No significant differences were found among school levels. Postvention (52.4%) was rated as the least favorable programs in implementation, followed by screening (35.1%), curriculum based program (6.5%) and in-service staff training (5.5%). Significant difference in the perception existed by school levels ($X^2=12.64, p=.049$).

2) The semi-structured interviews of 9 school administrators provided further insight into gaps between ideal and real practices. It revealed that large portion of suicide prevention program

was carried out by non-mental health professionals. Those teachers faced challenges for implementation: difficulties in receiving immediate counseling supports from a local mental health center for at risk students, different priorities on curriculum-based program against regular subjects, increasing work overloads, and lack of professional help. Such challenges affect the degree of success in carrying out school-based suicide prevention programs. Furthermore, they called into question whether interventions work reducing or preventing further suicide.

Conclusions: Mental health professionals and policy makers need to work out hands-on school-based suicide prevention guidelines carried out by non-mental health professionals, specifying how to cope with anticipated problems in implementation and how to best promote at-risk students in a school context.

PM-115

THE ASSESMENT OF CHARACTERISTICS OF CHILDREN DIAGNOSED WITH REACTIVE ATTACHMENT DISORDER IN A UNIVERSITY HOSPITAL CHILD PSYCHIATRY OUTPATIENT CLINIC WITHIN TWO YEARS

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Background: Reactive attachment disorder is a clinical disorder characterized by inappropriate social behavior as a result of the disruption of the normal binding process of children due to adverse environmental factors. Disorder occurs before the age of 5 and is associated with severe pathological care.

Methods: In this study, 137 patients admitted to Trakya University Medical Faculty, Child Psychiatry Department for 2 years, between 2012, 1 December and 2014, 1 December and diagnosed with reactive attachment disorder were determined. The patients' file information could not be obtained for 14 cases. 123 patients were included in the evaluation. 21 variables were examined. Data were obtained by retrospectively files scanning.

Results: A total of 4382 patients were admitted to our outpatient clinic for the first time and 137 of them (3.1%) were diagnosed with reactive attachment disorder in this 2 year period. The mean age of patients in the study was 3.25 years ; 97 of them were males (78.9%), and 26 were females(21.1%). The most common complaints of the patients was speech delay with 55.3%, followed by the social response limitations with 22.8% and irritability with 8.9%. 13% of patients were admitted for other reasons. There was an additional chronic illness in 19.5% of patients. When the families examined, the mean maternal age was 32 years, and the mean paternal age was 34. The mean mother's age at birth has been identified as 28. 32% of the families (parents and in first-degree relatives) have stated that they have history of a psychopathology that will require treatment. In the first 3 years of life, 87% of children had watched television more than 4 hours a day. Before the diagnosis in our clinic, 39% of children have experienced at least once a primary caregiver changes. Trauma or stress factors were determined as separation of the parents, loss of mother or father, family conflict, and abuse history. Trauma exposure was found in 22% of cases. Motor retardation was found in 48% of children by using Denver Developmental Test.

Conclusions: Watching television more than 4 hours a day, primary caregiver changes, and having history of the psychopathology of parents are important findings for our cases . It is believed that the disease is rare. Descriptive studies are usually performed on high-risk groups. However, recent studies suggested that the incidence of this disease were increasing. It has emerged that further studies are needed for reactive attachment disorder.

PM-116

THE BUG OF DEPRESSION. EARLY ONSET SCHIZOPHRENIA.

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Introduction

15 years old who was admitted in our inpatient unit because he presented auditory hallucinations with great emotional impact; he hit himself the head because he didn't want to hear the voices, regressive attitude, he didn't want eat or drink, he changed the voice (sometimes he presented voice of a small child but sometimes the voice is in an aggressive way), social isolation, global insomnia, psychotic anguish, perplexity, blocking thoughts, he was inhibited and since a month ago, he didn't attend the institute.

With 11 years old, he had an income in our unit because of a depressive episode with psychotic symptoms and with 13 years old another one with the diagnosis of depression. As background story, he suffered a cardiac arrest when he had 3 days of life and he suffered psychomotor retardation. About his family, his mother had a depression with psychotic symptoms.

Objectives:

Highlight the difficulties to establish the diagnosis in low prevalence diseases and, as a consequence, the delay in the establishment of an effective treatment.

Methodology:

Study a clinical case of a patient with an early case of psychosis.

Results:

The schizophrenia with childhood and adolescent onset is defined as a severe form of schizophrenia which starts before the 13 years old. The prevalence is less than 0,2%, with a double proportion of boys than girls. The most characteristic positive symptoms are delusions, hallucinations alterations of the speech and thought, and psychomotor behavioral alterations. About the negative symptoms, we can find blunted emotions, abulia, social isolation and disorganized speech. The onset could be insidious or with negative symptoms whose conceal the positive.

The differential diagnosis is made with psychiatric and medical diseases.

Early onset schizophrenia is more severe and refractory to treatment and with a worse prognosis. The best predictors of the course of the disease are the prior level of functioning of the child. It is recommended a multidisciplinary approach, including psychoeducation

PM-117

THE BURDEN OF FAMILIES OF CHILDREN WITH BIPOLAR DISORDERS

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Background: Bipolar disorders (BD) can have a severe impact on the child's family and affect caregivers' own ability to parenting, to engage in effective problem-solving and handle clinical

needs of their children and that predicts adverse clinical outcomes. Limitations of exclusively pharmacological interventions to treat multiple mental health needs of children with BD from developmental, social functioning and long-term outcomes perspective lead to discussions on effective multimodal approaches and psychosocial treatments addressing advanced well-being of these children. Furthermore clinicians often underestimate influence and consequences of family burden and parents may feel isolated, restricted from pursuing their own activities, and may be overwhelmed by a lack of support from treatment providers. This survey is aimed at assessing burden of families with children with BD.

Methods: Parents of 72 children (10 – 17 years) diagnosed with BD (based on DSM-IV criteria) with at least one mood event in the preceding 12 months were recruited into this study conducted in Moscow research institute of psychiatry. All patients are treated in concordance with evidence-based guidelines. Caregiver Strain Questionnaire (CGSQ), Experience of Caregiving Inventory (ECI) scales were used to identify level and main domains associated with family burden.

Results: At baseline assessment regardless of the BD subtype, phases of illness, severity of the patients' illness state caregivers (who in this study were primarily mothers) experienced high levels of family burden and families with caregivers themselves suffering from bipolar spectrum disorders experienced higher levels of family burden. 90% of caregivers reported moderate or great distress in at least 1 burden domain. The most severe distress was noted in subjective burden domain (4,95 according to CGSQ).

Conclusions: Family burden is currently one of the key factors in managing children with BD which is contributory to increasing parents' competence that is essential for improving quality of life and positive developmental outcomes. It would behoove professionals to become more sensitive to the distress of family members and to consider helping them as well as the identified patient. Assigned alleviate family burden program can result in reduced caregiver burden and this sort of family intervention seems to be embedded within a treatment program proved to be highly acceptable and effective in meeting the caregiving needs of relatives of children with BD in order to stay well as participants of psychosocial rehabilitation process.

PM-118

THE CHALLENGE FOR THE CATEGORICAL DIAGNOSIS OF MOTOR STEREOTYPIES IN PRE-SCHOLAR CHILDREN.

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Introduction. Motor stereotypies are repetitive, seemingly driven, and non-functional motor behaviours, but their clinical presentation can vary from more simple movements to more complex presentations. The degree of psychosocial impairment caused by the stereotypies is extremely varying up to pervasive patterns.

Complex stereotypies are subdivided into a "primary" category, indicating its presence in an otherwise developmentally normal child, and "secondary" for those children with autistic spectrum disorders (ASD), developmental delays, sensory impairment, or a variety of syndromes. Thus, the assessment of motor stereotypies must encompass not only a thoroughly neurological evaluation, but also a psychiatric and psychosocial screening. Sometimes in clinical practice, however, it's difficult to draw a firm line between primary and secondary stereotypies.

Methods. We report on 12 pre-scholar children (age range: 29-72 months; 1 girl) referred to our Department for the presence of motor complex stereotypies. All children had a normal cognitive level (IQ>70). According to their age, they received a neurological, behavioural and psychiatric evaluation with standardized questionnaires and tests, including the Motor Severity

Stereotypy Scale (MSSS), the Developmental Coordination Questionnaire (DCQ), the Repetitive Behaviour Scale-Revised (RBS-R), the Social Responsiveness Scale -2- Parent (SRS-2-P) and the Autism Diagnostic Observation Schedule (ADOS).

Results. In all children the beginning of motor stereotypies was reported before the age of 3 years (range 3-36 months). A slight delay in achieving motor skills (walk alone: mean=15.7 months- in 3 cases between 18 and 22 months) was also reported.

At the evaluation, the severity of motor stereotypies, as measured with the MSSS, varied from 5 to 41 (mean: 24.7).

Neurological evaluation and/or DCQ suggested clumsiness in 8 out of 12 children.

The RBS-R displayed the presence of other restrict interests or rituals in 6 children.

The SRS-2-P showed problems in the area of social communication in 4 children (T score >60).

Finally, 7 out of 12 children obtained at ADOS scores suggestive for an ASD risk ranging from minimal to moderate; the relative weight of sub-items regarding the stereotypies, however, was high and accounted for the pathological scores in 3 of these 7 subjects.

Conclusions. Complex stereotypies in pre-scholar children with normal cognitive level represent a challenging diagnostic issue for which a finely nuanced assessment is mandatory. Notably, a careful and cautious use of standardized tests is warranted to avoid misdiagnosis. The apparent relationship between stereotypies and derangement of motor development confirms previous observations and claims further studies.

PM-119

THE DISTORTED DEVELOPMENT OF ATTENTION - THE POSSIBLE OVERARCHING REASON FOR ADHD AND ASD.

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Recent research has indicated that inadequate social behaviours in children with ADHD may be phenomenologically and etiologically related to autism spectrum disorders (ASD). We hypothesized that the social dysfunction of children with ADHD and ASD may be related to a similar cognitive profile in both groups. The study groups (selected among patients of Child and Adolescent Psychiatry Unit) comprised 90 children (90.0% male, 10.0% female) with severe Combined ADHD subtype (n=54) and with Level 1 of ASD (n=36), aged between 6 and 12 years (median 9.6 years; SD 1.98). The diagnosis of Combined ADHD subtype and ASD were ascertained using current DSM-V (APA 2013) criteria.

ADHD symptoms in children from both groups were measured using the NICHQ Vanderbilt Assessment Scale for Parent (VADPRS) and for Teacher (VADTRS), each of which being divided into two sections: Symptoms and Performance. All study participants were administered the Wechsler Intelligence Scale for Children – Revised (WISC-R). The mean value for all intelligence scales was 100 and the standard deviation 15. All statistical analyses were performed using the Statistica 10.0 PL (StatSoft). The results of our study indicate that common dysfunctional behaviours for the two groups included poor organizational skills, problematic relationship with peers, action without regard for consequences, difficulty in compliance with ruling. Symptoms of ADHD were observed in 22% children with ASD. Total scores of WISC-R were similar for the phenotype of ADHD (mean \pm SD: 99.9 \pm 15.8) and ASD (mean \pm SD: 101.7 \pm 15.7). Significant differences ($p < 0.025$) were noted between the average values of the Coding-Digit Symbol in the study groups (mean \pm SD: 8.74 \pm 3.49 for children with ADHD and mean \pm SD: 11.14 \pm 3.28 for participants with ASD). We found a significant negative correlation ($R_s = -0.37$; $p = 0.003$) between inattention domain and the Comprehension subtest, which can shape account for social intelligence. It has been proved that attention deficit is the most disturbing factor in social functioning of children. Symptoms of inattention hinder to establish social relationships through observation and focus on the social factors that are essential for supporting interaction.

Among other possibilities, the pathologies at “opposite ends of the scale of attention shift - ability in the time dimension” may lead to various manifestations of clinical phenotypes (difficulty keeping attention in ADHD or inability to detach attention in ASD), but further studies are required to clarify this hypothesis.

PM-120

THE EFFECT OF SEXUAL ABUSE ON POSTTRAUMATIC PSYCHIATRIC SYMPTOMS IN CHILDREN AND ADOLESCENTS WITH SEXUAL ABUSE.

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Purpose

The purpose of this study is to examine the effects of the characteristics of victim and sexual abuse on the posttraumatic psychiatric symptoms in the children and adolescents with sexual abuse.

Materials and Methods

137 children and adolescents were recruited by Seoul Sunflower Children Center, a nation-funded sexual violence victim protection center, from January 2009 to December 2013. We collected the demographic data of the victims and the Trauma Symptom Checklist for Children(TSCC) from victims. We hypothesized victims’ age, sex and IQ, and the characteristics of sexual abuse as the affecting factors of posttraumatic psychiatric symptoms. Descriptive analysis and hierarchical regression analysis were done for analyzing demographic data, TSCC scores, and psychiatric symptoms.

Results

The victims’ age and the characteristics of sexual abuse were significantly related to the traumatic distress of sexual abuse. R-square was 23% for anxiety, 39% for depression, 21% for post-traumatic stress, and 37% for dissociation on TSCC.

Conclusion

This study suggests that significant affecting factors on posttraumatic psychiatric symptoms are victims’ age, and type, frequency and duration of exposure and disclosure of sexual abuse in children and adolescents. We need to explore any psychiatric symptoms other than posttraumatic symptoms, and relations between pretraumatic and posttraumatic psychiatric symptoms through collecting larger samples.

Key word: effect of sexual abuse, child and adolescent, psychiatric symptoms

PM-121

THE EFFECTS OF STIMULANT MEDICATION ON COMBINED AND INATTENTIVE ADHD SUBTYPES: A LONGITUDINAL MRI STUDY BEFORE AND AFTER PHARMACOLOGICAL TREATMENT.

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INTRODUCTION: Attention-Deficit/Hyperactivity Disorder (ADHD) is a psychiatric disorder characterized by age-inappropriate frequency of inattentive and/or hyperactive-impulsive behavior(s). Most common and effective pharmacological interventions for the treatment of ADHD are stimulants such as methylphenidate (MPH) and amphetamine (AMP) compounds. The therapeutic effects of stimulants are likely mediated by increases in activity of dopamine and norepinephrine in fronto-striatal circuitry, with downstream effects throughout the brain. However, much remains unknown about the manifestation of such neurochemical effects in

structural brain development. Our study aims to provide specific biomarkers and clinically relevant characteristics that might help indicate the neurobiological substrate related with pharmacological responses.

METHODS: MRI data sets were acquired for 15 combined ADHD subtype, 18 inattentive ADHD subtype and 15 controls at baseline and after stimulant treatment. A voxel based morphometric study was performed to determine grey matter volume (GMV) differences and medication related anatomical changes on each subtype. GMV measures were performed using SPM8. VBM analyses were performed using a paired-t-test design, comparing baseline and follow up scans ($p < 0.05$, FWE-corrected). ROI (region of interest) analyses were also performed.

RESULTS: Increased GMV was observed in the combined subtype group in the right middle temporal gyrus and the supplementary motor area after treatment. In addition, this group showed decreased GMV in the right precuneus and the precentral gyrus. We found decreased GMV in the left middle temporal gyrus and in the right inferior temporal gyrus in the inattentive group after medication and GMV increases in the right cerebellum in this group after treatment. The controls did not show GMV differences between pre and post scans. Finally, ROI analyses indicated decreased GMV after pharmacological treatment in the left caudate and the left pallidum in the combined group. No significant differences were observed in the other groups.

CONCLUSIONS: The normalization effects of methylphenidate on the developing brain might be highly specific and may depend on numerous factors, such as genetic predispositions, subject-related factors (age) and symptom severity. Our results indicate that the normalizing effects of stimulant drugs might develop in a different, specific, pattern for each ADHD subtype. This suggests that the ADHD subtype might represent another factor related to medication outcome.

LIMITATIONS: Relatively small sample size. We were not able to recruit all subjects for the follow up.

FUNDING: Instituto de Salud Carlos III and La Marató de TV3.

KEY WORDS: ADHD, MRI, stimulant treatment.

PM-123

THE SOCIODEMOGRAPHIC AND CLINICAL FEATURES OF CHILDREN WITH OBSESSIVE COMPULSIVE DISORDER IN A UNIVERSITY HOSPITAL IN TURKEY

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Objective: We aimed to explore the socio demographic and clinical features of children with obsessive-compulsive disorder in a university hospital to contribute to the child and adolescent psychiatry literature.

Background: Obsessive-compulsive disorder (OCD) is a time consuming and chronic disorder characterized by obsessions and compulsions that can start before 18 years of age and can be associated with significant impairments in academic, social and family functioning.

Methods: We have retrospectively assessed the sociodemographic and clinical features by investigating the files of children and adolescents who were diagnosed primarily as OCD according to DSM-IV-TR, at the out patient clinic of the Child and Adolescent Psychiatry Department of Mersin University, School of Medicine, between 2000-2009.

Results: 188 (42.7%) of 440 cases in our study were determined to be girls, while 252 (57.3%) boys; the mean age was $11,08 \pm 3,363$ years and 70.2% of the cases were at elementary or secondary school, 19.1% at highschool, 23.9% of the cases had no comorbid disorder, 49.5% of the cases had one comorbid disorder, 26.6% of the cases had two comorbid disorders. Attention deficit hyperactivity disorder (26.8%), generalized anxiety disorder (16.6%) and tic disorders (10.2%) have been found to be the most common comorbidities among our cases.

Cleaning and contamination obsessions (48.9%), cleaning and washing compulsions (32%) have been found to be the most common obsessions and compulsions. The children's depression inventory scores, trait children's anxiety inventory scores, Maudsley obsessive compulsive questionnaires scores have been found to be positively and significantly correlated with each other.

Conclusions: Inouropinion, intensive efforts should be made to establish a global consensus regarding a standard assessment pack age for early on set OCD, morecross-culturally valid versions of instruments to be able to compare the studies specifically aimed at assessing the sociodemographic, clinical and prognostic aspects of OCD across different countries.

Keywords: Obsessive compulsive disorder, children, sociodemographicfeatures

PM-123

THE SPANISH VERSION OF THE BEHAVIOURAL INHIBITION SCALE (BIS): PSYCHOMETRIC PROPERTIES IN A SAMPLE OF ADOLESCENTS

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Background: The Behavioural Inhibition Scale (BIS) is a brief instrument for measuring behavioural inhibition (BI) that has demonstrated good psychometric properties in a sample of children aged 7 to 12 years old (i.e., Cronbach's Alpha between .88 and .95; test-retest correlation of $r = .77$ over 2-year period; adequate correlations with temperamental measures). The BIS consists of 4 items that children and parents rate in 4-point Lickert's scales, and a fifth categorical item with which the informants classify the child condition in highly inhibited, uninhibited or medium. Objective: The aim of the present study is to provide evidence for the psychometric properties of the BIS in a Spanish sample of adolescents. Method: A sample of 463 aged 12-19 years old adolescents and their parents rated the BIS along with different measures of BI, personality and psychopathology. A third of the sample ($n=168$) rated again the BIS two months later. Results: Both the adolescents and parents versions of the BIS show one-factor structure which explains the 61% and 67% of the total variability, respectively, and shows good internal consistency (Cronbach's Alpha of .78 and .83, respectively). Test-retest correlations ranged from .46 to .63 for the items, and .67 for the total score support the test-retest reliability. Test-retest Kappa= .43 supports test-retest reliability also for the categorical item. Moderate correlations ranged .3 to .7 with related measures (i.e., extraversion, social anxiety), as well as with other measures of BI are evidence for the construct and convergent validity of the BIS. Analysis of variance reveals that adolescents classified as inhibited, medium or uninhibited on the basis of the categorical item significantly differed on the level of behavioural inhibition, according to different measures, as well as on extraversion and social anxiety. Conclusion: The current study provides evidence for the reliability and validity of the BIS items for measuring BI in adolescents, both for the self-report and for the parent's version. (315 words)

Keywords: Behavioural Inhibition, Assessment, Psychometric properties Adolescents, Parents

PM-124

THE USE OF HALOPERIDOL WITH COGNITIVE BEHAVIORAL THERAPY TREATMENT IN 15 YEARS OLD ADOLESCENT PATENT WITH INTERNET GAMING DISORDER

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Internet is very necessary to reach knowledge and communicate with people but the excessive usage of internet video games, social communication, gambling, shopping and also pornographic websites have become a big problem for adolescents.

Online and offline video games, that are very popular especially with adolescents and young adults, have been used as an entertainment, enthusiasm, competition seeking, emotional coping and escaping from reality. Especially video games that can be played by a lot of people at the same time and people can act as a different characters in them, are very popular with people. Internet gaming disorder is the only internet addiction category which has been accepted as a psychiatric disorder until now. It has become a disorder in DSM-V. Recent studies have shown that male gender, being in depression, low self esteem and weak family relationship have been accepted as risk factors of internet gaming addiction. The prevalence of internet gaming addiction is 0.6-1.0% in general population and 3-13% among young adults and adolescents in recent studies. Low school success, destroyed daily life and weak human relationships are common risks for adolescents with internet gaming addiction. Although psychostimulants, atomoxetine, antidepressants and cognitive behavioral therapy have been used for treatment of internet gaming disorder, recent case reports have shown that antipsychotics with antidepressants or opiate receptor antagonists with antidepressants are also successful.

Our case is a 15 years old male who sits on a computer 14 hours a day. Therefore he hasn't gone to school for a while, has a damaged self care, eats at the computer, doesn't go outside and doesn't sleep regularly. He also shows withdrawal and excessive aggression symptoms when he isn't able to use computer.

Although long and short acting methylphenidate, atomoxetine, risperidone, aripiprazole treatments have been given to our patient at different times in recent five years, the time that he spends on the computer a day has been gradually getting longer and derealization symptoms have been added to his complaints. So we planned haloperidol with cognitive behavioral therapy treatment for the patient. Two weeks after haloperidol and cognitive behavioral therapy treatment was started, we found a dramatical recovery in our patients complaints.

With the assessment of this case who has internet gaming disorder, we concluded that using antipsychotics with cognitive behavioral therapy treatment in internet gaming disorder is effective.

PM-125

THE USES AND ABUSES OF FACEBOOK BY ADOLESCENTS WITH ADHD

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Background

In the last decade, the internet usage has become an irreplaceable part of life. It has taken a different dimension after the social networking sites (SNSs). Adolescents can affiliate to social networks in order to make new friends, find romantic partners, play game or exchange information in real life. Also adolescents with ADHD (attention-deficit / hyperactivity disorder) already experience difficulties in planning and organization, the process that starts with membership then turns into a new form of addiction. The aim of this study were to examine whether male adolescents with ADHD are at increased risk of facebook addiction and to assess the personal risk factors, comparing the variables between the genders.

Method

We examined the rates and correlates of facebook addiction and ADHD symptoms including impulsivity in a sample of adolescents, (ADHD; n=60, 30 girls, 30 boys). Bergen Facebook Addiction Scale, Conners Wells Adolescent Self Report Scale, Barratt Impulsiveness Scale and Sociodemographic Information Form were used for evaluation.

Results

The mean age of boys and girls are 15.0 ± 1.01 , 15.06 ± 1.01 , respectively. Boys reported longer time facebook usage ($p=0.000$) and having more virtual facebook account than girls ($p=0.001$). Passing time, relationship maintenance, and having fun were the most common using motivations both in girls and boys. Using facebook for games, relaxing and status updating were higher in girls when sharing photo/ video were higher in boys. As predicted, there were significantly higher rates of facebook addiction symptoms including salience ($p=0.05$), tolerance ($p=0.006$) and withdrawal ($p=0.04$) in boys with ADHD, while there were any significant difference in Conners subscales.

The variable for both boys and girls were investigated using visual and analytical methods to determine whether or not they are normally distributed. The parameters affecting salience, tolerance and withdrawal were investigated using Spearman/Pearson correlation and Student's t-test, where appropriate. There were significant correlations between higher Barratt Impulsiveness Scale scores and symptoms of Facebook addiction including salience, tolerance and withdrawal.

Conclusion

The results of this study suggest that Facebook addiction is associated with being male and having more impulsiveness. Researchers have recognised that the main uses and gratifications of Facebook are relationship maintenance, passing time, entertainment and companionship. But this study reveals that there are some differences in a clinical adolescent sample and genders. Researchers in this area should also aim to conduct detailed exploratory studies of Facebook addiction in adolescents.

Keywords

ADHD, Adolescence, Facebook Addiction,

PM-126

THEORY OF MIND IN CHILDREN WITH AUTISM SPECTRUM DISORDERS AND ATTENTION DEFICIT HYPERACTIVITY DISORDER: IS SOCIAL DYSFUNCTIONING COMMON TO BOTH DISORDERS?

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Introduction and aim:

Autism spectrum disorders (ASD) and attention deficit hyperactivity disorder (ADHD) are both associated with problems in social interactions. However, so far only few studies addressed the issue of social cognition deficits in ADHD. Children with ASD are reported to present greater difficulties in the Theory of Mind (ToM) tasks compared to children with ADHD, and a primary deficit in social orientation. However, some studies have shown that ToM may play an important role in the impairments in social cognition and peer relationship in children with ADHD, especially children showing hyperactive behaviour.

The authors aim to study ASD and ADHD children capacities to understand (decode?) causal relationships and others mental states and clarify differences regarding these abilities between the two neurodevelopmental disorders.

Materials and Methods:

We compared a sample of ADHD children and a sample of ASD children without developmental delay. ADHD was diagnosed by a child psychiatrist according to DSM-IV-TR criteria for this disorder and ADHD children were divided in sub-groups, according to the type of symptoms in inattentive type, hyperactive type or combined type. ASD children were diagnosed by a child psychiatrist and fulfil score for ASD in ADOS-2 and ADI-R scales. Clinical and social demographic data were collected from the clinical file as well as methylphenidate or other medication at assessment time. All the children completed the Simon Baron-Cohen's picture sequencing stories test. According to the test protocol children were asked to arrange the

picture cards in the correct sequence and tell the story and the stories told were analysed. Data were analysed using the Statistical package for Social Sciences, Windows version 21.0.

Results and main conclusions:

When the sequences could be understood in terms of causal-mechanical or simply descriptive behavioural criteria, ASD children shown equal or better performance compared to ADHD group.

The ASD children presented greater difficulty in the sequences that evoked understanding in terms of intentional actions and lack of mental state language to describe the picture sequences. ToM deficits showed by ASD children appear to be especially linked to difficulties in understanding figurative language, beyond the influence of intelligence and executive functions. The mechanisms involved in these associations should be investigated in the future designs.

PM-127

TRICHOTILLOMANIA AND COMORBIDITY IN ADOLESCENTS: TWO CASE REPORTS

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Trichotillomania (TTM) is a relatively rare disorder. In recent editions of the Diagnostic and Statistical Manual of Mental Disorders (DSM-V, 2013), TTM is classified in the group including obsessive-compulsive and related disorders. TTM also has some characteristics of the disorders of impulses and habits. Initially, TTM symptoms usually occur during adolescence. The clinical picture in children and adolescents is often complicated by the presence of comorbidity. In children and adolescents, the most common comorbidity is in the domain of affect, specifically depression and anxiety. Rarely described comorbidities are tics, hyperkinetic disorder, obsessive-compulsive disorder, various forms of regressive behavior, and some others. In the two cases reported, recognizing TTM was impeded. Specifically, children and adolescents reluctantly acknowledge TTM, so recognizing and further treatment was in many ways multidisciplinary and depended on the comorbidity. In the first case, the etiopathogenesis is mostly emotional. In the second case, the associated disorder is from the group of neurodevelopmental disorders. The choice of psychotherapeutic techniques and broader approach to the treatment entirely depended on the comorbidity and also required cooperation of experts from other areas of pediatric medicine. We believe that research should persistently be focused on discovering direct and other relationships of TTM and comorbidity in order to allow for the most appropriate and effective recognizing and treatment of this disorder.

Keywords: adolescent; comorbidity; trichotillomania.

PM-128

TRICHOTILLOMANIA IN INFANTS

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Introduction

Trichotillomania or compulsive hair pulling is a disorder that causes people to repetitively pull out the hair from body parts (i.e. scalp, eyelashes, eyebrows) with non-cosmetic intent, resulting in noticeable hair loss or alopecia. It typically onsets in childhood between 9 and 13 years old, and presents comorbid with anxiety, depressive or internalizing disorders. Although trichotillomania has recently been included within the obsessive-compulsive disorder and related disorders' group in DSM-5, hair pulling in infants may be regarded as a habit disorder that has a heterogeneous aetiology. This poster aims to emphasize the specific aspects of assessment and management of this condition in children under-5 years of age, whose presentation is rarer and less researched.

Method

Based on a case series of consecutive referrals of under-5s presenting with hair pulling behavior at Child and Adolescent Mental Health Services (London, UK) in 2014, the poster will illustrate the main aspects of mental health assessment and management of trichotillomania in infants, including differential diagnosis, medical investigations, comprehensive psychiatric assessment, questionnaires, and state of the art on evidence-based treatments.

Results

Before a diagnosis of trichotillomania can be made in under-5s, differential diagnosis requires ruling out dermatological or medical conditions presenting with alopecia. A comprehensive mental health assessment should explore changes in routine, anxiety/distress, psychological or physical trauma or neglect, as well as family relationships. Comorbid conditions (i.e. anxiety, mood and language disorders) as well as family history of psychiatric comorbidity need to be considered. There is lack of evidence-based treatments in this age group, but the most plausible approach is a functional analysis, followed by behavior modification programs and a family systemic approach.

Conclusions

Persistent trichotillomania may result in a source of frustration and hopelessness for parents or carers of under-5s. It is key for mental health clinicians to be aware of this condition to recognize the signs of trichotillomania, refer for required medical investigations, and to be able to provide appropriate assessment and management for this condition. Psychoeducation and intervention programs need to be provided within the developmental context of infancy.

KEY WORDS:

Trichotillomania, infants, comorbidity, assessment, treatment

PM-129

VALIDATION OF NEUROLOGICAL SOFT SIGN'S SCALE IN CHILDREN TO SEARCH FOR ENDOPHENOTYPES IN AUTISM SPECTRUM DISORDERS

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Background: Neurological soft signs (NSS) represent endo phenotypic markers in pervasive developmental disorders (PDD) in children. Their determination allows better characterizing PDD and getting more homogeneous subtypes in order to facilitate genetic research. Few scales assessing exhaustively NSS have been adapted and validated in children including children with PDD, hence the interest of our work which consisted in an adaptation to the child of NSS scale and the realization of a validation study in general and clinical population.

Methods : We have chosen Krebs and al's NSS scale validated in adults. After a preliminary study that examined 42 children, a certain number of changes have been made to the original scale to enable its adaptation to the child and to facilitate its handling particularly in the children with PDD. Then we conducted a validation study by examining the psychometric

properties of this scale in a population of 86 children (26 children with PDD and 60 typically developing children).

Results : Adaptation of the scale consisted of a modification of the order of items, the use of concrete supports for the assessment of laterality, the elimination of item constructive praxis. The internal consistency was good with a Chronbach alpha of 0,87. Inter-rater reliability was good, kappa coefficient was greater than 0,75 for 16 items, 3 items had a kappa value between 0,74 and 0,60, only 1 item had a kappa coefficient between 0,4 and 0,59. Good inter-rater reliability was also verified for the total score with a value of intra-class correlation coefficient (ICC) of 0.91. Principal component analysis found five factors accounting for 62,96% of the total variance. Evaluation of NSS showed significant differences between patients with PDD and control for the total score of NSS ($p = 0.000$) and also in different subscores.

Conclusion : The scale that we adapted proved to be valid for the evaluation of SNM in children, especially in children with PDD.

PM-130

VOCAL CHORD NODULES AND PSYCHOPATHOLOGY IN CHILDREN

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Faculty; Istanbul University Cerrahpasa School Of Medicine; Istanbul University Health And
Science Faculty; Volunteer

Objective: To examine the association between vocal fold nodules and DSM-IV defined psychiatric disorders, including depression, anxiety disorders, conduct disorder, oppositional defiant disorder, attention-deficit hyperactivity disorder, and mental disorders, in children referred to otology dept of İstanbul University.

Method: 25 children aged 7 to 10 years referred to otology center in İstanbul University were evaluated using K-SADS for psychopathology and mental development status was evaluated with Wisc-R and compared to random control group of patients age and sex matched. All children underwent perceptual evaluation of their voice, followed by an acoustic analysis.

Result: The children with vocal fold nodules showed mostly 45% ADHD, 45% agoraphobia (past & present) 20% present separation anxiety and normal mental development.

Conclusions: Vocal chord nodules are the most common laryngeal pathology observed in primary schools. In our study we aimed to find out the psychopathologies of children with voice disorders especially with vocal chord nodules. Children with ADHD were perceived to have significantly more hoarseness, breathiness, and straining in their voice. Children with ADHD may abuse their voice and as a result we have a high percentage vocal chord nodules. Also the children suffering from separation anxiety may abuse their voice in means of crying, shouting and temper tantrums. As a result we can conclude that early detection of vocal disorders and the underlying psychopathology is very important to plan the multidisciplinary therapy.

PM-131

WHO ATTENDS CHILD AND ADOLESCENT PSYCHIATRY EMERGENCY SERVICE IN LISBOA, PORTUGAL?

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Objectives

Children and adolescents have been increasingly accessing mental health services in Portugal. In the Emergency Service (ES), not only this increase of frequency has been registered but also the severity of the cases is felt. However, this has not been clearly evaluated in the last years.

Therefore, our goal is to characterize the population attending the paediatric emergency department who required mental health assistance in 2013 and its pattern of access.

Methods

Literature review. Variables selection (demographic characterization, current mental health assistance, motif, previous access to CAP ES, intervention). Data collection from the ES software system (HCIS®), which was then crosschecked with the CAP ES registration paper forms. The data was statistically processed (SPSS®), with descriptive analysis of the data and variable correlation.

Results

Our results show a higher prevalence of adolescents attending the emergency department, predominantly aged over 15 years old, females, with behavioural and mood symptoms and self-aggression episodes. Monthly variability was observed, with bigger affluence in May, October and November. Close to 15% had criteria for hospitalization, although only 70,8% of this group was effectively hospitalized. In 11,3% of the cases, it was at least the third recurrence to the emergency service.

Conclusions

Our results lead us to conclude that there is an increased number of youngsters attending ES for mental health care. Due to its prevalence, older adolescents with severe pathologies are the focus of our concern. Further study is needed in order to understand its causes, consequences and need for change towards the improvement of child and adolescent mental health.

PM-132

WORKING WITH CHILDREN WITH DEVELOPMENTAL DISORDERS

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There are many different approaches to developmental disorders in the field of child psychiatry and also controversial research findings on etiology, contributing factors and interventions.

The study presents the interdisciplinary team working on developmental disorders in order to share our experience with other teams or professionals. This work is organized in the context of all the previous years practice in the child guidance center which provides primary and secondary mental health care for children and adolescents. The assessment at preschool age is important given the possibility of an early intervention with the aim of prevention of serious outcomes for the children's health.

The service is for children aged 2-5 years old with developmental disorders, specifically with autistic spectrum disorders and developmental delays. There are also referrals of children presenting other problems (speech disorders, behavioral problems etc) with evidence that their symptoms may be part of a developmental disorder. During 2013-2014, 128 children were examined and followed up every 6 or 12 months.

After initial reception and history intake by the nurse, the procedure is carried on with a detailed history and assessment by a child psychiatrist, speech and occupational therapist assessments and also psychological and special educational assessment when needed.

In the consultation and follow-up sessions we discuss with parents about the diagnosis, guidelines, therapeutic possibilities and the child's progress, providing also a written report. Given the importance of early intervention but at the same time the dynamic of child development, emphasis is put on not predetermining the future outcomes. We discuss all the child's strengths and difficulties and the parents'/family's contribution in the context of the interaction and relationship with the child. Speech and occupational therapy are provided depending on staff availability to children of vulnerable and poor families.

There is also collaboration with kindergarten and nursery schools, public agencies, social workers, community organizations and other therapists in order to share information about the child and to coordinate our interventions.

There are many challenges to confront in a financial crisis period, like children's limited access to health care and education with adverse effects on the developmental and psychiatric disorders' course. We emphasize on the importance of supporting the unmet mental health needs of children in an effective and clinically meaningful manner and promoting the children's optimal development.

Key words: Developmental disorders, children's mental health care

**TUESDAY
POSTERS**

PT-001

22Q11.2 DELETION SYNDROME - THE NEUROPSYCHIATRIC PHENOTYPE (IN A PORTUGUESE CLINICAL SAMPLE)

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INTRODUCTION: 22q11.2 Deletion Syndrome (22q11.2 DS) is the most common microdeletion syndrome, with an estimated prevalence of 1 in 4000 live births. However, the actual occurrence may be higher because of variable expressivity. In fact, prevalence studies lead to different results, ranging 1/3900-1/9700 live births.

22q11.2 DS is the second most frequent cause of development delays (2,4% of development delay cases) and major cardiac disease (10-15% Fallot tetralogy cases), following Down syndrome.

Over 93% of cases occur de novo, while the remaining 7% have autosomal dominant inheritance. The phenotypic spectrum is extremely wide, including over 180 possible congenital anomalies, learning disability and psychiatric symptoms.

Given the variable expressivity, the diagnosis can not be made, especially in the absence of the following classic findings: deficits in development, learning disabilities, or both; behavior problems, psychiatric, or both; palate defects; characteristic facial aspect; conotruncal cardiac anomalies; nasal regurgitation or nasal speech; immunodeficiency (thymic hypoplasia/aplasia); hypocalcemia (parathyroid dysfunction).

Previous research focuses on the neurobehavioral phenotype of 22q11.2 DS, considered a neurodevelopmental genetic disorder. Developmental delays and learning disabilities are common, with expressive language and motor delay, hypotonia. Over 60% develop treatable psychiatric disorders in adulthood. The most common include Attention Deficit and Hyperactivity Disorder (ADHD), Schizophrenia (0-38%), Oppositional Defiant Disorder, Anxiety Disorder, Autism Spectrum Disorder, Obsessive-Compulsive Disorder and Major Depressive Disorder. Research focuses on higher risk of psychosis episodes in late adolescence and early adulthood, and neuropsychiatric symptoms in early childhood as premorbid signs of future psychotic events.

The aims of the present study are to evaluate the neuropsychiatric phenotype in 22q11.2 DS patients in the Medical Genetic Department of Oporto Medical Centre – Portugal.

METHODS: Medical records of patients whose 22q11.2 DS diagnosis was made in the last 2 years have been analyzed through a structured data sheet including the associated cognitive status, neurobehavioral features and psychiatric morbidity.

RESULTS: The sample is on recruitment, so the results are to determine.

CONCLUSIONS: The authors expect a preponderance of development and cognitive delays, without severe mental delay, and a higher prevalence of some psychiatric conditions as ADHD in early ages, and psychotic events in late adolescence and early adulthood. The authors hope that these findings help the clinicians in the therapeutic management of patients with that syndrome, particularly psychiatric and psychological approach and pedagogic support.

PT-002

A COMPARISON BETWEEN THE CHILDCARE POLICIES OF THE SURE START CHILDREN'S CENTRES, UNITED KINGDOM, AND DREAM START, SOUTH KOREA

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Global efforts are underway to expand opportunities for the social advancement of women and encourage childbirth, as manifested by the implementation of governmental childcare policies. Although the Republic of Korea (ROK) introduced a free infant care policy in 2013, it encountered challenges, such as budget shortfalls, inequality based on socioeconomic status, and a negative impact on infants' development.

In this study, we explore the breakthrough by comparing the free infant care policies implemented in the form of Dream Start (DS) in the ROK that was preceded by the similar Sure Start Children's Centres (SSCC) in the United Kingdom (UK).

Our study involved a comparative analysis based on the reports "Best Practice for a Sure Start: The Way Forward for Children's Centres", which was published in the UK in 2013 and "2014 Dream Start Business Information", which was published in the ROK in 2014.

In the case of the UK, the reference of the subject is clear, namely to support those children and families who, in terms of economic status, form the lower 20% of the layer constituting the lower 30% of the region .

However, in the case of the ROK, policy management is non-integrated and the budget is distributed uniformly without regional differences based on economic status. Additionally, there is a difference in the way the center is staffed in Korea.

The system in the UK is stable and capable of continuous service management. In contrast, the service that is provided in the ROK is limited by the hiring of non-major contract workers.

The shortage of collaboration with local programs in the ROK causes more than 50 percent of those utilizing the service to be elementary school children, rather than infants.

The purpose of the DS program is to support integrated services for children from vulnerable social and family environments, to ensure they are provided with the opportunity of a fair start. However, the limitation of age-specific programs is that children of an early school age, rather than infants, are receiving more support. In addition, support is not provided in accordance with the economic status of the family.

DS is one of the implementations of the infant care policy that is provided free of charge.

Further research and evaluation is required, because the impacts of both the short-term and long-term development of children participating in these programs need to be determined.

PT-003

A LATENT VARIABLE APPROACH TO EXECUTIVE FUNCTION IN PEDIATRIC OBSESSIVE-COMPULSIVE DISORDER (OCD)

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Background

OCD is a heterogeneous and highly debilitating disorder with frequent onset in childhood. Previous research in adult samples point to executive function (EF) difficulties as a potential core marker of the disorder. EFs are higher order cognitive functions directing goal oriented behaviour. Differences in EF performance may differentiate symptom subgroups and treatment response patterns in OCD. However, adult patients are characterized by having longer duration of illness and a previous treatment history which may influence the development of EF difficulties. Moreover, studies tend to employ broad and mixed test batteries. Little research has been carried out in drug naïve child and adolescent OCD samples and test batteries designed to tap more "pure" EFs by means of looking at latent structures across test results have not previously been applied in this field.

Objective

The primary objective of this study was to investigate baseline EF in clinical vs non-clinical children and adolescents at a group level applying a latent variable approach.

Method

The study was an add-on to the Nordic Long-term OCD Treatment Study using a case-control design. The present study included 54 children and adolescents 7-17 years old diagnosed with OCD and 54 typically developing children matched for sex and age (+/- 50 days) recruited from demographically representative local schools. Before entering into the study participants were screened and diagnosed using a comprehensive battery of diagnostic and rating based instruments and assessed with a comprehensive neuropsychological battery of EF performance tests prior to entering a cognitive behaviour therapy programme.

Results

In the poster presentation results from baseline comparisons of EF between OCD and typically developing children and adolescents will be presented and discussed.

PT-004

A NINE YEAR OLD GIRL WITH PHELAN MC DERMID SYNDROME, WHO HAD BEEN DIAGNOSED WITH AUTISM SPECTRUM DISORDER

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Introduction: The 22q13.3 deletion syndrome, also known as Phelan Mc Dermid Syndrome, is a contiguous gene disorder resulting from deletion of the distal long arm of chromosome 22. 22q13.3 deletions and mutations that lead to a loss of a functional copy of SHANK3 cause Phelan-McDermid syndrome, characterized by moderate to profound intellectual disability, severely delayed or absent speech, hypotonia, and autistic findings. In this study, our case, who was diagnosed with autistic spectrum disorder (ASD) at nine years, was diagnosed Phelan-McDermid Syndrome by using genetic analysis and the result was discussed.

Method: A nine year old girl, who has taken individual training for her social development, was examined in our child psychiatry department. It was learned that she had been diagnosed with ASD some years ago and had both pharmacotherapy and individual training for her treatment. In her first examination, our findings were mild intellectual disability, rounded face, pointed chin, but no autistic findings. We learned that her neuromotor development was delayed and she had neonatal hypotonia. Therefore genetic analysis was planned by genetic and child psychiatry department. Genomic DNA of the patient was isolated according to the instructions of the manufacturer from peripheral blood lymphocytes. Genomic regions previously related to mental retardation and possible deletion/duplication regions were analysed by MLPA method, using P064-C1 Mental retardation and P373-B1 microdeletion probe mixes respectively. A heterozygous deletion of ARSA and SHANK3 genes located to 22q13.33 was defined in the analysis of P064-C1 MLPA probe mix. A heterozygous deletion of MLC1, SBF1, MAPK8IP2, ARSA, SHANK3 and ACR genes located to 22q13.33 was defined in the analysis of P373-B1 MLPA probe mix. Cytogenetic analysis of GTG-banded chromosomes from cultured lymphocytes revealed a normal female karyotype. Deletion of 22q13.3 (ARSA) region was confirmed by [Fluorescent in situ hybridization](#) (FISH) technique using DiGeorge Region Probe.

Discussion: The genetic analysis of our patient showed that 22q13.3 deletions and mutations leading to a loss of a functional copy of SHANK3 caused Phelan-McDermid syndrome. Recent studies of patients with ASD indicate that SHANK3 haploinsufficiency is found in approximately 0.5% of individuals with ASD. Synaptic scaffolding protein SHANK 3, located in the postsynaptic density, is an important factor in ASD pathophysiology. Therefore patients with this syndrome can show autistic findings and can be classified as ASD as in our case. If genetic analysis could be done for patients with autistic findings, comorbidity with any genetic syndrome could be more easily recognized.

PT-005

A PERCEPTUAL MOTOR PROGRAM IS NOT ASSOCIATED WITH IMPROVEMENTS IN MOVEMENT CONTROL AND ENGLISH VOCABULARY IN 5 YEAR OLDS FROM ESL BACKGROUNDS

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Perceptual Motor Programs (PMPs) are programs of physical activity aimed at improving the perceptual and motor systems of the child. Proponents of PMPs also suggest that these programs have a positive impact on academic learning, cognitive skills, social development of children, and language. The movement control and English vocabulary skills of 15 children in one preparatory class were assessed over 3 time points, at the start, middle, and end of the school year. These children were all migrants and from English as a second language backgrounds. The school ran a PMP with the children after the end of the first testing session, for 35 weeks across the school year. This involved 3 30-minute sessions per week of PMP. All children tested within the normal range of IQ, as assessed using the non-verbal Raven's Coloured Progressive Matrices. The children showed no significant change in any of the subscales or the Total Score of the Movement Assessment Battery for Children (MABC) across the school year. The children, on averaged, scored below average in terms of manual dexterity and above average in terms of aiming and catching, and balance. The children showed no significant change in English vocabulary, as assessed by Crichton's Vocabulary Scale, across the school year. This group's mean English vocabulary understanding was at the 16th percentile. The PMP was not associated with improvements in movement control or English vocabulary in this group of 5 year-old children.

PT-006

A TWO YEAR EXPERIENCE OF A HIGH RESOLUTION OUTPATIENT UNIT FOR ADOLESCENTS.

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Objective:

Evaluate the results of an specific outpatient unit for adolescents that started functioning in October 2012. In this Unit, patients aged 14 to 18 years are referred from General Practitioner and evaluated by a psychiatrist consultant with the aim to make a diagnosis and, if possible, return back the patient to Primary Care after the first visit with treatment recommendations if necessary.

Material and methods

We made a descriptive study collecting data from the patients that were referred to the high resolution outpatient unit of Hospital Clínico San Carlos of Madrid since October 2012 till November 2014. We separated data from the first year and data from the second year in order to compare both.

Results

The number of patients referred from Primary care along these two years were 223. Patients referred in the first year were 92 and the number that attended was 71 (77,1%). Among those who attended, 22 were discharged to Primary care (30,9%) and 48 continued attending mental health visits for complete study and treatment (69,1%). Among those who discharged, we

recommended relaxation training in 4 cases, familiar treatment in Social Services in 1 case, substance abuse specific center in 1 case and adult mental health unit in another case. Patients referred in the second year were 131 and the number that attended was 95 (72,5%). Among those who attended, 38 were discharged to Primary care (40%) and 57 continued attending mental health visits for complete study and treatments (60%). Among those who discharged, we recommended familiar treatment in Social Services in 4 cases, substance abuse specific center in 2 cases, relaxation training in 1 case, neurology in 1 case, other psychiatry unit in a different hospital in 1 case and specific approach for gender violence problems in 1 case.

Conclusions

-The high resolution adolescents unit is a valid model to help General Practitioners to identify and differentiate mental health problems, that need a specialized assessment and treatment, from other kind of problems that are commonly found in clinical settings (familiar problems, adolescence crisis, developmental difficulties).

-The experience along this period has let enhance the number of patients discharged after the assessment with the therapeutic advices for the General Practitioner in the second year of functioning.

PT-007

Abnormal functional architecture of amygdala-centered networks in adolescent posttraumatic stress disorder

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Objective: Posttraumatic stress disorder (PTSD) is a prevalent, debilitating, and difficult to treat psychiatric disorder. Very little is known of how PTSD affects neuroplasticity in the developing adolescent brain. Whereas multiple lines of research implicate amygdala-centered network dysfunction in the pathophysiology of adult PTSD, no study has yet examined the functional architecture of amygdalar networks in adolescent PTSD. Using intrinsic functional connectivity (iFC) analysis, we investigated functional connectivity of the basolateral (BLA) and centromedial (CMA) amygdala in sexually abused adolescents with PTSD relative to matched controls. Additionally, we examined whether altered amygdala subregional connectivity coincides with abnormal grey matter volume of the amygdaloid complex.

Methods: Seed-based correlation analysis was employed to examine the iFC of the BLA and CMA subnuclei in 19 adolescents with PTSD (age 16.2 ± 1.8) relative to 23 age, sex and IQ matched controls (age 15.5 ± 1.78). Subject-level iFC maps were generated by calculating temporal correlations between BLA and CMA signals and signal from all other brain voxels in a general linear model, while correcting for physiological and motion-related noise. Subject-level iFC maps were then fed into a group-level mixed-effects analysis with multiple comparisons correction ($Z > 2.3$, $p < 0.05$). Optimized voxel-based morphometry (VBM) was performed to examine gray matter volume of BLA and CMA subnuclei. Structural images were grey matter-segmented, a study-specific grey matter template was created, and all native-space grey matter images were registered to this template. Finally, voxelwise permutation-based non-parametric testing was restricted to the BLA and CMA subnuclei and corrected for multiple comparisons ($p < 0.05$). Age, sex, and IQ were included in all analyses as covariates.

Results: Our analysis revealed abnormal amygdalar connectivity and morphology in adolescent PTSD patients. More specifically, PTSD patients showed diminished right BLA connectivity with a cluster including dorsal and ventral portions of the anterior cingulate and medial prefrontal cortices ($p < 0.05$, corrected). In contrast, PTSD patients showed increased left CMA connectivity

with a cluster including the orbitofrontal and subcallosal cortices ($p < 0.05$, corrected). Critically, these connectivity changes coincided with diminished gray matter volume within the BLA and CMA subnuclei ($p < 0.05$, corrected).

Conclusions: These findings provide unique insights into how perturbations in major amygdalar circuits could hamper fear regulation and drive excessive acquisition and expression of fear in PTSD. As such, they represent an important step towards characterizing the neurocircuitry of adolescent PTSD, thereby informing the development of reliable biomarkers and more effective treatment strategies.

PT-008

ADOLESCENCE AND GROUPS: AN EXPERIENCE FOLLOWING PICHON-RIVIÈRE'S OPERATIVE GROUP MODEL WITH ADOLESCENT POPULATION IN A COMMUNITY MENTAL HEALTH CENTRE IN SOUTHERN SPAIN

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Introduction and Objectives:

Adolescence is an important development period, which supposes a gradual process of maturation. The youth must find answers to questions as self-identity, self-image, sexual-maturity, role with parents / peers and affective relationships.

According to the importance of group context in this vital period, and because of the mobilizing and constructive effect that psychodynamic group therapies have, this kind of approaching supposes an effective tool which must be considered.

In a Community Mental Health Centre in Alcalá de Guadaíra (Seville, Spain), we have implemented satisfactorily a group therapy program with adolescents, following Pichon-Rivière's Operative Group model.

With this poster, the presenting authors would like to share with other professionals our personal experience, the methodology used and the results obtained.

Method:

Participants: adolescent outpatients, aged 13-17 years, both genders, not taking psychopharmacological treatment. Apart from mental retardation and autistic spectrum disorders, the presence of different clinical diagnosis didn't suppose an exclusion criterion, because symptomatic heterogeneity contributes to create a relational context inside the group more similar to the external one.

Setting: closed group; 12 patients; 1 conductor therapist and 1 co-therapist; 90 minutes sessions weekly during 6 months.

Rating scales: Spanish validated and aged adapted versions of SCL-90-R (Symptom Checklist 90-R), SFS (Social Functioning Scale) and PSP (Personal and Social Performance Scale); administered pre and post-treatment.

Results:

Distribution of clinical diagnoses (ICD-10): Conduct Disorders (F91.x) = 2; Mixed Disorders of Conduct and Emotions (F92.x) = 3; Disorders of social functioning with onset specific to childhood and adolescence = 4; Eating Disorders (F50.x) = 2; Acute and transient psychotic disorders (F23.x) = 1.

By gender: 7 females, 5 males.

By age: 2 participants aged 13 years old; 3 aged 14; 4 aged; 2 aged 16; 1 aged 17.

One of the participants abandoned group follow-up after 16 weeks because of personal difficulties related to the schedule of the activity, but continued individual follow-up regularly. Another participant left after 22 weeks, not continuing other follow-up.

Comparison of pre and post-treatment scores showed that all participants experienced a clinically significant improvement both in symptoms and in personal and global social functioning.

Conclusions:

Group psychotherapy with adolescents constitutes an added value to traditional individual and familial interviews, showing satisfactory results in daily clinical practice as well it supposes a cost-effective alternative. Moreover, it provides a unique scenario for training social skills and role-playing, which can't be replaced by individual therapy sessions.

PT-009

ADOLESCENT CANNABIS USE AND GENETIC VARIABILITY IN ENDOCANNABINOID SYSTEM GENES (CNR1, CNR2, FAAH): INTERACTION EFFECTS ON AGE AT ONSET OF PSYCHIATRIC SYMPTOMS

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BACKGROUND: Different studies have confirmed the association between cannabis use and psychosis (Henquet et al. 2005, Moore et al. 2007), and the initiation of cannabis consumption at an early age significantly increases the risk of the appearance of psychotic symptoms in comparison to initiation in adulthood (e.g. Arseneault et al. 2002, Gonzalez-Pinto et al. 2008). These associations have been suggested to be mediated by genes involved in the endocannabinoid (EC) system (Martínez-Gras et al. 2005, Agrawal et al. 2008). The aim of our study was to investigate whether age at emergence of psychiatric disorders is related to the interaction between cannabis use and genetic variants in EC related genes such as cannabinoid receptor genes (CNR1 and CNR2) and the fatty acid amide hydrolase gene (FAAH).

METHOD: Cannabis use profile was obtained from 157 adolescent psychiatric inpatients (mean age 17.01 years (SD=3.6)), 80 with schizophrenia-spectrum disorders and 77 with other non-psychotic disorders (conduct and affective disorders). A semi-structured interview based on the drug abuse section of the DIGS scale (Nurnberger 1994) was used to assess the cannabis consumption. Three single nucleotide polymorphisms (SNPs) were genotyped using Taqman 5'-exonuclease assay (AB): CNR1 (rs1049353), CNR2 (rs2501431) and FAAH (rs324420). The distribution of all genotypes was in Hardy-Weinberg equilibrium. Diagnosis group and other drugs use were included as covariates in all the analyses.

RESULTS: Genotypes and cannabis use rates were equally distributed in the two diagnosis groups. A trend towards significance was detected in the interaction between CNR1 (rs1049353) and cannabis use on age at emergence of the disorders ($\beta=-1.94$ $p=0.06$), while CNR2 and FAAH did not show any effect.

CONCLUSION: In the understanding of psychiatric disorders emergence, our results suggest the importance of the individual's genetic background as well as the brain maturation timing in

which exposure to cannabis occurs. The observed effect of CNR1 gene is supported by similar results by Leroy et al (2001) and highlights the interest of further analyses in larger samples to clarify the role of genetic variability in modulating the individual sensibility to cannabis use and the risk for developing psychotic and non-psychotic symptoms.

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PT-010

ADOLESCENT INPATIENT CARE – A FIVE YEARS' CASUISTIC

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Adolescent inpatient care – a five years' casuistic

INTRODUCTION

The Department of Child and Adolescent Psychiatry Inpatient Unit was created in 1974 and provides care for adolescent patients. Younger children are exceptionally accepted. Our service has a multidisciplinary approach which is planned to offer assessment to patients with severe psychiatric symptoms, to clarify complex cases and to establish treatment that must take place in a protected environment.

Our aim is to describe the demographic and clinical characteristics of adolescents admitted to our Inpatient Unit and to compare the results with previous data collected from the period of 1999 to 2003.

METHOD

The authors made a retrospective study of the patients admitted in the Inpatient Unit between January 2010 and December 2014.

The demographic and clinical data collected from the Inpatient Unit case-register were: gender, age, district, origin and reason of admission, duration of stay, diagnostic categories and referral after discharge.

The reason for admission has been divided into the following categories: suicide attempts, behavioural alterations (psychomotor agitation, disruptive behaviours), psychotic symptoms, depressive symptoms, eating disturbances and others (anxiety, dissociative and obsessive-compulsive symptoms, phobias and legal issues/court orders).

We established the following diagnostic groups: Psychotic Disorder, Neurotic and Stress-Related Disorder, Mood Disorder, Conduct and Emotional Disorder, Eating Disorder, Development Disorder, Personality Disorder, Other/No Diagnosis (patients who broke off the treatment against medical advice).

Statistical analysis was conducted with SPSS v.19.0 software.

RESULTS

A total of 626 cases were admitted to our Inpatient Unit during the established period.

Approximately 20% were readmissions.

A preponderance of female admissions was identified. The majority of patients were from the North of Portugal, mainly from the Oporto district, and the main origin of admission was the Emergency Service. The most prevalent diagnosis were Psychotic Disorder, Neurotic and Stress-Related Disorder and Conduct and Emotional Disorder. The Eating Disorders predominated in females while Psychotic Disorders were more frequent in males.

The comparison with the patients from the sample admitted from 1999 to 2003 is still under analysis.

CONCLUSION

The results are in consensus with the literature.

This study enabled us to better understand the characteristics of the patients admitted to our Inpatient Unit and allowed to reassess the treatment provided and the needs of our patients.

PT-011

ADOLESCENT VALUES AND PSYCHOPATHOLOGY

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We examined personal goals and ideals, as a representation of underlying motivation, in a Spanish sample of children and adolescent 12 –16 old. We have looked upon our measures of ideals and goals as influences that may themselves contribute to the likelihood of mental disorder. In this research values, represented by priority goals and ideals, are considered as risk or protective factors for adolescent mental health. We consider that values are not only important influences on the nature of society, but also on the well-being of individuals. Particularly, values reflect individual cognitive frames that provide an influential context for choices among alternative behaviours. They may foster life styles as maladaptive, deviant or that strengthen positive bonds with others.

Participants were 303 students attending to suburban and urban schools in Ciudad Real, Spain. The value measures include self -reported and peer- attributed approval of pro- and anti- social characteristics and behaviours and an ipsative ranking of 22 different goals for their lives. YSR (Youth Self Report) was used to assess psychopathology.

We analysed by exploratory factor analysis life goals and ideals. The resulting factors for life goals in this Spanish sample were: self-focus materialistic, support, service and have children. For ideals these analyses were carried out for the self-and peer-admire data separately. The resulting factors were antisocial, image-materialistic and prosocial.

The relationship between values and psychopathology was carried out by canonical correlation analysis. Results showed have children as a protective factor with no gender or age difference. This conventional goal factor was a protective factor for externalizing problems. The other three goal factors -- materialism, support and service -- were risk factors for externalising problems such as aggressive behaviour, attention problems and rule-breaking behaviour. Boys scored higher than girls. Results related to ideals, showed prosocial self as a protective factor for externalizing problems and antisocial self as a risk factor for all externalizing problems in boys and most internalizing problems in girls. Attributed antisocial emerged as a risk factor for internalizing problems in boys.

Results are discussed in a cross cultural context, comparing our results with a USA study using same measures and methodology.

keywords: values and mental health; life goals and well-being.

PT-012

ALCOHOL USE IN ADOLESCENTS WITH A HISTORY OF ABUSE

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INTRODUCTION

Recent studies (J. Manzanares ; G. Rubio, June 2014), amply demonstrate the existence of a relationship between childhood abuse history and more likely to make risky alcohol consumption in adolescence.

This could be explained by different patterns; including neurobiological, as well as psychological models that demonstrate the increased likelihood of developing not only substance abuse but also TCA, personality disorder, pathological gambling and depression.

Therefore I find of particular interest the study of alcohol consumption among such a vulnerable adolescent population.

METHODOLOGICAL FRAMEWORK

The aim of this study is to compare an observational study of alcohol use among adolescents in general population, with adolescent who are patients from a mental health center, doing a split among patients with a history of abuse and without.

Populations studied:

a) General population between 14 and 17 who attends secondary school in Spain. Data have been extracted from published sources in the National Plan on Drugs, 2012/2013, study called ESTUDES where all variables analyzed have been collected by questionnaire.

b) Population of Mental Health Service users between 14 and 17 who have received a diagnosis according to criteria of ICD-10, of which no record of abuse or neglect is known. The sample for this population come from a Child and Adolescent Mental Health Center in Area IV of Asturias, with a minimum sample of n = 20

c) Population of Mental Health Service users between 14 and 17 who have been diagnosed according to ICD-10, among which history of abuse or neglect is known. A sample comes from a child and adolescent Mental Health Center in Area IV of Asturias, with a minimum sample of n = 20.

Patients of different samples were applied a questionnaire about alcohol habits in which different variables are collected as age of first use, consumption characteristics, amount and frequency of alcohol consumed and other sociodemographic variables. In the subsequent analysis consumption patterns will be compared in order to show whether there are any difference.

RESULTS AND CONCLUSIONS

Even I do not have results but expect increased consumption of alcohol in Mental Health population with abuse history. Also earlier start and increased binge drinking are expected.

PT-013

ALTERED RESPONSE WITH METHYLPHENIDATE TO ADHD-LIKE SYMPTOMS IN PERSISTENT DEVELOPMENTAL DISORDER: DOES CES-1 ENZYME GENE POLYMORPHISM HAVE A ROLE?

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Objective: Persistent Developmental Disorders (PDDs) and Attention Deficit Hyperactivity Disorder (ADHD) are two common psychiatric diseases of childhood that co-exists frequently. Classical clinical approach to treatment of this speciality of co-existence is using methylphenidate (MPH), which generally results with poor outcomes, and increased adverse effects.

Methods: We postulated that a genetic variation that affects the metabolism of MPH may lie in the etiology of disrupted drug response. For clarifying this we searched for four polymorphisms (Arg199/His, Ser75/Asn, Ile49/Val and Gly143/Glu) in carboxylesterase-1 gene (CES1) in the saliva of patients diagnosed with PDD+ADHD. Also, we assessed the clinical response to MPH by dimensional approach using the Attention Deficit Hyperactivity Disorder Rating Scale IV and Clinical Global Impression-Improvement scale.

Results: PDD+ADHD groups had significantly higher Arg199/His polymorphism, and clinically responded poorer –and even worsened– to the MPH treatment compared with “pure” ADHD and ADHD+MR groups.

Conclusion: This is the first study that defines an association between Arg199/His polymorphism in CES1 and altered treatment response to MPH in patients with PDD that presents with symptoms of ADHD.

Keywords: PDD, ADHD, MPH, CES-1, Pharmacogenetic

PT-014

ALTERED RESTING-STATE CONNECTIVITY IN OFFSPRING OF SCHIZOPHRENIA PATIENTS RELATIVE TO OFFSPRING OF BIPOLAR PATIENTS AND CONTROLS

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Background: Schizophrenia (Sz) and Bipolar (Bp) disorder are acknowledged to share clinical features, genetic risk factors and structural and functional brain patterns. Patients with Sz or Bp as well as their first-degree relatives have shown abnormalities in the Default Mode Network (DMN) during rest. No studies have assessed resting state functional connectivity in young offspring of Sz and Bp patients comparatively. We aimed to study the pattern of connectivity of the DMN, in addition to other cognitive networks in child and adolescent offspring of Sz (SzO) and Bp patients (BpO). Methods: One hundred and twenty-six children and adolescents aged 7 to 19, with a parent with Sz or Bp and community controls (CcO; absence of diagnosis of Sz or Bp in 1st or 2nd degree relatives) were recruited from the Hospital Clinic of Barcelona, Spain. High resolution T1 images and an 8-minute functional magnetic resonance imaging (fMRI) at rest were acquired on a 3 Tesla MRI scanner. Excessive head motion, defined as 1.5 mm translation in any axis, led to exclusion of 19 subjects. Two more subjects were excluded due to ventriculomegalia. fMRI data was preprocessed and subjected to spatial independent component analysis (ICA), employing the Group ICA fMRI Toolbox. Four networks were identified: DMN, Basal Ganglia, Executive Control (ECN) and Salience Network. ANCOVA models were executed with age and gender as covariates. Results were interpreted at a voxel-wise threshold of $p < 0.001$ and at a cluster-wise threshold of $p < 0.05$ (family-wise error corrected). Post-hoc analyses included measurement of caudate volumes with Freesurfer. Results: The final sample included 106 subjects (27 SzO, 38 BpO, 41 CcO, mean ages: 11.96, 13.89 and 13.37 respectively). Relative to CcO, SzO revealed decreased connectivity in the caudates ($t=4.38$, $pFWE=.008$) within the Basal Ganglia network. Further, the volume of the left caudate was significantly reduced in SzO ($F=5.09$, $p=0.028$). Relative to BpO, SzO showed increased connectivity in the right precentral gyrus ($t=4.05$; $pFWE=.013$) and decreased connectivity in the right angular gyrus ($t=4.76$; $p=0.029$). No differences were observed between BpO and CcO. Conclusions: SzO exhibited abnormalities in connectivity in both caudates, a key dopaminergic region, accompanied by a volumetric reduction in the left caudate. Altered connectivity in the DMN and in the ECN was also found, which mirror observations from adult patients. Current results suggest that abnormalities in these resting state networks during youth may be specific to SzO.

PT-015

AN INVESTIGATION OF THE MICROSTRUCTURAL ORGANISATION OF THE FRONTO-PARIETAL BRANCHES OF THE SUPERIOR LONGITUDINAL FASCICULUS USING CONSTRAINED SPHERICAL DECONVOLUTION BASED TRACTOGRAPHY IN AUTISM SPECTRUM DISORDERS

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Background

Primate and post-mortem research has established that the superior longitudinal fasciculus (SLF) is a white matter tract largely composed of three fronto-parietal longitudinal pathways, the SLF I, II and III. It has been suggested that the SLF I sub-serves the dorsal attention network (DAN), the SLF III sub-serves the ventral attention network (VAN) and the SLF II facilitates communication between these networks. The branches of the SLF have never been isolated in an ASD population. Investigating each distinct branch is important for understanding

the neural correlates of attention dysfunction in ASD. As the process of attention is lateralised, evaluating the symmetry of the SLF is also crucial for understanding impaired attention in ASD.

Methods

High angular resolution diffusion imaging (HARDI) data (61 directions, b-value = 1500 s/mm²) was acquired for 45 cases and 45 controls. Preprocessing was completed using ExploreDTI software (<http://www.ExploreDTI.com>). Data quality checks were performed and subject motion and eddy current induced geometric distortions were corrected. The B-matrix rotation was also performed to maintain orientation of the data. The tensor model was applied to the data using robust estimation of tensors by outlier rejection (RESTORE) method. CSD tractography was then performed and the SLF I, II and III were isolated. FA, CL and CP measures were extracted and independent t-tests were completed. All statistical analyses were Bonferroni corrected at a significance level of $p < 0.05/3 = 0.0166$

Results

In the left SLF I, the ASD group showed greater CL ($F(1, 88) = 9.204, p = 0.003$) and a strong trend towards greater FA ($F(1, 88) = 5.772, p = 0.018$) relative to the control group. In the right SLF II, the ASD group also showed greater FA ($F(1, 88) = 7.221, p = 0.009$) and greater CL ($F(1, 88) = 7.862, p = 0.006$) than controls. In the SLF III, the ASD group had significantly greater right lateralisation of FA ($F(1, 88) = 8.792, p = 0.004$) and borderline significance in CL ($F(1, 88) = 5.899, p = 0.017$) in comparison to the control group.

Conclusions

Abnormal structural connectivity of the SLF I, II and III was described thus further substantiating the theory of disrupted cortical connectivity in ASD. The branches of the SLF have been associated with the dorsal and ventral attention networks thus it is reasonable to suggest that aberrant structural connectivity may underpin attentional deficits in ASD.

PT-016

ARACHNOID CYST AND CHILD PSYCHIATRIC DISORDERS. A CASE REPORT

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Introduction

Cysts Arachnoid (AC) are cavities containing cerebrospinal fluid and, in most cases, are located between the layers of the arachnoid or between the arachnoid inner layer and the pia mater, often communicate with the subarachnoid space. Most of those seen in children are congenital and asymptomatic or present with insidious symptoms, therefore the diagnosis is often delayed until adolescence. Symptoms vary depending on the size and location of the cyst.

Have been associated with developmental disorders, mental retardation and other psychiatric disorders such as ADHD, behavioral disorders and psychoses (auditory hallucinations). The diagnosis is usually incidental in a magnetic resonance imaging (MRI), you can do other complementary tests such as EEG. Treatment may be conservative or surgery.

Objectives

The purpose of this paper is to reflect on possible cognitive behavioral consequences of some arachnoid cysts. To investigate whether Arachnoid Cysts compromise cognitive function and psychological profiles in pediatric patients.

Methodology

- Literature search using the database PUB-MED
- Case Report

Results

- Some studies report that men are four times more likely to have cysts than women and refer the presence of difficulties with memory, language, executive functions and behavior problems.

- There have been cases where it has been associated with symptoms of alexithymia, altered mood and aggression in left fronto-temporal localization, psychosis associated with AC temporary location, ADHD associated with AC in the left temporal lobe and anxiety most often in cysts front location than in cysts temporary location.

CASE REPORT:

Neuropsychological and behavioral sequelae in a patient presenting with an AC of parieto-temporal localization left diagnosed at 4 years of age. Currently the patient has an age of 18 years and a follow-up story in Psychiatry from 4 years old. It

has carried out an extensive evaluation protocol (both, psychopathological / behavioral and social) to know in depth the clinical characteristics of the patient and the possible relationship with the location of arachnoid cyst presenting cognitive level.

Conclusions

The prevalence of arachnoid cysts (AC) is considerably increased in psychiatric patients, suggesting a possible causal relationship between AC and certain psychiatric disorders.

While much of the literature says that patients with arachnoid cysts usually no clinical symptoms, other studies claim the existence of cognitive and psychopathological / behavioral sequelae in these patients.

In the case presented, we believe that the observed deficits may be related to the location and mass effect caused by the cyst in the left temporo-parietal pole.

PT-017

ASSOCIATION BETWEEN THE METABOTROPIC GLUTAMATE RECEPTOR7 RS3749380 POLYMORPHISM AND METHYLPHENIDATE TREATMENT OUTCOME IN CHILDREN WITH ATTENTION-DEFICIT/HYPERACTIVITY DISORDER

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Association between the metabotropic glutamate receptor7 rs3749380 polymorphism and methylphenidate treatment outcome in children with attention-deficit/hyperactivity disorder

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Objectives: Attention-deficit/hyperactivity disorder (ADHD) is a heritable neurodevelopmental disorder characterized by inattention, disorganization, and/or hyperactivity-impulsivity. This study investigated the association between the metabotropic glutamate receptors (GRM) 7 rs3749380 polymorphism genotypes and subjective/objective treatment responses to methylphenidate (MPH) in Korean children with ADHD.

Methods: This study enrolled 86 medication-naïve children with ADHD in an open-label 8-week trial of MPH. The subjects were genotyped and then evaluated using the ADHD Rating Scale (ARS), the Continuous Performance Test (CPT) and the Clinical Global Impression Scale (CGI) before and after treatment.

Results: Genotype analysis of the GRM7 rs3749380 polymorphism identified the C/C genotype in 55 subjects (63.95%), the C/T genotype in 28 subjects (32.56%), and the T/T genotype in 3 subjects (3.49%). The C allele of the GRM7 rs3749380 polymorphism was identified in 138/172 chromosomes (80.23%) and the T allele was identified in 34/192 chromosomes (19.77%). After 8 weeks of treatment, the total ARS score decreased, from 33 (22,50) at baseline to 18 (5,41) in C/C genotype, from 30.5 (25,50) at baseline to 13 (4,36) in C/T genotype and from 34 (28,36) at baseline to 13 (11,26) in T/T genotype, indicating an improvement in symptoms. After 8-week MPH treatment, children with the GRM7 rs3749380 polymorphism T/T genotype had a different response in terms of visual response times and auditory commission errors on the CPT than C/C or C/T genotype groups. Dunn's test revealed that with respect to visual response times, TT genotype was marginally significantly different from CT ($p=0.052$) and significantly different from CC ($p=0.046$). And with respect to auditory commission errors, TT genotype was significantly different from CT ($p=0.034$).

Conclusions: These results suggest that the GRM7 rs3749380 polymorphism is associated with the response of MPH in patients with ADHD. Further studies, including replication of our findings using a control or comparison group and a larger sample, are warranted to evaluate the association between the GRM7 genes and treatment responses to MPH in subjects with ADHD.

Keywords: Attention-deficit/hyperactivity disorder, metabotropic glutamate receptor7 rs3749380, T/T polymorphism, methylphenidate, treatment response

PT-018

¿ATTENTION DEFICIT DISORDER WITH HYPERACTIVITY OR JUVENIL HUNTINGTON DISEASE?: CASE REPORT AND REVIEW OF DIFFERENTIAL DIAGNOSIS.

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Huntington Disease is a dominantly inherited, neurodegenerative disorder, usually with onset in the fourth to fifth decade of life but in a small proportion of patients before the age of 20 years. The early-onset form, Juvenile Huntington disease, is clinically different from that of more common adult-onset forms and includes cognitive decline, parkinsonism, myoclonus, and seizures. Whereas adult-onset Huntington disease is a well-characterized clinical entity, childhood-onset cases have not received as much attention.

Patients with Juvenile Huntington disease started showing disease symptoms through nonspecific features, mostly psychiatric and cognitive difficulties. This led to misdiagnosis or diagnosis delay, especially in cases without a familial history of Huntington Disease. We report a case of a 13-year-old boy, originally from South America, adopted since the time of 24 months of age, with unknown records of the disease because of limited family background information.

Due to hyperactivity, attention difficulties, poor school performance, zero tolerance to frustration, irritability and agresivity, the patient received psychological monitoring for a period of a year without obtaining symptoms improvement. Later, he was referred to psychiatric treatment because symptoms of attention-deficit hyperactivity disorder became evident and he started on a trial of Methylphenidate. After 2 months, he experienced a rapid decline in fine motor skills, with dysarthria and diffusely increased tone. Despite cessation of Methylphenidate, symptoms persisted and we decided to perform genetic evidence that could make a differential diagnosis. The results showed an expansion in CAG repeats to 71 copies confirming the diagnosis of Juvenile Huntington Disease.

The case presented here emphasize the spectrum of neuropsychiatric phenomena associated with Huntington Disease, illustrate the resulting difficulties of differential diagnosis in clinical settings and highlights the fact that using dopamine agonists in patients with history of Huntington Disease, can cause significant deterioration in motor symptomatology. Treatment goals in Juvenile Huntington Disease are to reduce the burden of symptoms, maximize function and quality of life, that's why, it is very important not to delay the diagnosis. The case presented here, emphasize the spectrum of neuropsychiatric phenomena associated with Huntington Disease and illustrate the resulting difficulties of differential diagnosis in clinical settings.

PT-019

BULLYING, SELF-HARMING BEHAVIOUR AND ATTEMPTED SUICIDE AMONG ADOLESCENTS IN LITHUANIA

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Introduction: There is a growing interest in adolescent health and recognition of its importance for public health through the life course. The need to give adequate attention to the health and development of adolescents is being acknowledged.

Study aimed to estimate the prevalence and causation of deliberate self-harm, attempted suicide, bullying and cyber-harassment among adolescents in Lithuania.

Methods: Data come from large adolescent health research, a study of demographic factors, activities, attitudes, strengths and difficulties, help-seeking and risk behaviors, bullying, overall health and related factors among adolescents, which was conducted during 2012 spring in Lithuania. The sample included 44 public middle and high schools in four randomly selected geographic regions of Lithuania (all schools from 3 municipalities: Kaišiadorys, Kelmė and Molėtai, 2 schools from Vilnius District municipality and 1 school from Vilnius City municipality). All pupils of 7-10 grades in every school were interviewed. Administrative judgement towards the aims and intentions of the study was positive and all originally selected schools agreed to participate. Procedure of investigation was organized and conducted smoothly. Anonymous questionnaire was completed by 3858 participants.

Results: Data showed that 11,9 % respondents harmed themselves. Self-cutting was the most common method of self-harm (60,1 % of those who harmed). 37% respondents indicated that they thought about suicide, 11,6% indicated that they thought about it seriously, 5,5% noted that they had attempted suicide. Girls were more prone to self-harm and suicidal ideation. 28,7% of respondents reported being bullied in school environment, 10,7% outside the school, 12,2% on cyberspace. 34,4% bullied at school, 21,9% outside school, 9,9% on the cyberspace. Various connections of the data will be presented.

Conclusions: Every specialist who works with children has to be able to notice and detect self-harming behavior, assess for risk of repetition and suicide risk and find relevant treatment strategies. Community education on youth mental health issues together with implementation of systematic long-term prevention and early intervention programs should be active and prioritize in our country.

PT-020

BURDEN-FOCUSED PSYCHOSOCIAL THERAPY WITH PARENTS OF CHILDREN WITH BIPOLAR SPECTRUM DISORDERS

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Background: Family burden is considered to be a dynamic integrated psychosocial parameter negatively impacting on symptom levels and social functioning of children with bipolar disorders (BD). Specific measures directly aimed at lessening the burden of families with children with

bipolar spectrum disorders, such as psychosocial interventions, should be developed. Furthermore effective psychosocial interventions should rely on parents by which cure is delivered directly to the children. This survey is aimed at assessing the impact of burden-focused group therapy (BFGT) with parents on social functioning of children and adolescents with bipolar spectrum disorders.

Methods: Parents of 72 children (10 – 17 years) diagnosed with BD (based on DSM-IV criteria) with administered standard antipsychotic therapy were recruited into this study conducted in Moscow research institute of psychiatry. Parents were assigned to eight 90-minutes "module" structured sessions carried out in groups (8 – 9 members). The efficacy was analyzed using multi-source assessments, including questionnaires for mother and social functioning of children evaluations (CGI, CGSQ, ILC and CGAS at entry and after 1, 3, 6 and 12 month).

Results: Reciprocal effect with negative correlation ($r=-0.458$, $P=0.005$) between family burden indicators and children's total levels of social functioning was established. BFGT did significantly affect family burden and correlated with positive changes in overall levels of social functioning of children as measured by CGAS ($p<0,05$). The largest decline was noted in Subjective burden (from 4.95 to 3.75 according to CGSQ). Furthermore BFGT appears to reduce emotional burdens for caregivers.

Conclusions: BFGT, directly aimed at managing family burden and improving children's social functioning, proved to be one of the key components of the psychosocial treatment and rehabilitation of children and adolescents with bipolar spectrum disorders in the context of increasing parenting resource and rehabilitation potential of the families. Participants report high levels of satisfaction, and greater attendance is linked to better understanding of mental illness, awareness of resources, including the forming parent's community, and ability to engage in child-care activities and thus contribute to improving child's level of social functioning. Further controlled studies are required to strengthen the evidence base for effective management of family burden.

PT-021

CAMH POLICY IN RUSSIA: CURRENT TRENDS

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Child&adolescent psychiatric care is a part of general psychiatric service. Nowadays medical care of children and adolescents are united to one service, but subdivision of specialties to "children's" and "adolescent's" still remains. Apparently, in Russia, "child and adolescent psychiatry" does not have a normative definition in official documents. Disabled children with severe mental retardation receive government welfare. The Russian Federal Law "On Psychiatric Care and Patient Rights as it is Rendered" of 1992 is very important for the modern state of psychiatric service. There were endorsed psychiatric examination norms for minors, rules for their hospitalization or admission to special educational institutions, as well as rules of discharge from psychiatric hospitals and other special institutions. The law founded the basis for legal and social regulations of psychiatric patients and gave public organizations the possibility to control the rights of mentally ill in psychiatric hospitals. There are no officially determined and adopted principles of psychiatric care for children and adolescents. The distribution of the psychiatric care is based on a principle of district service. There are no structures for specialized care for different forms of psychiatric disorders. Care for children with mental abnormalities is divided into three departments: Public Health, Education, and Social Protection. Two main types of psychiatric care - outpatient (in psychiatric dispensaries and outpatient clinics) and inpatient (in the children's psychiatric departments of district psychiatric hospitals) - belong to the Public Health Department. Cooperation between psychiatrists and non-medical institutions and

professionals is hampered by their dependence to different departments. All other forms of psychiatric service organization are not practically in use. There is only one non-governmental professional organization - Association of Child Psychiatrists and Psychologists, which was found in 1992. The number of ACPP members currently is about 150 from 16 regions of Russia, from Lithuania, Estonia, and Kirgizien. The ACPP unites child and adolescent psychiatrists, psychologists, and children's specialists of allied disciplines. ACPP together with other organizations are working for realization of Child Psychiatric Service (CPS) plan. Those changes are necessary and inevitable because they follow the needs of the children's population and basic trends of child psychiatry all over the world.

PT-022

CARE OF ADOLESCENTS SUFFERING SCHOOL PHOBIA: CONTRIBUTIONS FROM MULTIDISCIPLINARY WORK LED BY "TEENAGERS' HOME" SERVICE, AT AVICENNE HOSPITAL IN BOBIGNY, FRANCE

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Introduction: In our modern society, the difficulties teens are facing up during school time are a pattern of frequent consultation. Among these disorders, school phobia coming out during adolescence shows a steadily increasing incidence in child psychiatric consultations. This increase and the difficulty to treat this disorder with only child psychiatric consultations led us to re-considerate our practices at Avicenne Hospital "home teenagers" service.

Methods: This study is a frontier research driven in 2014, by the use of eight situations from eleven to seventeen years, in the Avicenne Hospital "Teenagers' home", located in the city of Bobigny, France.

The method consisted in using the synergy from multidisciplinary work, specific of a "teenagers' home" team, and more particularly between child psychiatrist and school psychologist. Regular meetings were an opportunity to compare our respective theoretical approaches and share clinical data from our consultations with adolescents whose school problematic was at the forefront.

Results: The experiment's results show the real interest of this coordinated approach combining psychiatric and psychological consultations with these adolescents and their family. It has to be focused on the interaction between their cognitive and psycho-affective spheres, the effects of this interaction on their reports to learning and the connection with school partners for the returning to school as fast as possible. Indeed, the faster the patient returns to school, the better the prognosis. This methodology requested a constant adjustment of our respective function in this joint work. It led to identify common psychopathological hypotheses from different clinical situations by using the "life narrative" as a method of investigation but also as a therapeutic lever, distinguishing the schooling evolution narrative during the psychological consultations, and the family history narrative during the psychiatric consultations.

Conclusion: This experiment shows the values of a complementary work leading between two professions and particularly in these complicated situations. The stories of the adolescence's school history and the family history are complementary working tools, allowing access to the full historical profile of a child who became a student and then a teen student, enabling us to improve the situation understanding, initiating a therapeutic alliance and enhancing adolescent self-esteem. These results should lead to the establishment of further study in the course of 2015.

Keywords: school phobia, narrative, interdisciplinary health team

PT-023

CHILD AND ADOLESCENT MENTAL HEALTH CARE IN FINLAND - CHANGING TRENDS

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Finland is a sparsely populated country with 5.5 million inhabitants in an area of about 340 000 km². Most inhabitants live in Southern Finland, the fact giving challenges to the health care systems especially in the Northern parts of the country. About 43.5% of the families with children have only one child, 51.5% have two or three children and only 5% have four or more children. There are relatively more large families in the Northern parts of the country.

The mental health care services for children and adolescents have included primary health care, e.g. child welfare clinics, child guidance clinics, health centers and school health care services. Services have varied in different municipalities and parts of the country. There are 21 Central Hospital Districts in Finland, most of them giving child and adolescent inpatient as well as outpatient treatment. However, a change in the social and health care services is now on process. The main targets of the change are to guarantee equal services in different parts of the country, back up primary health care services and outpatient treatment and to better connect social and health services. Challenges are high especially in the most sparsely populated areas of the country, where the closest services have been reached only in distance of hundreds of kilometers. The use of information technology is a great possibility and necessity. The child and adolescent mental health care services in Finland and needs for them shall be introduced in the presentation.

PT-024

Child-rearing styles in the offspring of parents with schizophrenia and bipolar disorder

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Objective: This is the first study to compare the child-rearing styles as perceived among the offspring of at least one parent with schizophrenia, bipolar disorder or community control parents.

Methods: 90 offspring (6-17 years) of 54 parents with bipolar disorder (BpO), 40 offspring of 34 with schizophrenia (SzO) and 107 offspring of 65 community controls (CcO) were evaluated. Proband parents and biological co-parents were assessed using the Structured Interview for DSM-IV (SCID- I). Parenting styles were explored by child self-rating using the Parental Bonding Instrument (PBI), father and mother forms. For the statistical analyses, the 25 items of the PBI were distributed on the Care and Overprotection subscales, following the original factorial structure by Parker et al. One-way ANOVAs with Games-Howell and Bonferroni post-hoc correction were calculated for the three groups. Parental child rearing styles were classified into

one of the following quadrants using the median values of the Care and Overprotection subscales of the CcO sample as cut-off points: 'affectionate constraint' (high care and high protection), 'affectionless control' (high protection and low care), 'optimal parenting' (high care and low protection) and 'neglectful parenting' (low protection and care).

Results: Distribution of child-rearing styles among the parental bonding quadrants is shown in Table 1. SzO reported higher scores in Mother Care ($p=0.001$) and Overprotection ($p=0.022$) than BpO, while no differences were found between SzO or BpO and CcO. SzO reported a maternal rearing style characterised by 'affectionate constraint' more frequently than BpO ($p=0.003$). BpO reported more frequently maternal ($p=0.038$) and paternal ($p=0.033$) 'neglectful parenting' style than SzO. Paternal 'optimal parenting' was more frequently reported for SzO than for CcO ($p=0.013$), and maternal 'affectionate constraint' for CcO than for BpO ($p=0.032$).

'Affectionate constraint'			'Affectionless control'				
	SzO	BpO	CcO		SzO	BpO	CcO
Mother	42.9%	13.3%	26.9%	Mother	9.5%	16.0%	14.0%
Father	33.3%	25.0%	27.8%	Father	11.1%	12.5%	20.0%
'Optimal parenting'			'Neglectful parenting'				
	SzO	BpO	CcO		SzO	BpO	CcO
Mother	23.8%	21.3%	21.5%	Mother	23.8%	49.3%	37.6%
Father	44.4%	25.0%	17.8%	Father	11.1%	37.5%	34.4%

Table 1.

Conclusion: The offspring of at least one parent with schizophrenia, perceive their mothers as more caring and overprotective than bipolar offspring. Maternal 'affectionate constraint' rearing style is the most frequently reported style in schizophrenia offspring, while 'neglectful parenting' represents the more frequent parental bonding style in families with at least one parent with bipolar disorder.

PT-025

CHILDREN WHO ARE THE FOCUS OF TEACHERS CONCERN AND ARE DUE TO TRANSITION FROM PRIMARY TO SECONDARY EDUCATION, HAVE RAISED SDQ SCORES. CAN ACTIVITY PROJECTS HELP?

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Promotion of child mental wellbeing is an important part of UK early intervention policy. There is specific concern about children who are 'at risk' or disadvantaged. The 1958 birth cohort study finds that poor mental health at 7 and 16 was a significant determinant for poor mental health outcomes into adulthood, as well as lower educational attainment, poorer health and lower social status as adults. Early intervention in terms of the mental health of children is promising as we are beginning to fully understand the impact that poor mental health as a child has on achievement as an adolescent and also as an adult (Case, et al. 2005).

In early intervention models the person or group of people are identified as being at risk due to certain characteristics or behaviour. The need to change is less prominent in early intervention; instead there is a need to learn skills and tools that can act as a protective factor against risks later in life. 'Activity' projects are being used to try and help vulnerable children negotiate the transition to secondary school. Are they effective and which children benefit most?

Method: Teachers referred children that they were concerned about and completed a measure of wellbeing (SDQ) and a reason for concern form before and after the activity project.

Results: Reasons that children are referred to transition projects include concerns about their behaviour, attendance, self-confidence and self-esteem. Pre-project SDQ's ($n=50$) show that these children have high 'overall stress' scores. Following the intervention 'overall stress' scores

improved, particularly for children referred for emotional symptoms, suggesting that the projects are enhancing self-esteem and self-confidence. For children referred for concerns about behaviour there was no improvement.

Conclusion: Negative school experiences, lack of self-confidence and self-esteem, and persistent truancy can be linked to poor educational attainment. Early intervention projects designed to support vulnerable children in the transition to secondary school have a positive effect on the children's emotional symptoms. It is important to recognise that these projects will not be successful for all children and do not appear to improve outcomes for children about whom the concerns are about behaviour.

PT-026

CHILDREN WITH ANXIETY DISORDERS SHOW A VIGILANCE-AVOIDANCE PATTERN OF THREAT-PROCESSING: EVIDENCE FROM MEG-BASED SOURCE LOCALIZATION

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An altered pattern of threat-processing is assumed to play a key role in the development of anxiety disorders (AD). According to a vigilance-avoidance hypothesis, patients with AD show heightened vigilance to threat cues at early but avoidance at later stages of processing (Mogg et al, 2004). Attentional vigilance is assumed to be based on an automatic threat detection mechanism mediated by the amygdala, while attentional avoidance is thought to reflect emotion regulation mediated by the prefrontal cortex (PFC). A central role of these neural structures is confirmed by fMRI studies in both adults and children with AD. However, due to its limited temporal resolution fMRI cannot differentiate early and late stages of processing. For this purpose, EEG and MEG seem most suitable. Indeed, adults with AD show enhanced threat-responses in early (around 100ms) and reduced threat-responses in late (> 200ms) EEG components. However, it is unclear if such an effect can also be observed in children with AD and, if so, which neural sources are involved. The aim of the present study was to test the vigilance-avoidance hypothesis in children with AD and highlight relevant neural sources in early vs. late time-intervals. To this end, the processing of faces with angry and neutral expressions was investigated in children with AD and healthy control (HC) children by whole-head magnetoencephalography. Neural sources reflecting threat-processing in early and late time-intervals were estimated based on L2-minimum norm inverse source modelling. Significant interactions ($P < .05$) of time (early vs late) x expression (angry vs neutral) x group (AD vs HC) were localized in two regions, the right dorsolateral PFC and the left occipital cortex (OCC). Post hoc T-tests indicate that AD children showed enhanced threat-processing in the left OCC in the early ($T(44) = 2.05$; $P < .05$) but not late time-interval ($T(44) = 0.16$; n.s.). HC children showed the reverse pattern, with no effect in the early ($T(44) = 0.12$; n.s.) but enhanced threat-processing in the late time-interval ($T(44) = 2.91$; $P < .01$). Additionally, in the late time-interval, AD ($T(44) = 2.76$; $P < .01$) but not HC children showed enhanced neural activity in response to threat in the right dorsolateral PFC. These results support the vigilance-avoidance hypothesis of threat processing in children with AD. It is suggested that the late enhancement of activity in the dorsolateral PFC may reflect an inhibition of sensory threat processing in the OCC.

PT-027

CHILDREN'S MENTAL WELLBEING EFFECTS THEIR EDUCATIONAL OUTCOMES. CAN EARLY INTERVENTION ACTIVITY PROJECTS HELP?

Akister J; Saville H
Anglia Ruskin University

Children Mental Wellbeing Effects Their Educational Achievements. Can Early Intervention Activity Projects Help?

Promotion of child mental wellbeing is an important part of UK early intervention policy. There is specific concern about children who are 'at risk' or disadvantaged. The 1958 birth cohort study finds that poor mental health at 7 and 16 was a significant determinant for poor mental health outcomes into adulthood, as well as lower educational attainment, poorer health and lower social status as adults. Early intervention in terms of the mental health of children is promising as we are beginning to fully understand the impact that poor mental health as a child has on achievement as an adolescent and also as an adult (Case, et al. 2005).

In early intervention models the person or group of people are identified as being at risk due to certain characteristics or behaviour. The need to change is less prominent in early intervention; instead there is a need to learn skills and tools that can act as a protective factor against risks later in life. 'Activity' projects are being used to try and help vulnerable children negotiate the transition to secondary school. Are they effective and which children benefit most?

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Conclusion: Negative school experiences, lack of self-confidence and self-esteem, and persistent truancy can be linked to poor educational attainment. Early intervention projects designed to support vulnerable children in the transition to secondary school have a positive effect on the children's emotional symptoms. It is important to recognise that these projects will not be successful for all children and do not appear to improve outcomes for children about whom the concerns are about behaviour.

PT-028

CLINICAL PICTURE DURING CHILDHOOD/ADOLESCENCE OF ADULT PATIENTS ADMITTED AS INPATIENTS WITH A SCHIZOPHRENIA SPECTRUM DISORDER DIAGNOSIS

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Introduction

Description of developmental trajectories during childhood/adolescence of adults with schizophrenia spectrum disorders may help understand the etiopathogeny of this group of illnesses and better develop early intervention programs addressing detection of prodromal symptoms. At least a group of these disorders are considered neurodevelopmental disorders. Prospective epidemiological cohorts and premorbid adjustment scales have been useful to describe premorbid difficulties in childhood (such as motor coordination problems, cognitive impairment, and poor social adjustment) related to later diagnosis of schizophrenia. Moreover, schizophrenia associated with deficit syndrome is lately being considered a different entity with specific neurobiological correlates, with worse prognosis and worse social premorbid adjustment. Retrospective chart review may be helpful when data are gathered systematically in a child psychiatry unit and psychological standardized assessment is done.

Methodology

Clinical reports of patients born between 1984 and 1996 who had attended a child psychiatric clinic during childhood/adolescence and afterwards were admitted to an adult inpatient psychiatric unit in the same hospital were reviewed. Patients who had received a diagnosis of schizophrenia spectrum disorder as adults were compared to those with other diagnoses in terms of data gathered during childhood regarding their symptomatology (Social Difficulties

Questionnaire-SDQ- and DSM-IV diagnosis) and cognitive performance (WISC-R) and psychomotor development when available.

Results

76 patients aged 18 to 30 y/o admitted to a psychiatric inpatient unit between 2002 and 2014, had previously attended a child psychiatric outpatient clinic in the same hospital. During childhood, most frequent chief complaints were attention, behavioral and social problems. As adults, 50% received a schizophrenia spectrum disorder or other psychotic disorder diagnosis. Five percent of total met criteria for schizophrenia with deficit syndrome. Those patients with a schizophrenia spectrum disorder will be compared in terms of childhood adjustment to those with other diagnoses. Differences in SDQ scores and DSM-IV diagnoses will be presented. Special attention will be paid to those patients with deficit syndrome associated to schizophrenia.

PT-029

COGNITIVE PERFORMANCE IN CHILDREN AND ADOLESCENT WITH PERINATAL HIV INFECTION IN POLAND.

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Public Paediatric Teaching Hospital; Foundation Psychology Of Health Studio; Warsaw's Hospital For Infectious Diseases, Medical University Of Warsaw; University Of Social Sciences And Humanities; Public Paediatric Teaching Hospital, Medical University Of Warsaw; Warsaw's Hospital For Infectious Diseases, Medical University Of Warsaw

Objectives:

The CANTAB battery had not been used before to assess cognitive impairment in perinatally HIV-infected children. The goal of the study was to assess the effects of perinatal HIV infection on the cognitive functions in population of Polish children and adolescent patients and association between cognitive performance and HIV disease status.

Methods:

The study was carried out in The Clinic of Infectious Diseases of Childhood in Warsaw's Hospital for Infectious Diseases. 50 vertically HIV-infected children, aged 6 to 18, were examined during one session. Patients completed the Cambridge Neuropsychological Test Automated Battery (CANTAB). The five CANTAB test used included: Motor Screening Task (MOT), Reaction Time (RTI), Stocking of Cambridge (SOC), Intra/extra Dimensional Shift (IED), Spatial Working Memory (SWM).

Results were compared to published age and gender-matched norms using z-scores. Medical data were also recorded (CD4%, viral load, CDC clinical category at HIV diagnosis) to identify HIV-related factor associated with cognitive performance.

Results:

The patients were impaired on movement time and on reaction time in RTI test. They showed impaired initial and subsequent thinking time on the SOC task. They also solved less problems in minimum moves. The patients were also impaired on the task of attentional set shifting (IED), requiring more trials to criterion at the intradimensional stage of the task and had more total errors (adjusted) and more total trials (adjusted). In the SWM test they made significantly more within- and double- search errors. There were no association between cognitive performance and CDC clinical category and age at HIV diagnosis. There were only connection between age of examination (duration of HIV infection) and impairment on reaction and movement time, time of initial and subsequent thinking time.

Conclusions:

The main deficits in vertically HIV infected children were in the tests of executive function: Stocking of Cambridge planning task, attentional set shifting, spatial working memory but also in the test of speed of movement. These are the test that have been shown to be particularly sensitive to frontostriatal dysfunction in humans. The no association between clinical status and cognitive performance may be connected with early diagnosis in most of the patients. Further studies are required to recognize other factors (i.e.: socioeconomic status) underlying cognitive impairments in vertically HIV infected children

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PT-030

COGNITIVE PERFORMANCE IN CHILDREN AND ADOLESCENT WITH PERINATAL HIV INFECTION IN POLAND

Zielinska A; Pierowski F; Coupland U; Bielecki M; Srebnicki T; Brynska A; Marczyńska M; Wolanczyk T

Public Paediatric Teaching Hospital; Foundation Psychology Of Health Studio; Warsaw's Hospital For Infectious Diseases, Medial University Of Warsaw; University Of Social Sciences And Humanities; Public Paediatric Teaching Hospital, Medical University Of Warsaw; Warsaw's Hospital For Infectious Diseases, Medical University Of Warsaw

Cognitive performance in children and adolescent with perinatal HIV infection in Poland.

Objectives:

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Results were compared to published age and gender-matched norms using z-scores. Medical data were also recorded (CD4%, viral load, CDC clinical category at HIV diagnosis) to identify HIV-related factor associated with cognitive performance.

Results:

The patients were impaired on movement time and on reaction time in RTI test. They showed impaired initial and subsequent thinking time on the SOC task. They also solved less problems in minimum moves. The patients were also impaired on the task of attentional set shifting (IED), requiring more trials to criterion at the intradimensional stage of the task and had more total errors (adjusted) and more total trials (adjusted). In the SWM test they made significantly more within- and double- search errors. There were no association between cognitive performance and CDC clinical category and age at HIV diagnosis. There were only connection between age of examination (duration of HIV infection) and impairment on reaction and movement time, time of initial and subsequent thinking time.

Conclusions:

The main deficits in vertically HIV infected children were in the tests of executive function: Stocking of Cambridge planning task, attentional set shifting, spatial working memory but also in the test of speed of movement. These are the test that have been shown to be particularly sensitive to frontostriatal dysfunction in humans. The no association between clinical status and

cognitive performance may be connected with early diagnosis in most of the patients. Further studies are required to recognize other factors (i.e.: socioeconomic status) underlying cognitive impairments in vertically HIV infected children

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PT-031

COGNITIVE RESTING-STATE NETWORKS FROM CHILDHOOD TO LATE ADOLESCENCE: AGE AND GENDER EFFECTS.

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Introduction: Resting state networks (RSN) underlying cognitive functions have been identified in childhood, and undergo maturation during adolescence. Only a limited number of studies have assessed the effects of age and sex on the connectivity of these networks in paediatric samples. Methods: One hundred fifty-four healthy subjects aged 7-18 were recruited from the Child and Adolescent Psychiatry and Psychology Department, Hospital Clínic, Barcelona. Subjects had no history of lifetime axis I disorder, no use of psychotropic medications or illicit substances and no family history of psychosis in either first or second-degree relatives. High resolution T1 images and an 8-minute functional magnetic resonance imaging (fMRI) at rest were acquired on a 3 Tesla MRI scanner. Excessive head motion (>1.5 mm translation), led to exclusion of 22 subjects. The final sample consisted of 132 subjects (50 aged 7-12, 46 aged 13-15 and 36 aged 16-18). fMRI data was preprocessed, and subjected to spatial independent component analysis. The default mode network (DMN), executive control (ECN), salience and language RSN were identified. Multiple regression analyses were carried out for RSN to study the effect of age, followed by ANOVA models comparing the three age groups (childhood, early and late adolescence) separated by gender. Results were interpreted at a voxel-wise threshold of $p < 0.001$ and a cluster-wise threshold of $p < 0.05$ (family-wise error corrected). Results: Linear models showed, for the DMN, a positive effect of age in the medial frontal cortex and a negative effect of age in the right middle frontal cortex. For the ECN, there was a positive effect of age in the left superior parietal cortex. No effects of age or sex were seen for the anterior salience or language RSN. Group comparisons revealed, for the DMN, increased connectivity within the medial frontal cortex in boys during late adolescence, while girls exhibited increased connectivity within the left superior temporal cortex in early adolescence. For the ECN, there was a transient peak of connectivity during early adolescence for girls in the left medial frontal and right lingual area. Conclusions: During development, connectivity within the DMN becomes more medial, with boys connecting more medial frontal regions during late adolescence and girls connecting left temporal areas at an earlier stage. For the ECN, there was increased connectivity of the left superior parietal cortex with age, with transitory sex-related differences. These findings add to understanding of development of RSN in healthy youth.

PT-032

COMING OUT IN FRONT OF FIVE HUNDRED ADOLESCENTS: THE EXPERIENCE OF A PERSON WITH LIVED EXPERIENCE.

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BACKGROUND

Stigmatization associated with mental illness constitutes a significant impediment, which affects its evolution. Programmes based on direct contact have proved to be more efficient in

eliminating this stigma, than education and protest campaigns. They also facilitate the empowerment and recovery of those who participate sharing their own experience.

AIMS

To reflect about the experience of a person diagnosed of Bipolar Disorder who has participated on an educational programme based on direct contact with people affected by a mental disorder, within a sample group of students in their third year of secondary education.

METHODS

An interventional pilot programme is proposed, with longitudinal prospective follow-up, quasi-experimental and with control group. Its efficiency is to be measured on the Patrick Corrigan AQ-C8 scale, in paired samples design at baseline, immediately after the intervention and at 6 months of follow-up.

RESULTS

The breaking down of that social distance, between myself as someone with a diagnosis and my self-esteem, has brought about great changes in my life. It changed my perception of myself (...), gave value to my life experiences, as they ceased to be symptoms and became reasons to reflect. My symptoms became useful for the students, it was helpful to understand the importance of seeking help, how and where look for it. Also changed my perception about adolescents. Once I worked out my own limitations, I saw them as people needed of love, humour and care.

Could be summarized in the following: I have learned a lot about myself, my illness and about others, especially young people. I have taken a bigger step towards understanding what it means to be human and to love.

CONCLUSIONS/ LIMITATIONS

The intervention has been a positive experience to self-experts who participated, facilitating their empowerment and diminishing the self-stigma. It is necessary to evaluate the impact of the public exposition with quantitative measures.

BIBLIOGRAPHY

1. Corrigan PW, Morris S, Larson J, Rafacz J, Wassel A, Michaels P, et al. Self-stigma and coming out about one's mental illness. *Journal of community psychology*. 2010 Apr 1;38(3):259-75.
2. Nettle M. Time to Change campaign through the eyes of a service user. Invited commentary on...Evaluation of England's Time to Change programme. *The British journal of psychiatry Supplement*. 2013 Apr;55:s102-3.
3. Davidson L, Chinman M, Sells D, Rowe M. Peer support among adults with serious mental illness: a report from the field. *Schizophrenia bulletin*. 2006 Jul;32(3):443-50. PubMed PMID: 16461576.

PT-033

COMORBIDITY' PROFILE OF CHILDREN DIAGNOSED WITH ASPERGER SYNDROME OR HIGH FUNCTIONING AUTISM ATTENDED IN A MENTAL HEALTH CENTRE OF GRAN CANARIA.

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Autistic Spectrum Disorders (ASD) in general, and Asperger Syndrome (AS) and High Functioning Autism (HFA) in particular, are pervasive developmental disorders that exhibit as the central common deficit, among others, disturbances in terms of social skills, presented since early childhood. This stems in a wide range of consequences in different areas of the subject, which tend to persist in adulthood. It is for this reason that one of the objectives to work with this group of patients is to improve social functioning through social skills instruction.

Psychiatric comorbidity is present in most children with ASD, including those with AS/HAF. According to this, these disorders have been primarily associated with internalizing disorders and attention deficit hyperactivity disorder.

Gresham proposes a system of bidimensional classification of deficits in social skills, which adds the notion of behavioral problems in the sense of comorbid symptoms that interfere with the acquisition or implementation of appropriate social behaviors. This vision has been supported by the literature, pointing that comorbidity affects the outcome of interventions in social skills. Children diagnosed with Asperger Syndrome or High Functioning Autism attended in our Mental Health Centre were recruited, ranging in age from 7 to 18 years old. A multirater test battery was administered in order to get a wide amount of information from different environments about their behaviors and emotions.

Thus, the behavioral problems and comorbidity profile of the child population affected with Asperger Syndrome or High Functioning Autism who are attended in a Mental Health Unit of the Public Health of Gran Canaria is shown, and possible associations with clinical characteristics.

PT-034

COMPARATIVE STUDY, ON THE HEALTH DISTRICT OF SANTIAGO DE COMPOSTELA, OF SUBJECTS ATTENDING AND NOT ATTENDING THE MENTAL HEALTH UNIT OF ADULTS, WHO WERE DIAGNOSED OF X CODE IN THE MENTAL HEALTH UNIT FOR CHILDREN AND ADOLESCENTS

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Introduction:

X codes encompass suicides, suicide attempts and parasuicides.

Objectives:

- .•Describe the general profile of X codes in the Mental Health Unit for Children and Adolescents (MHUCA) during the years 2000-2012.
- .•Compare the profiles of subjects with a history of X codes who subsequently come and do not go to the Mental Health Unit of Adults (MHUA).
- .•Describe the profile of subjects who continue their assistance in the MHUA.

Material and Methods:

Longitudinal descriptive observational study in which X codes were selected exclusively, without any other severe psychiatric pathology, in MHUCA of Santiago de Compostela. For statistical analysis of data was used IBM SPSS Statistics 21 software.

Results:

- .♣A 1.12% of diagnoses made in MHUCA correspond to X codes and of these, 19%, all of them women, continues its assistance MHUA.
- .♣The general profile of X code in MHUCA is: girl (93%), of 14.10 years, which performs a self-poisoning by psychotropic drugs (70.5%) and which not repeats the autolytic attempt (59.5%).
- .♣The differential profile in subjects attending and not attending the MHUA is determined by: the type of care in MHUCA (hospitalization: 62.5 vs. 38.2%, psychotherapy and drugs: 37.5 vs. 5.9% , psychotherapy: 0 vs. 38.2% and orientation: 0 vs. 17.6%, respectively), psychiatric family history (100% vs. 58.8%, respectively) and the use of other drugs (37% vs. 0 %, respectively).
- .♣Individuals who continue their assistance in the MHUA are primarily diagnosed of depressive disorders (37.5%) and personality disorders (37.5%); it is unknown by 25% other diagnoses that subjects may have. The 67% of individuals diagnosed with personality disorders (25% of those who attend the USMA) are those who repeat the autolytic attempt at adulthood.
- .♣None of the study subjects commits suicide.

Conclusions:

- .•The general profile of code X in MHUCA is: girl, 14.10 years, who takes psychotropic drugs for poisoning and not repeats the autolytic attempt.
- .•The differential profile in subjects who attending and not for MHUA is determined by: MHUCA type of care, psychiatric family history and other drug use.

- Individuals who attend MHUA are primarily diagnosed of depressive and personality disorders, the latter being which repeat the autolytic attempt at adulthood.

PT-035

CONCORDANCE BETWEEN THOSE DIAGNOSTICS WHICH ARE REFERRED PEDIATRIC PATIENTS AND THOSE MADE BY THE MENTAL HEALTH TEAM.

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INTRODUCTION:

Often diagnoses executed in child mental health in a first interview do not agree with those diagnoses which patients have been referred by other health professionals.

In our experience we have observed in our mental health service as formulated above, wondering on more than one occasion if our assumptions were unfounded.

We believe it is important for proper financial management of public health services determine the true incidence and prevalence of various diseases for which different patients are referred to child mental health, and if these are then confirm the first assessment in mental health. It is also important to know the opinion of parents about what "happens to their children"

OBJECTIVES:

Know the different reasons for referral for mental health patients by other health professionals, and the corresponding correlation with diagnoses made by the team at our Department of Mental Health.

Knowing what kind of professionals are the most that referred patients to our team, and what is the opinion of parents of patients about the area of life of patients who are being affected. Also know the ages of the various referred patients.

METHOD:

We collected data from 5 professionals in our mental health service; all those new patients were referred by other health professionals, between the months of September to December 2014, gaining 73 surveys.

Our service professionals filled the surveys that were included: patient age, diagnosis, referral, diagnostic impression of mental health professional and the problem area that according to the parents affected patients.

RESULTS:

The data show an age range of 2-20 years with certain homogeneity in the dispersion.

Pediatrician referred more patients than the primary care physician.

Regarding diagnostic bypass 26% of patients were referred for behavioral disorders, 15% by disorders of Attention Deficit Hyperactivity Disorder, and 14% for anxiety; other diagnoses were smaller in percentage derivation: low mood and eating behavior disorders.

The main diagnoses made by mental health team in a first consultation were: Adjustment Disorder (26%), family dysfunction (17%), anxiety (8%) and attention deficit disorders and hyperactivity (8%).

Parents of patients felt that the various areas affected by the situation of their children were: Conduct (35%), anxiety (19%) and mood (15%).

CONCLUSIONS:

The results show that in most cases referral diagnosis regarding the made by the mental health team do not match; as well not the opinion of parents of patients about which is the area of problem of their children.

PT-036

DESCRIPTION OF A PROGRAMME AIMED TO ERAISE MENTAL HEALTH STIGMA TARGETED TO STUDENTS ON SECONDARY SCHOOL

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BACKGROUND

Stigmatization associated with mental illness constitutes a significant impediment, which affects its evolution. Programs based on direct contact with people with lived experience have proved to be more efficient in eliminating this stigma, than education and protest campaigns. Young people are a priority target. This program can be a strategy to increase recognition of and help seeking for mental health problems.

AIMS

It is pretended to introduce, develop and evaluate an educational programme based on direct contact with people with live experience, within a sample group of adolescents. It would be also presented the audio-visual material starred by the self-experts who participated on it.

METHODS

An interventional pilot programme is proposed, with longitudinal prospective follow-up, quasi-experimental and with control group. Its efficiency is to be measured on the P. Corrigan AQ-C8 scale, in paired samples design at baseline, immediately after the intervention and at 6 months of follow-up.

RESULTS

A total of 531 students participated from four state secondary schools in Navarra. Results showed changes on attitudes and a high level of satisfaction from the participants, both self-experts and students.

It is described the structure of the program which consists of two work-shops (55 minutes each), drawing upon two strategies (contact and education) since a multidimensional perspective including both biologic and environmental aspects.

To facilitate the exportation and avoid bias a video had been recorded (<http://youtu.be/OqcDvmGynRY>).

CONCLUSIONS and LIMITATIONS

The intervention proved to be efficient in the reduction of prejudices, stereotypes and the propensity to show discriminatory behavior immediately after the intervention. It is necessary to evaluate the persistence of these effects in the long term.

BIBLIOGRAPHY

1. Pinfold V, Thornicroft G, Huxley P, Farmer P. Active ingredients in anti-stigma programmes in mental health. *International review of psychiatry* (Abingdon, England). 2005 Apr;17(2):123-31. PubMed PMID: 16194782. Epub 2005/10/01. eng.
2. Pinto-Foltz MD, Logsdon MC, Myers JA. Feasibility, acceptability, and initial efficacy of a knowledge-contact program to reduce mental illness stigma and improve mental health literacy in adolescents. *Social science & medicine* (1982). 2011 Jun;72(12):2011-9. PubMed PMID: 21624729. Pubmed Central PMCID: PMC3117936. Epub 2011/06/01. eng.
3. Schulze, B., Richter-Werling, M., Matschinger, H., & Angermeyer, M. C. (2003). Crazy? So what! Effects of a school project on students' attitudes towards people with schizophrenia. *Acta Psychiatrica Scandinavica*, 107(2), 142-150.

PT-037

DESCRIPTIVE ANALYSIS OF DEMOGRAPHIC AND PSYCHOPATHOLOGICAL VARIABLES IN ADOLESCENT INPATIENT UNIT OF HGUGM IN THE LAST SIX MONTHS 2014. COMPARATIVE PERFORMANCE AFTER 14 YEARS

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INTRODUCTION AND OBJECTIVES

- The Adolescent Unit of the Hospital Universitario Gregorio Marañón is a specific resource for adolescents with high psychopathology risk. We think that the agile and expert handling about complex cases and retention time of an organizational quality system requires continuous evaluation about the work performed and the assisted population. Reevaluate, after 14 years of operation, type of population and income treated in this Unit.

MATERIAL AND METHODS

- We are going to collect a database with about 180 patients and nearly 120 variables (gender distribution, middle age, average time, readmissions, diagnosis, reason for admission, treatment, Honosca criteria, etc.) for each patient. Then we are going to analyze data, in a descriptive analysis, of all income of the Adolescent Unit in Hospital General Universitario Gregorio Marañón during the last six months of 2014.

RESULTS AND CONCLUSIONS

- The data will be presented in plain language and through tables, pie charts and histogram accordingly.

First we want to compare the distribution of income in terms of clinic and sociodemographic characteristics, in relation to the data previously obtained in the period between 2000 and 2010. We suspect found a higher degree of social disadvantage (valued by economic, educational level, school failure, percentage of residential institutionalization, social service intervention, existence of abuse and family psychiatric history). Furthermore, is important for us to compare the average time and the percentage of scheduled admissions to assess the evolution of healthcare organizational capacity and coordination between different resources.

PT-038

DESCRIPTIVE ANALYSIS OF THE SYMPTOMATOLOGY AND PRESENCE OF AUTISM SPECTRUM DISORDERS IN SPANISH INSTITUTIONALIZED CHILDREN

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Background. Institutionalized children are characterized by a complex diagnosis due to their great variety of clinical symptoms. Their weak family bonds in their early childhood may result in attachment problems (Kay & Green, 2013; Minnis et al., 2013). This children are more likely to be considered to have a non-specified autism spectrum disorder (Meltzer, Gatward, Corbin, Goodman & Ford, 2003; Urizar, 2012). A wide group of research confirms that in spite of the different causes (nature and nurture influences) both clinical disorders show similar criteria, especially in social interaction. These children might sometimes be misdiagnosed due to a non-clear differential diagnosis. Cases where difficulties in social interactions persist but do not include restricted interests or stereotypies may be diagnosed as a non-specified spectrum disorder (APA, 2013). Aims of the study. This previous study describes the symptomatology and the diagnosis of children who lived in children's residential homes and attended the Mental Health Center for Children and Adolescents at Mataró Hospital. Furthermore, we analyze the presence of the autism spectrum disorders according to the DSM-5 and their sociability skills. Method. 53 clinical histories of children attended between the years 2009 and 2014 were reviewed. Results. The non-specified autism spectrum disorders was the third applied diagnosis category, after mood disorders and ADHD. On the DSM-5 autism spectrum disorders social interaction and communication criteria was found that: 40.5% of participants had nonverbal alterations behaviors, 83.3% showed an inability to develop suitable relationships, 57.1% did

not show any spontaneity or interest in sharing, 74.3% had a lack in emotional and social reciprocity and had affected the awareness of others. Instrumentality, hyper sensibility, restricted interests, stereotypies and rigidity were less numerous. Moreover, low social cognition was detected: having difficulties in self-emotional regulation, less ability identifying or recognizing internal and external emotions, higher inability communicating, expressing or sharing emotional content and lower empathy. Discussion and Conclusions. The attachment disorder diagnosis is almost inexistent, being the non-specified autism spectrum disorder more diagnosed. Although it is not the main reason for consultation, nearly 90% of the children had problems in social interaction and showed difficulties related with social cognition skills. Lower social cognition is presented in attachment and in autism spectrum disorders (Ibáñez, 2013) and so, can be the cause of an inappropriate sociability (Ostler et al., 2010) and the main reason of misdiagnosis (aspects that are the main focus of our following research).

PT-039

DEVELOPMENT OF A RISK SCORE TO GUIDE INDIVIDUALIZED TREATMENT SELECTION IN ATTENTION-DEFICIT/HYPERACTIVITY DISORDER

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Objectives: This study developed a model for estimating risk scores for treatment failure that could be used to individualize treatment selection in children and adolescents with attention-deficit/hyperactivity disorder (ADHD).

Methods: The study used data from patients with ADHD receiving lisdexamfetamine dimesylate (LDX) (n=104) or osmotic-release oral system methylphenidate (OROS-MPH) (n=107) in a Phase 3 randomized clinical trial. Patients in the trial were mostly male (79.1%) with a mean age of 11 years. On average, the patients had been diagnosed with ADHD for over 2 years with a baseline ADHD Rating Scale IV (ADHD-RS-IV) total score of 40.6. Treatment failure was defined as a <25% improvement in ADHD-RS-IV total score at Week 7 from baseline. A least absolute shrinkage and selection operator regression model was used to select baseline characteristics from a list of potential predictors (specifically age, sex, race, body mass index, ADHD subtype, disease duration, comorbidities, prior ADHD pharmacological and behavioural treatment, and disease severity measured by ADHD-RS-IV item scores) for estimating risk scores for OROS-MPH failure. Patients were ranked and stratified (low, medium, high) by their predicted risks of OROS-MPH failure. Treatment outcomes between LDX- and OROS-MPH-treated patients were compared in the overall population and in the high-risk stratum.

Results: A prediction model for OROS-MPH failure was developed and was composed of seven baseline characteristics (age, disease duration and five ADHD-RS-IV items: "Fidgets with hands or feet or squirms", "Has difficulty organizing tasks and activities", "Is 'on the go' or acts as if 'driven by a motor'", "talks excessively", "loses things necessary for tasks or activities"). Among all patients in the study, patients treated with LDX had a 17% (95% confidence interval: 7.1%, 27.8%) lower treatment failure rate than patients treated with OROS-MPH. Among patients in the stratum with the highest estimated risk of failing OROS-MPH, the difference between LDX and OROS-MPH failure rates increased to 43%. A similar trend was observed for Clinical Global Impressions - Global Improvement and other efficacy measures with a larger differentiation between LDX and OROS-MPH in patients with a high risk of failing OROS-MPH relative to the overall population.

Conclusions: Using a prediction model, patient subpopulations with more pronounced benefits from LDX versus OROS-MPH were identified in a clinical trial population of children and adolescents with ADHD. The current study illustrates the value and the feasibility of individualizing ADHD treatment.

PT-040

DIAGNOSTIC AND THERAPEUTIC TAKING IN CHARGE OF CHILDREN AND ADOLESCENTS AFFECTED BY PSYCHOPATHOLOGY AND THEIR PARENTS

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As part of the diagnostic and therapeutic approaches to developmental psychopathology, it is fundamental to define the dysfunctional and functional characteristics of the family (the characteristics of the family in which the child/adolescent lives is a strong predictor of mental health) in order to offer them proper and early interventions. Consequently, it is increasingly necessary to use tools to investigate and attend on the role of parental figures, in parallel with the care of the child psychotherapy.

This workshop aims to present different and integrated observational and clinical methods to assess and take care of patients' psychopathology and family interactions during the development age, from infancy to adolescence. Three interventions (following named) have been thought as a way to deeply understand the work with family members by approaching it from the point of view of the both parts: the children (child or adolescent) and the parents.

Observational and clinical methods to assessment child psychopathology and family interactions

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Key words: children psychopathology, family interaction, diagnostic assessment

Psychopathology in adolescence: the contribution of innovative tools in the clinical work with adolescents and their families.

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Key words: adolescent psychopathology, family interaction, diagnostic assessment

Observational and clinical methods in treatment with parents of children and adolescents affected by psychopathology

DIGITAL TECHNOLOGIES AND CYBERCULTURE IN IN-PATIENT PSYCHIATRIC TREATMENT OF ADOLESCENTS - A TECHNOLOGY BASED THERAPEUTIC AND PEDAGOGIC INTERVENTION (SOMOSA MEDIALABR)

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Digital and interactive technologies in in-patient psychiatric treatment of adolescents -a technology-based therapeutic and pedagogic intervention (SOMOSA MediaLabR)

Introduction

In the last two decades, the impact of digital and interactive technologies (DITs) 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 DITs seem to offer endless possibilities. However, DITs also influence the manifestation and course of mental illnesses - especially in media-interested children and adolescents with Attention Deficit and Hyperactivity Disorder (ADHD), Posttraumatic Stress Disorder (PTSD), Autism Spectrum Disorder (ASS), and other 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 computer 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 optimize and critically reflect the social media behavior of the patients preparing personalized websites and social media appearances.

Results

The first phase of the implementation of the SOMOSA MediaLabR program in the clinical context integrated patients with ASS, PTSD, and hyper-impulsivity due to ADHD or dissociative developments. The modular concept and the individualized set of methods of DITs provided 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 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 DITs in inpatient therapeutic institutions for children and adolescents. The SOMOSA MediaLabR concept might constitute a promising first step towards the integration of DITs in multisystemic therapy in this age group.

PT-042

DISRUPTIVE MOOD DYSREGULATION DISORDER AND PEDIATRIC BIPOLAR DISORDER. SLEEP AND ATTENTION.

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INTRODUCTION

Some studies link Pediatric Bipolar Disorder (PBD) with alterations in REM sleep and in turn, some others, its variables associated with attentional capacity. Hypothesis: PBD group will

present a greater involvement of REM sleep and attentional capacity than the Disruptive Mood Dysregulation Disorder (DMDD) group. Objectives: Study sleep variables in children with PBD and DMDD and its relation with neuropsychological variables.

METHOD

Participants: 8 outpatients (PBD type I, n = 5; DMDD, n = 3). Instruments: Child Depression Inventory (CDI), Child Mania Rating Scale (CMRS), State-Trait Anxiety Inventory for Children (STAIC), Sleep Diary, Sleep Disturbance Scale for Children (SDSC), Nocturnal Polysomnography (NPSG) (REM Latency (REMLat) and REM density (REMd) variables), Wechsler Intelligence Scale for Children-Fourth Edition (WISC-IV) to <16 years and Wechsler Intelligence Scale for Adults (WAIS III) in older and d2 test of Attention. Procedure: Schedule for Affective Disorders and Schizophrenia Present and Lifetime Version (K-SADS-PL) to establish diagnosis and comorbidities. SMD Module K-SADS-PL and DMDD operationalization were used for DMDD diagnosis. Analysis: Sample descriptive analysis was performed. We proceeded to the mean comparison analysis (Mann-Whitney U test) and significant results ($p < 0.05$) were studied.

RESULTS

Regardless the group they belonged, there was a positive correlation ($p = 0.010$) between REMLat and omissions ($r = 0.958$) and a negative correlation ($p = 0.0037$) between REMd and variability ($r = -0.839$).

CONCLUSIONS

REM sleep could be related to attentional capacity. Limitations: Neither the pharmacological effect or comorbidity could be controlled. It is necessary to include a healthy control group and increase the sample.

PT-043

EARLY COMMUNICATION IN SERBIAN SPEAKING CHILDREN WITH 22q11.2 DELETION SYNDROME

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Abstract

The 22q11.2 deletion syndrome (22q11.2DS) or velocardiofacial syndrome (VCFS) is among the most clinically variable syndromes. Commonly includes cardiac defect, characteristic facial appearance, thymic hypoplasia, cleft palate/velopharyngeal insufficiency (VPI), hypoparathyroidism with hypocalcaemia, feeding difficulties, speech and language impairment and developmental delay.

This syndrome, with an estimated incidence of approximately 1/4000 per live births, is caused by an autosomal dominant heterozygous microdeletion of the q11.2 band of chromosome 22. As a part of a multidisciplinary study we examined the speech and language abilities in a two groups of patients: experimental group (E group) consisted of three patients with 22q11.2 microdeletion and control group (C group) consisted of three patients having a phenotype resembling 22q11.2DS but without microdeletion. All examined children were between 6 – 36 months of age and they were monolingual native speakers of Serbian. Patients were included in the study based on the presence of at least two (congenital heart malformation and one more) of the five major characteristics of the 22q11.2DS (congenital heart malformation, facial dysmorphism, hypocalcemia, T-cell immunodeficiency and cleft palate). The presence or absence of 22q11.2 microdeletion was revealed by fluorescence in situ hybridization (FISH) and/or multiplex ligation-dependent probe amplification (MLPA). Also, the purpose for this

research was to explore the correlation between the molecular characteristics of the deletion and speech language, sensomotoric emotional, cognitive and psychiatric manifestations in the patients.

Children in Group E at the age of 6 - 36 months, showed a delay in the appearance of the first functional words than children from Group C. Two children in Group E have not yet spoken (the appearance of the first functional words with meaning) and one child from the same group pronounced his first real word at the age of 20 months, while all the children Group C already pronounced his first word with meaning. Children with 22q11.2DS should be put in "established risk" category and therefore language treatment should begin in early infancy to ensure that these children will develop the prelinguistic skills necessary to support language. Therefore, according to the principles of evidence based practice, it would be efficacious for the speech therapist and pathologist to work with the family from the time when the child is born to try to minimize this effect as much as possible.

Key words: 22q11deletion syndrome, speech impairment, speech and language treatment

PT-044

EFFECT OF PARENTAL VARIABLES ON PSYCHOLOGICAL DIFFICULTIES OF GIFTED CHILDREN

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Despite some of the studies on the gifted children indicated that these children have more emotional difficulties, lately, there is an increasing consensus on the idea that these children don't experience more difficulties than normal children. However, studies showed that gifted children have some vulnerabilities such as perfectionism, intense sensitivity and unsynchronized emotional-physical and mental development. In addition studies indicated that their parents have some characteristics such as unrealistic expectations and over involvement. It is thought that these factors are posing a risk for gifted children to develop behavioral and emotional problems.

Objectives:

The aim of this study is to determine whether the effect of parental variables on psychological difficulties of gifted children is more than that of non-gifted children.

Method

Participants (Sample) : 158 Turkish gifted and 214 non- gifted children aged between 8 and 12 participated.

Measures: The Parenting Scale (PS), Child Parental Acceptance-Rejection Questionnaire/ Control Mother-Father (Short Form) (Child PARQ/Control M-F (SF), The Strengths and Difficulties Questionnaire (SDQ) and a demographic form were used in this study.

Results: Regression analysis results showed that perceived parental acceptance -rejection and the parental styles have more predictive power in psychological difficulties of gifted children than that of non-gifted children.

Discussion : The results can be explained by sensitivity of gifted children to the environment.

Key Words : gifted child, parenting, parental acceptance-rejection, psychological difficulties.

Institutions: Ege University in Turkey

PT-045

EFFECTIVENESS OF DIALECTICAL BEHAVIOR THERAPY IN DEPRESSIVE SYMPTOMS IN MULTI-PROBLEM ADOLESCENTS

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Introduction:

Dialectical behavior therapy for adolescents (DBT-A) was initiated as a treatment for suicidal outpatients. Afterwards it was adapted to many different diagnoses.

DBT-A program in Basurto's University Hospital is a psychotherapeutic treatment that targets high risk multiproblem and multidiagnosis adolescents.

Patients who participate have impulsivity, emotional instability, interpersonal and conduct problems. Although major depression is not the mean diagnosis many of adolescents reflect symptoms of depression and anxiety which aggravate their outcome.

Aims:

To study the presence of depression symptoms in an adolescent sample who participate in DBT-A program.

To analyze effectiveness of DBT in treatment of comorbid depression symptoms in multi-problem adolescents.

Methods:

A sample of 89 adolescents psychiatric outpatients were included in DBT-A program (January 2010-December 2014). Sociodemographic data, clinical diagnoses, and psychiatric and substance abuse history from patients and family were collected. Achenbach questionnaires CBCL (Child Behavior Checklist) for parents, YSR (Youth Self Report) for patients) and CDI (Children's Depression Inventory) were administered in the beginning and at the end of the therapy. We use SPSS v21 for statistical analysis (Chi-square test, Student's t-test, Mc Nemar)

Results:

CDI scale demonstrated a significant decrease in average scores from 21.75 to 16 (p 0.022).

Percentage of patients with positive scores for depression suffers an important reduction (p 0.014) There is a decrease in withdrawn behavior in YSR (p 0.009) and CBCL (p 0.000).

There is a decrease in average score for depression and anxiety in adolescents and parents report (p 0.002, p 0.000).

The percentage of patients with positive scores for depression and anxiety decreased significantly as patients (p 0.021) and parents (p 0.012) reported.

Internalizing problems present a global improvement with the decrease of the average scores in patient titration (p 0.002). Also there is a decreased of the percentage of patients with positive scores for the internalizing symptoms (p 0.016). In parents report exits a decrease in average scores (p 0.000) and in the percentage of pathological scores (p 0.031).

There are no significant differences in the scores of somatization symptoms after the intervention

Psychiatric admissions were reduced from an average of 1.41 to 0.48 (p 0.000).

Conclusions:

- Depression and anxiety are common symptoms in high risk multidiagnosis adolescent samples.

- DBT- A is effective in the treatment of comorbid depression symptoms in multiproblem patients in which affective pathology is not the mean diagnosis.

Key words:

Dialectical behavior therapy, Adolescents, Depression

PT-046

EFFECTIVENESS OF PSYCHOTHERAPEUTIC INTERVENTION IN A CHILDREN AND YOUTH DAY HOSPITAL IN A SPECIALIZED CHILD AND ADOLESCENT PSYCHIATRIC UNIT IN SOUTHERN SPAIN

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Introduction, Main Objectives and Methods:

The treatment in Day Hospital has become in recent years one of the main forms of intervention for children and adolescents with serious psychopathological disorders.

The Integral Mental Health Plan of Andalusia ("Plan Integral de Salud Mental de Andalucía", Andalusia Public Health System, 2003) defined Day Hospital's care as an intermediate device that is part of the Units of Mental Health of Children and Adolescents whose purpose is to provide intensive treatment for severe mental disorders that appear in childhood and adolescence.

It is characterized by offering individualized care and it is adapted to the needs of the child or adolescent between 0 and 18 years old.

It is a very adequate form of treatment for serious diseases and crises, to reduce symptoms and improve functioning of children and adolescents with relational difficulties or lack of social skills. The treatment includes activities for observation and diagnostic workup, with a therapeutic space for truancy cases secondary to mental disorder, observation and supporting social isolation within the family and social relationships, patients with chronic conditions or who have not responded to other treatments on an outpatient basis.

Results and Conclusions:

In the Unit of Mental Health of Children and Adolescents of Valme's Hospital (Seville), this kind of treatment has been applied for ten years with very positive results. There are three groups of children and adolescents divided by age, with heterogeneous pathologies and gender, and two kinds of treatment regime (intensive or partial).

It is difficult to quantify accurately or statistically the results, so we rely on descriptive analysis through interviews and review of medical records. In conclusion we note that the child and adolescent Day Hospital is a treatment modality that leads to a significant reduction in symptoms of youth people, a greater parent satisfaction, and improvements in clinical, academic and family areas.

PT-047

EFFECTS OF ATOMOXETINE AND OROS-MPHON EXECUTIVE FUNCTIONS IN PATIENTS WITH COMBINED TYPE ATTENTION DEFICIT HYPERACTIVITY DISORDER

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Introduction

ADHD is a syndrome characterized by inattention, distractibility, hyperactivity, impulsivity and impaired executive functions. ADHD, the most common neurobehavioral disorder in school age children, negatively affects normal development as well as academic and social functionality ([Spetie and Arnold 2007](#)). It has been reported that ADHD incidence is 3-5% in school age children and that ADHD symptoms persist in adulthood 30-50% of children with ADHD ([Biederman et al. 1996](#), [Polanczyk et al. 2007](#)).

Stimulants and a non-stimulant agent ATX are preferred in the treatment of ADHD. Although the mechanism of action of OROS-MPH, a psychostimulant, has not been fully elucidated, it is thought that OROS-MPH exerts its effects by inhibiting dopamine reuptake at the prefrontal cortex and striatum; thus, elevating dopamine level in the presynaptic area ([Kimko et al. 1999](#)). OROS-MPH is a long-acting, slow-release methylphenidate, which has a pharmacokinetic profile

providing controlled methylphenidate release by using osmotic pressure (Swanson et al. 2002). ATX is a selective inhibitor of the presynaptic norepinephrine transporter at the prefrontal cortex. It also has affinity to serotonin and dopamine transporters (Unni 2006). ATX exerts its effects by increasing dopamine and noradrenalin levels through the inhibition of presynaptic norepinephrine transporters, particularly those at the prefrontal cortex (Zhou 2004).

In previous studies, it was seen that drug therapy could eradicate clinical symptoms but similar effects could not be achieved regarding mental processes. Today, the resolution of clinical symptoms alone is not considered as sufficient and it is necessary to enhance the patient's functionality and to optimize quality of life (Karakas, 2011). In the literature, there are studies indicating that methylphenidate and ATX have positive effects on executive functions (Adler et al. 2014, Konrad et al. 2004, Konrad et al. 2005, Riccio et al. 2001); however, comparative studies are limited (Yang et al. 2012, Yildiz et al. 2011). In addition, the time criterion was taken into account in these studies, in which the tests were repeated after the completion of the planned time period.

In this study, the functional capabilities of the patients who clinically responded well to therapy were assessed simultaneously with clinical response that may appear at different time periods and the treatment groups were compared in patients who responded to therapy by excluding patients with insufficient clinical response.

Methods

The study sample consisted of 43 children aged 7-12 years who presented to the outpatient clinic and were diagnosed as combined type ADHD according to DSM-IV criteria. The Wisconsin Card Sorting Test (WCST), Stroop Test TBAG Form (STP) and Visual Auditory Digit Span B (VADS B) were applied to all the patients included. Neuropsychological tests were repeated in 33 patients with good clinical recovery based on CGI scale (CGI-I \leq 2) at the week in which clinical recovery was observed.

FINDINGS

Ten of 43 patients failed to complete the study due to various reasons (adverse effects, unresponsiveness to treatment). Overall 33 patients (16 patients from the ATX group and 17 patients from the OROS-MPH group) completed the study.

Response rate was found to be 76.19% (16/21) in the ATX group whereas it was 77.27% (17/22) in the OROS-MPH group. According to the CGI-I scale, time to good clinical response (CGI-I \leq 2) was 13 weeks for ATX whereas it was 7 weeks for OROS-MPH ($p < 0.01$) (Table 1). Adverse effects were observed in 57.14% of the patients in the ATX group whereas they were observed in 54.54% of the patients in the OROS-MPH group. The most common adverse effects were nausea, loss of appetite and abdominal pain in the ATX group whereas loss of appetite, abdominal pain and irritability were the most common adverse effects in the OROS-MPH group. When the treatment groups were compared regarding pre-treatment tests, the only significant difference was detected in the time score of the Stroop test Part 3 ($p = 0.034$). No significant difference was detected in the other scores of the Stroop test, WCST and VADS B tests between groups ($p > 0.05$).

Discussion

Although there are comparative studies regarding the treatment effectiveness of ATX and psychostimulant agents, comparative data are limited regarding executive functions. In the present study, we aimed to evaluate and compare the effects on executive functions, activity, treatment response time and adverse effects of ATX and OROS-MPH therapy, the most commonly used agents in ADHD, based on discernible clinical effects.

In this study, although no selection was made regarding gender in the study sample, a relatively well-defined, uniform study sample including children with a comparable symptom profile could be achieved by selecting patients with combined type ADHD and those with CGI-S score < 4 . In addition, lack of a significant difference in all 3 tests other than a subscore (Stroop Part 3 time score) when the test results of the 2 groups were compared before treatment showed that the groups were homogenous and comparable.

Although treatment response time was different for each patient, it was 13 weeks for ATX and 7 weeks for methylphenidate. In the present study, optimum dose titration time was about 4-6 weeks. When effectiveness of therapy was considered, 16 (76.19%) of 21 patients in the ATX group and 17 (77.27%) of 22 patients in the OROS-MPH group responded to therapy and no

significant difference was detected between the two groups regarding efficiency. In a double-blinded, placebo-controlled study by Newcorn et al. (Newcorn et al. 2008), it was found that the response rates to OROS-MPH (56%) and ATX (45%) were significantly higher than those to a placebo while the response rate of OROS-MPH was also higher than that of ATX (Newcorn et al. 2008). As in our study, in a comparative study in 228 children and adolescents by Kratochvil et al., it was found that the mean baseline ADHD RS-IV scores were 39.3 in the ATX group and 37.6 in the methylphenidate group, while they were 20.0 and 19.8 at the end of week 10, respectively. However, no significant difference was detected in ADHD RS-IV scores among the groups (Kratochvil et al. 2002). In our study, it is thought that the higher response rate and similar levels of effectiveness could be attributed to prolonged follow-up period (20 weeks), exclusion of patients with comorbid diseases, inclusion of patients with combined type ADHD alone and patients with high clinical severity of ADHD (CGI ≥ 4).

When clinical response time was considered, it was found that OROS-MPH had a shorter response time compared to ATX ($p < 0.001$). It was seen that OROS-MPH had apparent superiority regarding response time; however, there was sustainability throughout the day in terms of recovery in executive functions with ATX while it is difficult to suggest such sustainability in OROS-MPH.

Both agents were well-tolerated by patients without withdrawal symptoms although adverse effects were observed in 57.14% of the patients in the ATX group and in 54.54% of the patients in the OROS-MPH group. The drug withdrawal rates were found to be similar between groups (9.52% for ATX vs. 13.63% for OROS-MPH). These rates were in agreement with the drug withdrawal rates reported in a comparative study by Kratochvil et al. (Kratochvil et al. 2002). The most common adverse effects were found to be nausea and loss of appetite in the ATX group whereas loss of appetite was the most common adverse effect in the OROS-MPH group. These results are in agreement with those reported in studies on ATX and methylphenidate (Michelson et al. 2002, Weiss et al. 2005).

Executive function described as maintaining an appropriate problem solving set are among the measurable neurocognitive abilities. Measurement of executive functions can be performed in various domains including set shifting and maintenance, planning, contextual memory, inhibition, integration across place and time, fluency and working memory (Pennington and Ozonoff 1996). WCST is considered as the gold standard for measurement of executive functions (Royall et al. 2002). The test measures conceptualization and abstract reasoning, working memory, set shifting, attention and preservative tendency. Perseveration measured in WCST is associated with continually giving the same answer despite knowing that it is wrong (Karakas and Dincer 2011). Perseverative error is one of the most important markers of neuropsychological deficits in ADHD (Nigg 2005). In a review of studies using WCST in children with ADHD, it was reported that ADHD groups achieved lower scores than controls in 17 of 26 studies (Sergeant et al. 2002). In general, the first 8 WCST scores measure preservative tendency, while scores 3, 10 and 12 measure conceptual learning and abstract reasoning (Karakas and Dincer 2011). In a study comparing the effects of OROS-MPH and ATX by using WCST, it was reported that there was recovery in 2 domains in the ATX group and in 3 domains in the OROS-MPH group in the tests 12 sub-scores and that OROS-MPH therapy was superior in perseverative errors (Yildiz et al. 2011). In our study, significantly increased performance was detected in 10 sub-scores in the OROS-MPH group, while it was detected in 7 sub-scores in the ATX group. This indicates that OROS-MPH is superior in both perseveration and conceptual learning and abstract reasoning. In our study, increased performance in more domains could be due to the fact that only patients with clinical response were included in the study.

The Stroop test measures selective attention, focused attention and attention control/response to interference by various subtests (MacLeod 1991). In addition, it has been reported that the Stroop test is the gold standard for measuring attention (Karakas and Dincer 2011). In many studies using the Stroop test, it was found that it is a sensitive test for ADHD and those children with ADHD exhibit low performance in this test (Barkley 1997). The interference score in this test has been used in ADHD studies (Van Mourik et al. 2005). In one of two studies comparing OROS-MPH and ATX in children with ADHD by using the Stroop test, it was suggested that OROS-MPH was superior in interference control, while it was suggested that both agents had

similar effects on interference control in the other study (Yang et al. 2012, Yildiz et al. 2011). In our study, significant improvement was recorded in interference control in both groups. This finding showed that the attention control performances of the patients in both groups were significantly increased against distractors. Another interesting issue was that no error was encountered in any domain other than interference in patients with ADHD. Thus, one could not suggest a disorder in the error domain in patients with ADHD. The difference in this test should be interpreted as shortening of test completion times without error. From this perspective, it was seen that the ATX group had markedly shorter test completion times and achieved better results compared to the OROS-MPH group.

In children with ADHD, difficulties in selective attention and maintaining attention result in short-term memory disorder. VADS B is a neuropsychological tool used in measuring short-term memory, sequencing, sensorimotor integration, attention and concentration. In ADHD, inattention during recognition and perception of peripheral stimulants also impairs the transfer of stimulant into short-term memory.

In this study, a significant performance increase was achieved with treatment in short-term memory, attention and concentration as measured by VADS B in both treatment groups; however, ATX was associated with performance increase in more domains. No improvement was observed in in-sense integration, or in the auditory, verbal and written domains with OROS-MPH therapy while performance increase was observed in the ATX group.

Keywords: Attention deficit hyperactivity disorder, OROS-MPH, atomoxetine, executive functions, child

PT-048

EFFECTS OF COGNITIVE REMEDIATION THERAPY ON MENTAL FLEXIBILITY IN CHILDREN WITH AUTISM SPECTRUM DISORDER

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Introduction:

Autism spectrum disorder (ASD) is known to be associated with cognitive dysfunction, involving mainly cognitive flexibility. This impairment has an impact on academic difficulties and represents one of the treatment targets. Cognitive remediation therapy (CRT) attempts to improve cognitive deficits by teaching information processing strategies through guided mental exercises.

Objectives: The aim of this study is to investigate whether CRT, a new psychological treatment, improves mental flexibility in children with autism spectrum disorder.

Keywords: Autism spectrum disorder, cognitive flexibility, Cognitive remediation therapy.

Methods: Children meeting the Diagnostic and Statistical Manual for Mental Disorders (DSM-5) criteria for ASD, and following a regular school curriculum were recruited from clinical population at the Child and Adolescent Psychiatry Department in Razi University Hospital – Manouba - Tunisia. The intervention was individual CRT, delivered over a period of six months with one 45-minute session per week. The main outcome measure is cognitive flexibility, assessed using verbal and semantic fluency. Patients were to achieve category (animals, clothes) and letter (m) fluency tasks, delivered in two minutes. A credit of one point was given for each correct response.

This outcome was measured at baseline and one week after completion of the treatment.

Results:

Twenty patients were included. The mean age was 10.38 (ranging from 6 to 21). There was one drop out because of behavioral disorders (aggressivity). Eight patients (seven males and one female) achieved the program, but two patients did not come for assessment after completion of CRT. For the seven other patients, the mean score in "animals" category was 13.16 before CRT and 14 after it. Concerning the "clothes" category, the mean score increased from 8.66 to 9.5 after completion of the program. Higher scores of phonemic fluency (4.75) were also found after CRT in comparison with baseline mean scores (1.5).

Conclusion: The findings provide support for the effectiveness of CRT for enhancing cognitive flexibility. And in order to achieve generalization of the CRT effects to daily functioning, mainly in school performance, it is necessary to include CRT in broader programs in conjunction with other psychosocial interventions.

PT-050

Effects of cognitive remediation therapy on school results in children with autism spectrum disorder

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Introduction:

Despite the recent changes in medications used to treat symptoms of autism spectrum disorder (ASD), the outcome in terms of quality of life and skills remains poor. One possible explanation is that skills and school performance are associated less with symptoms than with executive dysfunction. Cognitive Remediation Therapy (CRT) is a new psychological treatment, aiming to improve executive function, compensation and coping skills.

Objectives: This study examined the effectiveness of CRT for improving school results in children with ASD.

Keywords: Autism spectrum disorder, school results, cognitive remediation therapy

Methods: Children meeting the Diagnostic and Statistical Manual for Mental Disorders (DSM-5) criteria for ASD, and following a regular school curriculum were recruited from clinical population at the Child and Adolescent Psychiatry Department in Razi University Hospital – Manouba - Tunisia. Patients received individual exercises for flexibility, memory and planning, delivered over a period of six months with one 45-minute session per week. The main outcome measure is school performance, assessed by school results. Flexibility was assessed by verbal fluency, and working memory by digit-span task. These outcomes were measured at baseline and after completion of the treatment.

Results:

Twenty patients were included. The mean age was 10.38 (ranging from 6 to 21). There was one drop out because of behavioral disorders (aggressivity). Eight patients (seven males and one female) achieved the program, but two patients did not come for assessment after completion of CRT. The six other patients improved their school results, as emphasized by parents and teachers. Higher grades involved mainly sciences, which require sustained attention and reasoning. As for neuropsychological assessments, results showed improvement in verbal fluency: in fact, the mean score in "animals" category was 13.16 before CRT and 14 after it. Concerning the "clothes" category, the mean score increased from 8.66 to 9.5 after completion of the program. Higher scores of phonemic fluency (4.75) were also found after CRT in comparison with baseline mean scores (1.5). Moreover, children improved their working memory assessed by the digit-span task.

Conclusion: The target of CRT is to improve functioning, and then adjunctive therapy is essential, with the best effects being shown when a more strategic cognitive remediation approach is adopted.

PT-050

EFFECTS OF METHYLENETETRAHYDROFOLATE REDUCTASE (MTHFR) DEFICIENCY ON PSYCHOPATHOLOGY IN CHILDREN AND ADOLESCENTS

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Object: Recent studies showed that genetic polymorphism of 5,10-methylenetetrahydrofolate reductase (MTHFR) is related to many neuropsychiatric disease. While most of these studies have been carried out in adults, studies in children are not sufficient. The aim of the present study was to evaluate a possible association between MTHFR gene polymorphisms and the presence of psychopathology in the context of neurocognitive associates in children and adolescents.

Method: This descriptive study involved newly diagnosed, voluntarily admitted children aged 7-17 from Department of Pediatric Metabolic Diseases. Mutations in the MTHFR gene were investigated using polymerase chain reactions. The level of Hcy, B12, folate and mutation in MTHFR gene were determined. For the behavioral parameters, participants were evaluated with Affective Disorders and Schizophrenia for School-Age Children-Present and Lifetime Version (KSADS), Wechsler Intelligence Scales for Children-Revised (WISC-R), Conners' Rating Scales-Revised Teacher and Parent Version, Behavior Rating Inventory of Executive Function (BRIEF), Children's Depression Inventory, Screen for Child Anxiety Related Emotional Disorders, Harris Test of Lateral Dominance, Line Orientation Test, and Verbal Fluency Test (VFT).

Results: The study group consisted of 29 children and adolescents. The mean age was $11,94 \pm 3,58$ years (age range between 6,41-17,33 years). Females (62. 1%) outnumbered males. The results of WISC-R showed that Intelligent Quotient (IQ) scores were: Superior IQ (17. 2%), average IQ (34. 5%), lower than average (48. 3%) (27. 6% low average intellectual functioning, 20.7% Mild Mental Retardation). Of all the participants; 72.4% had at least one psychiatric diagnosis. The most common psychopathology was Attention Deficit Hyperactivity Disorder (58.6%). Rest of participants's psychiatric diagnoses were distributed as Social Fobia (24. 13%), Generalized Anxiety Disorder (24.13%), and Oppositional Defiant Disorder (20. 68%). Marfanoid appearance was observed on 5 subjects (17. 24%). The most common type of MTHFR gene polymorphisms was A1298C Heterozygot (45,8%).

Conclusions: Overall, our results support an interaction between genetic polymorphism of MTHFR and higher incidence of developmental neuropsychiatric disorders than general population. We can make an inference from this study that patients with MTHFR deficiency might have high risk for certain psychopathology. This morbidity effect may be prevented by earlier diagnosis and interventions.

PT-051

ELECTROCONVULSIVE THERAPY IN THE ADOLESCENTS UNIT OF GREGORIO MARAÑÓN HOSPITAL (MADRID, SPAIN). CASE SERIES.

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INTRODUCTION: Electroconvulsive therapy (ECT) is a safe and effective treatment widely used in adults, but its use in young population is still rare (Ghaziuddin N, 2004; Shoirah H, 2011). There is little experience with ECT within psychiatrists who attend young patients, and access to this kind of treatment is very restricted. **OBJECTIVES:** To carry out a descriptive research in young patients with severe mental illness treated with ECT in the Adolescents' Unit of the University Hospital Gregorio Marañón. **METHODS:** We screened out all hospital admissions to the Adolescents' Unit during the last 10 years (between 2005 and 2014), and included all cases that required ECT. Patient's medical charts were analyzed and used as the data source. **RESULTS:** Seven adolescents of $15,85 \pm 1,33$ years old, were treated with ECT within the 10-year period. In all cases, either two independent psychiatrists recommended ECT or the decision was made after presenting the case in a clinical meeting. Indications of ECT were a poor response to medication, catatonia, persistent suicidal ideation and/or aggressiveness, or

psychomotor agitation uncontrollable by other means. The most popular indication in our sample was poor response to pharmacological treatment in (71,42%) of the patients, followed by catatonia (28,57%). Five out of seven patients included were diagnosed with schizophrenia, and two with bipolar disorder. The average number of ECT sessions was 12.57 (6- 26). 14.28% of patients suffered from self-limited complications during treatment (prolonged convulsions and cardiac arrhythmia). All patients were being treated with antipsychotics meanwhile (42.85% also took a mood stabilizer). **CONCLUSIONS:** In this chart review we found that ECT was a useful treatment in adolescents with severe mental illness where previous treatments had failed or when life was at risk. Most patients included had a diagnosis of schizophrenia, although affective disorders are the most frequent cause of ECT recommendation in the literature (Ghaziuddin N, 2004). First steps have been taken to create a national ECT register in adolescent population and a protocol has been developed to guarantee quality in the administration of ECT in our Unit. Given the paucity of data on effectiveness of ECT in adolescent population, collaborative research at an European level is warranted.

PT-052

ENHANCING THERAPEUTIC ALLIANCE WITH CHILDREN AND FAMILIES IN INTERCULTURAL MENTAL HEALTH CARE.

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Public services, as Medical and Psychological Centres (CMP) provide substantial parts of Mental Health Care for Children and Adolescents in France. They play a central role in evaluation of psychic or developmental problems; provide counselling and therapies in different clinical settings, educational support and a certain number of other multi-professional interventions. Professionals also cooperate with families and school-teams in order facilitate communication and to find a deeper understanding of the child's difficulties.

In Toulouse, as in many larger cities in France, the profile of the consulting families is undergoing profound changes, with increasing cultural diversity and a growing number of immigrant populations who require specific culturally sensitive interventions. Lack of cultural sensitivity results in weak therapeutic alliances with the families. As therapeutic alliance has proved to be a good indicator of efficiency in psychotherapeutic interventions in adult and child mental health care it seems necessary to find ways to overcome these difficulties.

For this purpose, a specific setting of intervention has been created at the Hospital "la Grave" at Toulouse in 2013. We propose short-term interventions in intercultural situations where the construction of a therapeutic alliance seems difficult. First, these situations are discussed within the team, and possible strategies of overcoming difficulties are explored. If needed, a short-term intercultural exploration of existing obstacles to mutual understanding is proposed.

In order to evaluate changes provoked by these innovations, we started mixed-methods evaluation program in September 2014, including interviews with team-members, measurement of therapeutic alliance and analysis of filmed therapy sessions. In our

ommunication we will present and discuss first results of the qualitative part of our study, concerning the interviews with team-members: psychiatrists, psychotherapists and other members of the CMP team. Using a grounded theory methodology, we conceptualise the topics team-members evoke, exploring their perception of existing obstacles to therapeutic alliance in intercultural situations; their evaluation of effectiveness of our intercultural setting and their understanding of core-factors leading to positive change in therapeutic alliance in intercultural situations.

Keywords : Therapeutic Alliance, Child Mental Health Care, Transcultural Psychiatry, Intercultural Psychology

PT-053

ENVIRONMENTAL FACTORS ASSOCIATED WITH SUSPECTED ADHD IN PRESCHOOLERS USING A SCREENING TOOL (ADHD-RS-IV-P).

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INTRODUCTION

ADHD is a neurodevelopmental disorder usually first diagnosed in school-age children, but symptoms frequently start in preschoolers. Its etiology is complex and involves both genetic and environmental factors.

OBJECTIVE

The goal is to estimate the association between prenatal, perinatal and postnatal environmental factors and suspected ADHD in a large preschooler population.

METHODS

From sample of children 3 to <7 years old both teachers and parents filled the ADHD-RS-IV-Preschool version as a screening tool. We chose the 93rd percentile in the ADHD-RS-IV-P in inattention, hyperactivity/impulsivity and total score as threshold cut-off points for "suspected ADHD". Parents also filled a questionnaire about prenatal, perinatal and postnatal factors. To evaluate the association between factors and suspected ADHD we used a Chi square analysis.

RESULTS

We evaluated of 1,426 children (49.6% males) in schools in Navarra and La Rioja. The average age 4.70 (IC95% 4.65-4.74) years old. Prevalence of "Suspected ADHD" was 3.8% (IC95% 2.7-4.8).

As far as environmental factors, only nicotine use during pregnancy was associated with suspected ADHD ($p=0.015$). Other factors were not significant (Low birth weight, fetal distress, prematurity, need for incubator and alcohol consumption during pregnancy). Suspected ADHD was also associated with familiar history of ADHD ($p=0.008$).

DISCUSSION

ADHD prevalence in our preschool epidemiological sample is similar to that published internationally. ADHD is commonly diagnosed at age older than 7 years old. At this age, ADHD is associated with environmental factor as tobacco consumption during pregnancy or low birth weight. In our sample we could see that suspect of ADHD at preschooler age is associated with tobacco consumption too. The familiar history of ADHD is also associated, which highlights the value of genetic factors in ADHD disorder.

Our results indicate that assessment and prevention of ADHD could be started at preschooler age (before 7 years old). The suspect ADHD at this age is associated to environmental factors and familiar history like other developmental ages. More epidemiological studies are needed to replicate these results.

PT-054

Epidemiological research of autism in children aged 3 to 14 years living in the Republic of Belarus

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Clear information about the prevalence of autism among children varies: according to F. Volkmar and A. Klin (2000) - from 0.7 to 21.1 per 10 000 children, according to C. Gillberg (2004) - 50 - 100 per 10,000.

The true prevalence of autism in the Republic of Belarus is difficult to determine because of features of approaches to the diagnosis of "autism" and collecting statistical information.

Object: To study the epidemiological characteristics of autism in children aged 3 to 14 years living in the Republic of Belarus.

Material and Methods: Information about prevalence, structure and frequency of occurrence of autism in children aged 3 to 14 years was obtained by screening of the child population in Minsk and Minsk region.

Each case of established diagnosis of "autism" was analyzed in accordance with the diagnostic criteria of ICD-10's rubric - F84. To obtain the necessary information we used: the method of accounting cases for appealability into the territorial health care institutions using information from medical documentation, the method of continuous observations of all children with autism. The overall morbidity of autism in Minsk in 2011 was 5.4 cases per 10,000 children population. This figure is three times higher than in 2008 (1.7 cases per 10 000 child population). From 2005 to 2012 the total number of children with autism increased 2.8 times (from 251 to 699 cases). 786 children autism was registered in 2013. The increase in morbidity observed in all the regions of the country and the city of Minsk.

PT-055

EPIDEMIOLOGY OF AUTISM SPECTRUM DISORDER AND ATTENTION DEFICIT HYPERACTIVITY DISORDER IN A COMMUNITY-BASED POPULATION SAMPLE OF FIVE-YEAR-OLDS CHILDREN

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Background and Aims: In Japan, local governments are performing pregnant infants health checkup as fundamental maternal-and-child-health service. However, that cannot be diagnosing developmental diseases, such as ASD. Furthermore, it is increased that undiagnosed children fall into secondary obstacle because of maladjustment after entering school. So, we underwent five-year-olds health checkup in cooperation with a city, aimed to help early diagnosis and early intervention. We report the prevalence and comorbidity of ASD and ADHD in DSM-5 criteria, and the difference of clinical data between ASD, ADHD and healthy control in a community-based population sample of five-year-olds children.

Methods: Subjects are 954/1310 children to become 5-year-old in April 2012 to March 2013. After primary screening (ASSQ, ADHD-RS, SDQ and DCDQ evaluated by parents) was performed, 226 secondly developmental health examination subjects were selected. Finally 159 children and their parents participated the examination. They completed questionnaires (AQ, Conners-3, PSI and CSHQ) evaluated by parents and we examined their intelligence and motor function by WISC-4 and M-ABC2 excepting severe developmental disorder. After examination, a pediatrician and psychiatrists diagnosed neurodevelopmental disorder using DSM-5 criteria. We calculated the prevalence and comorbidity of ASD and ADHD. Clinical data were statistically analyzed by multiple comparisons with Bonferroni correlation between ASD, ADHD and hearty control groups.

Results: 29 children were diagnosed as ASD. The prevalence of ASD was 3.04% (95% confidence interval: 1.95 - 4.13) and the comorbidities of ASD were ADHD (41.4%) and ID (41.4%). 30 children were ADHD only. They didn't have any comorbidity. 20/29 ASDs had not been diagnosed with ASD until this health checkup. Furthermore, the utilization of support systems in ADHDs was only 3.4%. Mean birth weight of ASDs was significantly lower than ADHD and control groups. Mean age of mother at birth of ADHDs was significantly younger than control group. In mean CSHQ scores, Night Wakings of ASDs was higher than ADHD group and Sleep Duration of ADHDs was significantly lower than control group. In mean Conners3 scores, Anxiety of ASDs and ADHDs was significantly higher than control group respectively, Depression of ADHDs were significantly higher than control group. In mean PSI of child side scores, ASD group and ADHD group was significantly higher than control group respectively. Conclusion: These findings suggest that ASD and ADHD in five-year-olds have more difficulties than healthy children and 40% of them haven't yet received little support.

(390words)

Key words : Neurodevelopmental disorders, Prevalence, Comorbidity, ASD, ADHD

PT-056

Evaluating change in symptomatic and functional level of children and youth with emotional disorders: A naturalistic observation study.

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Objective: To describe changes in symptomatic and functional impairment for children and youth with emotional disorders treated at child and adolescent mental health outpatient services (CAMHS) in Norway. Another objective was to assess some pre-treatment characteristics as potential predictors and moderators of change. The study was of naturalistic observational type in which the treatment can be classified as "treatment as usual" (TAU). The Strengths and Difficulties Questionnaire (SDQ), the Health of the Nation Outcome Scale (HONOSCA) and the Children's Global Assessment Scale (CGAS) were used as change measures. The information from multiple informants allowed the evaluation of change from different perspectives. Methods: The sample consisted of 84 children and youth with emotional disorders treated at two CAMHS in the North of Norway. The SDQ, the HONOSCA and the CGAS were administered at intake (T0), during assessment (T1) and approximately six months after T1 (T2). Change was analysed through the Linear Mixed Models procedure, and the results show that children and youth with emotional disorders experience statistically significant improvement per month during outpatient treatment according to nearly all the change measures. For the clinician rated scores, change rates during active assessment/treatment were larger than during the waitlist period. Evaluating change from the perspective of clinical significance showed that only a small proportion of the subjects had change scores that were statistically reliable and clinically significant. Whether an actual change has occurred is uncertain for the majority of patients. Some preliminary findings regarding predictors and moderators of change are also presented.

PT-057

EVALUATION AND CLINICAL IMPLICATIONS OF BILINGUAL MIGRANT CHILDREN WITH LANGUAGE IMPAIRMENT: EXPERIENCE OF A CHILD PSYCHIATRY DEPARTMENT IN A MULTICULTURAL PARISIAN SUBURB

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Bilingualism is expected to concern more and more children and adolescents in industrialized countries, if one refers to the world's migration prospects in the coming years. In France, some child professionals are starting to adapt their educational tools in order to give space for language and cultural origin without stigmatization (language awareness classes for example). In child psychiatry, how can we treat and evaluate children of migrants who are addressed for specific language impairments often associated with psychiatric comorbidity? This communication will focus on the way we approach this issue in the "Centre du Language" of the child psychiatric department of Avicenne Hospital in Bobigny, a multicultural and deprived Parisian suburb. Because migration and bilingualism often render evaluation and treatment of children with language disorders more complex for child care professionals (school doctors, speech therapists, other child psychiatrists...), these children are often addressed to our center. For the past three decades, we have gained transcultural practice expertise and elaborated specific health care settings in order to treat children of migrants and their parents. First, we will focus on the specificity of the pathologies or situations met: selective mutism, attrition of the mother tongue, bilingualism particularities of migrants' children, and their psychiatric implications. We will then describe the research conducted with 150 bilingual toddlers aged from 4 to 6 years old (50 Arabic speakers, 50 Tamil speakers, 50 Soninké speakers) which allowed us inter alia to validate the ELAL Avicenne© (Language Evaluation for Allophones and new immigrants), a transcultural and universal evaluation tool which may be adapted to all migrant children in their mother tongue through an interpreter. Last, clinical outcomes of this research will be discussed, highlighting the importance of working with language status representations of parents in order to promote mother tongue transmission, often hindered by migration. This allows to bridge the gap between the two cultural backgrounds of these children, giving them the possibility to draw from their different cultures and to stimulate their creativity through interbreeding. Promotion of ELAL Avicenne© beyond our department will allow a better detection of specific language impairments of children of migrants.

PT-058

EVALUATION OF PARENT-INFANT RELATIONSHIP IN A SAMPLE OF CHILDREN WITH REGULATION DISORDERS OF SENSORY PROCESSING

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Introduction

According to the Diagnostic Classification of Mental Health and Developmental Disorders of Infancy and Early Childhood, Revised Edition (DC: 0-3R) the diagnosis of Regulation Disorders of Sensory Processing (RDSP) demands the presence of: sensory processing difficulties, motor difficulties and a specific behavioural pattern.

Caregivers have an important role because they can help modulate the child's behavioural responses to sensory input. On the other hand, symptoms have been shown to affect the individual relationships as well as their family engagement in personal and social routines. Parents exhibit reduced feelings of competence and frequently show signs of exhaustion.

Our aim is to describe the clinical characteristics of parent-infant relationship of the children followed in our department with RDSP.

Methods

Firstly, we consulted the clinical files of children diagnosed with RDSP according to the DC: 0-3R criteria, admitted at the Early Infancy Unit of our Department of Child and Adolescent Psychiatry between January 2013 and December 2014, aged from 0 to 4 years and 364 days. We described demographic and clinical data such as the classification of child-caregiver interaction according to the Parent-Infant Relationship Global Assessment Scale (PIR- GAS) and Relationship Problems Checklist (RPCL).

Secondly, we analysed the type of RDSP according to the results from the PIR- GAS and RPCL classification systems.

Finally, we compared the results with a sample of children without an Axis 1 diagnosis, to better quantify the impairment in parent-infant relationship in dyads with RDSP.

Results

The clinical sample consisted of 74 children (67 males and 7 females).

The distribution according to the type of RDSP was: 25 (34%) sensory stimulation seeking, 15 (20%) hypersensitive and 13 (18%) hyposensitive. Twenty-one children (28%) showed mixed characteristics.

The global evaluation of PIR-GAS showed that only 53% of infants with RDSP diagnosis had an "Adapted Relationship" with their caregivers. Forty-three percent revealed features of a disordered relationship and 4% had a "Disordered Relationship".

The 3 disordered relationships found concerned children with the sensory stimulation-seeking type of RDSP. This RDSP type is also associated with features of a disordered relationship in 9 other children.

Conclusion

Considering the difficulties inherent to children with RDSP, it was expected to find a high number of cases of disturbed relations or with features of disturbance. These results reinforce the impact of RDSP in parent-infant relationships. These parents face an increased challenge and mental health services must help them to improve the interaction and relationship with their children.

PT-059

Evaluation of social cognition in children of bipolar parents

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Bipolar disorder (BD) is a common and debilitating psychiatric disorder, which begins during adolescence in 50-66% of cases. Youth with BD and offsprings of parents with BD can have impairments in social cognitive abilities such as social reciprocity and facial emotion recognition. In recent years, just like attention and memory problems, social cognitive skills have been referred to as a possible endophenotype for bipolar disorder. In this study we aimed to explore social responsiveness and social cognitive abilities, as possible endophenotypal features, in bipolar offsprings aged between 9-18 years. Children and adolescents with a parent with BD (n=33) diagnosis and age and sex matched controls with no family history of psychopathology (n=31) were the sample of our study. A detailed form was used to define sociodemographic characteristics of the participants. The psychiatric diagnoses were established by using the Kiddie Schedule for Affective Disorders and Schizophrenia Present and Lifetime Version. Parents completed several questionnaires; Behavior Rating Inventory of Executive Function, for executive functions; Strengths And Difficulties Questionnaire, for emotional and behavioral problems; and Social Responsiveness Scale, for social reciprocity. Additionally, Reading The Mind in The Eyes Test was administered by the clinician to examine the social cognitive abilities of the subjects. The mean age was 12.77 ± 2.60 years and 12.69 ± 2.54 years, for the risk group and the control group, respectively. Majority of the subjects were male, 63.6 % for the risk group and 58.1 % for the control group. Within developmental milestones, the first sentence acquisition was significantly delayed for the risk group ($p = 0.035$). Facial

emotion recognition ability assessed by Reading The Mind in The Eyes was similar for two groups. Although they did not reach statistical significance, the scores of total difficulties subtest of the Strengths and Difficulties Questionnaire and set shifting subset of the BRIEF were higher in the risk group. Likewise, the scores the offsprings of BD patients on the Social Reciprocity Scale was higher than that of controls. However the deficits in social reciprocity failed to reach statistical significance ($p=0,077$). As a result, offsprings of BD patients have deficits in social reciprocity. However, due to the relative small sample size and accordingly the uneven distribution of the sample, the difference between the groups failed to reach significance.

PT-060

EVALUATION OF THE IMPACT OF AN ANTI-STIGMA INTERVENTION BASED ON DIRECT CONTACT TARGETED TO ADOLESCENTS

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BACKGROUND

The stigma associated with mental illness is a significant impediment to seek help and access to services. Many children and adolescents suffering mental health symptoms do not identify and seek help for them. Interventions based on direct have proved to be efficient in eliminating this stigma.

AIMS

Develop and evaluate an anti-stigma intervention based on direct contact with people with lived experience of mental disorder, within a sample group of students in their third year of secondary education.

METHODS

A pilot programme is proposed which is interventional, with longitudinal prospective follow-up, quasi-experimental and with a control group. The efficiency of the intervention is to be measured on the Patrick Corrigan AQ-C8 scale, in paired samples design.

RESULTS

A total of 531 students ($n=531$) participated from four state secondary schools in Navarra. Significant differences were observed (IC95%), for five of eight items in the intrasubjects comparative scale, carried out at baseline and immediately after the intervention: Pity ($t=8,012$, $p<, 000$), Blame ($t=2,160$, $p<, 031$), Segregation ($t=12,370$, $p<, 000$), Help ($t=-2,852$, $p<, 005$) and Avoidance ($t=5,364$, $p<, 000$). Significant differences were found (IC90%) for Danger ($t= 1,682$, $p<, 093$) and Anger ($t=1,708$, $p<, 089$).

Significant differences were sustained (IC 95%) on 6 months follow-up for Pity ($t=5,840$, $p>, 000$), Blame ($t= 2,171$, $p<, 031$) y Segregation ($t=5,794$, $p<, 000$).

CONCLUSIONS and LIMITATIONS

The intervention was proved to be effective in the reduction of prejudices, stereotypes and referred discriminatory behavior immediately after the intervention and on a 6-month follow-up. Effects are likely to lessen with time. Continued exposure could sustain benefits and build on the positive attitude changes achieved by first intervention.

BIBLIOGRAPHY

1. 1.O'Driscoll, C., Heary, C., Hennessy, E., & McKeague, L. (2012). Explicit and implicit stigma towards peers with mental health problems in childhood and adolescence. *J Child Psychol Psychiatry*, 53(10), 1054-1062. doi: 10.1111/j.1469-7610.2012.02580.
2. 2.Watson, A. C., Otey, E., Westbrook, A. L., Gardner, A. L., Lamb, T. A., Corrigan, P. W., & Fenton, W. S. (2004). Changing middle schoolers' attitudes about mental illness through education. *Schizophr Bull*, 30(3), 563-572.
3. 3.Pinfold, V., Toulmin, H., Thornicroft, G., Huxley, P., Farmer, P., & Graham, T. (2003). Reducing psychiatric stigma and discrimination: evaluation of educational interventions in UK secondary schools. *Br J Psychiatry*, 182, 342-346.

4. Schulze, M, R.-W., H, M., & Angermeyer, M. (2003). Crazy? So what? Effects of a school project on student's attitudes towards people with schizophrenia. *Acta Psychiatr Scand*, 107, 142-150.

PT-061

EVALUATION OF THE IMPACT OF LIVING IN FAMILY BUILDINGS ON CHILD AND ADOLESCENT MENTAL HEALTH

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Purpose of the study: A family building is an apartment building in where at least two relatives live in separate apartments. Living with relatives in "family buildings" is a feature unique to Turkey, more common in rural-urban immigration areas. This study is the first attempt in literature to research on "family buildings"; and life in family buildings is an issue that needs to be investigated deeply. In this study; we aim to research the relationship between the satisfaction level of those families living in family buildings and the effects on children and their families, in terms of psychopathology, parental attitudes, parenting practices and family functioning.

Methods used: Children between the ages of 0–18, referred to our university hospital outpatient clinic either for the first time or regularly, were informed about the research. 101 volunteers living in family buildings were included in the study group; and 36 volunteers not living in family buildings were included in the control group. Psychopathology and functionality were assessed by the KIDDIE-SADS. Children and parents were asked to fill questionnaires.

Summary of results: The study group consisted of 35 girls (34,6%) and 66 boys (65,3%). Age of the sample differed from 1,4 to 17,6 years ($M=107,95\pm 37,44$ months). 64,3% of the study group and 52,8% of the control group have psychiatric disturbances in their family history. ADHD has been the most common diagnose in both samples. 41% of mothers reported $\geq 50\%$ dissatisfaction about living in family buildings. And 58% of mothers believe their children's behavioral and emotional symptoms are affected by living in the family buildings. The results of one-way variance analyses between "highly satisfied" group, "not-at-all satisfied" group and control group have shown significance in many areas. Knowing the satisfaction levels of families living in family buildings, gives us an idea about the depression level of parents, the difficulties the family experiences, the family functioning, the child's attachment properties and the quality of life – which would be very helpful and effective piece of information gathered in less than two minutes of the evaluation.

Conclusions: When evaluating the families living in family buildings, knowing the parents' satisfaction level has a major role in planning the medical treatment for both the child and the family. We should elaborate on the history of living in family buildings and the satisfaction level of the parents in our child psychiatry practice.

Keywords: Family building, parental attitude, functionality, self, attachment, quality of life.

PT-062

EXECUTIVE FUNCTIONS IN DEVELOPMENTAL ATTENTION-DEFICIT/HYPERACTIVITY DISORDER: COMPARISON WITH ADHD ASSOCIATED WITH ROLANDIC EPILEPSY OR ROLANDIC SPIKES

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Attention-deficit/hyperactivity disorder (ADHD) is commonly seen together with pediatric epilepsy. Both the high prevalence of epileptiform abnormalities in children with ADHD and

prevalent ADHD diagnosis preceding the first seizure in children with epilepsy suggest a bidirectional relationship between these two disorders. Common genetic predisposition, biochemical factors and effects of medications are all possible pathophysiological mechanisms considered in the literature to explain this co-occurrence. We aimed to explore the possible neuropsychological differences between developmental-ADHD (d-ADHD) and ADHD associated with Benign Rolandic Epilepsy (ADHD-BRE) and other ADHD cases associated with Rolandic Spikes (d-ADHD-RS).

Ninety-eight children (female=25), aged between 6 and 12 (mean age: 8.06 ± 1.46), diagnosed with ADHD according to the DSM-IV-TR criteria were recruited to the study. The children diagnosed as having developmental ADHD (d-ADHD) ($n=52$) with normal EEG examination were compared to children with d-ADHD-RS ($n=25$) and to another group with ADHD-BRE ($n=21$).

All subjects were given a neuropsychological test battery. We evaluated full scale IQ with Wechsler Intelligence Scale For Children-Revised (WISC-R), executive functions with Wisconsin Card Sorting Test (WCST), selective attention with Stroop Task, visual immediate and working memory with Visual Span subtests of Wechsler scales, semantic fluency with Category Naming Test, and phonetic fluency with phonemic verbal fluency task.

The educational years of parents, scores of Conners Teacher and Parent Rating Scales and, all total, verbal and performance IQ scores of WISC-R were not statistically different between the groups. The median full-scale IQ scores of the groups d-ADHD, d-ADHD-RS and ADHD-BRE were found 107 ± 13 , 107 ± 16 , 106 ± 12 , respectively.

Vocabulary ($F=5.10$; $p=0.008$) and digit span ($F=10.80$; $p=0.000$) subtests of WISC-R and failure to maintain set score ($F=3.45$; $p=0.036$) of WCST were different between the groups. d-ADHD cases had a lower Digit Span score (mean \pm SD: 8.25 ± 2.03) compared to both control groups with BRE (10.65 ± 2.52) and Rolandic Spikes (10.33 ± 2.82). Although children with d-ADHD had higher vocabulary subtest scores compared to both control groups, only the difference between the group with d-ADHD-RS was statistically significant (mean \pm SD 11.32 ± 2.27 ; 9.95 ± 2.09 ; 9.75 ± 2.33). In addition failure to maintain set scores of WCST in d-ADHD group were higher compared to subjects with ADHD-BRE (mean \pm SD: 1.83 ± 1.55 ; 0.84 ± 0.96).

In a study which searched neuropsychological endophenotypes in ADHD, digit span performance was linked to a locus and low digit span performance was suggested to be an endophenotype. We found significantly low digit span score in d-ADHD group compared to controls and it can be suggested that d-ADHD might have a different pathogenetic process compared to the ADHD associated with BRE or Rolandic Spikes.

PT-063

EXPERIENCE OF HOLDING PSYCHOCORRECTIONAL WORK WITH PARENTS OF CHILDREN WITH AUTISM AT THE STAGE OF GRIEF IN BELARUS

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Experience of holding psychocorrectional work with parents of children with autism at the stage of grief in Belarus

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The reaction of parents to the diagnosis of the child "autism" is the experience of grief. They experience grief not only in diagnosis but also throughout life due to growing up of an autistic child. Chronic unreacted sadness causes feelings of hopelessness and they cannot cope with negative feelings.

Object: choose the therapy modules of psychocorrectional program by studying the level of anxiety and depression in parents of children with autism.

Material and Methods: 25 mothers of children with autism between the ages of 25 to 40 years who gave informed consent were included in the study. The level of anxiety and depression was assessed by «Hospital Anxiety and Depression Skale».

Results: 72% of mothers are determined by the high levels of anxiety, 20% - subclinical anxiety.

The high level of depression was in 32% of mothers and 20% has subclinical level, indicating the self-imposed isolation, a gloomy vision of the future of the child and the family as a whole. Psychocorrectional program included 10 sessions: in affective period - the separation of the facts that the diagnosis of the child is not the whole child and not the whole life of the family. Mothers were taught the methods of reconciliation with the loss of previously constructed image of the child, studied constructive attitude to the diagnosis of autism and related it to past experience; in the gnostic period: teaching them the understanding of the fact that each reason has "transformation keys" to change the investigation of autism, as an alternative state of operation "with the language of interaction", the search for finding a new sense of life; in behavioral period: learning to trust the child and his inner "autistic" world, the realization of their needs, trust the work of the experts.

After the course, the levels of anxiety and depression decreased ($p < 0,01$), become irrelevant phobic anxiety and feelings, there was the prospect of belief in the possibility of yourself and your baby.

PT-064

EXPERIENCES WITH REFUSAL OF OFF-LABEL PRESCRIBING OF PSYCHOTROPIC MEDICATIONS TO CHILDREN AND ADOLESCENTS IN JAPAN

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Background: In child and adolescent psychiatry, off-label prescribing of psychotropic medications is common. However, it is unclear what factors of prescribers' attitudes are negatively associated with the treatment. The purpose of this study was to identify the factors that were associated with experiences of refusals of off-label prescribing to children and adolescents (hereafter referred to as "children") by Japanese child and adolescent psychiatrists. Methods: A prospective questionnaire was sent to 1,628 psychiatrists belonging to the Japanese Society for Child and Adolescent Psychiatry. Stepwise logistic regression analyses were used to determine whether demographic characteristics or experiences with the off-label prescribing of psychotropic medications were able to independently predict refusals of off-label prescribing. The questionnaire was anonymous and asked about generic prescribing and the characteristics of the off-label prescribing of psychotropic medications. The board of directors of the Japanese Society for Child and Adolescent Psychiatry approved this survey and advised that it did not require formal review by the ethics committee of the Society.

Results: The final sample included 447 psychiatrists, and 93% of the respondents (416/447) had experiences with off-label prescribing to children. In addition, 60.3% of the respondents (251/416) had experiences with refusal when they informed children and/or parents of the off-label prescribing. The most commonly prescribed off-label psychotropic medications were antipsychotics (82.0%). Experiences with refusals were more frequent when respondents informed parents ($p = 0.02$) and children ($p < 0.01$) about the off-label prescribing significantly than when they did not. A stepwise logistic regression analysis revealed that informed off-label prescribing to parents [odds ratio (OR), 2.73; 95% confidence interval (CI), 1.09–6.82] or to children (OR, 1.70; 95% CI, 1.12–2.58) and antidepressant use (OR, 2.98; 95% CI, 1.25–7.10) increased the odds of refusals of off-label prescribing. Years in practice rarely influenced the odds (OR, 0.98; 95% CI, 0.96–1).

Discussion: Off-label prescribing is common among child and adolescent psychiatrists in Japan. Furthermore, psychiatrists' experiences with refusal of the prescribing were significantly associated with the category of psychotropic medications. Further studies are required to support the development of decision-making among clinicians.

PT-065

FINDING AN ALTERNATIVE TO SELF HARM THROUGH GROUP BASED INTERVENTION FOR SHORT STAY HOSPITALIZED ADOLESCENTS IN MADRID.

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In recent years, a considerable increase in self harm behavior has been detected in adolescents who reach our Child and Adolescent Psychiatric Service, matching numbers identified in other occidental countries, with figures exceeding a 20% lifetime prevalence of non-suicidal self harm behaviors in adolescents¹. Almost 50% of all admissions to our Adolescent's Unit are due to self harm behaviors.

Since 2014, in our hospitalization unit, the nursing team has been running weekly group therapy for those inpatient adolescents who harm themselves and demonstrate motivation to change. This intervention is included in the specific ATraPA program , created in our Unit in 2010 in order to attend the adolescent population with severe emotional instability and suicidal and/or parasuicidal behavior.

The perspective of our intervention is based on the dialectical behavior therapy (DBT), which has clinically proven effectiveness². The main objective is for patients to learn how to tolerate and express their emotional distress using alternative skills instead of resorting to self harm. Group sessions are complemented with the individual psychotherapy of each patient, and with the use of a table specifically designed for the patient to register the use of new skills acquired through functional analysis and practical supervision. The family also receives guidance to help them take part in the adolescent's treatment plan.

First of all, the psychiatrist responsible for the patient has an individual session to evaluate motivation and to prepare the adolescent for the group intervention. Both verbal and written information is available for this purpose.

Group sessions follow this plan:

1. Conscious observation of the main factors that lead to self harm.
2. Recognition of the emotions they feel.
3. Analysis of the pros and cons of self harm behaviour.
4. Avoidance of judgement and validation of their thoughts and feelings.
5. Learning how to stop when emotions become intense.
6. Asking for help.
7. Practise of alternative skills to channel distress.
8. Distribution of the table used by patients to record their daily tasks.

This is designed for a one-only session, though the patients can keep attending if their stay in hospital is prolonged for more than a week . It is very important that further interventions carried out with the adolescent are in harmony with the contents of the group. In parent interviews, a structured plan of action will be laid out.

Although to date we cannot show results, the general impression is positive both from patients/families and from professionals.

PT-066

GENDER DIFFERENCES IN RISK FACTORS OF INFANT PSYCHOPATHOLOGICAL SYMPTOMS

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Some studies have shown that there are gender differences in the risk to have some psychopathological symptoms during infancy, even, there are studies that have shown that some risk factors affects in different way to girls and boys along their development suggesting

that boys have a special vulnerability to mental health problems during infancy. The main aim of this work is to determine which prenatal, perinatal and postnatal factors are related to infant psychopathological symptoms at 30 months taking into account if there are gender differences. The sample was composed by 89 father-mother-child triads who were followed during pregnancy and infant development at 30 months. The prenatal, perinatal and postnatal risk factors collected were: tobacco smoke during pregnancy (including second-hand smoking), infant tobacco exposure during their development, prenatal trait and state anxiety (State-Trait Anxiety Inventory-STAI), gestational age at birth, weight and length at birth, normal or difficult childbirth, parity, mother-father-child attachment at 6-12-30 months (Attachment subscale of the Parenting Stress Index-PSI), mother-father general health at 6-12-30 months (Total Score of the General Health Questionnaire-GHQ), infant breastfeeding and familiar socioeconomic status. The infant psychopathological symptoms were collected at 30 months by the Child Behavior CheckList (CBCL). After the study of the collinearity between variables a linear regression model was performed for each CBCL syndrome score (emotionally reactive, anxious/depressed, somatic complaints, withdrawn, sleep problems, attention problems, aggressive behavior) and the results show that, in boys, lower attachment scores at 6 months were related to poorer scores in emotionally reactive, somatic complaints, withdrawn, and sleep problems. Moreover, the infant exposure to tobacco smoke and a shorter gestational age at birth (together with attachment score) were related to a poor withdrawn score too. In girls, mother's anxiety scores have shown relations with anxious/depressed and attention problems score. Our results show that there are gender differences in risk factors related to infant psychopathological symptoms having the attachment experiences an important in infant psychological development. Health professionals should pay more attention to these aspects promoting actions to assess the familial attachment, to detect alterations and to prevent mental health problems in the future.

KEY WORDS: infant psychopathological problems, risk factors, gender differences, attachment, tobacco exposure.

PT-067

GENETIC VARIABILITY OF WHITE MATTER RELATED GENES: ASSOCIATION STUDY IN SCHIZOPHRENIA AND AUTISM SPECTRUM DISORDERS

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BACKGROUND. Compelling evidence supports the existence of clinical and neurobiological links between Schizophrenia (SZ) and Autism Spectrum Disorders (ASD) (Rapoport et al., 2009), and both disorders shown to present white matter abnormalities (Dennis and Thompson, 2013, Wheeler and Voineskos, 2014). The aim of this study was to analyse the sequence variability of a set of white matter related genes in a group of SZ and ASD patients and healthy subjects in order to: i) explore whether these genetic variants are associated with the risk for these disorders, ii) test the diagnosis specificity of these genetic variants across the SZ-ASD continuum.

PT-068

GROUP WORK WITH INTERNALLY DISPLACED (IDP) CHILDREN AND ADOLESCENTS IN THE COMMUNITY

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Introduction

This paper presents findings of social group work conducted with IDP children and young people from Kosovo settled in Collective Centers in southern Serbia. The aim of the scientific research was to explore and evaluate models of group work with children and their families, that are used in the community and community care settings.

Methodology: the research involved 70 young IDPs , age 11-18; instruments used were: Achenbach scale YSR, SFI scale; statistical data: Pearson chi square test.

The purpose of the research was:

- .-Exploring the modalities of psycho-social group work with new social groups formed under conditions of prolonged and cumulative stress during societal transitions;
- .-Determining the effectiveness of psycho-social group work and a multi-disciplinary approach to working with affected children and their families in a community context.

Results:

The results of the Achenbach scale showed that 70% of respondents were displaying delinquent and aggressive behavior. The results suggested the emergence of a new generation of young people who have antisocial behavior. Manifested negative behavior is often a clinical sign of depressive conditions in young people. Those involved in group work exhibited fewer symptoms of delinquency, aggression, and withdrawal into themselves. Statistical data also showed that the group work had a positive impact on the reduction of manifestation of depressive states and withdrawal. By using pro-social models in group work, and offering positive role models for the young people to identify with , we found that the social dimension has a significant impact on improving the health and behavior of the participants.

Conclusion:

The political transition in Serbia in the last twenty years led to the emergence of great poverty amongst a large number of refugees, internally displaced populations and returnees from Western Europe – and to the emergence of new social community groups in our society. In the circumstances of social and political transition, poverty and crises there was an emerging need for the application of group work at a local community level in order to increase their inner resources. This situation also necessitated a multidisciplinary approach to protecting these vulnerable groups including psychological, social and health measures.

Key words: stress, social group work, children, adolescents, traumatic event, community care, psychiatry, psychotherapy, , multi-agency, self-agency.

PT-069

HOSPITAL GARCIA DE ORTA E.P.E. INFANT MENTAL HEALTH CONSULTATION, PORTUGAL

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Hospital Garcia da Orta E.P.E. (HGO) is a state institution that attends Almada county population of approximately 350.000 inhabitants. Almada county is a Lisboa nearby region with several suburb neighborhoods dealing with adverse social-economics conditions.

The HGO Infancy Mental Health Consultation is being developed since December 2013 with the purpose to respond to infants and their families needs regarding psychological and relational difficulties they are struggling with.

In this presentation we intend to expose the journey we engaged in order to offer an adequate response to children at early developmental stages, knowing that Infant Mental Health is a specific domain sustained by strong scientific data and theoretical support that uses its own observation technics and intervention methods.

Our starting point was studying population socio-demographic characteristics and knowing the community structures and resources related to infancy. At the same time we established links with the Portuguese Association for Infant Mental Health - Ser Beb , an affiliate association of WAIMH (World Association for Infant Mental Health).

We conceived a model of consultation that is distinct from the general attendance at the HGO Child and Adolescent Psychiatry Unit, allowing a prompt intervention and the use of audio-visual technology for clinical and research purposes. We also use a particular diagnostic classification, "The Diagnostic Classification of Mental Health and Developmental Disorders of Infancy and Early Childhood -Revised" (DC 0-3R).

Since the beginning of the project, one year ago, we have attended 16 infants under three years old referred to consultation through Primary Health Care Units and HGO Pediatrics Service due mainly to sleep and eating difficulties.

Along this last year our clinical practice showed us limitations that inspire us to continuously rethink and adjust our model of intervention.

Key-words: infancy, mental health, service model

PT-070

HOW ARE YOU NOW? A 5-YEARS FOLLOW UP STUDY IN INFANT MENTAL HEALTH

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Background:

The "Unidade da Primeira Inf ncia" (UPI), located in Lisbon, is a specialized unit that focus on providing mental health care for young children aged from zero to three and their parents/caregivers. Clinical research is also an important part of the clinical work and follow-up studies, like the one presented here, are conducted annually. We consider these studies especially important, since there is still very limited data on the future impact of psychopathologies diagnosed at early this age.

The aim of this study is to know, through a five years follow-up study, what is the evolution of the children whose first evaluation was made in this unit in 2009.

Methods:

The sample used in this study consists of children aged from zero to three who had their first observation made in the UPI in 2009.

According to the children's clinical records we were able to characterize our sample using the following parameters: Age at the time of the first psychiatric observation; gender; diagnosis according to DC 0-3 R (Axis I and II); therapeutic intervention and duration of the intervention. In order to obtain current data on the child's situation, we also conducted an interview to the main caregiver, by telephone, which involved applying an appropriate follow-up questionnaire, which included completing the SDQ scale - version for parents.

Results:

The results were submitted to a statistical analysis using Excel and SPSS and we are still finishing it. The rate of responders was approximately 60% from a total N of 127. Everyone that we were able to reach agreed to participate in the study.

Preliminary results point out to an overall satisfaction with the quality of services provided, and a very low prevalence of current mental health problem in children, except in those with more severe cases of Relating and Communicating Disorders.

This work is in line with the most recent studies that find that the relation between mental health disorders at a young age (0-3yrd) and psychopathology in later childhood is not linear or deterministic. However, we are looking at a small sample that was given a clinical intervention

at a specialized center, and the results cannot, therefore, be extrapolated to the general population. The fact that most of the children in our study were better 5 years after the initial evaluation should also raise the discussion of the importance of ensuring an early and adequate intervention for these children.

PT-071

HOW MANY SESSIONS SHOULD A CASE SEEN IN AN OUTPATIENT SPECIALIST CAMHS SERVICE HAVE? WHO GETS WHAT FOR HOW LONG? A YEAR'S EXPERIENCE IN A GENERIC TIER 3 CAMHS SERVICE IN DORSET, UK

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Aims. We attempted to answer above question by reviewing the literature and analysing one county's experience over a year. **Method.** We looked at what happened to 108 randomly selected cases seen and taken on by an outpatient Tier 3 CAMHS service in Dorset (UK) between 26/07/2010 and 28/01/2012. Electronic case notes were reviewed. **Results.** 52 were male, 56 female, mean age at referral was 12 (range 4-17). 30% had neurodevelopmental problems (ASD, ADHD, Tics); 27% externalising (behavioural or conduct) and 43% internalising (mood, anxiety, PTSD, ED, emerging PD, OCD) difficulties on initial assessment. A year later 60% had been discharged (with a statistically significant average improvement of over 10 points on CGAS scores,) and 40% remained open to the service. Outcome measures, types of therapy and comparisons between the two groups were looked at in detail. The mean number of sessions attended was 7 (range 2-27) for discharged cases and 15 (range 2-62) for open cases. Open cases had lower CGAS scores on referral and more difficulties with language, learning and peer relationships. They received more sessions with doctors and nurses and remained open to the service for 16 months on average whereas those discharged were open for 8 months. Open cases were more likely to receive family therapy (48% of all psychological therapies delivered to the group) and a combination of psychological treatments, whereas discharged young people utilised CBT most frequently (48% of psychotherapeutic interventions). Face to face contact represented around 50% of the work in both groups and telephone contacts 40%. There were high rates of DNAs and cancellations. Amongst subcategories of discharged patients (externalising, internalising, neurodevelopmental) no statistically significant differences in CGAS scores on admission and discharge, number of contacts with various professionals or types of psychological therapy delivered was found. **Discussion.** The literature review gave no clear answer. These findings have implications for the planning and delivery of generic CAMHS services including how to meet the needs of those with neurodevelopmental and externalising problems, how many appointments are required for different patient groups, the management of DNAs as well as implications for future commissioning.

Keywords: service planning, specialised children and adolescent mental health service, length of treatment, number of sessions, outcome measures.

PT-072

IMPORTANCE OF EARLY CHILDHOOD OBSERVATION RELATED TO INTERVENTION IN CONTEXT OF COMMUNITY CARE

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Importance of early childhood observation related to intervention in context of community care
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Introduction:

Primary health care providers, particularly paediatricians and visiting nurses, have a central and co-ordinating role in providing support to the child and its family, particularly in the early years.

Some primary health Centres have organized development counselling services for children at risk. As separate organizational or functional units, these exist only in a minority of municipalities. Child psychiatrists are helping professional development of paediatricians for early childhood development, early stimulation and early detection of developmental difficulties, diagnostic and early interventions, on all levels is planned in order to expand access to quality services. Also, parenting education and home visiting programs are needed to reduce the impacts of specific stressors on the home environment (severe poverty, maternal depression, substance abuse, poverty, maternal depression, family violence etc.).

Special focus of the symposium will be also on the disciplining of children in Serbia; hopefully in 2015 Serbia will be one of 27 countries which prohibits the corporal punishment, and our association strongly support the initiative of changing law and prohibiting corporal punishment. Twenty-eight % of children in Serbia are disciplined exclusively through only non-violent methods, while in general 67 % of children aged 2–14 years have experienced violent discipline, which includes psychological aggression and/or physical punishment.

We will present the model of Play therapy as a wide area of therapeutic intervention based on play with a mean to help children and their parents to manage their problems and reach their objectives. Child-Centered Play Therapy is one of the effective and frequently used forms of play therapy.

Conclusion: Early detection and timely and adequate interventions - support and treatment for children with developmental difficulties are crucial for maximizing potential of each child. Therefore there is need to boost capacities of the primary health care centers in supporting parents of small children for early stimulation as well as in increasing their effectiveness in early detection of developmental risks. The partnership is based on the belief that personal experience must inform professional practice so that the needs of the community are coherently and appropriately responded to. We feel that our joint social responsibility is to raise awareness, inform curriculum, research policy and practice, change social perspectives and break stereotypes that affect families in our community in the long-term.

Key words: early development, counseling centers, visiting nurses, punishment, play therapy, community care

PT-073

INFLUENCE OF VAL158MET POLYMORPHISM IN COMT GENE ON GREY MATTER IN EARLY ONSET-FIRST EPISODE PATIENTS

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Background

Catechol-o-methyltransferase (COMT) gene is considered a promising schizophrenia susceptibility gene due to COMT enzyme's role on dopamine degradation. Val allele variant have higher activity leading to decreased dopamine biodisponibility in prefrontal regions¹.

Val allele has been associated to worse executive function measures in schizophrenic patients². A relationship between this cognitive domain and frontal volume are widely extended in same population³. Although there are mixed evidence on association between COMT variant and volume in frontal area, not previous studies have reported results regarding early onset psychosis (under 18 years old) (EO-FEP).

With this study we aim to investigate the impact of Val158Met polymorphism on prefrontal gray matter (GM) in EO- FEP and healthy controls.

Methods

37 EO-FEP (diagnosed of schizophrenia, schizophreniform and schizoaffective disorders) and 23 controls were included in the study.

The Val158Met single nucleotide polymorphism was genotyped by GoldenGate assay with the Veracode system. Allelic variants were grouped as Met/Met and Val carriers. Magnetic resonance images were processed through a semiautomatic method based on the Talairach atlas and SPM for tissue segmentation. Prefrontal area was divided into superior, medial and

inferior areas. To minimize the effect of age, site and total brain volume, the standardized residuals of GM data after a regression were used for the analyses. Comparisons were assessed by means of bivariate (t-student) and multivariate analysis (linear regression using gender, race and socioeconomic status as controlling variables).

Results

37 EO-FEP (10 females [27%]; mean age 15.68, SD=1.73; 30 Val carriers (69.6%)) and 23 controls (7 females [30%]; mean age 14.83, SD=2.59; 16 (81.1%)) were included in the study. Val carriers showed significant decreased volume in GM compared to Metmet on right superior $t(35)=2.17$, $p=0.037$ and left medial prefrontal $t(35)=2.92$, $p=0.006$ in EO-FEP patients. This difference did not appear in the control group ($t(21)=-1.09$, $p=0.287$; $t(21)=-0.54$, $p=0.596$). No significant differences were found in other prefrontal measures.

The linear regression showed that the only significant predictor of left medial prefrontal was the COMT in EO-FEP group (beta: -0.458 , 95% CI $[-1.564, -0.129]$, $p=0.007$) and a tendency of right prefrontal superior (beta: -0.295 , 95% CI $[-1.564, 0.129]$, $p=0.094$) but not in the control group.

Discussion

In this study, Val carriers variants were associated with a decreased GM right superior and left medial prefrontal in patients with EO-FEP compared to met homozygotes. No other significant differences were obtained regarding COMT allelic variant. It suggests COMT could aggravate cortical prefrontal alterations in EO-FEP.

PT-074

INPATIENT DIALECTICAL BEHAVIOR THERAPY FOR ADOLESCENTS: A RETROSPECTIVE STUDY

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Clenia Littenheid Ag

Introduction

DBT-A is an effective treatment for adolescent patients with suicidal and self-injurious behavior. Indication for DBT-A included e.g. impulsivity, Binge-eating and purging behavior, dissociation, substance misuse or identity problems. Aim of this study is to evaluate the course of inpatient DBT-A treatment.

Method

This is a retrospective study of 89 adolescents treated at the Center of Child and Adolescent Psychiatry and Psychotherapy, Clenia Littenheid AG, at an inpatient DBT-A unit within a 3-years-period from 2011 up to 2014. Assessments of self-harm, suicidal ideation, symptoms of borderline personality disorder, comorbid psychiatric disorders, frequency of hospitalizations, duration of stay and psychosocial functioning.

Results

About the half of all adolescents fulfilled criteria of emotionally unstable personality disorder (ICD-10). Very often comorbid disorders were observed. In male adolescents predominate conduct disorders. Most patients have had several inpatient treatments before DBT-A was started. Duration of self-harm was about 3 years in average. Frequently alcohol and cannabis misuse were reported and complicate inpatient treatment. However, comorbid depressive disorders improved inpatient treatment. Self-harm and symptoms of borderline personality disorder were significantly improved at the end of trial period.

Conclusion

DBT-A is a very successful therapy in adolescents even in patients with complex disorders.

PT-075

INTERACTION OF PREADOLESCENTS WITH AUTISM – FOCUS ON SPEECH PROSODY, GAZE BEHAVIOR AND MISUNDERSTANDING SITUATIONS

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This paper presents the main results of a research project directed towards the interaction of Finnish-speaking preadolescents afflicted with ASD. More precisely, the project focuses on prosody of speech, gaze behavior and misunderstanding situations occurring in ASD boys' interaction. The data comes from two group therapy sessions where seven 11–13-year-old boys afflicted with ASD interact with each other and with their therapists. Methodologically, two different viewpoints have been adopted. One of them is mainly qualitative (conversation analysis) and the other one is most of all quantitative (experimental and instrumental phonetics).

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

One of the main findings of the project is that ASD subjects' degree of overall prosodic prominence correlates partially with the degree of intelligibility of their speech. This proves that prosodic features do play a role in the intelligibility of speech.

The literal interpretation of what is said is the most common cause of understanding problems in this data. The ASD boys of the data tend to interpret literally words that are used in an abstract sense. It is also typical of them to miss implicit messages such as hidden requests. Topical discontinuities are another typical cause of understanding problems in this data. The boys often present remarks that are relevant to the topic but hard to understand for example because of a sudden change of perspective. They may also present remarks that have nothing to do with the topic under discussion without any metalinguistic introduction or topical transition. The common feature to all these cases is the insufficient interpretational framework for what is said.

All seven participants of the study avoid direct eye contact with the interlocutors when producing spontaneous speech. Different patterns are used for this. The most frequent patterns consist of 1) fixing one's gaze straight ahead; 2) letting one's gaze wander around; and 3) looking at one's own hands when speaking.

PT-076

INTERGRATING CHILDREN'S MENTAL HEALTH CARE IN THE PRIMARY HEALTH CARE SYSTEM -LANGADAS HEALTH CENTER

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Worldwide 10-20% of children and adolescents experience mental disorders which, if not treated, can severely influence their development (World Health Organization 2014). One out of four children examined in primary health care services present mental health problems; however it is not necessary for all to have special mental health services (Carralda et al, 1999, 2005). Collaborative mental health care partnerships are important to the integration of mental health into pediatric primary care (AACAP 2010).

The focus of this study is on the contributions of the mental health professionals (psychologists, psychiatrists) in children's primary health care and on the multiple interventions and actions in schools, in families and in the local community.

The Health Center is part of the primary health care system- National Health System, is located in Langadas (a small town in a semi-rural area) and it is the only one in Greece which has employed psychologists. Since 2010 mental health services for children and adolescents are provided by two psychologists and one visiting child and adolescent psychiatrist (who visits the Health Center twice a month since 2006).

The service includes a) collaboration of the psychologists with pediatricians and other primary health care providers of the Center, b) on-demand psychiatric consultation to the psychologist or pediatrician and face-to-face assessments and consultations with the patient and/or family by the child and adolescent psychiatrist, c) collaboration with schools and other child-serving agencies.

There is systematic care coordination with the child guidance clinic of the region's health sector (with child psychiatric- psychological specialty services) where children are referred when a more specialized assessment or intervention is needed.

Since 2010, 346 children and adolescents with various developmental, emotional and behavioural difficulties were examined and are followed up every 3, 6 or 12 months.

A case report of an 11-year-old child demonstrates the work and collaboration with the family and the school through intense psychological support and child psychiatric consultation.

We conclude that early intervention, improved access of children and their families to mental health care and the caregivers' collaboration in the primary health care are essential for the children's potential to live fulfilling and productive lives.

Key words: Children's mental health care, primary health care

PT-077

INVESTIGATING NEURONAL CORRELATES OF EMOTION REGULATION IN YOUNG ADULTS

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Background: Emotion and cognition interact with one another during emotion processing and regulation, as emotional stimuli can influence cognitive control and the other way around. However, the underlying neuronal underpinnings that constitute this relationship are still being investigated. This study uses an experimental manipulation, which focuses mainly on the investigation of the relationship between pre-activation of the ventral affective processing system (emotional prime) and the engagement of the dorsal executive control system (stroop task). Additionally, the association between neural correlates of emotion regulation and behavioural indicators of attention, anxiety and aggression problems will be analysed.

Method: We employ whole brain fMRI during emotional priming (adapted from Hart et al., 2010). In this task, each trial starts with an aversive/neutral prime [150ms] followed by a number stroop task (e.g. array of 1, 2, 3, or 4 digits [1500ms]). Participants indicate per button press the number of items presented, which is either congruent or incongruent with the digits used. Star shaped stimuli represent a baseline counting condition. Contrasts of interest are represented by stroop trials preceded by a negative or neutral prime (incongruent>congruent under distress) vs. (incongruent>congruent: neutral). All participants are further characterized by standardized testing (IQ, handedness, mood, behavioral and emotional problems, psychopathic traits), Child Behavior Checklist and background questionnaires.

Results: We here present preliminary results from our pilot study in typically developing young adults (17girls/14boys; 18-24y). Behaviorally, our task yielded both a significant Stroop effect and emotional prime effect (i.e. negative contentprolongs reaction time). In addition, preliminary neuroimaging data indicatesnot only altered BOLD responsesfor the different emotional primes, but also that this effect depends on the Stroop task.

Conclusion: Our work is in line with previous studies, suggesting that goal-directed processing may interfere with the neuronal response evoked by emotional input.

Key words: Emotion processing, emotion regulation, neuroimaging, Stroop, emotional priming, social disorders

PT-078

INVESTIGATION OF PARENT-OF-ORIGIN EFFECTS IN AUTISM SPECTRUM DISORDERS

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Background

The detection of Parent-of-Origin (PofO) effects aims to identify whether or not the functionality of alleles, and in turn associated phenotypic traits, depends on the parental origin of the alleles. Autism Spectrum Disorders (ASD) are considered to be heritable neurodevelopmental disorders but in the majority of ASD cases, the genetic cause cannot be identified. Exploring and identifying possible PofO effects is an important step in trying to understand the genetic mechanisms underlying ASDs.

Objectives

To investigate parent-of-origin effects, such as imprinting and maternal genetic effects, in ASD using Genome Wide Association Study (GWAS) datasets.

Methods

We use a multinomial model run in the software EMIM to investigate parent-of-origin effects in the Autism Genomic Project (AGP) dataset. Since this model is complex, it has less power than a typical GWAS analysis, and given that the GWA threshold of 5×10^{-8} has been considered strict, we employ a Bayesian adapted threshold that takes into account the power at each SNP.

Results

Based on the use of the Bayesian threshold approach, we found 103 different regions that were found to have an imprinting and/or maternal genetic effect(s). We found two results $< 5 \times 10^{-7}$, one for paternal imprinting on chromosome 7 and the other for a maternal genetic effect on chromosome 15 in the MGA gene. We found 4 regions that have been previously identified as showing evidence of PofO effects in ASD. These include a maternal genetic effect in a region that was also identified as having a maternal genetic effect by Tsang et al. 2013 on chromosome 11 in the MAML2 gene and a maternal imprinting effect on chromosome 18 where Yuan and Dougherty 2014 found a maternal genetic effect (it is worth noting that maternal imprinting and maternal genetic effects have been known to mimic each other).

Conclusion

To our knowledge, this is the first genome-wide study to test for both imprinting and maternal genetic effects simultaneously in ASD and the first to implement the Bayesian adapted thresholds that take into consideration the power of the test. We found some promising results that we are currently hoping to replicate in the Simons Simplex Collection autism data set.

PT-079

IS THERE A RELATION BETWEEN PARENTS' EXECUTIVE FUNCTIONS AND THEIR PARENTING STYLE?

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Is there a relation between parents' Executive Functions and their parenting style?

Parent-child interaction has become an interesting research subject because of the effects on child development. It has been reported that parenting styles (e.g. harsh and warmth parenting) affect child Executive Functions (EF) and predict Oppositional Defiant Disorder (ODD) symptoms. In order to improve the quality of parent-child relations, it's been suggested

that parents' EF have an effect on parenting style. Most studies have focused on mother parenting, the role of the father has not been fully investigated, even when recently the role of the father is more involved within the family dynamic. To investigate the relation between both parents' EF and their parenting style we examined 100 families with preschool children and 235 families with children of six to twelve years of age. All parents answered questionnaires to evaluate their parenting style, executive functions and child symptomatology. The analysis was made testing Structural Equation Models (SEM). The results of both studies confirmed previous results. In both studies, we did not find a significant path of father EF towards any parenting styles, nor any relation between warmth parenting and ODD symptoms. The main result is focused on the strong relation between mothers' EF and harsh parenting, and its relation on both the odd symptomatology of pre-schooler children and on the significant path of child EF of children in elementary school. Our findings discuss the importance of addressing parenting interventions in order to prevent further conduct disruptive disorders or any dysfunction in child EF. Longitudinal and experimental research is needed for future conclusions.

PT-080

LONGITUDINAL CHANGES IN CHINESE ADOLESCENT GIRLS' MENTAL HEALTH DURING THE TRANSITION FROM PRIMARY TO JUNIOR HIGH SCHOOL

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Background: Adolescence is a time of multiple transitions and a critical developmental period with long term implications for the mental health of young people. The transition from primary to junior high school has been documented as a period of stress for adolescents, associated with changes in self-esteem and psychological difficulties, such as loneliness, anxiety, and depression. However, much of evidence has been based on cross-sectional data in Western populations. Little is known about early adolescent transitions among Chinese adolescents.

Aim: The aim of this study is to overcome the aforementioned limitations by investigating the longitudinal changes in a range of measures of psychosomatic and psychological wellbeing among Chinese early adolescent girls.

Methods: A sample of Chinese girls from Beijing were tracked at three time points from the last term of primary school (mean age=12.20), through the first term of junior high school, to the end of first year in junior high school (N=425), to provide a one year longitudinal profile of their psychosomatic and psychological changes before, during, and after the school transition.

At each time point, participants completed a self-report questionnaire in their school class consisting of a variety of well-established psychometric instruments to measure global life satisfaction, self-esteem, psychosomatic symptoms, loneliness, anxiety, and depression.

Results: Repeated measures ANOVA examined longitudinal changes in these psychological measures. The cognitive and affective aspect of depression increased longitudinally. Global self-esteem and domain-specific self-esteem regarding athletic competence, physical appearance, and behavioural conduct significantly decreased between the end of primary school and the end of the first year in junior high school. Loneliness and anxiety peaked during the transition and significantly improved after the transition. Most psychosomatic symptoms reduced longitudinally, including sleeping difficulties, tiredness, headaches, and dizziness, whereas backaches and bad temper increased over time.

Conclusion: Some psychological measures indicated increases in mental health difficulties. However, other areas of psychological wellbeing improved following the transition from primary to junior high school. Taken together, findings suggested an overall positive developmental phase for Chinese adolescent girls in this study. The results highlight cultural differences in the experience of early adolescent transitions between these Chinese findings and Western literature on adolescent transitions and outcomes.

PT-081

LOW AND HIGH BIRTH WEIGHT AND THE RISK OF CHILD ATTENTION PROBLEMS

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Objective: To study the prospective association between birth weight and Attention Problems and to explore the role of maternal body mass index (BMI) in this association.

Study design: In 6,015 children of a population-based cohort (Rotterdam, the Netherlands, 2001-2005), information on birth weight was collected and gestational age-adjusted standard deviation (SD)-scores were calculated. At age 6 years, parents assessed Attention Problems with the Child Behavior Checklist. We used linear regression to study the association of birth weight with Attention Problem score and examined the modification of this association by maternal early pregnancy BMI.

Results: The observed association between birth weight and Attention Problem score was curvilinear (adjusted β per birth weight SD-score²: 0.02, 95%CI 0.01;0.03, P=0.003); the turning point equals 3.6 kg at term. In analyses of the extreme tails of the birth weight distribution, the associations with Attention Problem score disappeared after adjustment for socio-economic confounders. Maternal early pregnancy BMI moderated the association of child birth weight with Attention Problem score (P-interaction=0.005, with curvilinear term in model).

Conclusions: Higher birth weight was related to less Attention Problems but from a birth weight of about 3.6 kg or more, a higher birth weight did not reduce the risk of Attention Problems any further. However, in children of obese mothers (BMI>30kg/m²), high birth weight may increase the risk of Attention Problems.

PT-082

MEMORIA HUMORAL. UNA APORTACION PSICOANALITICA SOBRE LOS SISTEMAS DE FIJACION SOMATICA EN LA INFANCIA.

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Françoise Ansermet nos habló en fechas recientes en nuestra ciudad, de plasticidad neuronal, concepto de vieja raigambre. También el Dr. Javier Fernández Soriano, que en su etapa investigador en histología, ha podido revisar con cierto asombro por su actualidad, las preparaciones microscópicas de Santiago Ramón y Cajal, y nos comentó que ya entonces plantea Cajal con toda claridad, las bases para la programación y reprogramación permanentes que subyace al concepto de plasticidad neuronal.

La novedad, más allá del profundo conocimiento de las interconexiones neuronales que nos demostró, fue el de enriquecer este conocimiento con las consideraciones de la vida emocional que surgen del estudio profundo de la mente que nos ofrece el psicoanálisis. Desde el psicoanálisis llegamos a constataciones empíricas que los estudios neurológicos terminan por demostrar, como no podía ser de otra manera.

Una de estas constataciones es la relación entre la pobreza de representaciones mentales para los afectos y de mecanismos de descarga de forma normal o mediante mecanismos neuróticos o psicóticos, y la aparición de enfermedades somáticas. Los síntomas somáticos parecerían ocupar el lugar de las emociones faltantes, o que echaríamos de menos en las circunstancias en las que ha devenido su aparición.

En lugar de la tristeza, dolor, rabia, ternura, excitación o cualquiera que sea la emoción esperable encontraremos la emergencia de una expresión somática habitualmente típica y reiterada en la persona de que se trate.

Sífneos y Nemiach no sólo describieron la alexitimia, pobreza de representaciones para los afectos, solo que descubrieron mediante radiografía de positrones, que había menos conexiones entre la zona de la amígdala-hipocampo y el cortex cerebral, como no podía ser de otra forma. Si alguien no ejercita la musculatura tiene menos fibras musculares que quien lo hace. Sólo que tomaron causa por consecuencia y creyeron que la causa de la alexitimia era el déficit de comunicación neuronal.

Entendemos nosotros a partir de los estudios de Pierre Marty, que hay una falta de construcción de recursos mentales para identificar y procesar normal o neuróticamente los afectos y que estas carencias vienen siendo sustituidas por manifestaciones somáticas que habitualmente afectan a las áreas de mayor fragilidad que la genética individual propicia para cada persona.

Estas constelaciones se fraguan en la primera infancia. Los fallos afectos y la vida psíquica en general termina de construirse en lo que llamamos función materna, sea quien sea el que la ejerce, madre, padre o persona encargada de la crianza que acompaña el día a día y minuto a minuto del bebé.

Se evidenciaron numerosas manifestaciones patológicas de la primera infancia, como el cólico del primer trimestre, el insomnio, el espasmo de sollozo, la anorexia, las primeras reacciones asmáticas y así mismo su repercusión en edades posteriores, especialmente en la adolescencia. Se encontró que el inicio estaba ligado a perturbaciones de diferente orden de la función materna.

En esta línea hemos seguido investigando y hemos encontrado lo que llamamos trastornos por memoria humoral. Entendemos que la construcción aberrante de reacciones afectivas en la función materna en la primera infancia creará fijaciones definitivas que darán lugar a las reacciones sustitutivas del afecto que según hemos postulado con anterioridad aparecerán en lugar de los afectos faltantes en las personas que no los han creado o han perdido capacidad para expresarlos.

"Construcción del psicoma en el desarrollo temprano", "Vision desde la pediatría de la memoria humoral", "Correlatos clinicos y psicosociales de los trastornos psicosomáticos de la infancia en el hospital infantil y " Expresión de los trastornos por memoria humoral en la etapa adolescente"; constituyen nuestros aportes mas recientes a esta investigación.

PT-083

MENTAL HEALTH CARE NECESSITIES AMONG PAROLED YOUNG OFFENDERS: PRELIMINARY RESULTS FROM A PILOT CLINICAL PROGRAM

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INTRODUCTION: Prevalence of criminal behavior in adolescents is higher than in other stages of life. Some clinical and socio-demographic factors such as impulsiveness, low IQ, parental attitudes (poor oversight, punitive or erratic discipline), physical abuse, disruptive or large families, low education, low family income, and antisocial attitudes in parents, peers and neighborhoods, also increase these rates (Hoeve M, 2012; Murray J, 2012).

OBJECTIVES: We aimed to describe prevalence of psychiatric disorders and associated socio-demographic and clinical factors among adolescent patients referred at the Psychiatric Care for Young Offenders Program (PCYOP) conducted at the Department of Child and Adolescent Psychiatry, Gregorio Marañón General University Hospital (Madrid, Spain).

METHODS: We collected socio-demographic (age, gender, academic level, absenteeism, type of rearing, religious beliefs, income, family structure) and clinical diagnosis from medical records of adolescents (age between 15 and 20) consecutively referred to the PCYOP from June 2013 to November 2014 (N=14). Referrals were made by psychologists or youth parole technicians after detecting mental symptoms in paroled adolescents. We performed descriptive statistics using SPSS 20.

RESULTS: Prevalence of mental disorders was 93% (N=13) among youngsters referred to the PCYOP. The mean number of diagnoses per patient was 2.64 (SD 1.95). Ten patients had depressive disorders (71%), 7 ADHD (50%), and 4 borderline personality disorder (28%). Regarding socio-demographic factors, 43% (N=6) lacked family accompaniment in the early stages of treatment, 78% (N=11) had incomplete nuclear families, and 28% (N=2) had been raised in an institution. In addition, 85% (N=12) of the subjects had low academic

performance, 70% (N=10) met criteria for substance use disorders, and nearly one third had suffered traumatic experiences (14 % (N=1) sexual abuse and 28 % (N=2) physical abuse).
CONCLUSIONS: Our results were concordant with previous literature about young offenders (Hoeve M, 2009). However, they are based only on data from the 10% of paroled youth from the targeted population that have been referred to the PCYOP, underscoring the need of improving detection of mental health problems in this population. To that end, we are developing a screening tool to be used by young offenders' agency professionals to improve detection of psychiatric disorders and facilitate access to mental health care among paroled youth.

PT-084

MICROSATELLITES IN THE 5' FLANKING REGION OF AVPR1A WERE ASSOCIATED WITH SOCIAL BEHAVIOR SCALES OF AUTISM SPECTRUM DISORDER.

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Background: Impairment in social interaction and communication is core features in autism spectrum disorder (ASD). The arginine vasopressin receptor 1A gene (AVPR1A) is widely expressed in the brain and is considered to be a key mediator for regulation of social behavior. Evidence from numerous organisms implicates relationship between microsatellites of the 5'-flanking region in the arginine vasopressin receptor 1A gene (AVPR1A) and social behavior and genetic variation at AVPR1A has been reported to be associated with autism

Objectives: The objective of this study is to evaluate the relationship between microsatellites in the 5' flanking region AVPR1A and specific social phenotypes of ASD.

Methods: Two microsatellites (RS3 and RS1) in the 5' flanking region of AVPR1A were examined in 218 Korean family trios comprising children with ASD and their biological parents. Behavioral phenotypes are derived from comprehensive measures of the behaviors, using Social Communication Questionnaire (SCQ), Asperger Syndrome Diagnostic Scale (ASDS), Social Responsiveness Scale (SRS), Child Behavior Checklist (CBCL), Autism Diagnostic Observation Schedule (ADOS), Autism Spectrum Quotient (AQ), Empathy Quotient (EQ) and Systemizing Quotient (SQ). In the family-based association test and haplotype analysis using FBAT, we tested association between microsatellites and 28 quantitative traits related with social behaviors. Potential confounding effects, including age, sex and IQ, were controlled as covariates.

Results: We found a statistically significant association ($P < 0.05$) between microsatellites and multiple scales related with social behaviors. RS1 is significantly associated with 18 phenotypes (p 's = 0.049 - 0.004) and RS3 markers with 5 phenotypes (p 's = 0.043 - 0.012). Both markers are significantly associated with Social domain score in ASDS (RS1: $P = 0.004$; RS3: $P = 0.012$) and AQ (RS1: $P = 0.034$; RS3 = 0.022). Total seventeen phenotypes were significantly associated in haplotype association analysis (p 's = 0.049 - 0.009).

Conclusion: We observed significant relationship between microsatellites and specific social behaviors in Korean ASDs. Our results support that RS1 and RS2 microsatellite markers AVPR1A gene can be possible candidates for diagnosis for social behavioral dysfunction and autistic trait of ASD.

PT-085

MONITORING ANTIPSYCHOTICS SIDE EFFECTS IN CHILDREN: PROGRAM DEVELOPMENT

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INTRODUCTION

The use of antipsychotics in child and adolescents has significantly increased in the last years, and more research is done to assess safety and efficacy in paediatric population. Nevertheless current clinical practice does not always count with specific programs or tools to monitor side effects on standard basis following clinical practice guidelines.

OBJECTIVE

To develop a program that prevents and detects antipsychotic adverse events for an outpatient child and adolescent mental health service.

METHODS

We searched in PubMed the articles published in the last 10 years about monitoring antipsychotics side effects in children and other safety concerns. Besides were reviewed the clinical practice guidelines of the principal professional associations in Europe and USA. We selected items to be included in our programme because of the consensus around them in the literature and for their clinical impact: severity and frequency.

RESULTS

Our programme is based on regular visits to nurse consultation, once psychiatrist prescribes treatment with antipsychotics. We developed a checklist with all the items that should be monitored at base line and on regular follow up visits (3 months, 6 months, annual). In case of adverse effects psychiatrist will be informed in order to adjust or change treatment. Psychiatrist will assess treatment response and any side effects in each visit during the therapeutic process as established in guidelines, and will review analytics results and EKG.

CONCLUSIONS

This program would help monitoring side effects, early intervention in case of adverse event and would provide a closer relation with the centre, as nurse becomes a reference for patients and their families, and these would help treatment adherence. Further investigation is required to assess the results of the application of the programme.

PT-086

MULTISYSTEMIC APPROACH IN TREATMENT OF RISK SEXUAL BEHAVIORS IN CLINICAL ADOLESCENT POPULATION

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Risk sexual behaviors (defined and categorized) are common in developmental population with devastating consequences especially in clinical subpopulations. The noxious influences of such behaviours disturb not only somatic and psychological wellbeing but also damage personal development, family system, neighborhood/social context and peer relations. The development of sexuality, when saturated with dynamic cognitive, emotional and behavioral disorders exposes the child to the risk of sexual abuse, changes his/her mental activity and behaviours as well as parental and milieu's perceptions of the child. Risk sexual behaviours misunderstood separately from the specific disease can lead to worsening of basic mental condition, primary affected by mental disorder or intellectual disability. The author describes own experiences in treating young people affected with some mental illnesses (BD, schizophrenia, ADHD, OCD, intellectual disability) and revealed risk sexual behaviours. The key ensuring optimal solution is multisystemic approach based on family and its resources. Psychotherapeutic work with parents

aimed at proper understanding of sexuality of young people, natural way of psychosexual development and the interference with psychopathological signs and symptoms of basic mental illness as well as exploration of parental attitudes and patterns of their own sexuality are essential. The role of social context (peer groups, school settings and environmental influences - religious and mass culture in particular) are considered. The most important factor, however is the existence of the stable warm relation of the child with at least one significant adult - parent, grandparent or else, whose unconditioned acceptance supported the child.

PT-087

MUNCHAUSEN SYNDROME BY PROXY WITH PSYCHIATRIC FEATURES: A CASE REPORT. DIAGNOSTIC AND MANAGEMENT CHALLENGES.

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Munchausen syndrome by proxy, as well known as factitious disorder imposed on other (DSM-V), is a form of a child abuse, in which a caregiver (typically a mother) fabricates, exaggerates, or induces health problems in her own child, in order to gain the attention of medical providers and others. Usually the main intention of this behavior is to please her own psychological needs. Even though, the most often fabricated symptoms are somatic, in some cases they can be psychiatric. We would like to present one of these cases. A female patient, 14 years old, arrived to children and adolescence clinical psychiatry unit, having complaints of eating disorder and depression. The girl was referred to a psychiatric ward for the second time. The primary diagnosis was bulimia nervosa and moderate depressive episode. During the first interview, it was noticed that the mother-daughter relationship is disturbed. Family anamnesis was complicated: grandmother of a patient had schizophrenia, mother was raped and sick with severe depression. However, during the assessment of patients mental state and family relationship, the hypothesis was formulated, that the mother herself is fabricating the symptoms of depression – maybe she has Munchausen syndrome?

During hospitalisation, we ascertained that the girl didn't have any symptoms of previously diagnosed illnesses, her behaviour in absence of her mother was adequate.

In this case report we present diagnostic and management challenges of this syndrome, especially one ethical problem of management. This is parentectomy – separating the child from his parent/abuser - does it help or does it cause more psychological problems for the child?

Keywords: Munchausen syndrome by proxy, manifestation with psychiatric features, disturbed mother-daughter relationship, parentectomy

PT-088

ON THE BORDERS BETWEEN RESIDENTIAL CHILD CARE AND MENTAL HEALTH TREATMENT IN EUROPE: DEVELOPMENT AND EVALUATION OF AN INTERNATIONAL PILOT COURSE TO ENHANCE INTER-PROFESSIONAL COLLABORATIVE PRACTICE

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Good cooperation between mental health and child and youth welfare services increases the quality of care for children and young people with complex needs. A variety of factors have an impact on the cooperation between both systems, such as professional roles and responsibilities, as well as service structures and cultures that guide treatment and care. In the EU-project RESME (On the Borders between Residential Child Care and Mental Health Treatment; 2012-2015), universities and service providers in six different countries explored the

interface between child and adolescent psychiatry and residential child care. Looked after children and young people are particularly reliant on effective collaborative practice, as the majority of this population has experienced traumatic events such as dysfunctional families, neglect, and/or sexual or physical abuse, often over a prolonged period of time. Cooperative practice on the borderline between residential child care and mental health services, however, can pose a challenge for members of both systems. As part of this international research study, mental health and residential child care professionals in each country were interviewed, using semi-structured interviews, in order to better understand the logic of common conflicts arising in working together (Groen/Jörns-Presentati 2014). This qualitative data formed the basis of developing an educational curriculum, which aims to foster collaboration through inter-professional learning. It addresses relevant issues such as mental health diagnostics, trauma or daily working procedures in residential group homes using practice-based case studies. The professionals involved are encouraged to use their experience, acquire new information and skills and use critical reflection and appraisal to integrate new knowledge into practice. Pilot courses were conducted and evaluated in all six countries with 157 professionals working in child and adolescent psychiatry and residential child care. A range of aspects were thought to be particularly helpful by participants, such as: being given an opportunity to network, to exchange experiences, to discuss case studies with an interdisciplinary perspective, to work shadow, and to engage with relevant research literature. The experience gained from implementing the pilot courses and the results of the evaluation suggest that adult learning classes are a useful learning approach to improve skills and competences relevant for professionals working at the boundary between child and adolescent psychiatry and residential child care.

PT-089

PARENTING STYLES AND CHILDHOOD GENERALIZED ANXIETY: A CONCEPTUAL MODEL BASED ON GENDER DIFFERENCES

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Anxiety disorders are the most common psychiatric disorders during childhood and show low levels of spontaneous remission, specifically Generalized Anxiety has quite a chronical course. Therefore, it's fundamental to work on its prevention, as well as its treatment.

The main motivation of this study is to contribute in the knowledge of risk factors involved in Generalized Anxiety origin, highlighting how parental components affect depending on child's gender. This work explores the mediating role of parenting, between parents' emotional symptoms and child generalized anxiety.

We used a cluster sampling procedure with all the schools in the Osona region (Catalonia, Spain) and 29 schools were selected randomly. Participants were 342 girls and 361 boys, aged between 6 and 8. Parents or careers (mainly mothers) answered questionnaires about their rearing style (EMBU-P), about their symptoms (QSG-28) and about child symptoms (CSI-4). According to the principal aim of this investigation, the sample was divided into subsamples, depending on subject's sex, analyses were realized separately in each one and two Structural Equation Models were created.

More relevant results were, firstly, the emotional warmth mediating role, between the mothers' depressive symptoms and the minors' generalized anxiety, only in girls. Secondly, the mediating role of control, between mothers' anxiety and kids' generalized anxiety, in both sexes. More research is needed in this area, but until now we could explain these results referring to some temperamental and emotional gender differences, like anxiety sensitivity. Finally, we emphasize the importance to include a parental component in childhood anxiety treatment.

Key words: Emotional warmth, Control, Parenting styles, Generalized Anxiety, Gender differences

PT-090

POSSIBILITIES OF HIPPO THERAPY APPLICATION IN COMPLEX CHILD MENTAL HEALTH IMPROVEMENT

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Introduction: Hippotherapy (derived from the Greek, hippos – horse + therapeia – treatment, syn. Therapeutic horse riding) is treatment and nurture aided by a horse. Hippotherapy has an overall effect on human organism, so it could be applied in treating children and adults with various health disorders. Usually horse riding and interaction with horses is useful for patients who have movement disorders or mental developmental disabilities.

Aim of the study was to overview hippotherapy literature and it's therapeutical mechanisms, investigate parent attitudes towards therapeutic riding and it's impact on their children and describe one clinical case report.

Methods: Complexity of therapeutic aspects comprising horse, child, instructor interactions were analyzed. Pilot study of 10 parents attitudes was implemented using questionnaire developed by authors together with separate interviewing of children and adults in the society about their knowledge and attitudes towards hippotherapy. A case clinical report of a seven-year-old autistic boy during hippotherapy sessions is described.

Results: Hippotherapy is distinguishable by its profound physical, psychological, social and educational influence on people. The presentation overviews hippotherapy mechanisms and possibilities as well as the results of the survey on parent very positive attitudes towards hippotherapy. 290 people (170 children, 120 adults) were interviewed using questionnaire developed by the authors. Data will be presented. However, despite very strong horse-human bond in Lithuanian culture, hippotherapy is not very well known and used in work with children. Respondents suggested that there should be more information about therapeutic riding and it should be more available. It was also suggested that hippotherapy could be used as a rehabilitation method for children starting from a very young age.

Conclusions: All members of therapeutic riding team, including the instructor, the child and the horse, and their interactions are all nearly equally important in therapeutic process. The analysis of the survey results reveals that society is not adequately informed about hippotherapy and its application possibilities.

PT-091

PRELIMINARY FINDINGS ON PROINFLAMMATORY AND OXIDATIVE STRESS DYSREGULATION IN EARLY-ONSET BIPOLAR DISORDER

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Background and objectives: Bipolar disorder (BD) is associated with activation of several components of the immune response and inflammation markers. A recent meta-analysis in adults found that lipid peroxidation, DNA/RNA damage, and nitric oxide were significantly increased in patients with BD compared to healthy controls, supporting the implication of oxidative stress in the pathophysiology of the disorder (Brown et al, 2014). Increase in interleukins and TNF- α levels relative to controls is present in adults in early stages of bipolar I, having been hypothesized that variation in inflammatory response may be a marker of disease

progression (Kauer-Sant'Anna et al, 2009). Data in children and adolescents although in the same direction, are still sparse and in need of replication (Goldstein et al, 2011).

The aim of this work is to study a clinically representative sample of children and adolescents with bipolar disorder and to explore differences in oxidative stress and inflammation markers with a group of healthy controls.

Methods: We assessed 9 children and adolescents with bipolar disorder and 11 sex- and age-matched healthy controls. Participants underwent a complete clinical evaluation and DSM-IV diagnoses were obtained by means of the K-SADS-PL. Cytokine levels (TNF α , Interleukin-1 β) and COX by-products (PGE₂, 15d-PGJ₂) were measured by enzyme immunoassay, lipid peroxidation was determined by TBARS assay, based on the reaction of malondialdehyde (MDA) and thiobarbituric acid (TBA) under high temperature (95 °C) and acidic conditions, and nitrites (NO₂) were measured by using the Griess method. All determinations were performed at Synergy 2, BioTek. Categorical variables were compared with chi-square test. Quantitative variables were compared using non-parametric Mann-Whitney test. SPSS 20.0 was used.

Results: Patients and controls did not differ regarding sociodemographic characteristics. Mean (SD) age was 15.44(1.94) for patients and 13.81(3.42) for controls ($p=0.256$). Regarding gender distribution, 5 patients and 7 controls were male ($p=0.714$). We found statistically significant differences between patients and controls in MDA (patients 4.85(2.92), controls 1.28(0.50), $p=0.023$) and TNF α (patients 2.88(0.07), controls 2.12(0.13), $p=0.001$) determinations and a trend for statistically significant differences in IL1 β (patients 9.59(4.1), controls 6.07(2.89), $p=0.078$).

Conclusions: These data support a state of proinflammation in adolescents with bipolar disorder and suggest possible new targets for the development of therapeutic interventions in this clinical population.

Bibliography:

Brown et al. 2014. *Psychiatry Res*2014;218(1-2):61-68. Kauer-Sant'Anna et al. *Int J Neuropsychopharmacol* 2009;12(4):447-58. Goldstein et al. *J Child Adolesc Psychopharmacol* 2011;21(5):479-484.

PT-092

PRESCHOOLERS' EMPATHY-RELATED RESPONSES TO DISTRESS IN SOCIAL PARTNERS

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In this study, parental reports of dispositional empathy and sociability were related to preschoolers' responses to distress shown by social partners. Examining how empathic behaviors relate to personality dispositions may inform how children develop empathy and socio-emotional competence.

Thirty preschoolers (13 females and 17 males, mean age = 3.89, SD = .89) and parents were observed in a laboratory setting. Parents completed the Griffith Empathy Measure (GEM, Dadds et al., 2008) and the Behavioral Inhibition Questionnaire (BIQ, Bishop, Spence, & McDonald, 2003). Children were observed in three conditions (approximately 90 seconds each) in the same order: 1) the Parent condition (parent feigning a finger injury), 2) the Stranger condition (stranger feigning stomach ache), and 3) the Infant condition (mannequin in a bassinet with playback of infant crying sounds).

Behaviors were coded into 1) other-oriented behaviors indicating empathic concern for the victim (e.g., concerned looking or comforting) and 2) self-oriented behaviors indicating personal

distress (e.g., clasping hands or comfort seeking). Frequencies of behaviors per minute were tabulated. Inter-observer reliability (ρ) ranged from .95 to .98.

More other-oriented than self-oriented behaviors were observed, $t(29) = 3.89$, $p < .0005$. Parental distress elicited more other-oriented behaviors than stranger and infant distress, $t(29) = 7.43$, $p < .0001$, and $t(29) = 4.71$, $p < .0001$, respectively. Further, infant distress elicited more other-oriented behaviors than stranger distress, $t(29) = 2.84$, $p < .005$. Frequency of self-oriented behaviors towards parental distress was lower than that towards stranger and infant distress, $t(29) = -1.88$, $p < .0001$ and $t(29) = -3.68$, $p < .0005$, respectively.

Boys exhibited more self-oriented behaviors than girls in the Parent condition, $t(28) = 1.77$, $p < .05$. Parents reported higher levels of affective empathy, but lower levels of cognitive empathy in girls than in boys, $t(28) = 2.31$, $p < .05$, and $t(28) = 2.36$, $p < .05$, respectively. Girls' cognitive empathy predicted parent-oriented empathic responses, $r = .87$, $p < .0001$. Girls' self-oriented distress in the Infant condition was predicted by cognitive empathy, $r = -.58$, $p < .05$, and performance social novelty inhibition (a BIQ subscale), $r = .76$, $p < .005$. Boys' total scores of GEM predicted stranger-oriented empathy, $r = .54$, $p < .05$, and total scores of BIQ infant-oriented empathy, $r = -.50$, $p < .05$. Surprisingly, boys' cognitive empathy negatively predicted parent-oriented empathy, $r = -.62$, $p < .008$. The findings carry implications for fostering empathy and socio-emotional competence.

PT-093

PREVALENCE OF ADHD IN A CLINICAL SAMPLE ACCORDING TO DSM-5

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Introducción

El trastorno por déficit de atención con hiperactividad es el trastorno del neurodesarrollo más prevalente, con cifras que oscilan entre el 3-7% de menores de 16 años en población general. En la nueva clasificación de los trastornos mentales y del comportamiento DSM-5 se introducen una serie de cambios a nivel diagnóstico, entre los que destacan la posibilidad de coexistir dicho trastorno con el trastorno del espectro del autismo, la existencia de especificadores y la posibilidad de diagnosticar el trastorno si aparece los síntomas antes de los 11 años de edad, a diferencia de los 7 años que marcaba como edad mínima el DSM-IV. La modificación en el criterio edad de aparición de sintomatología ha sido duramente criticada, en especial porque se cree que puede aumentar considerablemente la prevalencia del trastorno. (DSM-5, American Psychiatric Association, 2013).

Objetivos

Determinar cuántos pacientes con diagnóstico de Trastorno por Déficit de Atención con Hiperactividad aplicando criterios DSM-5 mantendrían el diagnóstico si aplicáramos los criterios necesarios según el DSM-IV, con especial referencia al criterio de edad para aparición de la sintomatología.

Material y Métodos

Realizaremos revisión de historias clínicas de 70 pacientes de nuestra Unidad durante el año 2014.

Resultados

El estudio se está realizando en el momento actual.

PT-094

PREVALENCE OF AT-RISK CRITERIA OF PSYCHOSIS IN CHILDREN AND ADOLESCENTS, AND IN YOUNG ADULTS: RESULTS FROM TWO SWISS COMMUNITY SAMPLES.

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Background: Questionnaires cannot be considered a valid assessment of attenuated psychotic symptoms (APS) and tend to greatly overestimate their prevalence in the community. Thus, the prevalence and pathological value of APS in the general population, when assessed in the same way as in help-seeking persons, is still rather unclear. This lack of knowledge also exists for other risk criteria, especially basic symptom criteria. For APS and related risk criteria, data from Irish youth have suggested an age effect with declining rates of (attenuated) psychotic symptoms in early to mid-adolescence, and a predominance of perception related phenomena.

Methods: In two complimentary community studies, we studied the prevalence of ultra-high risk and basic symptom at-risk criteria and their included symptoms assessed with the Structured Interview for Psychosis-Risk Syndromes (SIPS) and the Schizophrenia Proneness Instrument, Adult version (SPI-A) and Child and Youth version, respectively, in random Swiss general population samples of 8-17 years and 16-40 years. Children and adolescents were assessed in face-to-face interviews, young adults on the telephone by trained clinical psychologists.

Exclusion criteria were communication problems and life-time psychosis.

Results: At the time of writing, 1,229 interviews with young adults (18-40 years) and 55 interviews with children and adolescents (8-17 years) were completed. While only 2.8% of the young adults acknowledged the presence of any one at-risk criterion (incl. frequency and onset requirements), 9.1% of the children and adolescents did so ($\chi^2=3.34$, $p<0.10$). An even more pronounced, significant age-related difference was found in the prevalence of lifetime at-risk phenomena ($\chi^2=5.83$, $p<0.025$): 25.2% of the young adults and 45.5% of the children and adolescents reported at least any one. Thereby, "perceptual abnormalities/hallucinations" of the SIPS, mainly on APS level, were the most frequent phenomenon in both samples.

Discussion: While at-risk phenomena occurred in a quarter of young adults of the general population and even in nearly half of the children and adolescents at least temporarily, only a minority reported sufficient recency, frequency or change in severity of these phenomena to meet present risk criteria according to SIPS and SPI-A – again with higher rates in children and adolescents. This highlights the importance of the recency, frequency or behavior-/conviction-related change-in-severity criteria included in the risk criteria, but also the need to further examine developmental peculiarities.

PT-095

PREVALENCE OF PSYCHIATRIC ILLNESS IN PARENTS OF CHILDREN TREATED.

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Introduction:

Children and adolescents whose parents suffer from depression and anxiety are at high risk for developing their own psychiatric symptoms and disorders. Top-down studies assessing offspring of parents with lifetime symptoms as compared to non-symptomatic parents and bottom-up studies comparing first-degree relatives of psychiatrically ill and non-ill children have demonstrated significantly higher rates of psychopathology in children and parents, respectively. Given the relationship between parent and child psychopathology, the clinical evaluation should include screening for mothers and fathers symptoms of depression and anxiety at the time of their child's evaluation. It gives the clinician an opportunity to engage parents in a dialogue about the relationship between their symptoms and their child's treatment outcomes, the potential benefits of seeking their own treatment, and referral options. However, it is not standard practice to screen parents of children undergoing psychiatric evaluation

Objective:

The aim of our study was to determine the prevalence of Psychiatric illness in parents of children treated in our mental health service during the month of December.

Method

We are collecting data from two psychiatric consultations during December. There is an average of eight patients every day, both initial and reviews. We expected to get a sample of 320 patients. A short questionnaire collects data regarding gender, age, patient diagnosis and parents diagnosis. Only parents actually undergoing psychiatric treatment were registered.

Results:

The data collection process is taking place during December. Initial data shows that 55.55% of patients surveyed have parents with Psychiatric. Provisionally, the most frequent fathers diagnosis is anxiety disorder. While the most frequent maternal diagnoses are anxiety and depressive disorder in the same proportion. In addition 30% of patients with psychiatric family history have both parents diagnoses and the most frequent diagnosis is anxiety disorder. diagnosed at the same time, the most frequent diagnosis is anxiety.

Conclusions:

Little research has focused on screening parents bringing their children for psychiatric evaluation. This study highlights the importance of screening parents when their children receive a psychiatric evaluation. It supports the development of mental health services that addresses psychiatric needs of the entire family within one clinical setting.

PT-096

PREVALENCE OF PSYCHOSIS-RISK CRITERIA AND SYMPTOMS IN AN INPATIENT AND GENERAL POPULATION SAMPLE OF CHILDREN AND ADOLESCENTS

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Background:For adolescents from the community in defined age-ranges (11-13 and 13-15 years of age), increased prevalence rates of attenuated psychotic symptoms (APS) and positive symptoms were recently reported. The two Irish studies indicated an age effect: 22.6% of the younger sample reported APS or positive symptoms, especially (attenuated) hallucinations, as compared to 7% of the older age group. In the younger sample, APS-related risk criteria were met by 7.7%. Furthermore, APS were related to a higher psychiatric morbidity. Thus, APS and possibly other risk criteria and symptoms might be even more frequent in clinical child and adolescent samples, even if the clinical picture does not suggest the possible development of psychosis.

Methods:We studied the prevalence and possible clinical impact of risk criteria and symptoms according to the ultra-high risk (UHR) and basic symptom (BS) approaches in an inpatient (ClinS) and a general population sample (GPS) of 8-17-year-olds (at the time of writing: ClinS: N=41; GPS: N=55). The inpatient sample comprised 5 diagnostic groups for that increased rates of subsequent psychosis had been reported: Eating (n=19), ADH (n=6), Anxiety (n=5), Obsessive Compulsive (n=5) and Asperger's (n=6) Disorders.

UHR and BS criteria and the included 19 symptoms were assessed with the 'Structured Interview for Psychosis-Risk Syndromes' (SIPS) and the 'Schizophrenia Proneness Instrument, Child and Youth version' (SPI-CY), and psychosocial functioning with the 'Social and Occupational Functioning Assessment Scale'.

Results:Only 1 patient of the ClinS (2%), but 5 persons of the GPS (9%) acknowledged the presence of any one at-risk criterion. Additional 15 inpatients (37%) and 25 subjects of the GPS (46%) acknowledged at least any 1 past or present risk symptom. Thereby, "perceptual abnormalities/hallucinations" of the SIPS and SPI-CY, were by far the most frequent phenomenon in both samples.

Discussion:Currently used risk symptoms - particularly when related to perception - are frequent in children and adolescents with severe mental disorders requiring inpatient treatment and in youths from the community. Since risk criteria have predominately been developed in adult samples in that perceptual phenomena are much less frequent, the findings call for

further studies on the psychopathological significance of risk symptoms in children and adolescents.

PT-097

PREVENCIÓN DE LOS TRASTORNOS MENTALES EN LA INFANCIA

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La prevención de los trastornos mentales es una prioridad de salud pública, debido a la importante carga a nivel socio-económico y su repercusión en el bienestar de las personas. Se considera que 1/5 de los adolescentes menores de 18 años padece algún problema de desarrollo, emocional o de conducta y 1 de cada 8 tienen un trastorno mental (1 de cada 5 en poblaciones de riesgo).

Dar a conocer algunos de los programas de prevención de los trastornos mentales en la infancia, ya desarrollados e implantados, y difundirlos para poder adaptarlos y aplicarlos en nuestra área, es el objetivo de esta presentación.

La OMS ha prestado gran atención a la Salud Mental, desde 1998 ha publicado varios documentos sobre promoción de la salud mental y prevención primaria de los trastornos mentales, potenciando la creación de estilos de vida saludables y ambientes que favorezcan la salud, creando intervenciones de salud pública efectivas, sostenibles y con evidencia científica a nivel internacional. Existe una red Europea para la Promoción de la Salud Mental y la Prevención de los Trastornos Mentales: IMHPA, que agrupa a 29 países europeos, con el objetivo de recoger información sobre programas efectivos, ha elaborado una base de datos en Internet donde se describen los programas existentes, ha efectuado la difusión de instrumentos y conocimientos basados en la evidencia y ha llevado a cabo el plan de acción promoción de la salud mental y prevención de los trastornos mentales en la infancia.

Diferentes programas de ámbito europeo han demostrado su eficacia en la promoción de la salud mental y prevención de los trastornos mentales: Programa Prenatal y de la Infancia a través de Visitas al Hogar, Programas de capacitación para preparar a los padres en la crianza de los hijos (programa "Los Años Increíbles"), programa FRIENDS, programa de centros infantiles para niños en riesgo.

Una prevención efectiva puede reducir factores de riesgo, fortalecer factores de protección, disminuir síntomas y discapacidad, reducir la aparición de algunos trastornos mentales, mejorar la salud mental positiva, la salud física, y generar beneficios sociales y económicos; demostrando que los programas de prevención son rentables.

PT-098

PROVIDING PSYCHIATRIC CARE FOR YOUNG OFFENDERS: A PIONEER MULTI-DISCIPLINARY APPROACH

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Introduction: European Comparative Analysis and Transfer of Knowledge on Mental Health Resources for Young Offenders emphasises the need to promote a multi-disciplinary intervention including judicial, mental health, and child protection system in these youngsters (<http://www.oijj.org>). Treating their psychopathology, besides improving patients' mental health, increases their chances of reintegration and prevents recurrence of criminal behaviour (Murray J, 2012; Asscher JJ, 2011). However, a continuum of care between detention and community mental health centers is missing. The Psychiatric Care for Young Offenders program was developed to provide a community-based psychiatric care for young offenders and facilitate their access to integral medical care. Objectives: To describe the program and to assess the feasibility of its implementation. Methods: Literature review and a collaborative process with

stakeholders led to the design of a program aiming to fulfil psychiatric and health needs of young offenders within an urban area of 250.000 inhabitants in Madrid. Results: The program was designed under the premises of facilitating patients' access to community mental health, promoting case management and coordination with the different professionals and institutions involved (mental health professionals, Agency for Rehabilitation and Reintegration of Young Offender, Police department, educational institutions, and social services), ongoing supervision of treatment plans, and collecting clinical and social data in a comprehensive and standardized way. Our program offers medical and psychiatric assessment, psychopharmacological and psychotherapeutic treatment, and a regular nursing care. We organize psychoeducative group interventions to promote mental health and general health, and enhance quality of the program by means of Balint groups. Satisfaction with the program is also assessed. From may 2013 to october 2014, 14 young offenders (15-20 years, mean 16.93) were referred to the program. Eight of them continue under treatment, and only 2 (conduct disorder and borderline personality disorder diagnosis) left after the first three consultations. Appointment absenteeism is 20%. Satisfaction with the programme was high among professionals. Conclusions: The Psychiatric Care for Young Offenders program is being developed successfully using the available mental health resources. Compliance of patients (80%) and satisfaction of involved professionals are high. We are already working with concerned institutions to expand services to all Madrid area.

PT-099

PSYCHIATRIC DISORDERS IN PARENTS AND SIBLINGS OF CHILDREN DIAGNOSED WITH AUTISM SPECTRUM DISORDER: FINDINGS FROM THE DANISH PSYCHIATRIC CENTRAL REGISTER

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Introduction

Several studies have shown that different psychiatric disorders are more common among relatives of children with autism spectrum disorders (ASD), which may suggest an involvement of common genetic and familial factors.

Objectives

The aims of the current study are to confirm previous reports of increased diagnosed psychiatric disorders among parents of children diagnosed with ASD compared to controls. This study examines for the first time whether such pattern is present among siblings of ASD patients as well.

Material and Methods

Parents and Siblings of all singleton ASD cases previously identified in a Danish historic birth cohort along with their frequency-matched controls were analyzed for their psychiatric diagnoses relying on Danish nation-wide health registers over a follow-up period of more than 25 years ending on 01.09.2009.

Comparisons were performed using the Mantel-Haenszel estimates of the OR and chi square tests controlling for gender and year of birth in the crude estimates, and also controlling for the following variables in the adjusted estimates: APGAR score, parity, maternal age, mental retardation and congenital malformation diagnoses.

Results and Discussion

Parents of children with ASD had a higher risk of being diagnosed with a psychiatric disorder compared to parents of controls. This was comparable in maternal (Odds Ratio (OR): 1.51; Confidence Intervals (CI): 1.10-2.09) and paternal (1.54; 1.06-2.25) estimates. Siblings of children with ASD also had a higher risk of being diagnosed with a psychiatric disorder compared to siblings of controls (2.04; 1.59-2.62). This was mainly driven by estimates of full

siblings (4.54; 1.51-13.64) and lacked significance for only-paternal half siblings (1.16; 0.67-2.01).

Our results confirm previously reported findings that parental psychopathology is associated with ASD. Moreover, this study reports for the first time similar associations for siblings of ASD patients. Discrepant associations depending on biologic relationship of the siblings support theories of shared genetic susceptibility in ASD and other psychiatric disorders.

Keywords: Autism, Parents, Siblings, Psychiatric Disorders.

PT-100

RADIOGRAPHY OF THE ATTENDANCE AND DIAGNOSIS IN A CHILDHOOD MENTAL HEALTH SERVICE IN A DISTRICT IN MADRID

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We performed an analysis of all the children and adolescents in an outpatient setting between March and August 2014 from the data base of child and adolescents psychiatry Unit of the Hospital Clinico San Carlos of Madrid.

3408 patients were attended during those six months; 22% were first consultation and 78% were reviews. 58% were masculine patients and 42% were feminine patients. Also, we found out that a third of the new patients were not coming to the medical appointment, whereas the absences in the reviews were approximately a fifth part.

The average of patients attended in a month was 418, whereas the median was 666. The month of minor assistance was August with 152 patients whilst March attended a total of 703.

The clinical diagnoses were codified using the CIE-10 (ICD-10: International Statistical Classification of Diseases and Related Health Problems) : 29% ADAH, 20% Adjustment disorder, 15% anxiety disorders, 10% conduct disorders, 7% affective disorders, and 20% which included: Eating disorders, Personality disorders, Autism spectrum disorders, learning disorders...etc.

The most prevalent diagnosis were ADAH in boys (39%) and Adjustment disorders (27%).

Anxiety disorders obtained similar percentages in both genders, between 14% and 17%.

Double of boys presented conduct disorders compared with the girls and there were also different results in the eating disorder diagnosis (10% in girls opposite 1% in boys). Personality disorders appeared the triple in girls that in boys.

These result agree with those found in the previous scientific literature, in which conduct disorders, affective disorders and ADAH are identified as the most frequent. However, we have found that the percentage of ADAH is higher in our study than it was in similar studies a decade earlier.

We conclude by pointing out the need for epidemiological studies as a way of improving the distribution of medical services and patient care.

PT-101

READMISSIONS TO AN ADOLESCENT PSYCHIATRY INPATIENT UNIT - READMISSION RATES AND RISK FACTORS

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INTRODUCTION

Most mental disorders have a chronic evolution, therefore a certain amount of psychiatric readmissions at an inpatient unit are inevitable.

Several studies indicate that over 25% of child and adolescent inpatients were readmitted within 1 year of discharge. More recent rates range from 30 to 50% across studies.

Several risk factors for psychiatric readmissions have been reported in the literature: diagnosis of Psychotic or Personality Disorder, poor adherence to treatment, substance abuse, male gender and lack of occupation or family support. The history of repeated readmissions is the most consistent risk factor.

Our aim is to calculate the readmission rates at two instances, 30 days and 12 months after discharge, and to identify associated risk factors.

METHODS

The authors consulted the clinical files of patients admitted to the Inpatient Unit between January of 2010 and December of 2013, over a 12 months period after discharge, in order to calculate de readmission rates at 30 days and at 12 months.

Also, the demographic and clinical characteristics of the readmitted patients were analyzed. The data collected were: gender, age, occupation, primary caregiver, district of origin, origin and reason for admission, length of hospital stay, number of previous psychiatric admissions, presence of substance abuse, history of suicide attempts, family history of mental illness, diagnosis and post-charge care.

Finally, the results were compared with a second group of patients with no hospital readmissions, in order to investigate possible predictors of readmission at our psychiatric inpatient unit.

Statistical analysis was conducted with SPSS v.19.0 software.

RESULTS

A total of 445 patients were admitted to our inpatient unit between 2010 and 2013. Six adolescents were readmitted in a 30 days period (1.3%) and 52 were readmitted in a 12 month period after discharge (11.5%).

The sample of patients with at least one readmission in a one year period post discharge consisted of 56 adolescents. The second group was composed of a similar number of patients without readmission during the same period of time. The comparative analysis is in progress.

DISCUSSION/CONCLUSION

This study provided us information to better understand the characteristics of the patients readmitted to our inpatient unit and enabled us to reassess the treatment being provided and the needs of our patients.

The low readmission rates may reflect the positive clinical and sociofamiliar support being provided after discharge.

Rehospitalisation is considered a fundamental target for intervention concerning the improvement of child-caring systems. Thus, knowledge regarding their minimisation is crucial.

PT-102

REASONS FOR REFERRAL AND RESULTS OF A HIGH RESOLUTION CONSULTATION OF ADOLESCENT

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INTRODUCTION

Up to the date, the studies on the demand of valuation to Mental Health of the child and the adolescent are scarce in comparing with those of the adult, turning out to be this showy fact if we observe the high prevalence of mental pathology in this population, estimated in 20% according to the WHO.

OBJETIVES

Analysis detailed from the derivations to mental health from the services of primary care, based in an adolescent High-Resolution consultation of our hospital, as well as the decisions taken to the medical discharge depending on final diagnoses.

METHODOLOGY

Cross-sectional descriptive and retrospective study of a consultation of high resolution of adolescent in our center, during the period included between January, 2013 and December, 2014.

RESULTS

Only 171 patients out of the 229 patients referred from primary care attended the appointment (74%). From those, 58 were discharged from mental health on the first appointment (35%). The main reasons for referral were: 35 due to academic failure (22%), 26 due to anxiety (16%), 24 due to distressed behavior (15%), 22 due to distressed mood (13%), 19 due to eating disorders (12%).

After the first interview 38 did not show mental pathology (22%), 23 suffered an adaptative disorder (14%), 20 dysfunctional personality traits which do not meet personality disorder criteria (12%), 19 showed a depressive episode (11%), 15 different anguish disorders (9%), 17 eating disorders (10%) and 11 hyperactive disorders (7%).

CONCLUSIONS

The most frequent reason for referral was academic failure, major final diagnoses were related to the affective sphere, which therefore we consider to be basic to study and to reject that area if there are academic and behavioral problems.

More than a third of the patients had no mental illness, a fact that suggests an erroneous initial diagnostic affiliation, we believe could be improved the involution of strategies of coordination between mental health and primary care.

1-WHO (2005). Atlas child and adolescent mental health resources global concerns: Implications for future.

2-M. Aláez, R.Martínez-Arias y C. Rodríguez-Sutil. Prevalencia de trastornos psicológicos en niños y adolescentes, relación con la edad y género. *Psicothema* 2000; 12:525-532

3-Costello J. 10-year research update review: the epidemiology of child and adolescent psychiatric disorders: Methods and public health burden. *J.Am. Acad. Child Adolesc. Psychiatry* 2005; 44:10, 972-86.

4-Belfer M. Child and adolescent mental disorders: the magnitude of the problem across the globe. *Journal of Child Psychology and Psychiatry* 2008; 49(3): 226-36.

PT-103

REDUCED PREFRONTAL HEMODYNAMIC RESPONSE IN PEDIATRIC AUTISM SPECTRUM DISORDER AS MEASURED BY NEAR-INFRARED SPECTROSCOPY

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Functional neuroimaging studies have suggested that dysfunction of prefrontal cortex is present in persons with autism spectrum disorder (ASD). Near-infrared spectroscopy (NIRS) is a noninvasive optical tool for studying oxygenation and hemodynamic changes in the cerebral cortex by measuring changes in oxygenated hemoglobin. We hypothesized that children with ASD have reduced prefrontal hemodynamic response as measured by NIRS during the Stroop color-word task. Nine drug-naïve male participants, aged 8-13 years and diagnosed with ASD according to DSM-5, were compared with 9 age- and IQ-matched healthy control males, aged 7-12 years. The subjects with ASD was evaluated with PDDAS which was a Japanese semi-structured interview system for ASD. This study was approved by the Institutional Review Board at the Nara Medical University. Written informed consent was obtained from all participants and/or their parents prior to the study. The relative concentrations of oxyhemoglobin (oxy-Hb) were measured with frontal probes every 0.1 sec during the Stroop color-word task, using 24-channel NIRS machine (ETG-4000). The participants were asked to adopt a natural sitting position for NIRS measurement. The oxy-Hb changes during the Stroop color-word task in the

ASD group were significantly smaller than those in the control group at the channel 12, 13 and 18 located at prefrontal cortex (FDR-corrected P: 0.0021-0.0063). We found that the male children with ASD had reduced prefrontal hemodynamic response as measured by NIRS during the Stroop color-word task compared with the healthy control male children. Therefore, the present study supported our hypothesis sufficiently; the present findings are consistent with the proposed prefrontal dysfunction in adult ASD identified by NIRS. The present study suggest that the children with ASD have the prefrontal dysfunction.

Key words: autism spectrum disorder, near-infrared spectroscopy, functional neuroimaging study, prefrontal hemodynamic response

PT-104

SCHOOL REFUSAL – FAMILY RISK FACTORS

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Introduction: Roughly 5% of referrals to child and adolescent mental health services present with school refusal associated with anxiety. It is a presenting complain that can reflect a variety of problems in the child or adolescent – or in the family or school system as a whole. The child or adolescent either refuses to go to school or sets out for school but returns home shortly after arriving school or before school time is over.

Among the risk factors for school refusal (SR), there are familiar factors such as high anxiety and depression scores in parents, physical abuse by parents, a history of organic disease in the parents or children, and a history of psychiatric disorders in the parents or other relatives. The purpose of this study is to assess the levels of psychological symptoms in the parents of children with SR and determine familiar risk factors associated with development of SR.

Methods: This case-control study involved 50 pairs of parents who had children with SR admitted to the Department of Child and Adolescent Psychiatry, Centro Hospitalar do Porto, Porto, Portugal. Inclusion criteria to the study group were: having a child aged between 6 and 11 years with SR for at least 1 month. Parents of children that stay away from school to engage in other activities without parental permission, designed by “truants”; institutionalized children; children with serious organic disease, psychosis, autism spectrum disorders or mental retardation were excluded from the study. The control group included 50 volunteer pairs of parents of children without SR from a nearby primary health care centre. As instruments, the authors used an Socio-demographic Data Form; the Depression Anxiety Stress Scales (Portuguese Version) and the Parenting Styles and Dimensions Questionnaire, (Portuguese and Short Version). Data were analysed using the Statistical Package for Social Sciences, Windows Version 21.0.

Results/Conclusion: Parents of the school refusal group had higher anxiety and depression scores than the controls. Among the risk factors for school refusal, a history of organic disease in parents or children, and a history of psychiatric disorders in the parents or other relatives were found to be significant. The parenting style didn’t demonstrate any statistically significant differences. This work demonstrate the great importance of family system in SR, and that prevention and treatment of SR should include the family too.

PT-105

SCREEN EXPOSURE IN TUNISIAN CHILD PSYCHIATRY CONSULTANTS

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OBJECTIVE: Our purpose is to assess the exposure of Tunisian children aged from 2 to 5 years to different screens.

METHODOLOGY

This is a cross-sectional study conducted from August 20 to December 2014 on all first viewed children aged from 2 to 5 years at the Child Psychiatry Department of the Mongi Slim hospital, Marsa (Tunisia). Sociodemographic and clinical items were assessed. A questionnaire concerning exposure to different screens was completed with parents.

RESULTS

41 patients with a mean of 40,17mois (\pm 10.84 months) consulted our department with a sex ratio of 2.62. Our consultants attending a kindergarten in 58.6% of cases, with an average age for the insertion of 30.65 months. The most frequent reason for consultation was the language delay (72.5%). The diagnosis (DSM IV) was autistic disorder (41.3%), pervasive development disorder NOS (17.24%), a simple language delay (13.7%) and mental retardation (6, 8%). All families had at least one television set. The age of television exposure onset was 7.18 months (\pm 6.49 months), with an increasing exposure over the semesters (3:29 in the 1st, 4:28 in the 2nd, 4:25 in the 3rd, 4:40 in the 4th). Regarding the habits, the children were watching TV along in 58.6%, with other children in 33.5% and in the presence of an adult only in 13.4%. The children watched all the time the same chain in 58.6%. 62.1% of children ate in front of the television.

Exposure to other screens in our population was observed only in 13 cases, although 62% of families had either a computer, a smartphone, a tablet or a video game console. For these children, the beginning of exposure was later to 29.33 months (\pm 4.13 months) with a daily average of 2:14.

CONCLUSION

Screen exposure in our sample was massive with an early start. Recommendations to parents and early childhood professionals are needed in order to reduce exposure.

Keywords : screen exposure, children, television

PT-106

SECONDARY TRAUMATIZATION IN OFFSPRING OF MALE VETERANS WITH COMBAT-RELATED POSTTRAUMATIC STRESS DISORDER

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The term "secondary traumatization" refers to any transmission of distress from someone who experienced a trauma to those around the traumatized individual, and includes a wide range of manifestations of distress along with that resembling PTSD. Veterans' posttraumatic stress disorder (PTSD) following exposure to combat violence affects veterans' familial relationships and the psychological adjustment of family members. Veterans' numbing/arousal and anger symptoms are especially predictive of family distress, in particular troubled family relationships and secondary traumatization among family members.

Many studies have found that in comparison with children of combat veterans without PTSD, the children of combat veterans with PTSD have more frequent and more serious developmental, behavioural, and emotional problems. PTSD male veterans' children may display difficulties in one or more areas of functioning, including somatization, depression, anxiety, hyperactivity, delinquency, poor socialization, aggression, academic dysfunction and PTSDlike symptoms.

The influence of paternal war-related PTSD on offspring behavior problems is potentially complex, reflecting both heritable vulnerability to mental illness and multiple effects on childhood environment. Severe and diffuse problems in family functioning have been found in PTSD male veterans' families. Studies have also shown significant impairments in parenting for many PTSD male veterans.

Mother's secondary traumatization, family dysfunction and adverse parenting behaviors of both parents have been found to play a strong role in the development of emotional and behavioral problems including suicide attempts and non-suicidal self-injury among adolescent offspring of Croatian male veterans of the 1991-1995 Homeland War in Croatia with combat-related PTSD following exposure to combat violence.

Treatment programmes for offspring of PTSD male veterans with emotional and/or behavioral symptoms should include interventions targeting both adolescent psychopathology and family relationships.

Key words: male veterans, combat-related PTSD, secondary traumatization, children, emotional and behavioral problems

PT-107

SENTIA: A SPANISH SYSTEMATIC ONLINE MONITORING REGISTRY FOR CHILDREN AND ADOLESCENTS TREATED WITH ANTIPSYCHOTICS: RESULTS FROM A 2-YEAR, NATURALISTIC FOLLOW-UP STUDY

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SENTIA (SafEty of NeurolepTics in Infancy and Adolescence; (<https://sentia.es>), is an online Spanish registry created to track antipsychotic adverse effects in youth (<18 years old). SENTIA is financed by public and private funds from competitive calls. SENTIA is included in the European Network of Centres for Pharmacoepidemiology and Pharmacovigilance.

Objectives. SENTIA has the following aims: 1. Early detection and prevention of adverse events and pharmacological interactions. 2. Close monitoring and long term follow-up of pediatric patients on antipsychotic treatment 3. Development of an extensive online pharmacovigilance database of antipsychotic treatment in children and adolescents.

Methods. Children and adolescents, regardless of the diagnosis or clinical symptoms that motivate the antipsychotics prescription are monitored regularly. The gathered information is structured as follows: 1-Sociodemographic data; 2-Medical and psychiatric history; 3-Clinical assessment: CGAS; CGI; 4-Pharmacological history; 5-Therapeutic compliance; 6-Health habits; 7-Side effects (AIMS, SAS, SMURF); 8- Physical examination, 9-Biological parameters.

Results. 96 patients have been enrolled, 11.4±2.9 years old, 14% are under 8 years-old, 75% male. The most frequent clinical syndromes that motivate prescription are conduct disorder (38.5%), ADHD (26.0%) and autism spectrum disorders (24.0 %). The most frequently prescribed antipsychotics as first line treatment were risperidone (48.8%) and aripiprazole (30.2%). During the follow-up, 21% of patients changed at least once the antipsychotic. In relation to safety assessments (SMURF scale), 85.4% of patients had adverse events related to treatment (AEs) all were classified as mild or moderate AEs. The most frequent adverse effects were: problems related to appetite /weight (59.4% of patients), tiredness and weakness (28.1%), sleeping problems (22.9%) and abnormal movements/tics (14.6%).

36 patients have been exposed to antipsychotics for longer than 18 months (80 visits). Regarding specific adverse events in this group, the most frequent adverse effects were: headache, problems related to appetite/weight, hypersalivation and gastrointestinal problem. In relation to weight increase (% of visits with BMI Percentile >85) 66% of visit with risperidone had BMI>85 vs 0% with aripiprazole.

Conclusions. The creation of an online Pharmacovigilance Registry (SENTIA) is a useful tool in the longterm systematic assessment of adverse events in the antipsychotic treatment of children and adolescents that contributes to the increase of knowledge about the still too

limited knowledge about medium-and long-term safety evidence in real-world pediatric population. Results of SENTIA 18-months follow-up shows persistence of mild-moderate but potentially risky AEs that deserves and justify a close clinical monitorization of tolerability and safety of APS in children & adolescents. Comparative naturalistic data will enhance clinician's knowledge and decision making ability when choosing and implementing antipsychotic treatment in youth.

PT-108

SEXUAL ABUSE PREDICTS FUNCTIONAL SOMATIC SYMPTOMS: AN ADOLESCENT POPULATION STUDY.

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Background

Functional somatic symptoms (FSSs), symptoms that are not well explained by an underlying pathology, are common in adolescents and can be persistent and impairing. Sexual abuse is thought to be a risk factor for FSSs. However, previous studies often focused on the cross-sectional relation of recalled sexual abuse with gastrointestinal FSSs in adult clinical populations. This may have introduced report biases.

Objectives

To study the effect of childhood sexual abuse on a spectrum of FSSs in the general adolescent population. We hypothesize that sexual abuse predicts the level of FSSs and that anxiety and depression contribute to this relationship. In addition, we hypothesize that more severe abuse is associated with higher levels of FSSs and that sexual abuse is related to gastrointestinal FSSs in particular.

Method

This study was part of the Tracking Adolescents' Individual Lives Survey (TRAILS): a general population cohort which started in 2001 (N=2230; 50.8% girls, mean age 11.1). The current study uses data of 1680 participants over four assessment waves (75% of baseline, mean duration of follow-up: 8 years). FSSs were measured by the Somatic Complaints subscale of the Youth Self-Report at all waves. Sexual abuse before the age of sixteen was assessed retrospectively with a questionnaire at T4. To test our hypotheses linear mixed models were used. The association of sexual abuse with FSSs was adjusted for age, sex, socioeconomic status, anxiety and depression.

Results

Sexual abuse predicted higher levels of FSSs after adjustment for age, sex, and socioeconomic status ($b=0.06$, 95%-CI=0.04–0.08), and after additional adjustment for anxiety and depression ($b=0.03$, 95%-CI=0.02–0.05). While sexual abuse involving physical contact significantly predicted the level of FSSs (assault: $b=0.08$, 95%-CI=0.05–0.12; rape: $b=0.05$, 95%-CI=0.03–0.08), non-contact sexual abuse was not significantly associated with FSSs ($b=0.04$, 95%-CI=-0.05–0.12). Sexual abuse was not a stronger predictor of gastrointestinal FSSs ($b=0.06$, 95%-CI=0.04–0.08) than of all FSSs.

Conclusion

In this study sexual abuse was related to higher levels of FSSs in adolescents. Further research is needed to clarify possible mechanisms underlying this association.

PT-109

SHOWING PRACTICAL SKILLS IN CHILD AND ADOLESCENT PSYCHIATRIC EVALUATION

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OBJECTIVES: The objectives of this workshop are two: 1) To teach how to make in an easy way a child and adolescent psychiatric evaluation. 2) Highlight the usefulness of acquiring practical skills in the coordination with other professionals involved in preventive care.

METHOD: In Carabanchel Mental Health Centre of Madrid we have developed two specific protocols: one for initial clinical patient data collection and the other to obtain information from school environment. In more than three decades of child and adolescent psychiatric practice we have seen how thanks to the use of these protocols it has been achieved both a greater accuracy in childhood psychiatric diagnosis and a more effective prevention and treatment. This is a workshop of practical nature, where using four cases we can conduct 'role-playing' that serves as an example of how to collect information for all primary sources in a real case. Each of the cases refers to one different diagnostic type: 1) ADDH with conduct disorder 2) Post-traumatic stress disorder with self-injurious behaviour. 3) Depression with associated problematic use of video-games and 4) Bulimia nervosa with co-morbid Internet problematic use. The workshop participants will be divided in four groups based on the four cases above-mentioned. Each group will be guided by a "supervisor" and each participant will be assigned a specific role: patient, parents, teachers and therapist.

RESULTS: This role playing will help underline the difficulties we can meet when researching the child and adolescent clinical practice as well as the coordination of Mental Health-Education and the possible impact of prevention in psycho-educational fields. The workshop closes with a discussion of the different experiences and highlights.

CONCLUSION: It is necessary to learn how to carry a clinical history in child and adolescent psychiatry efficiently and to acquire practical competence in coordination with all the professionals implied in children and adolescents primary care.

KEY WORDS: Child and adolescent psychiatric training. Clinical anamnesis questionnaire. School coordination protocol.

REFERENCES:

- 1.- LE COUTEUR A & GARDNER F (2008) Use of structured interviews and observational methods in clinical settings. In Rutter M et al (eds). Rutter's Child and Adolescent Psychiatry, 5th Edition. Oxford: Blackwell, pp.: 271-288.
- 2.- HAMILTON J & CUHADOROGLU-CETIN F. (2013) Evidence-based practice in child and adolescent mental health. IACAPAP Textbook of Child and Adolescent Mental Health, Chapter 6.

PT-110

SOCIAL SUPPORT, PARENTING STYLES AND LATINO CHILDREN BEHAVIORAL FUNCTIONING

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Objective: The present study examined social support as a predictor of early childhood functioning, mediated by parenting practices, in Mexican- and Dominican-origin families of young children.

Methods: Participants were 4 – 5 year old children (N=674) and their families and teachers. Mothers who self-identified as MA or DA and had a child in pre-kindergarten (pre-k) or kindergarten in one of 24 public elementary schools in NYC were eligible to participate. Mothers reported on children's internalizing, externalizing and adaptive behavior in the home (anxiety, depression and somatization) and also completed a measure of perceived social support, involvement and parenting style (i.e., positive parenting and harshness discipline parenting). Teachers reported on children's internalizing, externalizing and adaptive behavior in the school.

Results: To test the conceptual model, we conducted structural equation modeling (SEM) using MPLUS 6. All the SEM analysis controlled for family poverty, marital and educational status. For MAs, we found partial support of the mediational mechanism. Specifically, we found that relative support was associated with mother's practice of supportive parenting, which was then associated with high child adaptive skills (parent report). Although we found that harsh parenting was related to all domains of child outcomes in expected direction, social support was not related to MA mothers' use of harsh parenting. For DAs, four significant mediational paths were found. We found that relative support was associated with lower use of harsh parenting, and was then associated with lower problem behaviors and higher child adaptive behaviors (parent report). In the expected direction, support from school parents was also associated with higher parent involvement in classroom and higher use of supportive parenting, which was then related to higher teacher and parent reported adaptive behaviors.

Conclusions: Social support seems to be a protective factor of children functioning at home and school and, especially for DA, this protective effect seems to be mediated by parenting styles. Studying the risk and protective factors appears to be important since it may have an impact on how these children deal with the negative effects of socioeconomic disadvantage experienced by many Latino families in the US.

PT-111

STRENGTHENING THE PARENT-TEAM ALLIANCE IN CHILD SEMI-RESIDENTIAL PSYCHIATRY.

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BACKGROUND: The parent-team alliance is regarded as a crucial factor related to child residential treatment success. In a child semi-residential setting youth switch daily between treatment and home, which makes an investment of team members in a strong therapeutic alliance with parents a necessity. However, while there has been attention for youth and adult alliance building in psychotherapy, insufficient empirical evidence exists to guide clinicians in the process of therapeutic alliance formation with parents.

OBJECTIVE: This study describes the effect of strengthening the parent-team alliance on the development and strength of therapeutic alliance over time. Hypothesized was that the alliance with parents of children in semi-residential psychiatry can be strengthened by a structured investment of team members.

METHOD: Participants were primary caregivers and case managers of 46 children between 6 and 12 years who received semi-residential psychiatric treatment. An AB design was applied, in which the first 22 children were assigned to the comparison group receiving treatment as usual and the next 24 children to the experimental group, where staff members used alliance building strategies. Alliance questionnaires were filled in with three month intervals during both treatment conditions. Alliance building strategies were promoting partnership with parents, a mutual investment in treatment design and explicitly evaluating the strength of the parent-team alliance.

RESULTS: Multilevel analyses (MLWIN) showed that, based on case managers' ($p < .00$) and care givers' reports ($p < .01$); the alliance building strategies had a statistically significant effect on the overall strength of the therapeutic alliance between team members and parents. While for case managers' reports there was a significant different pattern of the development of

alliance over time between the two treatment conditions, this was not the case for caregivers' reports.

CONCLUSION: Due to the high costs and impact of (semi) residential psychiatric treatment in youth mental health care, there is a need for refinement of effective strategies. In this presentation one such effective strategy is explored and underscored, namely the benefits of a structured investment in the parent-team therapeutic alliance to substantially strengthen this alliance.

PT-112

SYSTEMATIC REVIEW OF MENTAL HEALTH OUTCOMES IN YOUNG PEOPLE FOLLOWING SEXUAL ASSAULT

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Aims: Sexual assault peaks in mid-to late adolescence but its sequelae among this age group are not well understood. This systematic review aimed to describe mental health outcomes following sexual assault in young people.

Methods: Two reviewers searched Medline, Embase, CINAHL, OpenGrey and PsycINFO databases independently, screening publications from 1990 to 30th October 2013. Inclusion criteria: longitudinal studies, systematic reviews and meta-analyses in English with $\geq 50\%$ participants aged 10-24 years; baseline mental health assessment conducted prior to or < 8 weeks post-assault with follow-up ≥ 3 months later, and within three years of index assault. Study selection, data extraction and quality assessment were performed independently, with any differences resolved by a third person. Quality assessment used the Newcastle-Ottawa Scale.

Results: 3,758 titles and abstracts were screened after excluding duplicates, with 494 papers examined in full. Five cohort studies met inclusion criteria (sample size 64-294; mean age 13-26 years; duration of follow-up 3-12 months post-assault).

Three studies examined rates of Post-Traumatic Stress Disorder (PTSD), reporting rates of 88%-94% within a month of assault, 47%-71% by 3 months and 10.5%-65% by 12 months post-assault. Only one study measured rates of Depressive Disorder, reporting rates of 35% 6 months post-assault. A study assessing anxiety disorders 6 months post-assault found that 11% had Generalized Anxiety, 16%, Panic Disorder, 44%, Social Phobia, 41%, Specific Phobia and 56%, Agoraphobia.

Longitudinal studies evaluating post-traumatic (n=3), depressive (n=2) or anxiety symptom scores (n=1) all reported reduced symptoms over 6-12 months post-assault.

Limitations: Small sample sizes, and heterogeneity of study populations, measures used and follow-up schedules.

Conclusion: Psychopathology is common following sexual assault in young people. Most studies reviewed observed reduced rates of mental health disorders and reduced symptom scores over time but there is a paucity of longitudinal research in this area. Large scale, good quality studies are needed to characterise the nature and course of mental health difficulties experienced by adolescent sexual assault victims over time, in order to allow for better targeting of resources for these individuals.

PT-113

TEDIS : A COLLABORATIVE INFORMATION SYSTEM TO COLLECT PERTINENT DATA FROM PSYCHIATRIC, NEUROLOGIC, AND GENETIC INVESTIGATIONS IN PATIENTS WITH PERVASIVE DEVELOPMENTAL DISORDER

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TEDIS : a collaborative information system to collect pertinent data from psychiatric, neurologic, and genetic investigations in patients with pervasive developmental disorder
Robel L , Ben Saïd M, Damville E, Rousselot-Pailley B, Golse B, Jais JP, and Landais P

The creation in France of expert centers (CRA) to establish PDDs diagnoses based on documented pluri-disciplinary experts' assessments has improved PDDs' patients identification. Professionals collect important data concerning history, cognitive and developmental functioning of the patients, as well as the results of medical investigations.

We have developed an innovative information system devoted to PDDs called TEDIS, designed to easily integrate longitudinal PDD expert assessments in multiple centers.

Methodology: TEDIS, is a modular, multi-centric information system including a production database. Patient information's are organized in two parts: patient anteriority covering medical history, family's medical and social context, psychomotor development and care prescription prior to the assessment in an expert medical center. The second part concerns the phenotypic presentation, including the neuropsychological assessments, diagnosis, therapeutic recommendations and investigations in neurology and genetics. Longitudinal assessments follow-up are collected in TEDIS as well.

Results: We present descriptive data concerning 124 PDD patients in TEDIS: clinical characteristics, familial characteristics, birth and early development, age of early signs and diagnosis, therapeutic interventions, school, and results of the neurological and genetic investigations.

Conclusion: TEDIS is a promising software tool to federate pluri-disciplinary experts around PDD patients' topics. It supports decision making and collaborative research between clinicians and researchers from different medical specialties and institutions, which may contribute to a better knowledge of the etiology and epidemiology of pervasive developmental disorders in France.

PT-114

THE AMSTERDAM SEXUAL ABUSE CASE (ASAC)-STUDY IN DAY CARE CENTERS: LONGITUDINAL EFFECTS OF SEXUAL ABUSE ON INFANTS AND VERY YOUNG CHILDREN AND THEIR PARENTS, AND THE CONSEQUENCES OF THE PERSISTENCE OF ABUSIVE IMAGES ON THE INTERNET

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Amc-de Bascule; Amc; Amc-ggd; Ggz-ingeest/vumc-vu; Ggd

Background: Little research has been done on the signs of child sexual abuse (CSA) in infants and very young children, or on the consequences that such abuse – including the persistence of the abusive pornographic images on the internet – might have for the children and their parents. The effects of CSA can be severe, and a variety of risk- and protective factors, may influence those effects. CSA may affect the psychosocial-, emotional-, cognitive-, and physical development of children, their relationships with their parent(s), and the relations between parents. In the so called 'the Amsterdam sexual abuse case' (ASAC), infants and very young children were victimized by a day-care employee and most of the victims were boys. Research involving the children and their parents would enable recognition of the signs of CSA in very young children and understanding the consequences the abuse might have on the long term.
Methods/design: The proposed research project consists of three components:

(I) An initial assessment to identify physical- or psychological signs of CSA in infants and very young children who are thought to have been sexually abused (n=130);

(II) A cross-sequential longitudinal study of children who have experienced sexual abuse, or for whom there are strong suspicions;

(III) A qualitative study in which interviews are conducted with parents (n=25) and with therapists treating children from the ASAC. Parents will be interviewed on the perceived condition of their child and family situation, their experiences with the service responses to the abuse, the effects of legal proceedings and media attention, and the impact of knowing that pornographic material has been disseminated on the internet. Therapists will be interviewed on their clinical experiences in treating children and parents.

The assessments will extend over a period of several years. The outcome measures will be symptoms of posttraumatic stress disorder (PTSD), dissociative symptoms, age-inappropriate sexual behaviors and knowledge, behavioral problems, attachment disturbances, the quality of parent-child interaction, parental PTSD, parental partner relation, and biological outcomes (BMI and DNA).

Discussion: The ASAC-project would facilitate early detection of symptoms and prompt therapeutic intervention when CSA is suspected in very young children.

PT-115

THE DARK SIDE OF ORGANIC SYMPTOMS

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Introduction

Adolescence keeps some similarity with the the first phase of separation of the child from his mother that appear in the first years of life.

Objective.

Apply a psychodynamic approach in the treatment of an adolescent with organic symptoms.

Methodology.

For the study of this case, we had reviewed literature about the psychodynamic mechanisms involved in the process of adolescence.

Results

We expose the case of a 16 year of woman with the diagnosis of generalized anxiety disorder. She was doing her follow up at the childhood and adolescent unit because she presented, with a lot of frequency, panic attacks with hysteriform characteristics.

Family dynamics: dominant and castrating mother; submissive, tolerant father with multiple physical pathology.

She presented torpid evolution during the follow up years with fluctuations in her basal level of anxiety in relation with the illness of her parents. She also presented poor academic results and difficulty in social relationships.

She started to present neurological symptoms, specially at the sensory-motor level predominantly at the right side of the body. For this symptoms she had to stay as an inpatient at the neurology unit for three times. Finally her diagnosis was conversion disorder. She had to use for two months a wheelchair.

We made the follow up of this case because we introduced psychofarmacological treatment. Because of the torpid evolution, we saw that the girl needed some kind of psychotherapeutical treatment, specially a psychodynamic and systemic approach, taking into account the importance of adequate intervention on family dynamics.

We emphasize the importance of a proper and early treatment of anxiety disorders in children with a multidisciplinary approach taking into account the great importance of psychotherapy.

PT-116

THE DEVASTATING EFFECTS OF SHKOTHANE

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Izikhothane is a rapidly growing clandestine movement spreading rapidly and gaining popularity, amongst impoverished Black South African youth.

It is a culture whereby youth join a "gang", which meets to "battle" and challenge one another. They compete with each other's price and label of clothing, accessories and alcohol. In order to win one must burn or destroy one's own most expensive items of clothing/shoes. A crowd, comprising members of the community, often including young children, gather around the competitors who dance and goad the other gang members encircled around them, whilst the crowd encourages them to be destructive. The competitor receiving the loudest cheers and reactions from the audience, is deemed to be the winner. This movement is typically found in impoverished townships, and the funding for these expensive items is usually more often than not from their parents/ grandparents, who often have to survive on meagre pensions in order to provide for all their dependents.

The down side of this seemingly ludicrous movement relates to youths demanding money from their parents/grandparents in order to purchase luxury items of clothing in order to impress their peers while partaking in Izikhothane rituals. Where their demands are not met, adolescents try to blackmail their caregivers by threatening to commit suicide if they cannot buy these clothes/liquor. In certain instances adolescents have actually carried out their threats with devastating effects on their families.

At present this phenomenon is being researched at the Free State Psychiatric Complex in Bloemfontein, South Africa. Results of the project will be shared at the conference.

PT-117

THE EFFECT OF FAMILY ENVIRONMENT ON THE ANTIOXIDANT DEFENSE SYSTEM IN ADOLESCENTS WITH FAMILY HISTORY OF PSYCHOSIS

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Oxidative stress is characterized by an imbalance between oxidant molecules and antioxidant defence. Several studies suggest that oxidative stress plays an important role in membrane pathology in the central nervous system (CNS) and, although they may not be the main contributory factor, free radicals may be involved in the pathophysiology of many diseases including schizophrenia. The primary antioxidant cellular defence includes superoxide dismutase (SOD), catalase (CAT), glutathione peroxidase (GPx) and Glutathione (GSH) and all of these chemical species are altered in patients with schizophrenia. It has been shown that antioxidant capacity could have a genetic basis, which would be modified throughout life by environmental factors, suggesting the possible presence of an early dysfunction in the antioxidant defence system in genetically predisposed individuals.

The objectives of this study are to determine antioxidant defence at the peripheral level in healthy unaffected second-degree relatives of patients with early onset psychosis (HC-FHP) and to compare it with that of healthy people without affected relatives. We also examine the association between oxidative stress and familiar environment using the Family Environment Scale (FES). The sample included 82 HC and 14 HC-FHP aged between 9 and 17 years. Total antioxidant status, lipid peroxidation, antioxidant enzyme activities and glutathione levels were determined in blood samples. The results show a significant decrease in the total antioxidant level in the HC-FHP group compared with the HC group (OR = 2.94; $p = 0.009$), but no between-group differences in the Global Assessment of Functioning (GAF) scale scores. For the FES, the HC-FHP group had significantly higher scores in the cohesion ($p = 0.007$) and intellectual-cultural dimensions ($p=0.025$). After adjusting for these two FES dimensions, total antioxidant status remained significantly different between groups (OR = 10.86, $p = 0.009$). In conclusion, although causal relationships cannot be assumed, we can state that family environment is not playing a role in inducing oxidative stress in these healthy subjects. It could be hypothesized that families with affected relatives protect themselves from psychosis with positive environmental factors such as cohesion and intellectual-cultural activities.

PT-118

THE EFFECTIVENESS OF BEHAVIORAL PARENT TRAINING PROGRAM (PT) FOR CHILDREN WITH ADHD AND ASD IN JAPAN

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Objective: We performed PT which revised of UCLA (University of California, Los Angeles, USA) encounter to Japanese culture to parent of children with developmental disorder (Attention Deficit Hyperactive Disorder: ADHD, Autistic Spectrum Disorder: ASD) since 2000 and reviewed the efficacy.

Methods: The PT session was performed ten times every two weeks. One session was comprised of warming up, reporting homework, lecture with handout, role playing and feedback and assignment of the next homework. The contents were understanding child's behavior (by Applied Behavior Analysis), 3types of children's behavior (You like/ don't like/ intolerable), special time and praise, giving effective commands, ignore and praise, limit setting, token system and cooperation with school. We evaluated 104 participants in this PT from 2000 to 2013 about a change of their parental self-efficacy of bringing up, HSQ(Home Situations Questionnaire) , children's behavior problems (ADHD-RS at home and school) and children's emotional scale (Depression Self-rating for Children) before /after PT and one year later.

Results: The school year of the target children was a seventh grader from a first grader, the sex was 94 male and 10 female, and the diagnosis was ADHD 75, ASD 24, ADHD+ASD 3 and the others 2 by DSM-IV. Parental self-efficacy of participants was improved significantly and maintained one year later. The hyperkinesis and the inattention of children were improved significantly at home, but the inattention was not improved at school. Children's mood was not improved, but some items about self-esteem as "Even if hard on me, I can say "Stop it" by itself" and "Whatever I may always do, I am pleasant" were improved.

On the presentation day, we report more detailed results and discuss them.

As ethical considerations, we explained by a document to a cooperator and obtained the study cooperation's consent.

Key words: Parent Training, efficacy

PT-119

THE FIRST RESULTS OF THE NEW DUTCH YOUTH LAW

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The First Results of the New Dutch Youth Law

From January 2015 on, the Dutch youth care system is decentralised and transformed. As a consequence, the municipalities are responsible for all youth care services, including specialised services such as mental health care. In short, the Dutch youth care system is aimed at more efficient, coherent and cost-effectiveness. This change in the youth care system and proposed reduction of costs provokes a paradigm shift towards:

1. Prevention, and empowerment of children, parents and their social environment.
2. 'Demedicalization', i.e. strengthening the pedagogical climate in everyday life so that more behavioral problems are reduced without medical interference.
3. Demand-driven and more tailor-made care (i.e. in collaboration with the clients), that is more closely related to daily life and more cost-effective.
4. Coherent care for families, with preferably one caretaker involved per family.
5. Less regulatory burden for health care professionals.

The aims are high. Do the municipalities live up to the expectations? What are the latest insights from the Dutch municipalities? Where do they collaborate, and where are actual differences in perspective? What are the successes and mistakes that we can learn from? By June 2015 the first results will be available and presented.

PT-120

THE IMPACT OF AUSTERITY ON THE MENTAL HEALTH OF CHILDREN AND ADOLESCENTS

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The Impact of Austerity on the Mental Health of Children and Adolescents.

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Introduction

Child & adolescent mental health problems in children are associated with low parental income and unemployment. There has been longstanding controversy regarding the nature of this association and causal processes. The period of austerity beginning with the global financial crisis in 2008, resulting in the deepest recession for decades, has added a new dimension, occurring during a period of growing commitment to the promotion of child and adolescent welfare. This has resulted in a growing literature on the effects of austerity on child and adult mental health. We set out to review the literature investigating whether austerity is associated with worsening child and adolescent mental health.

Method

A systematic literature review is presented in this poster. Articles were identified in Pubmed, Psych lit, Embase and Cinhal using the appropriate combination of the search terms austerity, income reduction, recession AND impact on mental health AND adolescents, children. Following this, inclusion and exclusion criteria were used to ensure that all papers were relevant to our search. References of the identified papers were also cross-checked and included if they were

relevant. The papers were appraised using the STROBE checklist and the Newcastle- Ottawa Quality assessment scale.

Results

9 articles were identified in the preliminary findings.

Most papers have identified associations between austerity and children and/or adolescent mental health problems. There is however heterogeneity in the methods used and in the type psychopathology. In this poster we will group the findings to clarify whether the impact is direct, or mediated by adult attitude to the consequences of austerity, and to see if there are risk and resilience factors that may be of clinical importance.

Conclusion

Studies suggest a negative effect of austerity on child and adolescent mental health but study weakness indicate further robust research is needed.

Keywords: adolescents, austerity, children, mental health, recession,

PT-121

THE IMPACT OF EARLY PRENATAL STIMULATION ON CHILD PSYCHOPHYSIOLOGICAL DEVELOPMENT

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Prenatal auditory stimulation have positive and irreversible affect to early stages of human verbal, cognitive and emotional maturity. The child psychophysiological development is in a great manner under the influence of mother's emotions during the pregnancy and may be influenced by different types of stimulation. Research aim was to estimate the early psychophysiological development of children who were intensely stimulated in the prenatal period.

Research methodology: The longitudinal study included four male children tested at the age of 1 year, then 2-2.5 year and at the age of four years. These children were intensely stimulated by their mothers during the prenatal period. The examination was undertaken in Institute for experimental phonetics and speech pathology (IEPSP) in Belgrade. Methodological procedures included the elaboration of anamnestic data and the application of The Scale for estimation of psychophysiological abilities of children from 0-7 years (IEPSP Battery tests).

The paper discusses the achievements of the children in relation to stimulation applied in prenatal period. On the basis of the obtained data it can be concluded that early stimulation (which includes stimulation of prenatal communication) may have the positive effects on children's early speech and language, motor and emotional development.

Key words: prenatal stimulation, early child development

PT-122

THE IMPORTANCE OF MATERNAL WEIGHT FOR THE OCCURENCE OF ADHD AND AUTISM IN CHILDREN

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Attention deficit hyperactivity disorder (ADHD) and autism spectrum disorders (autism) are neuropsychiatric disorders, which appears in childhood with serious consequences for the affected children and their parents. The causes of ADHD and autism are not clear, but a significant genetic component are believed to be involved probably in combination with environmental influences. Among the environmental impacts that have been discussed is a possible association between maternal weight during pregnancy and the development of ADHD and autism in children. There are a number of studies showing different results, and causal relationships related to endocrine disruptions or immunological effects are hypothesized. The project aims to investigate the hypothesis that there is an association between the mother's BMI before pregnancy or weight gain during pregnancy and the occurrence of ADHD or autism in children.

Denmark host one of the largest birth cohorts in the world, The Danish National Birth Cohort (DNBC). Between 1996 and 2002 Danish-speaking pregnant women were invited to take part in the DNBC by their general practitioners at the first antenatal visit and a total of 101,042 women consented to participate. The data about the mothers weight gain used in this project were collected via telephone interviews during weeks 12 and 30 of pregnancy, and when the child was 6 months old. The children in the cohort are now between 11 and 16 years, and via the Danish registers it is possible to identify those children, who have been diagnosed with ADHD or autism.

An investigation of correlations between the mother's weight during pregnancy and later ADHD or autism in the child will be a unique study because of the size and quality of the data collected. It could also add important news to the international search for causes of ADHD and autism.

The project is ongoing and results are expected to be ready in May 2015.

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Keywords:

ADHD, autism, pregnancy, cohort study.

PT-123

THE INFLUENCE OF LATERALIZATION AND AGE ON THE SEMANTIC DEVELOPMENT AT CHILDREN

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Speech is the highest form of human behavior and a complex functional system which is in the structure of other functional systems of the organism, in constant mutual and integral connection with bio - psychosocial systems. Early school age is the time of rapid spread of language competence within grammatical level of language structure. Semantic development implies a complex process of joining language content plan to the language expression. Consideration of the literature dealing with the problems of speech and language development in children, with the aim of collecting as much data on the speech - language development of preschool children and young school, we found that most of the authors has a similar presentation regarding articulation skills, grammatical, semantic, morphological and lexical skills of junior school children and preschoolers.

The conducted research has the objective to determine if there is the influence of lateralization and age on the level of semantic development with pre-school and young schoolchildren. And also, if there is the interaction between these two factors (lateralization and age) during the semantic development. The research was conducted in Belgrade, Serbia in three pre-school institutions and in one school. The sample was formed according to the age and gender: 100 six and a half year old children and 100 seven year old children, of which 100 boys and 100

girls. The following instruments were used in the research: Semantic test (S. Vladisavljevic) and Lateralization test. Based on the received information regarding semantic abilities, age and lateralization we can conclude that gender and age, and their interaction have an effect on the total score in the Semantic test. The practical significance lies in the eventual possibilities of this research contribute to improving the quality of work with left-handed and the right-handed preschool children and children younger school age in the development of speech and semantics in general.

Research of the impact of lateralization and age at development of semantic abilities might in some way encourage further research on the still under- explored field of speech and language pathology.

Key-words: lateralization, semantic abilities, age of the children

PT-124

THE OUTCOME OF PRIMARY PREVENTION PROGRAM FOR CHILDREN AND ADOLESCENTS AT RISK FOR DEVELOPING PSYCHOPATHOLOGY

Drobnic Radobuljac M; Nakicenovic D; Jordan J; Kodric J

University Psychiatric Hospital Ljubljana; Youth Climatic Health Resort Rakitna; University Clinical Center Ljubljana

Introduction: In 2007, the Youth Climatic Health Resort Rakitna introduced an indicatory primary prevention program for children and adolescents at risk for developing emotional or eating disorders ("School for Healthy Growth"). The children were referred to the program by crisis centers, pediatricians, social workers and school counselors. The aim of the present study was to determine the characteristics of the program's participants and to assess its effectiveness.

Subjects and methods: Evaluation included 400 participants (42% girls), aged 6-20 years (boys 11.5±2.5, girls 12.3±2.7) who were administered Youth Self Report (YSR), Child Behavior Checklist (CBCL) and Teacher Report Form (TRF) questionnaires before admission (first assessment), 14 days (second), 6 months (third) and 18 months (fourth) after discharge from 2010-2012.

Results: At the time of admission the averages of all Achenbach Syndrome Scales, Internalizing and Externalizing Scales were below the clinical threshold as reported on YSR and CBCL. As reported in TRF at the time of admission, the averages of all Syndrome Scales were below, the averages of Internalizing and Externalizing Scales were above the clinical threshold. The differences in the values between the first and the third assessment were as follows: there was a trend toward a decrease in the values of Syndrome Scales Thought Problems and Aggressive Behavior (not statistically significant, NS), Somatic Complaints ($p=0.03$) and Rule Breaking Behavior ($p=0.05$) on YSR; there was a trend toward a decrease in the values of all Syndrome Scales in CBCL apart from Withdrawn/Depressed and Attention Problems (NS); there was a trend toward a decrease in the values of all Syndrome Scales in TRF apart from Withdrawn/Depressed (NS); there was a trend toward a decrease in the values of Internalizing and Externalizing Scales in YSR, CBCL and TRF (NS).

Conclusions: The participants of the program seem to represent a subclinical population that may be at increased risk for development of psychopathology. The delivered intervention seems to be effective in the short-term reduction of symptoms and may prevent their deterioration.

Keywords: prevention programs, evaluation, mental health risk.

PT-124

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Conclusions: The participants of the program seem to represent a subclinical population that may be at increased risk for development of psychopathology. The delivered intervention seems to be effective in the short-term reduction of symptoms and may prevent their deterioration.

Keywords: prevention programs, evaluation, mental health risk.

PT-125

THE RELATION OF MATERNAL INTERNALIZING PROBLEMS DURING PREGNANCY AND POSTPARTUM WITH CHILDREN'S FUSSY EATING. THE GENERATION R STUDY.

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Background & objective: The aetiology of fussy eating is not well understood. We aimed to examine the

association between maternal internalizing problems and child food fussiness.

Design: This study was embedded in the Generation R Study, a prospective birth cohort in the Netherlands.

Material and methods: A total of 3550 mother-child dyads were included. Maternal symptoms of anxiety and depression were assessed with the Brief Symptoms Inventory during pregnancy and

postpartum at two months and three years. Mothers filled out the food fussiness scale of the Child Eating

Behaviour Questionnaire when children were four years old. Also, we used maternal and paternal reports on two items of the Child Behavior Checklist (CBCL) as a proxy for fussy eating at age

three years. Regression analyses were performed, adjusting for potential confounders.

Results: Maternal anxiety symptoms during pregnancy and the early postpartum period were related to an

increased food fussiness score in 4-year old children (e.g. in prenatal model: 0.47 points per 1-SD anxiety

score, 95% CI: 0.23; 0.75, reported by mothers). Likewise, maternal anxiety symptoms were also

associated with paternal reports of child fussy eating at three years of age (e.g. in prenatal model OR=

1.17, 95% CI: 1.09; 1.28). These findings were independent of maternal depressive symptoms and potential confounders including socio-demographics. In contrast, maternal depressive symptoms were not associated with food fussiness after accounting for maternal anxiety.

Conclusions: Findings suggest a specific relation between maternal psychopathology and child fussy eating with particularly maternal anxiety predicting eating difficulties in children. While reporter bias seems unlikely given the similar results with father reports of fussy eating, underlying mechanisms may be an inherent biological predisposition to behavioural inhibition or an effect through child rearing behaviour.

Keywords: children, maternal anxiety, maternal depression, fussy eating behavior, multiple informants

PT-126

THE RESEARCH REVIEW IN HIGHER SPECIALIST CHILD AND ADOLESCENT PSYCHIATRY TRAINING

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Background

There is a rapidly changing and expanding knowledge and practice base in child and adolescent psychiatry (CAP). Trainees need to be prepared for lifelong learning, and have the skills to acquire and appraise new information. This is necessary to inform clinical practice, make informed contributions to service developments, and is a fundamental part of research activity. Since 2013 the UK national curriculum in CAP requires all higher trainees to be able to find and analyse research carried out by others and to assimilate this into a literature review, written to a publishable standard. This presentation describes the development of a course and the training structure.

Methods

The course involved a 2 hour introductory session outlining the key steps required in carrying out a literature review. The course was evaluated by a questionnaire.

Results

The session was set in the training context for CAP in London and links to the need for skills acquisition in other areas such as library skills and obtaining a suitable research supervisor. The session specifically focussed on: refining the research question, communication about the established principles of reviewing such as identification of papers, data extraction and quality assessment, structuring the review, synthesising the information and drawing conclusions. The evaluation involving >20 higher trainees indicated the session was highly regarded with trainees finding the session very useful, pitched at the appropriate level and to have improved trainee confidence in this area.

Discussion

Within the UK the new generation of CAP higher trainees should be able to use research review skills in their roles as clinicians, service providers, teachers and researchers. Further evaluation of the training sessions and ongoing research supervision is required. Given the mobility of CAP professionals it is important to consider similarities and differences in research training within other EU countries and beyond.

Key words:

Child and Adolescent Psychiatry Training; Research; Reviews.

Reference

Royal College of Psychiatrists (2013) A Competency Based Curriculum for Specialist Training in Psychiatry. Royal College of Psychiatrists. Available at:
<http://www.rcpsych.ac.uk/pdf/May%202013%20Specialist%20Curriculum%20for%20Child%20and%20Adolescent%20Psychiatry.pdf>

PT-127

THE ROLE OF THE PSYCHIATRIC NURSE IN MULTIDISCIPLINARY ASSESSMENT AT THE PSYCHIATRIC HOSPITAL FOR CHILDREN AND ADOLESCENTS, ZAGREB, CROATIA

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Psychiatric Hospital for Children and Adolescents, Zagreb, is the largest mental health facility for child and adolescent psychiatry in the Croatia. The hospital provides a continuum of services including outpatient, partial hospitalization, acute inpatient and resident care. Multidisciplinary team of psychiatrists, neuropsychiatrist, psychologists, speech therapists, occupational therapists, social workers and nurses provides assessment and treatment of children from many backgrounds and with a wide variety of conditions, including adjustment disorders, anxiety disorders, affective disorders, developmental delays, depression, learning disabilities, psychotic disorders, severe disruptive behavior, and suicide attempts.

In diagnostic process, the aim is to reduce the number of assessments that a child undergoes, break down professional boundaries and improve information sharing. Multidisciplinary assessment is arranged on outpatient basis in one day and is conducted within the holistic and individualised approach. For most severe cases, inpatient assessment, observation and treatment are arranged.

Psychiatric nurse, as mental health specialist, plays a fundamental role and participates in the organization and management of the mental health care team in child and adolescent psychiatry. The nurse is an equal member in the team and is the link for communication and the main source for information. The nurse brings her/his own specialized knowledge and collaborates with other health care providers in assessing, planning, implementing and evaluating programs and other mental health activities. The nurse works on the base of the "special nurse-child" relationship and has the full responsibility of the child.

The psychiatric mental health nurse's assessment is a systematic process of gathering a range of information relating to the young person for the purpose of determining mental health problems, functional status, needs, strengths and inform action planning. Methods used to obtain data include interviews, observations, physical examinations, review of records, collection of collateral information, and collaboration with colleagues to make sound clinical assessments. Data collection is guided by nurse's knowledge of human behavior and the principles of the psychiatric interviewing process. The nurse also ensures that appropriate consents are obtained to protect patient confidentiality and support the patient's rights in the process of data gathering. Finally, the psychiatric nurse synthesizes and documents available data, information, and knowledge relevant to the patient and situation.

The psychiatric mental health nurse uses effective communication and interviewing skills that facilitate development of a therapeutic alliance. Assessment is not a therapeutic intervention, but it is essential for effective planning, implementing and evaluation of care.

PT-128

THE SCHOOL-BASED HEALTHY-HABITS EDUCATION INTERVENTION DECREASED DEPRESSIVE SYMPTOMS OF MIDDLE SCHOOL STUDENTS

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Background: Insufficient sunlight exposure, high junk food consumption, and sleep deprivation are known risk factors for decreased mental welling, including elevated depressive symptoms.

Objectives: This study examined the effects of a school-based healthy-habits promotion intervention on depressive symptoms in middle school students.

Methods: This intervention study with a pre-test-post-test design included 617 middle school students aged 13 to 15 in Seongnam, South Korea during year 2013. The 8-month educational intervention consists of 3 slogans; 1) Sunlight exposure > 30 minutes (min) a day, 2) No junk food, and 3) Healthy sleep. The intervention consisted of a 3-hour educational session in the classroom on healthy habits, in-school display of posters on healthy habits, and participation in a 30-min outdoor activity at lunch break and diary on daily activities, diet, and sleep time. The healthy habit messages were reinforced by teachers and students' council. The primary outcome was depressive symptoms by Center for Epidemiologic Studies Depression Scale (CES-D). Secondary outcomes included the number of days of sun exposure of > 30 min/day and junk food consumption in a week. General linear mixed models were performed to estimate odds ratios (OR) and 95% confidence interval (95% CI) for the pre and post intervention comparison. To reduce bias in the point estimates, we evaluated potential confounders including child sex, grade level, assigned classroom, sleep hours/24 hours, general health status, physical activity, time spend walking per day, weight, height, and stress.

Results: The study sample consisted of slightly more boys (51%) than girls and about equal percentage distribution of 7th, 8th, and 9th graders. After controlling for confounders, the intervention was associated with significant increase in the number of days of sunlight exposure of > 30 min/day (OR: 3.65, 95% CI: 2.90, 4.59) compared to before intervention. Conversely, the intervention was associated with reduced odds of depressive symptoms by 32% (OR: 0.68, 95% CI: 0.52, 0.88) compared to before intervention after adjustment for confounders. Of noteworthy, we also observed that every one additional hour of sleep decreases the odds of depressive symptoms by 14% (OR: 0.86, 95% CI: 0.78~0.95) in the multivariable analysis. The intervention was not significantly associated with any changes in the number of days of junk food consumption.

Conclusions: These results suggest that school-based educational and behavioural intervention focused on healthy habits may decrease depressive symptoms in adolescents. Nevertheless, our study findings need to be further validated with more rigorous design.

PT-129

THE SCIENTIFIC MODEL AND THE DSM (OR WHY IT'S SO DIFFICULT TO VALIDATE A PSYCHOTHERAPY MODEL)

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The scientific model and The DSM (or why It's so difficult to validate a psychotherapy model) (These are the preliminary results of an ongoing investigation).

One of our bigger deals as psychiatrists is how to make a scientific model.

The phenomenology is as old as the medicine itself. The first's physicians wrote long medicine's treaties full of symptom's descriptions that have progressively disappeared from other specialties, but not in our field.

In a reductionist way it could be said that the DSM is just another phenomenological treaty. However psychiatric investigation has gone further and now it is as relevant as neurological one. And now we may talk about a wide group of pathogenic factors in every mental illness.

That point of view is closer to the biopsychosocial/diathesis-stress model which has become the dominant paradigm in medicine.

Nevertheless when we try to validate our treatments we use the phenomenological DSM model, so we have little scientific feedback, because our nosological categories are just symptom's aggregations.

We started that way trying to validate a psychotherapy model for eating disorders and soon we found the difficulties associated.

We had to put together different patients in a same big group (AN,BN), but we don't treat them in the same way so we didn't have any statistic outcome.

But when we look over psychiatry we found that neurologists or oncologists didn't act in that way.

Per example, they didn't take a group of patients with fever and cough, diagnosed all of them of pneumonia and treated with antibiotics. They make a finest diagnosis which let them talk about bacterial and virical pneumonies and use the antibiotic treatment just in the first group. So, they have a scientific outcome and they can prove antibiotics are useful in bacterians pneumonies. If not doing so, the more they could argue would be that cough medicine is effective in pneumonia.

This abstract will briefly explain how we are trying to look for a different way which solves our problem: the absence of a gold standard, without coming back just to the phenomenological model, as a first step to validate the individual psychotherapy treatment which is psychotherapy's main strength.

We discuss how the answer could be in make a wide diagnosis which take into account the known pathogenic factors, what, in doing so let see different patterns for a same DSM diagnosis category.

PT-130

THE USE OF ROUTINE OUTCOME MONITORING IN CHILD SEMI-RESIDENTIAL PSYCHIATRY.

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BACKGROUND: Implementing Routine Outcome Monitoring (ROM), which is assessing clients' progress during treatment, carries potential advantages on multiple levels. Not only at the individual level is ROM an effective clinical tool; it is also beneficial for scientific research and benchmarking. Unfortunately in the youth field, the engagement of clinicians, and even more of parents, in ROM proved to be difficult. This may particularly be so in complex settings where multiple participants are involved, such as youth (semi) residential psychiatry. Well thought out approaches to ROM implementation need to be developed.

OBJECTIVE: The implementation of a ROM system on five treatment units of a child semi-residential psychiatric centre. Parents and clinicians responsiveness during ROM assessments was examined. Hypothesized was, based on outpatient ROM research, fewer completion of ROM questionnaires by parents than clinicians. Therefore, the role of demographics, children's psychiatric problems, parental alliance and stress was explored in relation to parents' responsiveness to ROM.

METHOD: Parents and clinicians of a sample of 46 children admitted to semi-residential psychiatric treatment participated in this study. Implementation of ROM occurred with strong engagement of administration, a web-based computer programme and an active helpdesk. In ROM, parents and clinicians completed a battery of questionnaires with three month intervals, assessing symptom improvement, stress reduction of parents and child and parental alliances with team members.

RESULTS: The mean response percentage of both parents during ROM assessment was 77% compared to 91% of clinicians. Logistic regression analyses revealed three initial treatment factors significantly ($p \leq 0.05$) predicting a low response or drop-out of parents during ROM:

being a single parent ($p=.01$), mothers' stress related to physical health ($p=.04$), and having a weaker therapeutic alliance regarding goal setting ($p=.02$).

CONCLUSIONS: The findings in this study demonstrate the feasibility of using ROM in complex settings, such as youth semi-residential psychiatry. Clinicians are encouraged to motivate parents to mutually invest in ROM, and to take into account some factors indicating a possible low response of parents. ROM could become a collaborative and meaningful process in partnership between youth, parents and clinicians in order to improve youth's treatment. Furthermore, ROM as integral part of residential treatment provides large longitudinal datasets to create more insight in its effectiveness.

PT-131

TRAJECTORIES OF INTERNALIZING ARE SHAPED BY EARLY CONDUCT PROBLEMS AND VOCABULARY: A MULTI-OBSERVER APPROACH

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Background: The importance of understanding the development of internalizing symptoms is highlighted by the association between these symptoms and later anxiety and depression. Although the rise of internalizing disorders has been well documented during adolescence, considerably less research has explored the factors associated with variations in trajectories of internalizing symptoms during the transition to adolescence. The goal of the current study was to understand how conduct problems and vocabulary scores shaped trajectories of internalizing symptoms during the transition to adolescence.

Method: Participants (ages 7-9) were drawn from an ongoing longitudinal of study of French-Canadian children ($N = 687$, 50% girls). Approximately half of the children were selected based on being referred by their school for behavioral services. The other half of the sample was matched to these children according to gender, age and family disadvantage. Parent and teacher rated internalizing was assessed in the first year and during three subsequent years. Parent and teacher assessments of conduct problems, children's vocabulary scores along with appropriate control variables were also assessed during the first testing period.

Results: Latent growth curve models revealed that on average, both mother and teacher rated internalizing decreased for both boys and girls during the transition to adolescence. For mother-rated trajectories of internalizing, mother-rated conduct problems were associated with higher initial levels of conduct problems for girls and boys, but were associated with steeper decreases in internalizing problems over time among boys. Higher vocabulary scores were associated with decreasing internalizing scores among boys over time, while for girls, higher vocabulary scores were associated with consistently lower levels of internalizing problems. When teacher-rated internalizing was the outcome, both mother and teacher rated conduct problems were associated with stably higher levels of internalizing among boys. Among girls, only teacher-rated conduct problems were associated with both higher initial levels of internalizing, but also with greater decreases in internalizing across time.

Conclusion: Although internalizing symptoms generally declined during the transition to adolescence, both vocabulary and conduct problems were associated with variation in these trajectories. Furthermore, the divergent findings from across mother and teacher ratings suggest the importance of understanding how different contexts shape internalizing problems.

PT-132

USEFULNESS OF ANIMAL TYPE ROBOT IN THE TREATMENT IN CHILD AND ADOLESCENT PSYCHIATRIC WARD

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Background: Animal-assisted therapy has been suggested as a treatment practice for mental disorder or developmental disorder in child and adolescent area. On the other hand, animal type robot is expected to be able to provide similar therapy for patients in a variety of clinical settings. Unlike animal-assisted therapy, it does not cause any allergies, infections, bites and scratches and can be introduced at lower cost. To date, there are some studies of its effectiveness for elderly people or dementia patients. However, the effectiveness of it in the treatment of child and adolescent patients remains unclear.

Objective and Method: The purpose of the present study was to assess the effectiveness of use of animal type robot Paro in the child and adolescent psychiatric ward. Paro is a baby harp seal type therapeutic robot that was developed by Japan's National Institute of Advanced Industrial Science and Technology. We put it near the door of the nurse station and told the inpatients to play with it freely in the hall of the ward after getting permission from staffs. The interaction between patients and Paro was observed.

Results: Some patients treated it like real animal. For example, it was thought to be useful for 10-year-old girl with autism spectrum disorder (ASD) to develop good communication. And it was also considered to be useful for 16-year-old boy with ASD and moderate mental retardation in reduction of impulsive behaviors or anxiety. However, some patients with high functioning ASD did not like it because of some features like big eyes. Moreover, some patients who have attachment problem often attacked it.

Conclusion: As playing with Paro made some patients have good communication or feel relaxed, it is suggested that animal type robot would be useful for some child and adolescent patients. However, it is required to clarify what kind of patients would gain profit from the approach and how the approach would work in the treatment before introducing animal type robot-assisted therapy in earnest in child and adolescent psychiatry area.

PT-133

VALIDATION OF THE FRENCH VERSION OF THE PARENTAL REFLECTIVE FUNCTIONING QUESTIONNAIRE (PRFQ)

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The aim of this study is to validate a French-language version of the Parental Reflective Functioning Questionnaire (PRFQ). This 18-item self-report questionnaire is designed to assess the caregiver's capacity to recognize and think about their child's and own intentional mental states (e.g. thoughts, feelings, intentions) during the early parent-child relationship (i.e. reflective functioning, RF).

The original English version of the questionnaire demonstrated a three-factor model of the PRFQ: 1) certainty in mental states, 2) interest and curiosity in mental states, 3) pre-mentalizing. However, the PRFQ is still not available for francophone samples.

175 mothers (M=33.13 years, SD=5.44) with children aged 0 to 3-year-old (M=20.32 months, SD=12.88) participated in the study, all completed an online version the PRFQ. A confirmatory factorial analysis (CFA) was used to test the three-factor model of Luyten .

The Luyten's theoretical model showed good fit to data ($\chi^2=158$, $p=.05$, $\chi^2/dl=1.20$, RMSEA=0.03, SRMS=0.06). Cronbach's alpha further indicated satisfactory internal consistency for certainty in mental states ($\alpha=.83$) and interest curiosity ($\alpha=.72$) subscales while a slightly decreased value for the prementalizing score ($\alpha=.48$) was observed.

The current study provides the first self-report for a reliable assessment of parental RF in francophone individuals. This easy-to-use scale is a promising tool for clinical and empirical purposes. Indeed, current studies the relevance of parental RF in psychopathology research, and underline its potential role as protective factor. In the future, complementary validity analysis and a deeper investigation of pre-mentalizing reliability are nevertheless needed.

PT-134

VALIDATION OF THE SPANISH HOARDING QUESTIONNAIRE FOR ADOLESCENTS (CUAC-A)

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Uab; Ub

When hoarding was created as a new disorder in the DSM-5 we already knew that this pathological collecting with inability to discard large quantities of seemingly useless objects emerged very early in life and could cause considerable distress and impairment for individuals and their family members. We observed that the impact of pathological hoarding was particularly interfering during adolescent years. Nevertheless, poor attention has been paid to adolescent hoarding until recently and instruments for assessing these behaviors have been missing. The only screening we found was a parent-rating instrument, the Children's Saving Inventory (created by Storch et al, 2010). Based on the latter instrument and on the self-report SI-R (Frost et al, 2004) for adults, we designed a new instrument, the CUAC-A, specific for assessing hoarding behaviors among adolescents through their own self-report. Its development has been published in 2012 in the Revista de psiquiatría infanto-juvenil (Domènech et al, 2012).

We present here the preliminary psychometric evaluation of the CUAC-A. The initial items were discussed by experts and applied to a pilot sample of 57 school-adolescents to assess content validity. A version of 35 items was administered to a 117 school-adolescents from the community. An item depuration based on an Exploratory Factor Analysis (EFA) was carried out to guarantee a simple factor structure. A process based on an iterative item selection was applied to discard the items that did not fit consistently into any of the factors. The result of this process was a structure of 18 items with a solution of three related factors, which accounted for 58% of the variance. One factor included 8 items corresponding to symptoms of excessive clutter and difficulty discarding possessions (EC_DDP); a second factor with 5 items was related to the dimension of compulsive acquisition (CA); and a third factor with 5 symptoms was related to distress and interference (DI).

The version of CUAC-A with 18 items was answered by a sample of 916 adolescents from the general population (mean age=13.89, sd=.745, 52,6% men). To validate the factor structure, the sample was randomly divided into two groups. An EFA was applied to the first subsample data (229 cases -25%) and a Confirmatory Factor Analysis (CFA) was applied to the second subsample data (687 cases - 75%). The 3-factor structure was replicated with the EFA (the explained variance was 56.6%) and confirmed with the CFA ($\chi^2=361.28$, $df=132$; CFI=.939; TLI=.929; RMSEA=.044). The Cronbach's alpha were .844 (EC_DPP), .781 (CA), .838 (DI) and .886 (total).

A three-month test-retest reliability (n=151) confirmed the validity of the CUAC-A scores (CA=.686, EC_DDP= .638, DI=.311, total= .685). We also studied the relationships with other measures of closely related psychopathology. The factors that make hoarding significant are the distress and impairment associated with the symptoms.

All these results show that CUAC-A is a valid and consistent instrument to evaluate hoarding in adolescents.

PT-135

VORTIOXETINE PAEDIATRIC PK STUDY: DESIGN, DOSES AND DEMOGRAPHICS

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Introduction

Vortioxetine is a novel antidepressant approved in EU and US for the treatment of depression in adults.

This first international paediatric pharmacokinetic (PK) study is the initial step of a large programme designed to evaluate the efficacy and safety of vortioxetine in paediatric population.

Background

Many antidepressants are approved for adults with depression, but not in paediatric population as only fluoxetine is approved for Major Depressive Disorder in EU for children and adolescents. Mood disorders in children and adolescents are among the most debilitating illnesses, depression being among the 5 disorders with the highest disease burden. In accordance with available EU paediatric guidelines (Germany), multimodal treatment approaches are recommended including pharmacotherapy. However, there is a striking discrepancy between available evidence and the medical need in this population.

There are numerous challenges in the paediatric development of antidepressants, with many negative or failed trials. Several factors contributed to this failure, including inappropriate dosing regimens. Age-related sensitivity to drugs is attributable in part to differences in metabolic activity; children and adolescents have a faster elimination of drugs and plasma clearance decreases with increasing age. Therefore, identifying evidence-based dosing strategies remains a key initial step in drug development for paediatric use.

Vortioxetine is a novel antidepressant with a multimodal mechanism of action. In vitro, vortioxetine is a 5-HT₃, 5-HT₇, and 5-HT_{1D} receptor antagonist, a 5-HT_{1B} receptor partial agonist, a 5-HT_{1A} receptor agonist, and an inhibitor of the 5-HT transporter.

Methodology

In order to respond to regulatory requests and scientific questions, this first international paediatric PK study was designed to determine if the dose range of vortioxetine approved for adult patients can be used in paediatric efficacy and safety studies.

This open-label international study performed in the US and EU (Germany), started in 2012 - before regulatory approval of vortioxetine.

Design and Demographics

Description of the international paediatric PK study assessing the entire adult dose range: population, design and methodology.

At baseline, 24 children (7-11 years) and 24 adolescents (12-17 years) were enrolled in 8 sequential dose cohorts.

Conclusions

Identifying evidence-based dosing strategies is a key initial step in paediatric clinical studies. International paediatric PK studies are feasible, and are associated with challenges in both design and implementation. This successful trial confirms their feasibility and opens the possibility of similar trials in the future.

PT-136

WHAT DO YOUNG PEOPLE SAY ABOUT A PROGRAM AIMED TO ERASE MENTAL HEALTH STIGMA

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BACKGROUND

Stigmatization associated with mental illness constitutes a significant impediment, which affects its evolution. Programmes based on direct contact have proved to be more efficient in eliminating this stigma, than education and protest campaigns. Young people are a priority target. This program can be a strategy to increase recognition of and help seeking for mental health problems.

AIMS

To reflect about the experience, both quantitative and qualitative, of a sample group of students in their third year of secondary education who have participated on an educational programme based on direct contact with people affected by a mental disorder.

METHODS

An interventional pilot programme is proposed, with longitudinal prospective follow-up, quasi-experimental and with control group. Its efficiency is to be measured on the Patrick Corrigan AQ-C8 scale, in paired samples design at baseline, immediately after the intervention and at 6 months of follow-up.

RESULTS

Quantitative results are described. Students (n= 308) refer a high degree of satisfaction with each of the exercises of the program: Brainstorm (5, 31 ± 1,340), Coloured figures (5, 18± 1,438), Label's game (6, 23± 1,202), Positive things (5, 59± 1,248), Video (6, 14±1,180) and Direct dialogue (6, 55± 0,969). The two activities which are linked to direct interaction with self-experts were the most valorised.

Qualitative results show that students are interested on this kind of programmes. They demand more information and more prolonged interventions. They outline the importance of interaction with people with lived experience.

CONCLUSIONS and LIMITATIONS

The intervention has been a positive experience to students who participated, facilitating literacy and comprehension of mental health issues as well as erasing stigma.

It would be interesting to evaluate the impact on the behavior and help seeking attitudes.

BIBLIOGRAPHY

1. 1.Ross, A. M., Hart, L. M., Jorm, A. F., Kelly, C. M., & Kitchener, B. A. (2012). Development of key messages for adolescents on providing basic mental health first aid to peers: a Delphi consensus study. *Early intervention in psychiatry*, 6(3), 229-238.
2. 2.Jorm AF, Wright A, Morgan AJ. Beliefs about appropriate first aid for young people with mental disorders: findings from an Australian national survey of youth and parents. *Early Interv Psychiatry* 2007; 1: 61–70.
3. 3.Perry, Y., Petrie, K., Buckley, H., Cavanagh, L., Clarke, D., Winslade, M., & Christensen, H. (2014). Effects of a classroom-based educational resource on adolescent mental health literacy: A cluster randomised controlled trial. *Journal of adolescence*, 37(7), 1143-1151.

PT-137

WHAT IS THE BEST PROTECTIVE FACTOR(S) IN CHILDHOOD SEXUAL ABUSE AND SUICIDE? AGE, GENDER, FAMILY, SCHOOL?

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Childhood sexual abuse (CSA) is a devastating life experience resulting with higher incidences of mental disorder and suicide attempt but some of factors may diminish those of outcomes. We hypothesized that victims who have been receiving family support, continuing to social functioning would exhibit relatively milder mental disorder and suicide attempts in comparison to subjects who have been lacking of those of features. In addition we proposed that female gender and acquaintance offender might increase risk. We evaluated 181 Turkish children and adolescents with history of CSA regarding age, gender, family and education features. Abuse involving the insertion of an organ or foreign object into the victim's body was designated as a "Qualified Sexual Abuse" (QSA); other form of sexual abuse was designated as a "Basic Sexual Abuse" (BSA). We found that in QSA subgroup suicide attempt were significantly higher in adolescent girls ;and age, gender, family integrity, education level were not protective for mental disorder. Among BSA patients family integrity, school involvement, offender's relationship and possessing any mental disorder statistically influenced suicide attempts but family integrity was the strongest one. Suicide attempt was approximately 10 times higher ($p = 0.005$, $CI = 95\% [2.020-51.051]$, $OR = 10.154$) in the victims living in broken families. Family integrity and school attendance were also noted as protective factors against mental disorder in BSA patients. The incidence of mental disorder was 3.5 times higher in children who have not been attending to school ($p = 0.009$ $CI = 95\%$ $OR = 3.564$). In conclusion we found that

family integrity and school attendance weakly, 9 to 20, account for psychopathology in BSA victims but not in QSA survivors, and adolescent girls are risky group.

Key words: family, school, education, suicide, childhood sexual abuse

PT-138

WHY ARE THE STEPMOTHERS PORTRAYED AS A BAD CHARACTER IN BOTH EASTERN AND WESTERN FAIRY TALES?

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Cinderella's fairy tale is globally loved. In the fairy tale, the bad queen is portrayed as a typically evil stepmother. Nowadays, the number of stepparents has been increasing and children have therefore had more opportunities to be exposed to a stepmother. However, are stepmothers really that bad?

This study investigated the basis of the prejudice against and misunderstanding of the stepmother, by the comparison of the characteristics of the stepmothers who appear in Grimm's fairy tales (GFT) and in Korean traditional ones (KFT).

Our analysis involved a comparison of the fairy tales that appear in the 'Kinder- und Hausmärchen' compiled by Grimm brothers of Germany and 'The collection of Korean traditional fairy tales'. The GFT contains a total of 210 fairy tales, in 15 of which a stepmother appears, whereas a stepmother features in 15 of the fairy tales among the 15,107 fairy tales that appear in the KFT.

For the purpose of our analysis, the types of abuse practiced by the stepmothers were classified according to five types, four of which, namely physical, emotional, and sexual abuse, and neglect, are based on the types of child abuse considered by the United States Department of Health and Human Services, whereas the last category that was included in our work was homicide in the case of murder.

An investigation of the role of the child's gender indicated that daughters were abused about five times more than sons in GFT, as opposed to KFT in which daughters are abused about twice as many times as sons.

Only one of the stepmothers in the KFT is depicted as a good person.

The 12 stepmothers in the 15 GFT abused the children of the ex-wives because of jealousy, whereas the 12 stepmothers in the 15 KFT abused the children because of property.

In GFT, the type of child abuse was found to be physical abuse in 12 of the fairy tales, homicide in three fairy tales, emotional abuse in one fairy tale, with one other fairy tale that could not be classified, whereas KFT were found to involve physical abuse in six cases, emotional abuse in six cases, homicide in one case, and the remaining three fairy tales could not be classified.

In both German and Korean tales, the stepmother is mostly depicted as a bad character, causing children to attach an inappropriate stigma to stepmothers.