

PROGRAMME and ABSTRACTS

Congress programme

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Beta

This is a beta version of the programme & abstracts book, based on rough copy and put together from several designs. We apologize for the imperfections.

This version was published for live testing user-friendly abstract search, now only applied to *tables of contents, keynote and state of the art lectures*.

Madrid 2015 will be the last ESCAP Congress with a printed abstract book available. For ESCAP 2017 we hope to develop easy-to-use and environmentally responsible tools to inform delegates about the congress programme and abstracts.

The editor. www.escap.eu

PROGRAMME

SATURDAY, JUNE 20th

10.00 AM-11.00 AM **Registration**

A1

11.00 AM-12.30 PM **6 Workshops:**

A1-01

- Terapia grupal de regulación emocional e interpersonal para testigos de violencia doméstica. **Alvarez-Segura M., Lacasa Saludas, F., Navarro León M. A., Ortiz Jiménez E. M.** (Spanish).

A1-02

- Treating Ambiguity and Ambivalence: Innovative Strategies for Adolescents with Severe and Treatment-Resistant Mental Illness. **Harding D., Feijo I., Nielsen F.**

A1-03

- 'Odd gait, clumsiness, other abnormal motor signs': Clinical insights from the Australian Autism MotorProgram. **Rinehart N., McGinley J., Murphy A., Enticott P.**

A1-04

- Parentified Children of Divorcing Parents. **Palyo S., Belkin B., Long K.**

A1-05

- Cultivating Wise Mind: An Introduction to Dialectical Behaviour Therapy with Adolescents. **Sung S., Peh, S. Kwan, C.**

A1-06

- Psychosocial Functioning of Syrian Child Refugees in Jordan and Turkey
Jefee-Bahloul H. , Cohen S. , Bitar A., Kairuz C., Terepka, A., Kanawati Y., Barkil-Oteo A., OzlemKutuk M., Hamoda H.

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12.30 PM-2.00 PM **A2**
5 Workshops:

A2-01

- “Adaptando la Terapia Dialéctico Conductual para adolescentes suicidas en la atención ambulatoria regular” (Spanish). **Méndez I., Mayoral M., Fernández M.A.**

A2-02

- The dialogue model: Using a visualized dialogue to create connection and cooperation. **Westermann G., Maurer J.**

A2-03

- ‘Pathways of care’: pilot-evaluation of an on-line resource for early childhood service providers. **Laletas S., Reupert A., Goodyear M. and Morgan B.**

A2-04

- Actividades no sanitarias en menores con trastorno mental grave. ¿Qué aporta un modelo integrador? (Spanish) **Moreno D.M., Vicente C.Y., García-Valdés P., Álvaro J.C., Muñoz V.M González M.D.P.**

A2-05

- Aspectos éticos en la atención al niño y adolescentes. (Spanish) **Gabaldon S., Picouto D. and Esquerda M.**

2.30 PM-4.00 PM **A3**
6 Workshops:

A3-01

- Destigmatisation. **Van der Meer J.**

A3-02

- Integrating Child Psychiatry into Collaborative Care Models. **Palyo S., Caraballo A., Shapiro G., Watkins-Booth K. and Cabrera J.**

A3-03

- Hematopoietic cell transplantation for the children with sickle cell disease: The parents’ experience. **Cavadini R., Drain E., D'Autume C., Giannica D., Moro M., Baubet T., Bernaudin F. and Taïeb O.**

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A3-04

- ADHD and comorbid anxiety: Clinical cases and treatment algorithm. **Figueroa-Quintana A., Ramírez A. and Soutullo C.**

A3-05

- Study of Pre-school ADHD Risk Factors. **Bilenberg N., Asmussen J.**

A3-06

- Motivational Interviewing for Adolescent Substance Use. **Atkinson D., Krakower S.K., Sparks G.**

A4

4.00 PM-5.30 PM

6 Workshops:

A4-01

- Internet gaming disorder and other media-related disorders and adolescent psychopathology. **Bilke-Hentsch O.**

A4-02

- Not getting out of bed... A lazy adolescent, or...a sleeping disorder?! **Hop J., Stoffelsen, R., & De Bruin, E.**

A4-03

- Treating behavioural sleep problems in children with ADHD and ASD: The Sleeping Sound program. **Sciberras E.**

A4-04

- Protocolo Magallanes de Evaluación con Adolescentes. **López Martínez M.L.**

A4-05

- Autism spectrum disorders: biobehavioural issues for novel treatments. **Canitano R.**

A4-06

- Selective mutism among children of migrants. The silence of Sandia. **Di Meo S., Van de Hove, C.**

4.00 PM

ESCAP Board Meeting

6.00 PM

ESCAP General Assembly

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SUNDAY, JUNE 21st

8.00 AM-8.30 AM **Registration**

S1

8.30 AM-10.00 AM **6 Symposiums:**

**GOTO
ABSTRACT**

S1-01

- **Cannabis Medicalization, Legalization, and Commercialization: The American Experience.**

Evolution of cannabis culture and how legalization affects patients' cognitions.
Krakower, S.

Medicalization movement and therapeutic benefits of the medication.
Sparks, G.

Review the data on safety, substance use disorders, and frequency of use.
Atkinson, D.

**GOTO
ABSTRACT**

S1-02

- **Psychosocial treatment of children with disruptive behavior problems: Efficacy, morderators and mediators.**

Comparison of behavioral and non-directive guided self-help for parents of children with externalizing behavior problems.
Hautman, C. & Döpfner, M.

Effects of telephone assisted self-help as enhancement of methylphenidate treatment in children with ADHD.
Dose, C. & Döpfner, M.

Efficacy, moderators and mediators in the treatment of children with aggressive behavior problems.
Döpfner, M., Görtz-Dorten, A., Hasselbeck, H. & Hautmann, C.

How effective is teacher coaching in reducing externalizing behavior problems in primary school children.
Eichelberger, I., Hanisch, C & Döpfner, M.

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S1-03

- **Current transcultural clinical approach in adolescence.**

Breaking the deadlock of the adolescence process in second generation adolescents: current transcultural research and clinical practice.

Moro, M. R.

Countertransference to Trauma: a transitional breach in the therapists' identity- qualitative approach to counter transference among trauma therapists.

El Husseini, M.

A clinical approach to address the suffering of adolescents struggling in a paradoxical filiation.

Feldman, M.

Personal and collective paths of French adolescents born under colonial trauma - a transcultural research.

Mansouri, M.

S1-04

- **Identity disturbance in adolescents - a transcultural perspective.**

Chair: Schmeck, K. Co-Chair: Schlüter-Müller, S.

The role of identity in the DSM5-classification of personality disorders

Schmeck, K., Goth, K. & Schlüter-Müller, S.

Vicissitude of identity development in Serbian adolescents

Rudic, N., Kalanj, M.; Radosavljev-Kircanski, J. & Kosutic, Z.

Identity of adolescents in a Mexican prison population

Kassin, M.

Identity disturbance in Brazilian adolescents with a history of severe intrafamilial violence

Tardivo, L.; Miura, P. & Alhanat, M.

S1-05

- **New assessment instruments in child and adolescent psychiatry.**

Child and Adolescent Behavior Inventory (CABI): a new alternative to CBCL.

Cianchetti C., Marino M., Riccio M.P., Craig F., Matera E., Ledda M.G., Gualandi P., Nacinovich R., Bomba M., Balottin U., Franzoni E., Margari L.

A new diagnostic tool for eating disorders in childhood

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Franzoni E., Duca M., Sacrato L., Gualandi P.

Intelligence and Controls of the Emotions: a new test for the evaluation of the emotional responsivity

Craig F., Marino M., Riccio M.P., Simone M., Gualandi P., Nacinovich R., Balottin U., Franzoni E., Margari L., Cianchetti C.

A new use of the Children's Play Therapy Instrument in assessment of psychomotor therapy of children with ASD

Nacinovich R., Broggi F., Neri F., Bomba M.

S1-06

- Abuse and trauma. **Fernandez Rivas, A. (Chair):**

Polyvictimized children in the legal system: Prophylactic protections and policy considerations. **Patton W.**

Making the invisible, visible: Children born out of sexual violence. **Prins-Aardema C.C.**

Evidence of violence against children: Parental versus child perspective **Raleva M., Boshkovska M., Isjanovski V.**

Psychosocial vulnerability in pregnant adolescents victims of domestic violence. **Orchiucci Miura P., Cury Tardivo L., Salcedo Barrientos D.M.**

S2

10.00 AM-11.30 AM **6 Symposiums:**

S2-01

- Executive functioning as transdiagnostic factor in child and adolescent psychiatry: ADHD, OCD, and PTSD'

Lindauer R. (Chair)

Risky decision making in ADHD: a meta-regression analysis

Dekkers, T.J., Popma, A.; van Rentergem, J.A. & Huizenga, H.M.

Trauma, executive function, and post traumatic stress in children: How are they associated?

Den Kelder, R., Ensink, J., Overbeek, G., Maric, M., Lindauer, R.J.L.

Taxing working memory: a novel intervention for adolescents with obsessive compulsive disorder?

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Lidewij H. Wolters, Salemink, E., Kelder, A., de Haan, E.

Cognitive training for children with ADHD: identifying treatment moderators
Van der Donk, M., Hiemstra-Beernink A-C., Tjeenk, A., van der Leij, A.,
Lindauer, R.J.L.

S2-02

- **Youth and Mental Health - a Norwegian longitudinal epidemiological study:
The study and findings.**

Sund A.M. (Chair)

How do they cope? Coping and depression among 12-15-year-old adolescents
involved in bullying.

Undheim, A.M., Sund A.M.

Bulling involvement in early adolescence years; impact on mental health
problems, psychosocial adjustment and use of services in adulthood

Sigurdson, J.F., Undheim, A.M., Sund A.M.

Associations between attachment to parents and parental risk factors in the
course of depression from adolescence to young adulthood.

Agerup, T., Lydersen, S., Wallander, J., Sund, A.M.

Have potential risk factors in early adolescence any lasting effects on the
trajectories of depressive symptoms over to adult age?

Sund, A.M., Sigurdson, J.F., Lydersen, S., Undheim, A.M., Wichstrøm, L.

S2-03

- **Autism Spectrum Disorder: Clinical presentation and neuropsychological
performance.**

Ebeling H. (Chair) Tuula Hurtig (Co-chair)

Obsessive-Compulsive Disorder and Anxiety Disorders in Children with Autism
Spectrum Disorder

**Pollock-Wurman, R., Kuusikko-Gauffin, S., Haapsamo, H., Hurtig, T., Mattila,
M.L., Jussila, K., Ebeling, H., Moilanen, I. and Pauls, D.**

The autism spectrum quotient (aq) in a sample of finnish young adults

Ylämäki, M., Loukusa, S., Mattila, M.L., Moilanen, I., Hurtig, T. and Ebeling, H.

Continuity of symptoms of autism spectrum disorder from childhood to young
adulthood

Hurtig, T., Mattila, M.L., Ylämäki, M., Loukusa, S., Moilane, I. and Ebeling, H.

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Neuropsychological performance of Finnish and Egyptian children with and without autism spectrum disorder

Elsheikh, S., Kuusikko-Gauffin, S., Mattila, M.L., Jussila, K., Ebeling, H., Loukusa, S., Omar, M., Riad, G., Pauls, D. and Moilanen, I.

Sensory processing patterns and the core features of autism spectrum disorder
Jussila, K., Junntila, M., Mattila, M.L., Kuusikko-Gauffin, S., Pollock-Wurman, R., Joskitt, L., Ebeling, H., Moilanen, I. and Pauls, D.

S2-04

- **Child Psychiatry in a New Century – What data do we use?**
Harper G. (Chair)

Being with the patient: relationship-based data
Harper, G.

Personalized medicine in child/adolescent psychiatry: what it should be
Falissard, B.

Identity confusion and Diagnostic Categories
Çetin Çuhadaroğlu, F.

S2-05

- **Intervention, outcome and psychotherapy. Mardomingo, M. (Chair):**

The assessment of Reflective Function: Is self-report a really valid measure?
Ballespí S. , Pérez-Domingo A. , Doval E. , Barrantes-Vidal N.

Effects of Group Psychotherapy on Reducing Depression in Late Adolescents.
Ristic Dimitrijevic R. , Dragisic Labas S.

Think Family - Whole Family Programme: Improving the Outcomes for Families Affected by Parental Mental Illness.

Gatsou L., Yates S., Fadden G., Goodrich N., Pearson D.

Quality indicators for outpatients: from clinical knowledge to systematic review of the evidence.

Beutler H., Ambresin G., Bonsack C., Despland J.N.

S2-06

- **Behaviour disorders. Cantó, T. (Chair):**
Associations of low vitamin D level with mental health problems in German children and adolescents.

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Kadasch C., Schmidt B., Frank M., Föcker M., Jöckel K., Hebebrand, J.

The role of narcissism and empathy in predicting different dimensions of aggressive behavior in adolescents. **Allroggen, M.**

Social Information Processing in Children with Conduct Problems.
Schwenck C., Gutschwager J. , Freitag C.M.

Behaviour problems in children– a longitudinal study of genetic and environmental factors.
Agnafors S., Sydsjö G., Comasco E., Bladh M., Oreland L., Svedin C.G.

11.30 AM-12.00 PM **Coffee-Break**

12.00 PM-1.00 PM **Opening ceremony**

1.00 PM-2.00 PM **S3**
KEY NOTE SPEAKER **GOTO**
Peter Fonagy (UK) **ABSTRACT**
 “Psychotherapy for emerging borderline personality disorder”

2.00 PM-2.30 PM **Lunch**

2.30 PM-3.00 PM **Poster session**

3.00 PM-4.00 PM **S4**
STATE OF THE ART LECTURES

S4-01 **GOTO**
 Martin Debbané (Switzerland) **ABSTRACT**
 “Adolescent attachment: From brain to culture”

S4-02 **GOTO**
 Louise Arseneault (UK) **ABSTRACT**
 “Bullying victimization and response to stress in children and adolescents”

S4-03
Cathy Creswell (UK)
“Treatment of anxiety disorders in children and adolescents”

GOTO
ABSTRACT

4.00 PM-5.00 PM

S5
KEY NOTE SPEAKER
Jan Buitelaar (The Netherlands)
“ADHD and autism: Two expressions of the same disorder”

GOTO
ABSTRACT

5.00 PM-6.30 PM

S6
6 Symposiums:

S6-01

- **Suicidal and self-harm in adolescence.**
Chairman: Yari Gvion PhD & Prof. Alan Apter

The prospective relationship between adolescent self-injury, suicidal behaviour and borderline personality disorder

Kaess, M., Parzer, P., Fischer, G., Park, J., Resch, F. and Brunner, R.

Explicit Motives, Antecedents and Consequences of Non Suicidal Self Injury –A Longitudinal Study in a Community Sample of Adolescents

Snir, A., Apter, A., Carli, V., and Wasserman, D.

Meetings with people who wish to die

Gvion, Y.

S6-02

- **Novel stimulant and non-stimulant approaches to the long-term treatment of ADHD in Europe. Hervás A.(Chair)**

Long-term treatment with ADHD medications: open-label studies

Coghill, D.R., Newcorn, J., Soutullo, C. and Huss, M.

Randomized-withdrawal studies of the maintenance of efficacy of ADHD medications

Newcorn, J., Soutullo, C., Huss, M. and Coghill, D. R.

Health-related quality of life and functional impairment outcomes in studies of ADHD medications

Soutullo, C., Huss, M., Coghill, D.R. and Newcorn, J.

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Different modes of action of ADHD medications. How can we explain maintenance of effect?

Huss, M., Coghill, D.R., Newcorn, J. and Soutullo, C.

S6-03

- **A broader view on neurodevelopmental disorders. Van der Meer, J. (Chair)**

Exploring differential neural correlates of ASD and ADHD in the NeuroIMAGE cohort

Buitelaar, J., van Dongen, E.V., Tanner, C., Greven, C.U., Bralten, J., Zwiers, M. P., Franke, B., Oosterlaan, J., Heslenfeld, D., Hoekstra, P., Hartman, C.A., Rommelse, N. and O'Dwyer, L.

Pre- and perinatal risk factors in Attention-Deficit/Hyperactivity Disorder and Autism Spectrum Disorders

Freitag, C. and Evers, J.

A lifespan approach for ADHD and autism

Rommelse, N.

S6-04

- **Selective Mutism: Long-term follow-up results of a psychosocial intervention and a review of pharmacological treatment. Oerbeck B. (Chair)**

Selective Mutism: Long-term follow-up results of a psychosocial intervention and a review of pharmacological treatment

Overgaard, K. R., Oerbeck, B., Kristensen, H.

Selective Mutism: Diagnosis of SM. Prevalence of SM and comorbid social phobia 4-6 years after treatment completion and diagnostic challenges

Oerbeck, B., Overgaard, K. R., Kristensen, H.

Selective Mutism: The children's own voices!.How do children report their quality of life and speaking behaviour 4-6 years after participation in a SM treatment study?

Kristensen, H., Overgaard, K. R., Oerbeck, B.

Pharmacotherapy in Selective Mutism. A review study of pharmacological treatment for Selective Mutism.

Manassis, K.

S6-05

- **Efficacy of Cognitive training and EEG-neurofeedback in children with neuropsychiatric disorders. Slaats-Willemse D. (Chair)**

Train your brain: The Effectiveness of Neurofeedback compared to Medication and Physical Exercise in ADHD.

Van Mourik, R., Geladé, K., MSc, Janssen, T, Bink, M., Maras, A., Oosterlaan, J.

Working memory training in children with neuropsychiatric disorders with or without borderline intellectual disabilities.

Roording-Ragetlie, S., Klip, H., Vollebregt, M.A., Van Dongen-Boomsma, M., Buitelaar, D. Slaats-Willemse

Is cognitive training effective for children with ADHD? A randomised controlled trial of Cogmed Working Memory Training and Paying Attention in Class.

Marthe L.A. van der Donk, Anne-Claire Hiemstra-Beernink, Ariane Tjeenk, Aryan V. van der Leij & Ramón J.L. Lindauer

Evaluating a computerized training of executive functions with Single-Case Experimental Design methods. **A. Ponsoen, E. ten Brink, P. Prins**

S6-06

- **Autism spectrum disorders. Eliez, S. (Chair):**

Evidence-based program for improving socioemotional skills and executive function in children and adolescents. **Eliez S., Glaser B.**

Autism specific group therapy: randomized controlled trial. **Freitag C.**

ASD and developmental psychiatry: Experience of children's hospital at Westmead, Sydney. **Dossetor D.**

An Investigation of Cortical Structure in Autism Spectrum Disorder. **Fitzgerald J., McGrath J., Delmonte S., Gallagher L.**

7.30 PM

Welcome Cocktail

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Technical Secretariat:



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MONDAY, JUNE 22nd

8.30 AM-10.00 AM **M1**
7 Symposiums:

M1-01

- **Developmental trajectories in children and adolescents with life-course and optimal outcome Autism Spectrum Disorder (ASD). Munir, K. (Chair)**

What do clinical and epidemiological studies tell us about the current developmental trajectories and outcomes in ASD?

Munir, K.

What do we learn from cohort studies about outcome in ASD?

Baghdadli, A.

What happens to children and adolescents who move off autism spectrum? A clinical follow-up study after loss of established diagnosis of ASD.

Motavalli Mukaddes, N.

M1-02

- **US Guidelines and Updates on Select Psychiatric Disorders. Palyo S. (Chair)**

Adolescent Substance Abuse Disorders Assessments and Practice Treatments.
Ivanov, I.

Guidelines for Treating Gender Variant and Gender Dysphoric Children and Adolescents.

Pleak, R.R

Treating Attention Deficit Hyperactivity Disorder (ADHD)

Oatis, M.

M1-03

- **Pharmacological and non-pharmacological treatment of externalizing behavior in children and adolescents. Rommelse N. (Chair) ; Corina Greven (Co-chair)**

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Cardiovascular Effects of Methylphenidate, Amphetamines and Atomoxetine in Children and Adolescents with Attention Deficit Hyperactivity Disorder.

Hennissen, L., Bakker, M., Buitelaar, J.K.

Systematic Review and Meta-analysis of Psychosocial and Behavioral Treatments in Children and Adolescents with Conduct Disorder Problems

Bakker, M., Buitelaar, J.K., Glennon, J.C.

Responder and non-responder profiles of a Cognitive Behavior Therapy to reduce aggression in adolescents.

Smeets, K.C., Rommelse, N. N.J., Scheepers, F.E., Buitelaar, J.K.

A restrictive elimination diet (RED) in children with ADHD and ODD.

Ly, V., Rommelse, N. N.J., Buitelaar, J.K.

M1-04

- **Pro- and anti-inflammatory mechanisms involved in early-onset psychiatric disorders: Evidence and opportunity. Moreno C. (Chair)**

Inflammatory disbalance in mental illnesses

Leza J.C.

Evidence of inflammatory system alteration in children and adolescents with psychotic and bipolar disorder

Moreno C. , Calvo A. , Merchán-Naranjo J. , MacDowell K. , García-Bueno B. , PhD; Leza, J.C. , Parellada M. , Arango C.

Oxidative stress, inflammation and psychopharmacology development in early-onset psychotic disorders

Díaz-Caneja C. M., Morón-Nozaleda G., Baeza I., Castro-Fornieles J., Graell M., Leza J.C., Moreno M. and Arango C.

M1-05

- **From research to clinical practice: implementation of autism clinical guidelines in Belgium and the Netherlands. Van Spanje, A. (Chair)**

Autism clinical guidelines and clinical practice in Belgium

Croonenberghs, J.

Autism clinical guidelines and clinical practice in the Netherlands

Van der Sijde, A.

Clinical autism guidelines in the Netherlands and Belgium: small distance, small differences?

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M1-06

- Mental retardation, disabilities and perinatal problems. **Calvo, R.**

Children with SLI have disorganized and deactivated attachment profiles.
Robel L., Assous A., Levy-Rueff M., Rittori G., Zigante F., Golse B.

Psycho-communicative interruptions in Hearing-Impaired Egyptian Arabic Speaking Children.
Azab S., Dessoki H., Amin O., Ibrahim O.

Co-occurrence of Developmental and Emotional/Behavioral Problems in Children Born Moderately to Late Preterm.
Potijk M.R., De Winter A.F., Bos A.F., Kerstjens J.M., Reijneveld S.A.

Family adjustment when an infant has a serious illness: Putting research into practice.
Bowden M., Hazell P.

M1-07

- Ideas worth spreading in CAP: Pharmacotherapy... (always) in the framework of multimodal treatment. **Fuentes, J. (Chair):**

In Anxiety Disorders. **Figueroa A.**

In Attention Deficit Hyperactivity Disorder. **Coghill D.**

In Early Onset Schizophrenia. **Schimmelmann B.**

In Autism Spectrum Disorder. **Fuentes J.**

M2

10.00 AM-11.00 AM **KEY NOTE SPEAKER**

Celso Arango

“Developmental trajectories in early onset psychoses: Open windows for prevention?”

**GOTO
ABSTRACT**

11.00 AM-11.30 AM **Coffee-Break**

11.30 AM-12.30 PM **M3**
State of the Art Lectures

M3-01 [GOTO](#)
Antoine Guedeney (France) [ABSTRACT](#)
"Parental mental health and early childhood development"

M3-02 [GOTO](#)
Olayinka Olusola Omigbodun (Nigeria) [ABSTRACT](#)
"Tackling cultural issues in adolescent mental health and psychiatry"

M3-03 [GOTO](#)
Fabrizio Faggiano (Italy) [ABSTRACT](#)
"Intervention and prevention of cannabis use in adolescents"

12.30 PM-1.30 PM **M4**
KEY NOTE SPEAKER [GOTO](#)
Sally Rogers [ABSTRACT](#)
"How malleable is autism? Outcome studies from the youngest children with ASD"

1.30 PM-2.00 PM **Lunch**

2.00 PM-2.30 PM **Poster session**

2.30 PM-3.30 PM **M5**
KEY NOTE SPEAKER [GOTO](#)
Beate Herpertz-Dahlmann (Germany) [ABSTRACT](#)
"New developments in the diagnostics and treatment of adolescent eating disorders"

3.30 PM-5.00 PM **M6**
7 Symposiums:

M6-01

•

Innovations in Tic disorders. Apter A; Hoekstra P (Chairs)

Pharmacological Interventions in Tourette Syndrome.-

Aroya-Milshtein N. B.

OCD/OCB in Tourette Syndrome.

Müller-Vahl K.

Exposure and response prevention in the treatment of tics in children and adolescents.

Verdellen C.

“Ella Gev: Acceptance of premonitory urges and tics”.

Pilowsky Peleg T., Ben Aroya - Milshtein N., Apter A., Steinberg T.

M6-02

- **The Early Start Denver Model for children with autism – part 1: measuring developmental trajectories. Marie Schaer & Sally Rogers. (Chairs)**

Efforts, challenges, and results from initial cross-cultural adaptations of an American intervention model

Rogers S.

Measuring social orienting to aid early diagnosis of young children with Autism Spectrum Disorders and to quantify the effect of therapeutic intervention

Franchini M. , Wood H. , Glaser B. , Gentaz E., Eliez S. , Marie Schaer M.

Can eye-tracking and EEG measures represent realistic biomarkers to help identifying subgroups of children with different outcomes, or to monitor clinical improvements associated with therapeutic interventions?

Schaer M. , Franchini M. , Wood H. , Eliez S.

Impact of the Early Start Denver Model (ESDM) on the development of children with autism spectrum disorder (ASD) in a European French-speaking population: a novel ecologic multicenter study design

Geoffray M-M. , Manificat S., Touzet S., Delvenne V. , Georgieff N. , Eliez S., Bahrami S. , Schaer M., Schroder C. , Speranza M.

M6-03

- **Early detection of Bipolar Disorder: From genetic risk to full-blown syndrome. Sánchez-Gistau V. (Chair)**

Symptom dimensions in Bipolar Offspring. Sex differences and developmental profiles

Morón-Nozaleda M.G.

Premorbid disorders and prodromal affective symptoms in early-onset first – episode of psychoses”: Differences between Bipolar and Schizophrenia trajectories

Sanchez-Gistau V.

Structural brain alterations in adolescents with Bipolar Disorder

Romero S.

M6-04

- The complexity of eating disorders: Insight into recent research venues in molecular genetics, neuropsychology, neuroimaging, and social sciences.
Hebebrand J. and Beate Herpertz-Dahlmann (Chairs)

Genetic variation at three genetic loci involved in Anorexia Nervosa is associated with body weight regulation

Hinney A.

How can understanding the neuropsychology of eating disorders guide treatment strategies?

Tchanturia K.

The anorectic brain: new insights from neuroscience

Konrad K.

Eating disorders: have social sciences something to tell us?

Falissard B.

M6-05

- **Trastornos de alimentación a lo largo de la infancia y adolescencia: Continuidades y discontinuidades.** Graell M. (Chair)(Spanish)

Evaluación e intervención psicológica y familiar de un programa interdisciplinar de atención al niño pre-escolar con trastorno de alimentación.

Sanz Herrero B.

Diversidad clínica de los trastornos de alimentación de inicio en edad escolar: utilidad de las nuevas propuestas del DSM-5.

Graell M., Villaseñor A., Andrés P.

Patrones disfuncionales de interacción familiar en los trastornos del comportamiento alimentario de la adolescencia: comparación con trastorno por consumo de sustancias y controles sanos.

Anastasiadou D., Sepúlveda A.R.

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M6-06

- **Influences of dopamine and serotonin gene variants and their interplay with the environment in Attention-Deficit/Hyperactivity Disorder.**
Chair: Mrs. Jennifer S. Richards; Co-chair: Prof. Jan K. Buitelaar

Dopamine and serotonin genetic risk scores predicting substance and nicotine use in Attention-Deficit/Hyperactivity Disorder

Groenman A.P., Greven C.U., van Donkelaar M. M.J., Schellekens A., van Hulzen K. J.E., Rommelse N., Hartman C.A., Hoekstra P.J., Marjolein Luman M., Franke B., Faraone S.V., Oosterlaan J., Buitelaar J.K.

Dopamine and serotonin gene variants influence the neural correlates of response inhibition in adolescents with ADHD and healthy controls

Van Rooij D. , Hoekstra P. J. , Bralten J. , Hakobjan M. , Oosterlaan J. , Franke B., Rommelse N. , Buitelaar J.K., Hartman C.A.

Brain correlates of the interaction between 5-HTTLPR and psychosocial stress mediating attention-deficit/hyperactivity disorder severity

Van der Meer D., Hoekstra P.J. , Zwieters M., Mennes M., Schweren L. J.S., Franke B., Heslenfeld D.J. , Oosterlaan J. , Faraone S.V. , Buitelaar J.K., Hartman C.A.

Developmentally sensitive gene-environment interactions and the putamen volume: is there room for differential susceptibility?

Jennifer S. Richards, Arias Vásquez A., Franke B., Hoekstra P.J., Heslenfeld D.J., Oosterlaan J., Buitelaar J.K. , Hartman C.A.

M6-07

- **Policy and epidemiology. Moreno, C. (Chair):**

Sleep problems, mental health problems and lifestyle among young Norwegian adolescents.

Hestetun I., Oellingrath I.M., Svendsen M.V.

Sexual activity and mental health in middle adolescence.

Kaltiala R. , Marttunen M., Fröjd S.

A roadmap for mental health research in Europe.

Haro J.M., Obradors-Tarragó C.

Factors influencing quality indicators of outpatients from child and adolescent mental health services (CAMHS).

Kapp C., Perlini T., Holzer L., Halfon O., Urban S.

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5.00 PM-6.30 PM **M7**
7 Symposiums:

M7-01

- **Eating and feeding disorders in childhood and adolescence: Epidemiology and outcomes. Micali N. (Chair)**

Avoidant restrictive intake food disorders: a population-based study
Hilbert A., van Dyck Z., Dremmel D. , Munsch S. , Kurza S.

Adolescent eating disorders predict psychiatric, high-risk behaviors and weight outcomes in young adulthood

Micali, N., Solmi, F., Horton, N.J., Crosby, R.D., Eddy, K.T., Calzo, J.P., Sonnevile, K.R., Swanson, S.A., Field, A.E.

Eating disorder symptoms do not just disappear: implications of adolescent eating-disordered behaviour for body weight and mental health in young adulthood

Herpertz-Dahlmann B. , Dempfle A. , Konrad K., Klasen F. , Ravens-Sieberer U. , The Bella Study Group

Influence of school on whether girls develop eating disorders: a multilevel record-linkage study

Bould H. , De Stavola B. L. , Magnusson C. , Micali N. , Dal H., Evans J. , Dalman C. , Lewis G.

M7-02

- **Early intervention for emerging borderline personality disorder in adolescence.**

Kaess M.(Chair); Professor Peter Fonagy (Co-Chair)

Early intervention for adolescent borderline personality disorder: rationale and basic principles

Kaess M., Brunner R., Chanen A.

The development and evaluation of a spectrum of mentalization-based interventions for adolescents

Luyten P., Feenstra D., Hutsebaut J. , Bales D.

Developmentally adapted Cognitive Processing Therapy - a treatment for adolescent patients with PTSD after childhood abuse

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Steil R., Matulis S., Gutermann J., Schreiber F., Rosner R.

Implementing an Australian early intervention program for BPD in Europe: cultural and language differences, do's and don'ts
Hessels C., McCutcheon L.

M7-03

- **Early-onset psychosis, what have we learned from a 5-year follow-up study?**
BaezaPertegaz I. (Chair)

Clinical and functional outcome 5 years after a first episode of early-onset psychosis
Baeza I.

Are cognitive functions deteriorating during the first 5 years after a first episode of early-onset psychosis?
De la Serna E.

Evolution of brain grey matter volumes during the 5-years following a first-episode of early onset psychosis.
Díaz-Caneja C.M.

M7-04

- **Important factors in ADHD management across the lifespan. Soutullo C. (Chair)**

Early detection of ADHD in Preschoolers: results from a study in Navarra and La Rioja
Marín Méndez J.

Factors that may predict a good response to pharmacological treatment
De Castro P.

Long term effects of medication for ADHD in weight and height in children and adolescents
Díez-Suárez A.

Important issues the treatment of ADHD in the transition from adolescence to adulthood
Ramos-Quiroga J.A.

M7-05

- **22q11.2 deletion syndrome as a framework to better understand the development of psychosis. Schneider M. (Chair)**

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Atypical trajectories of structural and functional connectivity in 22q11.2 deletion syndrome: relevance for schizophrenia?

Stephan Eliez M.C.P., Scariati E. , Schneider M. , Schaer M. , Debbané M.

Neurodevelopmental risk factors for psychosis in 22q11.2 deletion syndrome and their treatment

Gothelf D., Mekori E., Weinberger R., Midbari Y., Dori N., Green T., Weizman A.

Adolescents at Ultra-high risk for psychosis with and without 22q11 Deletion Syndrome: a comparison of prodromal psychotic symptoms and general functioning

Armando M., Vicari S. , Menghini D. , Digilio M.C., Pontillo M. , Pucciarini M.L., Lin A., Amminger P.

Schizotypal traits in adolescents with 22q11.2 deletion syndrome

Fonseca-Pedrero E. , Debbané M. , Schneider M., Badoud D., Ortuño-Sierra J. , Eliez S.

Atypical developmental trajectories of verbal and executive functioning in 22q11.2deletionsyndrome: relevance for the onset of psychosis?

Schneider M. , Maeder J., Schaer M. , Menghetti S. , Glaser B. , Debbané M. , Eliez S.

M7-06

- **TDAH y comorbilidades frecuentes. Alda J.A. (Chair) (Spanish)**

Trastornos del sueño y TDAH

Alda J.A.

Obesidad y TDAH

Pelaz A.

Fetopatía alcohólica y TDAH

Martín D.

Trastorno Bipolar y TDAH

Hernández- Otero I.

M7-07

- Eating disorders. **Morer, A. (Chair):**

Anorexia nervosa in adolescence: Overgeneralization in autobiographical memory and disease duration

Nacinovich R., Gadda S., Rossi E., Neri F., Bomba M.

Disordered Eating Behaviours and related Risk and Protective Factors: first epidemiological survey in Austria.

Philipp J., Zeiler M., Wagner G. , Waldherr K., Nitsch M., Dür W., Karwautz A.

Autoaggressivebehaviour and eating disorders symptoms in referred adolescents – disconcerting findings.

Tomac A., Jakovina T., Frgacic T.

6.30 PM **ESCAP Second Board Meeting**

6.30 PM **AEPNYA General Assembly**

TUESDAY, JUNE 23rd

T1

8.30 AM-10.00 AM

6 Symposiums:

T1-01

- The early Start Denver Model with autism – part 2: Language and cultural adaptations. **Chairs: Ruta L., Rogers S.**

Effectiveness and feasibility of the Early Start Denver Model (ESDM) intervention within the Italian Public Health System.

Colombi C., Valeri G., Siracusano R., Ruta L., Cigala V., Gagliano A., Pioggia G., Famà F., Arduino G., Calzone C., Magazù A., Muratori F., Contaldo A., Narzisi A., Faggi F., Collin N., Sogno C. and ESDM network.

Prima Pietra: a research and clinical program on early detection and intervention in Italy

Ruta L., Colombi C., Cigala V., Siracusano R., Boncoddo M., Famà F., Narzisi A., Pioggia G., Gagliano A., Muratori F.

Applying The Early Start Denver Model (ESDM) in ASD preschools in Israel – a Pilot Study

TaliGev, Gavrilov-Sinai, Ofer Golan, IritMor-Snir

T1-02

- **Adolescent conduct disorder: First results of the FemNAT-CD consortium.** Freitag C; Stadler C. (Chairs)

Comorbid psychiatric disorders in female and male adolescents with CD

Freitag CM., Bernhard A., Brauer A., Ackermann C., Schwenck C. & FemNAT-CD consortium (Frankfurt am Main)

Neuropsychological data associated with emotional regulation in adolescent conduct disorder

Konrad K., Kohls G., Herpertz-Dahlmann B. & FemNAT-CD consortium (Aachen)

Physiological parameters in relation to conduct disorder in girls: preliminary results from the FemNAT-CD study

Oldenhoff H., Nauta-Jansen L., Popma A. & FemNAT-CD consortium (Amsterdam)

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Mindfulness, stress tolerance and emotion regulation: A Psychotherapeutic Approach for Female Adolescents with Conduct Disorder
Kersten L., Stadler C., & FemNAT-CD WP7 (Basel)

T1-03

- **From research to clinical practice: Adolescent and prevention. Ruiz-Lázaro P.M. (Chair)**

Zarima program: Secondary prevention of eating disorder and overweight in north of Spain.

Ruiz-Lázaro P.M., Calvo D., Villas E.

Randomised controlled trial: Results at 12 months follow-up

Zapata M.A., Ruiz-Lázaro P.M., Calvo A.I., VillasE., Calvo D.

Ditca cv program: Detection and prevention of eating disorders applying new technologies.

Rojo L.

T1-04

- **Adolescent forensic research in Europe I. An EFCAP symposium. Van Nieuwenhuizen C. (Chair)**

Recidivism and personality in a Swiss adolescent prison population

Manetsch M., Aebi M., Goth K., Bessler C., Barra S., Plattner B.

Recidivism of Adolescents in the Swiss Juvenile Justice and Child Welfare System

Schmeck K., Jenkel N., Fegert J.M., Koelch M., Schmid M.

Risk factors in juvenile forensic psychiatric patients: a latent class analysis

Van Nieuwenhuizen C., Jansen-de Ruijter E.A.W.

Forensic Child and Adolescent Mental Health (FCAMHS) in the United Kingdom: Who is Doing What, Where and How?

Hindley N.

T1-05

- **Service gaps and innovations for youth with ADHD: Evidence from Ireland and the UK. McNicholas F. (Chair)**

How big is the ADHD transition gap?: Evidence from the TRACK (UK) and iTRACK (Ireland) case note review studies.

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McNicholas F., Singh S.

Young people with ADHD in socio-economically disadvantaged urban areas:
Young people's and healthcare workers' views.

Leahy D., Schaffalitzky E., Armstrong C., Latham L., McNicholas F., Meagher D., Nathan Y., O'Connor R., O'Keane V., Ryan P., Smyth B., Swan D., Cullen W.

ADHD young adult service innovations: A combined child and adult psychiatry-led pilot university-based ADHD service.

Tatlow-Golden M., Neary M., Farrelly N., Reulbach U., McNicholas F.

T1-06

- Psychosis and bipolar disorders. **Baez, I. (Chair):**

Manic symptoms in adolescents after sexual assault: Preliminary findings from a longitudinal study.

Villalta Macia L., Khadr S., Clarke V., Viner R., Kramer T.

Are Antipsychotics a risk factor for Type 2 Diabetes in Youth?

Galling B., Correll C.U.

First psychotic break in adolescents: Differences between affective and schizophreniform disorders.

Barroso C., Sá Carneiro F., Carvalho A., Confraria L., Queirós O.

Cortical Thickness and Surface Area abnormalities in Offspring of Schizophrenia and Bipolar patients.

Solé-Padullés C., Sugranyes G., Calvo A., De la Serna E., Romero S., Sánchez-Gistau V., Baeza I., Bargalló N., Castro-Fornieles J.

T2

10.00 AM-11.00 AM **KEY NOTE SPEAKER**

Katya Rubia (UK)

"Brain imaging in ADHD: Disorder-specificity, medication effects and clinical translation"

**GOTO
ABSTRACT**

11.00 AM-11.30 AM **Coffee-Break**

T3

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11.30 AM-12.30 PM **State of the Art Lectures**

T3-01
Johannes Hebebrand (Germany)
"Potential mechanisms underlying the associating between obesity and mental disorders"

GOTO
ABSTRACT

T3-02
Marta Miret (Spain)

GOTO
ABSTRACT

T3-03
Jennifer Beecham (UK)
"Economics and Mental Health in children and adolescents"

GOTO
ABSTRACT

12.30 PM-1.30 PM

T4
KEY NOTE SPEAKER
Ian Goodyer (UK)

GOTO
ABSTRACT

"Depression in children and adolescents: A developmental perspective"

1.30 PM-2.00 PM

Lunch

2.00 PM-2.30 PM

Poster session

2.30 PM-3.30 PM

T5
KEY NOTE SPEAKER
David Mataix-Cols (Sweden)

GOTO
ABSTRACT

"Obsessive compulsive and related disorders in children and adolescents"

3.30 PM-5.00 PM

T6
6 Symposiums:

T6-01

- Breaking down barriers to access evidence based treatment for young people with OCD. **Mataix-Cols D. (Chair)**

Brief and intensive small-group treatment for adolescents with OCD: Preliminary results

Riise E., SolveigHarilaSkjold; Hansen H.; Kvale G., Bjarne Hansen Helse Bergen OCD-team

Self-Guided internet-delivered cognitive-behavioural therapy for pediatric obsessive-compulsive disorder: Preliminary results from an Australian open trial
Rees C., Anderson R., Finlay-Jones A.

Therapist-guided, Internet-Delivered Cognitive Behavior Therapy for Adolescents with Obsessive-Compulsive Disorder
Lenhard F., Vigerland S., Andersson E., Rück C., Mataix-Cols D., Thulin U., Ljótsson B., Serlachius E.

Children from ethnic minorities with obsessive-compulsive disorder: Service use inequalities, reasons behind these inequalities, and treatment outcomes
Fernández de la Cruz L., Jassi A., Kolvenbach S., Vidal-Ribas P., Llorens M., Mataix-Cols D.

T6-02

- The assessment of adolescents with a borderline personality disorder: How to assess and what for. **Speranza M.(Chair) Michael Kaess (Co-Chair)**

French validation of the Mac Lean Screening Instrument for Borderline Personality Disorders (MSI-BPD) in adolescence
Speranza M., Pham-Scottez A., Cailhol L., Pérez-Díaz F., Guelfi J.D., Corcos M. and EURNET-BPD (European Research Network on Borderline Personality Disorder)

Assessment of adolescent risk-taking and self-harm behaviour and its predictive value for borderline personality disorder
Kaess M., Parzer P., Fischer G., Resch F., Brunner R.

The assessment of reflective functioning in emerging borderline personality disorder
Debbané M., Badoud D.

The assessment of identity development of BPD adolescents
Schmeck K., Schlüter-Müller S., Goth K.

T6-03

- **Special needs in diagnosis and treatment of eating disorders in childhood and adolescence. Van Elburg A. (Chair)**

Bulimic symptoms and disorders in young people: Risk factors, prevention and treatment
Schmidt U.

Adolescent-onset anorexia nervosa: changes in diagnoses and long term outcome

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Castro-Fornieles J., Plana T., Garriz M., Moreno E., Romero S., Andrés-Perpiñá S.

Day patient treatment is superior to inpatient treatment after 2.5 years – results of a 2.5 year follow-up-study in 170 patients

Herpertz-Dahlmann B., Krei M., Bühren K., Schwarte R., Egberts K., Wewetzer C., Pfeiffer E., Fleischhaker C., Konrad K., Schade-Brittinger C., Timmesfeld N., Dempfle A.

From bench to bedside: translational research in eating disorders

Van Elburg A.

T6-04

- **Early Intervention in Child & Adolescent Psychosis. Hodes M.(Chair)**

Early detection of psychosis in children and adolescents

Schimmelmann B.G.

The Influence of Family Factors in Shaping Pathways to Care in First Episode Psychosis in Adolescents

Domínguez M.G., Fisher H.L., Johnson S., Hodes M. on behalf of the MiData Consortium.

A review of antipsychotic treatment discontinuation in psychosis in children and adolescents

Lizuka S., Hodes M.

T6-05

- **Adolescent forensic research in Europe II. An EFCAP symposium. Barroso R.(Chair)**

The relationship between self-rated psychopathic traits and psychopathology in a sample of Finnish non-referred adolescents.

Oshukova S., Kaltiala-Heino R., Miettunen J., Tani P., Aronen E., Marttunen M., Kaivosoja M., Lindberg N.

Behavioral effects of neurofeedback in adolescents with ADHD: A Randomized Controlled Trial.

Van Nieuwenhuizen C., Bink M., Popma A., Bongers I.L., van Boxtel G.

Risk factors for violent and disruptive behaviours in adolescent institutionalized care.

Gammelgård M., Koivisto A.M., Eronen M., Kaltiala-Heino R.

Characteristics and Specificities of Juvenile Sexual Offenders.
Barroso R., Nobre P.

T6-06

- Eating disorders and obesity. **Graell, M. (Chair):**

Bariatric surgery in severe adolescent obesity: A retrospective study of 35 clinical observations.

Riquin E., Malka J., Schmitt F., Beaumesnil M., Curt F., Robin M., Corcos M., Coutant R., Duverger P.

Behavioral weight-loss treatment in children and adolescents: potentials and limitations.

Mühlig Y., Hebebrand J.

Anorexia nervosa in adolescent girls, parental psychological states and marital tensions.

Bomba M., Maserati E., Bettera F., Marfone M., Brivio E., Quaglia E., Neri F., Nacinovich R.

T7

PM-6.30 PM **6 Symposiums:**

T7-01

- Epigenetic, autoimmune and environmental aspects of pediatric OCD and related disorders. **Mataix-Cols D. and Hoekstra P. (Chairs)**

Epigenetic changes in the serotonergic system in pediatric OCD

Grünblatt E., Marinova Z., Walitza S.

Infections as risk factors for OCD and chronic tic disorders

Pérez-Vigil A., Mataix-Cols D., Forsman M., Boman M., Almqvist-Malmros K., Lichtenstein P., Rück C., Serlachius E.

How could the HLA and the immune function contribute to the development of Obsessive-Compulsive Disorder?

Morer A., Serra-Pagès C., Mas S., Lázaro L.

Role of pregnancy and delivery complications in Tourette syndrome and associated comorbid conditions

Hoekstra P.J., Abdulkadir M., Heiman G.A., Dietrich A., The TIC Genetics Collaborative Group

T7-02

- **Mentalization Based Treatment (MBT) approaches to working with children, adolescents and families. Byrne G.(Chair)**

Minding the body. Mentalization-based treatment for eating disorders (MBT-ED)
Skårderud F.

There's nothing so practical as a good theory" (Kurt Lewin, 1951): extending the applications of mentalizing to families (MBT-F) and to complex, high risk and "hard to reach" youth (AMBIT).

Bevington D.

The Danish Mentalization-based Resilience Program (RP)
Lundgaard-Bak P.

Minding the 'child-in-mind'. Mentalization-based treatment for parents (MBT-P)

Byrne G.

T7-03

- **Clinical and neuroimaging developmental correlates in the offspring of patients with schizophrenia and bipolar disorder. Díaz-Caneja C.M. (Chair)**

Temperamental profiles in child and adolescent offspring of patients with schizophrenia and bipolar disorder and community controls".

Díaz-Caneja C.M., Vicente-Moreno R.P., Morón-Nozaleda G., Sánchez-Gistau V., Romero S., de la Serna E., Sugranyes G., Baeza I., Moreno C., Moreno D.

Brain structural characteristics of child and adolescent offspring of patients with schizophrenia and bipolar disorder and community controls".

Sugranyes G., de la Serna E., Romero S., Sanchez-Gistau V., Calvo A., Moreno D., Baeza I., Díaz-Caneja C.M, Sánchez-Gutiérrez T., Janssen J., Bargallo N., Castro-Fornieles J.

Brain connectivity in individuals at genetic high-risk of psychotic and affective disorders

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Moreno C., Janssen J., Morón-Nozaleda M.G., Díaz-Caneja C.M., Castro-Fornieles J., Rodríguez-Toscano E., de la Serna E., Sanchez-Gistau V., Romero S., Baeza I., Sugranyes G., Moreno D.

T7-04

- **Assessment of Identity Development in Adolescence (AIDA). Goth K.(Chair)**

Identity development of Turkish Adolescents”

Çuhadaroğlu F.C., Akdemir D., Özdemir D.F., Ataman E.

Identity Development in Bulgaria - Psychometric Properties of culture adapted AIDA inventory in School and Clinical sample”

Bistrilan A., Polnareva N., Avramova A., Terziev A.

Who am I? The specifics of AIDA in Czech Republic”

Šimečková P., Smetáčková I.

Assessment of Identity in a Kosovar sample”

Uka A.

T7-05

- **Neurofeedback in ADHD. Rubia K.(Chair)**

fMRI-based neurofeedback from the anterior cingulate cortex for adults with Attention-Deficit/Hyperactivity Disorder. A proof of concept study.

Buitelaar J., Zilverstand A., Sorger B., Goebel R.

A randomized controlled clinical trial of real-time functional magnetic resonance imaging neurofeedback for adolescents with attention deficit hyperactivity disorder (ADHD)

Alegría A., Brinson H., Giampietro V., J. Barker G., Stahl D., Brandeis D., David A., Rubia K.

NIRS Neurofeedback in ADHD

Fallgatter A.J., Barth B., Ehlis A.C.

T7-06

- **ADHD. Herreros, O. (Chair):**

Stimulant treatment history predicts frontal-striatal structural connectivity in adolescents with attention-deficit/hyperactivity disorder.

Schweren L., Hartman C., Zwiers M., Heslenfeld D., Oosterlaan J., Franke B., Buitelaar J., Hoekstra P.

Childhood Diagnosed Attention Deficit/Hyperactivity Disorder Reflected in the Brain at Rest in Adulthood.

McCarthy H., Skokauskas N. , Mulligan A., Donohoe G., Mullins D., Johnson K., Fagan A., Gill M., Meaney J., Frodl T.

Do outcomes for children with subthreshold ADHD differ from children with ADHD and non-ADHD controls?

Sciberras E., Nicholson J., Anderson V., Hazell P., Jongeling B., Silk T., Bisset M., Ukoumunne O. , Efron D.

No long-term effects of stimulant treatment on six outcome domains in attention-deficit/hyperactivity disorder.

Schweren L., Hoekstra P., Franke B., Heslenfeld D., Oosterlaan J., Buitelaar J., Hartman C.

7.30 PM

Official Dinner

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WEDNESDAY, JUNE 24th

W1

8.30 AM-10.00 AM **6 Symposiums:**

W1-01

- **That there has to be evaluated in the field of child and adolescent psychotherapy. Golse B.(Chair)**

Narratives and analytic therapy follow-up of change process in a thirty six children cohort during four years

Zigante F., Borghini A., Vion E., Golse B.

Rethink psychotherapies of BPD adolescents in the light of quantitative studies: Results of the European Network on Borderline Personality Disorder in Adolescence (EURNET-BPD)

Robin M., Pham-Scottet A., Speranza M., Delvenne V., Corcos M.

Quantitative evaluation of the impact of family therapy: a Randomized Controlled Trial Comparison of Adjunctive Family Therapy and Treatment as Usual Following Inpatient Treatment For Adolescent Anorexia Nervosa, a13 years follow-up months outcome.

Godart N., Radon L., Duclos J., Berthoz S., Perdereau F., Curt F., Rein Z., Wallier J., Horreard A.S., Kaganski I., Lucet R., Corcos M., Fermanian J., Falissard B., Flament M., Jeammet P.

W1-02

- **Adolescent mentalizing breakdowns: Evaluation and intervention of self-harming behaviours. Rossouw T.(Chair)**

Minding the body: Mentalization-based treatment for eating disorders (MBT-ED)
Skårderud F.

Mentalisation based treatment for adolescents with self harm: an RCT
Rossouw T.

Evaluating the links between reflective functioning, empathy and perspective taking and their relevance to borderline personality features
Badoud D.

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W1-03

- **Psychotherapy in Autism Spectrum Disorders - Taking account of psychopathology. Bonnot O.(Chair)**

Parental Stress as an Outcome Measure in Early Intervention for Autism Spectrum Disorders

Muratori F., Narzisi A.

Synchrony in early interaction and social signal processing methods: implications for psychopathology

Cohen D., Viaux S., Chetouani M.

Simple Blind Randomized Controlled Trial of Music Therapy versus Music Listening in Patients with Autism Spectrum Disorders regarding efficiency in behaviour and communication disorders. Preliminary Results

Bonnot O., Carasco E., Rabeyron T., Bisson V., Vrait F.X.

Evaluation of an outpatient intensive care Program in Public Mental Health Services in Bizkaia (Basque Country) for children with severe developmental disorders: systematization, coordination and baseline for measuring evolution.

Solana B., Jorquera C., González F., Vaccari F., Nieto A., Panera C., Cabus G.

W1-04

- **Children and adolescents' psychosocial psychopathology in South East Europe. Anagnostopoulos D. C. (Chair)**

The System of Reporting on Child Protection from Abuse and Neglect in Serbia Health System.

Pejovic-Milovancevic M., Mitkovic-Voncina M., Radosavljev-Kircanski J., Sulovic M., Vidojevic O., Kalanj M.

Prevention of child abuse and neglect – cross-cultural perspective

Stancheva-Popkonstandinova V.

Adolescents' gambling during the crisis in Greece.

Lazaratou H., Anagnostopoulos D., Paleologou M., Peppou L., Malliori M., Economou M., Papadimitriou G., Papageorgiou C.H.

Emerging risk-factors for adolescent psychopathology in times of psychosocial crises.

Anagnostopoulos D., Lazaratou H., Peppou L., Papageorgiou C.H.

W1-05

- **WHO and IACAPAP Initiatives in Worldwide Capacity Strengthening in Child Mental Health Services. Chilton J.(Chair)**

WHO's mhGAP: the child modules
Servili C.

Expansion of the IACAPAP Textbook into a Comprehensive, Customizable, Virtual Curriculum
Chilton J.

Essentials of Child and Adolescent Psychiatry across the world, a MOOC (Massive Open Online Course) proposed by the IACAPAP
Falissard B.

IACAPAP Certificate of Basic Child Mental Health
Klasen H.

W1-06

- **Affective disorders and suicide. Ortiz, A. (Chair):**

Epidemiology of non-suicidal self-injury and suicidal intent in a sample of Austrian Teenagers.
Zeiler M., Philipp J., Wagner G., Waldherr K., Martina N. , Dür W., Karwautz A.

Child and adolescent psychiatry in suicide preventing.
Makasheva V., Slobodskaya H.R.

Protocol to assess adolescents with high suicide risk in a hospital setting in Barcelona (Spain).
Villar F., Picouto M.D., Vila M., Sánchez B.

Effectiveness of Cognitive Behavioural Therapy (CBT), in clinically depressed adolescents versus Treatment As Usual (TAU).
Stikkelbroek Y., Boddén D.

W2

10.00 AM-11.30 AM **6 Symposiums:**

W2-01

- **Novel strategies to improving outcomes in difficult cases with OCD and related disorders. Mataix-Cols D. (Chair)**

Continued cognitive-behavior therapy versus sertraline for children and adolescents with obsessive-compulsive disorder that were non-responders to cognitive-behavior therapy: Treatment outcome and moderator analysis

Skarphedinsson, G., Weidle, B., Thomsen, P.H., Compton, S.N., Dahl, K., Nor Christian Torp, Nissen, J.B., Holmgren Melin, K., Hybel, K., Valderhaug, R., Wentzel-Larsen, T. and Ivarsson, T.

Improving treatment: Supplementing Cognitive Behavioral Therapy with a Cognitive Bias Modification training for children and adolescents with OCD

Wolters L., Salemink E., op de Beek V., de Haan E.

OCD in young people with ASD: presentation and treatment issues

Jassi A., Russell A., Krebs G., Murray K., Mataix-Cols D.

A pilot randomized controlled trial of cognitive-behavior therapy for adolescents with body dysmorphic disorder

Fernández de la Cruz L., Isomura K., Anson M., Monzani B., Cadman J., Bowyer L., Heyman I., Veale D., Krebs G., Mataix-Cols D.

W2-02

- **Treatment resistance and clozapine use in young people with psychosis: Findings across European countries. Pina-Camacho L. (Chair)**

Treatment resistance and clozapine use in early-onset psychosis: concepts, findings, and challenges

Díaz-Caneja C.M., Pina-Camacho L., Rodríguez-Quiroga A., Fraguas D., Parellada M., Arango C.

Prevalence and predictors of treatment failure, treatment resistance and clozapine use in early-onset psychosis: findings from a historical clinical cohort study in UK

Downs J., Pina-Camacho L., Patel R., Hayes R., McCabe J.

Prevalence and predictors of clozapine use in early-onset psychosis: findings from a prospective clinical cohort study in Spain

Pina-Camacho L., Díaz-Caneja C.M., Arango C.

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Time to initiation of clozapine treatment in children and adolescents with early-onset schizophrenia in Germany

Bachmann C., Trinczek E., Heinzel-Gutenbrunner M., Haberhausen M.

W2-03

- **Historia de la psiquiatría del niño y adolescente en España. Mardomingo M.J.(Chair) (Spanish)**

Augusto Vidal I Parera y su compendio de Psiquiatría Infantil
Herreros O.

Agustín Serrate Torrent y la Unión Europea de Paidopsiquiatras
Velilla J.M.

Solé Segarra y la fundación de la Sociedad de Neuropsiquiatría Infantil
Ruiz P.M.

W2-04

- **Child and adolescent mental health policies and policy programs in Europe. Cuhadaroglu F. (Chair)**

A review of child mental health policies in greece since 90's
Anagnostopoulos D.C.

The organisation of mental health services for children and adolescents (camhs) in Belgium and development of a policy scenario (presentation of a KCE-study).
Crommel S.

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

Child and adolescent mental health care in Finland – changing trends
Hanna E.

W2-05

- **Research for a clinical approach of uniqueness of each child. Wawrzyniak, M. (Chair)**

Motherhood of women with borderline personality disorder and Interaction with their children: longitudinal perspectives in motherhood, mother-baby's interaction, attachment and emotional regulation of the children
Genet M.C., Garez V, Devouche E., Valente M., Le Nestour A., Apter G.

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Psychopathology in Infancy and its course along childhood: A follow up study of school age children treated in their infancy years

Keren M., Dollberg D., Tyano S., Feldman R.

Profiles of defense mechanisms in adolescents with borderline personality disorders and their relationships with childhood traumatic experiences

Speranza M., Robin M., Corcos M., Pham Scottetz A.

Science without conscience is but the ruin of the soul»: the necessary dialogue between research and the distinctiveness of each individual in a clinical setting

Perret-Catipovic M.

W2-06

- **Treatment of adolescents with severe identity disturbance. Schlueter-Mueller S.(Chair)**

General principles of the Adolescent Identity Treatment (AIT) for adolescents with personality disorders.

Schlueter-Mueller, S., Burger, V.

Evaluation of the AIT-treatment approach.

Von Orelli, A.C.; Schlueter-Mueller, S.

Mexican adolescents' situation and their identity development

Kassin, M.

A question of identity? Impact of DBT-therapy on adolescents' identity development

Dixius, A., Moehler E.

11.30 AM-12.00 PM **Coffee-Break**

W3

12.00 PM-1.00 PM **KEY NOTE SPEAKER**

Norman Sartorius (Croatia, Switzerland)

"Mental Health Care for Children and Adolescents in Europe: Challenges and Future Perspectives"

**GOTO
ABSTRACT**

1.00 PM

Closing Ceremony

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POSTERS

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.

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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 follow 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**

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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., Bombá M.**

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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. **Severnyy 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

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- 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.**

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PS-046

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

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

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- 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.**

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

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

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

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- 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.**

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- 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.**

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- 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

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- 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.**

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

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

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- 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.**

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- 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.**

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- 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.**

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- 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.**

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

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

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- 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.**

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

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- 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.**

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

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- 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.**

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

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

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- 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.**

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

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- 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.**

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- 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.**

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

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

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- 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.**

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- 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.**

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- 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.**

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- 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.**

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- 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.**

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- 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.**

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

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- 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.**

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

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

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- 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.**

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- 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.**

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- 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.**

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- 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.**

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- 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.**

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

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- 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.**

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

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- 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.**

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- 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.**

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

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

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- 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.**

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- 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.**

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- 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.**

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- 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.**

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- 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.**

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- 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.**

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- 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.**

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

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- 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.**

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- 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.**

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- 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.**

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- 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.**

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- 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.**

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- 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.**

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

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- 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.**

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- 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.**

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- 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.**

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

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

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- 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.**

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Keynote abstracts (1)

SUNDAY

S3

Psychotherapy for emerging borderline personality disorder

Professor Peter Fonagy

Despite past controversies concerning the desirability of diagnosing borderline personality disorder (BPD) in adolescence, accumulating epidemiological and clinical data amply support the reality of the diagnosis. In addition, evidence is accumulating on the similarities and differences between the clinical features and pathogenesis of BPD in adolescents and in adults. The treatments of choice for adult BPD are psychological therapies. There is no reason to suppose that emerging BPD in adolescents should not be approached in the same way. In this presentation, the evidence base for manualized psychological therapies will be reviewed, with particular reference to Dialectical Behaviour Therapy, Cognitive Analytic Therapy and Mentalization-Based Treatment. Rather than considering the relative effectiveness of these treatment approaches, the presentation will focus on (1) the elements that are common to these approaches, in the hope of arriving at an integrated model of why treatments work, and (2) the importance of a therapeutic approach which reinforces the young person's capacity to benefit from benign aspects of their social environment. Despite our relative ignorance about the mechanisms of change that psychological therapies promote, there is sufficient evidence of short-term benefit from psychological therapies to warrant a change of practice – pointing to early identification and diagnosis-specific intervention for emerging BPD.

S5

Attention Deficit Hyperactivity disorder and Autism Spectrum Disorders: two manifestations of one overarching disorder?

Jan K. Buitelaar

Autism Spectrum Disorders (ASD) and Attention-Deficit / Hyperactivity Disorders (ADHD) are neuropsychiatric developmental disorders that frequently co-occur ([Rommelse et al., 2010](#)). The frequent comorbidity of both disorders is likely due to substantial overlap in genetic factors, cognitive dysfunctions, and functional and structural brain characteristics between ASD and ADHD ([Rommelse et al., 2011](#)). Both disorders are also hypothesized to share a common precursor, i.e. early deficits in executive attention (Johnson et al., 2015). This lecture will review the evidence for shared and unique genetic, cognitive and neural factors that are involved in ASD and ADHD and will argue that ADHD and ASD may be both manifestations of one overarching neurodevelopmental disorder. The last part of the lecture will discuss clinical implications of this view and outline further approaches for research, including intervention and prevention.

Keynote abstracts (2)

MONDAY

M2

Developmental trajectories in early-onset psychoses: a window for prevention?

Celso Arango

Hospital General Universitario Gregorio Marañón. IISGM, Universidad Complutense, CIBERSAM.
Madrid, Spain.

Psychiatry has traditionally been based on tertiary prevention, whereas scientific evidence gathered these past decades should move our field toward the more ambitious primary and secondary prevention and promotion of mental health. Although there has been a recent increase of interest in earlier detection and treatment of mental disorders including conditions such as psychoses, there is a gap between our recently acquired knowledge about ways to promote mental health, primary and secondary prevention, and public health, and clinical initiatives to pursue them.

Potentially preventable variables such as poor nutrition, exposure to drugs, infection, or toxic substances during pregnancy, obstetric complications, maternal depression during pregnancy or after delivery, parental neglect, bullying, physical, emotional, and sexual abuse, social discrimination, cannabis use, and other forms of trauma and lack of stimulation have an impact on the risk of developing mental disorders and psychotic symptoms. In fact epidemiological studies show that the symptoms that are part of the many different diagnostic categories are present in the general population, sometimes as state phenomena, but sometimes as trait phenomena with cumulative effects.

One of the major advances in mental health research in recent years is the understanding that there may be risk factors not mapped by the present diagnostic categories. Many of these risk factors – whether at the level of aetiology or pathophysiology – seem to increase the likelihood of many different DSM or ICD mental disorders. There are no apparent risk factor “silos” for the current diagnostic criteria, as there seem to be different neurodevelopmental trajectories leading to a wide range of final outcomes in terms of mental disorders. This opens an optimistic window of opportunity for a preventive approach. If only we could prevent someone who is at risk for or who is already undergoing very early abnormal neurodevelopment from ending up with a disorder that will impose an even greater burden by intervening in the process of anxiety, depression, bipolar disorder, schizophrenia, or autism. While the treatment of early mental distress may prevent transition to a mental disorder, it could also mean that, in the long run, the mental disorder (if it develops) causes less disability, either because it is a disorder generally associated with less burden (e.g. depression vs schizophrenia) or because, within the same disorder, it has less severity (e.g. mild rather than moderate major depression, with or without psychotic symptoms, etc.).

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Keynote abstracts (3)

M4

How malleable is autism? Outcome studies from the youngest children with ASD

Sally Rogers

For most of the time since its recognition, autism spectrum disorder has been understood as a biologically based, severe and chronic neurodevelopmental disorder affecting virtually all areas of development and beginning in earliest childhood. Initial reports of major changes due to behavioral treatment were met with skepticism or disregard. However, current emphasis on early detection of ASD reflects the increasing data suggesting that high quality developmental/behavioral interventions in earliest childhood can significantly alter the course of ASD and related impairments for many children and families. This talk will focus on the evidence that supports these views and the characteristics of the most successful intervention approaches, and responders.

M5

NEW DEVELOPMENTS IN THE DIAGNOSTICS AND TREATMENT OF ADOLESCENT EATING DISORDERS

Beate Herpertz-Dahlmann

RWTH Aachen University, Germany.

Eating disorders are some of the most prevalent disorders in adolescence, often taking a chronic and disabling course. The incidence rates in this age group continue to rise. The lecture will introduce the main eating disorders anorexia nervosa (AN), bulimia nervosa (BN) and binge eating disorder (BED) with an emphasis on adolescent and childhood AN. Every clinician working with adolescents should be familiar with their symptomatology and medical/psychiatric assessment. The aim of this presentation is to convey basic knowledge on the disorders, as well as to review new developments in classification issues resulting from the transition to DSM-5. New data on epidemiology and transcultural changes in the prevalence of these disorders as well as recent knowledge on their etiology are provided. The lecture tries to give a profound insight into new developments in treatment, such as nutritional rehabilitation and education, individual and family therapy as well as pharmacotherapy and neuropsychological strategies. Severe and prolonged starvation can have profound consequences on brain and bone development. Although the evidence-base is still weak, there are some promising new approaches, which might improve the outcome of these severe disorders.

Keynote abstracts (4)

TUESDAY

T2

Brain imaging in ADHD: Disorder-specificity, medication effects and clinical translation

Prof Katya Rubia

Affiliations: Department of Child and Adolescent Psychiatry, Institute of Psychiatry, Psychology & Neuroscience, King's College London, Institute of Psychiatry, UK.

I will present our recent meta-analyses on structural, functional and biochemical brain abnormalities in ADHD patients, evidence for specificity of these abnormalities relative to other child psychiatric disorders, effects of medications on these brain abnormalities, and non-pharmacological brain-based neuro-therapy in the form of fMRI neurofeedback. Our meta-analysis of cross-sectional structural MRI studies shows that medication-naïve ADHD children have most consistent abnormalities in the basal ganglia and insula, which parallels our meta-analysis of positron emission tomography (PET) studies showing consistently abnormal striatal dopamine transporter levels. Our meta-analyses of functional MRI studies show cognitive domain-specific abnormalities in dissociated fronto-striatal and fronto-cerebellar networks mediating inhibition, attention and timing functions as well as problems to deactivate the default mode network, both together associated with impaired performance. Disorder-specificity of brain abnormalities will be elucidated by several meta-analyses comparing brain structure and function between patients with ADHD and patients with OCD and with autism. Our meta-analysis of acute stimulant effects on the function of the ADHD brain shows most prominent upregulation effects in right inferior frontal cortex, insula and striatum. Long-term stimulant medication treatment appears to be associated with more normal brain structure and function but with abnormal dopaminergic neurochemistry in the form of upregulation of striatal dopamine transporter levels. Little is known on Atomoxetine effects, but our direct comparisons to Methylphenidate show similar acute inferior frontal upregulation and normalisation effects. Clinical translation of neuroimaging findings in ADHD is only just emerging in the form of non-pharmacological neuro-therapy. An exciting new avenue is real-time fMRI-Neurofeedback in ADHD of areas that have been found to be dysfunctional. A proof of concept study will be presented at the conference.

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Keynote abstracts (5)

T4

**Depression in children and adolescents:
a developmental perspective**

Ian Goodyer

Depressive disorders are a collection of mental illnesses that emerge with their highest incident risk rate in the second decade of life. These conditions are aetiologically and clinically heterogeneous. Longitudinal studies of depressed adolescents from cohort and clinical populations demonstrate marked individual differences in outcome into the third decade of life. Randomised clinical trials show that children, adolescent and adults may not be equally sensitive to psychological or pharmacological treatments at least in the weeks following end of treatment.

These observations indicate that age may be an important marker of incident risk and treatment effects. There are also likely to be effects of depressions on the developing adolescent brain. This lecture will discuss the value of taking an age and illness approach to: i) determine the emergence of depressive symptoms in adolescents ii) reveal the impact of depressive illness and age on the teenage brain iii) identify biomarkers for depression in young people thereby guiding prevention and treatment policy for adolescent mental health.

T5

**Obsessive compulsive and related disorders in children and adolescents: innovation
and consolidation**

David Mataix-Cols

Child and Adolescent Psychiatry Research Centre,
Karolinska Institutet.

Recognition, assessment and treatment of young people with obsessive compulsive disorder (OCD) and related disorders continues to be a big challenge within health care systems.

Although childhood OCD is one of the more common serious mental disorders with prevalence rates of 0.25-3%, it may remain undiagnosed for years. The situation is considerably worse for a group of related disorders, which have received very little attention, particularly in young people. These related conditions include Body Dysmorphic Disorder, Hoarding Disorder, Hair Pulling Disorder and Skin Picking Disorder. OCD and related disorders impair psychosocial functioning and it may produce substantial disability for young people and their families if left untreated. Therefore, early detection and intervention, followed by effective treatments, is essential for young sufferers to minimize distress and secondary handicap. The current recommended treatments for OCD are cognitive behaviour therapy (CBT) and serotonin re-uptake inhibitors (SRIs). Both of these treatments have been validated in randomised controlled trials, and although more evidence is needed, the current consensus is that ideally all young people with OCD should be offered CBT including the technique of exposure and response prevention (ERP). Less is known about the long term outcome and unmet needs of these young

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Keynote abstracts (6)

patients once they become adults. While most patients respond to available treatments, a substantial number remain unwell or only achieve partial remission. New treatments are currently being tried to improve these outcomes, including memory enhancers (D-Cycloserine) and treatment protocols are being adapted for special populations, e.g. those with comorbid Autism Spectrum Disorders and OCD. Other challenges include ensuring that evidence-based treatments are adequately disseminated to non-specialist clinics, remote geographical areas and ethnic minorities. Tele-care (CBT administered via telephone or the internet) is a promising tool to disseminate these treatments and is currently being evaluated. This lecture will review the current status of research in this area, as well as efforts to disseminating available treatments to reach as many sufferers as possible.

WEDNESDAY

W3

Mental health care for children and adolescents in Europe: challenges and future perspectives

Norman Sartorius

Mental health care for children and adolescents in Europe varies from country to country and from one part of the countries to another in terms of quantity and quality. This fact makes it difficult to make any specific recommendation that would be valid for all of Europe or even for all parts of any particular European country and it is therefore necessary to build the future of child and adolescent psychiatry (and of mental health promotion) as a mosaic with a variety of services and arrangements differing from each other but made harmonious by the acceptance of general ethical principles and the use of rational approaches to problems that arise. The presentation will first discuss socioeconomic and other factors shaping the context in which child mental health care has to happen and then review modalities of care for children and adolescents as well as possible vehicles of the promotion of mental health and development. It will also refer to professional and organizational dilemmas facing child and adolescent psychiatry and problems such as that of continuity of care across age that accompany the growth of mental health care services for children and adolescents.

State of the art abstracts (1)

SUNDAY

S4-01

Adolescent attachment: from brain to culture

Martin Debbané

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Research Department of Clinical, Educational and Health Psychology, University College London, United Kingdom.

In contemporary societies, adolescence has become a topic of serious preoccupation. This concern is brought about by increasing mental health issues in youths, by more frequent physical assaults perpetrated by youths, and by the explosion of violence in schools, amongst other factors. Critically, these factors influence the developmental processes of social cognition sustaining resilience, and perhaps most notably mentalization, i.e. the capacity to understand human behaviour as motivated by intentional mental states (desires, feelings, beliefs, etc.). Starting from the dynamic encounter between post war sociological and psychological factors slowly transforming socialisation processes in youths, we hypothesize that novel attachment modalities arise during adolescence, which profoundly affect the consolidation of mental health or the emerging risk to mental disorders. Critically, the factors involved may exert a detrimental effect on “epistemic trust” as a vector of access to social and cultural knowledge. We argue that the weakening socialising influence of vertical institutions (Family, School, Religion, State, Nation, etc.) and, consequently, the uprising of autonomous social norms in youth groups lie at the epicentre of this historical shift.

From this conjecture, we suggest that a focus on the different levels of analysis (biopsychosocial) relevant to adolescent attachment may help bridge the gap between a historically static view of the biological adolescent to the dynamically changing realities of contemporary adolescents. In its various forms, psychopathology presents an increasingly common obstacle to adapting and learning in new social environments. Beyond symptom expression, the most preoccupying outcome of psychopathology may be the rigidity in psychological and social functioning it sustains, preventing affected youth and young adults from developing adaptive and flexible ways of functioning in increasingly demanding and competitive environments. As the categorical approach to mental disorders will benefit from new perspectives on dimensional expression, contemporary neurodevelopmental models may seize the opportunity for integration with the psychological and social dimensions that are susceptible to sculpt the neural networks towards sustaining health and resilience in today's youths.

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State of the art abstracts (2)

S4-02

Bullying victimization and response to stress in children and adolescents

Louise Arseneault

Institute of Psychiatry, Psychology and Neuroscience at King's College London, UK.

Background: Evidence from animal and human studies suggests that early adverse experiences such as maltreatment and bullying victimization have long-lasting effects on the hypothalamic-pituitary-adrenal (HPA) axis. However, uncertainty remains about the causal effect of these experiences in humans as no previous investigations controlled for genetic and shared-environmental influences. We tested whether bullying victimization affected cortisol reactivity using a discordant monozygotic (MZ) twin design and its impact on development.

Methods: Thirty pairs (43.3% males) of 12-year-old twins discordant for bullying victimization were identified in the E-Risk Study, a nationally-representative cohort of families with twins. We ascertained bullying using mothers' and children's reports, maltreatment using mothers' reports and children's behavioral problems using mothers' and teachers' reports. **Results:** Bullied and non-bullied MZ twins showed distinct patterns of cortisol reactivity. Specifically, bullied twins exhibited blunted responses compared to their non-bullied MZ co-twins who showed the expected cortisol increase. This difference could not be attributed to children's genetic makeup, familial environments or pre-existing and concomitant individual factors. We subsequently showed in a larger sample (50.5% males; including discordant and non-discordant pairs) that maltreated/bullied children ($n=64$) also had lower cortisol responses in comparison to controls ($n=126$). Importantly, blunted responses were associated with more social and behavioral problems among maltreated/bullied children. **Conclusion:** Results from this natural experiment support the enduring effects of early-life stress on cortisol reactivity. Moreover, our follow-up study showed that blunted responses may signal social and behavioral problems in maltreated/bullied children. The underlying role of DNA methylation will be discussed.

S4-03

Management of anxiety disorders in children and adolescents

Cathy Creswell

Anxiety disorders in childhood and adolescence are common and often associated with lifelong psychiatric disturbance, yet families often struggle to access evidence based treatments. Psychological treatments for these disorders have been developed, in particular cognitive behaviour therapy (CBT) and this is typically considered to be the optimal first-line treatment approach. A particular advance in recent years is the development of low intensity versions of CBT interventions that offer a means to increase access to evidence-based treatments. This state of the art lecture will give an overview of current best practice in the management of anxiety disorders in children and adolescents. This will include findings from two recent randomized controlled trials of brief CBT approaches: (i) parent-led CBT for anxiety disorders in childhood, and (ii) online CBT for adolescents with anxiety disorders. Implications for a stepped care approach to the treatment of anxiety disorders in children and young people will be considered as a means to optimize access to effective treatments.

MONDAY

State of the art abstracts (3)

M3-01

"Parental mental health and early childhood Development: why should we assess withdrawal behaviour in infants? Or: What does what to whom, under which circumstances?"

Antoine Guedeney (France)

More and more often we as child psychiatrist and psychologists have to deal with mentally disordered parents. On the other hand, we are requested to assess developmental disorders in young children. In order to unfold the 'still mysterious unfolding of early psychopathology', as Peter Fonagy states it, we have to assess the development of the child and its symptomatology, the mental health of both parents and the parent infant relationship. The key point is to assess the different dimensions of functioning in the child, as well as their mutual influences and to assess independently the development of the child, the parent child relationship and the parental caregiving abilities, without inferring one from the others.

Social withdrawal behavior in the young child is therefore an important alarm signal to acknowledge for, as it appears to be the response of the child to the difficulty to maintain synchrony within the relationships (Ruth Feldman). This may stem from the child – (ASD, Pain, sensory difficulty, genetic disorder..) from the relationship with parents (post natal depression, lack of synchrony, failure of repair, improvable or violent relationships). The ADBB scale may be useful to screen for social withdrawal behavior in infants. Three situations are presented in which there is a definite risk for parental distress and for difficulties in parent infant synchronization: prematurity, Prader-Willy syndrome, Palate cleft syndromes. Studies with infants in those situations show high levels of social withdrawal behavior, as well as high levels of parental stress and depression, but highlight the fact that the majority of infants and parents still succeed in resisting to those adverse conditions, through a phase of difficult adaptation. Early intervention may prove very helpful to increase resiliency in parent and infants.

M3-02

Tackling Cultural Issues in Adolescent Mental Health

Olayinka Olusola Omigbodun

Centre for Child and Adolescent Mental Health (CCAMH), Nigeria.

Culture affects and influences all domains of human life including mental health or wellness, as well as mental illness. In relating culture to adolescent mental health and illness, a major challenge may be with the attempt to define adolescence in the light of various cultural influences on human development. This may prove to be disadvantageous to the adolescent experiencing rapid physical, psychological and social changes within a culture where this phase of life lacks definition and focused study.

Culture impacts help-seeking behaviour, pathways to care, the choice of who, where and when to approach for care, the process of care and the overall management of the individual seeking

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State of the art abstracts (4)

care. The social context within which illness develops also has an important effect on how it is interpreted and managed. This address identifies various avenues through which culture interacts with adolescents through the mental health spectrum, from the experience of wellness to mental health problems, mental illness and disability. The possible impact of culture on adolescents' feelings of mental wellness, mental illness, presentation, care pathways, therapeutic relationships and gender roles are illustrated in the context of mental health and illness. Available evidence suggests that cultural variations of symptomatology, the context within which illness is experienced and variations in pathways of care during the critical period of adolescence affect mental health outcomes.

M3-03

Intervention and prevention of cannabis use in adolescents

Fabrizio Faggiano

Università del Piemonte Orientale – Novara, Italy.

In Europe, cannabis is used at least monthly by 20% of students aged 15-16 (Espad 2011). These data raise our concern for many reasons: cannabis is an addictive substance, and has been associated with several health consequences, like psychosis, other psychiatric symptoms, attention deficit etc. Cannabis users was the most frequently drug reported as reason for entering treatment, although with large variations among countries. Cannabis is considered a gateway drug, giving access to use of other drugs.

Only a minority of cannabis users experience these effects, and usually those with a more intensive use. However the prevention interventions usually address first use of cannabis, instead of the progression from experimentation and intensive use, and this is because the knowledge about the determinants of progression is lacking or very weak.

Adolescence is the life period during which most part of young people start do use drugs, and for these reasons school is a privileged setting for prevention.

The study of the determinants of adolescent behaviors is the base for prevention interventions. Risk protective factors more frequently addressed by interventions are peer influence, communication skills, knowledge, refusal skills. Indeed, most part of intervention are based on the development of life skills to tackle these factors.

Most effective interventions are based on a mix of theories, including social learning (Bandura 1977) and social norms theories (Durkeim 1951), but also on psychological vulnerability (Sher 2000). The average effect size of such interventions is around 30% (RR=0.7), with large variations among interventions (Faggiano 2014).

The effectiveness of interventions could probably be strongly improved if they are implemented together of other kind of interventions acting on the environment, not only focused on cannabis prevention, but also on tobacco and alcohol consumption, considered to be gateway drugs for cannabis use.

State of the art abstracts (5)

TUESDAY

T3-01

Potential mechanisms underlying the association between obesity and mental disorders and therapeutic implications

Johannes Hebebrand, Yvonne Mühlig, Özgyür Albayrak, Anke Hinney, Jochen Antel

Mental disorders have been shown to be associated with obesity. The initial evidence stemmed from clinical studies that assessed the body mass index of patients with specific psychiatric disorders. Associations were also picked up by probing for mental disorders such as mood disorders or attention deficit/hyperactivity disorder (ADHD) in patients with obesity. These initial clinical associations led to population based studies, which were mostly able to confirm such associations. Furthermore, longitudinal studies have provided evidence to support bidirectionality: Probands with elevated depression scale scores gained on average more weight than non-depressed children, adolescents or adults. Vice versa, probands with obesity have been shown to have an elevated risk for the development of major depression. However, the data is not totally consistent. Gender differences have been observed; moderator effects such as socio-economic status also need to be considered. Furthermore, some studies also found evidence for a predictive value of underweight for the development of depression. Finally, large scaled adult studies have reported a protective effect of obesity for suicide.

Potential biological mechanisms can be classified according to 1) an overlapping genetic predisposition between obesity and the respective mental disorder, 2) inflammation, which has been shown to be associated with obesity and major depression, and 3) overlapping pathways involved in both mental function and body weight regulation. A lower socio-economic status is associated with both obesity and several mental disorders.

Obesity rates have increased substantially in many countries during the last decades of the 20th century leading to the term `obesity pandemic`. Increments were particularly pronounced for children and adolescents in both industrialized and emerging countries. For mental disorders there is some evidence to indicate that rates have also increased during this time period; the increase in help-seeking behavior has been documented unequivocally. Potentially environmental and societal factors that have entailed the obesity pandemic are also relevant for secular trends observed for some mental disorders. In particular, a reduction of physical activity is well documented in children and adolescents. This decreased physical activity level may predispose to the development of both overweight and specific mental disorders. Finally, nutrition has changed dramatically during this time period; the increase in consumption of processed foods is particularly relevant. Accordingly, dietary interventions have been proposed as a strategy for the treatment of depression.

Our presentation will focus on major depression and ADHD; we provide an overview of this research field and discuss potential therapeutic implications.

State of the art abstracts (6)

T3-02

Marta Miret

Department of Psychiatry, Universidad Autónoma de Madrid, Spain. Instituto de Salud Carlos III, Centro de Investigación Biomédica en Red de Salud Mental. CIBERSAM, Spain. Department of Psychiatry, Hospital Universitario de La Princesa, Instituto de Investigación Sanitaria Princesa (IP), Madrid, Spain.

Mental disorders place immense burdens on individuals, their families and society. This burden is increasing in Europe, especially when compared to the relative burden of physical health problems. Mental health research can help to resolve these burdens. Funding for mental health research in Europe is much lower than the population impact of these disorders, with spending being less than half the disability burden. But there is evidence of a large return on investment. ROAMER (Roadmap for Mental Health and Well-being Research in Europe) has developed a comprehensive and integrated mental health research roadmap, focused on improving the mental health of the population and increasing European competitiveness. ROAMER analysed existing resources in European regions, and obtained input from over 1000 individuals and stakeholder organisations. Evidence-based recommendations were prioritised through iterative feedback, consensus meetings, international advisory boards and surveys of researchers, experts and stakeholders in Europe. ROAMER designed research priorities to take advantage of Europe's existing infrastructures and research strengths and to address timely challenges in European society. The answers to these research questions can guide European policy, mental health service provision and treatments. This will also provide the highest return on research investment, improve the lives people with mental health problems and their families, and increase European productivity. Analyses of contemporary European research produced six high level priorities for policy action that are practical, targeted, actionable, built on excellent European science and resolvable in the next 5 to 10 years. The answers to these proposed research questions will markedly improve the mental health of European citizens and tackle societal challenges. The six research priorities for policy action in mental health and well-being research are:

1. Research into mental disorder prevention, mental health promotion and interventions in children, adolescents and young adults.
2. Focus on the development and causal mechanisms of mental health symptoms, syndromes and well-being across the lifespan (including older populations).
3. Developing and maintaining international and interdisciplinary research networks and shared databases.
4. Developing and implementing better interventions using new scientific and technological advances.

T3-03

Economics and mental health in children and adolescents

Jennifer Beecham

Economics research in health and social care aims to ask how money can best be spent to improve the health and wellbeing. Evaluative techniques in the economics 'toolkit' can tell us how much a disorder may cost (given current levels of outcomes) now and in the future, how much it may cost to improve outcomes for a particular group of children and adolescents, and whether there are more cost-effective interventions than those currently provided. This is important information for policy-makers, commissioners and providers as they try to meet increasing needs for mental health treatment and support. Unfortunately, although the demand for such information is high, there is a limited supply. For example, there were just 64 papers with any mention of costs research published in English between 2005 and 2012. A few of these papers considered the costs of supporting and treating children with any mental health problems, the main part of the research literature centres around just three disorders; autism spectrum disorder (n=23), attention deficit disorder (n=15) and conduct disorder (n=7). This presentation will bring together what is currently known about the costs of child and adolescent mental health problems, and their prevention and treatment.

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**S1-01
CANNABIS MEDICALIZATION, LEGALIZATION, AND COMMERCIALIZATION: THE
AMERICAN EXPERIENCE**

Atkinson D; Krakower S; Sparks G

University Of Texas-southwestern; Hofstra North Shore-lij School Of Medicine; University Of Pittsburgh School Of Medicine

Title:

Cannabis Medicalization, Legalization, and Commercialization: the American Experience

David L. Atkinson, M.D. main corresponding, presenting

Scott Krakower, D.O. , presenting

Garrett Sparks, M.D., presenting

Numerous problems have presented with the legalization of cannabis in the United States. Chief among these was an increased acceptance of the drug and a decrease in the perception of harm. More students have seen cannabis as acceptable, including new groups that did not previously accept the drug.

Also, there were not the expected reductions in drug-related arrests, or the expected decrease in alcohol use. Sifting through the scientific evidence has become more of a political war than a scientific one. We also did not see the scientific community consulted on the changes that were made. Medicalization was one of the main reasons that the drug gained acceptance among the American Public. The claims of medicalization have outstripped the scientific evidence supporting them.

Dr. Krakower will offer an introduction to discuss the evolution of cannabis culture, and give examples of cannabis-related advertisements, and a brief history of medicalization, commercialization, and legalization. Then, Dr. Krakower will frame the clinical impact by discussing how legalization affects patients' cognitions regarding use. 20 minutes plus 5 minutes for questions.

Dr. Sparks will explain the medicalization movement, and analyze the therapeutic benefits of the medication, and contrasting these with the reported benefits for various disorders. Also, issues germane to the low-level of regulation will be discussed, such as discrepancies in potency and quality-control. 20 minutes, plus 5 minutes for questions.

Because the legalization has been on a state-by-state basis, analysis of the data will look at the potential effects of the change in drug policy, together with explanations for these effects. Dr. Atkinson will review the data on safety, substance use disorders, and frequency of use in the various states, while explaining limitations of the data. 20 minutes, plus 5 minutes for questions.

Drs. Sparks, Krakower, and Atkinson will moderate a 15 minute discussion regarding the effects of legalization in America, and we will attempt to frame the "experiment" as an event for European Child and Adolescent Psychiatrists to learn from—and we will encourage child and adolescent psychiatrists to have a voice in shaping any potential policy changes in light of what has taken-place in America.

We acknowledge a lack of expertise on European law and culture, but maintain that science has a place in informing public policy.

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S1-02

PSYCHOSOCIAL TREATMENT OF CHILDREN WITH DISRUPTIVE BEHAVIOUR PROBLEMS: EFFICACY, MODERATORS AND MEDIATORS

Doepfner M; Hautmann C
University Of Cologne

Psychosocial treatment of children with disruptive behaviour problems: Efficacy, moderators and mediators

Manfred Döpfner & Christopher Hautmann

Department of Child and Adolescent Psychiatry at the University of Cologne, Germany

School of Child and Adolescent Cognitive Behaviour Therapy at the University of Cologne, Germany:

Disruptive behaviour problems cover a broad range of disorders including Attention Deficit Hyperactivity Disorders (ADHD), Oppositional Defiant Disorder (ODD), and Conduct Disorders (CD). Children with these disorders are very often referred for treatment in child psychiatric and psychotherapeutic institutions and practices. Empirical research in the recent decades has shown that psychological interventions may be effective. However, further clinical trials within clinical settings are still needed to learn more about the efficacy of these interventions in clinical populations. This symposium presents clinical trials on the efficacy of psychosocial treatment approaches for children with ADHD and other disruptive disorders including school-based interventions, guided self-help approaches and outpatient treatment. Using a framework of multimodal psychological treatment patient focused as well as parent and teacher focused interventions were conducted for different clinical populations. Since randomized controlled parallel group designs are not always suitable in routine care innovative designs and data analysis approaches are needed. Besides classic between subject designs the studies presented in this symposium use within subject control group designs and multilevel modeling analyses. Results on the efficacy of the interventions as well as moderators and mediators of treatment effects are presented.

Presentations:

1. Christopher Hautmann & Manfred Döpfner (School of Child and Adolescent Cognitive Behaviour Therapy at the University of Cologne, Germany; Department of Child and Adolescent Psychiatry at the University of Cologne, Germany): Comparison of behavioural and non-directive guided self-help for parents of children with externalizing behaviour problems
2. Christina Dose & Manfred Döpfner (Department of Child and Adolescent Psychiatry at the University of Cologne, Germany): Effects of telephone assisted self-help as enhancement of methylphenidate treatment in children with ADHD
3. Manfred Döpfner, Anja Görtz-Dorten, Hendrik Hasselbeck & Christopher Hautmann (School of Child and Adolescent Cognitive Behaviour Therapy at the University of Cologne, Germany; Department of Child and Adolescent Psychiatry at the University of Cologne, Germany): Efficacy, Moderators and mediators in the treatment of children with aggressive behaviour problems
4. Ilka Eichelberger, Charlotte Hanisch & Manfred Döpfner (Department of Child and Adolescent Psychiatry at the University of Cologne, Germany; University of Applied Sciences, Düsseldorf, Germany): How effective is teacher coaching in reducing externalizing behaviour problems in primary school children

S1-02-01

COMPARISON OF BEHAVIOURAL AND NON-DIRECTIVE GUIDED SELF-HELP FOR PARENTS OF CHILDREN WITH EXTERNALIZING BEHAVIOUR PROBLEMS

Christopher Hautmann & Manfred Döpfner

Introduction

For externalizing problems in children behavioural therapy is considered to be effective. Yet, what is currently not well understood is what factors make the therapy effective and if it is superior to other treatment approaches. In the current study the efficacy of a behaviourally and

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a non-directive guided self-help program for parents of children with externalizing problem behaviour were compared. In psychotherapy research non-directive control groups are often used, because it is assumed that by this treatment approach primarily common treatment factors are realized (e.g., therapeutic relationship, hope).

Method

In this trial 149 families of children aged 4 to 11 years were included. The children were diagnosed either with attention-deficit/hyperactivity disorder (ADHD) or oppositional defiant disorder (ODD). This was a randomized controlled trial with an active control group. Parents of both treatment arms received parent booklets by post and obtained ten additional counseling telephone calls. The program of the experimental group was founded in behavioural therapy and for the control group in non-directive therapy. Parent ratings and blinded clinician ratings are reported. Assessments were made at baseline, post treatment as well as 6 and 12 months after treatment. A per-protocol analysis was conducted; only participants that completed the treatment were considered.

Results

In total 110 families finalized treatment. At post measurement increased parenting competencies in parent ratings (e.g., self-efficacy, positive parenting behaviour, fewer parenting stress) and less ODD symptoms in blinded clinician ratings were observed for the behavioural self-help condition. At 6- and 12-months follow-up for most outcome measures no group differences could be detected. There is no indication of an increased efficacy of behaviourally based self-help programs in the long-term. The similarities and differences of both treatment approaches are discussed.

S1-02-02

EFFECTS OF TELEPHONE ASSISTED SELF-HELP AS ENHANCEMENT OF METHYLPHENIDATE TREATMENT IN CHILDREN WITH ADHD

Christina Dose & Manfred Döpfner (Department of Child and Adolescent Psychiatry at the University of Cologne, Germany)

Introduction: Parenting trainings have shown to be effective in the treatment of children with ADHD. However, training programs are not available for all families in need of treatment due to different reasons like e. g. lack of time or financial resources, lack of local treatment options, or fear of stigmatization. For these families, telephone assisted self-help may be a viable treatment alternative. With regard to the enhancement of methylphenidate treatment by psychosocial interventions, the results of previous research are inconclusive. The present study aimed to evaluate a telephone assisted self-help program (consisting of eight booklets dealing with disruptive behaviour disorders and parenting accompanied by 14 consultations per telephone) in a population of parents with children diagnosed with ADHD who were already treated with methylphenidate.

Method: Participants were parents of school children aged 6 to 12 years who already received methylphenidate treatment and who showed impairment in psychosocial functioning. The parents were randomized to either an intervention or a waitlist control group. Parents in the intervention group received the telephone assisted self-help program for one year. During this time, parents in the waitlist control group received treatment as usual. The primary outcome variable was psychosocial functioning, the secondary outcome variables were ADHD and oppositional symptoms. They were measured at baseline and after 12 months in both groups.

Results: ANCOVAs (per-protocol analyses) controlling for the baseline data revealed significant differences between the intervention and the waitlist control group after twelve months regarding psychosocial functioning and oppositional symptoms. Effect sizes lay in the medium range. With respect to ADHD symptoms, no significant results were found.

Conclusion: The results suggest that telephone assisted self-help for parents of children with ADHD is effective as enhancement of methylphenidate treatment with regard to psychosocial functioning and oppositional symptoms.

S1-02-03

EFFICACY, MODERATORS AND MEDIATORS IN THE TREATMENT OF CHILDREN WITH AGGRESSIVE BEHAVIOUR PROBLEMS

Manfred Döpfner, Anja Görtz-Dorten, Hendrik Hasselbeck & Christopher Hautmann School of Child and Adolescent Cognitive Behaviour Therapy at the University of Cologne, Germany; Department of Child and Adolescent Psychiatry at the University of Cologne, Germany):

Objectives The German Treatment Program for Children with Aggressive Behaviour (Therapieprogramm für Kindermit aggressivem Verhalten, THAV) aims at the therapy of children aged 6 to 12 years with peer-related aggressive behaviour, which results in a persistent impairment of the relationships to other children. Contrary to other treatment approaches, this intervention aims at the individual treatment of problem maintaining and moderating factors of aggressive behaviour. Depending on the individual problem maintaining factors the treatment aims to modify social cognitive information processing, impulse control, social problem solving, social skills and social interactions in specific situations. **Methods:** The efficacy is evaluated in a randomized control group design with n=101 children. N=60 children are treated for about half a year with the modules of THAV in weekly individual sessions. The control group of n=41 children receives alternative interventions with group play and techniques to activate resources of the child. These interventions give the children the opportunity to train pro-social interactions. Outcome parameters are aggressive behaviour und comorbid symptoms as well as problem maintaining factors, psychosocial functioning, family burden and treatment satisfaction. Moreover, variables of the treatment process are assessed. Questionnaires, tests and individual problem checklist were used to assess these outcome and process parameters **Results:** Reductions of aggressive behaviour, comorbid symptoms and problem maintaining factors could be found bot in parent and teacher ratings. The effect sizes are ranging from small to large effects. Moreover, moderators and mediators of the treatment are analysed. Potential moderators are 1) demographic characteristics of the patient (e.g. age, gender) and 2) the family (e.g. socioeconomic status, family status), 3) characteristics of the disorder at pre-treatment (severity of symptoms, comorbidity), 4) further psychological characteristics of the patient (e.g. intelligence), 5) parenting behaviour and family climate and 6) parental psychopathology. In the first step bivariate correlations in both treatment groups between the predictor variables and the symptom change during the treatment were analyzed. The strongest correlations were found between the strength of peer-related aggression and overall mental health problems rated by parents at pretreatment.

S1-02-04

HOW EFFECTIVE IS TEACHER COACHING IN REDUCING EXTERNALIZING BEHAVIOUR PROBLEMS IN PRIMARY SCHOOL CHILDREN

Ilka Eichelberger, Charlotte Hanisch & Manfred Döpfner Department of Child and Adolescent Psychiatry at the University of Cologne, Germany; University of Applied Sciences, Düsseldorf, Germany:

Objectives: Disruptive behaviour and attention problems may impair academic functioning of children with externalizing behaviour problems. This and the implementation of the UN Convention on the Rights of Persons with Disabilities and thus the right of inclusion call for effective strategies to reduce externalizing behaviour problems in general education settings. Classroom behavioural interventions like daily report cards, behavioural consultation with teachers, or contingency management have been found to be effective in reducing externalizing behaviour problems in school for clinical populations (e.g. DuPaul et al., 2011; Maggin et al., 2012). **Methodology:** We developed a teacher coaching program in which teachers were coached in 6 individual coaching sessions to apply these strategies to target children. Effects are tested in a within subject control group design. Dependent measures reported here are teacher rated child behaviour and teacher classroom management strategies. **Results:** 62 teachers will have completed the coaching by the end of the next school term in June 2015. This talk will thus report short-term effects of this sample and will draw first conclusions on the efficacy of our teacher coaching program.

S1-03

CURRENT TRANSCULTURAL CLINICAL APPROACH IN ADOLESCENCE

Authors: Marie Rose M; Malika M; Marion F; Mayssa' E

Workplaces: M.d., Ph. D., Professor Of Child And Adolescent Psychiatry – University Paris Descartes, Sorbonne Paris Cité, Psychology Institute, Psychoanalyst, Head Of The Child And Adolescent Psychiatry Department Of Cochin Hospital, Paris, Director Of The Trans; Clinical Psychologist – Child And Adolescent Psychiatry Departement – Saint-denis Hospital, Researcher Inserm U669; Maître De Conférences In Clinical Psychology, Clinical Psychologist, Researcher Pcpp Ea 4056, University Paris Descartes, Sorbonne Paris Cité, Psychology Institute; Clinical Psychologist- Adolescent Psychiatry Department- Cochin Hospital; Ph.d. Candidate- Paris 13 University-sorbonne Paris Cité; Researcher Inserm U 699

- Title of the symposia :
Current transcultural clinical approach in adolescence

- Title of each lecture

1- Marie Rose Moro: Breaking the deadlock of the adolescence process in second generation adolescents: current transcultural research and clinical practice

2- Mayssa Husseini : Countertransference to Trauma : a transitional breach in the therapists' identity- qualitative approach to counter transference among trauma therapists

3- Marion Feldman: A clinical approach to address the suffering of adolescents struggling in a paradoxical filiation

4- Malika Mansouri : Personal and collective paths of French adolescents born under colonial trauma - a transcultural research

S1-03-01

BREAKING THE DEADLOCK OF THE ADOLESCENCE PROCESS IN SECOND GENERATION ADOLESCENTS: CURRENT TRANSCULTURAL RESEARCH AND CLINICAL PRACTICE

Marie Rose Moro

Context and objective: The adolescence process in transcultural context lodges certain particularities that can be observed in psychopathological manifestations. Contemporary research in transcultural clinic with second generation adolescents highlights the complexity and specificity of the adolescence process as experienced in the hosting society. We propose hereby to examine the needs of adolescents descending from migrant parents in Europe in order to adapt our clinical approaches.

Method: We refer to the research corpus of the transcultural psychiatry and its methodology developed in Europe and Canada for 30 years now. Addressing the needs of these adolescents requires a complementary method: examining a phenomenon through resorting, obligatorily but not simultaneously, to anthropology and psychoanalysis. Both approaches are mandatory to analyze the psychological functioning of adolescents, their intersubjective modalities, their family functioning and the social context where they evolve.

Discussion: The hosting society is underpinned with preconceived ideas and fearful representations towards migrants. Such representations reflected by the hosting society impact the image of the adolescents' parents.

Migrants' children undergo a phase of high vulnerability at the adolescence. The transcultural situation where the journey of adolescence is experienced generates identity conflicts. Thus, the complexity of the adolescence construct is intensified by migration problematics. Transcultural configuration multiplies and sometimes opposes figures of identification: parental figures, figures related to the parents' society of origin on one hand, and figures transmitted in the hosting society through the neighborhood, the school, or the media on the other hand. However, on a psychological level, adolescents need to intertwine harmoniously their filiation and the multiple affiliations offered by the transcultural topography.

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Conclusion: The adolescence process in a migration context entails a “metissage” process. The adolescents’ reality offers multiple ways of belonging and transnational aspirations. Adolescents can sometimes feel deadlocked and thus need help to reactivate their psychological creativity to reacquire pride and happiness.

Keywords: transcultural psychiatry, adolescent psychopathology, migrants of second generation, vulnerability, creativity

S1-03-02

COUNTERTRANSFERENCE TO TRAUMA: A TRANSITIONAL BREACH IN THE THERAPISTS’ IDENTITY- QUALITATIVE APPROACH TO COUNTER TRANSFERENCE AMONG TRAUMA THERAPISTS

Mayssa’ el Hussein:

Objectives.To explore the mechanisms implicated in trauma transmission through counter transference reactions in therapists working with traumatized patients; to identify trauma impact on therapists and the processes underlying vicarious traumatization.

Method.An interview protocol for therapists working with traumatized patients introduces the concept of emergent scenario (Lachal 2006; 2012; 2015). Semi-structured interviews of one hour and a half in average designed for the purpose of this research were conducted with 45 therapists working with traumatized patients. The interviews were analyzed following the principles of the Interpretative Phenomenological Analysis promoting the therapists subjective experience of the studied phenomenon.

Results:First findings reveal several indicators of trauma transmission amongst therapists, identified throughout their narratives. Therapists interviewed could express a feeling of disinclusion from the therapists’ community; inability to re-account the narratives of the patients or to share the emotional confusion stirred by the therapy and that could affect the therapist’s vision of the world around; experiencing moments of strangeness and inner disquiet; discomfort pertaining to the validity of their theoretical background; resonance in the defense mechanisms deployed by therapists and by patients at certain moments of the therapy; resorting to disregarding cultural interpretations/ generalizations to make sense of an utterly painful situation and put a protective distance with the patients’ culture of origin; three types of emergent scenarios.

Discussion: Our study results reflect interesting subtleties in countertransference reactions to trauma narratives and shed light on processes indicative of trauma transmission. It also provides corroborative evidence to previous study findings in the field of countertransference to trauma work (Dalenberg, 2000; Lachal, 2006, 2012; Wilson & Lindy, 1994).

The transitory disruptions in the therapists’ beliefs highlight the particularly intense mobilization of countertransference reactions to trauma. Exploring the disorganization in each therapist’s narrative structure reflects the style of that therapist’s defense mechanisms implicated in countertransference.

The transgressive aspects of the trauma narratives are the most implicated in the disqualification of the patients’ culture of origin.

Conclusion: The findings of this study underline the presence of trauma transmission and depict some of the channels through which it is conveyed within countertransference reactions. However, this transmission is not static and does not necessarily obstruct the therapeutic alliance, insofar as the examination of countertransference reactions helps transform trauma transmission elements into means to better understand the therapeutic process.

Keywords: Countertransference; vicarious traumatization; humanitarian context

S1-03-03

A CLINICAL APPROACH TO ADDRESS THE SUFFERING OF ADOLESCENTS STRUGGLING IN A PARADOXICAL FILIATION

Marion Feldman:

Context and objectives: Childhood Protection Organization has difficulties to provide adapted care to adolescents presenting high risks of psychopathology and other behavioural disorders/symptoms. Those adolescents had faced numerous difficulties in the course of their residency in foster families, foyers and hostels. It hadn't been possible for them to settle in the above mentioned places as they were not adapted enough to their conflictual situation/problematic.

Before being entrusted to the Childhood Protection Organization, those adolescents had been exposed to mistreatment, carelessness... Our objective is to reflect upon a better adjusted clinical approach in order to provide care and accompaniment to the adolescents among whom many suffer from several disorders such as PTSD.

Method: The analysis is based on ten clinical situations of adolescents. They have been staying in a foster home opened recently for a limited number of adolescents who had been wandering in different structures. This foster home provides an alternative to the hotel placement.

Discussion: Symptoms identified Relate to the devastating effect of family toxicity along with repetitive placements. Ruptures and discontinuity seem to have actively contributed to a paradoxical filiation processing in the adolescents' identity's development. We suggest hereby a multi-perspective re-filiation process declined into 5 axis: dis-holding holding; permanency; third-party and multi-focalization; and transformation.

Conclusion: Clinical-educational practices require creativity and a multidirectional care system. Adolescence is a phase in life mobilizing psychological processes along with body transformations which urge the adolescent to question his/her filiation and belonging. Cultural, family and individual ingredients are to be integrated within the transformation dynamic.

Keywords: adolescent, placements, violence, care, pluri-filiation.

S1-03-04

PERSONAL AND COLLECTIVE PATHS OF FRENCH ADOLESCENTS BORN UNDER COLONIAL TRAUMA - A TRANSCULTURAL RESEARCH

Malika Mansouri:

Context: According to a sociological study (Delon, Mucchielli, 2006), French "riots" of 2005 were orchestrated by French teenagers of "immigrant origin" amongst whom, over 78% are descendants from former French colonies, unlike previous European immigrations. The attempts of understanding the rioting phenomenon multiplied, yet without questioning the specificity of their filiation or interviewing the main actors. Through a transcultural research, I have proposed to focus on the testimony of the youth deriving from the colonial and French-Algerian post-colonial history.

Methods: Following a qualitative approach, I have explored the underlying meaning the young French rioters had expressed throughout their anger and acting out during the events. For the purpose of the research, I have met 15 French adolescents from Algerian origin. During the interviews, I have delved into the subjective impacts of a collective history on individual affects. Complementary method helped intertwining the analysis of collective representations related to history and unconscious dynamics, along with transgenerational transmission.

Results: Results highlight the importance of the "historic disaster" undermining the riots. The violence endured throughout history clamped a non-existence status onto the parents' generation. This status colluded with the adolescents' actual reality, propelling them into this non-existence status. Such collusion breaches in the subjectivation process, defining the trauma. Adolescent "rage" represents a struggle for existence through strength and crash despite the lack of differentiation processes. This gap obviates the assertion of a subjectivity differentiated from the mythological group: the children of immigrants. From shame to hatred, each adolescent seems to fight against despair, and the mandate of loyalty to the ancestors

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which negates any possible separation. Alike their colonized ascendants, these adolescents seem to be stuck between two possible choices as defined by Frantz Fanon: submission to petrification or a possibly violent revolt. In this sense, explosion is a self-protective measure against implosion and petrification.

Conclusion: This research highlights the importance of creating spaces for metaphoric processing, where adolescent can experience being subject of their memory and history, acquiring the ability to symbolize and therefore to remember and to forget.

Keywords: adolescence, historical traumatism, colonization

S1-04

IDENTITY DISTURBANCE IN ADOLESCENTS - A TRANSCULTURAL PERSPECTIVE

Schmeck K; Rudic N; Kassin M; Tardivo L

Psychiatric University Hospitals; Institute Of Mental Health; Iberoamerican University; University Of Sao Paulo

Symposium

“Identity disturbance in adolescents - a transcultural perspective”

In the alternative model of personality disorders in the Diagnostic and Statistical Manual DSM-5 the construct “identity” has been integrated as a central diagnostic criterion. Identity is described as the experience of oneself as unique, with clear boundaries between self and others, a stability of self-esteem and an accuracy of self-appraisal as well as the ability to regulate a range of emotional experiences.

The consolidation of identity is one of the most relevant developmental tasks of adolescence, so that the emergence of normal ego identity, identity crises or identity diffusion can be seen as the crucial characteristic of normal and pathological personality development. Disturbance of identity results in decreased flexibility and adaptability of functioning in the areas of self-regulation, interpersonal relations, and meaningful productive actions.

In this symposium we will describe the significance of the construct identity for the understanding of disturbed personality development in adolescents from different cultural backgrounds.

The first talk gives an overview of different concepts of identity and an introduction to the alternative classification of personality disorders in DSM-5 Chapter III. The second talk will focus on the current societal impact on the development of identity in adolescents from Serbia. The third talk relies on empirical data from a Mexican prison population where the identity development of adolescents under these extremely difficult circumstances was studied. The last talk is based on the investigation of several juvenile populations in Brazil and will focus on identity development of adolescents who have experienced severe violence in their families.

Keywords: Identity, development, adolescence, personality disorder, transcultural psychiatry

Chair: Schmeck, K.

Co-Chair: Schlüter-Müller, S.

“The role of identity in the DSM5-classification of personality disorders”

Klaus Schmeck, Kirstin Goth, Susanne Schlüter-Müller

Dep. of Child and Adolescent Psychiatric Research, Psychiatric University Hospitals (UPK) Basel

“Vicissitude of identity development in Serbian adolescents”

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Nenad Rudic, Marko Kalanj, Jelena Radosavljev-Kircanski, Zeljka Kosutic
Institute of Mental Health, Clinic for Children and Adolescents, Belgrade, Serbia

“Identity of adolescents in a Mexican prison population”

Moises Kassin

Mexican Institute of Studies of Personality Disorders, Iberoamerican University, Mexico City, Mexico;

“Identity disturbance in Brazilian adolescents with a history of severe intrafamilial violence”

Leila Tardivo, Paula Miura, Malka Alhanat

Institute of Psychology, University of Sao Paulo, (Av. Professor MelloMoraes, 1721 - Bloco F - Cidade Universitária), Sao Paulo, (CEP: 05508-030),Brazil.

S1-04-01

THE ROLE OF IDENTITY IN THE DSM5-CLASSIFICATION OF PERSONALITY DISORDERS

Klaus Schmeck*, Kirstin Goth, Susanne Schlüter-Müller *(main author)

Objective: The consolidation of identity is one of the most relevant developmental tasks of adolescence, so that the emergence of normal ego identity, identity crises or identity diffusion can be seen as the crucial characteristic of normal and pathological personality development. In the alternative model of personality disorders in the Diagnostic and Statistical Manual DSM-5 the construct “Identity” has been integrated as a central diagnostic criterion. This talk gives an overview of different concepts of identity and demonstrates the alternative classification of personality disorders in DSM-5 Chapter III.

Methods: The alternative model’s hybrid nature leads to the simultaneous use of diagnoses and the newly developed “Level of Personality Functioning-Scale” (a dimensional tool to define the severity of the disorder). Pathological personality traits are assessed in five broad domains which are divided into 25 trait facets. With this dimensional approach, the new classification system gives the opportunity to describe the patient in much more detail than previously possible. We have used the new classification system in a clinical sample of 20 adolescents (age range 14-18y.) with severe personality disorder (diagnosed with the structured interview SCID-II) and assessed identity development with the questionnaire Assessment of Identity Development in Adolescence (AIDA).

Results: In this sample of adolescents with different types of personality disorders the newly developed “Level of Personality Functioning Scale” yields a meaningful tool to describe the severity of the disorder. With T-scores of 73 for both total score and subscale scores the mean AIDA scale scores of these personality disordered adolescents were far above the un-referred population and other clinical samples.

Conclusion: In comparison to a single diagnosis the amount of information that is given within the complete diagnostic procedure of the new DSM-5 classification system is enormous. However the procedure is much more complex and it takes time and training for clinicians to fully understand and apply the new system. It is essential that new assessment instruments are developed that are easy to administer to reduce the complexity of the new classification system.

Keywords: DSM-5, identity, adolescence, personality disorder

S1-04-02

VICISSITUDE OF IDENTITY DEVELOPMENT IN SERBIAN ADOLESCENTS

Nenad Rudic*, Marko Kalanj, Jelena Radosavljev-Kircanski, Zeljka Kosutic
*(main author)

Objective: Difficulties in identity development in adolescents in the context of chronic adverse societal influences may sometimes be reflected in manifestations that are of clinical concern. In this talk we present results of a study aimed at assessing identity development of Serbian adolescents from inpatient clinical population, with the established diagnosis of mixed disorders of conduct and emotions (ICD 10: F 92).

Methods: The sample consisted of 59 adolescents (mixed sample, boys and girls, age range 12-18, mean age $15,25 \pm 1,72$, 32 girls, 27 boys). The diagnosis of F 92 (Mixed disorders of conduct and emotions) was made according to the ICD 10 criteria, severity of symptoms and dysfunction in adaptive functioning warranted inpatient treatment. The questionnaire "Assessment of Identity Development in Adolescents" (AIDA) was used to assess identity development and to make comparisons with normative sample of children in general population.

Results: Results showed significant differences in the identity dimensions "Discontinuity" and "Incoherence" measured by AIDA in this group of patients, compared with a Serbian normative sample from a school population (incoherence $F(1,37) = 5,314$, $p < 0.05$, discontinuity $F(1,37) = 11,849$, $p < 0.01$).

Conclusions: The assessed difficulties in identity development in this group of patients, using AIDA, may point toward increased risk for developing personality disorders and need for specific interventions. Findings are discussed with a focus on the current societal impact on the development of identity in adolescents from Serbia.

Keywords: identity, adolescence, personality disorders

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S1-04-03

IDENTITY OF ADOLESCENTS IN A MEXICAN PRISON POPULATION

Moises Kassin

Objective: In Mexico, the mean age of the current population is 26 years. The population census 2010 revealed a serious problem with school drop-outs among Mexican adolescents and labeled 26% of adolescents aged between 15 and 19 years as "NINIS" (not studying, not working). As a consequence, adolescent delinquency has increased by 139% in the last six years. The Objective of the study was to understand Identity and personality pathology in 155 adolescents from school and 90 from a treatment center for adolescents in conflict with law.

Methods: We used the questionnaires AIDA (Assessment of Identity Development in Adolescence; Goth et al., 2013); MACI (Millon Adolescent Clinical Inventory (Millon, 1993); YOQ 2.0 (Youth Outcome Questionnaire; Burlingame et al., 2005), and the Structural Interview modified for adolescents (Foelsch et al., 2014).

Results: Much of Mexican adolescents in conflict with law are located in the Borderline personality organization continuum. Some Adolescent who have no identity diffusion are within the range of normal personality organization and only go through an identity crisis; they are in conflict with law by a juridical error or because they committed a minor fault. Others who did not report an identity diffusion have a psychopathy, or malignant narcissism: these adolescents have criminal and anti-social aspects integrated in their identity as a form of ethnicity and do not report an identity pathology.

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Conclusions: It is important to highlight that a correct assessment of personality, identity and super ego functioning would help these young people to be provided with specific and effective psychotherapeutic treatments.

Keywords: Identity, adolescence, prison population

S1-04-04

IDENTITY DISTURBANCE IN BRAZILIAN ADOLESCENTS WITH A HISTORY OF SEVERE INTRAFAMILIAL VIOLENCE

Leila Tardivo*, Paula Miura, Malka Alhanat *(main author)

Objective: This work is based on the investigation of several juvenile populations in Brazil with a focus on identity development of adolescents who have experienced severe violence in their families. Intra familial violence against children and adolescents results from the interaction of socio-economic, cultural and psychological factors of the people involved. Intra familial violence against a child or an adolescent represents a risk factor to the developmental process, which may lead to disturbances of personality and social adaptation. Studies in this area show that the experience of violence brings severe consequences to the human development, when person who are supposed to care for bring about pain and suffering, which promotes disturbances in the constitution of a healthy identity. The focus of the present study is to present data about the impact of intra familial violence on adolescents and to discuss the consequences.

Method: 100 adolescents, victims of intra familial violence, attended in specialized institutions, participated in this study, and 100 adolescents of a school population, with ages between 12 and 18 years. The instruments used were: Assessment of Identity Development in Adolescence (AIDA), Defense Style Questionnaire (DSQ-40) and Strengths and Difficulties Questionnaire (SDQ). The results of the school population and clinical group are compared, and cultural differences are discussed in depth.

Results: The victims of violence show more difficulties and weaknesses in the SDQ and more immature defenses in DSQ-40. They need help with developing more positive defenses, and strong models of identification. They feel a lack of affect and they reveal more identity diffusion (AIDA) when compared to the control group.

Conclusion: It's possible to get in touch with this difficult reality in our country, the presence of domestic intra familial violence against children and adolescents. Using this study and others, it is possible to support prevention and intervention programs, so necessary in the area. The suffering and consequences to development, in general, and in the formation of identity, in particular, are shown. Clinical researchers have to give voice especially to disadvantaged adolescents who deserve caring to develop a healthy identity and a better quality of life.

Key words: adolescents, identity, intra-family violence

S1-05

NEW ASSESSMENT INSTRUMENTS IN CHILD AND ADOLESCENT PSYCHIATRY

Cianchetti C
University

Presentations:

1. Child and Adolescent Behaviour Inventory (CABI): a new alternative to CBCL.

2. A new diagnostic tool for eating disorders in childhood

3. Intelligence and Controls of the Emotions: a new test for the evaluation of the emotional responsivity

4. A new use of the Children's Play Therapy Instrument in assessment of psychomotor therapy of children with ASD

S1-05-01

CHILD AND ADOLESCENT BEHAVIOUR INVENTORY (CABI): A NEW ALTERNATIVE TO CBCL.

Cianchetti C.1, Marino M.2, Riccio M.P.3, Craig F.4, Matera E.4, Ledda M.G.1, Gualandi P.5, Nacinovich R.6, Bomba M.6, Balottin U.7, Franzoni E.5, Margari L.4

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Key words: behaviour, CBCL

Introduction. The largely used Child Behaviour Checklist has been published in 1991. Except for a few modifications, the present CBCL/6-18 is based on the original 113 items. The construct validity of its 8 original syndrome dimensions has been questioned (Hartman et al., *J. Child Psychol. Psychiatry* 1999;40:1095-116). The 6 DSM-IV oriented scales (Achenbach et al., *J. Clin. Child Adol. Psychol.* 2003;32:328-40), confirmed for DSM-5, utilize only 55 items, therefore a large number of items remain unused for the clinical characterization, meanwhile the length of the questionnaire could discourage parents for accurate answers. CBCL is covered by copyright, an economic burden especially for epidemiological studies.

Following DSM-IV-R criteria, we built the CABI using items more representative for the symptoms of each disorder (still valid for DSM-5). Although CABI includes only 75 items, it explores an almost complete range of psychopathological disorders, including those not explored by CBCL. It is free for use, published in open access.

Here we present the completion of the normative data and the results of CABI in various pathological conditions, compared with CBCL.

Material and methods. Normative data, reported in Cianchetti et al. (*Clin. Pract. Epidemiol. Mental Health* 2013;9:51-61) for children 8-10 y.o., were now extended including a school population 11-18 y.o.. Moreover, in a polycentric study, both CABI and CBCL were administered to the parents/caregivers of 8-18 y.o. subjects affected with various psychiatric disorders. Data related to the different pathological conditions as resulted from CABI and CBCL were compared with the final diagnoses. For the comparison, the DSM-oriented scales of CBCL were used.

Results. Concerning normative data in subjects 11-18 y.o., the more marked difference compared to 8-10 y.o. is the higher presence of externalizing symptoms in males.

Concerning pathology, a significant degree of agreement of T values >70 in both CABI and CBCL with the final diagnosis has been found in all the psychopathological domains explored by the interviews, and in CABI also in those not explored by CBCL, like eating disorders.

A disagreement between clinical diagnosis and the results of both CABI and CBCL has been found in about 5-20% of cases in relation to the different disorders, suggesting a wrong evaluation by some parents-caregivers of the condition of the child-adolescent.

Conclusions. The CABI results a valid alternative to CBCL, carrying the same diagnostic capabilities. It has the advantage of a minor number of items, which facilitates the collaboration of parents/caregivers especially in case of epidemiological studies. Moreover, it is free.

S1-05-02

A NEW DIAGNOSTIC TOOL FOR EATING DISORDERS IN CHILDHOOD

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Key words: diagnostic tool, eating disorders

Objective

A new questionnaire has been prepared for diagnostic evaluation of different kind of Eating Disorders (ED).

The most important objectives are represented by the possibility to give an efficient tool to evaluate the eating problems and also to screen an early identification of eating difficulties in infancy and preadolescence.

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Materials and methods

The tool is designed for children/pre-teenagers, their parents, teachers and paediatricians. The gap (0-12 years) is further divided in three subgroups: 0-3 (three questionnaires with an anamnestic section), 4-7 (anamnesis and three questionnaires) and 8-12 years (in this group there is another questionnaire which the child has to complete lonely) .

The project has 6 different steps:

- 1) pre-operating step of identification and creation of the items based on the latest literature and the classification system of eating disorders;
- 2) administer the questionnaires for the standardisation to a wide population divided in a normative sample and a clinical one (considering parents, teachers, pediatricians and children between 8 and 12 years) throughout collaboration with Schools and others Units of Child Neuropsychiatry .
- 3) Statistic evaluation of the data about the reliability of the test and of the its diagnostic categories.
- 4) Interpretation of the results and their use in clinical-therapeutic and research setting.
- 5) Review of the material for definitive draft.
- 6) Realization of an explicative manual about this tool for its editorial publication (Giunti O.S).

The working group will be composed by three specialized workers (clinical psychologists).

After an initial research step is essential to look after the test design. Later it will need to do a pilot analysis before the definitive data

Results

The first results are coming from the collection of questionnaires distributed in different schools of North of Italy, 500 children, Centre of Italy, 500 coming from South of Italy. Now the questionnaires must be elaborated, but the first results indicate that in infancy ED are more frequent than expected.

Conclusions

It is important to have a diagnostic tool more and more accurate for early EDs, also considering the growing percentage of these diseases in the developmental age.

We think that an improvement in specificity of diagnostic tools could have a positive consequence on the speed and the quality of the action towards the younger patients and their families.

S1-05-03

INTELLIGENCE AND CONTROLS OF THE EMOTIONS: A NEW TEST FOR THE EVALUATION OF THE EMOTIONAL RESPONSIVITY

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Key words: emotional control, test

Introduction. To highlight defects or abnormalities in the control of the emotions is relevant for an early individuation of subjects at risk of psychopathology and for a psychotherapeutic intervention in overt disorders. Several instruments have been built for the evaluation of the control of the emotions in children and adolescents, all consisting of items in which the subject auto-evaluate his/her capability without a confrontation with a specific situation. The judgment is therefore extremely subjective, linked to the insight capability, often lacking in problematic subjects.

Therefore a new instrument has been organized, the ICE (Intelligence and Control of Emotions), in which the child should choose among 4 answers in front of a more concrete,

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adverse or frustrating or unpleasant, situation. The main types of responses are classifiable as: aggressive, anxious-depressive and adaptive.

Here we present the normative data for the ICE and the results in different pathological conditions.

Materials and methods. For the normative data the ICE was administered to 502 school children and adolescents aged 8 to 18 years. The pathological sample consists of 102 children affected with externalizing and 151 with internalizing disorders, aged 8-18 years.

Results. In the school population, a clear differentiation has been found between males and females in relation to the percentages of externalizing and internalizing responses. In males, a significant prevalence of externalizing responses has been found in every age band, and surprisingly even in the lowest, 8-10 y.o.. Females show a prevalence of internalizing answers in each age band, with increasing values after the 10 years, when the difference compared to males becomes significant.

Children and adolescents with externalizing and internalizing disorders gave a significantly lower percentage of adaptive responses. Their prevalent type of responses was concordant with their emotional disorder. Subjects with conduct disorders (CD) and some with oppositional defiant disorders (ODD) showed an aggressive type of thinking. Instead, some subjects with externalizing disorder did not show an increase of aggressive response, but of adaptive or even anxious-depressive ones, suggesting an inability of emotional control in front of real situations, despite the knowledge of the correct way to behave.

Conclusions. The ICE test allows a better characterization of the emotional discontrol and of the abnormal modalities of thinking of certain subjects, especially those with ODD and CD, which can be useful for their treatment.

S1-05-04

A NEW USE OF THE CHILDREN'S PLAY THERAPY INSTRUMENT IN ASSESSMENT OF PSYCHOMOTOR THERAPY OF CHILDREN WITH ASD

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Keywords: CPTI, psychomotor therapy, ASD

Introduction Very few instruments have been validated in order to verify the clinical efficacy of psychodynamic and relational therapies in developmental age. The Children's Play Therapy Instrument (CPTI) (Kernberg et al., J. Psychother. Pract. Res.1998; 7:196–207) examines child's play activity in individual psychotherapy. Its use was reported in a case study describing the efficacy of the psychotherapeutic treatment of a 2.4 yr-old child with autistic features. Further clinical researches, on larger samples, are needed in order to assess clinical processes and outcome in child relational therapies.

We propose the use of CPTI for the assessment of the efficacy of psychomotor relational therapy of children with autism spectrum disorder.

Material and methods Ten children aged 22 to 87 months fulfilling Diagnostic and Statistical Manual of Mental Disorders-5 criteria for Autism Spectrum Disorder were enrolled at the Child and Adolescent Mental Health Department of San Gerardo Hospital.

The children were evaluated three times: at the time of diagnosis and after the first and the second year of psychomotor therapy. All the children were assessed using the Autism Diagnostic Observation Schedule (ADOS) and the CPTI. Parents underwent the Autism Diagnostic Interview Revised (ADI-R).

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CPTI rating scale divides the psychomotor therapy session into segments of Non-Play, Pre-Play, Play Activity, and Play Interruption. The longest segment of Play Activity within a session is then analysed on three levels: Descriptive, Structural, and Functional.

Results All children have changed significantly after two years of the psychomotor therapy as evidenced by the scores carried out at the ADOS, ADI, and CPTI. The progresses observed at the CPTI scores were correlated to those observed at the ADOS and ADI and the evolution of the symptomatology.

All instruments used concurred in highlighting the significant improvements, both globally and in specific areas of the development.

Conclusions The importance of play activity in child development is well known, as well as its alterations in autistic spectrum disorders. The CPTI seems to be a reliable measure of play activity in the psychomotor therapy of children with autistic spectrum.

S1-06-01

POLYVICTIMIZED CHILDREN IN THE LEGAL SYSTEM: PROPHYLACTIC PROTECTIONS AND POLICY CONSIDERATIONS

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Ucla David Geffen School Of Medicine; Whittier Law School

POLYVICTIMIZED CHILDREN IN THE LEGAL SYSTEM: PROPHYLACTIC PROTECTIONS AND POLICY CONSIDERATIONS

During the last decade several threads of psychological and neurobiological data have reshaped our basic knowledge of children's capacity for moral culpability and the effects of multiple forms of abuse on their psychopathology. For example, J. D. Ford, David Finkelhor and many other researches have started charting the effects and mediating factors for polyvictimized children. However, the response by legal systems to this empirical data has been either slow or nonexistent.

This presentation analyzes the role of children in the legal system in relation to this new psychological evidence and offers practical and policy changes consistent with children's best interests. One recommendation is to modify the variables used to determine whether minors should be tried in juvenile or in adult courts for criminal violations. Annually in the United States approximately 2.11 million children are arrested, and a recent study estimated that approximately "[t]wo-thirds of males and three-quarters of females in juvenile detention have one or more psychiatric disorders." A second important issue covered in this presentation involves whether and under what circumstances the media should be admitted into cases involving juveniles. Another issue discussed concerns the appropriate out-of-home placements for polyvictimized and LGBTQ child victims. This demographic group has very special needs for placements that will increase their privacy, promote a better self-image, and reduce bullying against them. Further, what types of sanctions are appropriate for these children who have undergone longitudinal and multiple forms of abuse? For instance, should we ban "shaming" for this demographic since research clearly indicates that their self-image is fragile and that they are hyper-vigilant regarding social interaction? Finally, recent research indicates that a substantial percentage of polyvictimized children are dual-system or cross-over youth who have problems related to juvenile delinquency, child abuse and neglect (dependency), and school discipline.

This study will analyze how we should co-ordinate these often conflicting legal systems in order to maximize the deterrent, rehabilitative, punitive, and reintegration policies to assure that public safety and these psychologically troubled children's best mental health interests are both maximized?

S1-06-02

MAKING THE INVISIBLE, VISIBLE: CHILDREN BORN OUT OF SEXUAL VIOLENCE

Prins-aardema C

Fier

Human trafficking is a worldwide problem, that deeply affects the lives of those involved. Victims of trafficking are confronted with a broad range of problems (unsafety, social isolation, financial problems, legal insecurities, stigmatization). Poor mental health is a dominant and persistent adverse health effect associated with human trafficking. The (Mental) Health needs of these victims have received limited attention (WHO, 2012).

An important group remains almost invisible in justice- welfare- and Mental Health care systems: the children born out of (this) sexual violence. Research on this group is very limited, but shows a high risk for the parent child relation.

In 2014 the Centre against child- and humantrafficking (CKM, www.ckm-fier.nl) has been opened. CKM aims to improve the Mental Health and overall wellbeing of the women and children admitted to the centre by integrating the services needed. CKM offers a safehouse setting combined with an inpatient Mental Health treatment facility. CKM closely collaborates with the justice system to be able to advocate the needs and legal rights on an individual and group level, with special attention for the invisible victims of trafficking the (unborn) children.

The CKM develops an Infant Mental Health care program for these mothers and their (unborn) children. The program starts as early as possible, and if possible during pregnancy. All women admitted to the centre have severe MH problems (often untreated before admission), mainly caused by a complex, chronic PTSS. Many women suffer in silence. Being victimised by sexual violence makes them vulnerable to social exclusion, but being pregnant of sexual violence heightens this risk for them and their (unborn) child. The MH problems of the women are being treated. These problems do complicate their parenting capacities, but they do complicate their parenting, but the women are even more burdened by their ambivalent feelings towards their (unborn) children. They are most afraid of not being able to love their child as their child, but only to see the child as a product of rape. Therefore the program focuses on the relationship of the mother towards her (unborn) child. The treatment module aims to be of value for low and middle income countries as well.

This presentation briefly summarizes the results of literature study on this topic. More information is given on the background of the mothers and their children. The first clinical impressions and (research) goals for the future will be shared.

S1-06-03

EVIDENCE OF VIOLENCE AGAINST CHILDREN: PARENTAL VERSUS CHILD PERSPECTIVE

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Research has suggested that when it comes to the issue of violence against children parental and child perspectives differ significantly. Parents are either not informed or cover up the abuse of their children.

The aim of this study is to present the discrepancy between the parental and child perspective of the emotional, physical and sexual violence of their children.

Material and Methods: 1662 parent-child pairs took part in the study from the total number of 2586 children who entered the study from the primary and secondary schools in Macedonia at the age 11, 13 and 16 years in respect to their experience of physical, emotional and sexual violence - 58% girls and 42% boys. According to age 25,6% were 11 years old, 28,8% were 13, 24,9% were 16. The prevalence and incidence rate of children's exposure to emotional, physical and sexual violence and positive parenting practices suggest differences between children's and parents' perspective. Parents perceived that children are significantly more frequent victims of emotional (60,5%) and physical (50,4%) violence, than the children reported themselves (51% emotional and 31,5% physical violence). Parents also thought that children received significantly more positive parenting (89,5%), than children themselves (74,1%). In almost all forms of sexual violence, awareness of parents is significantly lower than children's reports of their experience. In general, parents are less aware of the sexual violence of their children, perceiving that girls are more frequent victims of such violence than boys for all forms of sexual abuse.

Conclusion: In general parents are not aware of the exposure of children to different forms of violence, or they pretend not to be aware of it, especially when it comes to sexual violence. This situation makes children very vulnerable and unprotected particularly to sexual violence.

S2-01

EXECUTIVE FUNCTIONING AS TRANSDIAGNOSTIC FACTOR IN CHILD AND ADOLESCENT PSYCHIATRY: ADHD, OCD, AND PTSD

Lindauer (symposium Chair) R; Dekkers (first Presenter) T; Op Den Kelder (second Presenter) R; Wolters (third Presenter) L; Van Der Donk (fourth Presenter) M
Amc-de Bascule; De Bascule-uva

Ramón Lindauer^{1,2}, Symposium Chair

General title symposium:

'Executive functioning as transdiagnostic factor in child and adolescent psychiatry: ADHD, OCD, and PTSD'

Title and presenters:

1. 'Risky decision making in ADHD: a meta-regression analysis' by Tycho Dekkers^{2,3}
2. 'Trauma, executive function, and post traumatic stress in children: How are they associated?' by Rosanne op den Kelder^{1,2}
3. 'Taxing working memory: a novel intervention for adolescents with obsessive compulsive disorder?' by Lidewij Wolters^{1,2}

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4. 'Cognitive training for children with ADHD: identifying treatment moderators' by Marthe van der Donk^{1,2}

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S2-01-01

'RISKY DECISION MAKING IN ADHD: A META-REGRESSION ANALYSIS'

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Abstract

Background: Risky decision making in daily life is often more frequent in individuals with Attention Deficit Hyperactivity Disorder (ADHD) compared to typically developing individuals. For example, ADHD is associated with elevated levels of risky driving, unsafe sex and substance abuse. Decision making processes that underlie risky behaviours are studied in the laboratory using gambling tasks. However, results from these controlled laboratory studies on decision making deficits in ADHD are inconsistent, probably because of between study differences in 1) presence of co-morbid disorders, 2) studied age groups and 3) task characteristics (implicit vs explicit, reward vs no reward).

Methods: We performed a meta-regression analysis that investigated the influences of these three moderating effects. In total, 36 studies (N-ADHD = 1162; N-control = 1208) were included, delivering 51 effect sizes.

Results: Overall analyses without moderators indicated a small to medium effect size ($g = .37$, $p < .0001$), meaning that groups with ADHD showed more risky decision making than controls. Effect sizes however varied between studies. There was a moderating influence of co-morbid Disruptive Behaviour Disorders (DBD): studies with more co-morbid DBD had larger effect sizes ($p = .009$). There was no moderating influence of co-morbid internalizing disorders. Effect sizes were not different for all age groups, for both implicit and explicit gambling tasks, and for rewarding and non rewarding task conditions.

Conclusions: These results confirm results from studies on real life decision making. Groups of individuals with ADHD show more risky decision making than control groups in laboratory settings, especially if the ADHD group has more participants with co-morbid DBD.

S2-01-02

'TRAUMA, EXECUTIVE FUNCTION, AND POST TRAUMATIC STRESS IN CHILDREN: HOW ARE THEY ASSOCIATED?'

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Abstract

Background This study examined whether there is a mediating or moderating role of executive function in the relationship between traumatization and posttraumatic stress in children. We investigated the link between traumatization, executive function and post traumatic stress in relation to exposure to single or chronic trauma in children. Additionally, we compared the results of a screening questionnaire for executive function and neuropsychological tasks in a subsample.

Methods Children were recruited at an academic center for child psychiatry in Amsterdam. The total sample consisted of 119 children from 9 to 17 years old ($M = 13.65$, $SD = 2.445$). The sample was further divided in three groups based on retrospective life event information; a control group ($n = 40$), single trauma group ($n = 39$), and chronic trauma group ($n = 40$).

Results The study revealed that chronically traumatized children had lower levels of executive function. Results also demonstrated that executive function was found to partly mediate posttraumatic stress for chronically traumatized children, but not for children exposed to single trauma. There was no moderating mechanism for executive function found. Additionally, slightly moderate associations were found between the different executive function measurement instruments in non-traumatized children. However, no significant associations were found between these instruments in the traumatized subsample.

Conclusions We found strong indications that executive function partially mediates posttraumatic stress. This means that chronically traumatized children showed more deficits in executive function, which was associated with higher levels of posttraumatic stress. Future research should replicate these findings longitudinally, which may yield improvements for clinical practice.

Keywords: trauma, chronic trauma, executive function, posttraumatic stress, PTSD, children

S2-01-03

TAXING WORKING MEMORY: A NOVEL INTERVENTION FOR ADOLESCENTS WITH OBSESSIVE COMPULSIVE DISORDER?

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Background: It is plausible that performing a dual task that taxes working memory (e.g., making eye movements) while simultaneously recalling traumatic memories, is the underlying principle of eye movement desensitization and reprocessing (EMDR). EMDR has been successfully used to treat posttraumatic stress disorder (PTSD). The taxing working memory principle may also be

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applicable in the treatment of other disorders. For example, patients with obsessive compulsive disorder (OCD) are often plagued by intrusive and disturbing thoughts or images (obsessions). We conducted a proof of principle study to examine if performing a dual task that taxes working memory (making eye movements) while recalling an obsessive thought leads to reduced emotionality and vividness of obsessive thoughts in adolescents with OCD.

Methods: A single case experimental design (SCED) was used, which allows for analyzing results on the individual level. Five adolescents with OCD completed the one-session intervention, consisting of a recall-only phase (participants recall their most disturbing obsessive thought), followed by a recall + eye movement (EM) phase (the participants make eye movements while recalling the thought). Vividness and emotionality of the obsessive thought were repeatedly measured during both phases.

Results: Results showed that for two of the five participants the vividness of the obsessive thought was significantly stronger reduced after the recall + EM phase compared to the recall only phase (test for level of change, $p < .05$).

Conclusions: The present proof of principle was a first step in the development of a novel intervention for persistent intrusive thoughts in adolescents with OCD. Although preliminary, the results suggest that the taxing working memory principle may offer a useful approach for treating disturbing obsessions, at least for some adolescents. Despite the limitations of the study, these results are encouraging and may contribute to improved treatment for pediatric OCD.

Key words: obsessive compulsive disorder, OCD, treatment, obsessions, working memory, adolescents

S2-01-04

'COGNITIVE TRAINING FOR CHILDREN WITH ADHD: IDENTIFYING TREATMENT MODERATORS'

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Abstract

Background: Children with ADHD often suffer from deficits in executive functioning such as attentional control, inhibition and working memory. The last decade cognitive training paradigms, such as Cogmed Working Memory Training, have received increasingly more attention as these interventions potentially improve those underlying deficits which would subsequently lead to improvements in far transfer measures such as behaviour and academic performance. Despite the large amount of effect studies of working training in children with ADHD, there is still no clear consensus about the effects especially in terms of far transfer effects. However there are several indications that some individuals benefit more from training than others and these individual differences might moderate transfer outcome measures.

Methods: Hundred and two Dutch children with Attention-Deficit/Hyperactivity Disorder, between the age of 8 and 12 years, received either Cogmed Working Memory Training or a new cognitive training called Paying Attention in Class. We investigated whether executive functioning at baseline and clinical characteristics (age, medication use, co-morbidity) moderated treatment outcome. Outcome measures were neurocognitive functioning (attention,

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working memory, inhibition, planning and BRIEF-P/T) and academic performance (word reading, mathematics, spelling).

Results: Results showed that some clinical characteristics moderated some of the neurocognitive outcome measures. Furthermore we found that children (in both conditions) with low baseline working memory performance showed greater improvements on training related tasks than children with initial high working memory performance.

Conclusions: Our results confirm that some individuals benefit more from cognitive training than others. We suggest that identifying moderators and predictors of cognitive training has high clinical value as it could provide guidelines for clinicians in terms of treatment decision making. In stead of a trial and error treatment policy, initial adequate treatment could prevent treatment dropout and promote treatment adherence. In the long term it could even be beneficial in terms of financial and time-consuming resources of both patients and healthcare facilities.

Keywords: ADHD, executive functions, cognitive training, moderators

S2-02

YOUTH AND MENTAL HEALTH - A NORWEGIAN LONGITUDINAL EPIDEMIOLOGICAL STUDY: THE STUDY AND FINDINGS.

Sund A

Regional Centre For Child And Youth Mental Health And Child Welfare, Faculty Of Medicine

Youth and Mental Health- a Norwegian longitudinal epidemiological study: The study and findings.

The symposium will present findings from a large, representative, longitudinal study from Mid Norway. The aim of the study was to examine risk and protective factors in the development of mental health in adolescence over to adult age with a special focus on depressive symptoms and disorders. The original sample consisted of 2464 adolescents at 22 schools in early adolescence that was followed up to adult age. The sample was selected through cluster sampling. The study has 4 assessment points, T1, mean age 13.7, T2, mean age 14.9, T3, mean age 20, and time- point 4, mean age 27.2. The main source of information was self-reports. At the T2 and T3 time-points a subsample and their parents were interviewed with the Kiddie- SADS- PL interview. In the symposium various researchers will present the study and results.

Chair: Anne Mari Sund, MD, Phd

Regional Centre for Child and Youth Mental Health and Child Welfare, Faculty of Medicine, Norwegian University of Science and Technology and St. Olav Hospital, Trondheim, Norway

Presenters

1. 1.Undheim, A.M.*a, Sund A.M.a,b. How do they cope? Coping and depression among 12-15-year-old adolescents involved in bullying.
2. 2.Sigurdson, J.F.*a, Undheim, A.M.a, Sund A.M.a,b. Bulling involvement in early adolescence years; impact on mental health problems and use of services in adulthood.
3. 3.Agerup, T, *a, Lydersen, S.a, Wallander, J.a,c, Sund, AM.a,b. Associations between parental attachment and risk factors in the course of depression from adolescence to young adulthood.
4. 4.Sund A.M.a,b* Sigurdson, J.F.a, Lydersen, S a, Undheim, A.M.a, Wichstrøm, Ld.. Have potential risk and protective factors in early adolescence any lasting effects on the trajectories of depressive symptoms over to adult age?

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S2-02-01

HOW DO THEY COPE? COPING AND DEPRESSION AMONG 12-15-YEAR-OLD ADOLESCENTS INVOLVED IN BULLYING.

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The aim of this cross-sectional study was to examine coping styles among young adolescents involved in bullying. Further we wanted to examine the relationship between coping and bullying and their interactions on the level of depressive symptoms.

A representative sample of 2464 adolescents, mean age 13.7 (SD.58, range 12.5-15.7), in Mid Norway was assessed. Coping with stress was measured by the Coping Inventory for Stressful Situations (Endler & Parker, 1990). Depressive symptoms were assessed by the Mood and Feelings Questionnaire (MFQ) (Angold, 1989). Differences between group means were estimated using Student's t tests or one-way ANOVA with Bonferroni post hoc tests. Multiple linear regressions were performed to assess the role of bullying and coping as a predictor of depressive symptoms.

Ten percent (n = 240) of adolescents reported being victim of bullying behaviour once a week or more frequently during the last 6 months. Five percent (n = 113) of the adolescents reported having been aggressive towards others "often" during the last six months. Adolescents being bullied or being aggressive towards others both showed more emotional coping than non-involved adolescents (p = .000). Both bullied adolescents and adolescents being aggressive towards other were different from non-involved adolescents (p=.000), however, not different from each other.

In the cross-sectional multivariate analyses, using MFQ as the dependent variable, and emotional, avoidance and task coping, being bullied and being aggressive as explaining variables, all three coping styles (high Emo and Avoid, p = .000 and low Task, p=.002) and being bullied and being aggressive (both p=.000) predicted depression, when gender, age, and SES were controlled for. This model explained 30.9 % of the variance (F= 124.18 (8, 2224) p=.000). Emotional oriented coping counted for half of this variance (15.6%). Emotional coping had a possible moderating effect on the relationship between being bullied and depressive symptom levels (p<.001). The association between being bullied and depressive symptoms was partially mediated by emotional coping among both genders (p=0.025).

Conclusion: All three coping styles and being bullied and being aggressive all predicted depression, when gender, age, and SES were controlled for. Parts of being bullied's effect on depressive symptom levels were mediated by emotional coping.

Key Words: Coping, Bullying, Adolescence, Depression

S2-02-02

BULLYING INVOLVEMENT IN EARLY ADOLESCENCE YEARS; IMPACT ON MENTAL HEALTH PROBLEMS, PSYCHOSOCIAL ADJUSTMENT AND USE OF SERVICES IN ADULTHOOD

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The aim was to examine prospectively associations between bullying involvement at 14-15 years of age and self-reported mental health, general health and psychosocial adjustment in young adulthood, at 26-27 years of age. A large representative sample (N=2464) was recruited and assessed in two counties in Mid-Norway in 1998 (T1) and 1999/2000 (T2) when the respondents had a mean age of 13.7 and 14.9, respectively, leading to classification as being bullied, bully-victim, being aggressive toward others or non-involved. Information about mental health, general health and psychosocial adjustment was collected at a follow-up in 2012 (T4) (N=1266) with a respondent mean age of 27.2. Logistic regression and ANCOVA analyses were performed with gender and parent SES as covariates. Results showed that those involved in any bullying had increased levels on various mental health measures of total-, externalizing- and internalizing- and critical - problems (all $p < .001$) compared with those non-involved at the age of 27. Those involved in bullying had increased risk of scoring above the 90th percentile for total problem scales and internalizing problems (all $p < .001$). Results indicated that groups involved in bullying of any type in adolescence had increased risk for lower education as young adults compared to those non-involved (bullied OR: 1.64, bully-victim OR: 3.24 and aggressive toward others OR: 2.33, all $p < .01$). The group aggressive toward others also had a higher risk of being unemployed and receiving any kind of social help (OR: 2.73, $p < .05$).

Only those being bullied in adolescence reported as young adults increased risk of receiving any help due to mental health problems during the last year (OR: 1.63, $p = .007$), and overall in their life-time (OR: 1.94, $p < .001$) compared to non-involved. All groups involved in bullying in adolescence had a four to seven-fold higher risk of being hospitalized due to mental health problems life-time compared to non-involved (all $p < .005$).

Conclusion: Compared with the non-involved, those being bullied and bully-victims had increased risk of poor general health and high levels of pain. Involvement in bullying, either as victim or perpetrator, has significant social costs even 12 years after the bullying experience. Any involvement in bullying in adolescence is associated with later mental health problems and reduced psychosocial functioning, possibly hindering development into independent adulthood. Accordingly, it will be important to provide early intervention for those involved in bullying in adolescence.

Keywords: Bullying, longitudinal, outcome

S2-02-03

ASSOCIATIONS BETWEEN ATTACHMENT TO PARENTS AND PARENTAL RISK FACTORS IN THE COURSE OF DEPRESSION FROM ADOLESCENCE TO YOUNG ADULTHOOD.

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Aim: A study of the associations of maternal, paternal and peer attachment as well as parental risk factors with the course of depression from adolescence to young adulthood. Method: In the Norwegian Youth and Mental Health longitudinal population study 242 adolescents completed the K-SADS-PL (Kiddie-Schedule for Affective Disorders and Schizophrenia-Present and Lifetime version) for depressive disorders at ages 15 and 20. Attachment was measured with the IPPA (The Inventory for Parent and Peer Attachment), separately for mother, father, and peers, at age 15. The parental risk factors were measured by parent report and the Adult Self Report (ASR). Results: Multinomial logistic regression, indicated insecure attachment relationships with both parents, but not with peers, and were associated with the course of depression as dependent variable. Less secure attachment to mothers was associated with becoming depressed (OR=1.02, 95% CI [1.00 to 1.05], $p = .04$). Less secure attachment to both parents was associated with becoming well (OR=1.04, CI[1.01 to 1.07], $p = .002$) and remaining

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depressed (OR=1.03, CI [1.01 to 1.06], $p=.002$). Attrition from the ages 15 to 20 years was 30% ($n=103$) but participants and non-participants had the same distribution of depression diagnoses at both ages. We found that for both groups who remained depressed (OR = 1.14, CI [1.04 to 1.25], $p=0.004$) and who recovered (OR = 1.08, CI [1.00 to 1.17], $p = .041$) were more likely to have mothers with internalizing problems. Paternal internalizing problems was also significantly associated with the group who remained depressed (OR 1.07, CI [1.00 to 1.14], $p = .05$).

Conclusions: These results suggest attachment relationships with parents as potential influences on the course of depression as well as maternal and paternal internalizing problems. This may provide important information for the framework in clinical meetings with adolescents and young adults.

Key words: Course of depression, Adolescents, Young adults, Risk factors, Attachment.

S2-02-04

HAVE POTENTIAL RISK FACTORS IN EARLY ADOLESCENCE ANY LASTING EFFECTS ON THE TRAJECTORIES OF DEPRESSIVE SYMPTOMS OVER TO ADULT AGE?

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Aim: The first aim was to study the course of depressive symptoms from early adolescence over to adult age. The second aim was to study how potential risk factors in early adolescence predicted the course of depressive symptoms over time.

Method: In the Youth and Mental Health study a large, representative sample ($N=2464$) of young adolescents was assessed in Mid- Norway at two time-points, at T1 (MA 13.7 y) and at T2 (MA 14.9 y) and followed up at T4 (MA 27.2y). The response rate was 88% at T1, 83.7% at T2 % and 51% at T4, respectively. Depressive symptoms were measured by the Mood and Feelings Questionnaire (MFQ). Attachment to parents was assessed with the IPPA (The Inventory for Parent and Peer Attachment). In addition other factors shown to be associated with depressive symptom levels in adolescence were included like numbers of stressful events, physical activity and demographics. Descriptives, t-tests, linear regression and general mixed model analyses with interaction were performed. Gender and SES were covariates in the mixed model analyses.

Results: The mean levels of depressive symptoms as measured by MFQ were significantly different between boys and girls at T1 (8.4 versus 12.9, $p<0.001$). For the whole sample the depressive levels decreased from T1 to T4 (10.6 to 10.1, $p<0.05$), and for girls (12.9 to 11.4 $p<0.001$), while the levels were stable for boys (8.4 to 8.4, ns).

The following predictors showed associations with increasing depressive symptom levels from T1 to T2: Being a girl, MFQ levels at T1, levels of physical activity, number of stressful events, parental divorce, and attachment to mother and father, respectively (all $p<0.001$).

Separate analyses using a linear general mixed model showed interactions between predictive factors and time on change of MFQ levels from T1 up to T4. Levels of stress ($p<0.01$), parental divorce ($p< 0.04$) and attachment to parents ($p<0.001$) interacted with time on change of MFQ scores. For SES and levels of physical activity no interaction effects were found.

Conclusion: These results suggest that most potential risk factors in the development of depressive symptoms early in adolescence lose their effect over time over to adult age, i.e. that the initial negative effects disappeared or diminished over time.

Key words: Longitudinal, risk factors, depressive symptoms.

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**S2-03
AUTISM SPECTRUM DISORDER: CLINICAL PRESENTATION AND
NEUROPSYCHOLOGICAL PERFORMANCE**

Chair of the symposium:

Hanna Ebeling, Professor, University of Oulu, Finland

Co-chair of the symposium:

Tuula Hurtig, Senior Research Fellow, University of Oulu, Finland

Symposium lectures (4):

1. Title: Effect of Obsessive-Compulsive and Anxiety Disorders in Autism Spectrum Disorder

Speaker: Rachel Pollock-Wurman, Massachusetts General Hospital, US

2. Title: Autism Spectrum Quotient (AQ) in a sample of Finnish young adults

Speaker: Maija Ylämäki, University of Oulu, Finland

3. Title: Symptom profiles in childhood and young adulthood in individuals with Autism Spectrum Disorder

Speaker: Tuula Hurtig, University of Oulu, Finland

4. Title: Neuropsychological performance of Finnish and Egyptian children with and without Autism Spectrum Disorder

Speaker: Sherin Elsheik, University of Oulu, Finland, and Abbasia Mental Hospital, Egypt

5. Title: Sensory processing patterns and the core features of autism spectrum disorder

Speaker: Katja Jussila, Department of Child Psychiatry, University and University Hospital of Oulu

**S2-03-01
OBSESSIVE-COMPULSIVE DISORDER AND ANXIETY DISORDERS IN CHILDREN
WITH AUTISM SPECTRUM DISORDER**

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Background: Autism spectrum disorder (ASD) is associated with deficits in social and emotional cognition. Research suggests an association between ASD and anxiety symptoms (Sxs) and disorders. There is a paucity of research specifically investigating the relationship between ASD and obsessive-compulsive disorder (OCD) Sxs (e.g., stereotypic behaviours, repetitive motions until it feels "just right"). In addition to clinical interview (e.g., KSADS) and self/parent-reports, information-processing (IP) methods using pictorial stimuli may be appropriate for children with cognitive/developmental delays. IP may tap into more automatic processes in anxiety states. This study aims to identify patterns of anxiety, perception and attention to relevant cues in ASD.

Methods: We divided 39 children with ASD (M age = 10.8 years) into four groups based on K-SADS-PL diagnoses of Anxiety Disorders (AD) and OCD: 1) ASD without AD or OCD (n = 22); 2) ASD with AD, but no OCD (n = 6); 3) ASD with OCD, but no AD (n = 5); and 4) ASD with AD and OCD (n = 6). These groups were compared on self-report anxiety scales (SPAI-C and

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SASC-R, CASI), parent reported behaviour scale (CBCL and ASSQ) and a computer-based Faces in the Crowd (FIC) task measuring reaction times identifying one different facial emotion from a crowd of identical faces. Non-ASD control children were also compared between groups.

Results: In the preliminary analyses, significant differences emerged on the SPAI-C and SASC-R. We also created a new subscale, consisting of OCD items. Children with ASD + both AD and OCD scored higher on this scale than all other groups. Additionally, ASD children with an AD scored significantly higher than other groups on self/parent-reports (e.g., CBCL, ASSQ, CASI). This trend remained for children with ASD + both AD and OCD (i.e., CBCL Thought and Attentional Problems, ASSQ). The ASD + OCD group demonstrated slower reaction times on the FIC task while the group with ASD + both AD and OCD demonstrated faster reaction times on the FIC task than all other groups. Differences found in preliminary analyses with control children will be presented.

Conclusion: OCD in ASD seems to elevate the severity of the ASD (based on ASSQ), comorbid anxiety Sxs, and effect the reaction times in a decision making in emotionally relevant IP task (FIC). Children with ASD + both AD and OCD have significantly more social anxiety symptoms compared to children with ASD, but without AD or OCD. Findings will be discussed.

S2-03-01

THE AUTISM SPECTRUM QUOTIENT (AQ) IN A SAMPLE OF FINNISH YOUNG ADULTS

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Background: For screening adults with ASD, there is a need for a brief self-questionnaire to be used before the time-consuming diagnoses tools. The Autism Spectrum Quotient (AQ) has been translated into Finnish but it is not clinically used at the moment. Nowadays, there is an increasing knowledge that cultural differences may affect communication and social interaction styles and thus, original norms of the tests may not be valid in different cultures.

Aims: 1) to report the scores of Finnish Autism Spectrum Quotient and research its effectiveness with Finnish young adults with and without ASD, 2) to examine core symptoms of young adults with ASD with AQ-questionnaire, 3) to find possible sex differences, and 4) to do item analysis in order to find the most challenging questions in Finnish individuals with ASD.

Methods: AQ is a 50-item self-questionnaire which has been developed by Baron-Cohen et al (2001) for screening normally intelligent adults with ASD. For examining core symptoms of ASD, the questions were divided into two groups considering how the AQ's items go into core symptoms presented in DSM-5 diagnostic criteria, item groups being 1) Social communication deficits(29 items) and 2) Stereotypical behaviour and restricted interests (21 items). Total of 41 young adults with ASD and 112 typically developing young adults (TD) participated in this study. The participants were 19–25 years old.

Results: There were significant differences between the research groups. In both groups men scored slightly higher than females but there were no significant differences. In this study, the AQ-scores were low (ASD=22.9, SD=8.0; TD=13.8, SD=6.6). Scores overlapped between research groups, due to this the cut-off point of 16 points gave 83% sensitivity with false-positive -rate of 32%. ASD group scored slightly more points from the social communication items(13.3, SD=5.9), than stereotypical behaviour and restricted interests items (9.6, SD=3.3). TD group scored more points from the stereotypical behaviour and restricted interests items (7.5, SD=3.2). In item analysis there were 14 items, where ASD group scored significantly more compared to TD group.

Conclusions: Finnish results differed somewhat from English results of AQ and thus there is need for a more detailed research in Finnish adult population with and without ASD.

Keywords: Autism Spectrum Disorder, AQ, sensitivity, core symptoms

S2-03-02

CONTINUITY OF SYMPTOMS OF AUTISM SPECTRUM DISORDER FROM CHILDHOOD TO YOUNG ADULTHOOD

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Background:Being a developmental neuropsychiatric disorder, Autism Spectrum Disorder (ASD) has a dimension of some symptomatic change over time. In childhood, symptom profile and impairment can be evaluated in multiple settings by multiple informants, such as teachers and parents for example. In adulthood the screening for symptoms often relies on self-reports. Consequently, there is an increased need for brief and reliable self-report screening tools for adults with symptoms of ASD that could serve two purposes. First, current symptomatology guides need for diagnostic procedures, and second, it is important to study the course of ASD over time.

Aims:We aimed to study symptoms of ASD in individuals with and without ASD in childhood and in young adulthood. We studied whether there is continuity in reporting such symptoms in childhood and in young adulthood. We also studied the validity of self-reports of such symptoms by comparing self-reports to the results from diagnostic observation method (ADOS) in individuals with ASD.

Methods:The participants were derived from previous epidemiological (N=4424) and clinical (N=80) studies of ASD. During childhood, their teachers and parents filled in the Autism Spectrum Screening Questionnaire (ASSQ) and possible cases went through careful diagnostic examination. As part of the follow-up study in young adulthood the participants filled in the Autism Quotient (AQ). The 50 items in the AQ were divided in two categories according to dimensions in DSM-5 diagnostic criteria:1) Social communication deficits(29 items) and 2) Stereotypical behaviour and restricted interests (21 items).Total of 49 young adults with ASD (mean age 23.2 years, SD 3.6) and 1690 typically developing young adults (TD, mean age 22.1 years, SD 0.5) participated in this study.

Results:The ASD group scored higher than the TD group in all ASSQ and AQ sum scores. There were small but statistically significant positive correlations in TD group between teacher and parent reported ASSQ scores and self-reported AQ scores, both in categories of social communication deficits and stereotypical behaviour. However, in the ASD group there were negligible negative correlations between those scores although young adults with ASD reported more symptoms in AQ than TD young adults. Furthermore, preliminary results indicate that young adults with ASD continued to have clinically relevant symptoms of ASD in the ADOS observation.

Conclusions: There is discrepancy between reports of symptoms of ASD between informants in different time points in our sample of individuals with ASD. These preliminary findings will be discussed.

Keywords: Autism Spectrum Disorder, screening, continuity of symptoms, ASSQ, AQ

S2-03-04

NEUROPSYCHOLOGICAL PERFORMANCE OF FINNISH AND EGYPTIAN CHILDREN WITH AND WITHOUT AUTISM SPECTRUM DISORDER

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Background: Comprehensive assessment of the neuropsychological profile of children with ASD has been the focus of recent research. However, whilst most of the published evidence of neuropsychological abilities in ASD comes from single centers, studying ASD across countries is essential in identifying possible different phenotypes of ASD, and in turn designing culturally appropriate assessment tools and treatment plans. There is paucity of literatures on differences of neuropsychological features of children with ASD across countries.

Methods: We assessed neuropsychological abilities of children with and without ASD in Finland and Egypt, and examined the effect of age and IQ on these abilities. Selected verbal and non-verbal subtests of the neuropsychological assessment NEPSY were used to examine 88 children with ASD from Finland (n = 54, age M = 11.2, FSIQ M = 117.1) and Egypt (n = 34, age M = 8.4, FSIQ M = 96.6) and 104 typically developing children (TD) (Finland: n = 70, age M = 12.4; Egypt: n = 34, age M = 10.3).

Results: Finnish ASD children scored significantly higher than children from Egypt in verbal NEPSY subtests of Comprehension of Instruction, Comprehension of Sentence Structure, Narrative Memory, Verbal Fluency , and in non-verbal NEPSY subtest of Design Fluency. Finnish TD children scored significantly higher than Egyptian TD children in non-verbal NEPSY subtests of Design Fluency and Object Memory, and in verbal NEPSY subtest of Verbal Fluency. Finnish TD children performed significantly lower than TD Egyptian children in Narrative Memory. There were no differences found in subtests of Memory for Faces, Object Recognition and Object Memory between Finnish and Egyptian ASD children, or in subtests of Comprehension of Instruction, Comprehension of Sentences Structure, Object Recognition and Memory for Faces between Finnish and Egyptian TD children. ASD children from both countries scored significantly lower than their control counterparts on Memory for Faces. Also, we found that age and VIQ can have significant influence on neuropsychological performance.

Conclusions: Our results suggest a possible cultural impact on verbal and visuomotor fluency as well as on narrative memory. Disability to remember faces seem to be typical for ASD and be independent from the culture.

Keywords: autism spectrum disorder, NEPSY, neuropsychology, neuropsychological abilities, culture

S2-03-05

SENSORY PROCESSING PATTERNS AND THE CORE FEATURES OF AUTISM SPECTRUM DISORDER

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Background: The core symptoms of autism spectrum disorder (ASD) are deficits in reciprocal social behaviour (RSB) ability and restricted, repetitive patterns of behaviour (RRB). Hyper- or hyporeactivity to sensory input or unusual interest in sensory aspects of the environment was included to the diagnostic criteria of ASD in the new DSM. There is a lack of evidence in the literature concerning associations between specific sensory processing patterns of autistic individuals and their core ASD features. Our aim was to establish whether hyper- or hyporeactivity to visual, acoustic, chemosensory and/or tactile stimuli in individuals with ASD is associated with the severity of their core autistic features, and whether an association between different sensory processing patterns and impairment in specific aspects of RSB could be found.

Methods: The overall RSB ability and different aspects of it (awareness, cognition, motivation, RRB) was assessed by the Social Responsiveness Scale (SRS) in 60 high-functioning children, adolescents, and young adults with ASD. Sensory hyper- or hyporeactivities were assessed through Autism Diagnostic Interview-Revised (ADI-R) and a parental questionnaire.

Results: In this sample, 91% of the individuals with ASD presented hyper- or hyporeactivity to sensory input. Auditory hyper-reactivity was most common, followed by olfactory and tactile hyper-reactivity. Overall, sensory hyper-reactivity was more common than hyporeactivity. To study the associations between RSB impairment and sensory dysfunction, the participants were grouped based on hyper- or hyporeactivity of individual sensory modalities and also multimodal proximal (tactile, gustatory, olfactory) or distal (auditory/visual) sensory dysfunction, and group differences investigated.

Preliminary results indicate that multimodal proximal hyper-reactivity and olfactory and auditory hyper-reactivity are associated with high SRS scores. Groups with and without multimodal proximal hyposensitivity did not differ, as did not the groups with and without multimodal distal hyper- or hyporeactivity.

Conclusions: Sensory hyper-reactivity is associated with RSB impairment. The observed avoidance and defensive behaviour, limitations in social interaction, impaired ability to communicate, and stereotyped behaviour typical to ASD may reflect abnormalities in sensory processing. The results provide useful information for the development of sensory-based intervention of ASD.

S2-04

CHILD PSYCHIATRY IN A NEW CENTURY – WHAT DATA DO WE USE?

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Harvard Medical School; Universite De Paris; Hacettepe University

Overview:

After what some called the Century of the Child, we benefit today in child/adolescent psychiatry from approaches to the assessment and treatment of troubled children undreamed of a few decades ago. While we create, teach, and use these new approaches, questions arise as to the place of other kinds of data – the data on which our field “grew up”. This symposium examines these questions.

S2-04-01

BEING WITH THE PATIENT: RELATIONSHIP-BASED DATA

Speaker: Gordon Harper MD

Institutional affiliation: Harvard Medical School, Boston, Massachusetts, USA

Abstract: Half a century ago, Erikson contrasted data obtained by examining the patient “objectively”, from a distance, with data emerging in a relationship. He called the latter “clinical evidence.” Since then, Psychiatry has seen great gains in data in the objective-descriptive tradition, while the use of relationship-based data has receded – many new graduates are even puzzled that such data exist, let alone hold the key to understanding patients. Here we will examine these two traditions, including the current use outside of Psychiatry of data obtained in relationship. We will also examine the forces within our field and in society at large that produce these results.

S2-04-02

PERSONALIZED MEDICINE IN CHILD/ADOLESCENT PSYCHIATRY: WHAT IT SHOULD BE

Bruno Falissard MD

Institutional affiliation: Université de Paris, Institut national de la santé et de la recherche médicale (INSERM), France

Abstract. The slogan “personalized medicine” affirms a worthy goal throughout healthcare. The application of personalized medicine in child/adolescent psychiatry, however, while as yet incompletely defined, is a priority as our field embraces a range of validated and useful assessment instruments and interventions, mostly depersonalized. In this presentation we will review the kinds of evidence used in child/adolescent psychiatry, from the more subjective and personalized to the more objective. Can objective assessments be personalized?

S2-04-03

IDENTITY CONFUSION AND DIAGNOSTIC CATEGORIES

Speaker: Füsün Çetin Çuhadaroğlu MD

Institutional Affiliation: Hacettepe University, Ankara, Turkey

Abstract. Adolescents suffering from identity confusion are at risk of being misdiagnosed as having a serious and persistent mental illness like bipolar disorder or schizophrenia. Such misdiagnosis occurs, given the current prominence of categorical diagnoses, when symptoms are not considered developmentally. In this presentation we will discuss three cases from the point of 'clinical evidence' seen developmentally and as emerging in a clinical relationship.

Discussion. The audience will be asked to respond, whether the problem described is a serious one in their countries and practices and, if so, what remedies are available.

S2-05-01

THE ASSESSMENT OF REFLECTIVE FUNCTION: IS SELF-REPORT A REALLY VALID MEASURE?

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The assessment of Reflective Function: Is self-report a really valid procedure?

Ballespí, S.1, Pérez-Domingo, A.1,2, Doval, E.3, Barrantes-Vidal, N.1,2,4,5

Background: Reflective function (RF) or mentalization is the capacity to “read” the mental states (motives, feelings, wishes, needs) that underpin human’s behaviour. RF is a complex construct and can be divided in implicit/explicit, related to self/others, and cognitive/affective. A deficit in RF makes difficult to understand people reactions and to make sense of social world. Despite the growing interest in RF and its relationship with mental health, the assessment of this capacity is still not cost-efficient enough. The most accepted procedure is the Fonagy and colleagues’ Reflective Function Scale, but it requires of more than 8 hours to obtaining a single score of RF. Objective: The current study analyses the reliability and validity of three candidates to be a more cost-efficient measure of RF, i.e.: the Adolescent Mentalization Interview (AMI), constructed basing on the demanding questions described by Fonagy; the Brief self-report of Reflective Function (BRF), which consists of only 4 items; and the Spanish version of the Mentalization Questionnaire (MZQ), based on 15 items that measure deficit of RF. Method: A sample of 462 adolescents aged 12 to 19 rated the self-reports of RF (i.e., the BRF and the MZQ) along with several measures of psychopathology, personality, and impairment. Approximately a half of them (256) were also interviewed with the AMI. Results: Evidence for the reliability based on the internal structure, as well as on the test-retest (for the MZQ and the BRF), and on the inter-judges correlations (for the interview), was obtained, thus suggesting that all the three measures provide a quite precise measure of RF. However, very low correlations among the three measures, as well as between them and indicators of related constructs, impeded to provide evidence for validity. Conclusion: The lack of evidence for validity may be explained by two facts. First, the differences among the three instruments (e.g., an interview rated by trained experts versus two brief self-reports; a self-reported instrument (MZQ) referred only to own mental states and focused on deficit of RF versus measures mostly referred to others’ mental states), suggest that these instruments may be assessing different aspects of this complex construct. Second, given that low RF makes difficult to be conscious of mental states (including the lack of RF), that is, given that RF may be necessary to adequately report RF, there is the doubt about to what extent a capacity such as RF can be validly self-reported. (397 words)

Keywords: Reflective Function, assessment, cost-efficient measures, interview, self-report, adolescents

S2-05-02

EFFECTS OF GROUP PSYCHOTHERAPY ON REDUCING DEPRESSION IN LATE ADOLESCENTS

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Introduction: In our Clinic we have Youth Club as a form of group psychosocial treatment, with psycho-educative, psychotherapy and creative approach. Group leaders are therapists with training in different psychotherapeutic modalities, so the work is integration of psycho-education, cognitive-behavioural and psychodynamic elements and psychodrama.

Objectives: To determine changes in the level of depression in patients who were on therapy for the treatment of affective disorders. Also, the qualitative analysis of the effects of continuous group psycho-education, effects in relation to the experience of stigma, as well as their overall mental functioning.

Methods: During five years of continuous work in the group were involved over 100 late adolescents of both sexes. The group works once a week for 90 minutes. The group is "semi-open", which means continuous inclusion of patients who were evaluated by competent psychiatrists to meet the basic criteria: age 18-26 years, satisfactory remission of various psychotic or affective disorder, or signs of neurotic or stress related disorders, particularly adjustment disorders. In total, 63 patients, of the 100 patients, were passed through the group treatment for a period of six months or more. In 32 patients (out of 63) there were presented affective disorders, 18 patients were in remission of psychotic disorders, and 13 patients were represented neurosis or stress-related disorders (according to ICD-10.) In the beginning and also after the six months, we gave Beck questionnaire for depression, BAI anxiety inventory, and Rosenberg scale of self-confidence and self-esteem, to all patients.

Results: In the group of 32 patients with affective disorders, over a period of 6 months, there was a decrease score on a scale for depression, at the beginning the mean value was 29, and after 6 months: 14 points. In the remaining 31 patients, there wasn't showed significant change in the number of points on the questionnaire for depression. However, using the Rosenberg scale of self-confidence and self-esteem, positive changes were observed in all patients. All patients on continuous group therapy, show positive changes in thinking, feelings, self-esteem, behaviour and personality traits, as well as significantly increase the fund of knowledge in various fields relevant to everyday life, reduction of stigma and experience of better functioning.

Conclusion: Continuous group psychotherapy showed significant positive effects on the course of therapy, creative problem solving, building teamwork, acceptance of differences and experience of stigma reduction among young people with mental disorders.

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S2-05-03

THINK FAMILY - WHOLE FAMILY PROGRAMME: IMPROVING THE OUTCOMES FOR FAMILIES AFFECTED BY PARENTAL MENTAL ILLNESS

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Conference Theme
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Children Of Parents with Mental illness

Key words:

Parents with Mental Illness, Children Of Parents with Mental illness

Presentation Title

Think Family - Whole Family Multi-Agency Training and Intervention: Improving the Outcomes for Families Affected by Parental Mental Illness

Abstract

Children of parents with mental illness are at significantly increased the risk of developing a mental illness diagnosis and experiencing a range of other behavioural, interpersonal, academic and other difficulties. The links between poverty, mental ill health, discrimination and social exclusion are compelling and any attempt to improve the life chances for patients who are parents and their children must consider the family context of adults with mental illness. These issues emphasise the need for effective work with the whole family. However, such programmes remain rare globally, and certainly in the UK there are no unified training packages for health, educational and social care sectors in an evidence based family intervention for families affected by parental mental illness.

The Think Family - Whole Family is a training programme and eight-session family intervention protocol for multi-agency professionals that was delivered and implemented in 2012-2013. 100 frontline professionals from more than 20 different services from health, education, social care and voluntary sector have been trained in this evidence based family intervention, and 31 families worked with professionals using the designed intervention.

This presentation explores findings from evaluation of this programme and research with professionals and families to identify the ways that PMI impacts family members and family life, challenges to engaging and working with families where there is PMI, and evidence of effective practice and routes to positive outcomes. Key findings include: i) a complex range of effects of mental health stigma that affect families in discouraging communication about distress both within and outside families, foster social isolation and inhibit help-seeking, and that also affect professionals in inhibiting the discussion of mental health even where they know or suspect it is a contributing factor to families' negative circumstances; ii) prior to training there was generally poor understanding of the impacts of PMI and of what whole family work entails; iii) the importance of improving the confidence of professionals who are not mental health specialists; iv) there are significant impacts of PMI on family relationships and communication, with differing understandings of the illness held by different family members and considerable strain particularly on the parent-child relationship; and v) significant positive outcomes were achieved with families, and these were consistently mediated through improvements in family communication and relationships that professionals were able to achieve using the programme's

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tools. Implications and proposals for future work with families with PMI are discussed in conclusion.

S2-05-04

QUALITY INDICATORS FOR OUTPATIENTS FROM CHILD AND ADOLESCENT MENTAL HEALTH SERVICES: FROM CLINICAL KNOWLEDGE TO SYSTEMATIC REVIEW OF THE EVIDENCE

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Quality indicators for outpatients from child and adolescent mental health services: from clinical knowledge to systematic review of the evidence

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Keywords: quality assessment, outpatient services

Background: Measuring the quality of mental health care has the potential to enable professionals and policy makers to monitor and improve care: it is a clinical, scientific and policy issue. However, what constitutes good quality of care in outpatient psychiatry and psychotherapy as well as its appropriate assessment must still be determined. This is particularly true for the child and adolescent mental health services (CAMHS).

In Switzerland, child and adolescents mental health care is traditionally provided jointly by private practitioners and medical institutions. Private practitioners mainly provide psychotherapy, while public and university services assume the responsibility for primary mental health care, preventive initiatives, and counseling for families with severe and complex psychosocial and mental health problems. The financing of the care is guaranteed by an obligatory public insurance and more complex psychosocial interventions partly by the cantons. The routine assessment of quality (efficacy, efficiency, and cost effectiveness) is generally required by the Swiss Law of Medical Insurance, but common indicators for outpatient services aren't defined yet. The Swiss Society of Child and Adolescent Psychiatry and Psychotherapy (SSPPEA) set an initiative with a permanent commission for quality by the Swiss Federation of Medical psychiatrist and psychotherapy (FMPP) in order to be able to make recommendations for quality indicators in outpatient services.

Method: the aim was to define the quality indicators for outpatient mental health care for children and adolescents. The professional board chooses a double approach to explore this issue:

1. focus groups with clinical experts
2. systematic review of the evidence of quality indicators for outpatient mental healthcare.

Results: current studies indicate that many quality indicators can be used for quality assessment in outpatient CAMHS. They can help assess quality of structure, process or outcome. However, to date, the psychometric evidence of quality indicators is weak. In child and adolescent psychiatry the challenge is to take into account developmental issues when establishing quality indicators.

Using clinical expertise and scientific knowledge highlight the importance of the different levels of quality assessment: individual (patient-centered), organizational (services), and policies. This distinction between the different levels of quality assessment will be very useful to investigate the appropriateness of indicators in different outpatient contexts and in different

S2-06-01

ASSOCIATION OF A LOW VITAMIN D LEVEL WITH MENTAL HEALTH PROBLEMS IN A REPRESENTATIVE GERMAN SAMPLE OF CHILDREN AND ADOLESCENTS

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Association of a low vitamin D level with mental health problems in a representative German sample of children and adolescents

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Low vitamin D levels have repeatedly been found to be associated with mental health problems in childhood and adolescence (e.g. Tolppanen et al., 2012; Kamal et al., 2014). In the present study associations between vitamin D levels and mental health problems measured by the Strengths and Difficulties Questionnaire (SDQ, parent rating) were analyzed using data from the German Health Interview and Examination Survey (KiGGS).

An age-adjusted logistic regression analysis revealed significant negative correlations between vitamin D values and the SDQ-subscales emotional problems, peer-problems and the total difficulties score for boys (N=4713; vitamin D level [nmol/l]: mean (M)=46,72; standard deviation (SD)=27,87) and girls (N=4517; vitamin D level [nmol/l]: M=46,21; SD=25,56) and conduct problems only for girls.

The strongest association was found for low vitamin D levels and peer-problems in girls: The risk of having borderline or abnormal levels of peer-problems decreased 11.8% (95% confidence interval: 8.1-15.6%) per SD of the vitamin D level ($p < 0.001$).

For all the aforementioned scales the odds ratios are smaller than 1, so all effects point in the same direction.

In a SES and age-adjusted model correlations for all scales slightly decreased. A part of the association between a low vitamin D level and mental health problems is thus seemingly explained by SES.

In the fully adjusted model, only the effect for peer-problems remained significant for the girls. In contrast, in boys the effects for emotional problems, peer-problems and the total difficulties score persisted.

Based on our cross-sectional design we cannot infer causality. The mechanisms underlying the association between mental health problems and vitamin D warrant further studies.

References

Kamal M, Bener A & Ehlayel MS (2014). Is high prevalence of vitamin D deficiency a correlate for attention deficit hyperactivity disorder? *Attention Deficit Hyperactivity Disorder* 6, 73-78.

Tolppanen AM, Fraser WD, Lewis G, Zammit S & Lawlor DA (2012). The association of serum 25-hydroxyvitamin D3 and D2 with depressive symptoms in childhood – a prospective cohort study. *Journal of Child Psychology and Psychiatry* 53:7, 757-766.

S2-06-03

SOCIAL INFORMATION PROCESSING IN CHILDREN WITH CONDUCT PROBLEMS

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Background: A deficit in social information processing has been discussed to underlie conduct problems (CP) in childhood and adolescence. While some sub-processes of social information processing, such as emotion recognition, have been studied more extensively, others have been neglected so far. Furthermore, past research resulted in partially inhomogeneous results demonstrating group differences as well as comparable results between children with CP and typically developing children. Here, subgroup analyses indicate gender as well as callous-unemotional (CU) traits as relevant mediators. Therefore, the aim of the current study is to assess different fields of implicit and explicit social information processing in children with CP and typically developing children taking gender as well as CU-traits into account.

Methods: Children and adolescents with CP (N = 75) are compared with typically developing participants (N = 75). Gender and CU traits are taken into account differentiating between boys and girls as well as participants with high versus low CU traits. To assess implicit social information processing, a subliminal emotional priming paradigm is adopted. Allocation of attention is being measured with an emotional stroop task. As explicit measures served an emotional memory task as well as a social attribution task.

Results: Data indicating significant group differences in regard to all factors, group, gender, and CU traits are presented. While children with CP and low CU trait evaluate subliminally presented negative social stimuli as more attractive than typically developing children, those with CP and elevated CU show differences in explicit emotion attribution. These results were more pronounced for boys compared to girls.

Conclusion: Results of the current study indicate social information processing differences in children with CP beyond emotion recognition. CU traits and gender display important factors that influence performance. This complex profile of differences has to be taken into account when planning effective treatment strategies.

S2-06-04

BEHAVIOUR PROBLEMS IN CHILDREN– A LONGITUDINAL STUDY OF GENETIC AND ENVIRONMENTAL FACTORS

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Behavioural problems in children are risk factors for later adaption and mental health problems. Both constitutional and environmental factors have been shown to influence the development of behavioural problems and psychiatric disorders, and during the last decade the interest in gene-by-environment models has increased. However, the results of studies using such models have turned out to be inconclusive, and very few of the studies include children.

The aim of this study was to examine the effect of the serotonin transporter gene-linked polymorphic region (5-HTTLPR) and the Brain Derived Neurotrophic Factor (BDNF) single nucleotide polymorphism Val66Met by life events on internalizing and externalizing symptoms in

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a cohort of 889 children. The children and their mothers were followed from pregnancy to age 12. The mothers reported on depressive symptoms 3 months postpartum and at the child's age 12. Child behaviour and experiences of life events were assessed at ages 3 and 12 by the mothers. Socioeconomic information was retrieved at the child's age 3 months, 3 years and 12 years. Child saliva samples were used for genotyping the 5-HTTLPR and BDNF Val66Met polymorphisms. Multiple logistic regression was used to investigate the association between psychological scales and genetic polymorphisms.

At age 3, maternal symptoms of postpartum depression increased the risk of internalizing and externalizing problems (OR 3.27, CI 1.77-6.03; OR 3.05, CI 1.74-5.35). Experience of multiple life events also predicted internalizing and externalizing problems (OR 2.36, CI 1.07-5.22; OR 5.01, CI 2.68-9.35). Children of immigrants had an increased risk of internalizing problems (OR 2.10, CI 1.10-4.03).

At age 12, concurrent maternal symptoms of depression increased the risk of internalizing and externalizing problems (OR 5.75, CI 3.31-9.99; OR 5.47; CI 3.40-8.78). Carriers of two short alleles (s/s) of the 5-HTTLPR had an increased risk of internalizing problems compared to l/l carriers (OR 4.63, CI 2.09-10.23). Psychosocial stress at 3 months increased the risk for internalizing problems (OR 3.29, CI 1.37-7.91). No gene-by-environment or gene-by-gene-by-environment interaction was found either at age 3 or 12.

In summary, this study further illuminates the importance of socio-environmental factors for child wellbeing. Maternal symptoms of depression were associated with increased risk of behavioural problems in children, which need to be taken into account in clinical practice. Furthermore, we found a main effect of 5-HTTLPR on internalizing symptoms in 12 year old children, confirming the importance of the serotonin system for internalizing/depressive symptoms and indicating a need for future studies.

S6-01

SUICIDAL AND SELF-HARM IN ADOLESCENCE

Gvion Y; Apter A

Bar Ilan University; Schneiders Children Medical Center

Suicidal and self-harm in adolescence

Chairman: Yari Gvion PhD & Prof. Alan Apter

There will be 5 speakers:

1. Michael Kaess, MD

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S6-01-01

THE PROSPECTIVE RELATIONSHIP BETWEEN ADOLESCENT SELF-INJURY, SUICIDAL BEHAVIOUR AND BORDERLINE PERSONALITY DISORDER

Michael Kaess, Peter Parzer, Gloria Fischer, Jenny Park, Franz Resch, Romuald Brunner

Background:

Adolescent self-injury is a major public health concern and has gained increased attention during the past decade due to its potential association with suicide attempts and major psychiatric disorders. The aim of this talk is to present prospective data on the course of adolescent self-injury and its association with suicide attempts and the development of borderline personality disorder.

Methods:

514 adolescents (mean age 15 years) were followed for two years as part of the Saving and Empowering Young Lives in Europe study and its consecutive follow-up. Self-injurious behaviour was assessed using a short version of the Deliberate Self-Harm Inventory. Suicidal behaviour

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was assessed using the Paykel Suicide Scale. Borderline Personality Disorder was assessed at two-year follow-up using the SCID-II. Based on the course of self-injurious behaviour, adolescents were divided into the following groups: no lifetime self-injury; late onset of self-injury; remission of self-injury; maintenance of self-injury.

Results:

At the two year follow-up, 88 adolescents (17.2%) still reported self-injurious behaviour but this rate was significantly lower compared to baseline assessment. A group of 50 adolescents (9.8%) had maintained self-injurious behaviour during the two years. This group was at high risk for suicide attempts and borderline personality disorder. 119 adolescents (23.2%) belonged to the group who had remitted from self-injury. This group presented with low risks of suicide attempts and lower borderline personality pathology.

Discussion:

A large proportion of self-injuring adolescents does remit during the course of adolescence. Maintaining self-injury, however, indicates high risk for subsequent suicidal behaviour and the development of borderline personality disorder.

2. Pilar A Saiz, MD, PhD

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Abstract:

Suicide is one of the most important causes of death in the age group 15-34 and ranks as the second cause of death after traffic accidents and other injuries in the ages 15-19. In Europe each year, approximately 13,500 young men and women aged 15-24 years die by suicide. There is proved evidence that suicidal behaviour coincides with many underlying psychological and psychiatric conditions. Adolescence is the key age for the onset of several mental health problems and is a crucial period for the establishment of healthy lifestyles and emotional well-being. The number of immigrants to European countries has significantly increased over the past decades. The impact of the migratory process seems to be influenced by different factors including socioeconomic condition, ethnic discrimination or acculturation. On the other hand, previous data suggest that immigration might be associated with mental health problems in young people, especially females. The main objective of this talk is to determine the role of the immigration and its impact in lifestyles, mental health and well-being in European adolescents.

3. Carli, V, MD

Karolinska Institutet, National Centre for Suicide Research and Prevention of Mental Ill-Health, Sweden, Psychiatry.

4. Apter, A. MD

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S6-01-02

EXPLICIT MOTIVES, ANTECEDENTS AND CONSEQUENCES OF NON SUICIDAL SELF INJURY –A LONGITUDINAL STUDY IN A COMMUNITY SAMPLE OF ADOLESCENTS

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Abstract

The current study aimed to expand our understanding of motives for Non suicidal self-injury (NSSI). We examined the explicit (stated) motives for these behaviours, but also the actual antecedents/consequences of NSSI over time which enabled us to infer about motives that

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were not explicitly endorsed. We addressed internal as well as interpersonal motives and explored the inter-relations between these domains.

The participants were adolescents between the ages 14-18 from 12 high schools in Israel. Self-report questionnaires were administered in baseline, 3-month and 12-month follow-ups. We examined 5 classes of explicit motives for engaging in NSSI, and found that internal and interpersonal motives were reported in similar frequencies. We then used linear hierarchical regression models to examine the internal and interpersonal antecedents/consequences of NSSI over time. Decreases in peer and parental support predicted later increases in levels of NSSI, an effect mediated by negative affect. Surprisingly, both peer and parental support also exerted quadratic effects on NSSI. Thus, low as well as high support predicted higher levels of subsequent NSSI. In turn, NSSI was followed by increased peer and parental support.

The findings point to interesting avenues for future research regarding sub-groupings of adolescents who self-injure -whose motives may differ depending on the levels of social support. Additionally, our results reveal that NSSI, though of negative import, might paradoxically be effective in serving certain functions (i.e., gaining social support). Better understanding of the motives for NSSI, may point researchers and clinicians more specific and effective prevention and intervention programs.

5. Gvion, Y. PhD

Bar- Ilan University, Ramat_Gan Israel

S6-01-03

MEETINGS WITH PEOPLE WHO WISH TO DIE

Yari Gvion PhD

ABSTRACT

Treatment of a suicidal patient is an experiential journey for both the patient and the therapist, into the regions of mental pain. Confronting the wish to die resonates with complex emotions, and only coping with these emotions and their intensity will enable the therapist to be empathetic (rather than confrontational) with the patient's death wish. This therapeutic empathy will enable access to the intense emotional pain and lead to the possibility of a therapeutic process. This presentation will discuss the hindrances faced by the therapist when he/she encounters a suicidal patient who has taken action in this regard. The presentation will present excerpts of intervention based on in-depth interviews conducted with five patients who attempted suicide in their teens, and two therapists.

S6-02

NOVEL STIMULANT AND NON-STIMULANT APPROACHES TO THE LONG-TERM TREATMENT OF ADHD IN EUROPE

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Amaia Hervás (Chair)

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S6-02-01

LONG-TERM TREATMENT WITH ADHD MEDICATIONS: OPEN-LABEL STUDIES

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Approved pharmacotherapies for attention-deficit/hyperactivity disorder (ADHD) are characterised as either stimulants (including methylphenidate and amphetamine) or non-stimulants (including atomoxetine and guanfacine). The efficacy of ADHD medications has been established primarily in short-term clinical trials. Open-label studies of at least 6 months duration have been conducted with the primary aim of establishing the long-term safety of ADHD medications, whilst also demonstrating their continued effectiveness.

Commonly-reported treatment-emergent adverse events (TEAEs) in long-term trials of stimulant medications in both paediatric and adult patient populations with ADHD are similar to those reported in short-term, randomized, controlled trials. Characteristic of the tolerability profile of stimulants, TEAEs commonly reported by both children and adults during 12-months, open-label treatment with the long-acting, d-amphetamine prodrug lisdexamfetamine dimesylate (LDX) included decreased appetite, insomnia and headache. Anorexia and weight loss were more common in children than in adults [1, 2, 3]. Safety and efficacy outcomes will be presented from a recently completed, 2-year, open-label study of LDX in children and adolescents with ADHD.

TEAEs associated with long-term, open label treatment of patients with the non-stimulant atomoxetine included decreased appetite, somnolence, headache and fatigue [4, 5]. Children and adolescents receiving the selective α 2A-adrenergic receptor agonist guanfacine extended release (GXR) for 2 years reported somnolence, headache and fatigue, although somnolence and fatigue were usually transient [6, 7]. Interim data from a 2-year, open-label, extension study of GXR in children and adolescents with ADHD will be presented.

Overall, TEAEs associated with all ADHD medications were mild or moderate in severity and consistent with the mode of action of the drug and treatment discontinuation tended to be associated with inadequate response rather than lack of tolerability.

Long-term studies have confirmed that all medications available in Europe are generally safe and well tolerated, however continued monitoring is an essential aspect of individual patient follow-up.

[1] Findling RL et al. *CNS Spectr* 2008;13:614–20

[2] Weisler R et al. *CNS Spectr* 2009;14:573–85

[3] Coghill DR et al. *CNS Drugs* 2014;28:497–511

[4] Adler et al. *J Clin Psychiatry* 2005;66:294–9

[5] Kratochvil CJ et al. *J Am Acad Child Adolesc Psychiatry* 2006;45:919–27

[6] Biederman J et al. *CNS Spectr* 2008;13:1047–55

[7] Sallee FR et al. *J Chile Adolesc Psychopharmacol* 2009;19:215–26

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S6-02-02

RANDOMIZED-WITHDRAWAL STUDIES OF THE MAINTENANCE OF EFFICACY OF ADHD MEDICATIONS

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In a chronic condition such as attention-deficit/hyperactivity disorder (ADHD), the demonstration of the maintenance of efficacy of drug treatment is essential and regulators require randomized-withdrawal (RW) studies to demonstrate the benefits of continued ADHD treatment. Within the rigor of a randomized and controlled setting, RW studies enable the effects of medication to be isolated from other factors which impact outcomes in a study of longer duration.

RW studies have established the maintenance of efficacy of several stimulant and non-stimulant ADHD medication, including lisdexamfetamine dimesylate (LDX), osmotic-release oral system methylphenidate (OROS-MPH), atomoxetine (ATX) and guanfacine (extended release; GXR). During a 6-week RW period, 15.8% of children and adolescents with ADHD receiving the long-acting, d-amphetamine prodrug LDX met treatment failure criteria compared with 67.5% receiving placebo [1]. In adults with ADHD, RW studies of OROS-MPH indicated a numerical but non-significant return of symptoms in patients withdrawn to placebo compared with those maintained on active treatment [2, 3]. During a 9 month RW study of the non-stimulant atomoxetine in patients aged 6-17 years, 22.3% receiving ATX relapsed compared with 37.9% receiving placebo [4]. A study evaluating the maintenance of efficacy of the selective α_2 -adrenoceptor agonist GXR in children and adolescents with ADHD using a RW design has recently been completed and results will be described [5].

The primary efficacy outcomes of these RW studies provide evidence that treatment must be continued in order for efficacy to be maintained. Although RW of both stimulant and non-stimulant ADHD medications results in a return of symptoms, the rate and delay of symptom return may differ between these classes of treatment. Periodic trials off medication may be important to determine whether treatment is still necessary. Finally, it is important to note that follow-up studies of youth in the US Multimodal Treatment Study of Children with ADHD suggest that long-term outcomes depend not only on treatment but on a host of individual, family and contextual factors [6]. Consequently, careful individualized management of patients is required.

[1] Coghill D et al. *J Am Acad Child Adolescent Psychiatry*, 2014;53:647–57.

[2] Buitelaar JK et al. *Int J Neuropsychopharmacol*, 2012;15:1–13.

[3] Biederman J et al. *J Clin Psychopharmacol*, 2010;30:549–553.

[4] Michelson D et al. *J Am Acad Child Adolescent Psychiatry*, 2004;43:896–904.

[5] Newcorn J et al. *Eur Psychiatry* 2014;29:1.

[6] MTA Study Group. *J Am Acad Child Adolesc Psychiatry*, 2009;48:484–500.

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S6-02-03

HEALTH-RELATED QUALITY OF LIFE AND FUNCTIONAL IMPAIRMENT OUTCOMES IN STUDIES OF ADHD MEDICATIONS

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Optimal management of ADHD aims to relieve symptoms and improve health-related quality of life (HRQoL) and functioning. We explore results from trials of stimulant and non-stimulant medications in children and adolescents with ADHD that incorporated the Child Health and Illness Profile–Child Edition:Parent Report Form (CHIP-CE:PRF), a generic HRQoL measure, and the Weiss Functional Impairment Ratings Scale:Parent Report (WFIRS-P), an ADHD-specific functional measure.

The CHIP-CE:PRF and WFIRS-P instruments have been utilized in several trials of non-stimulant ADHD medications. A meta-analysis of three 8–12-week, placebo-controlled trials of atomoxetine found improvements in the CHIP-CE:PRF Risk Avoidance (effect size 0.489) and Achievement (0.431) domains [1]. During long-term, open label treatment with atomoxetine, improvements in CHIP-CE:PRF T-scores and WFIRS-P scores were stable from 6 to 12 months [2]. In a 7-week, randomized, parallel-group study, both guanfacine extended release (GXR) and the reference treatment atomoxetine led to improvements in WFIRS-P total score (effect sizes 0.44 and 0.28, respectively) [3]. After 26 weeks randomized withdrawal, continued GXR treatment was significantly more effective than placebo in maintaining improvements in the WFIRS-P Learning and School domain (0.27) [4].

The first trial of a stimulant medication in children and adolescents with ADHD to incorporate the CHIP-CE:PRF was a 7-week, randomized, parallel-group study which found that lisdexamfetamine dimesylate (LDX) and the reference treatment osmotic-release oral system methylphenidate (OROS-MPH) led to significant improvements from baseline to endpoint in Achievement (effect sizes 1.280 and 0.912), Risk Avoidance (1.079, 0.948), Resilience (0.421, 0.398) and Satisfaction (0.365, 0.349) domains [5]. WFIRS-P total scores were also improved for both treatments (LDX, 0.924; OROS-MPH 0.772) [5]. After 6 weeks randomized withdrawal of LDX, continued treatment was significantly more effective than placebo in maintaining improvements in CHIP-CE:PRF Risk Avoidance (effect size 0.829), Achievement (0.696) and Satisfaction (0.636) domains and WFIRS-P total score (0.908) [6].

Conclusion

Evidence from long-term studies indicates that therapy induced improvements in HRQoL and functional outcomes seen in the short-term are maintained with continued treatment.

References

- [1] Escobar R et al. *J Clin Psychopharmacol* 2010;30:145–51.
- [2] Fuentes J et al. *J Clin Psychopharmacol* 2013;33:766–74.
- [3] Hervas A et al. *Eur Neuropsychopharmacol* 2014;24:1861–72.
- [4] Newcorn J et al. *Brit J Psychiatry*; manuscript submitted.
- [5] Banaschewski T et al. *CNS Drugs* 2013;27:829–840.
- [6] Banaschewski T et al. *CNS Drugs* 2014;28:1191–203.

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S6-02-04

DIFFERENT MODES OF ACTION OF ADHD MEDICATIONS. HOW CAN WE EXPLAIN MAINTENANCE OF EFFECT?

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Psychostimulants increase synaptic concentrations of dopamine and noradrenaline in the brain by blocking their reuptake and/or increasing their release. Atomoxetine (ATX), the only non-stimulant currently approved in Europe for the treatment of ADHD, increases extracellular noradrenaline concentrations by selectively inhibiting its reuptake [1]. A second non-stimulant treatment option in cases when stimulants may be unsuitable because of intolerable side effects or contraindicated medical conditions is guanfacine extended release (GXR). GXR is a selective agonist of α_2A adrenergic receptors [2] and is currently approved in the USA (children and adolescents) and Canada (children) as a monotherapy and adjunctive (to stimulants) therapy for the treatment of ADHD. Preclinical studies suggest that the stimulation of α_2A adrenergic receptors may strengthen functional connectivity of prefrontal cortical microcircuits via the blockade of HCN channels [3], or promote maturation and increase the number of dendritic spines on prefrontal cortical neurons [4]. Furthermore, there is evidence showing that in deeper layers of the prefrontal cortex the stimulation of α_2A adrenergic receptors suppresses excitatory synaptic inputs in pyramidal neurons possibly protecting neurons from over-stimulation [5].

During continued treatment of children and adolescents with ADHD, the efficacy of stimulants, ATX and GXR are maintained. However, following treatment cessation, the re-emergence of symptoms and functional impairment differs between the classes of treatment suggesting that their respective mechanisms of action may result in differences in long-term efficacy. The contribution of the different mechanisms of action to such differences in long-term efficacy will be discussed.

[1] Bymaster FP et al. *Neuropsychopharmacology* 2002;27:699–711

[2] Arnsten AF et al. *J Child Adolescent Psychopharmacol* 2007;17:393–406

[3] Wang et al. *Cell* 2007;129:397–410

[4] Hu J et al. *Brain Res* 2008;1199:37–45

[5] Yi F et al. *Eur J Neurosci* 2013;38:2364–73

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S6-03

A BROADER VIEW ON NEURODEVELOPMENTAL DISORDERS

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Tags

Autism Spectrum Disorder (ASD) Attention Deficit Hyperactivity Disorder (ADHD), broader view, classification.

Symposium Overview

Symposium Type B

A broader view on neurodevelopmental disorders

When comparing the current DSM-5 with its antecedents (i.e. DSM-III, DSM-III-R, DSM-IV and DSM-IV-TR), some progress can be observed. In earlier psychiatric classification schemes, many of the diagnoses included hierarchical exclusionary rules such that certain diagnoses could not be assigned if the symptoms occurred during the course of another disorder that occupied a higher level in the hierarchy (e.g. ADHD was excluded in the presence of ASD). These exclusion rules were later seen as problematic because these were not empirically based and made the study of lower-ranked diagnoses (e.g. ADHD) difficult. Therefore, the options to diagnose multiple disorders were extended, and diagnostic criteria were more specific and sensitive in later versions of the manual. Now, the best next step would be to no longer rely on a categorical approach (i.e. the disorder is either present or absent), but rather to adopt a dimensional model where deficits can be conceptualized as falling somewhere along a continuum that ranges from normal to pathological.

An important pioneer in this field is the National Institute of Mental Health (NIMH), which decided to no longer adhere to the current classification system, and to apply an experimental approach to the classification of mental disorders. The NIMH recently launched the Research Domain Criteria project (RDoC) to implement this strategy that incorporates not only behavioural symptoms, but also measures from neurocognitive, neurobiological and genetic research. The inclusion of multiple domains provides a broader view on developmental disorders in general, and a framework that ultimately brings the approach to disorders such as ASD and ADHD closer to the development of more sophisticated treatment. Although these neurocognitive, neurobiological and genetic domains have not made it into the DSM-5, it is acknowledged that it may not be too early to use neurobiology as a central tool to rethink the current approach to mental disorders (Hyman, 2007; 2010; Miller, 2010). That is, ongoing research could detach science from the unintended consequences of reifying the current diagnoses that probably do not mirror nature. Different perspectives of this ongoing process that may help develop and adjust future classification criteria are discussed in this symposium.

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References

- Hyman SE (2010). Annual Review of Clinical Psychology, 6, 155-179.
Hyman SE (2007). Nature Reviews Neuroscience, 8(9), 725-732.
Miller G (2010). Science, 327(5972), 1437.

ESCAP 2015

Symposium type B

'A broader view on neurodevelopmental disorders' (submission no. 1976)

Jolanda van der Meer

S6-03-01

EXPLORING DIFFERENTIAL NEURAL CORRELATES OF ASD AND ADHD IN THE NEUROIMAGE COHORT

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Autism spectrum disorder (ASD) symptoms frequently occur in subjects with attention deficit/hyperactivity disorder (ADHD). While there is evidence that both ADHD and ASD have differential structural correlates, no study to date has investigated these structural correlates within a framework that robustly accounts for the phenotypic overlap between the two disorders. The presence of ASD symptoms was measured by the parent-reported Children's Social and Behavioural Questionnaire (CSBQ) in ADHD subjects (n=180), their unaffected siblings (n=118) and healthy controls (n=146). ADHD symptoms were assessed by a structured interview (K-SADS-PL) and the Conners' ADHD questionnaires. Whole brain T1-weighted MPRAGE images were acquired and the structural MRI correlates of ASD symptom scores were analysed by modelling ASD symptom scores against subcortical grey matter structural volumes using mixed effects models which controlled for ADHD symptom levels. ASD symptoms were significantly elevated in ADHD subjects relative to both controls and unaffected siblings.

The structural correlates of raised autism spectrum scores were assessed by modelling autistic scores against white matter (WM) and grey matter (GM) volumes using mixed effects models which controlled for ADHD symptom levels. A significant WM by GM interaction was found, with elevated autistic symptoms in ADHD subjects associated with raised GM volume. ASD scores were also predicted by a smaller volume of the left nucleus accumbens. The current findings point to a specific volumetric profile associated with raised autistic spectrum symptoms in ADHD subjects. They further suggest that the volume of the nucleus accumbens, which is an integral part of the social brain network, may influence the degree to which autistic traits are manifest in ADHD.

S6-03-02

SHARED AND SPECIFIC BEHAVIOURAL AND COGNITIVE CHARACTERISTICS IN CHILDREN WITH ASD WITH AND WITHOUT ADHD

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The overlap between autism spectrum disorder (ASD) and attention deficit hyperactivity disorder (ADHD) is well-established in terms of co-occurring symptoms and diagnoses. However, the features that distinguish individuals with ASD with and without co-occurring ADHD is less well established. Shared cognitive features, particularly those of executive function deficits, have been reported in both ASD and ADHD, but most studies have not accounted for

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the degree of behavioural overlap. We use the Special Needs and Autism Project (SNAP) cohort to explore behavioural and cognitive factors that are shared and specific to the two groups.

Behavioural characteristics include autism profiles with respect to social reciprocity, communication deficits and restricted and repetitive behaviours and interests, as well as overall symptom severity. The pattern of additional mental health problems was also explored using diagnostic measures from the Child and Adolescent Psychiatric Assessment the Strengths and Difficulties Questionnaire and the Profile of Neuropsychiatric Symptoms.

Theory of mind (ToM) was evaluated using five different tasks to tap verbal and non-verbal, elements, as well as different levels of complexity. Executive function (EF) included measures of inhibition and cognitive flexibility.

Preliminary results suggest that, amongst those with ASD, EF deficits may be specifically linked to ADHD symptoms while ToM is linked to autism symptoms.

S6-03-03

PRE- AND PERINATAL RISK FACTORS IN ATTENTION-DEFICIT/HYPERACTIVITY DISORDER AND AUTISM SPECTRUM DISORDERS

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Autism Spectrum Disorder (ASD) and Attention-Deficit/Hyperactivity Disorder (ADHD) frequently co-occur. Twin studies have shown a substantial genetic component of this overlap. Given the role of pre- and perinatal risk factors especially for ADHD aetiology, the aim of the present study was to elicit overlap and specificity of associated pre- and perinatal environmental risk factors on ASD and AD(H)D.

Methods: Age and sex matched children and adolescents, aged 4 -18 years old, from five comparison groups were included into the present study. N=42 ASD without AD(H)D; N=30 ASD with ADD (inattentive ADHD subtype); N=35 ASD with ADHD combined subtype; N=37 ADD without ASD and N=47 ADHD without ASD. Pre- and perinatal risk factors were obtained by a semi-structured medical history interview with the primary caregiver and from medical records. The following pregnancy related risk factors were analysed: maternal smoking, alcohol, drug use, different medications, diabetes, high blood pressure, accidents, bleedings. The following perinatal risk factors were studied: oxytocin, Caesarean section, birth weight, perinatal infection, length of stay in incubator.

Results: Preliminary analyses showed disorder specific risk factors for ADHD combined subtype (with and without ASD), especially smoking during pregnancy, and for the inattentive ADHD subtype, especially low birth weight. No disorder specific pre- or perinatal environmental risk factors were elicited for ASD.

Conclusions: The assessed pre- and perinatal environmental risk factors seem to play a major role only for AD(H)D, but not for ASD. The major limitation of the study is the retrospective assessment of many risk factors. The strength of the study is the inclusion of several differential groups with and without ASD and / or AD(H)D.

S6-04 SYMPOSIUM b

S6-05

EFFICACY OF COGNITIVE TRAINING AND EEG-NEUROFEEDBACK IN CHILDREN WITH NEUROPSYCHIATRIC DISORDERS

Slaats-willemse D

Radboud University Nijmegen Medical Centre, Donders Institute For Brain, Cognition And Behaviour

Symposium chair: D. Slaats-Willemse^{1,2}

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Speakers and title of each lecture:

-Rosa van Mourik: Train your brain: The Effectiveness of Neurofeedback compared to Medication and Physical Exercise in ADHD

-Sammy Roording-Ragetlie: Working memory training in children with neuropsychiatric disorders with or without borderline intellectual disabilities

-Marthe van der Donk: Is cognitive training effective for children with ADHD? A randomised controlled trial of Cogmed Working Memory Training and Paying Attention in Class

-Albert Ponsoen: Evaluating a computerized training of executive functions with Single-Case Experimental Design methods

Symposium overview

Neuropsychiatric disorders are associated with impairments in social, cognitive and emotional development, and poor academic outcomes. Because of the severity and long-term nature of these disorders, efforts have been made to identify effective treatments. Although psychostimulants are the first-choice treatment in disorders such as Attention-Deficit/Hyperactivity Disorder (ADHD) medication is not effective in 20-30% of the children with ADHD. Further, patients may have concerns about side-effects. So, there is a need for effective non-pharmacological treatments for ADHD and related disorders. Cognitive training and EEG-neurofeedback are viewed as promising alternative treatments. It is suggested that targeting the underlying electrophysiological brain activity and cognitive functioning thought to mediate the causal pathways of the neuropsychiatric disorder would potentially lead to improvements in behaviour, academic achievements and daily life. In this symposium, the efficacy of EEG-neurofeedback, Cogmed Working Memory training and two new cognitive training methods, i.e. Braingame Brian and Paying Attention in Class, will be discussed. Results on single-case experimental designs-studies and randomized controlled trials in children with ADHD and other neuropsychiatric disorders are showed.

Four different research projects will be presented. The first project will focus on the effectiveness of neurofeedback compared to medication and physical exercise in ADHD. Next, data will be presented on the effects of Cogmed working memory training in children with neuropsychiatric disorders with or without borderline intellectual disabilities. The third speaker will compare the effects of Cogmed to those of a new cognitive classroom-training called Paying Attention in Class. Finally, the efficacy of a computerized training, i.e. Braingame Brian aimed at three domains of executive functioning (EF), working memory, inhibition and mental flexibility, is evaluated. All results will be discussed in light of the methodological limitations that

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accompany research on non-pharmaceutical treatment effects. What is the role of non-specific therapeutic effects? Can we capture these effects in randomized placebo controlled trials? How can we achieve durable improvements on behavioural and neurocognitive level? And what about the transfer effects to daily life and academic achievements? These, and more issues that may have implications for future research and clinical application will be discussed.

S6-05-01

TRAIN YOUR BRAIN: THE EFFECTIVENESS OF NEUROFEEDBACK COMPARED TO MEDICATION AND PHYSICAL EXERCISE IN ADHD

Rosa van Mourik¹, PhD, Katleen Geladé, MSc², Tieme Janssen, MSc¹, Marleen Bink, PhD, Athanasios Maras, MD, PhD², Prof. dr. Jaap Oosterlaan¹.

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Background: ADHD is a common neuropsychiatric disorder with severe consequences for the child and its environment. Psychostimulants are the first-choice treatment, although not effective in 20-30% of the children and there are concerns about side-effects. There is a high need for effective non-pharmacological treatments. Neurofeedback (NF) is a non-invasive operant conditioning procedure aimed at developing skills for self-regulation of brain activity. If the brain activity changes in the desired state, positive feedback is given to the patient. NF has been classified as 'probably effective' but its treatment effects need further empirical evidence. This study compares NF with psychostimulant treatment (MPH), and with physical exercise (PE), a second promising, non-pharmacological intervention in ADHD that is comparable in non-specific effects. Methods: In this study, 112 children with a DSM-IV diagnoses of ADHD, aged between 7 and 13 years, are randomly allocated to treatment with MPH, NF or PE. Methylphenidate dosing is carefully determined using a double-blind randomized controlled trial with three active doses and placebo. Each doses is taken twice daily during one week, and parents and teachers rate the child's behaviour. The optimal dose is determined based on the reliable clinical change on the rating scales. NF training is aimed at decreasing theta/beta ratio and is provided three times a week during 10 consecutive weeks. The PE intervention is comparable in intensity with the NF training and consists of various aerobic exercises. The direct effects of the treatments are assessed after 10 weeks. Outcome measures include rating scales (SWAN and SDQ), neurocognitive measures and EEG. Results: According to parents, behaviour improved regardless of type of treatment. However, larger improvements on attention were reported after MPH treatment. Teachers only reported large improvements on all measures after MPH. No differences were found between PE and NF treatment. EEG power spectra measures during eyes open (EO), eyes closed (EC) and task (effortful) conditions were available for 81 children at pre- and post-intervention (n=29 NF, n=27 MPH, n=25 PA). Both NF and MPH resulted in comparable reductions in theta power from pre- to post-intervention during the EO condition compared to PE. For NF, larger reductions in theta were related to larger reductions in ADHD symptoms. During the task condition, only MPH showed reductions in theta and alpha power compared to PA. Discussion: At the short term, psychostimulant treatment is superior to neurofeedback and physical exercise. Although parents reported improved behaviour after neurofeedback treatment and specific effects in theta activity were found, these effects did not generalize to a task condition nor to classroom behaviour. In its present form, the physical exercise intervention failed to improve behaviour and no changes were found on EEG. The value of neurofeedback and physical exercise treatments as an alternative to medication will be further discussed. Furthermore, the differences between parent and teacher ratings will be discussed as well as the clinical relevance of the outcome measures, individual differences and clinical implications. Keywords: ADHD, EEG-neurofeedback, Physical Exercise, neurocognitive, behaviour, psychostimulants

S6-05-02

WORKING MEMORY TRAINING IN CHILDREN WITH NEUROPSYCHIATRIC DISORDERS WITH OR WITHOUT BORDERLINE INTELLECTUAL DISABILITIES

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Background: The efficacy of neurocognitive training, like Cogmed Working Memory Training (WMT) is a hot topic in recent literature. Some suggest these kind of interventions have potential value in the treatment of children with neuropsychiatric disorders, like ADHD. Others are more sceptic and recent reviews are reserved about the efficacy of these kind of interventions in a diversity of patient groups. Inconsistent findings within and between studies and methodological shortcomings yielded doubt about training efficacy. More insight is needed in specific patient groups, with solid research designs. At this symposium data from two Double Blind Randomized Placebo-Controlled Trials on the efficacy of Cogmed WMT in children with neuropsychiatric disorders will be presented. **Methods:** In the first study fifty-one children (5–7 years) with a DSM-IV-TR diagnosis of ADHD were randomly assigned to the active (adaptive) or placebo (nonadaptive) training condition for 25 sessions during 5 weeks. In the second study, seventy-four children (10-14 years) with a DSM-IV-TR diagnosis of ADHD and/or ASS in combination with a borderline intellectual functioning (BIF) were allocated to Cogmed WMT or a placebo-Cogmed treatment, for 25 sessions, 5 times a week, 5 weeks in total. Behavioural effects and neurocognitive functioning were measured before and after training in both studies. **Results:** No significant treatment effect on any of the primary or other secondary outcome measurements was found in the first study on young ADHD children. Results of the second study on children with BIF and neuropsychiatric disorders will be presented at the symposium. **Conclusions:** The first study failed to find robust evidence for benefits of Cogmed over the placebo training on behavioural symptoms, neurocognitive, daily executive, and global clinical functioning in young children with ADHD. Conclusions from the second study will be discussed at the symposium. **Keywords:** Working memory training, ADHD, ASS, borderline intellectual disabilities.

S6-05-03

IS COGNITIVE TRAINING EFFECTIVE FOR CHILDREN WITH ADHD? A RANDOMISED CONTROLLED TRIAL OF COGMED WORKING MEMORY TRAINING AND PAYING ATTENTION IN CLASS

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Introduction and objectives: The last decade, working memory training has received increasingly more attention as a potential effective non-pharmacological intervention for

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children with Attention-Deficit/Hyperactivity Disorder (ADHD). It is suggested that targeting the underlying cognitive deficits thought to mediate ADHD causal pathways, such as working memory, would potentially lead to greater transfer and generalization to functioning in everyday life such as academic performance. One of these potentially effective and worldwide implemented interventions is Cogmed Working Memory Training (CWMT). The goal of this randomized controlled trial was to determine the effect of CWMT in children with ADHD by replicating and extending previous findings in terms of long term- and far transfer measures in a rigorous design with an active control group. **Methods:** Hundred and two Dutch children with Attention-Deficit/Hyperactivity Disorder, between the age of 8 and 12 years, were randomly assigned to either the CWMT or to an active control group that received a new cognitive training called Paying Attention in Class. Primary outcome measures were neurocognitive functioning and academic performance. Secondary outcome measures contained ratings of behaviour in class, behaviour problems and quality of life. Assessment took place before, directly after and 6 months after treatment. **Results:** The results showed that over time, both interventions led to broad improvements in neurocognitive functioning (visual spatial WM, verbal WM, attention, inhibition and planning) and both parent and teacher ratings of executive functioning and ADHD related behaviour. We found no significant improvements on academic performance, behaviour in class and quality of life. We were only able to replicate a treatment effect in favor of CWMT for the trained visual spatial WM task (Spatial Span). **Discussion:** As our design did not contain a 'no treatment' control group (e.g. waiting list) as a third arm for allocation, so we cannot rule out other possible cofounders such as time (development of age), expectancy effects or therapeutic benefit. We suggest that future trials with well-blinded measures and a third 'no treatment' control group are needed before cognitive training can be supported as an evidence-based treatment of ADHD. Furthermore, we suggest that future studies should put more effort into investigating how and why training is effective (working mechanism) in terms of underlying neural and cognitive mechanisms and for whom training is most effective. This might shed some light on the question why some of the transfer measures are improved and others are not and may subsequently lead to improved intervention designs. **Keywords:** ADHD, working memory, executive function training.

S6-05-04

EVALUATING A COMPUTERIZED TRAINING OF EXECUTIVE FUNCTIONS WITH SINGLE-CASE EXPERIMENTAL DESIGN METHODS

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Background: In current views on mental disorders there is a growing change in focus from behavioural manifestations of psychopathology (e.g. ADHD) to the underlying cognitive and emotional processes. Children with the same classification may have different underlying cognitive and/or emotional profiles while children with different classifications may have very similar profiles. Interventions which take behaviour as a point of reference instead of the individual underlying profiles may fail to be effective for certain subgroups of children. Randomized controlled trials (RCTs) are still considered the golden standard in establishing the efficacy of interventions. If individual differences are ignored in RCTs, non-significant results may overshadow the value of an intervention method for children with specific profiles. Single-Case Experimental Designs (SCEDs) are sensitive to individual variations and are increasingly considered an important alternative to RCTs. **Methods:** The efficacy of a computerized training ('Braingame Brian') aimed at three domains of executive functioning (EF), working memory, inhibition and mental flexibility, is evaluated by means of a SCED-study. The SCED included multiple assessments with daily report scales in a pre-treatment phase, followed by a treatment phase, a post-treatment phase and a follow-up phase. **Results:** SCED-studies give insight in the mechanisms by which an intervention is effective in one child but less effective in another child with the same behavioural characteristics. To illustrate SCED we present the data from ten case studies of children with EF-problems who were trained with Braingame Brian. **Conclusions:** With the results of SCEDs interventions can be tailored to intra-individual characteristics and can lead

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to more balanced conclusions about the efficacy of interventions such as the cognitive training Braingame Brian. Keywords: Executive function training, ADHD, single case experimental design (SCED), Braingame Brian.

S6-06-02

AUTISM SPECIFIC GROUP THERAPY: RANDOMIZED CONTROLLED TRIAL

Freitag C

Goethe University Hospital Frankfurt Am Main

Objective

Group based psychotherapy for Autism Spectrum Disorder (ASD) has predominantly been studied by small randomized controlled studies without follow-up. Here, we report results of a confirmatory, multi-center randomized controlled phase-III trial in children and adolescents, including three months follow-up, studying the ASD specific group based SOSTA-FRA approach.

Method

High-functioning individuals with ICD-10 diagnoses of Childhood autism, Asperger Syndrome or Atypical autism aged 8 to 19 years old were randomized to twelve sessions SOSTA-FRA or to waiting list/treatment as usual. Computer based 1:1 randomization stratified by center was done in groups of eight or ten patients. Primary outcomes were change in total raw score of the parent rated Social Responsiveness Scale (pSRS) (a) between baseline (T2) and end of intervention (T4), and (b) between T2 and three months after end of intervention (T5), adjusted for age, IQ, baseline pSRS, and center. Primary analysis was done based on the intention-to-treat (ITT) principle.

Results

Between 20/5/2010 and 14/2/2013, n=320 ASD patients were screened for eligibility, n=228 patients were randomized, and N=209 analyzed (ITT). Mean difference between groups at T4 was -6.5 (95% CI -11.6 to -1.4; p=0.013), and at T5 -6.4 (-11.5 to -1.3, p=0.015). No serious adverse events were reported, and adverse events were comparable in both groups.

Conclusions

Short term ASD specific add-on group based psychotherapy can be recommended as efficacious and safe treatment for high-functioning children and adolescents with ASD leading to lasting improvement of social responsiveness.

Trial registration: ISRCTN94863788.

ASD AND DEVELOPMENTAL PSYCHIATRY: EXPERIENCE OF CHILDREN'S HOSPITAL AT WESTMEAD, SYDNEY

Dossetor D

Sydney Children's Hospital Network

ASD AND DEVELOPMENTAL PSYCHIATRY: EXPERIENCE OF CHILDREN'S HOSPITAL AT WESTMEAD

David Dossetor, Director of Mental Health Sydney Children's Hospital Network, Child Psychiatrist, Clin A/Prof, University of Sydney.

Background

Children with developmental disabilities including autism spectrum disorders (ASD) often have complex clinical needs. Traditionally there have not been specific services to meet the complex needs of this population, who are expected to access generalist child and adolescent services.

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In this context, a unique developmental psychiatry clinical team was developed at Children's Hospital Westmead (CHW) and was later expanded to include the CHW School-Link. This team represents a collaboration between CHW, Children's Team of Statewide Behaviour Intervention Service of NSW Disability Services (SBIS) and NSW Department of Education.

Objectives

This session will use the description of an existing specialist service built on a collaboration between the health, disability and education sectors and the projects it has achieved to reflect on the complexity of this clinical area and the service model that works best to meet the complex needs of children and adolescents with developmental disabilities.

Methods

Four major projects will be described: an evidence-based developmental framework and multidisciplinary training curriculum to promote the mental health of children and adolescents with intellectual and developmental disabilities, a school based intervention for ASD (Emotion Based Social Skills Training), Stepping Stones (a group intervention targeting mental health promotion), and a clinical review of 150 clinical cases seen by the service.

Findings

The positive outcomes from each of these four projects described show the potential for therapeutic gain in this challenging population. Much innovation and clinical benefit can be achieved by multidisciplinary multiagency collaborative partnerships, where skills and resources are shared.

Conclusions

Such a collaborative clinical subspecialty service provision provides a best practice model, would seem to be clinically highly cost effective, but may not survive the 'free market economy' of the NDIS.

Refs: Dossetor D, White D, Whatson L (Eds) 2011 Mental health for children and adolescents with intellectual and developmental disabilities: a framework for professional practice. www.ipcommunications.com.au.

Mental health for children and adolescents with intellectual and developmental disabilities: an educational resource: a free electronic journal. Register @ www.schoollink.chw.edu.au.

S6-06-04

AN INVESTIGATION OF CORTICAL STRUCTURE IN AUTISM SPECTRUM DISORDER

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Background

Acquisition of high-resolution data has enabled the investigation of the two determinants of grey matter volume, cortical thickness (CT) and surface area (SA). These measures have been found to be genetically uncorrelated, phenotypically independent and highly heritable. A gyrification index (GI) or degree of folding and a measure of sulcus depth (SD) can also be derived to evaluate cortical structure. It has been suggested that abnormalities within these four metrics may contribute to the clinical heterogeneity of ASD.

Methods

High-resolution T1-weighted images were acquired from 63 participants with ASD and 63 age and IQ matched controls. Vertex-by-vertex group differences were evaluated using QDEC, a Freesurfer software package. Cortical maps were smoothed with a 10mm full-width-half-

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maximum Gaussian kernel. Monte Carlo simulation with 10,000 iterations was performed with a clusterwise threshold of $p < 0.05$ for multiple comparison correction. Total intracranial volume, mean CT and SA were demeaned and included as nuisance variables. Age and IQ were also demeaned and included as variables. For all significant clusters, exploratory Spearman correlations with clinical measures of SCD and RRB were performed.

Results

The groups did not differ in age ($t(124)=-0.709$, $p=0.48$) or IQ ($t(124)=-1.783$, $p=0.077$). Cortical thinning was observed in the left supramarginal, superior frontal and precentral gyri in ASD relative to controls. Greater surface area was identified in ASD in several frontal, parietal and temporal regions in comparison to controls. Cortical folding patterns (GI and SD) differed between groups in the right inferior temporal, anterior cingulate and insula regions. A significant group-by-age interaction in gyrification was observed in the superior frontal gyrus (MNI: -10 64.3 6.5; $p = 0.001$). Greater social and communication deficits were significantly correlated with reduced cortical thickness in the left superior frontal gyrus ($r = -0.347$, $p = 0.005$) in the ASD group.

Conclusions

Regions identified in the current study have been previously implicated in ASD pathology. Increased cortical thinning in ASD may indicate excessive synaptic removal and dendritic pruning in the disorder. Surface area integrity is considered driven by the number of minicolumns thus the current findings are in line with post-mortem studies which observed a greater volume of minicolumns in ASD. Disrupted cortical folding is thought to reflect aberrant structural connectivity due to tension applied by radial glial cells during neuronal development. Therefore, increased gyrification and reduced sulcal depth may represent disrupted structural connectivity in ASD. This study suggests that disrupted cortical formation occurs in ASD.

MONDAY

M1-01

DEVELOPMENTAL TRAJECTORIES IN CHILDREN AND ADOLESCENTS WITH LIFE-COURSE AND OPTIMAL OUTCOME AUTISM SPECTRUM DISORDER (ASD): FINDINGS FROM CLINICAL AND EPIDEMIOLOGICAL FOLLOW UP STUDIES.

Munir K; Motavalli Mukaddes N; Baghdadli A

Harvard Medical School - Boston Children's Hospital; Istanbul Institute Of Child Psychiatry; Autism Resources Center - Chru

Symposium Overview

Symposium Chair and Corresponding Author: Kerim Munir, MD, MPH, DSc, Boston Children's Hospital, Harvard Medical School, USA; E-mail: kerim.munir@childrens.harvard.edu;

Names and institutional affiliations of the speakers:

1. 1)Symposium Chair and Corresponding Presenting Author: Kerim Munir, MD, MPH, DSc, Boston Children's Hospital, Harvard Medical School, USA; E-mail: kerim.munir@childrens.harvard.edu; Title of Presentation: What do clinical and epidemiological studies tell us about the current developmental trajectories and outcomes in ASD?
2. 2)Presenting Author: Amaria Baghdadli, MD, PhD, Autism Resources Center, Child and Adolescent Department, CHRU Montpellier, France; Email: a-baghdadli@chu-montpellier.fr; Title of Presentation: What do we learn from cohort studies about outcome in ASD?
3. 3)Presenting Author: Nahit Motavalli Mukaddes, MD, Istanbul Institute of Child Psychiatry, Nisantasi, Istanbul Turkey; Email:nmotavalli@yahoo.com. Title of Presentation: What happens to children and adolescents who move off autism spectrum? A clinical follow-up study after loss of established diagnosis of ASD.
4. 4)

Symposium Overview Abstract (400 words):

Autism spectrum disorder (ASD) is traditionally considered a life-course disorder. However, recent studies suggest that some high functioning subgroup of children and adolescents with established ASD can achieve optimal outcomes (OO) and may no longer endorse diagnosis. The presentation by Dr. Motavalli Mukaddes will emphasize an emerging dichotomy between persistent vs. non-persistent optimal course ASD. She will present results of her clinical follow-up study of relatively high functioning children and adolescents with previously established ASD assessed at least 2-years following loss of ASD diagnosis. Twenty six subjects (21 male, 5 female) were examined, ages 6-16 years (mean 9.2±2.9), recruited from the larger OO cohort (n=39), 26 meeting the 2-year diagnosis lapse criterion. Psychiatric and psychometric assessments of this sample including Schedule for Affective Disorders and Schizophrenia for School-Age Children Present and Lifetime Version (K-SADS-PL), the Wechsler Intelligence Scale for Children—revised version (WISC-R), and Social Communication Questionnaire (SCQ) – current version, endorsed at least one psychiatric disorder (92.3%), thus necessitating psychiatric attention long after achieving OO and continuation of essential treatment plan and access to services. Dr. Baghdadli will present the results of the EPITED cohort, referenced in the National Autism Plan, a French multi-center cohort with follow-up of 260 children with a diagnosis of ICD-10 Autism initially included in the cohort ongoing since 1997. The developmental trajectories over time of the participants of this cohort and their predictive variables will be presented. She will then discuss the role played in these trajectories by comorbid associated conditions, e.g., self-injury, aberrant behaviours and intellectual disability, and their impact on parent's quality of life. International consortia will allow early prospective collection of data to promote understanding of long-term developmental trajectories. Dr. Munir will summarize the key clinical and epidemiological data supporting the following conclusions, among others: 1) that ASD core symptoms do not on average deteriorate over time with

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transition to adolescence and adulthood years despite low functioning in adult years, suggesting the need for better habilitation and vocational services; 2) overall those individuals with higher intellectual functioning and speech fare better; 2) greater heterogeneity in higher functioning ASD leads to high psychiatric comorbidity over time, irrespective of persistence of ASD; 3) early diagnosis , interventions and supports drives improved outcomes at younger ages; and 4) the linkage in the DSM-5 ASD classification of support needs and severity levels may compromise service availability for the greater potential outcome groups.

M1-02

US Guidelines and Updates on Select Psychiatric Disorders

Abstract type: Symposia type B

Thematic area: Services, Treatments and Advocacy: Other

Authors: Palyo S; Ivanov I; Pleak R; Oatis M

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U.S. Guidelines and Updates on Select Psychiatric Disorders

Given the increase in prevalence in certain psychiatric diagnoses, it is important to highlight a set of guidelines for treatment and the benefits and obstacles of implanting these into clinical practice. Certain psychiatric illnesses such as Attention Deficit-Hyperactive Disorder (ADHD), Gender Dysphoria, and Substance Abuse experience great media publicity, which further stigmatizes children and adolescents with these disorders. With the increase in diagnoses, there are more numerous studies, more social media discussion, and more hurdles to implementing the best practice treatments with adolescents with these psychiatric symptoms. This panel of prominent New York based child and adolescent psychiatrists will discuss these issues and recommendations.

ADHD is a debilitating neurobehavioural disorder affecting children and adolescents. Symptoms impact children and their families beyond the classroom yet many discussions focus primarily on treatment with medication alone or as a last resort after other interventions are exhausted. Dr. Oatis will discuss his extensive work on ADHD and best practices of implementing appropriate interventions with adolescents as well as the family role.

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Adolescent substance abuse presents clinicians with ongoing challenges regarding timely diagnosis and effective treatments. Dr. Ivanov will review and discuss risk factors for adolescent substance abuse, early warning signs and the clinical aspects of recreational drug use, misuse of prescription medications and clinical guidelines for screening and treatment of adolescents with problem drug use.

The management of gender dysphoria has evolved to include diagnosis and treatment of children and adolescents with discussions regarding social transitioning, pubertal suspension, and hormonal interventions. There are issues with integration of children into schools as well as extracurricular activities and even in medical clinics. This presentation by Dr. Pleak will review U.S. and international guidelines for treating youth with gender dysphoria published between 2012-2015.

The discussion following the presentations, chaired by Dr. Palyo, will aim to highlight the selected psychiatric diagnosis, the guidelines and updates on implementing these recommendations into a clinical setting.

Each presenter will speak for 20 minutes with a 30-minute discussion.

Symposia

Clinical Disorders: Neurodevelopmental Disorders, Gender Dysphoria, Substance Misuse and Related Disorders

Keywords: (minimum 2) ADHD, Gender Dysphoria, Substance Use, US Guidelines

M1-02-01

ADOLESCENT SUBSTANCE ABUSE DISORDERS ASSESSMENTS AND PRACTICE TREATMENTS

Iliyan Ivanov, M.D.

Icahn School of Medicine at Mt. Sinai

Adolescent substance use disorders (SUD) are strongly associated with the leading causes of adolescent morbidity and mortality (e.g., accidents, suicide) and as such represent a major public health problem. The identification of warning signs and early symptoms of problems drug use leading to adolescent SUD is of great importance for the development of prophylactic treatments and reducing the public burden of adolescent SUD. It is known that youth with disruptive behaviour disorders, including attention deficit/hyperactivity disorder (ADHD), oppositional defiant disorder (ODD) and conduct disorder (CD) have been shown to be at elevated clinical risk for adolescent SUD. This relationship is further influenced by other factors, including familial SUD, environmental context, and exposure to drugs of abuse and parenting. It is also hypothesized that physiological changes of adolescence may promote risk-taking behaviours, including binge drinking, and some data suggests that approximately 40% of alcoholics were already drinking heavily in late adolescence with peak prevalence of alcoholism at 18-23 years of age. Therefore adolescence is the key time frame for the development and prevention of alcoholism and substance use disorders.

Available evidence for the efficacy of prevention programs targeting youths from substance abusing families show that school, community and family based interventions appear most effective for outcomes proximal to the intervention, such as program-related knowledge, coping-skills, and family relations (Broning et al., 2012). Further, as there are no officially approved pharmacological agents for the treatment of alcohol/drug use disorders in adolescence, several agents (e.g. bupropion, buprenorphine (Minozzi et al., 2014) have been shown to offer some benefits in treating adolescent SUD. Lastly, while concerns have been raised about possible misuse and abuse of stimulants by vulnerable adolescents (and possibly other family members) most studies support that idea that stimulants do not increase risk for adolescent substance use disorders (Humphreys et al., 2013) and that they can be safely used in adolescent with comorbid ADHD and SUDs.

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The presentations will provide information on evidence-based assessments for adolescents SUDs and will provide a practical approach to SUD-focused treatments that can be implemented in clinical practice at various settings.

References:

1. 1. [Bröning S](#), [Kumpfer K](#), [Kruse K](#), [Sack PM](#), [Schaunig-Busch I](#), [Ruths S](#), [Moesgen D](#), [Pflug E](#), [Klein M](#), [Thomasius R](#). Selective prevention programs for children from substance-affected families: a comprehensive systematic review. [Subst Abuse Treat Prev Policy](#). 2012 Jun 12;7:23.
2. 2. [Humphreys KL](#), [Eng T](#), [Lee SS](#). [Stimulant medication and substance use outcomes: a meta-analysis](#). [JAMA Psychiatry](#). 2013 Jul;70(7):740-9.
3. 3. [Minozzi S](#), [Amato L](#), [Bellisario C](#), [Davoli M](#). [Detoxification treatments for opiate dependent adolescents](#). [Cochrane Database Syst Rev](#). 2014 Apr 29;4.

M1-02-02

GUIDELINES FOR TREATING GENDER VARIANT AND GENDER DYSPHORIC CHILDREN AND ADOLESCENTS

Richard R. Pleak, MD

Hofstra North Shore-LIJ School of Medicine, Glen Oaks, NY USA

Background: Most clinicians lack experience with gender variant and gender dysphoric youth, who have unique issues: they are little understood and are frequently victims of harassment and rejection. They often suffer from isolation, depression, and suicidality at high rates. Working with these youth poses additional considerations, as most gender variant/dysphoric children do not grow up to be gender variant/dysphoric adolescents or adults. Gender variant/dysphoric youth may experience desires and behaviours that can be challenging. Their families and their society may accept, support, ignore, reject, and even harm their children.

Methods: This presentation will detail the development and progression of gender variance from childhood through adolescence. Cases of children will be described, with different outcomes on follow-up. Recent (2011-2015) guidelines from U.S. and international organizations will be reviewed, including: the American Academy of Child & Adolescent Psychiatry's Practice Parameter on Gay, Lesbian, or Bisexual Sexual Orientation, Gender Nonconformity, and Gender Discordance in Children and Adolescents (2012); the American Psychiatric Association's Work Group on Gender Dysphoria report (2012); the American Academy of Pediatrics policy statement (2013); the World Professional Association for Transgender Health's Standards of Care Version 7 (2012); the Royal College of Psychiatrists' guidelines (2013); and others.

Results and Conclusions: These recent guidelines have updated practical clinical utility for professionals to help these youth, including educating and supervising less experienced providers, and are useful for all clinicians in assessing, treating, and advocating for gender variant/dysphoric youth.

M1-02-03

TREATING ATTENTION DEFICIT HYPERACTIVITY DISORDER (ADHD)

Melvin Oatis, MD

NYU Langone Medical Center

ADHD is the most prominent neurobehavioural disorder in children ages 5 to 17 years of age with numerous sequelae and consequences for families and society when it is not diagnosed and left untreated. Symptoms have far reaching impact beyond just the classroom. Despite the increased prevalence and general knowledge of an ADHD diagnosis in children and adolescents,

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debates persist whether treatment is necessary and which course of action is best for the family.

Co-morbid disorders of Oppositional Defiant Disorder, Learning Disabilities and Mood Disorders may complicate the course of treatment and in some instances prevent clinicians from considering the diagnosis of ADHD. The stigma of a psychiatric diagnosis and access to providers remain barriers to proven safe and effective behavioural and pharmacologic treatments for this illness.

This presentation will include review of American Academy of Child and Adolescent Psychiatry (AACAP), the American Academy of Pediatrics (AAP) and accepted evidence based treatment guidelines for treating all three subtypes of ADHD. Medication and behavioural treatment options will be discussed.

M1-03

PHARMACOLOGICAL AND NON-PHARMACOLOGICAL TREATMENT OF EXTERNALIZING BEHAVIOUR IN CHILDREN AND ADOLESCENTS.

Rommelse N; Henissen L; Bakker M; Smeets K; Ly V; Greven C

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Chair: Dr. Nanda Rommelse, Karakter Child and Adolescent Psychiatry, Radboud University Medical Centre, Donders Institute for Brain, Cognition and Behaviour.

Co-chair: Dr. Corina Greven, Karakter Child and Adolescent Psychiatry, Radboud University Medical Centre, Donders Institute for Brain, Cognition and Behaviour, Department of Cognitive Neuroscience.

Externalizing behaviour problems are common in children and adolescents and include attention deficit and hyperactivity problems (ADHD), oppositional behaviour problems (ODD) and delinquent or conduct problems. Externalizing behaviour problems often demand immediate attention, since aggressive behaviour, impulsivity or inattention can lead to a variety of problems in different life domains, like expulsion from school and academic troubles, contact with police or justice system, as well as creating substantial costs and public health concerns. To reduce these problems, effective treatment is needed. Both pharmacological and non-pharmacological approaches have been applied to treat externalizing behaviour problems in children and adolescents. This symposium focuses on different types of treatment including the use of medication and its effects on cardiovascular health in children and adolescents with ADHD; psychosocial and behavioural treatments in children and adolescents with conduct disorder problems; profiles of responders and non-responders of Cognitive Behaviour Therapy to reduce aggression in adolescents; and the role of diet and supplement treatment showing improvements of ADHD and comorbid ODD symptoms.

M1-03-01

CARDIOVASCULAR EFFECTS OF METHYLPHENIDATE, AMPHETAMINES AND ATOMOXETINE IN CHILDREN AND ADOLESCENTS WITH ATTENTION DEFICIT HYPERACTIVITY DISORDER.

Leonie Hennissen¹, Mireille Bakker¹ & Jan K. Buitelaar²

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Many children and adolescents with AD(H)D are using methylphenidate (MPH), amphetamines (APH) or atomoxetine (ATX). However, there is a lack of information regarding the effects of ADHD medication on the cardiovascular system. We have executed the first meta-analysis of clinical trials on medication treatment with data on systolic and diastolic blood pressure or heart

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rate in children with ADHD. Eighteen clinical trials regarding the use of medication for children with ADHD were evaluated. Results showed an overall small increased effect of MPH and ATX on diastolic blood pressure and an increased medium effect on heart rate. Conversely, MPH showed no effect on DBP and HR. All three medications showed an overall small increased effect on systolic blood pressure. The highest changes were reported at short-term. Furthermore, the clinical trials in this meta-analysis showed an overall low percentage (< 5%) of cardiovascular events on individual level, indicating a small number of tachycardia's or hypertension. Considering the evidence that an increased blood pressure and heart rate are risk factors for cardiovascular morbidity and mortality in adults, the use of medication should be followed closely to monitor change in the risk for cardiovascular events among children with ADHD.

M1-03-02

SYSTEMATIC REVIEW AND META-ANALYSIS OF PSYCHOSOCIAL AND BEHAVIOURAL TREATMENTS IN CHILDREN AND ADOLESCENTS WITH CONDUCT DISORDER PROBLEMS

Mireille Bakker¹, Jan K. Buitelaar^{2,3} & Jeffrey C. Glennon³

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Conduct disorder (CD) is characterized by repetitive and persistent antisocial behaviour towards others, objects and the environment. This meta-analysis evaluates the efficacy of psychosocial treatments at the level of the child, parent, teacher and their combination in successfully treating conduct disorder problems in those with a clinical level of CD problems and/or CD diagnosis. A systematic review was completed including a PubMed, PsycINFO and EMBASE search of peer-reviewed journals between January 1970 and October 2014. From 1517 records, 14 articles satisfied the inclusion criteria. From these Cohen's d values as an index of effect size of the primary outcome measure were calculated. Different psychosocial treatments for children and adolescents with CD (symptoms) have been considered. From this meta-analysis it shows that these treatments have small effect sizes (0.23, 95% CI= 0.13, 0.33) in reducing aggression in both children and adolescents with CD. Effects on internalizing behaviours, peer relationships, and parenting stress were in the same order of magnitude. Some individual studies with much larger effects offered interventions before the age of seven, and involved the parent(s). Overall, sample sizes were small, and use of blinded raters was limited. This meta-analysis suggests that psychosocial treatments have limited efficacy in reducing aggression in children and adolescents with CD. There is much room for improving the methodological quality, as well as the treatment strategy of psychosocial interventions in subjects with CD problems.

M1-03-03

RESPONDER AND NON-RESPONDER PROFILES OF A COGNITIVE BEHAVIOUR THERAPY TO REDUCE AGGRESSION IN ADOLESCENTS.

Kirsten C. Smeets¹, Nanda N.J. Rommelse^{1,2}, Floor E. Scheepers⁴, J.K. Buitelaar^{1,3}

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Maladaptive aggression in adolescents is an increasing public health concern. Cognitive Behaviour Therapy (CBT) is one of the most common and promising treatments of aggression. However, there is a lack of information on predictors of treatment response regarding CBT. Therefore, a meta-analysis was performed examining the role of predictors on treatment

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response of CBT. Twenty-five studies were evaluated (including 2,302 participants; 1,580 boys and 722 girls), and retrieved through searches on PubMed, PsycINFO and EMBASE. Effect sizes were calculated for studies that met inclusion criteria. Study population differences and specific CBT characteristics were examined for their explanatory power. There was substantial variation across studies in design and outcome variables. The meta-analysis showed a medium treatment effect for CBT to reduce aggression (Cohen's $d = 0.50$). No predictors of treatment response were found in the meta-analysis. Only 2 studies did examine whether proactive versus reactive aggression could be a moderator of treatment outcome, and no effect was found of this subtyping of aggression. These study results suggest that CBT is effective in reducing maladaptive aggression. More research is needed on moderators of outcome of CBT, including proactive versus reactive aggression. This requires better standardization of design, predictors, and outcome measures across studies.

M1-03-04

A RESTRICTIVE ELIMINATION DIET (RED) IN CHILDREN WITH ADHD AND ODD.

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ADHD has a prevalence of 5-6% in childhood and about 50% of all patients still show ADHD symptoms and related impairments in their adult life. This places them at high risk of social and economic disadvantage in the course of their life, and creates a considerable demand for social, educational and healthcare services. ADHD is often treated with psychostimulants. There is a growing societal discussion and concern about year by year increasing prescription rates of medication to children with ADHD. Development and testing of effective and cost-effective alternatives to medication treatment of children with ADHD has thus enormous societal relevance.

Food seems to trigger ADHD symptoms in some children and an individually constructed restricted elimination diet (RED) might be an effective treatment for ADHD and comorbid aggression. RED involves a temporary (2-5 weeks) total change of diet, in which the patient is only allowed to eat a few different hypo-allergenic foods (including rice, turkey, lettuce, pears, and water). Thereafter, a 12-18 month reintroduction phase is needed to find out which products trigger ADHD symptoms. The rationale for this diet is that a patient may show adverse reactions to any type of food and that it is important to determine the individual susceptibility to the specific foods that causes adverse reactions. The role of RED as ADHD intervention has been investigated. Modest to substantial improvements in ADHD and comorbid ODD symptoms have been observed. The RED intervention, eliminating the trigger for ADHD symptoms, may be a very cost-effective approach since treatment expenses are almost limited to once-only costs for a complete diagnostic trajectory. In contrast, the use of methylphenidate will pose continuous burdens on the public health care.

M1-04

PRO- AND ANTI-INFLAMMATORY MECHANISMS INVOLVED IN EARLY-ONSET PSYCHIATRIC DISORDERS: EVIDENCE AND OPPORTUNITY

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Chair: Carmen Moreno, MD, PhD. Child and Adolescent Psychiatry Department, Hospital General Universitario Gregorio Marañón, CIBERSAM, IISGM, School of Medicine, Universidad Complutense de Madrid, Madrid, Spain.

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Most psychiatric disorders, particularly neuropsychiatric disorders including psychotic and affective disorders, may have their onset before adult age. Currently, different biomarkers are being studied to gain understanding of the physiopathology of these disorders. Establishment of biomarkers as soon as possible after disease onset will enable early disease prevention, and thus improve illness prognosis. Besides, research in early stages of illness minimizes the effect of confounding variables, such as chronicity and impact of drugs or psychopharmacological treatments, in research findings. Among the different physiopathological mechanisms involved in early-onset psychiatric disorders, inflammatory processes, related to oxidative stress and immune processes, caused both by external and endogenous factors, have been lately gaining momentum given their implication in most disorders studied. They are also promising research avenues because of their related possibilities for development of new medication strategies. This symposium aims to provide a comprehensive review of inflammation and immune mechanisms implicated in early-onset psychiatric disorders as well as of new designs of treatment interventions, with an special focus on new data from studies on early-onset psychotic and bipolar disorder.

M1-04-01

INFLAMMATORY DISBALANCE IN MENTAL ILLNESSES

Speaker: Juan-Carlos Leza. Department of Pharmacology, Faculty of Medicine, Universidad Complutense, CIBERSAM, IIS Hospital 12 de Octubre, Madrid. Spain

Years ago, some authors proposed that inflammatory processes may play a key role in the pathophysiology of main categories of mental illnesses, including psychosis and schizophrenia, mainly based on clinical observations. In the past decade, the use of animal models and the possibilities opened by new fine laboratory methodologies (including in vivo and in vitro molecular biology, gene and image techniques) has renewed the interest on immune/inflammatory alterations and the associated oxido/nitrosative consequences associated as key pathophysiological mechanisms involved at both peripheral and central nervous system level in these diseases.

Inflammation (from latin *flamma*-ae, *flamme*), is the term used to designate the complex biological response of tissues and cells to face harmful stimuli of different categories: pathogens, damaged cells, trauma or irritants. It is a protective mechanism aimed to remove dangerous elements and to initiate the healing process, but also may be “constitutively” present in areas in permanent interaction with external pathogens (skin, respiratory or digestive mucosae o epithelia). This is a finely process regulated by intra and intercellular mechanisms. Inflammation process occurs in parallel (and many times overlaps) with other local or systemic process of defense against harmful cells or microbes: oxido/nitrosative stress, apoptosis and cell recruitment. Although the brain has been classically considered as an immune- and inflammatory privileged organ (mainly by the presence of brain-blood barrier), there is extensive evidence that excessive inflammation within the brain is directly related to many acute and chronic degenerative disorders, and also there is a crescent perception about its role in some psychiatric diseases, from a neurodevelopmental point of view and also when occurs in adults. In this presentation, general concepts about inflammation in psychiatric diseases will be reviewed: 1) What is inflammation and how is regulated; 2) How to measure intra and intercellular components of the inflammatory response; 3) Mechanisms by which inflammatory dysregulation may lead to cell brain damage; 4) Neuropsychiatric disorders associated with inflammation and increased oxidative stress; 5) The value of inflammation biomarkers as possible trait/state biomarkers of disease; 6) Current status of antiinflammatory agents in psychosis and other diseases; 7) Anti-inflammatory effect of antipsychotic agents; 8) Implications for clinic and research.

M1-04-02

EVIDENCE OF INFLAMMATORY SYSTEM ALTERATION IN CHILDREN AND ADOLESCENTS WITH PSYCHOTIC AND BIPOLAR DISORDER

Speaker: Carmen Moreno. Child and Adolescent Psychiatry Department, Hospital General Universitario Gregorio Marañón, CIBERSAM, IiSGM, School of Medicine, Universidad Complutense de Madrid, Madrid, Spain.

Authors: Carmen Moreno, MD, PhD (1); Ana Calvo, PhD (1); Jessica Merchán-Naranjo, MSC (1); Karina MacDowell, PhD (2); Borja Garcia-Bueno, PhD (2); Juan Carlos Leza, PhD (2); Mara Parellada MD (1), PhD; Celso Arango, MD, PhD (1)

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Neural cell membrane pathology mediated by oxidative stress as well as different immune and inflammatory processes have been implicated both in the pathophysiology of schizophrenia and bipolar disorder (Müller and Schwarz, 2008). Changes in oxidative stress and in fatty acid composition of neuronal membrane have been related to clinical evolution but are present in naïve subjects and in those undergoing psychopharmacological treatment (Ranjekar et al, 2003). Citokines, important mediators of the relationship between CNS and immune system, also present higher levels in patients with both psychotic and bipolar disorder. Most research highlighting the role of inflammation processes in psychiatric disorders has been performed in adult populations. However, if they were already present in children and adolescents with major psychiatric illnesses, that would support new treatment developments in this clinically challenging population.

We have shown the presence of inflammatory processes in children and adolescents with psychotic disorders and bipolar disorders. We have previously reported reduced antioxidant defense, as measured by lipid damage and increased glutathione peroxidase activity in adolescents with first-psychotic episodes compared to control subjects (Micó et al., 2011). In patients with early-onset psychotic disorders, we found higher levels of NFkB and PGE2, and higher levels of PGE2 and iNOS at 6-months follow up at baseline as compared to adults with first-psychotic episodes. During the 6-month follow-up, early-onset patients showed significant increase in PGE2 and TBARS and decrease in d15PGJ2 (Moreno et al, in preparation). Preliminary findings of patients with early-onset bipolar disorder, including subjects with and without psychotic symptoms showed higher levels of MDA and TNF α determinations and a trend for statistically significant differences in IL1 β (Moreno et al, in preparation). Taken together, these findings support the existence of inflammatory and oxidative stress alterations in children and adolescents with psychotic and bipolar disorder and support the need of exploring new treatment developments.

M1-04-03

OXIDATIVE STRESS, INFLAMMATION AND PSYCHOPHARMACOLOGY DEVELOPMENT IN EARLY-ONSET PSYCHOTIC DISORDERS

Speaker: Covadonga M. Díaz-Caneja, Child and Adolescent Psychiatry Department, Hospital General Universitario Gregorio Marañón, CIBERSAM, IiSGM, School of Medicine, Universidad Complutense de Madrid, Madrid, Spain.

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In recent years, converging evidence suggests that antioxidant and anti-inflammatory strategies can be useful in the treatment of severe mental disorders. Previous studies from our group have reported reduced antioxidant defense in adolescents with a first episode of early-onset psychosis (EOP) (Micó et al., 2011). Oxidative imbalance in this population has been associated with worse cognitive outcomes (Martínez-Cengotitabengoa et al., 2014) and greater gray matter loss (Fraguas et al., 2012) at 2-year follow-up. This points to the potential usefulness of antioxidant and anti-inflammatory strategies in the management of EOP, at least in one subgroup of patients. The appropriate identification of patients in whom these kinds of interventions could be most effective, could lead to improved clinical and functional prognosis in this population.

In this talk, we will review novel psychopharmacological strategies targeting oxidative stress and inflammatory mechanisms for the management of psychotic disorders and their potential applicability to the treatment of EOP. Add-on aspirin, estrogens and N-acetylcysteine have been found to improve symptoms in adult schizophrenia (Sommer et al., 2014). Positive results have been also reported for minocycline (Oya et al., 2014) and omega-3 fatty acids (Emsley et al., 2002) but diverging evidence calls for further research on these compounds. Evidence for the use of anti-inflammatory strategies in children and adolescents with psychosis is still scarce. NAC administered during adolescence has been recently found to prevent the development of schizophrenia-like traits in a developmental animal model of schizophrenia (Carbungal et al., 2014), pointing to its potential usefulness in the management of high-risk populations and adolescents with psychosis. In this talk, we will also briefly present the rationale and the protocol for a clinical trial comparing NAC with placebo, as an add-on strategy for the treatment of EOP.

M1-05

FROM RESEARCH TO CLINICAL PRACTICE: IMPLEMENTATION OF AUTISM CLINICAL GUIDELINES IN BELGIUM AND THE NETHERLANDS

Croonenberghs J; De Bildt A; Van Der Sijde A
Ukja; Accare; Yulius Autisme

Presenters:

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M1-05-01

AUTISM CLINICAL GUIDELINES AND CLINICAL PRACTICE IN BELGIUM

The Belgian Health Care Knowledge Centre (KCE) recently published a good clinical practice guideline for autism in children and adolescents. It provides an overview of evidence based treatments and interventions that have reached consensus among experts, but also mentions which practices are not supported by research. The guideline recommends developing a

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customised treatment trajectory for every child. It further sets requirements to the professionals involved in the treatment of the child.

In spite of the scientific foundation of the KCE guideline and the wide array of experts involved in its development, implementation of the guideline might still cause some difficulties. In the current lecture, we will illustrate the developmental process of the guideline and explain how clinical practice is involved. Furthermore, we will discuss issues that may arise during implementation.

M1-05-02

AUTISM CLINICAL GUIDELINES AND CLINICAL PRACTICE IN THE NETHERLANDS

As in many other countries, the Netherlands have autism clinical guidelines for recognition, diagnosis and treatment for children and adults with possible autism. Thus, knowledge has become available on how to recognize possible autism, on what is needed in the diagnostic process, and on which form of treatment is available, recommended and evidence based. Every clinician agrees that guidelines improve the quality and accessibility of care for individuals with possible autism.

However, clinical practice is often more unmanageable than guidelines suggest. Not every clinician uses all parts of the guidelines in daily practice, leading to differences in recognition, diagnosis and care for individuals with possible autism in different regions and between mental health centres.

In this lecture, we will discuss how well autism clinical guidelines are currently being implemented. Are there specific aspects that seem to be successfully implemented? What do clinicians need to implement the guidelines: knowledge, skills, time, etc.? What goes well and what needs improvement? We would like to exchange experiences, and find a way to successfully implement the autism clinical guidelines in all aspects of care.

M1-05-03

CLINICAL AUTISM GUIDELINES IN THE NETHERLANDS AND BELGIUM: SMALL DISTANCE, SMALL DIFFERENCES?

The Netherlands and Belgium have developed their own autism clinical guidelines. Both are based on relevant and recent international literature on the content of (early) recognition, diagnosis and treatment of individuals with possible autism. Therefore one would expect that the guidelines are quite comparable. Additionally, Belgium and the Netherlands are two countries with approximately the same language. Why did we develop separate guidelines? And how do these guidelines relate to recent guidelines in the rest of Europe? In the current lecture, the Belgian and Dutch guidelines will be compared and differences will be discussed. Issues that will be highlighted are for example the organisation of mental health care, Belgium's bilingualism, and the role of schools.

M1-06-01

CHILDREN WITH SLI HAVE DISORGANIZED AND DEACTIVATED ATTACHMENT PROFILES

Robel L; Robel L; Assous A; Levy-rueff M; Rittori G; Zigante F; Golse B

Aphp-hôpital Necker Enfants Malades; Hôpital Erasme

Specific language impairments (SLI) are developmental language disorders that can affect both expressive and receptive language. The development of language involves early parent-infant interaction, and is often associated to psychiatric comorbidities and poor social outcome.

Objective: The aim of our research is to investigate the question of attachment in SLI through an experimental paradigm based on the attachment theory.

Methodology: A group of 47 patients aged 4, 6 to 7, 5 years, 12 with an expressive SLI, and 35 with a receptive SLI was included, through our learning disorder clinic. Their attachment

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profiles and their narrative skills were studied with the Attachment Stories Completion Task developed by Bretherton, as well as their verbal IQ and language skills through specific language evaluations. 29 children were evaluated after one year of follow-up on both attachment and language measures. A semi-structure interview was conducted with their mothers, exploring the issue of separation. The attachment representation of 12 mothers was explored with the CA Mir developed by B. PierreHumbert.

Results: The proportion of secure children is significantly smaller in the group of children with SLI (35%) than in the control group (56 %). They are significantly more deactivated (30%) and disorganized 31%. Despite a significant improvement in language skills illustrated by a 15 points increase in VIQ scores, attachment profiles don't change significantly over time, with the persistence of an increase in deactivated and disorganized profiles. The attachment representations of the mothers were not significantly different from the attachment representations of the control population, and were not correlated to the attachment profiles of their child.

Conclusion: Children with SLI have a high proportion of disorganized and deactivated attachment profiles which are stable over time, and not correlated to the severity of language impairment nor to the attachment profiles of their mother. We discuss the therapeutic implications of these results and their relation to the importance of separation issues in the psychic development of these children.

Key words: SLI, attachment

M1-06-02

PSYCHO-COMMUNICATIVE INTERRUPTIONS IN HEARING-IMPAIRED EGYPTIAN ARABIC SPEAKING CHILDREN

Azab S; Dessoki H; Amin O; Ibrahim O
Faculty Of Medicine

Psycho-communicative interruptions in Hearing-Impaired Egyptian Arabic Speaking Children
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Benin-Suif University

Abstract: Background: Hearing is critical for normal development and acquisition of language and speech and Hearing impairment exists when there is diminished sensitivity to the sounds normally heard. Several studies have suggested that one out of every two to three school-aged children with any degree of hearing impairment have academic, social, and behavioural difficulties. Purpose: to compare the degree of hearing loss regarding the psychological profile: behavioural, social, emotional and cognition of hearing –impaired children and then correlate this profile to language scale. Methods: 75 divided equally to three groups, mild , moderate and severe hearing impaired Egyptian Arabic speaking children aged between 6 to 8 years were included in this study and were subjected to psychometric evaluation, audiological assessment, Arabic language scale, and Social-Emotional assessment questionnaires (Arabic version). Results: Hearing-impaired children showed more language, emotion, and behavioural difficulties, and spent less time communicating than children with normal hearing. The lowest academic, social, and behavioural scores were in severe hearing impaired group than in the other two groups Conclusion: Even slight/mild hearing impairment can result in negative consequences in the psychological profile, behavioural, social, and emotional and there is significant relationship between delayed language, anxiety, and child behaviour problems. Without appropriate interventions, these children are at risk of developing mental health disorders.

Key Words: Hearing impairment, psychological profile, language, speech.

M1-06-03

CO-OCCURRENCE OF DEVELOPMENTAL AND EMOTIONAL/BEHAVIOURAL PROBLEMS IN CHILDREN BORN MODERATELY TO LATE PRETERM

Potijk M; De Winter A; Bos A; Kerstjens J; Reijneveld S

University Of Groningen, University Medical Center Groningen

Title:

Co-occurrence of Developmental and Emotional/Behavioural Problems in Children Born Moderately to Late Preterm

OBJECTIVE: To determine the co-occurrence of developmental delay and emotional/behavioural problems (EBP) in moderately to late preterm-born children (MLP; 32-36 weeks' gestation), and to compare this co-occurrence with that in term-born children.

METHODS: Study participants were recruited from 13 randomly selected Preventive Child Healthcare (PCH) centers from across the Netherlands. We included 903 MLP children and 538 term-born children, born between January 2002 and June 2003. Parents completed the Ages and Stages Questionnaire (ASQ) and Child Behaviour Checklist (CBCL), just before the scheduled PCH visit at age 4 years. In logistic regression analyses, we used a composite measure of co-occurrence: ASQ total or domain score >2 SD below mean of Dutch reference group and CBCL score >84th percentile (subclinical cut-off) on total, internalizing (emotional) or externalizing (behaviour) problems.

RESULTS: Prevalence rates of clinical-range externalizing and internalizing problems were 22.5% and 19.7%, respectively, in MLP children with overall developmental delay, compared to 4.8% and 14.3% in term-born children with developmental delay. Regarding domains of developmental delay, problem-solving frequently co-occurred with externalizing problems (36.0%; subclinical cut-off), and personal-social skills with internalizing problems (38.7%; subclinical cut-off). MLP birth was significantly associated with an increased risk of co-occurrence, also after adjustment for gender, socioeconomic status, maternal age and descent of mother (OR 1.86; 95% CI 1.14 to 3.03; p=0.013).

CONCLUSIONS: MLP children with developmental delay frequently have EBP at preschool age, with rates varying from a quarter to a third depending on the type of delay. The risk of co-occurring problems is significantly higher in MLP children than in term-born children.

M1-06-04

FAMILY ADJUSTMENT WHEN AN INFANT HAS A SERIOUS ILLNESS: PUTTING RESEARCH INTO PRACTICE

Bowden M; Hazell P

Children's Hospital Westmead; Sydney University

Aims:

To identify risk and resilience factors in families of infants with serious physical illness, to inform clinical practice in the care of these children.

Methods:

This is a mixed methods one-year prospective cohort study. Parents of infants with newly diagnosed serious liver disease completed four self-report measures assessing family function (Family Assessment Device), impact of the infant's illness on the family (Impact on Family Scale, IFS), fathers' engagement in the care of the infant (Dads Active Disease Support Scale)

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and parent psychological symptoms (Depression, Anxiety, Stress Scale), as well as a parent interview. The measures were repeated 12 months later with the addition of the Child Behaviour Checklist (CBCL).

Results:

Thirty-seven families participated. Mean scores on all self-report measures were comparable with normative data. Hierarchical multiple regression was performed to investigate which family characteristics predicted infant behavioural and emotional outcomes. Birth order, age at diagnosis, number of outpatient visits, and child's diagnosis accounted for 37% (mothers, $P = .01$) and 32% (fathers, $P = .03$) of the variation in CBCL. The impact of the infant's illness on the family explained an additional 17% of the variation (for mothers, $P = .002$) and 12% (for fathers, $P = .02$). The total variance explained by the final model was 54% for mothers ($P < .001$) and 43.5% for fathers ($P = .006$).

Thematic analysis of the interviews revealed several important themes: adjustment to the infant's illness; effects of the illness on family relationships; and family experiences with other families whose child had a similar illness. Those families who reported difficulty adjusting also identified more problems on the CBCL and rated a higher impact on the family of the infant's illness. Families with reduced social contact also rated greater impact of the illness on the family. Contact with other families who have a sick child is often positive when the parents feel that their child is doing well, but was negative if parents had no contact with other families with a sick child or were in contact with families whose children then died.

Conclusions:

Parent report of the impact of the illness on the family (IFS) combined with clinical interviews of parents about the family's adjustment, changes in social contact, and experiences with other families who have a sick child are important indicators of future emotional outcome for infants with a serious physical illness.

M1-07 SIMPOSIYUM a

M1-07-01- IN ANXIETY DISORDERS

Figueroa, A

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Background.

Anxiety disorders are among the most frequent psychiatric disorders in youth, with community studies suggesting a prevalence between 9% and 32% before the age of 18. Separation, generalized, and social anxiety disorders are the most common. Anxiety disorders typically have a significant negative impact on school, relationships and leisure activities. Often one anxiety disorder is comorbid with another anxiety disorder, depression and/or behavioural disorders, which worsens the patients' quality of life and prognosis. Childhood-onset anxiety disorders frequently persist into adulthood and increase the risk of future psychiatric disorders, including mood and substance use disorders.

Aim.

Early detection and treatment of anxiety disorders can prevent the impairment during childhood, and also the later development of adult psychiatric illness. The majority of youth with anxiety disorders does not access clinical services, lacking therefore diagnosis and consequent treatment.

Methods.

The presentation will offer the practical approach taken by the speaker for these conditions, always considering the current evidence-based knowledge to diagnose and treat anxiety disorders in youth.

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Results.

The challenge in diagnosing an anxiety disorder is distinguishing pathology from 'normal' developmentally appropriate fears and worries, on the basis of the severity and persistence of symptoms, and the impairment they provoke. A diagnosis is essential as a first step for treatment. The most commonly evaluated treatments for anxiety disorders in youth are psychological approaches, especially cognitive behaviour therapy (CBT). One of the most used CBT programs is Kendall's 'Coping Cat', and recently, research is targeting "low-intensity" CBT based interventions, where parents are trained and guided by experienced therapists, to help their children overcome their anxiety. For moderate or severe anxiety, selective serotonin reuptake inhibitors (SSRIs) are the pharmacological treatment of choice because of their effectiveness and safety profile. Combination treatment, SSRIs and CBT, has been found to be more effective than either treatment alone. Benzodiazepines are effective, but have not been systematically evaluated in youth. Furthermore experts raise concerns about dependency and side effects, so their use is not recommended in children.

Discussion.

CBT, SSRIs and their combined use are all recommended options for the treatment of anxiety disorders in youth. Treatment is usually very effective in preventing current and future negative impact. It is our responsibility to identify and help affected youth to overcome anxiety disorders.

M1-07-02

IN ATTENTION DEFICIT HYPERACTIVITY DISORDER

Coghill, D

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Background.

Rates of diagnosis and treatment of ADHD in the US frequently exceed epidemiological estimates of prevalence. Whilst some countries e.g. Germany, Iceland and the Netherlands also have relatively high rates of diagnosis in most other European countries ADHD is considerably under diagnosed and treated. As a consequence it is likely that most of those receiving a diagnosis are at the more severe end of the ADHD spectrum and meet criteria for hyperkinetic disorder as defined by ICD 10. It is now generally agreed that for these more severe cases medication should form part of a comprehensive treatment package. However there are also questions about the effectiveness and safety of medications in the long term.

Aim.

To describe an integrated evidence based approach to the management of ADHD that addresses both the core and associated aspects of the disorder.

Methods.

The presentation will comment on the current evidence-base regarding the efficacy and effectiveness of pharmacological and non-pharmacological treatments for ADHD in relation to core and coexisting symptoms, cognition, impairment and quality of life. The principal elements of multimodal treatment, and monitoring treatment, will be described, using the Dundee ADHD Care pathway as an example.

Results.

The long term outcomes of ADHD will be discussed and suggestions on how to improve these in everyday clinical practice will be made.

Discussion.

Child and adolescent mental health practitioners must get used to routinely measuring outcomes and resist temptations to see disorders in isolations or to dichotomise

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pharmacological and non-pharmacological approaches. Real progress can come from carefully planned and executed integrated treatment approaches.

M1-07-03

IN EARLY ONSET SCHIZOPHRENIA

Schimmelmann, B

Universitätsklinik für Kinder- und Jugendpsychiatrie und Psychotherapie, Universitäre Psychiatrische Dienste Bern (UPD), Bern, Switzerland.

Background.

Treatment of early onset schizophrenia is far from optimal in many European countries. While efficacy and safety data on antipsychotic treatment in early onset psychosis provide some guidance for clinicians, research on psychotherapy and integrated care is sparse.

Aim.

To share and discuss some basic thoughts on the role antipsychotics play in the need-adapted integrated care of patients with early onset schizophrenia

Methods.

These basic thoughts, representing personal clinical practice, will be discussed in the framework of the evidence for antipsychotic treatment and psychotherapy as well as some European guidelines for the treatment of early onset schizophrenia.

Results.

Commonly, early onset schizophrenia in adolescents is detected and treated late, and efforts should be made to detect psychosis earlier in order to – amongst others - avoid seclusion and restraint in highly acute states; if detected the first task of the clinician is to engage the youngster and his family in a trusting relationship and to understand his/his family's problems, hopes and resources. If the first contact to the mental health system is too "medicalized", patients and families feel powerless, and antipsychotic treatment is less likely to be effective or at least less likely to be adhered to. Continuity of care – although difficult to provide in many mental health systems and especially in more rural areas – is of importance for the treatment of early onset schizophrenia, a treatment that must include a multimodal approach.

Discussion.

There is still a lot to do to optimize real life antipsychotic treatment in the framework of a comprehensive treatment plan in terms of both research and implementation of recommended principals of care.

M1-07-04

IN AUTISM SPECTRUM DISORDER

Fuentes, J

Child & Adolescent Psychiatry Unit, Policlínica Gipuzkoa and Gautena Autism Society. Donostia / San Sebastián, Spain.

Background.

The frequency of identified Autism Spectrum Disorder is much higher than it was anticipated, with numbers depending on countries and methodology for identification. Prevalence oscillates between 1/38 (South Korea) – 1/68 (USA) and 1/100 (UK). This increase may be due to changing and broadening diagnostic criteria and earlier diagnosis, as well as social influences including general medical and public awareness. ASD constitutes now a disorder that deserves considerable attention in child and adolescent psychiatry units.

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Aim.

To reflect that although there is not yet any specific medical treatment for ASD, psychotropic medication can be inappropriately used in general and/or for the diverse comorbidities that often associate with the disorder.

Methods.

The presentation will review the current age-appropriate, evidence-based practice in ASD and the need to regard other outcomes beyond cure, such as quality of life, social integration, human rights and personal satisfaction. The principal elements of multimodal treatment, including also psychopharmacological intervention, will be described, quoting as an example the practice followed in a regional program in Northern Spain.

Results.

The great variation in different countries and programs in the use of psychotropic medication for this population reflects, in the view of the speaker, that too often these medications are utilized as a way to cope with deficient resources or lack of training. Medication, when well combined with education and social support, generates consistent positive outcomes for these citizens.

Discussion.

Child and adolescent psychiatrists must update their knowledge about ASD, follow available international guidelines, embed psychopharmacology in the multimodal treatment of these conditions, and empower stakeholders in their struggle to obtain adequate community based services.

M6-01

INNOVATIONS IN TIC DISORDERS

Apter A; Hoekstra P

Schneider Childrens Medical Center, Sackler School Of Medicin; University Medical Center Groningen

Chairs: Prof. Alan Apter Dr. Pieter Hoekstra

Overview:

This symposium will focus on various aspects of tic disorders that are currently being investigated in Europe. The talks will focus on new developments in the pharmacological treatment of tics, on the relationship between obsessive compulsive disorders and behaviours of tics, on the use of exposure and response prevention in the treatment of tics, on acceptance of the premonitory urge as a focus for treatments and on the role of aggression in the treatments. The role of the chairman will be to try and integrate this various aspects and to generate research questions for the future.

M6-01-01

PHARMACOLOGICAL INTERVENTIONS IN TOURETTE SYNDROME

Noa Benaroya-Milshtein, M.D., Ph.D, The Matta and Harry Freund Neuropsychiatric Tourette Clinic, Schneider Children's Medical Center of Israel, PetachTikva; affiliated with the Sackler Faculty of Medicine, Tel Aviv University, Tel Aviv.

Tic disorders including Tourette syndrome (TS) are neuropsychiatric disorders with prevalence up to 3–4% for chronic motor or vocal tic disorders and 1% for TS. The first line treatment for all tic disorders is psycho-education. Psychological and/or pharmacologic interventions should be

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considered in addition to psycho-education for persons with clear impairment associated with the tics.

This talk will give an overview of current pharmacological treatment options of tic disorders and Tourette Syndrome (TS). The main concern in this field is that standardized and large drug trials fulfilling evidence based medicine standards are still scarce. In general, tic disorders treatment decisions are often guided by individual needs and personal experience of treating clinicians. Therefore, present recommendations from international guidelines are based on both scientific evidence and expert opinion.

Typical antipsychotics (Haloperidol and Pimozid) are the only FDA approved medications for tic disorders. From the atypical antipsychotic Risperidone has the best evidence level, and was found to be as effective as Pimozid. Aripiprazole has still limited but promising data with lower risk for adverse reactions. Antipsychotic medications have many side effects; medical follow up is therefore needed. Sulpirid and Tiapride have largest clinical experience in Europe and lower rate of adverse reactions, so they are both recommended. Tetrabenzin is also in clinical use for tic disorders and for other movement disorders, although may also have unwanted side effects.

In TS patients with comorbid attention deficit hyperactivity disorder (ADHD) atomoxetine, stimulants or clonidine should be considered, or, if tics are severe, a combination of stimulants and antipsychotic.

When mild to moderate tics are associated with obsessive compulsive symptoms, depression or anxiety sulpiride monotherapy can be helpful. In more severe cases the combination of antipsychotics and a selective serotonin reuptake inhibitor should be given.

In summary, pharmacological intervention in tic disorders should take into consideration both comorbidities and side effects. Further randomized, double-blind, placebo-controlled trials over longer periods are needed to enhance the scientific basis for drug treatment in tic disorders.

M6-01-02

OCD/OCB IN TOURETTE SYNDROME

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Key words: Tourette syndrome, tics, obsessive compulsive behaviour, obsessive compulsive disorders, OCD

Obsessive compulsive behaviour (OCB) is a common and typical symptom that occurs in 50-80% of patients suffering from Tourette syndrome (TS) and other chronic tic disorders. In most patients, OCB is mild and does not fulfill diagnostic criteria for obsessive compulsive disorder (OCD) according to DSM-5. However, 10-30% of patients suffer from severe OCD. In these patients, comorbid OCD often impairs patients' quality of life more than other psychiatric comorbidities such as attention deficit hyperactivity disorder (ADHD) or the tics. Most typically, tics start at age 6-8 years, while OCB starts later in the course of the disease, most often at the age of 15 years. In patients with TS, by far the most common OCB is a just-right feeling (in up to 80% of patients). Other typical OC symptoms in TS are touching things or other people, checking, smelling, ordering, and rituals. In contrast, washing is an uncommon OCB in TS. In addition, OCB can occur in combination with the performance of a tic. For example, some patients have to repeat a tic again and again, until it feels "just right" or until a "correct" number is reached or a specific noise occurred or a "special" symmetry emerged. However, in some cases it is impossible to differentiate between a complex motor tic and an OCB, for example, when the patient performs a "complex" movement such as stroking his hair down.

Treatment of OCD in patients with TS does not differ from treatment strategies in patients with pure OCD (without tics). However, there is some evidence that behavioural therapy is less effective in OCD patients with comorbid tics. In patients with severe tics plus clinically relevant

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OCD, a combined pharmacotherapy including antipsychotics (for the treatment of tics) and serotonin-reuptake inhibitors (for the treatment of OCD) is inevitable.

M6-01-03

EXPOSURE AND RESPONSE PREVENTION FOR TICS

Cara W.J. Verdellen, PhD, clinical psychologist HSK Group Inc., The Netherlands

In European guidelines, both habit reversal and exposure and response prevention are recommended as first line interventions for tic disorders (Roessner et al., 2011; Verdellen et al., 2011). Habit reversal, the oldest intervention for tics, consists of an awareness training, followed by a competing response training to prevent or inhibit the tic. Exposure and response prevention consists of prolonged exposure to premonitory sensations during response prevention of all tics, thus providing the opportunity to habituate to the sensations. However, despite evidence and availability of treatment manuals, many patients do not receive a behavioural treatment for tics (Verdellen & Van de Griendt, 2012, 2014; Woods, 2007). Reasons are unfamiliarity with these interventions (especially exposure and response prevention), misconceptions about the consequences of a behavioural treatment for tics, and a lack of trained therapists in delivering these interventions. This gap between science and practice needs to be bridged. The present lecture focuses on increasing awareness and knowledge of exposure and response prevention for tics.

References

- Roessner, V., Rothenberger, A., Rickards, H., Hoekstra, P. (Eds.), & the ESSTS Guidelines Group (2011). European clinical guidelines for Tourette Syndrome and other tic disorders. Part I - IV. *European Child & Adolescent Psychiatry*, 20, 153-217.
- Verdellen, C., Griendt, J. van de, Hartmann, A., Murphy, T. & the ESSTS Guidelines Group (2011). European clinical guidelines for Tourette Syndrome and other tic disorders. Part III: Behavioural and psychosocial interventions. *European Child & Adolescent Psychiatry*, 20, 197-207.
- Verdellen, C., & Griendt, J. van de (2012, survey presented at ESSTS meeting Catania). Awareness and application of European clinical guidelines for tic disorders among ESSTS members.
- Verdellen, C., & Griendt, J. van de (2014; survey presented at TS association meeting Utrecht). Awareness, use and preference of treatments for tics among Dutch Tourette syndrome patients and their parents.
- Woods, D., Conelea, C., & Walther, M. (2007). Barriers to dissemination: Exploring the criticisms of behaviour therapy for tics. *Clinical Psychology: Science and Practice*, 14, 279-282.

M6-01-04

ACCEPTANCE OF PREMONITORY URGES AND TICS

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Abstract:

Premonitory urges (PU) often precede motor and vocal tic expression, and are relieved by completion of the tic. PU are often reported as even more bothersome than tics. However, most treatments for tic disorders focus more on tics rather than on PU. The study objective was to examine the effect of an acceptance based procedure on PU. Forty five participants, aged 8 - 17, diagnosed with Tourette syndrome (TS) completed the trial. The procedure included three conditions (neutral, tic suppression, and urge acceptance). For each condition, participants

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were trained to increase their awareness of the PU, and then to monitor PU frequency according to intensity. After each condition participants completed a discomfort level numeric rating scale. Results indicate that urge acceptance significantly reduces discomfort caused by the urges. In addition there was also decreased frequency and intensity of urges during acceptance compared to the other conditions. Examining the specific relation between acceptance and premonitory urge may contribute to an understanding of the difference between the effects of tic suppression and urge acceptance on the PU experience, and potentially lead to new insights regarding therapy. More specifically it appears that nuances of PU interpretation can reduce the frequency, intensity and discomfort caused by the PU and that optimal treatment requires a balance between acceptance and suppression.

Key words: Tic disorders, premonitory urge, acceptance, tics, discomfo

Talk 5: Tourette Syndrome and aggression - why are kids with tics prone to "rage attacks"?

Ludolph, A; Rizzo, F; Ried, K

University of Ulm

Introduction

Besides the fact that "rage attacks" (RA) is not a diagnostic term in the classification systems DSM-5 or ICD-10, every clinician dealing with Tourette Syndrome (TS) patients and most affected families can immediately relate to the phrase. A significant number of clinically referred subjects with TS, especially children and adolescents, seem to be affected by behavioural abnormalities characterized by rage attacks (RA), meaning: sudden and unpredictable anger, irritability, temper outbursts, and also aggression up to marked verbal and physical violence.

In general, anger attacks are also fairly common in another patient group, namely subjects with major depression as shown in several studies.

In preparation for a case control study investigating the pathophysiological background of RA in TS by means of MRI and MR spectroscopy a thorough electronic literature research has been conducted with special consideration of the potential role of internalizing disorders such as depression and anxiety.

Methods

Articles in English and German language were considered in MEDLINE/PubMed and other data bases (years 1985 – 2014) with different combinations of the following key words:

Tics, aggression, rage attacks, Tourette syndrome, ODD, conduct disorder, affective disorder, depression, anxiety

Results and Discussion

Among clinically referred patients with TS, RA occur in 23% to 40%. RA are probably caused by a number of environmental and biological factors. Research on these etiological determinants in TS patients are scarce. RA seem to be highly correlated to the comorbidities ADHD and OCD, to early onset of tics, tic severity and prenatal exposure to tobacco. Little is known about internalizing disturbances and RA in TS patients.

M6-02

THE EARLY START DENVER MODEL FOR CHILDREN WITH AUTISM - PART 1: MEASURING DEVELOPMENTAL TRAJECTORIES

Schaer M; Rogers S; Franchini M; Geoffray M

Office Medico-pedagogique, University Of Geneva; Mind Institute, Uc Davis; Office Medico-pedagogique, Geneva University; Chu Le Vinatier

Chairs: Marie Schaer & Sally Rogers

General overview

As of today, early intensive intervention is the most effective treatment for improving outcomes of children with Autism Spectrum Disorders (ASD). The Early Start Denver Model (ESDM) is a recent intensive approach for children with ASD aged below 3 years old, and aims at facilitating

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the development of social competences and language skills in affected children with 14 peer-reviewed research publications describing its effects. In this symposium, four researchers will describe efforts related to early identification and early effective treatment of young children in European settings. Sally Rogers will describe implementation challenges when moving across cultures, international efforts already in place, and data resulting from several non-US studies. Martina Franchini will show how eye-tracking paradigms of social orienting collected in Switzerland help to identify ASD very early on, and how these measures might be used to follow-up children who benefit from early intervention by quantifying longitudinal trajectories of social orienting. Marie Schaer will describe EEG and eye tracking paradigms that may further our understanding of the mechanisms by which intensive intervention affects various subgroups of children, including those whose developmental trajectories markedly improve, to adapt, use, and study ESDM in countries outside the USA. Finally, Marie-Maude Geoffray will describe a new government funded randomized controlled trial to assess the effectiveness and cost-efficiency of the ESDM in different centers of French-speaking countries (France, Switzerland and Belgium).

Individual presentations

- Sally Rogers (MIND Institute, UC Davis, Sacramento, California, USA): Efforts, challenges, and results from initial cross-cultural adaptations of an American intervention model
 - Martina Franchini (Office Médico-Pédagogique, University of Geneva, Geneva, Switzerland): Measuring social orienting to aid early diagnosis of young children with Autism Spectrum Disorders and to quantify the effect of therapeutic interventions
 - Marie Schaer (Office Médico-Pédagogique, University of Geneva, Geneva, Switzerland): Can eye-tracking and EEG measures represent realistic biomarkers to help identifying subgroups of children with different outcomes, or to monitor clinical improvements associated with therapeutic interventions?
 - Marie Maude Geoffray (Centre Hospitalier Le Vinatier, Bron, France): Impact of the Early Start Denver Model (ESDM) on the development of children with autism spectrum disorder (ASD) in a European French-speaking population: a novel ecologic multicenter study design.
- Chairs: Marie Schaer & Sally Rogers

General overview

As of today, early intensive intervention is the most effective treatment for improving outcomes of children with Autism Spectrum Disorders (ASD). The Early Start Denver Model (ESDM) is a recent intensive approach for children with ASD aged below 3 years old, and aims at facilitating the development of social competences and language skills in affected children with 14 peer-reviewed research publications describing its effects. In this symposium, four researchers will describe efforts related to early identification and early effective treatment of young children in European settings. Sally Rogers will describe implementation challenges when moving across cultures, international efforts already in place, and data resulting from several non-US studies. Martina Franchini will show how eye-tracking paradigms of social orienting collected in Switzerland help to identify ASD very early on, and how these measures might be used to follow-up children who benefit from early intervention by quantifying longitudinal trajectories of social orienting. Marie Schaer will describe EEG and eye tracking paradigms that may further our understanding of the mechanisms by which intensive intervention affects various subgroups of children, including those whose developmental trajectories markedly improve, to adapt, use, and study ESDM in countries outside the USA. Finally, Marie-Maude Geoffray will describe a new government funded randomized controlled trial to assess the effectiveness and cost-efficiency of the ESDM in different centers of French-speaking countries (France, Switzerland and Belgium).

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- Marie Schaer (Office Médico-Pédagogique, University of Geneva, Geneva, Switzerland): Can eye-tracking and EEG measures represent realistic biomarkers to help identifying subgroups of children with different outcomes, or to monitor clinical improvements associated with therapeutic interventions?

- Marie Maude Geoffray (Centre Hospitalier Le Vinatier, Bron, France): Impact of the Early Start Denver Model (ESDM) on the development of children with autism spectrum disorder (ASD) in a European French-speaking population: a novel ecologic multicenter study design.

Individual abstracts

1. Presenting author: Sally Rogers

M6-02-01

EFFORTS, CHALLENGES, AND RESULTS FROM INITIAL CROSS-CULTURAL ADAPTATIONS OF AN AMERICAN INTERVENTION MODEL

Background: Early behavioural intervention is currently the most efficacious intervention that exists for improving the course of children with ASD. Until recently, the most efficacious model of a comprehensive intervention approach was that developed by Lovaas and carried out by his colleagues. A new approach, The Early Start Denver Model, which fused intervention practices distilled from current developmental and relationship science with those of applied behaviour analysis was introduced in 2010 through results of a rigorous controlled trial (Dawson et al 2010) and a manual and curriculum describing its use (Rogers and Dawson, 2010). Fourteen empirical studies have been published thus far. The developmental aspects of the model and its efficacy have attracted motivated parents, clinicians and scientists to implement and study ESDM in several continents, but cross-cultural implementation of manualized treatments is a complex enterprise. Information from projects in China, South Africa, Japan, Mexico, and studies from Australia, Canada, and Italy will be shared.

Methods: ESDM studies in other nations use a variety of methods, including intensive 1:1 delivery in clinic settings, group treatment in both inclusive and specialized day care and preschool settings, and parent coaching models. Choice of delivery method is influenced by both cultural and economic factors, and each delivery method uses a research paradigm individually fitted both to model, culture, and current research expertise in a setting. These will be described.

Results: Results from the Australia studies and preliminary findings from Italian and Canadian studies will be shared.

Conclusions: Implementation of early intervention models across nations and cultures requires adaptations in published models and strong scientific and clinical leadership to address the methodological, economic, and cultural profiles of adopting and assuring effectiveness of foreign models. Compared to the lengthy process required to build an effective intervention from the ground up, cross-cultural adoption can significantly speed up delivery of effective interventions to community children and families while reducing costs.

2. Presenting author: Martina Franchini

M6-02-02

MEASURING SOCIAL ORIENTING TO AID EARLY DIAGNOSIS OF YOUNG CHILDREN WITH AUTISM SPECTRUM DISORDERS AND TO QUANTIFY THE EFFECT OF THERAPEUTIC INTERVENTION

Martina Franchini^{1,2}, Hilary Wood¹, Bronwyn Glaser¹, Edouard Gentaz², Stephan Eliez^{1,3}, Marie Schaer^{1,4}

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² Psychology and educational sciences, Geneva University, Switzerland

³ Department of Medical Genetic, Geneva University Medical School, Switzerland

⁴ Stanford Cognitive & Systems Neuroscience Laboratory, Stanford University, Palo Alto, USA

Background: According to the social motivation theory in autism (reviewed in Chevallier et al., 2012), a lack of social orienting (e.g. attention to biological motion or faces) explains part of core symptoms in autism (e.g. joint attention). Eye-tracking studies show promise to quantify social orienting very early and, thus, to aid early detection of autism. As well, it represents a good candidate as indicator of early interventions efficacy (Dawson et al., 2012).

Methods: We recruited 25 children with ASD (mean age= 3.2 ± 1.2 years old), and 20 typically developing children (TD, mean age= 3.0 ± 1.5 years old). Part of the children with ASD received early interventions based on the Early Start Denver Model. We quantified social orienting using an eye-tracking task with a paradigm inspired from the one by Pierce and colleagues (2011), using a split screen with simultaneous biological motion and geometrical motion. Measures of initiation and response to joint attention were collected using the Early Social Communication Scale (ESCS, Mundy et al., 2003).

Results: Replicating results by Pierce et al, we found that, as a group, children with autism orient less on biological motion compared to TD ($t=3.48$, $p=0.0012$). Important heterogeneity was however observed in the ASD group. Time spent on biological motion correlate positively with initiation of joint attention behaviours at the ESCS ($r=0.508$). Preliminary results further suggest that orientation to biological motion at baseline can predict clinical improvement at follow-up.

Conclusions: Our results support the view that reduced orientation on biological motion represents a good candidate for the quantification of social orienting in young children with ASD. Lack of orienting on biological motion and correlation between orienting on biological motion and joint attention behaviours confirms the importance of social orienting in early autistic development. If our results are confirmed, orienting and joint attention behaviours before the introduction of therapeutic intervention could help to predict social and clinical outcome in affected children.

3.Presenting author: Marie Schaer

M6-02-03

Can eye-tracking and EEG measures represent realistic biomarkers to help identifying subgroups of children with different outcomes, or to monitor clinical improvements associated with therapeutic interventions?

Marie Schaer^{1,2}, Martina Franchini^{1,3}, Hilary Wood¹, Stephan Eliez^{1,4}

¹ Office Médico-Pédagogique, University of Geneva, Geneva, Switzerland

² Stanford Cognitive & Systems Neuroscience Laboratory, Stanford University, Palo Alto, USA

³ Psychology and educational sciences, Geneva University, Switzerland

⁴ Department of Medical Genetic, Geneva University Medical School, Switzerland

Background: The last decade witnessed the development of standardized approaches for the treatment of autism spectrum disorders (ASD). Based on the recognition that social deficits are core symptoms in ASD, intensive interventions targeting the development of social

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competences in very young children with autism have been proposed (e.g. the Early Start Denver Model). Clinical studies have repeatedly shown important clinical improvements in children receiving these types of interventions. There is however a dearth of knowledge about the mechanisms by which early interventions helps restoring the developmental trajectories of children with autism. In this presentation, we will examine whether clinical improvements observed in children receiving therapeutic interventions are associated with measurable changes in the visual interest for socially relevant stimuli, and measurable changes in neural processing of biological motion and social stimuli.

Methods: In our longitudinal project, we recruit young children with ASD right after diagnosis, as well as typically developing children (TD). Children with autism receive varying degree of therapeutic interventions (i.e. treatments typically available in the community, or intensive intervention following the Early Start Denver Model), and all children are repeatedly examined at 6 months interval. We designed our own paradigms to measure different levels of complexity in social cognition, from social orienting, to simple social scenes to quantify following of joint attention, understanding of intentions and representation of other's beliefs. In addition to standardized behavioural and neurodevelopmental assessments, we also record high-density EEG during most of these eye-tracking tasks, to understand the neural basis of biological motion and social interactions processing.

Results: As of today, we have collected about 55 children (35 ASD, 20 TD) at several time points. Both eye-tracking data and cerebral activity discriminate children with ASD from TD at baseline. We use the longitudinal dataset to examine whether the amount of hours spent in an intervention program explain normalization of the cerebral activity in regions of the social brain, and whether this normalization can be explained by a change in the interest for people or the ability to look into the eyes as measured with eye-tracking.

Conclusions: Original eye-tracking paradigms and state-of-the-art EEG analyses show promise to complement clinical studies and further our understanding of the mechanisms by which early interventions helps restoring the developmental trajectories of children with autism.

4. Presenting author: Marie-Maude Geoffray

M6-02-04

IMPACT OF THE EARLY START DENVER MODEL (ESDM) ON THE DEVELOPMENT OF CHILDREN WITH AUTISM SPECTRUM DISORDER (ASD) IN A EUROPEAN FRENCH-SPEAKING POPULATION: A NOVEL ECOLOGIC MULTICENTER STUDY DESIGN

Marie-Maude Geoffray¹, Sabine Manificat², Sandrine Touzet³, Véronique Delvenne⁴, Nicolas Georgieff¹, Stephan Eliez⁵, Stéphane Bahrami⁶, Marie Schaefer⁵, Carmen Schroder⁷, Mario Speranza⁸

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² Centre Hospitalier Saint Jean de Dieu, Lyon, France

³ Pôle IMER des Hospices Civils de Lyon, France

⁴ Centre Hospitalier Reine Fabiola, Bruxelles, Belgium

⁵ Office Médico-Pédagogique, Geneva, Switzerland

⁶ Hôpital Raymond Poincaré, Assistance Publique-hôpitaux de Paris, France

⁷ Centre Hospitalo-Universitaire, Strasbourg, France

⁸ Centre Hospitalier de Versailles, Université de Versailles Saint Quentin en Yvelines, France

Background: Intervention for ASD in the European French-speaking countries is often heterogeneous and poorly evaluated. Six French-speaking early intervention units for children with autism following the Early Start Denver Model (ESDM) have been created since 2011 (four in France, one in Switzerland and one in Belgium) with the common aim to prove effectiveness and cost-efficiency of the ESDM applied to the European French-speaking public health system.

Methods: In order to attain this goal, significant government and funding have been obtained for a multicenter, randomized controlled trial using an innovative study design, a modified Zelen

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design. After diagnostic, children with ASD, age 18 to 36 months, living in the proximity of one of the early intervention units, will be included in a longitudinal cohort with the consent of the parents. Sixty children will be drawn lots among 180 children of the cohort and will be included in a ESDM intervention with the consent of the parent. Two groups will be compared: an experimental group of 60 children receiving 12 hours a week of ESDM intervention delivered by trained therapists during 2 years and a control group of 120 children receiving typical heterogeneous 'as-usual' intervention proposed by professionals and public services over the same period. Global developmental profiles of all the children will be measured at different timepoints over the two years through standardized tools such as the Mullen Scale of Early Learning and the Vineland Adaptive Behaviour Interview for parents. Developmental quotients and Standard scores of these tests will be used as dependent measures to evaluate the main outcomes. Expected results are a greater improvement of global development and adaptive skills in the experimental group compared to the control group, due to the specificity of the ESDM and the intensity of the early intervention. The cost-efficiency of intervention in the ESDM group is also expected to be higher than in the control group. Feasibility study supports these hypotheses.

Conclusions: In conclusion, this European French-speaking study is of interest to further demonstrate the efficiency of ESDM for ASD in French-speaking public health systems. We will highlight strengths and disadvantages of the choice of this novel design in a perspective of evaluation and evolution of practice, and hopefully provide data for the political decision-making process regarding ASD interventions in European French-speaking countries.

M6-03

EARLY DETECTION OF BIPOLAR DISORDER: FROM GENETIC RISK TO FULL-BLOWN SYNDROME

Sanchez-gistau V; Romero S; Moron-nozaleda M

Hospital Clinic I Provincial De Barcelona; Hospital Infantil Universitario Niño Jesus

Symposium title: "Early detection of Bipolar Disorder: from genetic risk to full-blown syndrome"

Chair: V. Sanchez-Gistau, MD, PhD. Hospital clinic of Barcelona, Spain

Symposium overview:

The study of Bipolar disorder (BD) in children and adolescents has become a focus of interest in recent years. Diagnosis of BP in children is a challenging condition since classification systems of mental disorders are focused on adult population. The study of subjects in their very early stages of the illness without the effects of long-term medication and chronicity will help us to better understand the neurobiological mechanisms underlying the development of the disorder. In addition, early detection even before the onset of specific symptoms has gained growing support in the field of schizophrenia; however the study of the prodromal phase in BP is still at the beginning of the road. Given the heightened risk for developing BP, following-up children offspring of BP parents, might help us to recognize early precursors of later outcomes. Considering this brief introduction, the symposium proposal includes three talks:

M6-03-01

SYMPTOM DIMENSIONS IN BIPOLAR OFFSPRING. SEX DIFFERENCES AND DEVELOPMENTAL PROFILES".

María Goretti Morón-Nozaleda MD 1,2, Covadonga M. Díaz-Caneja MD1,3, Josefina Castro-Fornieles MD, PhD 3,4, Elena de la Serna PhD3, Vanessa Sanchez-Gistau MD, PhD3,4, Soledad Romero MD, PhD3,4 Immaculada Baeza MD, PhD 3,4, Gisela Sugranyes MD, PhD3,4, Carmen Moreno MD, PhD1,3 María Dolores Moreno MD, PhD1,3

1 Department of Child and Adolescent Psychiatry, Hospital General Universitario Gregorio Marañón, IiSGM, Madrid, Spain; 2Department of Child and Adolescent Psychiatry and Psychology, Hospital Infantil Universitario Niño Jesús, Madrid, Spain 3Centro de Investigación Biomédica en Red en Salud Mental CIBERSAM, Spain; 4Department of Child and Adolescent Psychiatry and Psychology, Hospital Clinic of Barcelona, Institute Clinic of Neurosciences, University of Barcelona, and 2009-SGR-1119, Spain

Background: Current approaches to psychiatric disorders emphasize the need to use both dimensional and categorical measures. In the case of bipolar disorder (BD), the concept of an identifiable clinical precursor consisting of subsyndromal symptoms is still controversial. Offspring studies provide a unique opportunity to explore early clinical manifestations of disease as well as subthreshold psychopathology. **Methods:** We recruited from the Bipolar and Schizophrenia Young Offspring Study 90 offspring (6-17 years old) (BpO) of 54 families with at least one parent with BD, and 107 offspring (CcO) of 65 community control families. Offspring diagnoses were determined using the Schedule for Affective Disorders and Schizophrenia for School-Age Children – Present and Lifetime version (K-SADS –PL). Children's psychopathology and functioning was assessed using the Hamilton Depression Rating Scale (HDRS), Young Mania Rating Scale (YMRS), Scale of Prodromal Symptoms (SOPS), Strengths and Difficulties Questionnaire (SDQ), Children's Global Assessment Scale (C-GAS). **Results:** BpO showed higher prevalence of any Axis I disorders ($p=0.002$), any mood disorders ($p=0.01$), ADHD ($p=0.01$) and worse psychosocial functioning ($p=0.035$). The BpO scored higher in the HDRS ($p=0.002$), total SOPS ($p=0.007$), all SOPS subscales (Positive $p=0.013$; Negative $p=0.018$; Disorganized $p=0.040$; General $p=0.043$), SDQ Conduct ($p=0.031$), Emotional ($p<0.001$) and Prosocial subscales ($p=0.014$). In the offspring with no current Axis I disorder, the BpO still presented a profile of higher scores in the depression dimension as compared with CcO ($p=0.04$) and also higher scores in the Emotional subscale ($p=0.014$) and lower in the Prosocial subscale ($p=0.026$) of the SDQ. Exploring rates of psychopathology in males and females by developmental periods, we find higher rates of mood disorders in late adolescence in BpO females as compared with CcO females ($p=0.033$). Axis I lifetime disorders are more prevalent in BpO males under 12 years old ($p=0.026$) and early adolescence ($p=0.014$) than in CcO males. ADHD is significantly higher in males in the BpO in the group from 12 to 15 years old than in CcO males ($p=0.036$). In the non-psychiatrically ill offspring, boys scored higher than girls in the SOPS disorganized subscale ($p=0.027$) and the SDQ Peers subscale ($p=0.036$). **Conclusion:** Even if the specificity of prodromal symptoms and signs of BD appears to be low and conclusive findings are still limited, it appears to be a progression from subsyndromal symptoms that gradually seem to become more prominent before they crystallized and functional impairment occur. Sex and developmental status may influence clinical presentation. **Acknowledgments:** Instituto de Salud Carlos III (FIS PI 07/0066, PI 11/00683), European Regional Development Fund (ERDF), Marato TV3 foundation (091630),

M6-03-02

PREMORBID DISORDERS AND PRODRAMAL AFFECTIVE SYMPTOMS IN EARLY-ONSET FIRST –EPISODE OF PSYCHOSES”: DIFFERENCES BETWEEN BIPOLAR AND SCHIZOPHRENIA TRAJECTORIES”

Vanessa Sanchez-Gistau MD, PhD 1, 2, Inmaculada Baeza Md, PhD 1,2,3, Celso Arango MD, PhD,2,4, Ana González-Pinto, MD, PhD2,5, Elena de la Serna, PhD 2, Mara Parellada, MD, PhD2, 4, Montserrat Graell ,MD 6, Beatriz Paya,MD2, 7, Cloe Llorente MD2,4, Josefina Castro-Fornieles,MD, PhD 1, 2, 3.

1 Department of Child and Adolescent Psychiatry and Psychology, Hospital Clinic of Barcelona, Institute Clinic of Neurosciences, University of Barcelona, and 2009-SGR-1119, Spain; 2 Centro de Investigación Biomédica en Red en Salud Mental CIBERSAM, Spain; 3 IDIBAPS; 4Adolescent Unit, Department of Psychiatry, Hospital General Universitario Gregorio Marañón, Madrid, Spain; 5 Department of Psychiatry, Hospital Santiago Apóstol, EHU/University of the Basque Country, Vitoria, Spain; 6Department of Child and Adolescent Psychiatry and Psychology, Hospital Infantil Universitario Niño Jesús, Madrid, Spain; 7 Child and Adolescent Mental Health Unit, Department of Psychiatry and Psychology, Hospital Universitario Marqués de Valdecilla, Santander, Spain.

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Background: Early detection before the onset of specific symptoms has gained growing interest in the field of schizophrenia (SZ); however the study of the prodromal phase in Bipolar Disorder (BD) is still at the beginning of the road. Findings from the very few studies focusing on the prodromal phase of both early-onset mania and SZ have reported a symptomatic overlap, suggesting that both sub-threshold affective and psychotic symptoms are potentially identifiable prior to the full-blown syndrome. In addition, even before the appearance of sub-threshold prodromal symptoms, premorbid neurodevelopmental abnormalities and psychopathological symptoms have been described in early-onset psychosis of both affective and non-affective types. Aims: Our aim was to investigate the prevalence and type of early premorbid antecedents and prodromal affective symptoms of early-onset psychosis. Whether the presence of early antecedents or affective symptoms during the prodromal phase predicts a later diagnosis of BD or SZ was also investigated. Methods: Participants were 95 youths, aged 9 to 17 years, experiencing a first episode of a psychotic disorder according to DSM-IV criteria. Early premorbid antecedents and prodromal affective symptoms in the year prior to the onset of full-blown psychosis were assessed by means of the K-SADS-PL. Given the difficulty of establishing a definitive diagnosis in the acute episode, the most accurate DSM-IV diagnosis at 12 months was taken. Results: 67.3% of subjects suffered from a premorbid DSM-IV disorder, developmental disorders mainly. In addition, more than a half of subjects experienced affective symptoms during the prodrome, being depressive symptoms the most frequently reported. Neither the prevalence of premorbid antecedents nor the age of first contact with mental health differed between SZ and BD patients. However, compared with SZ, prodromal affective symptoms were associated with a later diagnosis of BD (OR=7.56; 95% CI, 2.06-27.47, p=.002). Conclusions: Our results increase the evidence supporting the existence of neurodevelopmental precursors and heterogeneous psychopathology years before the onset of both first episode of mania and SZ. Given the symptomatic overlap in both premorbid and prodromal periods, early detection programs should include not only patients at risk of SZ but also at risk of BD. Acknowledgments: Instituto de Salud Carlos III, ERDF, (RETICS)-G03/032, 2009SGR1119 and (S2010/BMD-2422 AGES).

M6-03-03

STRUCTURAL BRAIN ALTERATIONS IN ADOLESCENTS WITH BIPOLAR DISORDER"

Soledad Romero MD, PhD 1,2; Marisol Picado PhD 1; Iria Mendez Md, PhD1; Elena Font1; Marc Valenti, MD, PhD 2,3, ;Sara Lera PhD1

1 Department of Child and Adolescent Psychiatry and Psychology, Hospital Clinic of Barcelona, Institute Clinic of Neurosciences, University of Barcelona, and 2009-SGR-1119, Spain; 2 Centro de Investigación Biomédica en Red en Salud Mental CIBERSAM, Spain; 3 Department of Adult Psychiatry, Bipolar Unit, Hospital Clinic of Barcelona, Institute of Neurosciences, Spain.

Background: Several studies have shown that the onset of Bipolar Disorder (BD) typically occurs during adolescence. Adolescence is also a sensitive period for the developmental of neural systems supporting fronto-limbic connectivity that have been implicated in the pathophysiology of mood disorders. Neuroimaging studies in adolescents with BD may help to better understand the neurobiological mechanism that occurs at the onset of the illness during adolescence. Aim: To study whole-brain grey matter volume characteristics in adolescents with bipolar disorder relative to age-matched healthy controls to identify possible structural abnormalities associated with bipolar disorder. Methods: Participants were 33 youths, aged 12-19 years old, with BD type I or II according to DSM-IV criteria and 27 healthy controls matched by sex and age. Subjects were assessed using the KSADS-PL. High-resolution magnetic resonance structural images were acquired from a 3T Siemens scanner located in the Hospital Clinic of Barcelona. A voxel based morphometric study was performed in order to determine grey matter volume (GMV) differences in the bipolar group as compared to the controls. Tissue volume (grey matter) measures were determined using SPM8 and whole brain VBM analyses were performed using a two-sample t-test design (threshold was set at $p < 0.001$, un-corrected, with extended threshold of 20 voxels). Results: The results indicated GMV decreases in the bipolar group as compared to the control group in frontal brain areas such as the right superior medial frontal cortex and the right orbitofrontal cortex; the left posterior cingulate cortex and in temporal regions including the lingual gyrus bilateral, and also in the left middle and superior occipital cortices.

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We did not observed GMV decreases in the control group in comparison to the bipolar group. Conclusions: Our results converge with previous studies that demonstrate abnormalities in frontal and limbic structures in adolescents with bipolar disorder. Acknowledgments: Instituto de Salud Carlos III (FIS: PI11/01224). Fondos Feder, 2009SGR1119.

M6-04

THE COMPLEXITY OF EATING DISORDERS: INSIGHT INTO RECENT RESEARCH VENUES IN MOLECULAR GENETICS, NEUROPSYCHOLOGY, NEUROIMAGING, AND SOCIAL SCIENCES

Hebebrand J; Herpertz-Dahlmann B; Konrad K; Falissard B; Tchanturia K; Hinney A
University Of Duisburg-essen; University Of Aachen; Inserm U669; Kings College

Symposium Overview

Chairs: Johannes Hebebrand (Department of Child and Adolescent Psychiatry, Psychosomatics and Psychotherapy, University Hospital Essen, University of Duisburg-Essen, Germany; johannes.hebebrand@uni-due.de)

Beate Herpertz-Dahlmann (Department of Child and Adolescent Psychiatry and Psychotherapy, University of Aachen, Germany)

Speaker 1: Anke Hinney

Affiliation: Department of Child and Adolescent Psychiatry, Psychosomatics and Psychotherapy, University Hospital Essen, University of Duisburg-Essen, Germany

Title: Genetic variation at three genetic loci involved in Anorexia Nervosa is associated with body weight regulation

Speaker 2: Kate Tchanturia

Affiliations: Psychological Medicine, King's College London and South London and Maudsley NHS Trust, United Kingdom

Title: How can understanding the neuropsychology of eating disorders guide treatment strategies?

Speaker 3: Kerstin Konrad

Affiliation: Department of Child and Adolescent Psychiatry and Psychotherapy, University of Aachen, Germany

Title: The anorectic brain: new insights from neuroscience

Speaker 4: Bruno Falissard

Affiliation: INSERM U669, Maison de Solenn, Paris, France

Title: Eating disorders: have social sciences something to tell us?

Abstract

Eating disorders have a complex etiology, to which both genetic and environmental factors contribute. This symposium seeks to exemplarily illustrate the mechanisms involved by focusing on different research fields ranging from molecular genetics to social sciences.

Anke Hinney and coworkers have attempted to identify gene loci involved in both body weight regulation and anorexia nervosa (AN). For this purpose, the investigators carried out a look-up of the 1000 top hits of a genome wide association study (GWAS) of AN as based on an international consortium (Boraska et al., Mol Psychiatry 2014) in the GWAS data set of the GIANT consortium (Speliotes et al., Nat Genet 2010). Single loci in the GIANT data set revealed p-values < 0.05 after Bonferroni correction for 1000 tests, thus providing evidence for an overlap in genes involved in AN and weight regulation including a gene in the BDNF pathway.

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Kate Tchanturia discusses how research in cognitive styles and neuropsychology in eating disorders stimulated the treatment innovations (Tchanturia et al 2014 EEDR, Tchanturia et al 2012 Plos one, Lang et al 2014 WJBP). Recent data collected in child and adolescent populations will be presented, the benefits of Cognitive Remediation Therapy for the patients will be summarized.

Kerstin Konrad discusses how neuroimaging findings have contributed to an improved understanding of the etiological pathways and the consequences of starvation in juvenile anorexia nervosa. Recent findings from large-scale data collections and meta-analyses on structural and functional brain abnormalities in patients with AN will be presented and future perspectives of neuroimaging for diagnoses and treatment of anorexia nervosa will be discussed.

Bruno Falissard addresses the role of social sciences in eating disorders. Transcultural epidemiology, sociology, psychoanalysis, feminist studies, all these disciplines and many others propose numerous works that bring a different light on the question of eating disorders. For most of us it is really difficult, and even often intractable, to integrate these different sources of knowledge with those considered as more "standard" in the medical field like molecular biology and neuroscience. Are they reliable, what is their level of "evidence"? Have they a potential interest for clinical practice and research?

Key Words: Anorexia nervosa, etiology

M6-04-01

GENETIC VARIATION AT THREE GENETIC LOCI INVOLVED IN ANOREXIA NERVOSA ARE ASSOCIATED WITH BODY WEIGHT REGULATION

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Universitätsklinikum Essen; Jena University Hospital; University Of Regensburg; University Hospital Of The Rwth Aachen; University Of North Carolina At Chapel Hill; Institute Of Psychiatry, King's College London

Genetic variation at three genetic loci involved in anorexia nervosa are associated with body weight regulation

Anke Hinney¹, Miriam Kesselmeier², Anna-Lena Volckmar¹, Jochen Antel¹, GCAN³, WTCCC3⁴, Iris M. Heid⁵, Thomas W. Winkler⁵, GIANT⁶, Beate Herpertz-Dahlmann⁷, Martina de Zwaan⁸, Wolfgang Herzog⁹, Stefan Ehrlich¹⁰, Stephan Zipfel¹¹, Karin Maria Egberts¹², Roger Adan^{13,14}, Marek Brandys^{13,14}, Eleftheria Zeggini¹⁵, Cynthia Bulik^{16,17}, David Collier^{18,19}, André Scherag², Johannes Hebebrand¹

Introduction Body weight regulation is disrupted in patients with anorexia nervosa (AN). Prior to the onset of disease body weight in patients with AN covers the whole BMI (body mass index) range. Since the genetic contribution to the etiology of AN is high, we hypothesised that some genetic variants known to be associated with body weight regulation may also be associated with AN.

Subjects and Methods We performed a cross-trait analysis of the 1000 SNPs (single nucleotide polymorphisms) with the lowest p-values from a genome wide association study (GWAS) of AN (GCAN, Boraska et al., Mol Psychiatry. 2014; 19: 1085-94) for evidence of association in the largest published GWAS meta-analysis for BMI (GIANT; Speliotes et al., Nat Genet. 2010; 42: 937-48).

Results We detected Bonferroni corrected significant association (p-values < 5 x 10⁻⁰⁵) for 9 SNPs at 3 independent chromosomal loci (chromosomes 2, 10 and 19). None of the nearest genes to these SNPs has previously been associated with AN. Information on the function of

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most of these genes is sparse. One gene is biologically plausible as it is reported to be involved in the BDNF (brain derived neurotrophic factor) signaling pathway.

Discussion Genome wide association studies did not yet reveal a genome wide significant locus for AN. A cross trait analysis for AN and BMI loci revealed SNPs in three independent chromosomal loci. In depth molecular genetic and biological analyses are warranted to unravel the relevance of these loci and the genes they contain in the etiology of AN.

M6-05

TRASTORNOS DE ALIMENTACION A LO LARGO DE LA INFANCIA Y ADOLESCENCIA: CONTINUIDADES Y DISCONTINUIDADES

Overview:

Moderadora: Mar Faya. Servicio de Psiquiatría y Psicología. Hospital Infantil Universitario Niño Jesús. Madrid

Evaluación e intervención psicológica y familiar de un programa interdisciplinar de atención al niño pre-escolar con trastorno de alimentación.

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Diversidad clínica de los trastornos de alimentación de inicio en edad escolar: utilidad de las nuevas propuestas del DSM-5.

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Patrones disfuncionales de interacción familiar en los trastornos del comportamiento alimentario de la adolescencia: comparación con trastorno por consumo de sustancias y controles sanos.

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M6-05-01

EVALUACIÓN E INTERVENCIÓN PSICOLÓGICA Y FAMILIAR DE UN PROGRAMA INTERDISCIPLINAR DE ATENCIÓN AL NIÑO PRE-ESCOLAR CON TRASTORNO DE ALIMENTACIÓN.

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Una intervención temprana en los trastornos de alimentación en los primeros años de vida es fundamental para la prevención de posibles alteraciones en el desarrollo físico, cognitivo y emocional del niño y en la construcción de un vínculo afectivo estable entre los padres y su hijo.

En este grupo de edad (0-6 años) es muy importante lograr una comprensión lo más integradora posible de todos los factores que entran en juego en la aparición del trastorno de alimentación y asimismo, es necesario discriminar entre las dificultades del niño y las propias de los padres.

Planteamos el trabajo específico en un grupo de niños de esta edad (n=40) y sus familias, donde el niño es situado como sujeto frente a sus propias dificultades y una intervención con el grupo familiar para lograr que los padres recuperen su papel de protección en el cuidado de sus hijos. Presentamos la mejoría física (recuperación de curvas de peso y talla), en la conducta alimentaria (cantidad, variedad, textura y autonomía según edad) y progreso emocional y vincular de estos niños que les permitirá continuar su desarrollo biopsicosocial.

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Destacamos dos aspectos fundamentales del trabajo terapéutico. Crear un espacio para escuchar cómo se sienten los padres ante las dificultades de sus hijos, analizar situaciones concretas y posibilitar una nueva forma de interacción donde puedan ejercer su propia función. Y, por otro lado, un acercamiento específico a las vivencias subjetivas del niño y a sus dificultades en otras áreas, recuperando su protagonismo y su participación activa frente a sus síntomas y de cara a su tratamiento.

M6-05-02

DIVERSIDAD CLÍNICA DE LOS TRASTORNOS DE ALIMENTACIÓN DE INICIO EN EDAD ESCOLAR: UTILIDAD DE LAS NUEVAS PROPUESTAS DEL DSM-5.

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Los trastornos de la conducta alimentaria de aparición en la edad escolar (6 a 13 años) presentan características clínicas muy heterogéneas. El diagnóstico específico según los criterios clínicos de las clasificaciones habituales ha sido difícil. El nuevo diagnóstico de la DSM-5 denominado Trastorno evitativo y restrictivo de la ingesta (TERI) puede facilitar el diagnóstico en este grupo de edad.

El objetivo es analizar y discutir las características clínicas en los niños entre 6 y 13 años que consultan por alteraciones alimentarias y comparar los criterios diagnósticos según las clasificaciones DSM-IV-TR y DSM-5 para estudiar la utilidad de las nuevas propuestas diagnósticas en esta población.

Presentamos un estudio clínico y diagnóstico de 250 escolares (80% niñas y 20% niños) entre 6-13 años atendidos durante los últimos 5 años en una Unidad de Trastornos de Alimentación. Presentamos los diagnósticos según las clasificaciones DSM-IV-TR y DSM-5.

El diagnóstico según DSM-IV-TR fue: Trastorno de alimentación de inicio en la infancia 15 (5,9%), anorexia nervosa restrictiva (ANR) 113 (45,3%), trastorno de conducta alimentaria no especificado (TcANE) 105 (41,9%), anorexia nervosa purgativa (ANP) 15 (5,9%), Bulimia nervosa (BN) 2(0,8%). El diagnóstico según DSM-5 fue: ANR 116 (46,3%), ANP 15 (5,9%), BN 2 (0,8%), TcANE 29 (11,6%), Trastorno evitativo restrictivo de la ingesta 86 (35,1%).

El diagnóstico según edad muestra que el TERI presenta doble prevalencia en los menores de 12 años y la anorexia restrictiva es tres veces mas frecuente en los escolares de 12 y 13 años respecto a edades inferiores.

Casi la mitad de niños escolares fueron diagnosticados de TcANE con los criterios DSM-IV-TR, sin embargo este diagnóstico se reduce a un tercio con los criterios de DSM-5. Mas de dos tercios de los pacientes que fueron diagnosticados de TcANE según la DSM-IV-TR han sido diagnosticados de TERI según la DSM-5. Concluimos que el nuevo diagnóstico de trastorno evitativo restrictivo de la ingesta es útil y específico en este grupo de pacientes de edad escolar. Discutimos las implicaciones clínicas y terapéuticas de estos resultados.

M6-05-03 no coincide título

EL IMPACTO BIOPSICOSOCIAL DEL TRASTORNO DE ALIMENTACION EN LA FAMILIA DEL ADOLESCENTE: COMPARACIÓN CON TRASTORNOS POR CONSUMO DE SUSTANCIAS Y CONTROLES SANOS

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Los trastornos de la conducta alimentaria (TCA) y los trastornos por consumo de sustancias (TCS) comparten varios aspectos biopsicosociales en cuanto a su naturaleza, evolución, pronóstico y tratamiento, y patrones disfuncionales de interacción familiar, algo que hace que sea fundamental la implicación de la familia en el tratamiento de ambos trastornos. El objetivo

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del estudio es comparar la experiencia de cuidado, los niveles de Emoción Expresada (EE), la acomodación a los síntomas de la enfermedad y la calidad de vida entre familias de pacientes adolescentes diagnosticados de TCA, TCS y familias de adolescentes sanos. A través de cuestionarios se evaluó la experiencia de cuidado (ECI) de los padres, sus niveles de EE (FQ), su acomodación a los síntomas (AESED, AESSA) y su calidad de vida (SF-36). Los diagnósticos de los/as pacientes se obtuvieron a través de entrevista clínica (K-SADS). 93 madres y padres de 48 pacientes diagnosticados/as de TCA y 84 madres y padres de 47 pacientes diagnosticados/as de TCS fueron reclutados de la Unidad de TCA del Hospital Universitario Niño Jesús y del Programa Soporte-Proyecto Hombre, respectivamente. 116 madres y padres de 68 adolescentes sanos fueron reclutados de dos Institutos Públicos de Educación Secundaria de la Comunidad de Madrid. Los/las adolescentes de tres grupos tenían edades entre 12 y 21 años. Las madres del grupo TCS mostraron niveles más altos de EE y de carga del cuidador en comparación con los padres del mismo grupo y en comparación con los otros grupos de familias. Sin embargo, las madres del grupo TCA mostraron peor calidad de vida (sobre todo el componente de Salud Mental) comparadas con los padres del mismo grupo y con las familias en TCS y con las familias de adolescentes sanos. Identificar los factores compartidos o diferenciadores en el funcionamiento familiar, la experiencia de cuidado y el estado de salud de las familias de ambos grupos de pacientes, nos permite diseñar programas de intervención específicos dirigidos a mejorar su estado de salud y enseñarles habilidades de comunicación y de resolución de problemas.

M6-06

INFLUENCES OF DOPAMINE AND SEROTONIN GENE VARIANTS AND THEIR INTERPLAY WITH THE ENVIRONMENT IN ATTENTION-DEFICIT/HYPERACTIVITY DISORDER

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Chair: Mrs. Jennifer S. Richards
Co-chair: Prof. Jan K. Buitelaar

M6-06-01

DOPAMINE AND SEROTONIN GENETIC RISK SCORES PREDICTING SUBSTANCE AND NICOTINE USE IN ATTENTION-DEFICIT/HYPERACTIVITY DISORDER

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Keywords: ADHD, Adolescence, Genetic risk scores, Nicotine use, Substance use

Background: Individuals with attention-deficit/hyperactivity disorder (ADHD) are at increased risk of developing substance use disorders (SUDs) and nicotine dependence. The co-occurrence of ADHD and SUDs/nicotine dependence may in part be mediated by shared genetic liability. Genetic liability for complex disorders such as ADHD and SUDs/nicotine dependence is thought to be multifactorial, with contributions of multiple risk variants, each with a small effect size. In comparison to analyzing single polymorphisms, analysis of genetic risk scores may capture a greater proportion of the genetic contribution to complex disorders. Several neurobiological pathways have been implicated in both ADHD and SUDs, including dopamine and serotonin pathways. We hypothesized that variations in dopamine and serotonin neurotransmission genes were involved in the genetic liability to develop SUDs/nicotine dependence in ADHD. Methods: The current study included participants with ADHD (n=280) who were originally part of the Dutch International Multicenter ADHD Genetics study. Participants were aged 5-15 years and attending outpatient clinics at enrollment in the study. Diagnoses of ADHD, SUDs, nicotine dependence, age of first nicotine and substance use, and alcohol use severity were based on semi-structured interviews and questionnaires. Genetic risk scores were created for both serotonergic and dopaminergic risk genes previously shown to be associated with ADHD and SUDs and/or nicotine dependence. Results: The serotonin genetic risk score significantly predicted alcohol use severity in adolescents with ADHD. No significant serotonin*dopamine risk score or effect of stimulant medication was found. Conclusions: The current study adds to literature by providing insight into genetic underpinnings of the comorbidity of ADHD and SUDs. While the focus of the literature so far has been mostly on dopamine, our study suggests that serotonin also plays a role in the relationship between these disorders.

M6-06-02

DOPAMINE AND SEROTONIN GENE VARIANTS INFLUENCE THE NEURAL CORRELATES OF RESPONSE INHIBITION IN ADOLESCENTS WITH ADHD AND HEALTHY CONTROLS

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Keywords: Response inhibition, ADHD, dopamine, serotonin, fMRI

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Background: Impairment of response inhibition has been implicated in attention-deficit/hyperactivity disorder (ADHD). Dopamine neurotransmission has been linked to the behavioural and neural correlates of response inhibition. The current study aimed to investigate the relationship of polymorphisms in the DAT1 and COMT dopamine-related genes with the neural and behavioural correlates of response inhibition. Method: Behavioural and neural measures of response inhibition were obtained in 185 adolescents with ADHD, 111 of their unaffected siblings, and 124 healthy controls (mean age 16.9). We investigated the association of DAT1 and COMT variants from the dopamine system, as well as HTR1B and HTTLPR variants from the serotonin system on task performance and whole-brain neural activation during response inhibition in an hypothesis-free manner. Results: The whole-brain analyses demonstrated large scale neural activation changes in the medial and lateral prefrontal, subcortical, and parietal regions of the response inhibition network in relation to the investigated polymorphisms. Although these neural activation changes were associated with different task performance measures, no relationship was found between DAT1 and COMT variants or HTR1B and HTTLPR variants and ADHD, nor did variance in these genes explain variance in the effects of ADHD on the neural activation. Conclusions: These results suggest that both dopamine- and serotonin related genes play a role in the neurobiology of response inhibition. The limited associations between gene polymorphisms and task performance further indicate the added value of neural measures in linking genetic factors and behavioural measures. Although response inhibition is strongly linked to ADHD, genetic variants associated with response inhibition and its neural correlates do not explain variance of the ADHD phenotype.

M6-06-03

BRAIN CORRELATES OF THE INTERACTION BETWEEN 5-HTTLPR AND PSYCHOSOCIAL STRESS MEDIATING ATTENTION-DEFICIT/HYPERACTIVITY DISORDER SEVERITY

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Keywords: gene-environment interaction, serotonin transporter, psychosocial stress, attention-deficit/hyperactivity disorder, grey matter volume

Background: Numerous papers have reported that serotonin transporter 5-HTTLPR genotype moderates the effect of stress on depression and anxiety. We recently found that this gene-environment interaction is also associated with severity of attention-deficit/hyperactivity disorder (ADHD); we found stronger effects of stress in carriers of the short allele than in individuals homozygous for the long allele, independent of comorbid internalizing problems. The underlying neurobiological mechanism of this gene-environment interaction in ADHD is unknown. This study aimed to determine whether 5-HTTLPR moderates the effect of stress on

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brain grey matter volume and, if so, which brain regions mediate the effect of this gene-environment interaction on ADHD severity. Method: Structural magnetic resonance imaging, 5-HTTLPR genotype, and stress exposure questionnaire data were available for 701 adolescents and young adults participating in the multicenter ADHD cohort study NeuroIMAGE (from 385 families; 291 with ADHD, 78 with subthreshold ADHD, 332 healthy controls; 55.8% males; average age 17.0 years). ADHD symptom count was determined through multi-informant questionnaires. For the analysis, we combined a whole-brain voxel-based morphometry approach with mediation analysis. Results: Stress exposure was associated with significantly less grey matter volume in the precentral gyrus, middle and superior frontal gyrus, frontal pole, and cingulate gyrus for S-allele carriers than for participants homozygous for the L-allele. The association of this gene-environment interaction with ADHD symptom count was mediated by grey matter volume in the frontal pole and anterior cingulate gyrus. Conclusions: These results indicate that the gene-environment interaction plays a broader role in shaping behaviour than previously assumed based on its association with internalizing problems, as 5-HTTLPR genotype moderates the effect of stress on brain regions involved in social cognitive processing and cognitive control. Specifically regions important for cognitive control link this gene-environment interaction to ADHD severity.

M6-06-04

DEVELOPMENTALLY SENSITIVE GENE-ENVIRONMENT INTERACTIONS AND THE PUTAMEN VOLUME: IS THERE ROOM FOR DIFFERENTIAL SUSCEPTIBILITY?

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Key words: ADHD; brain volume; gene-environment interaction; social environment; sMRI

Background: Brain volume reductions have been linked to psychopathology such as schizophrenia, depression and attention-deficit/hyperactivity disorder (ADHD). Identify mechanisms underlying these alterations, therefore, is of great importance. Both genetic and environmental factors play a crucial role in determining an individual's variability in brain architecture. We investigated gene-environment interactions (GxE) on adolescent brain volumes from the differential susceptibility perspective. This theory states that individuals carrying so called plasticity genes are more disadvantaged in negative environments, while more advantaged in positive environments. Methods: Whole brain volume (gray matter) and subcortical volumes (caudate nucleus and putamen) were derived from structural magnetic resonance imaging (MRI) scans using automated tissue segmenting in participants with and without Attention-Deficit/Hyperactivity Disorder (ADHD; N=312 and N=437 respectively, from N=402 families; age M=17.00, SD=3.60). We examined interactions between variants in candidate plasticity genes (DAT1, 5-HTT, DRD4) and social environments (maternal expressed warmth and criticism; positive and deviant peer affiliation). Results: A significant 3-way interaction was found between DAT1, criticism and age on total putamen volume. Younger participants with two 10-repeats had a larger putamen volume when exposed to more maternal

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criticism, while older participants had a smaller putamen volume when exposed to more criticism. DAT1 9-repeat carriers showed no developmental differences. A similar 3-way interaction was found between DRD4, positive peer affiliation and age on the right putamen volume. Here, 7-repeat carriers showed age dependent associations between positive peer affiliation and right putamen volume, i.e., a negative association when younger, but positive when older. Results were independent of ADHD severity. Conclusions: Our results indicate the importance of developmentally sensitive GxE effects on the putamen volume. The finding that only carriers of specific genotypes were susceptible to environmental influences is in line with the differential susceptibility theory. Further support for this theory, however, was absent as different genes were associated with either positive or negative environments instead of the same candidate plasticity gene with both environments.

M6-07-01

SLEEP PROBLEMS, MENTAL HEALTH PROBLEMS AND LIFESTYLE AMONG YOUNG NORWEGIAN ADOLESCENTS

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Abstract

Objective: Sleep problems and mental health problems are common among children and adolescents, and are often found to be associated. More knowledge of how they are related and the influence of lifestyle factors is needed. The purpose of the present study was to investigate the associations between sleep problems and mental health and the influence of lifestyle factors in a sample of young Norwegian adolescents.

Methods: Children aged 12-13 years were recruited from the seventh grade of primary schools in Telemark County, Norway. Parents reported on their child's sleep problems by answering questions about disturbed sleep and daytime sleepiness. The child's mental health was assessed by parents completing the extended version of the Strength and Difficulties Questionnaire (SDQ). Parents also answered questions about the child's physical activity, screen use, eating pattern, and the parents' own educational level and family income. The height and weight of the children were objectively measured. Complete data were obtained for 690 children.

Results: Multiple logistic regression analysis showed that children with disturbed sleep were more likely to have indications of psychiatric disorders (OR: 4.2, CI: 2.2-8.0) than children without disturbed sleep. Analyzing sub-groups of symptoms we found significant associations between disturbed sleep and emotional disorders (OR: 12.6, CI: 4.4 - 36.5), and between disturbed sleep and hyperactivity disorders (OR: 4.3, CI: 2.0 – 9.5). Children who seemed tired during the day were also found more likely to have indications of psychiatric disorders (OR: 2.7, CI: 1.5 - 4.7) than children without daytime sleepiness. Analyzing sub-groups of symptoms we found significant associations between daytime sleepiness and emotional disorders (OR: 3.1, CI: 1.1 – 8.9), and between daytime sleepiness and hyperactivity disorders (OR: 3.0, CI: 1.5 – 6.0). Disturbed sleep at night and daytime sleepiness cover different aspects of sleep quality, and may overlap. All reported ORs are adjusted for the other sleep aspect in addition to any significant associated background variables among physical activity, screen use, eating pattern, overweight, parental educational level and family income. The results therefore indicate that both aspects of sleep quality are associated with mental health problems independently of each other and important background variables.

Conclusion: The results support the hypothesis that sleep problems may be an important underlying factor for mental health problems in children.

M6-07-02

SEXUAL ACTIVITY AND MENTAL HEALTH IN MIDDLE ADOLESCENCE

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Depression, conduct disorder, smoking and alcohol use as predictors of sexual activity in middle adolescence: a longitudinal study

First intercourse is often characterized as sexual debut, and, when occurring during adolescent development, is seen both as normative development and as a form of problem behaviour. The aim of the present study was to explore associations between emotional and behavioural symptoms and later engagement in sexual behaviours in middle adolescence.

All ninth graders in two Finnish cities were recruited to response to a questionnaire focusing on mental health and disorders, health behaviours and risk and protective factors (T1), and a follow-up survey 2 years later (T2). The baseline sample (94.4% of all eligible) comprised 1,609 girls and 1,669 boys, with mean age 15.5 years (SD 0.39). A total of 2,070 adolescents completed the survey at both T1 and T2. The response rate of the final sample was 63.1% (2070 / 3278). Of the respondents, 56.6% were girls. Experience of intercourse and number of partners for intercourse were elicited at age 17. Depression was measured with the 13-item Beck Depression Inventory, conduct disorder with the Youth Self-Report, and smoking and alcohol consumption with questions widely used in Finnish adolescent health surveys. The data were analysed using cross-tabulation with chi square statistics for classified variables and t-test for continuous variables. Logistic regression was used to study multivariate associations.

Depression, conduct disorder, smoking and drinking at age 15 were associated with having experienced intercourse by age 17 (Odds Ratios (OR) 1.8-10.3) and with multiple partners for intercourse by age 17 (OR:s 2.4-4.7) among girls. In boys, frequent alcohol use and smoking at age 15 (OR:s 2.2 and 4.6) were associated with experience of intercourse by age 17, and these and conduct disorder at age 15 with multiple partners for intercourse by age 17 (OR:s 2.8-3.2). Emotional and behavioural disorders in middle adolescence are associated with sexual activity and risk-taking sexual behaviours later in the developmental phase.

Key words: sexual behaviour, coitarche, depression, conduct disorder, substance use, adolescence

M6-07-03

A ROADMAP FOR MENTAL HEALTH RESEARCH IN EUROPE

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Abstract (250-400 words):

Mental disorders place immense burdens on individuals, their families and society. Their cost has been estimated at €461 billion per year in Europe. Mental health research can help to resolve these burdens, but the funding for mental health research in Europe is much lower than the population impact of these disorders with spending being less than half the disability

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burden. Moreover, there is limited coordination of approaches to mental disorder and mental health services research across Europe.

The ROAMER (ROAdmap for MEntal health and Well-being Research in Europe) project, funded under the European Commission Seventh Framework Programme (FP7), has developed a comprehensive and integrated mental health research roadmap, focused on improving the mental health of the population and increasing European competitiveness. ROAMER analysed existing complementary resources among European regions, covering all major domains within mental health research (i.e. infra-structures and capacity building, biomedicine, clinical research, psychological research and interventions, social and economic issues, public health and well-being), and involved input from over 1000 individuals and stakeholder organisations among researchers, users, family members, carers, clinicians and other health care service professionals, policy-makers, research funders and industry. Evidence-based recommendations were prioritised through iterative feedback, consensus meetings, international advisory boards and surveys of researchers, experts and wider stakeholders in Europe. ROAMER has covered:

Six prioritised questions were produced: these are targeted, actionable, built on excellent European science and resolvable in the next 5 to 10 years. The answers to these proposed research questions will improve the mental health of European citizens and tackle societal challenges.

The six research priorities for policy action in mental health and well-being research are:

1. 1.Research into mental disorder prevention, mental health promotion and interventions in children, adolescents and young people
2. 2.Focus on the development and causal mechanisms of mental health symptoms, syndromes and well-being across the lifespan (including older populations)
3. 3.Developing and maintaining international and interdisciplinary research networks and shared databases
4. 4.Developing and implementing better interventions using new scientific and technological advances
5. 5.Empowering service users and carers in decisions about mental health care, including stakeholders in research, and reducing stigma
6. 6.Health and social systems research that addresses quality of care and takes account of socio-cultural and socio-economic contexts and approaches

M7-01

EATING AND FEEDING DISORDERS IN CHILDHOOD AND ADOLESCENCE: EPIDEMIOLOGY AND OUTCOMES

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Ucl Institute Of Child Health; Uniklinik Aachen; Leipzig University; University Of Oxford

Chair Dr Nadia Micali

Presenters:

Dr Anja Hilbert 'Avoidant restrictive intake food disorders: a population-based study'

Dr Nadia Micali 'Adolescent eating disorders predict psychiatric, high-risk behaviours and weight outcomes in young adulthood'

Prof. Beate Herpertz-Dahlmann 'Eating disorder symptoms do not just disappear: implications of adolescent eating-disordered behaviour for body weight and mental health in young adulthood'

Dr Helen Bould 'Influence of school on whether girls develop eating disorders: a multilevel record-linkage study'

Despite being common, there is still a paucity of research on feeding and eating disorders, their presentation and course in the community. Europe has a strong tradition in high quality population-based research and this symposium will leverage on this strength.

This symposium will focus on updating participants on new findings relating to the epidemiology of feeding and eating disorders, and their outcomes. It will be based on well-defined European large population-based samples.

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It will bring together presenters from 2 countries (UK and Germany) and incorporate research from Germany, Switzerland, the UK and Sweden.

The proposed talks will focus on 4 areas related to the overall symposium topic. The first talk will cover the epidemiology of feeding and eating disorders; participants will have the opportunity to be updated on the new diagnoses introduced by DSM5 and their epidemiology in childhood and adolescence.

The second and third on two studies (one from the UK one from Germany) on the adverse psychological and weight outcomes of adolescent eating disorders and disordered eating will be presented. Both independent studies show the serious long-term impact of eating disorders and disordered eating on psychopathology, alcohol and substance use, and weight outcomes.

The fourth talk will show findings relating to the clustering of eating disorders in schools in a Swedish adolescent cohort, with an epidemiological and risk factor perspective.

This symposium will be unique in bringing together novel high quality research on feeding and eating disorders across Europe. It will be aimed at clinicians and researchers across all areas of child and adolescent mental health and eating disorder specialists.

M7-01-01

'AVOIDANT RESTRICTIVE INTAKE FOOD DISORDERS: A POPULATION-BASED STUDY'

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The DSM-5 included the new eating disorder diagnosis Avoidant/Restrictive Food Intake Disorder (ARFID) in order to capture avoidant or restrictive eating disturbances without shape or weight concern especially in children. However, the presentation and nosology of ARFID remains largely unclear. This study sought to determine the distribution of early-onset avoidant/restrictive eating disturbances in middle childhood, as well as to evaluate the screening instrument, Eating Disturbances in Youth-Questionnaire (EDY-Q).

A total of 1444 8- to 13-year-old children were screened in schools in Switzerland using the EDY-Q, consisting of 12 items based on the DSM-5 criteria for ARFID.

Forty-six children (3.2%) reported symptoms of ARFID on the EDY-Q. They were more frequently underweight than normal- or overweight and were of young age. Among the children with symptoms of ARFID, 39.1% indicated a lack of interest in eating or food, 60.9% indicated a limited food intake due to the sensory properties of the food, and 15.2% indicated a food avoidance for based on a specific underlying fear. The EDY-Q revealed good psychometric properties, including adequate discriminant and convergent validity, measured through associations with the Eating Disorder Examination-Questionnaire adapted for children. The postulated factor structure of the EDY-Q was confirmed. Item characteristics were favorable, and internal consistency was acceptable.

Early-onset avoidant/restrictive eating disturbances are commonly reported in middle childhood, with presentation in distinctive variants. Because of possible negative short- and long-term impact, early identification is essential. The EDY-Q revealed promising psychometric properties. Further evidence from expert interviews is needed to confirm this study's findings.

M7-01-02

'ADOLESCENT EATING DISORDERS PREDICT PSYCHIATRIC, HIGH-RISK BEHAVIOURS AND WEIGHT OUTCOMES IN YOUNG ADULTHOOD'

Micali, N., Solmi, F., Horton, N.J., Crosby, R.D., Eddy, K.T., Calzo, J.P., Sonnevile, K.R., Swanson, S.A., Field, A.E.

Background: Eating disorders (ED) are associated with a range of physical and psychiatric comorbidities. Few studies have used population-based longitudinal data to investigate whether adolescent ED predict adverse psychiatric, behavioural, and weight outcomes.

We aimed to investigate whether DSM5 ED: Anorexia nervosa (AN), bulimia nervosa (BN), binge eating disorder (BED), and other specified feeding and eating disorders (OSFED), including purging disorder (PD), sub-threshold BN and BED at ages 14 and 16 are prospectively associated with depression, anxiety disorders, alcohol and substance use, and self-harm in the UK-based Avon Longitudinal Study of Parents and Children. We also aimed to compare the effect of OSFED on adverse outcomes using two frequency ED behaviour thresholds (monthly and < monthly).

Methods: ED were ascertained at 14 (n=6,140) and 16 years of age (n=5,202), all outcomes were measured about 2 years later. Generalized estimating equation models adjusting for gender, socio-demographic variables and occurrence of the outcome at previous waves estimated the odds of each outcome in those with and without ED.

Results: Approximately 5% and 8.9% of the sample had an ED respectively at ages 14 and 16 years. In models adjusted for gender, socio-demographic variables and presence of the outcome at previous waves all ED were prospectively associated with anxiety disorders. AN, BN, BED, PD and OSFED-other were prospectively associated with depression. BN, BED and PD as well as sub-threshold BN and BED and OSFED-other predicted drug use and deliberate self-harm.

Whilst BED and BN predicted obesity (respectively OR=3.58 (95%CI: 1.06-12.14) and OR=6.42 (1.69-24.30)), AN was prospectively associated with underweight (OR=2.43 (1.62-3.66)).

Conclusions: Adolescent ED are prospectively associated with mental health disorders, substance use, and deliberate self-harm, as well as adverse weight outcomes. All DSM5 ED diagnoses were predictive of negative outcomes. This study highlights the high public health impact of ED adolescent presentations, including both typical and OSFED types, given their overall high prevalence and long-term effects.

M7-01-03

'EATING DISORDER SYMPTOMS DO NOT JUST DISAPPEAR: IMPLICATIONS OF ADOLESCENT EATING-DISORDERED BEHAVIOUR FOR BODY WEIGHT AND MENTAL HEALTH IN YOUNG ADULTHOOD'

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In a German population-based sample (the BELLA-study) we investigated the outcomes of adolescent eating-disordered behaviour on the development of body mass index (BMI) and psychological well-being in young adulthood. At baseline and 6-year follow-up, BMI, eating disorder symptoms (SCOFF questionnaire), and symptoms of depression and anxiety were

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assessed in the same cohort of 771 participants (n=420 females, n= 351 males). The age range at baseline was 11-17 years and the age range at follow-up was 17-23 years. High Scores for eating disordered behaviour in adolescence strongly predicted eating-disordered behaviour in young adulthood. In addition, eating disordered behaviour in adolescence was significantly associated with developing overweight or obesity as well as with the emergence of depressive symptoms, even after controlling for baseline SES, probands` and parental BMI and depressive symptoms. Vice versa, depressive symptoms during adolescence showed a significant relationship with extreme underweight in young adulthood. This large epidemiological study demonstrated a high stability of disordered eating behaviour from adolescence to young adulthood and a significant association with overweight/obesity and depression. There is an urgent need for early detection and intervention targeting disordered eating behaviour in childhood and adolescence.

M7-01-04

INFLUENCE OF SCHOOL ON WHETHER GIRLS DEVELOP EATING DISORDERS: A MULTILEVEL RECORD-LINKAGE STUDY'

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Background: Clinical anecdote suggests rates of eating disorders (ED) vary between schools, but we are not aware of previous research into this. We investigated whether rates of ED vary between schools, and tested the hypothesis that school environment is associated with ED, after accounting for individual student characteristics.

Methods: We used longitudinal, register-based, record-linkage data for 55,059 Swedish-born females living in Stockholm County, Sweden, born in 1983 onwards, who finished school in 2001-2010. The outcome was first diagnosis of an ICD-10 or DSM-IV ED aged 16-20 years made by a specialist clinician, or inferred from an appointment at a specialist ED clinic.

Results: Incidence of ED was 2.4% and varied between schools from 1.3% to 16.7%. After taking individual risk factors into account, schools with more girls, and schools with more parents with post-18 education had increased odds of ED (OR 1.07 (1.01 to 1.13), p=0.018 for each 10% increase in proportion of girls, and OR 1.14 (95% CI: 1.09 to 1.19%), p<0.0001 for each 10% increase in proportion of parents with post-18 education). The predicted probability of an average girl developing an ED is 2.1% in a school with 50% girls where 50% of the parents have post-18 education, and 5.1% in a school with 100% girls where 100% of parents have post-18 education.

Conclusion: Rates of ED vary between schools and this is not explained by individual student characteristics. Girls at schools with high proportions of female students, or students with highly educated parents, have higher odds of ED. This evidence supports targeting ED prevention programmes at schools with specific characteristics.

M7-02

EARLY INTERVENTION FOR EMERGING BORDERLINE PERSONALITY DISORDER IN ADOLESCENCE

Kaess M; Luyten P; Steil R; Hessels C

University Of Heidelberg; University Of Leuven; Goethe University Frankfurt; Expertise Centre For Personality Disorders

Chair: Associate Professor Michael Kaess, Section for Disorders of Personality Development, Department of Child and Adolescent Psychiatry, University of Heidelberg, Heidelberg, Germany

Co-Chair: Professor Peter Fonagy, Research Department of Clinical, Educational and Health Psychology, University College London, UK

Despite longstanding general agreement that personality disorders have their roots in childhood and adolescence, diagnosing borderline personality disorder (BPD) prior to age 18 years has been controversial. To date, there is increasing evidence in support of both diagnosing and treating BPD in adolescence. Thus, national treatment guidelines, Section 3 of the new DSM-5, and the proposed ICD-11 personality disorder classification have all recently confirmed the legitimacy of the BPD diagnosis in adolescents.

There are evidence-based and effective interventions for BPD in adulthood. Given these recent developments, adolescence can now be considered a critical period for early intervention of emerging BPD, and the field of child and adolescent psychiatry is in need to develop effective interventions that are specifically tailored to the developmental period of adolescence. This symposium will present current advances in the development and research on early intervention of adolescent BPD.

M7-02-01

EARLY INTERVENTION FOR ADOLESCENT BORDERLINE PERSONALITY DISORDER: RATIONALE AND BASIC PRINCIPLES

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Key words: borderline personality disorder, early intervention

Borderline personality disorder (BPD) is a common and severe mental disorder that is associated with severe functional impairment and a high suicide rate. BPD is usually associated with other psychiatric and personality disorders, high burden on families and carers, continuing resource utilization, and high treatment costs.

In many settings around Europe, clinicians are still hesitant to diagnose BPD in adolescents, mainly because of four concerns: First, the diagnosis of BPD is not valid in adolescence. Second, typical features of BPD (e.g., affective instability or disturbed self-image) are normative among adolescents. Third, personality development is still in flux, and this precludes diagnosis. Fourth, clinicians wish to protect their patients from stigma associated with BPD.

However, research over the past decade has disproven the first three assumptions, and greater knowledge of this has potential to influence the fourth. Thus, this presentation aims to give an overview of the empirical data that provide the rationale for early detection and consequent intervention in adolescent BPD. In addition, basic principles and strategies of early intervention in this patient group are discussed.

M7-02-02

THE DEVELOPMENT AND EVALUATION OF A SPECTRUM OF MENTALIZATION-BASED INTERVENTIONS FOR ADOLESCENTS

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Key words: Borderline personality disorder, adolescents, mentalization-based treatment

Mentalization-based Treatment (MBT) is an evidence-based treatment for adults suffering from borderline personality disorder. This presentation presents a number of adaptations of MBT for adolescents with personality pathology. These include inpatient and outpatient MBT-A for adolescents with severe personality disorder pathology, as well as MBT-HYPE, an outreaching form of MBT, which is based on Chanen's treatment model of borderline personality pathology in adolescence in combination with MBT principles and features. We also discuss the development of Dynamic Interpersonal Therapy (DIT) for adolescents with less severe personality pathology as part of the MBT spectrum in the treatment of adolescents. The different features of these mentalization-based treatments for adolescents are discussed, and pilot and trial data are presented when available. Specific issues that will be discussed include the role of assessment and diagnosis, suitability, self-harm and the role of the family and the broader social system, a factor that may have received insufficient attention in the past and which has led us to reconsider the role of MBT in the treatment of adolescents presenting with personality pathology and/or self-harm.

M7-02-03

DEVELOPMENTALLY ADAPTED COGNITIVE PROCESSING THERAPY - A TREATMENT FOR ADOLESCENT PATIENTS WITH PTSD AFTER CHILDHOOD ABUSE

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Key words: PTSD, childhood abuse, adolescents.

Although childhood sexual abuse and childhood physical abuse (CSA and CPA) have severe psychopathological consequences, there is little evidence supporting psychotherapeutic interventions for adolescents who have experienced CSA or CPA. To provide a treatment tailored to the specific needs of adolescents suffering from abuse-related posttraumatic stress disorder (PTSD), we modified Cognitive Processing Therapy (CPT) by adding new treatment modules and changing the therapy setting. To evaluate the feasibility and efficacy of Developmentally Adapted CPT (D-CPT), we treated 12 adolescents suffering from PTSD secondary to CSA or CPA. Patients were assessed prior to treatment (t₀), post-treatment (t₁), and 6 weeks after treatment (t₂). Assessments included the Clinician-Administered PTSD Scale (CAPS), the UCLA PTSD Index (UCLA), the Children's Depression Inventory (CDI), the Adolescent Dissociative Experiences Scale (A-DES), and the Borderline Symptom List (BSL-23). MANOVAs revealed that posttraumatic stress measurements and associated symptom measurements significantly differed across time points. When comparing t₀ with t₂, Cohen's d was large with respect to the CAPS scores (d = 1.45, p < .001) and the UCLA scores (d = 1.91,

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$p < .001$). Cohen's d had a medium magnitude with respect to the CDI scores ($d = .78$, $p < .001$), the A-DES scores ($d = 0.64$, $p < .05$), and the BSL-23 scores ($d = 0.74$, $p < .01$). D-CPT has the potential to reduce PTSD symptoms and comorbid psychopathology in adolescents with histories of CSA or CPA. Evaluation of first cases newly trained therapists had treated indicates that D-CPT is easy to disseminate.

M7-02-04

IMPLEMENTING AN AUSTRALIAN EARLY INTERVENTION PROGRAM FOR BPD IN EUROPE: CULTURAL AND LANGUAGE DIFFERENCES, DO'S AND DON'TS

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Keywords: BPD, early intervention, adolescents

The Helping Young People Early (HYPE) program developed in Melbourne, Australia (Chanen et al., 2009) provides detection and early intervention for Borderline Personality Disorders (BPD) in youth (15-24 year-olds). HYPE is an integrated, outpatient based intervention model comprising assertive case management, general psychiatric care and time-limited psychotherapy using Cognitive Analytic Therapy (CAT; Ryle & Kerr, 2002). The focus is intervention, early in the course of the disorder within a program tailored for adolescents and young adults. Specific aims of treatment are to increase adaptive functioning (including effective help-seeking) and to reduce psychopathology. A quasi-experimental comparison showed HYPE + CAT was more effective than treatment as usual (Chanen et al., 2009). A randomized controlled trial comparing CAT and Good Clinical Care (GCC), both within the HYPE program, showed that both CAT and GCC were effective in reducing externalizing psychopathology in adolescents with sub-syndromal or full-syndrome BPD, with the patients within the HYPE-CAT group showing evidence of more rapid onset of benefits (Chanen et al., 2008).

In 2012, the Centre for Adolescent Psychiatry in the Netherlands began the implementation process of a HYPE program alongside longer-term programs for youth with BPD. During this process, the team was trained and supervised by the staff of the Australian HYPE program. In this two years process of the implementation within the Dutch treatment facilities, guidelines and culture, different cultural differences had to be overcome. The experiences of the implementation process and the first research findings will be presented. Based on these experiences, we can understate the importance of fine-tuning an evidence-based treatment to the patients, the context, organization and culture, within patients are treated.

M7-03

EARLY-ONSET PSYCHOSIS, WHAT HAVE WE LEARNED FROM A 5-YEAR FOLLOW-UP STUDY?

Abstract type: Symposia type B

Thematic area: Clinica Disorders: Other

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Symposium title: Early-onset psychosis, what have we learned from a 5-year follow-up study?

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Chair: Dr. Inmaculada Baeza, MD, PhD, Child and adolescent Psychiatry and Psychology Department, Hospital Clínic de Barcelona, CIBERSAM, IDIBAPS, Spain.

Symposium overview:

Early onset psychoses are those cases beginning before 18 years of age and generally have a poor outcome. Some variables such as premorbid functioning, duration of untreated psychosis, baseline cognitive performance and baseline gray matter volume have been associated with clinical and functional outcome at one or two-years of follow-up (Parellada et al, 2014; Arango et al, 2012). Longer-term follow-up studies are scarce in this population. However, recently one 8-year follow-up study reported that patients with poor impulse control at baseline had a worse functional outcome, suggesting that negative and positive symptoms may have differential prognostic value in early-onset psychosis. (Remberk et al, 2014). We undertook a 5-year follow-up study in two Child and Adolescent Psychiatry and Psychology units of general hospitals in Spain. Clinical, neuropsychological and neuroimaging data were assessed at baseline, and at 2 years and 5 years after the first episode of psychosis. A review of the current literature as well as the findings of this study will be explained in the symposium.

M7-03-01

CLINICAL AND FUNCTIONAL OUTCOME 5 YEARS AFTER A FIRST EPISODE OF EARLY-ONSET PSYCHOSIS

Speaker: Dr. Inmaculada Baeza, MD, PhD, Child and adolescent Psychiatry and Psychology Department, Hospital Clínic de Barcelona, CIBERSAM, IDIBAPS, Spain.

In this talk, we will review current studies of psychopathology and diagnoses in long-term follow-ups of psychotic disorders with childhood and adolescent onset. We will also explain the hypothesis, objectives, methods and results of our own study. This study involved 37 patients with a first-episode of psychosis before 18 years of age (FEP) who had undergone assessments at baseline, 2 years, and at 5-year follow-up. Their results were compared to those of 39 healthy controls who underwent the same assessments. Preliminary results of the study are as follows: Patients' mean age at baseline was 15.8 ± 1.7 years, 67.6% were male, with no differences compared to controls. Only years of education was different between patients (6.8 ± 3.8) and controls (9.4 ± 2.4 years) ($t=3.585$, $p=0.001$). 59.5% of patients were diagnosed with a schizophrenia spectrum disorder, 35% an affective disorder, and only 5.4% were still diagnosed with psychosis not otherwise specified at 5-year assessment. Most patients ($N=23$, 63.1%) were on antipsychotics, and 5 (22%) of them on clozapine. Globally, patients improved on all of the clinical and functional scales administered from baseline to 2 and 5 years, using ANOVA for repeated measures (for total PANSS, $F=80.12$, $p<0.001$; for C-GAS, $F=19.61$, $p<0.001$). Baseline and 2-year scores on PANSS-negative subscale were associated with functional outcome measured with the GAF scale at 5-year assessment ($R=0.325$, $p=0.021$ and $R=0.274$, $p=0.032$, respectively). Conclusions: Baseline negative symptoms could have an important role in predicting functional outcome 5 years after the FEP, which is consistent with previous studies that have examined early-onset FEP samples after 2 (Hassan and Taha, 2011) and 4 years (Vyas et al, 2007) of follow-up.

M7-03-02

ARE COGNITIVE FUNCTIONS DETERIORATING DURING THE FIRST 5 YEARS AFTER A FIRST EPISODE OF EARLY-ONSET PSYCHOSIS?

Speaker: Dr. Elena de la Serna, PhD. CIBERSAM Child and adolescent Psychiatry and Psychology Department, Hospital Clínic de Barcelona, Spain.

In this talk, we will review current studies of neuropsychology in long-term follow-ups of early-onset psychotic disorders. We will also explain the hypothesis, objectives, methods and results of our own study. The preliminary data, with the same sample described in the First talk, are as follows: Differences were observed between patients and controls in all of the assessments of

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executive functions (EF) (at baseline $t=3.616$, $p=0.001$, at 2 years $t=4.088$, $p<0.001$ and at 5-year assessment $t=5.230$, $p<0.001$). When comparing the different assessments, there was a significant change in EF between the baseline exploration and at 5-year follow-up ($t=2.324$, $p=0.03$), which was also seen in controls ($t=8.836$, $p<0.001$), with a significant longitudinal change in this cognitive area between patients and controls ($F=4.309$, $p=0.044$). Patients diagnosed at 5-year follow-up with schizophrenia spectrum disorders ($N=22$, 59.5%) showed differences in EF compared to patients diagnosed with affective psychosis ($N=13$, 35.1%) ($t=10.3$, $p=0.003$). Conclusions: Cognition is a central feature in early-onset schizophrenia (Frangou, 2013) and, specifically, executive functions which are impaired at baseline and 2-years (Bombin et al, 2013) as well as at 5-year assessment could play a key role in FEP and its evolution.

M7-03-03

EVOLUTION OF BRAIN GREY MATTER VOLUMES DURING THE 5-YEARS FOLLOWING A FIRST-EPISEDE OF EARLY ONSET PSYCHOSIS.

Speaker: Dr. Covadonga M. Díaz-Caneja, MD. Child and Adolescent Psychiatry Department. Hospital General Universitario Gregorio Marañón. IiSGM. CIBERSAM. School of Medicine, Universidad Complutense, Madrid, Spain.

In this talk, we will review current studies of neuroimaging in long-term follow-ups of early-onset psychotic disorders. We will also explain the hypothesis, objectives, methods and results of our own study. Preliminary results are: 36 patients (age at baseline 15.8 ± 1.7 , 66.6% male) and 34 healthy controls (15.4 ± 1.4 , 55.9% male) completed the neuroimaging assessments at baseline, at 2-years and at 5-year follow-up. No differences were found in right and left frontal gray matter (GM) volume between patients and controls at 5-year assessment ($t=0.453$, $p=0.652$ for right and $t=0.612$, $p=0.543$ for left volume). Both patients and controls showed frontal GM loss during the first five years of follow-up. During the first two years, patients presented significantly greater GM loss than controls in the left ($F=9.642$, $p=0.003$) and right frontal lobe ($F=7.585$, $p=0.008$), with no significant differences between years 2 and 5 ($F=1.494$, $p=0.210$ for right, and $F=1.605$, $p=0.226$ for left frontal lobe) or within the total follow-up ($F=1.175$, $p=0.282$ for right and $F=1.431$, $p=0.223$ for left frontal lobe). Conclusions: Over the first two years after the disease onset, patients with early onset psychosis show greater frontal GM loss than expected, with no significant differences afterwards. The first two years of the illness could be a critical period in the evolution of early onset psychosis patients.

M7-04

IMPORTANT FACTORS IN ADHD MANAGEMENT ACROSS THE LIFESPAN

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1. 1.Early detection of ADHD in Preschoolers: results from a study in Navarra and La Rioja

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1. 2.Factors that may predict a good response to pharmacological treatment

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1. 3.Long term effects of medication for ADHD in weight and height in children and adolescents

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1. 4. Important issues the treatment of ADHD in the transition from adolescence to adulthood

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GENERAL SYMPOSIUM-B ABSTRACT

Background. The management of ADHD across the lifespan has several challenges for the clinician: early detection, the decision to treat and how to treat, management of adverse events and partial responders, and transition to early adulthood. In this symposium we will review evidence-based steps that will help the clinician to decide on these challenges.

Method: We will present data from our samples both at the University of Navarra Clinic (UNC) in Pamplona & at Hospital Universitari Vall d'Hebrón in Barcelona (Spain). We will present the results on an epidemiological screening study of possible ADHD in preschoolers in La Rioja and Navarra; on potential predicting factor of treatment response; on the effects of treatment on height and weight, and on key issues on the transition from adolescence to adulthood

Results: We found a prevalence of possible ADHD in 3.8% of preschoolers ages 3 to <7 in our epidemiological study. We found some clinical factors (absence of comorbidity with ODD or Depression, and low scores in "forgetful" and "is spiteful and vindictive" ADHD-RS items) but very few neuropsychological factors (higher WISC-IV total score) associated with good response to ADHD treatment. In our sample of children with ADHD (N=342 ages 6-18) treated with methylphenidate at the UNC for 27 (14 to 41) months, with a minimum of 1 month, and a maximum of 129 months, weight and BMI decrease slightly, and height is only affected by treatment if it was started before age 12. Children who started treatment younger or were taking higher doses, showed greater impact in height. Finally, early life stress factors were relevant to the transition of ADHD to adulthood and several clinical factors are associated to substance use disorders in adulthood.

Conclusion: There are evolving challenges in the treatment of ADHD that need to be predicted and addressed as they appear. Early detection and treatment, treatment response, medication adverse events management, and transition to adulthood are some of these challenges.

Detailed Abstracts of each talk.

Talk 1 Marín-Méndez et al.

M7-04-01

EARLY DETECTION OF ADHD IN PRESCHOOLERS: RESULTS FOR A STUDY IN NAVARRA AND LA RIOJA.

Juan J. Marín-Mendez¹, M. Cristina Borra-Ruiz², M. José Álvarez-Gómez³, César Soutullo¹
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Objective: Attention Deficit Hyperactivity Disorder (ADHD) is a neurodevelopmental disorder usually first diagnosed in school-age children (>6 years old). Because of this, the studies about ADHD are mainly focused in ages between 7-18 years old, but symptoms frequently start in preschoolers. There are few tools adapted to preschoolers and therefore few studies about this field. The goal is to estimate the prevalence of ADHD in a Spanish population of preschool children, and to standardize the ADHD Rating Scale-IV Preschool Version (ADHD-RS-IV) in Spanish language for boys and girls.

Methods: This sample of children 3 to <7 years old from Navarra & La Rioja was stratified and randomized. Both teachers and parents filled the ADHD-RS-IV-Preschool version. We chose the 93rd percentile in the ADHD-RS-IV in inattention, hyperactivity/impulsivity and total score as

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threshold cut-off points for "at risk for ADHD". Parents also answered the Strengths and Difficulties Questionnaire (SDQ) and provided data about paediatric clinical history.

Results: We evaluated 1,426 children (49.7% males) in schools in the Spanish regions of Navarra and La Rioja; average age 4.7 (IC95% 4.65-4.74) years old. Prevalence of "at risk for ADHD" was 3.8% (IC95% 2.7-4.8). Logistic regression analyses indicated significantly correlated with "at risk for ADHD": ADHD family history (OR=3.00 IC95% 1.30-6.91) and difficulties with fine motor skills (OR=3.46 IC95% 1.16-10.31).

Conclusions: ADHD prevalence in preschool children in our two regions is similar to that published internationally (3.8% (IC95% 2.7-4.8)). A family history of ADHD was a risk factor associated with suspected ADHD in our preschool sample. Early intervention directed to preschooler could be important in prevention and evolution of ADHD at later ages.

M7-04-02

FACTORS THAT MAY PREDICT A GOOD RESPONSE TO PHARMACOLOGICAL TREATMENT.

Pilar de Castro-Manglano, María Vallejo-Valdivielso, Azucena Díez-Suárez, Ana Figueroa-Quintana, César Soutullo

Objective. To review the clinical characteristics, course and treatment response of children with ADHD in our Outpatient Clinics 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 re-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.

M7-04-03

LONG TERM EFFECTS OF MEDICATION FOR ADHD IN WEIGHT AND HEIGHT IN CHILDREN AND ADOLESCENTS

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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.

Method: 342 patients (6-18 y.o.) with ADHD, treated with methylphenidate in the Child and Adolescent Psychiatry Unit, University Hospital of Navarre, are included in an observational longitudinal study. Weight, Height and BMI-Z scores are measured at baseline and at last follow-up.

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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.

M7-04-04

IMPORTANT ISSUES THE TREATMENT OF ADHD IN THE TRANSITION FROM ADOLESCENCE TO ADULTHOOD

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Background. ADHD is a chronic disorder that persists in adulthood in more than 50% of children with ADHD. Due to this, it is important to study clinical factors that can be associated to persistence of ADHD across the lifespan and clinical aspects that can modulate treatment during adulthood.

Method: The talk will present the results of a large sample of patients with persistent ADHD from the Hospital Universitari Vall d'Hebron in Barcelona. Comparison between ADHD adults with ($n = 236$) and without lifetime SUD ($n = 309$) regarding clinical characteristics of ADHD, externalization disorders, temperamental traits, environmental factors, academic history and family psychiatric history; secondly, ADHD subjects were compared to a non-ADHD group ($n = 177$) concerning those variables.

Results: The results of this study suggest a specific association between ADHD, SUD and early-age conditions, namely, ADHD subtype, CD and ODD comorbidity, temper characteristics ("fearful", "accident prone"), "sexual abuse", "be suspended from school" and family history of ADHD[4]. Finally, we found an interaction between genetics factors and early life stress factors than can be relevant to the transition of ADHD to adulthood.

Conclusion: Findings suggest a significant association between ADHD, SUD and early-age conditions, such as CD and ODD comorbidity; other variables from childhood, namely, ADHD subtype, temper characteristics ("fearful", "accident prone"), "sexual abuse", "be suspended from school" and family history of ADHD are associated to SUD in ADHD subjects, but not in non-ADHD subjects. Moreover, this study confirms both the higher prevalence of lifetime SUD and greater professional, social and personal impairment in ADHD subjects than in non-ADHD subjects. The assessment of early life stress factors can help clinician to manage ADHD across lifespan.

M7-05

22Q11.2 DELETION SYNDROME AS A FRAMEWORK TO BETTER UNDERSTAND THE DEVELOPMENT OF PSYCHOSIS

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University Of Geneva; Tel Aviv University; Paediatric Hospital Bambino Gesù; Universidad De La Rioja

16th International congress of ESCAP 2013 – 20-24 June 2015, Madrid

Proposed symposium

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Title

22q11.2 deletion syndrome as a framework to better understand the development of psychosis

Members

Symposium members: Stephan Eliez, M.D., University of Geneva, Switzerland
Doron Gothelf, M.D., University of Tel Aviv, Israel
Marco Armando, M.D., Paediatric Hospital Bambino Gesù, Italy
Eduardo Fonseca-Pedrero, Ph.D., Universidad de la Rioja, Spain
Maude Schneider, Ph.D., University of Geneva, Switzerland

Keywords

schizophrenia; 22q11.2 deletion syndrome; psychosis; genetic

Symposium overview

22q11.2 deletion syndrome (22q11.2DS) is one of the highest known risk factors for the development of psychosis, as up to 35% of adults are diagnosed with a schizophrenia spectrum disorder (Schneider et al., 2014). Recent conceptualizations argue in favour of a clinical staging model in order to better understand the vulnerability factors involved in the development of psychosis in the general population (McGorry et al., 2010). Since the 22q11.2 deletion syndrome is often diagnosed at birth or early during childhood, it represents an ideal condition to examine the clinical staging model and explore the developmental trajectories of individuals prior to the onset of psychosis.

In the proposed symposium, we wish to characterize risk for psychosis along a continuum of illness progression and chronicity. The first presentation aims at exploring schizotypal manifestations in the context of the 22q11.2DS, which represent one of the earliest stages of psychotic expression (E. Fonseca-Pedrero). The second and third presentations seek to characterize the ultra-high risk (UHR) state in individuals with 22q11.2DS and compare its clinical expression with other populations such as individuals with Williams Syndrome (D. Gothelf) or UHR individuals without the 22q11.2DS (M. Armando). Finally, the fourth and fifth presentations explore the cognitive and structural brain abnormalities in 22q11.2DS that may confer a risk for the development of schizophrenia (S. Eliez and M. Schneider).

M7-05-01

ATYPICAL TRAJECTORIES OF STRUCTURAL AND FUNCTIONAL CONNECTIVITY IN 22Q11.2 DELETION SYNDROME: RELEVANCE FOR SCHIZOPHRENIA?

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Objective

22q11.2DS is associated with an increased risk for schizophrenia spectrum disorders. Current conceptualizations suggest that schizophrenia results from abnormal connectivity between brain regions (i.e. the “disconnection hypothesis”). The present study aims at examining the integrity of functional connectivity in the whole brain in individuals with 22q11.2DS. In a second step, we examined more specifically the structural and functional integrity of the default-mode network (DMN), which is particularly active in the absence of cognitive tasks and is involved in self-

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referential functions. Alterations of this network represent a promising endophenotype for psychiatric disease, especially schizophrenia.

Methods

41 participants with 22q11.2DS aged between 8 and 28 years old (mean age=17.1±5.3; 17 males) and 42 typically developing controls undertook three different MRI sequences: a high-resolution T1-weighted sequence, a DTI and an 8 minutes resting-state fMRI sequence. For whole brain analyses, the fMRI signal was examined in 90 regions of interest. Pairwise Pearson correlations between the regions were used as measures of functional connectivity. In order to examine the functional and structural connectivity within the DMN, subject-specific regions of interest were determined based on an independent component analysis (ICA).

Results

Whole-brain analyses revealed that individuals with 22q11.2DS displayed altered modularity partition in the posterior visual network and in the frontal lobe including dysconnectivity of medial, dorsolateral and orbitofrontal regions. Cross sectional analyses indicated that visual, parietal and medial frontal alterations were already present in children and adolescents, whereas the dysconnectivity of the dorso-lateral prefrontal cortex was a characteristic of the adult group.

Furthermore, we observed that structural connectivity in the DMN was preserved in children and adolescents affected by the 22q11.2DS whereas, in the group of adults, the mean number of tracts and the mean connectivity value were significantly reduced in two different networks: an anterior-posterior DMN network and an anterior DMN - left inferior parietal lobule network.

Conclusions

This study suggests that the development of functional and structural connectivity is atypical in individuals with 22q11.2DS. Whole-brain functional connectivity analyses suggest that 22q11.2DS is characterized by an altered development of frontal connectivity with age. More specific analyses within the DMN indicate that structural dysconnectivity in specific white matter tracts increases with age in individuals with the syndrome. Relevance of these results for the development of schizophrenia will be discussed in the oral presentation.

Key words: 22q11.2 deletion syndrome; connectivity; schizophrenia

**M7-05-02
NEURODEVELOPMENTAL RISK FACTORS FOR PSYCHOSIS IN 22Q11.2 DELETION SYNDROME AND THEIR TREATMENT**

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Background: The 22q11.2 deletion syndrome (22q11.2DS) and Williams syndrome (WS) are two common microdeletion syndromes with phenotypic similarities in the psychiatric and physical comorbidities and cognitive deficits. Yet, 22q11.2DS and not WS, is associated with high rates of schizophrenia-like psychotic disorder. The aim of our longitudinal study is to identify the phenotypic markers that are unique to 22q11.2DS and those that are associated with 22q11.2DS psychosis-risk. We will also present data on the effectiveness and safety of psychotropic medications in 22q11.2DS.

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Methods: The genotype and phenotype of a cohort of 100 children and young adults with 22q11DS and 50 with WS have been studied longitudinally during the last decade. Comprehensive developmental (e.g., coding analysis of structured mother child-interactions), medical, neurocognitive (the cognitive neurobattery, CNB) and neuropsychiatric evaluations (e.g., Structured Interview for Prodromal Syndromes, SIPS) have been conducted. The effectiveness of psychotropic medications was assessed using standardized scales.

Results: In comparison to children with WS, individuals with 22q11.2DS were found to be more shy, expressed less positive emotions towards their mothers and exhibited lower levels of dyadic reciprocity. The catechol-o-methyltransferase (COMT) was associated with mother-child interaction abnormalities in 22q11.2DS. Adolescents and young adults with 22q11.2DS, compared to WS, exhibited face memory deficits and higher rates of negative symptoms compared to WS. Predictors for the evolution of psychosis in 22q11.2DS included history of preterm delivery, hypocalcemia, shyness and decrease in verbal IQ. Of our entire cohort 10% have been treated with antipsychotics (mainly risperidone and olanzapine) for a psychotic disorder and 11% have been treated with antidepressants (mainly fluoxetine) for anxiety and depressive disorders. We observed, ~50% response rate based on the Clinical Global Impression-Improvement scores, in individuals with 22q11.2DS treated with antipsychotic or antidepressant medications. Adverse events were similar in types and rates to those reported in non-22q11.2 individuals treated with antipsychotics or antidepressants.

Conclusions: The 22q11.2DS has a unique neurophenotype, including high rates of psychosis, which are beyond the nonspecific characteristics of developmental disabilities. The psychosis in 22q11.2DS is a neurodevelopmental process with aberrant developmental trajectories evident since preterm and progressing along childhood and adolescence. Common standard psychotropic medications seem to be safe in individuals with 22q11.2DS.

Key words: 22q11.2 deletion syndrome, risk factors, treatment, psychotropic medications

M7-05-03

ADOLESCENTS AT ULTRA-HIGH RISK FOR PSYCHOSIS WITH AND WITHOUT 22Q11 DELETION SYNDROME: A COMPARISON OF PRODROMAL PSYCHOTIC SYMPTOMS AND GENERAL FUNCTIONING

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Objective: Genetic syndromes related to psychosis have become increasingly important for exploring the trajectory that leads to a psychotic onset. Among these genetic syndromes, a very significant opportunity for mapping earlier phases of the trajectory can be found in 22q11.2 deletion syndrome (22q11DS). Comparative studies have shown that schizophrenic disorder in 22q11DS largely resembles schizophrenia in the general population. Nevertheless, only few studies have investigated the features of prodromal symptoms in patients with 22q11DS. The aim of the present study was to investigate differences and similarities between two samples of 22q11DS clinically at risk for psychotic onset (UHR+22q11DS group) and patients at clinical high risk for psychotic onset (UHR group).

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Method: The study was conducted on a sample of 30 individuals with 22q11DS at UHR of psychosis (UHR+22q11DS) and 80 individuals at UHR of psychosis but without 22q11DS (UHR). The two groups were compared in terms of positive, negative and depressive symptoms, level of general functioning and IQ. Analyses were conducted using independent t-test and chi-square. Individual z-scores were considered as a measure of dispersion.

Results: There was a significant group difference in negative symptoms, but no significant differences were found positive, global and total symptoms. The UHR+22q11DS group showed lower level of general functioning. Moreover the clinical profile of the UHR+22q11DS group appeared clearly more homogeneous.

Conclusions: These two UHR groups are comparable in terms of severity of positive symptoms which are the core symptoms for a diagnosis of psychotic disorder, even though they may require different attention from a diagnostic and therapeutic point of view.

Key words: 22q11.2 deletion syndrome; Ultra-High Risk; Schizophrenia; Early Intervention

M7-05-04

SCHIZOTYPAL TRAITS IN ADOLESCENTS WITH 22Q11.2 DELETION SYNDROME

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Abstract

Previous studies of children and adolescents with 22q11.2Deletion Syndrome (22q11DS) have observed a heightened frequency of schizophrenia spectrum disorders and symptoms (clinical and subclinical level). From a developmental perspective, we may ask whether schizotypal traits in individuals with 22q11DS are associated to their liability to develop schizophrenia. The main purpose of the present study was to analyze the phenotypic expression of schizotypal traits in 22q112DS during adolescence, and examine potential association to high-risk state indicators and psychotic features over a period of approximately 4 years. The sample encompassed 61 adolescents with 22q11DS (M=14.95, SD = 2.13; 28 boys; 23 subjects at follow-up). An aged-matched control group (N = 61, M =15.44 years, SD =1.76; 28 boys) was also included in the study. Schizotypal traits were assessed using the Schizotypal Personality Questionnaire (SPQ). Interview-based instruments to measure psychotic symptoms, such as the Structured Interview for Prodromal Syndromes, the Positive and Negative Syndrome Scale, and the Brief Psychiatric Rating Scale were used. The results show that schizotypal traits are very common in 22q11DS. In addition, 22q11DS adolescents scored higher than the control group one the negative dimension of the SPQ. The SPQ scores shows adequate psychometric properties, and were highly stable across a 3.6-year interval. Furthermore, schizotypal traits were associated with interview-based ratings of prodromal states and psychotic symptoms. These results may indicate that the liability for psychosis is expressed along a dynamic continuum of adjustment. Further longitudinal studies are required to examine to which extent schizotypal traits could contribute to the prediction of conversion to schizophrenia spectrum disorders in this kind of samples.

Keywords: Schizotypal; Schizotypy; 22q11.2 Deletion Syndrome; Adolescence; risk

M7-05-05

ATYPICAL DEVELOPMENTAL TRAJECTORIES OF VERBAL AND EXECUTIVE FUNCTIONING IN 22Q11.2 DELETION SYNDROME: RELEVANCE FOR THE ONSET OF PSYCHOSIS?

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Objective

22q11.2DS is associated with an increased risk for schizophrenia spectrum disorders. Schizophrenia literature suggests that cognitive deficits are present prior to the onset of the psychotic illness. However, the developmental trajectories of these cognitive deficits is likely to differ according to the cognitive domains (i.e. state or trait cognitive deficits). In the present study, our aim was to examine the developmental trajectories of intellectual and executive functioning in children and adolescents with 22q11.2DS compared to their typically developing peers. We also examined the contribution of psychotic symptoms to the observed findings.

Methods

89 participants with 22q11.2DS and 86 typically developing controls aged between 6 and 16 years were assessed using the WISC-III and various neuropsychological tests assessing executive functioning (inhibition, updating, and processing speed). The participants were assessed between 1 and 4 times, for a total number of 152 and 143 evaluations, respectively. In the 22q11.2DS group, the presence of psychotic symptoms was also assessed at each timepoint during a clinical interview. Between group (22q11.2DS vs. controls) and within group (presence vs. absence of psychotic symptoms/anxiety) differences in the developmental trajectories of cognitive functioning were examined using mixed model regression analyses.

Results

Between group comparisons of the WISC-III raw results suggest that the evolution of visuo-spatial abilities is consistent with a developmental delay in the 22q11.2DS group (no shape but a significant intercept difference). On the opposite, verbal abilities and executive functioning were characterized by an atypical developmental trajectory. Individuals with 22q11.2DS and psychotic symptoms displayed significant differences in the shape of the trajectories for several subtests compared to individuals with 22q11.2DS but without psychotic symptoms. In particular, this was the case for the similarities, arithmetic, vocabulary, and object assembly subtests.

Conclusions

This study suggests that the developmental trajectory of verbal abilities and executive functioning in individuals with 22q11.2DS deviates from the normative group from the beginning of adolescence onwards. This atypical trajectory may be associated with abnormal neural pruning during adolescence, as suggested by previous studies (Schaer et al., 2009). Our data also indicate that individuals with and without psychotic symptoms display distinct trajectories of verbal competences over time, in favour of individuals without psychotic symptoms.

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Key words: 22q11.2 deletion syndrome; cognition; executive functioning; psychotic symptoms

M7-06

TDAH Y COMORBILIDADES FRECUENTES.

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En el presente simposio se presentan diversas comorbilidades asociadas al TDAH como son los problemas del sueño, la obesidad, el síndrome alcohólico fetal y el trastorno bipolar y problemas de disregulación emocional.

M7-06-01

TRASTORNOS DEL SUEÑO Y TDAH

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Los trastornos del sueño en niños y adolescentes son frecuentes y comprenden un amplio abanico que oscila, dependiendo de la percepción de los padres, entre leves variaciones de la normalidad hasta graves problemas que interfieren negativamente en el desarrollo del niño (Rutter y Taylor, 2002). La prevalencia del síndrome de piernas inquietas (SPI) en niños y adolescentes es de 1-2% y de los trastornos respiratorios del sueño de 2-3% (Picchiatti y Picchiatti, 2008). Además, los trastornos del sueño pueden ocasionar problemas de atención e hiperactividad durante el día. De la misma manera la hiperactividad e inquietud durante el día puede producir problemas en el sueño (Rutter y Taylor, 2002).

En la práctica clínica habitual los trastornos del sueño en niños con TDAH son frecuentes e incluyen resistencia a irse a la cama, dificultad para iniciar y mantener el sueño, así como aumento de los movimientos durante el sueño comparándolos con niños sin TDAH (Owens et al., 2009). Disponemos de suficiente evidencia de que el trastorno biológico del sueño más frecuentemente asociado al TDAH es el SPI, afectando a un 26% de pacientes con TDAH (Picchiatti y Picchiatti, 2008). El SPI puede producir fragmentación del sueño influyendo en la calidad de éste y conllevar un inadecuado descanso nocturno, con importante repercusión. Una de las causas secundarias más frecuentes del SPI son los niveles bajos de ferritina en plasma, (Oner et al., 2007; Gozal y Kheirandish-Gozal, 2009).

Se repasarán lo principales trastornos del sueño asociados al TDAH en niños y adolescentes. Se presentarán los datos de un investigación realizada por los autores en la que se valoraran mediante actigrafía los trastornos del sueño en niños diagnosticados recientemente de TDAH comparado con controles sanos.

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M7-06-02

TDAH Y OBESIDAD

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El trastorno por déficit de atención con hiperactividad y la obesidad son dos trastornos muy frecuentes en la infancia.

Recientemente ha aumentado el interés por la asociación que puedan tener ambos trastornos. Algunos estudios han encontrado una tasa de prevalencia elevada de TDAH en pacientes obesos derivados a tratamiento para perder, correlacionándolo con una forma de comer más impulsiva, hábitos más desorganizados, más atracones y más severos, comportamientos bulímicos y sintomatología depresiva, mayor insatisfacción y frustración que llevan a patrones nutricionales disfuncionales, como comer entre horas, levantarse por la noche a comer algo, atracones, comer en secreto, comer por alteración emocional o comer sin hambre.

Por otro lado, otros estudios aportan resultados en los que pacientes con TDAH presentan unos IMC mayores de lo esperado, tanto en niños como en adultos. Por lo que hay que tener en cuenta la contribución negativa que puede hacer el sobrepeso/obesidad a la evolución de los pacientes en el funcionamiento cognitivo pues hay trabajos en los que se ha encontrado una alteración de las funciones ejecutivas, atención, coordinación visoespacial, motricidad, velocidad de procesamiento y memoria de trabajo.

Ambos trastornos se influyen mutuamente, compartiendo impulsividad, falta de autoregulación, malos hábitos alimenticios y alteraciones en las funciones ejecutivas.

M7-06-03

FETOPATÍA ALCHÓLICA.

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Introducción.

Durante los últimos años se ha prestado una gran atención al papel de la exposición prenatal al alcohol en la producción de una gran variedad de trastornos conocidos como trastornos del espectro alcohólico fetal. Se considera la primera causa prevenible de defectos congénitos y deficiencia mental.

Objetivo.

Realizar una actualización sobre este grupo de trastornos, revisando los aspectos más importantes en cuanto a la neurobiología, los nuevos criterios diagnósticos incluidos en el manual DSM-5 y la prevención y tratamiento, haciendo especial hincapié en las alteraciones cognitivas y conductuales asociadas, así como su asociación al fenómeno de adopción internacional.

Desarrollo.

Las alteraciones del neurodesarrollo comprenden un amplio grupo de trastornos que se asocian al entorno psicosocial en el que se desarrolla el niño, de ahí la importancia del fenómeno de hipoestimulación durante los primeros años de vida en los pacientes adoptados de instituciones de países del este de Europa. Las funciones ejecutivas suelen encontrarse afectadas y la mayoría de los pacientes asocia un trastorno por déficit de atención/hiperactividad, aunque la comorbilidad puede ser muy compleja. Los estudios sobre la eficacia de tratamientos farmacológicos son escasos en esta población.

Conclusión.

Es necesario conocer las manifestaciones clínicas, físicas y cognitivas propias de la exposición intrauterina al alcohol. Las medidas preventivas son eficaces y de vital importancia. Se necesitan estudios aleatorizados controlados con placebo para estimar la eficacia de los psicofármacos.

M7-06-04

TRASTORNO BIPOLAR Y TDAH EN NIÑOS Y ADOLESCENTES

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Antiguamente se creía que la enfermedad bipolar se iniciaba en la edad adulta temprana, y que los niños y adolescentes no sufrían esta enfermedad. Estudios recientes realizados por grupos de investigación independientes indican que los niños y adolescentes también pueden sufrirla. Sin embargo es complicado estudiar determinadas características en la población pediátrica, tales como fenomenología, epidemiología, formas de presentación clínica y respuesta a distintos tratamientos. Son sobre todo controvertidas las formas atípicas de bipolaridad en la edad pediátrica, los cuadros clínicos diagnosticados como enfermedad bipolar no especificada y la continuidad de este diagnóstico en la edad adulta tal y como la enfermedad bipolar se define en la actualidad (AACAP, 2007).

Gran parte de la información disponible sobre esta enfermedad en menores de 18 años proviene de estudios retrospectivos en adultos. Se estima que el 20-40% de los adultos bipolares comenzaron con síntomas afectivos en la infancia (Geller et al., 1997), y el 0,3-0,5% antes de los 10 años (Goodwin et al., 1990).

En el 20% de pacientes con enfermedad bipolar existe un TDAH comórbido. El curso del trastorno bipolar es episódico, siendo patentes de forma más clara los síntomas de TDAH en períodos intercrisis, lo que puede ayudar en el diagnóstico diferencial. Más recientemente, con la inclusión en el DSM-5 del Trastorno de la disregulación emocional, los retos diagnósticos se intensifican, siendo necesario explorar la clínica del paciente de forma detallada y exhaustiva para realizar un buen diagnóstico diferencial (Asherson et al., 2014).

El objetivo de esta ponencia es presentar de forma detallada la sintomatología clínica de los tres trastornos (T.Bipolar, TDAH y T.Disregulación emocional) de acuerdo a la evidencia científica disponible para mejorar las habilidades clínicas y científicas de los profesionales dedicados a tratar a pacientes con estos trastornos.

M7-07-01

ANOREXIA NERVOSA IN ADOLESCENCE: OVERGENERALIZATION IN AUTOBIOGRAPHICAL MEMORY AND DISEASE DURATION.

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ANOREXIA NERVOSA IN ADOLESCENCE: OVERGENERALIZATION IN AUTOBIOGRAPHICAL MEMORY AND DISEASE DURATION.

Background. Autobiographical memory stores the personal history from which the Self is constructed. It is fundamental for the development of one's self-concept in adolescence. Moreover, the capacity to recall personal experiences contributes to social interaction, to emotion regulation and to social problem solving.

In depression, post-traumatic stress disorders, schizophrenia and eating disorders a predominance of overgeneral autobiographical memories was described.

Aim. The purpose of our research is to confirm whether anorexia nervosa in teen-aged may define changes of autobiographical memory and whether this is influenced by the presence of other psychopathological traits and by the disease duration.

Materials and methods. It was considered a sample of 90 adolescents affected by anorexia nervosa, mean age 15.4 years, compared to a group without history of psychiatric disorders, comparable for sex, age and socio-economic family level.

For the analysis of the ability of autobiographical memory was administered the Autobiographical Memory Test of Williams and Broadbent (AMT). It consists in the recalling of

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autobiographical memories in response to 10 emotional cue words, five positive and five negative, selected from the list used in previous research and that have been successful with adolescent clinical population. Moreover, all the subjects filled in the Eating Disorders Interview 3rd edition (EDI-3), the TAS-20 for the evaluation of alexithymia, and the CDI, to disclose depressive traits.

Results. The results have allowed to detect that the anorexic patients, compared to controls, recall more overgeneral memories than specific ones, in response to both positive and negative cues. This pattern tends to increase significantly in relation to the illness duration and is not affected by the presence of depressive symptoms and alexithymia.

Discussion. Subjects with anorexia nervosa tend to suppress or control not only the negative emotions but also the positive ones, allowing us to support that eating disorders are general deficit of emotional regulation that significantly influence the structuring and retrieval of autobiographical memories. Overgeneralization of memories was shown to be correlated with the duration of the disorder: the degree of chronicity seems to have a destructive effect on memory.

Therefore, a relevant dysregulation of emotional processes and the consequent affective disorder might contribute in the lack of a sense of identity in adolescents with AN.

M7-07-02

DISORDERED EATING BEHAVIOURS, EATING DISORDERS AND RELATED RISK AND PROTECTIVE FACTORS: RESULTS FROM THE FIRST EPIDEMIOLOGICAL SURVEY IN AUSTRIA

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Medical University Of Vienna; Ludwig Boltzmann Institute; Ludwig Boltzmann Institute, Ferdinand-porsche-distance University Of Applied Sciences

No representative epidemiological data about prevalence rates of disordered eating behaviours and eating disorders is available for children and adolescents in Austria up to now.

One aim of the MHAT (Mental Health in Austrian Teenagers)-Study was to investigate the prevalence of disordered eating behaviours and eating disorders and related risk and protective factors.

A large population sample of children and adolescents aged 10 to 18 years in Austria was recruited (n=3610, 55% girls). A two stage design was applied. In the screening phase, the SCOFF questionnaire was used to identify disordered eating behaviours. Structured clinical interviews were used to obtain DSM 5 diagnoses in a second phase. Risk and protective factors were also assessed.

Within the screening, 30.9% of girls [95% confidence interval (CI): 28.9; 33.0] and 14.6% of boys [95% CI: 12.9; 16.3] scored above the defined cut-off score of two in the SCOFF. The most prevalent symptoms were "food thoughts" (31.0% females [95%CI: 29.0; 33.0], 23.3% males [95%CI: 21.2; 25.3]) "losing control over food" (31.8% females [95%CI: 29.7; 33.8], 14.1% males [95%CI: 12.4; 15.7]) and "body dissatisfaction" (28.2% females [95%CI: 26.2; 30.1], 11.0% males [95%CI: 9.5; 12.5]). "Weight loss" was slightly, but not significantly, more prevalent in boys (10.5% females [95%CI: 9.2; 11.2], 12.2% males [95%CI: 10.6; 13.8]). The less prevalent symptom was "intentional vomiting" (6.1% females [95%CI: 5.1; 7.2], 5.1% males [CI95%: 4.1; 6.2]).

Identified risk factors were "parent relations and home life" [girls Odds Ratio (OR)=2.9; boys OR=1.6], "school environment" [girls OR=2.7; boys OR=2.2], "social acceptance" [girls OR=2.3; boys OR=2.7], "low socioeconomic status" [girls OR=2.1; boys OR=1.5], "stressful life events" [girls OR=1.5; boys OR=1.7], "experience of violence or abuse" [girls OR=1.8; boys OR=2], "absence of an adult attachment figure" [girls OR=2.0; boys OR=1.8] and "physical

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illness" [girls OR=1.5; boys OR=1.6]. "Social support" [OR=1.8], "absence of a biological parent" [OR=1.3] and "physical" [OR=1.5] or "mental" [OR=1.6] "illness within the family" only affect girls, "migration background" [OR=1.5] only boys.

Our study indicate high prevalence of disordered eating behaviours for adolescents, confirming other studies. Data from the interview phase is currently evaluated and will provide prevalence rates for the following DSM 5 diagnoses: anorexia nervosa, bulimia nervosa, binge eating disorder, pica, rumination, avoidant/restrictive food intake disorder as well as additional risk and protective factors and data on psychiatric and psychotherapeutic health care utilization.

M7-07-03

AUTOAGGRESSIVE BEHAVIOUR AND EATING DISORDERS SYMPTOMS IN REFERRED ADOLESCENTS – DISCONCERTING FINDINGS

Tomac A; Jakovina T; Frgacic T

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Oral presentation proposal

Title: Autoaggressive behaviour and eating disorders symptoms in referred adolescents – disconcerting findings

Authors: Tomac A1, Jakovina T1, Frgacic T2

Affiliation:

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2 Medical student (6th year), School of medicine, University of Zagreb, Salata 3, 10000 Zagreb, Croatia

Summary: We present preliminary results of an ongoing study of psychopathological features of referred adolescents (males N=69, females N=81, 14-18yoa, mean age 16y). Investigation is being conducted after their initial interview with a mental health professional (CAP) with a set of self-reporting questionnaires. Autoaggressive behaviour is present in more than 50% of adolescents. Aberrant attitude and behaviour towards food and eating is prevalent (40%), and is often a method of autoaggressive behaviour (40% are obsessed with food, weight, body image, 20% induces vomiting). Clinical course of disorders in such patients is more complicated and treatment is more demanding compared to adolescents without autoaggressive behaviour. 80% of adolescents stated that they have attempted suicide at least once. The elevated life-time suicide risk associated with self-harm means that finding a way to identify and support undetected cases is crucial. Understanding individual motivation and meaning of autoaggressive behaviour is essential for treatment planning and risk management. Only 20% of them had ever sought help for psychological problems, including for autoaggressive behaviour. This is a warning to mental health professionals on one hand and an opportunity for creating programs and services adapted to local situation on the other.

TUESDAY

T1-01

THE EARLY START DENVER MODEL WITH AUTISM – PART 2: LANGUAGE AND CULTURAL ADAPTATIONS

Chairs: Liliana Ruta & Sally Rogers

General overview

Early identification and intervention in autism spectrum disorders (ASD) is of high importance to maximize the outcomes in individuals with the condition. However effectiveness and sustainability of early detection and intervention programs for ASD are still under debate and cross-cultural stability as well as language and cultural specificity requires further investigation. This symposium, bound to the symposium entitled "Early interventions for children with autism spectrum disorders" aims to add the scientific contribution of three speakers from Euro-Mediterranean countries such as Italy and Israel. Dr. Liliana Ruta will present results from the first integrated program on early detection and Early Start Denver Model (ESDM) intervention in toddlers with ASD in Italy, whilst Dr. Costanza Colombi, will present strengths and challenges of delivering an evidence-based treatment for ASD such as the ESDM in young children within the Italian Public Health System and finally Dr. Tali Gev will discuss about the adaptation of the ESDM model to an existing ASD preschool setting in Israel.

Individual presentations

- -. Costanza Colombi (Autism and Communication Disorders Center [UMACC], University of Michigan): "Feasibility of the Early Start Denver Model (ESDM) within the Italian Public Health System."
- -. Liliana Ruta (Institute of Clinical Physiology, National Research Council of Italy, Messina, Italy; Department of Developmental Neuroscience, Stella Maris Scientific Institute, Pisa, Italy): "Prima Pietra: a research and clinical program on early detection and intervention in Italy"
- -. Tali Gev (Bar-Ilan University, Ramat-Gan, Israel; The Association for Children at Risk, Israel): "Applying The Early Start Denver Model (ESDM) in ASD preschools in Israel – A Pilot Study".

Individual abstracts

T1-01-01

"EFFECTIVENESS AND FEASIBILITY OF THE EARLY START DENVER MODEL (ESDM) INTERVENTION WITHIN THE ITALIAN PUBLIC HEALTH SYSTEM."

Costanza Colombi¹, Giovanni Valeri², Rosamaria Siracusano³, Liliana Ruta^{3,4}, Virginia Cigala³, Antonella Gagliano⁵, Giovanni Pioggia³, Francesca Famà³, Giuseppe Maurizio Arduino⁶, Carlo Calzone⁷, Angela Magazù⁷, A., Filippo Muratori⁴, Annarita Contaldo⁴, Antonio Narzisi⁴, Francesca Faggi⁸, Niccolò Collin⁸, Carla Sogos⁹, and ESDM network.

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Background: Despite the fact that more children than ever are being diagnosed or identified as at-risk for ASD in the first years of life (Lord et al., 2012), and despite strong evidence for the significant impact of early intervention that begins immediately following diagnoses (Koegel et al., 2014), access to developmentally appropriate treatment is quite limited, and this is particularly true for very young children. The Early Start Denver Model (ESDM) Italian Network aims to directly address these challenges by delivering and evaluating a gold-standard treatment for ASD in young children, the Early Start Denver Model (ESDM: Rogers and Dawson, 2010), adapting delivery to meet the needs of the Italian population within the Public Health System.

Objectives: The objective of the ESDM Italian Network is three-fold. First, it aims to develop a model for delivering an evidence-based treatment for ASD in young children within the Italian Public Health System. Second, it aims to train and build capacity with behavioural health provider in the Italian Public System to deliver the intervention in a sustainable way. Third, it aims to reduce parenting stress in caregivers and thereby enhance the resilience of family functioning alongside improvements in child outcomes.

Methods: Participants comprised toddlers and preschoolers diagnosed or identified as at-risk for ASD accessing intervention in 7 Italian Public Child Neuropsychiatry Departments. Autism diagnoses were confirmed with the Autism Diagnostic Observation Schedule, and cognitive abilities were assessed using the Griffiths Developmental Quotient or the Bailey Scales of Development. Children received ESDM treatment delivered by certified therapists or by therapists in training under the supervision of an ESDM trainer. Children received between 2 to 10 hrs of treatment per week for 6-24 months and were assessed at entry, after 6 months, and at the end of the intervention.

Results: Preliminary results show that children are making progress as demonstrated by gains on the ESDM Curriculum Checklist, on the Griffiths Developmental Quotient and on the Bailey Scales of Development. Five therapists are now certified in Italy and other therapists are learning the model as demonstrated by improvements on the ESDM fidelity measure.

Conclusion: Our preliminary results suggest that it is possible to learn and deliver the ESDM intervention within the resources of the Italian Public Health System. Children's progress represents an additional support of ESDM as an effective early intervention model. Establishing the feasibility and the effectiveness of the ESDM in our study represents an important step toward wider access to this evidence-based model outside the United States in a sustainable way. In future, we aim to extend delivery by involving the Italian school system so that the time that children with ASD spend with special education teachers and educators can be maximized by implementing an evidence based ASD specific early intervention.

T1-01-02

"PRIMA PIETRA: A RESEARCH AND CLINICAL PROGRAM ON EARLY DETECTION AND INTERVENTION IN ITALY"

Liliana Ruta^{1,2}CostanzaColombi³, Virginia Cigala¹, Rosamaria Siracusano¹, Maria Boncoddò⁴, Francesca Famà¹, Antonio Narzisi², Giovanni Pioggia¹, Antonella Gagliano⁴, Filippo Muratori¹.

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⁴ University Hospital "AOU G. Martino", Messina, Italy

Background:

Early identification and intervention is highly recommended to improve the outcome in autism spectrum disorders (ASD) (Matson et al., 2012; Dawson, 2008), but early detection and intervention programs for ASD in Italy still represent a clinical challenge.

"Prima Pietra" - developed at the Institute of Clinical Physiology of the National Research Council of Italy c/o the University Hospital "G. Martino" in Messina (Sicily) - is the first study in Italy assessing effectiveness and sustainability of an integrated screening and intervention program for ASD.

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Aspects of adaptation and integration within the Italian culture, cross-cultural stability and cultural specificity were examined as well as factors associated with treatment responsiveness.

Methods:

A web-based population screening was conducted through the pediatricians of the National Health System of the province of Messina (Sicily) during the routine health visits at 18 months, using the M-CHAT checklist (Robins et al., 2001). If a child failed the checklist, the web-based platform alerted via e-mail the research team and a trained psychologist administered the M-CHAT follow-up interview over the phone in order to verify the autism risk in the child. A diagnostic assessment based on the Autism Diagnostic Observation Schedule, Griffith's Developmental Scale, Vineland Adaptive Scale, McArthur Language Test and Child Behaviour Checklist (CBCL) was conducted to those children who were still at risk after the MCHAT phone interview, as well as to all the children aged 18-30 months who were referred to the child psychiatry unit of the University Hospital "G. Martino" in Messina for autism risk.

ESDM intervention was delivered in the research centre by a multidisciplinary team with a staff-child ratio of 1:1 and an intensity of 8-10 hrs/week over a 12 months period. Personalized learning objectives were defined on the basis of each child's ESDM curriculum assessment every 3 months. To ensure fidelity to the ESDM guidelines (Rogers and Dawson 2010) all staff members attended an introductory and advanced training and regular supervisions from a certified ESDM trainer. The core staff members reached ESDM fidelity within a year.

N=37 ASD children (34 males and 3 females) aged 18-36 months have been enrolled in the intervention program so far. Outcome measures such as developmental level, language, ASD symptom severity and adaptive skills were measured every 3 months using the same assessment battery as at baseline. N=30 children completed the 6 months follow-up and n=15 children completed the 12 months intervention and quit the program.

Results:

A total of n=1146 children from the pediatric population of the province of Messina were screened through the web-based MCHAT and n=76 children failed the MCHAT checklist. At the follow-up phone interview N=15 children were still at risk of ASD and 7 out of the 15 children confirmed an ASD diagnosis, with a positive predictive value PPV = 0.47.

Results from the ESDM intervention showed significant improvements in cognitive skills and adaptive functioning with gains ranging from 15 to 25 points at the Griffith's Developmental Scale and at the Vineland Adaptive Scale. Receptive and expressive language demonstrated the highest gains with 22 out of 30 children (73%) who developed at least single word communication after 6 months of ESDM intervention.

Conclusions:

We presented the first study investigating adaptation and integration of an early screening program and an evidence-based early behavioural intervention, such as the ESDM, within the Italian culture. Evidence from the web-based screening program on a low-risk population in Sicily demonstrated that the M-CHAT can be adapted and implemented in the context of the public health system and presents a good cross-cultural stability to detect early young children at risk for ASD in a pediatric setting. Furthermore, consistently with the other ESDM studies conducted in different cultural and delivery settings, ESDM intervention in our Italian cohort demonstrated significant efficacy in promoting language, development and adaptive skills, suggesting that even relatively intensive implementation of behaviourally based early intervention programs such as the ESDM ensure a significant improvement in toddlers with ASD.

T1-01-03

APPLYING THE EARLY START DENVER MODEL (ESDM) IN ASD PRESCHOOLS IN ISRAEL – A PILOT STUDY

TaliGev, PhD1, 2; Yana Gavrilov-Sinai, MA1; Ofer Golan, PhD1, 2; IritMor-Snir, M. D.2

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2The Association for Children at Risk, Israel

Background:

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The Early Start Denver Model was previously shown to be effective as an intensive home-based intervention (Dawson et al., 2010). However, in Israel, the majority of young children diagnosed with ASD attend Autism daycares and preschools, funded by the ministries of Health and Education. It is therefore of high importance to assess the efficacy of the ESDM when applied in this setting. Recent attempts to implement this model in a preschool setting have shown encouraging results in terms of developmental gains made by children receiving the intervention, and the overall feasibility and practicality of the program (Vivanti et al., 2014).

The current pilot-study presents an adaptation of the ESDM model to an existing ASD preschool setting in Israel.

Methods:

The intervention includes 12 children (aged 3:00-3:09) from three ASD preschools, and is comprised of 2 hours/week of individual ESDM-based sessions with a therapist training and a weekly parent-child "live-training" 1-hour session. Integration of the ESDM-based intervention in the daily preschool routine included presentation of the model, the curriculum and learning objectives to the therapeutic and educational staff, and an ongoing demonstration of teaching techniques at various contexts (1:1 sessions, group activities, playground, mealtimes etc).

Results:

Changes in children's social-communication and adaptive behaviour skills will be measured after 5 months of intervention.

Conclusions:

Preliminary findings will be presented and conclusions regarding the incorporation of the ESDM in an existing preschool setting will be discussed.

T1-02

ADOLESCENT CONDUCT DISORDER: FIRST RESULTS OF THE FEMNAT-CD CONSORTIUM

Freitag C; Stadler C

Goethe University Hospital Frankfurt Am Main; University Hospital Basel

Chairs: Christine M. Freitag (Frankfurt am Main), Christina Stadler (Basel)

Bernhard A, Brauer A, Ackermann C, Schwenck C, Freitag CM (Frankfurt am Main): Comorbid psychiatric disorders in female and male adolescents with CD

Kerstin Konrad (Aachen): Neuropsychological data associated with emotional regulation in adolescent conduct disorder

Oldenhoff H, Nauta-Jansen L, Popma A (Amsterdam): Physiological parameters in relation to conduct disorder in girls: preliminary results from the FemNAT-CD study

Stadler C(Basel): Mindfulness, stress tolerance and emotion regulation: A psychotherapeutic Approach for Female Adolescents with Conduct Disorder

The symposium presents first results of the multi-centric, EU-funded consortium "FemNAT-CD", which aims at studying the phenomenology and underlying neurobiology of female adolescent conduct disorder. CD is one of the most common reasons for referral to Child and Adolescent Mental Health Services and has a highly negative impact on the affected individual as well as their families, teachers, and society. It is one of the major reasons for school dropout and affects approximately 15% of all adolescents in Europe. Although the number of females exhibiting serious aggressive behaviours is growing, the majority of studies on biomarkers, neurocognitive phenotypes, and therapeutic treatment of CD have focused on male subjects only, despite strong evidence for a differential aetiology of female CD. As a consequence, female CD remains a highly neglected research area resulting in a significant gap of knowledge on neurobiological mechanisms underlying the development of the disorder in females leading to an absence of sex-specific targets for prevention and intervention. Over the last decades the prevalence of CD characterized by aggressive and antisocial behaviours violating the rights of others and societal rules (DSM-IV TR, ICD-10) has increased in the western industrialized

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world. European and North American studies have reported a prevalence of CD of around 1-3% in girls and 2-5% in boys, with rates increasing during puberty. Conduct problems (including subclinical symptoms) are observed in approximately 14% of girls and 16% of boys in Europe. Here, we present first results on psychiatric comorbid disorders, neurocognitive and neurophysiological findings in female versus male adolescents with CD. In addition, we present a new psychotherapeutic approach for female adolescents with ODD and CD, which will be studied within the FemNAT-CD consortium.

T1-02-01

COMORBID PSYCHIATRIC DISORDERS IN FEMALE AND MALE ADOLESCENTS WITH CD

Freitag CM, Bernhard A, Brauer A, Ackermann C, Schwenck C, & FemNAT-CD consortium (Frankfurt am Main)

Background: The rate of comorbid psychiatric disorders in adolescents with CD is high. CD and CD symptoms are highly correlated with symptoms and diagnoses of oppositional defiant disorder (ODD), attention deficit-hyperactivity disorder (ADHD), substance use disorder (SUD), anxiety and depressive disorders, and post-traumatic stress disorder (PTSD). In adolescent females with CD, especially a high rate of comorbid anxiety and depressive disorders accompanied by mood swings, emotional instability and reactive aggression (RA) has been described. Furthermore, the rate of PTSD, the number of traumatic events, and the numbers of suicides are increased in females compared to males with a history of CD. The aim of the present study is to differentially describe the rate of comorbid psychiatric disorders in female and male adolescents with CD, explore age-of-onset and age related effects as well as correlation with reactive or instrumental aggression and callous-unemotional traits.

Methods: Age and IQ matched female and male adolescents with CD aged 9 -18 years old are included into this preliminary analysis. History of and current psychiatric disorders are assessed by the K-SADS-PL, a structured interview with primary caregiver and offspring. Reactive and intentional aggression is measured by the Reactive/Proactive Questionnaire (RPQ), and callous-unemotional traits by the Inventory of Callous-Unemotional Traits (ICU).

Results: Preliminary results show a higher rate of mood disorders and PTSD in females with CD compared to males. Rates of ADHD are similar. Age and IQ are not related to rate of comorbid psychiatric disorders. ICU traits are comparable in females and males with CD, and high CU traits are associated with a lower rate of mood disorders in females with CD.

Conclusions: Our preliminary results show a differential pattern of comorbid psychiatric disorders in females and males with CD. This information is relevant for the development of gender specific prevention and therapy approaches.

T1-02-02

NEUROPSYCHOLOGICAL DATA ASSOCIATED WITH EMOTIONAL REGULATION IN ADOLESCENT CONDUCT DISORDER

Kerstin Konrad, Gregor Kohls, Beate Herpertz-Dahlmann, & FemNAT-CD consortium (Aachen)

Background: Successful accomplishment of the developmental tasks of childhood and adolescence requires emotion regulation, and the ability to adequately process and regulate emotions plays an important role in both healthy adjustment and mental health problems. Subjects with Conduct Disorder (CD) show impaired emotional processing abilities, however still little is known about the exact neurocognitive patterns of emotion dysregulation and the influence of gender, comorbidities, history of trauma, or psychopathic trait on emotional processing in paediatric CD. Thus, the aim of the present study is to investigate emotional recognition, emotional regulation, and the ability to learn from aversive experiences (passive avoidance learning) in a large sample of children and adolescents with CD who are carefully characterized with respect to their medical history and current and past psychopathology.

Methods: First data from 160 cases with CD and age-, sex- and IQ-matched controls aged 9 -18 years are included into this preliminary analysis. Three computerized emotional processing tasks are applied to all participants. Emotion regulation is assessed by the Emotional Go/ Nogo task and emotional recognition by the Emotional Hexagon task, testing the ability to identify facial expressions, such as anger, sadness or disgust. Emotional Learning is measured by a

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short passive avoidance learning paradigm. In addition, IQ, trauma history, current and past psychopathology and callous-unemotional traits are assessed across all subjects.

Results: Preliminary analyses show impaired recognition of sadness, anger and disgust as well as impaired cognitive and emotional control in CD cases compared to unaffected controls. Subjects with CD also made significantly more commission errors during the late learning phase in the passive avoidance task indicating impaired learning from aversive experiences. So far, no gender differences could be detected. Effects of trauma history, comorbidities and CU traits will be further analysed.

Conclusions: These preliminary results demonstrate the complex nature of emotional processing deficits in subjects with CD. Identifying specific associations between clinical symptoms and emotional processing deficits might help to delineate distinct developmental pathways to paediatric CD which are relevant for more individualized treatment options.

T1-02-03

PHYSIOLOGICAL PARAMETERS IN RELATION TO CONDUCT DISORDER IN GIRLS: PRELIMINARY RESULTS FROM THE FEMNAT-CD STUDY

Oldenhoff H, Nauta-Jansen L, Popma A, & FemNAT-CD consortium (Amsterdam)

Background: The autonomic nervous system (ANS) is one of the most extensively studied biological systems in relation to antisocial behaviour. Peripheral ANS parameters include heart rate (HR) and heart rate variability (HRV). Changes in ANS activity may serve both as a biomarker for psychopathology and as an indicator of treatment response, further supporting the clinical relevance of investigating ANS activity. Several authors have now proposed integrative models for ANS activity in relation to psychopathology in general and aggression specifically. These models stress the need to investigate multiple ANS parameters under both resting conditions and during task performance to capture the complex interplay of these parameters during emotion regulation. With respect to low autonomic (re)activity, as reflected in low resting HR and low HR during stress, there is an extensive literature reporting relationships between these measures and antisocial behaviour in boys and, to a lesser extent, in girls. Notably, some studies have observed increased, instead of reduced, autonomic functioning in aggressive girls. This pattern may be explained by true sex differences or by CD girls showing higher rates of internalizing comorbidity and reactive aggression (RA), while scoring lower on instrumental aggression (IA) and callous-unemotional (CU) traits. In this respect, vagally controlled heart rate variability (HRV) is also a relevant parameter of arousal. It is thought to reflect prefrontal cortical function, with low HRV being related to poor top-down control of emotion regulation and deficient adaptation to stressful stimuli. Therefore, we hypothesize that distinct profiles of ANS functioning can be observed in individuals with CD, showing patterns of low autonomic (re)activity (HR) compared to controls. We expect similar findings for females and males with CD. In addition, we hypothesize that low HRV and high HR relate specifically to RA and internalizing co-morbidity, while high HRV and low HR are specifically associated with IA and CU-traits.

Methods: ANS parameters are obtained using the VU-Ambulatory Monitoring System (VU-AMS). Basal ANS parameters are measured during a 4-minute resting protocol. ANS reactivity is measured during a countdown task and while watching an emotion evoking film clip. Reactive and intentional aggression is measured by the Reactive/Proactive Questionnaire (RPQ), and callous-unemotional traits by the Inventory of Callous-Unemotional Traits (ICU).

Results: Preliminary results will be presented on HR and HRV in CD girls versus controls as well as CD girls versus CD boys. Furthermore we will present correlations between RA, IA, and CU-traits and HR and HRV.

Conclusions: Clinical implications of these preliminary findings will be discussed. Differential autonomic functioning in subgroups of CD girls, for example those showing higher HR levels and lower HRV in relation to reactive aggression and internalizing problems, may inform clinician to first focus on emotion regulation skills in these individuals before addressing antisocial cognitions.

T1-02-04

MINDFULNESS, STRESS TOLERANCE AND EMOTION REGULATION: A PSYCHOTHERAPEUTIC APPROACH FOR FEMALE ADOLESCENTS WITH CONDUCT DISORDER

Kersten L, Stadler C, & FemNAT-CD WP7 (Basel)

Background: Adolescents with conduct disorder (CD) frequently suffer from high impulsivity, violent outbreaks, low stress tolerance, reduced emotion regulation skills, and few positive relationships. Without professional help, many adolescents and adults with CD stay in community or correctional systems. Effective and directed treatment programs are needed in order to prevent crises caused by the disruptive or violent behaviour of the adolescent with CD to ensure that these individuals receive adequate care. The aim of the present study was to conduct an evaluation of a skills program specifically designed for inmates with behavioural disorders.

Method: The study used a retrospective cohort design utilizing linked administrative data maintained by the Connecticut Department of Correction and Correctional Managed Health Care at the University of Connecticut. Descriptive statistics and generalized estimating equations with negative binomial distribution regression analyses were used to assess the relationship between program participation and behaviour over time (N=967 participants).

Results: Number of sessions attended was negatively associated with disciplinary actions. Beginning with baseline each additional session resulted in a 3.5 percent reduction in the average number of disciplinary tickets received across the measured time period. Treatment effects were robust across gender, race/ethnicity, education level, criminal history and psychiatric diagnostic classifications, suggesting that the treatment was beneficial for a great variety of incarcerated adolescents and adults.

Conclusion: START NOW offers a viable and effective treatment for inmates with CD symptoms. It is cost-effective and flexible, thereby responding to the specific needs and problems associated with mental health care within correctional settings.

Since START NOW's core elements and foundation appear to address needs and problems that are often found in female teenagers with CD, the skills program was chosen as the basis for FemNAT-CD work package seven. Materials (facilitator's manual, participant workbooks & practice exercises, training materials) were translated into German and Dutch while modified to specifically target and address the needs of conduct disordered adolescent girls. A current randomized controlled study investigates START NOW's effectiveness.

T1-03

FROM RESEARCH TO CLINICAL PRACTICE: ADOLESCENT AND PREVENTION

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Given the incidence of eating disorders in adolescence, a serious disorder with significant mortality and morbidity, it is not surprising that primary and secondary prevention programs for eating disorders are receiving attention in the scientific literature. In the last years the field of eating disorders prevention has seen a considerable growth despite the minimal resources dedicated to it. Eating disorders programs have developed independently in many countries. The purpose of the symposium is an update on prevention efforts specially on recent surveys in Spain.

T1-03-01

ZARIMA PROGRAM: SECONDARY PREVENTION OF EATING DISORDER AND OVERWEIGHT IN NORTH OF SPAIN

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A two-stage approach was used, which involved the screening with the EAT-26 of a population large sample of 1,846 adolescents aged 12.38 and subsequent semi-structured interviews. During the 2007, 1,846 students seventh-grade in 73 classrooms. in 37 schools of North of Spain. The intervention is financed by F.I.S. PI 05/2533.

Results: A total number of 897 girls (48.6%) and 949 boys (51.4%) participated voluntarily. A 11.00% (95% CI 9.4% to 13.5%) of the girls and a 7.9% (95% CI 6.4% to 9.8%) of the boys were classified at risk of ED (high scorers).

The prevalence rates (DSM-IV) for girls was 1.3% (95%CI: 0.8% to 2.3%) for ED Non Otherwise Specified (EDNOS). Overall ED prevalence in boys was 0.1% (95%CI: 0.0% to 0.6%) for EDNOS. Overall prevalence in adolescents was 0.7% (95%CI: 0.4% to 1.2%) for EDNOS. The prevalence rates (Pc > 85) for girls was 31.4% (95%CI: 28.3% to 34.6%) for Overweight. Overall prevalence in boys was 22.9% (95%CI: 20.3% to 25.8%). Overall prevalence in adolescents was 27.9% (95%CI: 25.0% to 29.2%) for Overweight

The prevalence of ED and Overweight in early adolescents of North of Spain is similar to those reported for other developed countries.

KEY WORD: EA, PRE, MCS

T1-03-02

RANDOMISED CONTROLLED TRIAL: RESULTS AT 12 MONTHS FOLLOW-UP

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Introduction: The ZARIMA programme has proved to be effective when evaluated scientifically (result in a decrease statistically significant in the incidence of eating disorders in intervention group) at the one year follow-up using standardized methods. Objective: Selective prevention of Eating Disorders (ED) in adolescents. Methods: Randomised controlled trial with measurements pre- and post-intervention. Sample: During the 2007, 1,558 students seventh-grade in 29 schools of North of Spain. were randomly assigned to intervention (IG) and control groups (CG). Work was effected with ZARIMA programme. The intervention is financed by F.I.S. PI 05/2533. Results: At baseline in 2007 we studied 1,558 students seventh-grade in 73 classrooms. In IG we studied 84/921, the 9.12% (CI 95% 7.386% to 11.111%), were classified at risk of ED and in CG 92/892, the 10.31% (CI 95% 8.444% to 12.441%). The difference is estimated as 0.012, was not significant. In 2008, at 12-month follow-up, we studied 1,633 students eighth-grade (response rate: 90.1% 2007). In IG 37/825, the 4.48% (CI 95% 3.224% to 6.065%), were classified at risk of ED and in 51/807, the 6.32% (CI 95% 4.791% to 8.161%). The difference is estimated as 0.018, was significant (IC 90% 0,00112 a 0,03568 CONFINT 3.0 PEPI, Abramson and Gahlinger, 1993-99). Conclusion: At 12-month follow-up ED risk decrease in IG (specially in girls) more than in CG. The difference between two population proportions (IG and CG students classified at risk of ED, high scorers EAT-26) was significant.

KEY WORD: EA, PRE, MCS

T1-03-03

DITCA CV PROGRAM: DETECTION AND PREVENTION OF EATING DISORDERS APPLYING NEW TECHNOLOGIES

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Introduction: The DITCA program has proved to be effective when evaluated scientifically

Objective: early detection and prevention of eating disorders in the valencian school population aged 13-15 years.

Method: Double screening using the ChEAT and an on-line diagnostic program, followed by an expert interview for clinical diagnosis. The program was offered to all the schools in the region of Valencia. One year type participate 18,000 pupils eighth-grade (45-50% of the school population). The 8% were classified at risk of ED and 1 % ED DITCA cases. The program is on line with web www.ditca.net.

KEY WORD: EA, PRE, MCS

T1-04

ADOLESCENT FORENSIC RESEARCH IN EUROPE I. AN EFCAP SYMPOSIUM

Van Nieuwenhuizen C; Manetsch M; Schmeck K

Tilburg University; University Of Basel

Symposium overview:

Recidivism and Personality in a Swiss Adolescent Prison Population. Dr. Madleina Manetsch, University of Basel, Switzerland

Criminal recidivism in a delinquent child welfare sample. A longitudinal study. Professor Klaus Schmeck, Kinder- und Jugendpsychiatrische Klinik Universitäre Psychiatrische Kliniken (UPK) Basel, Switzerland

Risk factors in juvenile forensic psychiatric patients: a latent class analysis. Professor dr Chijs van Nieuwenhuizen, Tilburg University, Scientific Center for Care & Welfare (Tranzo), and GGzE Center for child and adolescent psychiatry

Forensic Child and Adolescent Mental Health (FCAMHS) in the United Kingdom : Who is Doing What, Where and How? Dr Nick Hindley, Consultant Child and Adolescent Forensic Psychiatrist, Thames Valley Forensic Child and Adolescent Forensic Mental Health Service, Oxford Health NHS Foundation Trust, Oxford and Oxford University, UK

Abstracts:

T1-04-01

RECIDIVISM AND PERSONALITY IN A SWISS ADOLESCENT PRISON POPULATION

Personality and its possible antisocial trajectories were described as early as the 1940-ies (Cleckley, 1941). Moffitt (1996) examined the antisocial course during childhood and adolescence. Sevecke (2008) showed that a high percentage of juveniles in the prison population are diagnosed with an antisocial personality. Also Kaszynski et al. (2014) found many personality disordered youth in their prison population.

It is well established that an adolescent prison population shows psychopathic traits and high rates of recidivism. Nevertheless, a detailed examination of other aspects of personality could further our understanding in regards to recidivism.

Personality and Character, as described with the Juvenile Temperament and Character Inventory (JTICI) show four temperament and three character aspects. This study examines personality and recidivism of this specific population.

ESCAP 2015 MADRID – ABSTRACTS

Key words:

Developmental trajectories, antisocial development, personality development, recidivism

Authors

Manetsch M, Aebi M, Goth K, Bessler C, Barra S, Plattner B
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T1-04-02

RECIDIVISM OF ADOLESCENTS IN THE SWISS JUVENILE JUSTICE AND CHILD WELFARE SYSTEM

Objective: International studies have revealed that the rate of recidivism in juvenile delinquents is very high, reaching from 45 to more than 80% of the adolescents with a criminal record. Longitudinal studies are necessary to detect predictors of negative outcome so that interventional approaches can be targeted on those factors that increase the risk of recidivism.

Method: A representative sample of 592 adolescents and young adults (402 boys, 190 girls; mean age 16.1 years, SD 3.1) from 64 Swiss residential care institutions for delinquent adolescents was assessed with diagnostic interviews for axis I and II psychopathology and self-rating questionnaires for the screening of traumatization, substance abuse, self-reported delinquency and personality traits. In collaboration with the Swiss Federal Statistical Office we have made a follow-up of the legal status of all participants.

Results: 74.3% of participants had one or more psychiatric disorder, 80 % reported one or more traumatic life event in their history. At follow-up a total of 299 of the 592 participants had a criminal record. In the 3 years after the end of the study 144 (24.3%) had been convicted. 56 of them committed their first crime, 88 recidivated. Recidivism was higher in boys (OR 2.4), in adolescents with externalizing disorders (OR 2.2), and in adolescents with former convictions (OR 4.1) or substance use disorder (OR 3.1). Migration status was not associated with a greater risk of conviction or recidivism.

Conclusion: Delinquent adolescents in residential care show an extensive burden of individual and psychosocial risk factors. To improve the long-term outcome of these adolescents highly intensive treatment approaches that address the special needs of this population are essential.

Keywords: juvenile delinquency, mental disorders, recidivism

Authors

Schmeck K, Jenkel N, Fegert JM, Koelch M, Schmid M. Kinder- und Jugendpsychiatrische Klinik
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T1-04-03

RISK FACTORS IN JUVENILE FORENSIC PSYCHIATRIC PATIENTS: A LATENT CLASS ANALYSIS

There is a substantial amount of research on different aspects of risk factors predicting anti-social behaviour and delinquency. The most prominent risk factors were divided in four domains: the individual, family, peer and school domain. In addition, there are numerous studies on subgroups with different trajectories of antisocial behaviour. However, little is known about patterns of co-occurring risk factors for antisocial behaviour in (delinquent) adolescents. The aim of this study is to distinguish heterogeneous subgroups of juvenile forensic psychiatric patients in order to optimize their treatment and to diminish their problem behaviour. Based on the results of prior studies, subgroups with a different risk profile were expected to be found. In this study several risk factors, divided in four domains, were operationalized for which the Structured Assessment of Violence Risk in Youth (SAVRY), the Juvenile Forensic Profile (FPJ) and file information were used. These risk factors were scored for 276 boys, age 14 to 23 admitted at a youth forensic psychiatric hospital in the Netherlands. Latent Class Analysis was used to identify subgroups.

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Results showed that four classes could be identified. The largest group comprised youngsters with risks in the individual, peers and school domain. A large proportion of youngsters in this class scored high on frequent drug use; they suffered from a conduct disorder or pervasive development disorder. Type of offenses was mainly violent offenses and property offenses without the use of violence. The second largest group consisted of youngsters with risk in all domains. In this class, there was also a large proportion of youngsters that scored high on frequent drug use. Moreover, they suffered from a conduct disorder and one-third of the youngsters class was at risk of the development of cluster B personality traits. Type of offenses was primarily property offenses. The smallest group comprised youngsters with risks in the family domain. They suffered from conduct disorder, ADHD or reactive attachment disorder. About half of this group was never convicted for a criminal offense. Finally, a quarter of the youngsters fitted in a class with risk in the peer domain (severe rejection and lack of a positive, secondary network). They suffered from pervasive development disorders, were convicted for sexual offenses and (mild) violent offenses.

The conclusion is warranted that juvenile forensic psychiatric patients form a heterogeneous group with different patterns of co-occurring risk factors. Treatment should be aimed at the specific risk factors of each subgroup.

Keywords:

Juvenile offenders, latent class analysis, risk factors

Authors:

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T1-04-04

FORENSIC CHILD AND ADOLESCENT MENTAL HEALTH (FCAMHS) IN THE UNITED KINGDOM : WHO IS DOING WHAT, WHERE AND HOW?

Abstract

Introduction: This presentation will focus on the development and distribution of community FCAMHS provision in the UK. It will provide information about the current state of affairs in terms of the organisation, commissioning, functions and geographical distribution of FCAMHS teams and other services working with young people either in the criminal justice system or who present elsewhere with high risk behaviours. It will also outline a series of core functions which can be expected of a comprehensive FCAMHS team.

Background: Considerable focus has been placed on the needs of young people in forensic inpatient settings and the needs of young people in other secure care. This has led to the development of a nationally commissioned in-patient FCAMHS network in the UK. Less attention has been paid to the needs of high risk young people in community settings and the means by which there is coherent linkage and organisation of services for high risk young people with complex needs.

Methods/key points: This paper will present results from external evaluations of a regional FCAMHS service and a national UK survey specifically designed to elicit information about service provision. It will present a validated FCAMHS service model but at the same time will reveal the heterogeneity and patchy nature of current community FCAMHS provision.

Conclusions: A coherent working model for FCAMHS is feasible and has proved practicable. However, nationally, commissioning arrangements and provision are varied and there is little coherence in terms of service planning. There is now an opportunity for development of more coherent national provision for high risk young people in the UK.

ESCAP 2015 MADRID – ABSTRACTS

Keywords: community forensic child and adolescent mental health; service evaluation; service development; high risk young people with complex needs.

Author: Dr Nick Hindley, Consultant Child and Adolescent Forensic Psychiatrist, Thames Valley Forensic Child and Adolescent Forensic Mental Health Service, Oxford Health NHS Foundation Trust, Oxford and Oxford University, UK; email: nick.hindley@oxfordhealth.nhs.uk

Declaration of Interest: none

T1-05

SERVICE GAPS AND POTENTIAL INNOVATIONS FOR YOUTH AND YOUNG ADULTS WITH ADHD: STAKEHOLDER VIEWS AND CASE NOTE EVIDENCE FROM IRELAND AND THE UK

McNicholas F

University College Dublin

Chair& discussant: Prof Fiona McNicholas MD FRCPsych Dip Clin Psychotherapy

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NB PLEASE SEND CORRESPONDENCE RE THIS SYMPOSIUM TO mimi.tatlow@ucd.ie

Symposium Overview:

Attention Deficit Hyperactivity Disorder (ADHD) is one of the most common disorders treated in Child and Adolescent Mental Health Services in many countries, with estimated international childhood prevalence rates of 5%. However, recognition that ADHD persists into adulthood for approximately two-thirds of those diagnosed in childhood is relatively recent and adult ADHD services are underdeveloped. Youth with ADHD transitioning from child services may therefore be particularly vulnerable to service gaps.

This symposium reviews current ADHD-specific service gaps in transitioning from child to adult mental health services in Ireland and UK, drawing on case note review evidence from major Irish and UK studies of child and adolescent mental health service transitions (iTRACK and TRACK). These studies have identified young people with ADHD as being among those least likely to transfer to adult mental health services. Reasons include: (i) non-selection for transfer by child services, (ii) non-acceptance by adult MH services, or (iii) young people themselves refusing transfer to adult services. The symposium will also present the lived experience of youth with ADHD in a disadvantaged urban setting, from the perspective of young people, healthcare workers and clinicians, with recommendations for primary care and other service improvements. Finally, the symposium will review existing evidence for young adult ADHD services, and present an innovative university-based ADHD service model, which may present an alternative to adult services that is more acceptable and potentially less stigmatising to youth.

The symposium hopes to stimulate collaborative efforts from child and adult service providers to develop and evaluate much needed multidimensional adult ADHD services.

Presenters:

1. Title: How big is the ADHD transition gap?: Evidence from the TRACK (UK) and iTRACK (Ireland) case note review studies..

Prof Fiona McNicholas & Prof Swaran Singh

Institutions:

Prof Fiona McNicholas: Department of Child Psychiatry, Our Lady's Hospital for Sick Children, Crumlin, Dublin; Lucena Clinic Dublin; and University College Dublin, Dublin, Ireland

Prof Swaran Singh: Head of Division, Mental Health and Wellbeing, Warwick Medical School, University of Warwick; Honorary Consultant Psychiatrist, Birmingham and Solihull Mental Health Foundation Trust, Birmingham, United Kingdom

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2. Title: Young people with ADHD in socio-economically disadvantaged urban areas: Young people's and healthcare workers' views.

Ms Dorothy Leahy

Institution: Graduate Entry Medical School, University of Limerick, Limerick, Ireland

3. Title: ADHD young adult service innovations: A combined child and adult psychiatry led pilot university-based ADHD service.

Dr Mimi Tatlow-Golden

Institution: School of Medicine and Medical Science, University College Dublin, Dublin, Ireland

T1-05-01

HOW BIG IS THE ADHD TRANSITION GAP?: EVIDENCE FROM THE TRACK (UK) AND ITRACK (IRELAND) CASE NOTE REVIEW STUDIES.

Prof Fiona McNicholas & Prof Swaran Singh

Institutions:

Prof Fiona McNicholas¹, Prof Swaran Singh², +authors

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²Head of Division, Mental Health and Wellbeing, Warwick Medical School, University of Warwick; Honorary Consultant Psychiatrist, Birmingham and Solihull Mental Health Foundation Trust, Birmingham, United Kingdom

Abstract:

Background: Attention Deficit Hyperactivity Disorder (ADHD) is one of the most common disorders treated in CAMHS, with estimated international prevalence at 5%, but recognition that ADHD persists into adulthood for approximately two-thirds is relatively recent, and adult services are underdeveloped. For all conditions, services are at their weakest during transitions from child and adolescent mental health services (CAMHS) to adolescent mental health services (AMHS), but gaps in transition to adult services may be particularly severe for individuals with ADHD.

Aim: This presentation summarises evidence relating to ADHD transitions drawing on case studies from two recent major European case note review studies, iTRACK in Ireland and TRACK in the UK.

Methods: Both studies employed clinical case note review, to identify clinical and socio-demographic details, factors that informed decisions to refer or not refer to AMHS, and ascertain information exchanged between services during transition.

Results: Case notes in both countries identified young people with a diagnosis of ADHD to be among those least likely to be referred and accepted by adult mental health services. Multiple reasons underlie this, including non-acceptance by adult services, non-referral by clinicians in child services, due to perceived lack of further treatment needs, lack of adequate adult services, or a perception by child clinicians that adult services would not accept them. In addition, young people themselves were more likely to refuse transfer to adult services.

In Ireland, participating clinicians identified 62 young people, 19 of whom were diagnosed with ADHD (32%), who had crossed the CAMHS-AMHS transition boundary in 2010; CAMHS clinicians considered 47 (76%) to have on-going MH service need, but just 15 (32%) of these were referred. Young people with ADHD were significantly less likely to transfer to AMHS ($\chi^2(2, 45) = 8.89, p = .01$), and were also significantly more likely to refuse transfer ($\chi^2(2, 45) = 6.81, p = .01, \phi = .44$). Nearly half of cases (45%) with perceived MH need were eventually transferred back to their GP, without assurance that they had the necessary support structures in place.

Similarly, in the UK, case note review found that those with neurodevelopmental disorders including ADHD were among those more likely to fall through the CAMHS-AMHS gap. Case studies from these transition studies will be presented.

Conclusions: Attitudinal factors contribute to the lack of transition from CAMHS to AMHS for young people and individuals with ADHD seem to be disproportionately affected. Closer working collaboration between CAMHS and AMHS will help provide accurate information regarding

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referral criteria; ensure the recognition of the need to develop services for adults with ADHD. On-going qualitative research should be carried out to investigate the high refusal rates among ADHD youth to onward referral.

T1-05-02

YOUNG PEOPLE WITH ADHD IN SOCIO-ECONOMICALLY DISADVANTAGED URBAN AREAS: YOUNG PEOPLE'S AND HEALTHCARE WORKERS' VIEWS.

Authors:

Ms Dorothy Leahy¹, Dr. Elisabeth Schaffalitzky¹, Dr. Claire Armstrong¹, Dr. Linda Latham², Professor Fiona McNicholas³, Professor David Meagher¹, Dr. Yoga Nathan¹, Dr. Ray O'Connor¹, Professor Veronica O'Keane⁴, Dr. Patrick Ryan⁵, Dr. Bobby P. Smyth⁶, Dr. Davina Swan¹, & Professor Walter Cullen³

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Abstract:

Background: In Ireland, evidence to date from clinicians indicates that recognition of persistence of ADHD into young adulthood is mixed and services are very limited. Furthermore, given that ADHD left untreated is often associated with comorbid Substance misuse, often times this diagnosis takes precedence, and ADHD remains untreated and acts to perpetuate the substance misuse. Primary care (with appropriate training and resources) could play a crucial role in identification and management of young people with ADHD. This qualitative study had the overarching aim of examining the role of primary care (with a particular focus on the role of the GP) in providing treatment including early intervention for both ADHD and substance use problems in young people in Ireland.

Aim: The aim of this portion of the study was to explore the lived experience of youth with ADHD in disadvantaged urban settings, from the perspective of young people, healthcare workers and clinicians, with recommendations for service improvement.

Method: Semi-structured interviews were conducted with young people (n=20) and healthcare workers (n=37) from primary care, secondary care and community agencies in two socio-economically disadvantaged areas: Limerick City and Dublin South Inner City.

Findings: In socio-economically disadvantaged areas in Ireland, young adults with ADHD struggle to find appropriate services. It appears that adult psychiatry services in the areas studied do not recognise ADHD as an adult mental health problem. In a number of instances, ADHD diagnosis was linked to drug addiction and criminality. Health care workers in socio-economically disadvantaged areas expressed a range of views: some believed that too many young people were receiving ADHD diagnoses with over reliance on medication, arguing for lifestyle changes instead. Others suggested ADHD diagnosis and appropriate treatment can improve outcomes, as it reframes behaviour within the context of the disorder. Healthcare workers highlighted the need for awareness and training in youth mental health problems among teachers to enable early identification and faster referrals to appropriate services.

Conclusions: In socio-economically disadvantaged areas in Ireland, service options for young adults with ADHD need to be explored including education and supports for GPs and other healthcare workers.

T1-05-03

ADHD YOUNG ADULT SERVICE INNOVATIONS: A COMBINED CHILD AND ADULT PSYCHIATRY-LED PILOT UNIVERSITY-BASED ADHD SERVICE.

Dr Mimi Tatlow-Golden¹, Ms Martha Neary¹, Dr Niamh Farrelly², Dr Udo Reulbach¹, Prof. Fiona McNicholas¹

1: School of Medicine and Medical Science, University College Dublin, Dublin, Ireland

2: Trinity College, Dublin

Abstract:

Background: In Ireland, despite reports of four- to ten-fold increases in the last decade in numbers of students in higher education institutions registered as having ADHD, the numbers remain low. In one university, Trinity College Dublin, which had nearly 17,000 students in 2013 and which has the highest number of disabled students in higher education in Ireland, the numbers of students with ADHD registering with the Disability Service increased from 7 in 2007-8 to 28 in 2010-2011. Young adults with ADHD face particular social, educational and personal challenges in the transition to university. However there is no mandated transition planning in Ireland and young adults with ADHD face service-related challenges including access, and negative attitudes and lack of expertise among healthcare professionals. Furthermore, young adults who do attend AMHS often experience it as stigmatising, designed for meeting the needs of older patients, and excluding of parents/carers. Therefore, models of care other than AMHS may be more suitable for young adults with ADHD attending university, if these are more accessible and less stigmatising. However, compared to studies of ADHD services for children and adolescents, services for young adults with ADHD in higher education settings is less studied.

Aim: This presentation will (i) review existing international evidence for young adult ADHD university based services, and (ii) present initial explorations of an innovative university-based ADHD service model in Ireland, which may be more acceptable and potentially less stigmatising to young adults.

Methods: A systematic literature review of university based ADHD service models will be presented. This supplement semi-structured interviews with clinicians who participated in a pilot service in Trinity College Dublin. This pilot service ran over a 2 year period (July 2012-2014) and involved a child psychiatrist joining the adult psychiatry team half day per week, and jointly running ADHD specific clinics. This clinic used the 'Canadian ADHD Resource Alliance' (CADDRA) practice guidelines for assessment, implementing a multidisciplinary treatment approach including Occupational Therapy, pharmacotherapy and psychological treatment when indicated. Assessment and follow-up data were collected on each case in a systematic manner as per the CADDRA guidelines and will be presented. Semi-structured interviews will be conducted in Jan 2015 to elicit their perspectives. Thematic content analysis (Braun & Clarke, 2005) will be inductive and deductive.

Results: Deductive themes to be explored will be: clinicians' views of barriers and facilitators of this novel service; links to existing student disability support services on campus; feasibility of service, and clinicians' views of student reasons for accessing this service rather than another (e.g., AMHS, GP). Further themes will be identified inductively.

Conclusions: This exploratory qualitative study of clinicians' perspectives, combined with evidence from the literature, will highlight relevant issues in the treatment and assessment of university students with ADHD, inform future development of a university-based pilot study, and assist those who wish to explore non-AMHS service alternatives.

T1-06-01

MANIC SYMPTOMS IN ADOLESCENTS AFTER SEXUAL ASSAULT: PRELIMINARY FINDINGS FROM A LONGITUDINAL STUDY

Villalta Macia L; Khadr S; Clarke V; Viner R; Kramer T

Imperial College London; Ucl; Kings College Hospital Nhs Foundation Trust

Manic symptoms in adolescents after sexual assault: Preliminary findings from a longitudinal study

L Villalta, SN Khadr, V Clarke, RM Viner, T Kramer.

Background: Prevalence of sub-threshold manic symptoms in community adolescents is estimated at 1.1%-1.5%. They have been associated with social impairment and higher rates of psychopathology. In adult Post-traumatic Stress Disorder (PTSD), sub-threshold manic symptoms have been linked with increased lifetime suicidal risk. In adolescents, rates of Bipolar Disorder and Psychotic Disorder increase post-sexual assault (9% to 12%) but studies of sub-threshold symptoms are lacking.

Aim of this study: To determine prevalence, characteristics and social impact of manic symptoms in sexually assaulted adolescents.

Methods: Design: Sub-analysis of a prospective longitudinal cohort study. Population: 13-17 year-olds presenting to a sexual assault centre <6 weeks post-assault. Baseline assessment included socio-demographic data and screening questionnaires: Short Mood and Feelings Questionnaire (depressive symptoms), Self-Report for Childhood Anxiety-Related Disorders (anxiety symptoms) Impact of Events Scale (PTSD symptoms), Strengths and Difficulties Questionnaire (SDQ). Follow-up at 4-6 months post-assault (T1) also included a structured psychiatric diagnostic assessment (DAWBA - DSM-IV Diagnoses).

Results: Data are available for n=94 at baseline and n=60 at T1 (mean[SD] age: 15.16[1.24] years; 96% female). Preliminary baseline characteristics: Those with learning disability or of black ethnicity were over-represented compared to local population (18% vs. 2.5%, and 23% vs. 11%, respectively). 15% had a history of non-consensual sex and 44% were known to social services. 39% had sought mental health help in the previous year. 73% were at high risk for Depressive Disorder, 90% for PTSD and 69% for Anxiety-Related Disorders. Preliminary T1 results: The DAWBA bipolar module was completed by n=49 at T1 (81.7%). Of these, n=26 (53.1%) screened positive for episodes of elevated mood (vs 28% in community adolescents), the majority (24 of 26) reporting sub-threshold symptoms that lasted <4 days. Two of the 49 cases met criteria for Bipolar Disorder (4% vs 0.1% in community adolescents). Median (IQR) SDQ Impairment scores for those with episodes of elevated mood vs those without (n=49) were 3(5) and 1(2) respectively, this difference being statistically significant, U=162.50, p=0.003, r=0.458. Further associations of sub-threshold manic symptoms will be described.

Conclusion: Prevalence of Bipolar Disorder and sub-threshold mood symptoms was increased in sexually assaulted adolescents. Sub-threshold manic symptoms were significantly associated with social impairment.

Keywords: adolescent hypomania, sexual assault.

T1-06-02

ARE ANTIPSYCHOTICS A RISK FACTOR FOR TYPE 2 DIABETES IN YOUTH?

Galling B; Correll C
The Zucker Hillside Hospital

Key Words: Antipsychotics, children, adolescents, diabetes, meta-analysis

Introduction: Second-generation antipsychotics (SGA) are being used increasingly in children and adolescents for a variety of psychiatric disorders. Although there are less neuromotor adverse effects compared to first-generation antipsychotics, cardiometabolic adverse effects and weight gain - both being associated with an increased risk for type 2 diabetes (T2DM) - are more frequent with many SGAs and can start even after brief exposure and at low dosages. As children and adolescents appear to be even more vulnerable for metabolic adverse effects than adults and as in adults a clear link between antipsychotic treatment, impaired glucose tolerance, insulin resistance and the risk of developing T2DM has been shown, concerns about the risk of T2DM in children and adolescents treated with antipsychotics have been rising. However, due to scarce long-term data in youth, the risk for T2DM in pediatric patients receiving antipsychotics is unclear.

Methods: Systematic PubMed/Medline search on 12/15/2014 since database inception and random effects meta-analysis of T2DM of studies with ≥ 20 youth, aged ≤ 24 years, reporting incidences of T2DM in antipsychotic-exposed youth with/without control groups.

Results: Eight studies reported on T2DM development in 65,126 youth exposed to antipsychotics (126,393.89 patient years, mean age=14.2 years, 57.6% male) with/without a psychiatric control group (n=106,218; 353,885 patient years) and/or healthy control group (n=246,843; 874,822.60 patient years).

Antipsychotic-exposed youth had a T2DM incidence/1,000 patients of 0.062 (95% confidence interval (CI)=0.029-0.127, $p < 0.0001$). The incidence/100 patient years was 0.57 (95%CI=0.467-0.689; $p < 0.0001$). Compared to healthy controls, antipsychotic-exposed youth had a significantly greater T2DM incidence (studies=5, odds ratio (OR)=2.421 (95%CI=1.270-4.616, $p < 0.007$), and exposure-adjusted incidence rate ratio (IRR) (studies=5, IRR=2.535, 95%CI=1.158-5.548, $p = 0.019$). Similarly, even compared to psychiatrically ill controls, antipsychotic-exposed youth had significantly higher T2DM incidence (studies=5, OR=2.209; 95%CI=1.252-3.899; $p = 0.006$) and exposure-adjusted IRR (studies=5, IRR=2.003, 95%CI=1.152-3.484, $p = 0.018$).

Conclusion: The distal outcome of T2DM seems to be rare in antipsychotic-exposed youth. However, incidences and IRRs were significantly higher than in healthy and also psychiatric controls.

Nevertheless, long-term studies are scarce and large database studies adjusting for potential confounders and cardiometabolic risk differences are needed. Given the observed T2DM risk, antipsychotics should only be used after lower-risk interventions have failed, and inappropriately low metabolic monitoring must be remedied.

T1-06-03

FIRST PSYCHOTIC BREAK IN ADOLESCENTS: DIFFERENCES BETWEEN AFFECTIVE AND SCHIZOPHRENIFORM DISORDERS.

Barroso C; Sá Carneiro F; Carvalho A; Confraria L; Queirós O

Oporto Hospital Center

Diagnostic predictors in first psychotic break in adolescents:

Differences between affective disorders and schizophreniform disorders

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Introduction and aims:

Diagnosis during the initial stages of first-episode psychosis (FEP) is particularly challenging but early intervention and treatment are crucial to potentially achieving better clinical outcomes, and to alleviate the psychological impact on patients and their families. Diagnostic changes during follow-up are not uncommon with a FEP. This study aimed to identify factors that can aid in a more accurate distinction between symptoms of non-affective psychosis and bipolar disorder.

Methods: This is retrospective cross-sectional study. Subjects included were admitted to a child and adolescent psychiatric unit with first psychotic break, so as their relapses, from January 2009, to November 2014. A structured data sheet was used to collate the data, all files have been reviewed by the investigators. The inclusion criteria where, age under 18, and the presence of psychotic symptoms in a first psychotic break. Any patient admitted at the unit with a suspicion of first psychotic break that was not confirmed at follow-up, was excluded. Data were analysed using the Statistical package for Social Sciences, version 21.0.

Results: 92 patients between 13 and 17 years old were included, 61% of them were male. Symptoms of presentation were assessed. 95% of the sample had delusional activity at time of presentation.

Disturbance of thinking, specifically conceptual disorganization and formal thought disorders were most likely to be seen in the sub-group whose diagnosis was Schizophreniform disorder, compared to the sub-group of affective disorders with psychotic symptoms ($p=0,007$). Persecutory delusional ideas were significantly associated with schizophreniform disorder diagnosis at time of discharge, compared to affective disorders with psychotic symptoms diagnosis ($p=0,009$). Total insomnia was also found to be more frequent in the sub-group of schizoaffective disorders, although values were non-significant ($p=0,08$).

Discussion: Early recognition and intervention is essential to better outcomes in FEP. A better knowledge of the distinctive patterns of presentation of non-affective psychosis versus bipolar disorder can help clinics to target these disorders more accurately, specifically in terms of pharmacological treatment. Recognition of early signs of psychosis can help reduce the duration of untreated psychosis.

Key words: first episode psychosis – premorbid function – psychosocial outcome – prediction

T1-06-04 falta symposium A

T6-01

BREAKING DOWN BARRIERS TO ACCESS EVIDENCE BASED TREATMENT FOR YOUNG PEOPLE WITH OCD

Abstract type: Symposia type B

Thematic area: Clinical Disorders: Other

Authors: Mataix-cols D; Kvale G; Rees C; Lenhard F; Fernandez De La Cruz L

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SYMPOSIUM REGISTRATION NUMBER 43. BREAKING DOWN BARRIERS TO ACCESS EVIDENCE BASED TREATMENT FOR YOUNG PEOPLE WITH OCD.

CHAIR: David Mataix-Cols (david.mataix.cols@ki.se)

Speakers: GerdKvale (Gerd.Kvale@psykp.uib.no), Bjarne Hansen, Clare Rees (C.Rees@curtin.edu.au), Fabian Lenhard (fabian.lenhard@ki.se), Lorena Fernandez de la Cruz (lorena.fernandez.de.la.cruz@ki.se)

OVERVIEW

A substantial proportion of children/adolescents with OCD can be successfully treated with either CBT, the first line treatment for young people with the disorder, or medication. Paradoxically, most patients do not have access to such evidence-based treatment. Numerous barriers exist including, but not limited to, lack of trained therapists, geographical barriers, and ethnic/cultural barriers. This symposium will explore current efforts to address some of these issues. Professor Kvale and Dr Hansen (Bergen, Norway) will present the preliminary results of the nation-wide intensive treatment program currently being rolled out in Norway. Professor Rees (Perth, Australia), will present the results of an open trial testing a novel entirely self-guided internet-delivered CBT program for adolescents with OCD called OCD? Not Me!. Similarly, Fabian Lenhard (Stockholm, Sweden) will present the results of a pilot trial testing clinician-guided Internet-based CBT for adolescents with OCD and the preliminary results of his ongoing randomized controlled trial. Finally, Dr Fernandez de la Cruz (London, UK and Stockholm, Sweden) will present a series of studies examining ethnic inequalities in access to treatment and treatment outcomes of children and adolescents from ethnic minorities.

T6-01-01

BRIEF AND INTENSIVE SMALL-GROUP TREATMENT FOR ADOLESCENTS WITH OCD: PRELIMINARY RESULTS

Eili N. Riise, SolveigHarilaSkjold; Hans Hansen; GerdKvale; and Bjarne Hansen
Helse Bergen OCD-team, Haukeland University Hospital, Bergen, Norway

Exposure and response prevention (ERP) is recognized as the treatment of choice for adolescents suffering from obsessive-compulsive disorder (OCD). This approach has been delivered successfully in a wide range of formats, with individual treatment delivered over 12-14 sessions as the most common. The Bergen OCD-team has developed a concentrated out-patient group format for adults where individually tailored and therapist assisted ERP is delivered during four consecutive days. The results indicate that nearly 80% of the patients are

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recovered six months after treatment, and since the intervention is delivered during four concentrated days, the drop-out is basically non-existent. In the current study, the same approach was applied for adolescents. Fifteen consecutively referred OCD-patients (four female) between 11-17 yrs. of age were included. Mean OCD duration was 2 years and four months. The treatment was delivered as part of standard outpatient health care and delivered in an intensive format with two patients together in a mini-group. The first day consisted of 3 hours of psycho-education, the following two days of therapist-assisted ERP (6 h each day), and the last day of 3 h of summarizing and presenting principles for maintenance. Group leaders were highly experienced OCD-therapists. The three following weeks, patients were encouraged to continue to apply ERP-principles and the made daily recordings of OCD-symptoms. CY-BOCS interviews were performed pre, post and 6 months after the treatment in addition to the following rating scales: OCI-R, CDI, COIS, DOC-SF, GAD-7, PHQ9, WEMWBS. FAS and CGAS were employed pre- and post-treatment. The patients were also asked to evaluate several aspects of the treatment to determine the acceptability of this approach to delivering ERP-treatment. All patients expressed high satisfaction with the treatment. Mean CY-BOCS score pre-treatment was: 28.14 (SD 6.4) and post treatment 8.45 (SD 4.4), which represent highly significant and clinically relevant changes. Data from three months follow-up will be presented. Details of the program and complete results will be presented and discussed. The current concentrated and intensive ERP program seems to be a promising treatment format for adolescents with OCD, and replication is recommended.

Keywords: Exposure and response prevention, adolescents, group format, intensive, obsessive compulsive disorder.

T6-01-02

SELF-GUIDED INTERNET-DELIVERED COGNITIVE-BEHAVIOURAL THERAPY FOR PEDIATRIC OBSESSIVE-COMPULSIVE DISORDER: PRELIMINARY RESULTS FROM AN AUSTRALIAN OPEN TRIAL

A/Prof Clare S. Rees, PhD, Dr Rebecca Anderson, PhD & Amy Finlay-Jones, BA (Hons)
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Pediatric obsessive-compulsive disorder (OCD) is a significant psychiatric condition, affecting 0.5-2% of children and adolescents in the community. Internet-delivered cognitive-behaviour therapy (iCBT) has been shown to be an effective and accessible approach to the treatment of a variety of mental health disorders including OCD. However, relatively less is known about the effectiveness of iCBT for paediatric OCD and how much therapist-support is necessary to achieve significant symptom improvement. In this paper we describe the results of an open trial of a completely self-guided iCBT program for pediatric OCD. OCD? Not Me! is a novel, web-based, self-guided cognitive-behavioural intervention designed to treat obsessive-compulsive disorder (OCD) in young people aged 12-18, using the principles of exposure and response prevention (ERP). Funded by the Australian government, this 8 module intervention was developed in 2013 with data being collected from October 2013- June 2015. The characteristics of the young people recruited into the trial will be described, including comorbidity, severity of obsessions and compulsions and symptom outcomes obtained on the primary outcome measure, the Children's Florida Obsessive Compulsive Inventory (C-FOCI). The results of a multi-level mixed effects linear regression will be presented. As this is the first program of its kind to be evaluated, results will be discussed in terms of the feasibility and impact of fully-automated approaches for the treatment of pediatric OCD.

T6-01-03

THERAPIST-GUIDED, INTERNET-DELIVERED COGNITIVE BEHAVIOUR THERAPY FOR ADOLESCENTS WITH OBSESSIVE-COMPULSIVE DISORDER

Fabian Lenhard, Sarah Vigerland, Erik Andersson, Christian Rück, David Mataix-Cols, Ulrika Thulin, Brjánn Ljótsson, Eva Serlachius
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Cognitive Behaviour Therapy (CBT) is recommended as the first line treatment for pediatric obsessive-compulsive disorder. Yet, a substantial proportion of patients do not have access to treatment. Internet-delivered CBT (ICBT) has been tested for adults with OCD and has the potential to overcome common treatment barriers, such as geographical distances and lack of trained therapists. Still, ICBT for pediatric OCD is understudied and not available in regular health care.

Our group has developed a novel therapist-guided ICBT program for adolescents with OCD, "BiP OCD". The treatment is age-appropriate with interactive exercises, animations and frequent therapist contact via the internet platform. In a first pilot study with N = 21 adolescents with OCD "BiP OCD" has been shown to be an effective intervention with a large effect size of $d = 2.29$ (95% CI 1.5–3.07) on the primary outcome measure CY-BOCS and 76% of patients in remission at 6 month follow-up. Furthermore, a qualitative evaluation of the intervention has been conducted on the acceptability and overall experience of ICBT for young people with OCD. The "BiP OCD" program will be demonstrated as well as the results from our pilot and qualitative study. The protocol of our ongoing randomized controlled trial will be presented, which includes a smartphone application as an extension of ICBT. Future directions of therapist-guided ICBT for pediatric OCD will be discussed.

T6-01-04

CHILDREN FROM ETHNIC MINORITIES WITH OBSESSIVE-COMPULSIVE DISORDER: SERVICE USE INEQUALITIES, REASONS BEHIND THESE INEQUALITIES, AND TREATMENT OUTCOMES

Lorena Fernández de la Cruz, Amita Jassi, Sarah Kolvenbach, Pablo Vidal-Ribas, Marta Llorens, & David Mataix-Cols

King's College London, Institute of Psychiatry, Psychology & Neuroscience, London, UK, and Karolinska Institutet, Stockholm, Sweden

Obsessive-compulsive disorder (OCD) has similar prevalence rates across the World. Within western countries, the prevalence of OCD has shown to be roughly consistent across ethnic groups. Given this, a proportional representation of different ethnic groups would be expected in mental health services for OCD. Unfortunately, this does not seem to be the case. We will present the results of a study that explored the ethnic composition of OCD patients referred to secondary and tertiary clinical services in a large mental health trust in South London, relative to the ethnic composition of the corresponding catchment area. These results showed a severe under-representation of OCD patients from ethnic minorities across clinical services. In a second study, the reasons for this disproportion were investigated in a large sample of parents from different ethnic groups, recruited from the general population. Participants completed a survey enquiring about illness perceptions, help-seeking behaviours, causes, and knowledge about OCD. Ethnic differences were found in several of these domains. Overall, the White group presented as the group with more information about the disorder and more prone to seek help if needed. Given the underutilisation of services and the differences in perceptions and attitudes towards the disorder among the ethnic minorities in relation to the White group, we also wanted to explore whether the phenomenology of OCD symptoms was different between White and non-White youths with OCD, and whether empirically validated treatments are also effective for the minority groups. Our results showed that the clinical presentation was remarkably similar in White and non-White patients and that both groups improved similarly with treatment. In the light of these results, the need to facilitate the development of effective strategies and policies for reducing inequalities in accessing evidence based treatment among ethnic minority groups will be discussed.

T6-02

The assessment of adolescents with a borderline personality disorder: how to assess and what for

Speranza M; Kaess M; Debbané M; Schmeck K

University Of Versailles, France; University Of Heidelberg; University Of Geneva; Psychiatric University Hospitals (upk)

The assessment of adolescents with borderline personality disorder: how to assess and what for

The diagnosis of borderline personality disorder (BPD) in adolescents has been a topic of debate in recent years, with controversial reports concerning its validity and its stability over time. Despite long-standing agreement that personality disorders have their roots in childhood and adolescence, clinicians have been overall reluctant to diagnose personality disorders during this age period, as adolescents are undergoing fast-changing developmental processes. However, although to date there are no official developmentally focused criteria for BPD, the new DSM-5 classification implies that personality disorder categories (including BPD) can be applied to children and young people in cases where the maladaptive personality traits appear to be pervasive and persistent, and are considered unlikely to be limited to a particular developmental stage. In line with this, several national treatment guidelines acknowledge that diagnosing BPD is now justified and practical in adolescence. Reliable diagnosis of BPD is essential and the use of well-established interview tools is highly recommended.

The aim of the symposium is to present an update of the current diagnosis and assessment of Borderline Personality Disorders in adolescence with the perspective of integrating several ways of approaching BPD in adolescence in terms of categorical and dimensional diagnosis, but also in terms of specific aspects of personality features and functioning that may be central to develop treatment plans and follow changes during therapy.

Chair: Mario Speranza

Co-Chair: Michael Kaess

Communications

French validation of the Mac Lean Screening Instrument for Borderline Personality Disorders (MSI-BPD) in adolescence

Mario Speranza, Alexandra Pham-Scottez, Lionel Cailhol, Fernando Perez-Diaz, Julien-Daniel Guelfi, Maurice Corcos and EURNET-BPD (European Research Network on Borderline Personality Disorder)

Department of Child and Adolescent Psychiatry, University of Versailles, France

Assessment of adolescent risk-taking and self-harm behaviour and its predictive value for borderline personality disorder

Michael Kaess, Peter Parzer, Gloria Fischer, Franz Resch, Romuald Brunner

Department of Child and Adolescent Psychiatry, University of Heidelberg, Germany

The assessment of reflective functioning in emerging borderline personality disorder

Martin Debbané, Deborah Badoud

Developmental Clinical Psychology Research Unit, Faculty of Psychology and Educational Sciences, University of Geneva, Switzerland

The assessment of identity development of BPD adolescents

Klaus Schmeck

Child and Adolescent Psychiatric Hospital, Psychiatric University Hospitals (UPK) Basel, Switzerland

T6-02-01

FRENCH VALIDATION OF THE MAC LEAN SCREENING INSTRUMENT FOR BORDERLINE PERSONALITY DISORDERS (MSI-BPD) IN ADOLESCENCE

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Background:

The Mac Lean Screening Instrument for Borderline Personality Disorders (MSI-BPD) is a 10-items self-questionnaire developed by Mary Zanarini to allow a reliable and rapid screening of Borderline Personality Disorders (BPD) according to DSM-IV-R criteria. Several translations (Finnish, German) already exist. With the agreement of the author, we have proceeded to the translation and validation of a French version of the MSI-BPD.

Methods:

Subjects were issued from the European Research Network on Borderline Personality (EURNET BPD), a European research project investigating the phenomenology of BPD in adolescence. 146 subjects were included in the study and fulfilled the French version of the MSI-BPD: 64 consultant or inpatient adolescents or young adults presenting a diagnosis of BPD according to the Structured Interview for DSM-IV Personality Disorders and 82 matched control subjects without any personality disorder (mean age of 16.3, SD1.4; 13% of men and 87% of women).

Results:

The acceptability of the MSI-BPD self-questionnaire was satisfactory, the time of filling of less than 5 minutes. The mean score of the MSI-BPD for the BPD group was of 7.02 (SD=2.0), the mean score for the control group was of 1.99 (SD=2.2). According to a Receiver Operator Curve (ROC), a cut-off score of 5 could be considered as the best one associating a sensitivity of .80, a specificity of .85, a positive predictive value of 85.76%, and a negative predictive value of 79.22%.

Discussion:

The sensitivity, specificity, positive and negative predictive values of the MSI-BPD in this sample were comparable to those of the validation study of the original version of the instrument (sensitivity=.81; specificity=.85). However, the cut-off of our sample was lower (5) than the cut-offs of the original sample (7) and of the translated versions. The French version of the MSI-BPD is currently under examination in a larger sample of adult BPD subjects.

Conclusions

The MSI-BPD is a simple and rapid screening instrument for Borderline Personality Disorders, currently available for French speaking countries. The potential applications of the MSI-BPD in clinical and not clinical samples are important.

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T6-02-02

ASSESSMENT OF ADOLESCENT RISK-TAKING AND SELF-HARM BEHAVIOUR AND ITS PREDICTIVE VALUE FOR BORDERLINE PERSONALITY DISORDER

Michael Kaess 1, Peter Parzer, Gloria Fischer, Franz Resch, Romuald Brunner

1 Department of Child and Adolescent Psychiatry, University of Heidelberg, Germany

Background:

Both suicidal and nonsuicidal self-injury are core features of borderline personality disorder (BPD) particularly among adolescents. In addition, adolescent with BPD tend to engage in multiple other risk-taking behaviours such as substance abuse, pathological internet use and sexual risk-behaviour. However, these behaviours are also common among non-clinical adolescents. The talk will discuss if and how adolescent risk-taking and self-harm behaviour does indicate the development of BPD.

Methods:

The talk will give an overview over different forms and manifestations of adolescent risk-taking and self-harm behaviour as well as its assessment. The talk will then present data from large-scale epidemiological adolescent samples, longitudinal population-based data and clinical adolescent psychiatric data.

Results:

Adolescent risk- and self-harm behaviour is common among European adolescents. However, there is evidence that it can be used as an indicator of psychopathological deterioration depending on its frequency, severity and course. Particularly, severe forms of adolescent risk-taking and self-harm behaviour are associated with the development of BPD. Symptoms shifts are common and require attention.

Discussion:

Adolescent risk-taking and self-harm behaviour should be acknowledged as a potential early indicator of risk, particularly for the development of BPD. Thus, such behaviour warrants a thorough assessment targeting comorbid personality pathology.

T6-02-03

THE ASSESSMENT OF REFLECTIVE FUNCTIONING IN EMERGING BORDERLINE PERSONALITY DISORDER

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3 Research Department of Clinical, Educational and Health Psychology, University College London, United Kingdom

Abstract:

Reflective functioning (RF) relates to one's capacity to understand human actions and behaviours in terms of cognitive and affective mental states. RF can further be conceptualized as a general protective factor working against the onset of psychopathological states. From a developmental standpoint, adolescence is understood as a critical period of maturation in RF; thwarted development of RF is thought to contribute to the emergence of Borderline Personality Disorders (BPD). This presentation proposes to review recent studies investigating the developmental relationship between RF and emerging BPD psychopathology in youths, and

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present original findings linking RF to self-injurious behaviours in adolescents. The usage of both clinical and empirical tools to assess RF in youths will be discussed. Finally, we propose to explore how the measurement of RF may meaningfully complement clinical evaluation protocols as well as scientific inquiries on developmental psychopathology.

T6-02-04

THE ASSESSMENT OF IDENTITY DEVELOPMENT OF BPD ADOLESCENTS

Klaus Schmeck¹, Susanne Schlüter-Müller¹, Kirstin Goth¹

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Objective: In the alternative model of personality disorders in the Diagnostic and Statistical Manual DSM-5 the construct "Identity" has been integrated as a central diagnostic criterion. Disturbance of Identity is listed as one of the main criteria of Borderline Personality Disorder. On the basis of psychodynamic and social-cognitive theories, we developed the 58 item self-report inventory AIDA (Assessment of Identity Development in Adolescence) to assess identity development in healthy and disturbed adolescents.

Methods: The psychometric properties of AIDA were studied in a sample of 357 adolescents (46.2% boys, 53.8% girls; age range 12-18, mean age 15.08, SD 1.99) from a school sample (N=305) and a clinical sample (N=52) of juvenile inpatients and outpatients with the diagnoses of personality disorders (N=20) or other mental disorders (N=32). Scale reliability was analyzed with Cronbach's alpha, content validity by correlations of AIDA with JTCI (Junior Temperament and Character Inventory) and criterion related validity by differences in identity development between adolescents with personality disorders (N=20), other mental disorders or no disorder.

Results: Reliability of AIDA Total Score ($\alpha = .94$) and Subscale Scores (Continuity: $\alpha = .86$; Coherence: $\alpha = .92$) were very good. In line with theory, the JTCI character dimension Self-Directedness, an indicator of self-related impaired personality functioning, correlated highly negative with the levels of Identity Discontinuity and Incoherence measured by AIDA. Both AIDA scales differentiated significantly between PD-patients and controls with remarkable effect sizes (d) of 2.17 and 1.94.

Conclusion: AIDA provides an economic, reliable and valid assessment of normal and disturbed identity development in adolescence and can be used as screening instrument to detect early starting personality disorders.

T6-03

SPECIAL NEEDS IN DIAGNOSIS AND TREATMENT OF EATING DISORDERS IN CHILDHOOD AND ADOLESCENCE

Van Elburg A; Herpertz-dahlmann B; Schmidt U; Castro-fornieles J

University Medical Center Utrecht; University Clinics Rwth Aachen; Institute Of Psychiatry, Psychology And Neuroscience, King's College; Neurosciences Institute, Hospital Clinic Of Barcelona

This symposium will present several important issues that especially apply to eating disorders in young age.

Annemarie von Elburg, Utrecht, The Netherlands, will report on translational research in childhood and adolescent eating disorders. She will present findings from the Utrecht Research Group Eating disorders and demonstrate how findings from animal models, such as activity-based anorexia in rats, may be translated into new treatment approaches in patients.

Ulrike Schmidt, King's College London, will present recent findings to psychosocial and biological risk factors for the development and for different illness trajectories in relation to

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binge eating and bulimic disorders in young people, based on the European IMAGEN cohort of over 2000 adolescents. Against the background of available prevention and treatment studies for binge eating and bulimic disorders in young people, the implications of these findings for designing novel interventions for treatment and prevention of eating disorders will be discussed.

Beate Herpertz-Dahlmann, Aachen, Germany, will present the findings of a 2.5-year follow-up study on the comparison of inpatient and day patient treatment in adolescent anorexia nervosa. By means of an RCT 172 patients with AN were randomly assigned to either inpatient or day patient treatment. While at the one-year follow-up day patient treatment was not inferior to inpatient treatment, day patient treatment was superior at 2.5 year follow-up with respect to body weight and less readmissions to hospital. The underlying causes for the better outcome of day patient treatment and its implication for the health care system will be addressed.

Josefina Castro-Fornieles, Barcelona, Spain, will present the results of a long-term follow-up study in adolescent AN. Of 82 patients with a mean age of 13.6 years treated at the department for Child and Adolescent Psychiatry in Barcelona 20 years ago, 29 could be reassessed. 62% had recovered from their eating disorder, 24% had atypical and another 14% chronic AN. In the subsample of patients with chronic AN 73% had at least one additional psychiatric disorder, while there were no significant differences in prevalence of psychiatric morbidity in the comparison group of healthy controls and the recovered group.

T6-03-01

BULIMIC SYMPTOMS AND DISORDERS IN YOUNG PEOPLE: RISK FACTORS, PREVENTION AND TREATMENT

Author: Ulrike Schmidt

Institution: Section of Eating Disorders, Institute of Psychiatry, King's College London

Key words: bulimia nervosa, risk, prevention

Bulimic symptoms (including body dissatisfaction, loss-of-control eating, unhealthy compensatory behaviours, such as laxative use and self-induced vomiting) are relatively common in young people. They are precursors to full-syndrome eating disorders and are risk factors for later depression, health risk behaviours (e.g. smoking, risky sexual behaviour), and obesity. Much progress has been made in delineating psychosocial risk factors for the emergence of bulimic symptoms, e.g. in relation to the importance of peer-influences. However, the precise nature and direction of these influences remains to be determined. For example, it is not known whether peer influence (individuals' attitudes and behaviours becoming more similar to their peers' over time) or peer selection (adolescents affiliating with peers that share similar characteristics) is more prominent.

In contrast, (neuro)biological risk factors of bulimic symptoms are much less well understood. Little is known about genetic and neural risk factors of bulimic behaviours. In addition, little is known about how these factors interact in young people's illness trajectories and what determines persistence or early resolution of symptoms.

In this presentation I will present recent work from our group on psychosocial and biological risk factors for the development and for different illness trajectories in relation to binge eating and bulimic disorders in young people, based e.g. on the European IMAGEN cohort of over 2000 adolescents. Against the background of the available evidence on prevention and treatment for binge eating and bulimic disorders in young people, I will discuss the implications of these findings for designing novel interventions for prevention and treatment of eating disorders.

T6-03-02

ADOLESCENT-ONSET ANOREXIA NERVOSA: CHANGES IN DIAGNOSES AND LONG TERM OUTCOME

Josefina Castro-Fornieles, Teresa Plana, Miguel Garriz, Elena Moreno, Sonia Romero, Susana Andrés-Perpiñá

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Background: Long-term outcome in anorexia nervosa (AN) shows the difficulties of achieving a complete recovery (Steinhausen, 2002). Studies with adolescent samples tend to report better outcome results, but there are few studies focusing specifically in adolescent-onset AN (Herpertz-Dahlmann et al., 2001; Wentz et al., 2009). Besides the problem of mortality or chronicity, the study of changes in eating disorder (ED) diagnosis and of comorbidity from baseline to follow-up assessments is also a relevant issue in young patients. Method: We carried out a study to determine the current condition of patients treated in our department 20 years ago when they were adolescents (mean age 13.6, SD 1.5) and fulfilled criteria for AN. From 82 female patients treated during that period, 48 were located but 17 reject to collaborate. One patient was already deceased (due to complications of malnutrition) and 1 was institutionalized. Finally, 29 patients were included in the follow-up assessment (mean age 36.3, SD=4.2) and compared with a control group of 30 non-ED females (mean age 36.5, SD=2.9). They were assessed with the Structured Clinical Interview for DSM-IV Axis I Disorders (SCID-I), the Eating Disorder Examination (EDE) and the Eating Disorders Inventory-2 (EDI-2). Results: Among the previous 29 AN patients, 18 (62.1%) did not have any ED, 7 (4.1%) had Atypical AN, 2 (6.9%) had Extreme AN and 2 (6.9%) Moderate AN. During the years until follow-up assessment they had had different ED diagnosis. Among the 18 patients who were recovered, only 4 (22.2%) had a diagnosis of anxiety disorder. In the group of patients currently with an ED, 8 (72.7%) of them had at least other psychiatric diagnosis. Four presented comorbidity with one disorder (2 cases of anxiety disorder, 1 dysthymia and 1 bipolar disorder), three patients with 2 disorders (1 case with 2 anxiety disorders, other with an OCD and depressive disorder and another with a depressive and anxiety disorders). One patient had comorbidity with 3 disorders (schizoaffective disorder, OCD and substance abuse). Differences between recovered AN patients and controls in the different subscales of the EDI and the EDI-2 were not statistically significant but the group of non-recovered patients had significant differences both with controls and with recovered patients. Conclusions: Even if a quite large percentage of adolescent-onset AN patients have a good long term outcome, a subgroup of them have a poor prognosis both with chronic ED and comorbid psychiatric disorder.

T6-03-03

DAY PATIENT TREATMENT IS SUPERIOR TO INPATIENT TREATMENT AFTER 2.5 YEARS – RESULTS OF A 2.5 YEAR FOLLOW-UP-STUDY IN 170 PATIENTS

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Day patient treatment (DP) is superior to inpatient treatment (IP) in adolescent anorexia nervosa (AN): results of the 2.5 year follow-up of a multicenter RCT trial in 172 patients.

Introduction: Guidelines of several European countries and the US consider IP as the treatment of choice for moderately to severely ill adolescent patients with AN, but it is costly and relapse rates are high. DP is less expensive and may avoid relapse by easing the transition from hospital to home.

Methods: Multicenter, randomized, open-label trial with 11-18 year old participants from six centers in Germany with first admission to hospital for AN. After 3 weeks of inpatient care patients were randomly assigned to either IP or DP with an identical treatment program in both settings. The primary outcome was the increase in BMI between admission and 12-month follow-up and between admission and 2.5 years follow-up.

Results: 172 adolescent patients were randomized to either treatment arm; 161 (94%) were followed up after 12 months, 143 (83%) after 2.5 years. At the 12-month follow-up DP was not inferior to IP. At the 2.5 year follow-up DP was significantly superior to IP with regard to BMI and was followed by significantly less rehospitalisations. In addition DP was less costly than IP and psychosexual development, an important outcome predictor, was better in DP patients.

Conclusions: After 1 year DP was not less effective than IP; after 2.5 years it was superior to IP for weight restoration and maintenance and number of rehospitalisations. Thus, in the longer term DP is a safe, less costly and probably more effective alternative to IP. Characteristics of patients, who are doing better in either DP or IP, are described.

T6-03-04

FROM BENCH TO BEDSIDE: TRANSLATIONAL RESEARCH IN EATING DISORDERS

Annemarie van Elburg

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Translational research aims to translate findings from the laboratory to the patient's bedside. The Utrecht Research Group Eating disorders (URGE) focuses on this type of research in eating disorders. In this lecture, practical examples will be given on how findings from experiments eg. in an animal anorexia model have been translated into new treatment approaches in patients.

T6-04

EARLY INTERVENTION IN CHILD & ADOLESCENT PSYCHOSIS

Hodes M; Schimmelmans B; Dominguez M; Iizuka S

Imperial College London; University Of Bern; Barnet Enfield & Haringey Mental Health Trust

Symposium Convenor:

Matthew Hodes

Institutional Affiliation of Symposium Convenor:

Imperial College London.

Symposium Summary:

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Over the last two decades, substantial work has been carried out into early intervention for psychosis in young people. The aim is to provide timely and effectively intervention with a view reducing duration of untreated psychosis, and improving outcomes. This symposium addresses the linked themes of: early intervention for young people at risk and clinical experiences of early detection for psychosis from Bern (Schimmelmann); pathways to care for young people with psychosis, and the differences between adolescents and adults, in early intervention services in London (Dominguez); a review of antipsychotic medication discontinuation in children and adolescents with psychosis, drawing on publishing trials (Iizuka).

Keywords: Child and adolescent psychosis; early intervention; pathways; medication discontinuation.

T6-04-01

EARLY DETECTION OF PSYCHOSIS IN CHILDREN AND ADOLESCENTS

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Over the last two decades, much progress in the early detection of psychosis has been achieved. Two sets of at-risk criteria prevail, the ultra high-risk (UHR) and the basic symptom (BS) criteria. While differences between early-onset and adult-onset psychoses have frequently been pointed out, developmental aspects of current at-risk criteria used for the early detection of psychosis, are rarely considered. The presentation will outline (i) indications of developmental particularities of current at-risk criteria in the general population (the Bern At Risk Study in Kids, BEAR-KID) and the help-seeking population of children and adolescents, and (ii) clinical experiences in the early detection of psychosis in children and adolescents (aged 8 to 17 years) derived from the Berne Early Detection and Intervention Service (FETZ-Bern).

KEY WORDS:

At-risk; Early detection; Psychosis.

T6-04-02

THE INFLUENCE OF FAMILY FACTORS IN SHAPING PATHWAYS TO CARE IN FIRST EPISODE PSYCHOSIS IN ADOLESCENTS

*Maria-de-Gracia Dominguez¹, Helen L.Fisher², Sonia Johnson³ and Matthew Hodes¹ on behalf of the MiData Consortium.

* Presenter: Dr Maria-de-Gracia Dominguez

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2 MRC Social, Genetic & Developmental Psychiatry Centre, Institute of Psychiatry, King's College London, UK

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Introduction: Adequate pathways to care are a prerequisite for early detection and intervention in First Episode Psychosis (FEP). Two systematic reviews examined the influence of ethnicity, social and clinical factors on psychosis care pathways. Accessibility to health services differs for under 18s, yet differences in care pathways between age groups and the impact of family factors have not been investigated.

Objectives: To investigate the influence of family factors in help-seeking pathways for adolescents with FEP.

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Method: Naturalistic cross-sectional study of 1351 FEP (14-35 years) referred to Early Intervention Psychosis teams (London, UK; 2003-2009). Care pathways included accountsonwho initiated help-seeking process, initial contact points (GP, emergency services, education, social services, police and court/prison), and family factors (social support, living arrangements and family load of mental illness).

Results: For the majority of adolescents (n=118) and adults (n=1232), first and second contact pointswere GP (30% vs 42%) and emergency services (18% vs23%). However,these two services accounted for less than half of the adolescents' sample. Educational services were more likely to refer adolescents than adults (p<0.001). Family factors, such as good social support (p=0.036), living with carers (p<0.001) and family load of mental illness (p=0.018), were associated with family taking a leading role in problem recognition.

Conclusions: Adolescents with psychosis differ from adults in their contact points when seeking help. Problem recognition is a complex process which involvesidentifying and legitimizing mental health concerns. Parental awareness,perception of problems and family support revealed as a key step in seeking help for adolescents.

KEY WORDS:

Pathways to care, First Episode Psychosis, Adolescents, Early detection, Health Services

T6-04-03

A REVIEW OF ANTIPSYCHOTIC TREATMENT DISCONTINUATION IN PSYCHOSIS IN CHILDREN AND ADOLESCENTS

*1Dr Sarah Iizuka,2Dr Matthew Hodes

* Presenter: Dr Sarah Iizuka

1Barnet Enfield & Haringey Mental Health Trust

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Background: In children and adolescents with psychosis, effective and timely treatment reduces distress and may improve outcomes. Antipsychotic medication adherence and discontinuation are of great importance. Some reports suggest a high rate of treatment discontinuation, but the subject to our knowledge has not previously been reviewed. The aim of the study is to systematically review treatment completion and discontinuation in studies of psychosis in children &adolescents.

Method: A review of published treatment trials of psychosis in children and adolescents, using the databasesPsycinfo / Medline / Embase / CINAHL / Google Scholar. Inclusion criteria were as follows; All published trials from 1980 to present, in which a viable drug treatment for psychosis was investigated,participants age <18 (or e.g. mean age <18) and adequate data available on treatment completion/discontinuation.

Results: 24 papers were identified as meeting the inclusion criteria.These papers were categorized into trials studying affective psychoses, non-affective psychoses (Psychosis NOS, Schizophrenia, Schizophreniform disorder, Schizoaffective disorder,Delusional disorder) and mixed disorders.15 of these papers were for non-affective psychoses, 7 of which were open label trials and 8 randomised trials. Of the 24 papers identified, 15 studies (63%) described significant numbers of patients who did not agree to start in treatment. Treatment discontinuation was found to be higher the longer the length of the trial (18% at 6 weeks, compared with 74% at 44 weeks). The most common cause for treatment discontinuation in all studies were;1. Lack of efficacy 30%2.Withdrawal of consent 24%3.Side effects related 21%

Conclusion: This review points to a high level of treatment discontinuation in psychosis in children and adolescents, which increases with the length of the study trial. This reflectsthe pattern of treatment adherence and discontinuation in the community studies. Further research is needed to look into the reasons for discontinuation and interventions to improve adherence in this age group.

KEYWORDS:

Adherence; Antipsychotic medication; Discontinuation; Psychosis; Treatment.

T6-05

ADOLESCENT FORENSIC RESEARCH IN EUROPE II. AN EFCAP SYMPOSIUM

Barroso R; Oshukova S; Van Nieuwenhuizen C; Kaltiala-heino R
University Of Trás-os-montes And Alto Douro; Helsinki University Hospital; Tilburg University;
Tampere University Hospital

Overview & speakers:

The relationship between self-rated psychopathic traits and psychopathology in a sample of Finnish non-referred adolescents. Dr Svetlana Oshukova, Helsinki University Hospital and University of Helsinki, Finland

Behavioural effects of neurofeedback in adolescents with ADHD: A Randomized Controlled Trial. Professor dr. Chijs van Nieuwenhuizen, Tilburg University, Scientific Center for Care & Welfare (Tranzo), and GGzE Center for child and adolescent psychiatry

Risk factors for violent and disruptive behaviours in adolescent institutionalized care. professor Riittakerttu Kaltiala-Heino, University of Tampere and Tampere University Hospital, Finland

Characteristics and Specificities of Juvenile Sexual Offenders. Professor Ricardo Barroso, Department of Psychology, University of Trás-os-Montes and Alto Douro (Portugal), and Faculty of Psychology, University of Porto, Portugal

Abstracts:

T6-05-01

THE RELATIONSHIP BETWEEN SELF-RATED PSYCHOPATHIC TRAITS AND PSYCHOPATHOLOGY IN A SAMPLE OF FINNISH NON-REFERRED ADOLESCENTS.

A constellation of shallow affect, lack of empathy, remorse or guilt, failure to accept responsibility for own actions, superficial charm, grandiose sense of self-worth and manipulation are called psychopathic character traits. In clinical samples, psychopathic traits have been associated with severe psychosocial problems. Less is known about the relationship between psychopathic traits and behavioural and emotional functioning in non-referred adolescents.

The aim of the study was to investigate the relationship between self-rated psychopathic traits and psychopathology in a sample of Finnish non-referred adolescents.

The sample comprised all 15- to 16-year-old Finnish-speaking adolescents attending the 9th grade at secondary schools in the city of Kokkola, Finland, in January 2014. The Youth Psychopathic traits Inventory (YPI) and The Youth Self Report (YSR) were used to assess self-rated psychopathic traits and emotional and behavioural functioning of the respondents.

On the YPI boys scored significantly higher in total scores as well as in Interpersonal and Affective dimension scores than girls did. There were no significant gender differences in scores for the Behavioural dimension.

Girls scored significantly higher than boys on the total score, on the internalizing scale and on most of the syndrome scales of the YSR. There was no difference between boys and girls on the aggression, rule-breaking behaviour and overall externalizing scale scores.

The externalizing broadband scale of the YSR and corresponding syndrome scales (aggression and rule-breaking behaviour) showed high correlations with the YPI scores, especially with the behavioural dimension and the total score. The attention problems in both genders were at least moderately correlated with behavioural dimension of the YPI.

We found no high correlations between the YSR internalizing scale and the YPI structure elements. The attention problems in both gender were at least moderately correlated with behavioural dimension of the YPI.

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The results indicate that self-rated aggressive and rule-breaking behaviour is strongly associated with core psychopathy personality traits in non-referred youth. While both the YPI and YSR scores revealed gender differences, boys and girls scored almost equally on the YPI Behaviour dimension, as well as on the YSR externalizing scale and its subscales - the area where correlations between questionnaires scores were most expressive.

Keywords: psychopathic traits, delinquency, aggression

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Key words: psychopathic traits, callous-unemotional traits, adolescence

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T6-05-02

BEHAVIOURAL EFFECTS OF NEUROFEEDBACK IN ADOLESCENTS WITH ADHD: A RANDOMIZED CONTROLLED TRIAL

Neurofeedback has been proposed as a potentially effective intervention for reducing Attention Deficit Hyperactivity Disorder (ADHD) symptoms. It remains unclear however whether neurofeedback is of additional value to treatment as usual (TAU) for adolescents with clinical ADHD symptoms. The aim of the current study was to investigate the additional value of neurofeedback over treatment as usual (TAU) for adolescents diagnosed with ADHD and comorbid disorders aiming specifically at the behavioural aspects. It was expected that behavioural measures of attention would improve more in the group that received neurofeedback (in addition to TAU) than the group that received TAU-only.

Using a multicenter parallel-randomized controlled trial design, adolescents with ADHD symptoms were randomized to receive either a combination of TAU and neurofeedback (NFB+TAU, n=45) or TAU-only (n=26). Neurofeedback treatment consisted of approximately 37 sessions of theta/sensorimotor rhythm (SMR)-training on the vertex (Cz). Primary behavioural outcome measures included the ADHD-rating scale, Youth Self Report, and Child Behaviour Checklist all assessed pre- and post-intervention. Results showed that the behavioural problems decreased equally for both groups with medium to large effect sizes, range partial $\eta^2 = .08$ to $.31$, $p < .05$. On the behavioural outcome measures, the combination of neurofeedback and TAU was as effective as TAU-only for adolescents with ADHD symptoms. Considering the absence of additional behavioural effects in the current study, it is questionable whether theta/SMR neurofeedback for adolescents with ADHD and comorbid disorders in clinical

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practice should be used. Further research is warranted to investigate possible working mechanisms and (long-term) specific treatment effects of neurofeedback.

Keywords:

Neurofeedback, theta/SMR-training, ADHD, RCT

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T6-05-03

RISK FACTORS FOR VIOLENT AND DISRUPTIVE BEHAVIOURS IN ADOLESCENT INSTITUTIONALIZED CARE

Abstract

Aggression and violence are a severe challenge in child and adolescent psychiatric treatment settings, with incidences of aggressive behaviours ranging from 0.4–3.5 incidents per unit per day between treatment settings. As a means to ensure safety of institutionalised youth, and staff, and to enhance the therapeutic milieu, we need to know more about the nature of behaviours and on their relation to individual aspects of youth treated in these units. The study comprised a cross-sectional data review of 231 adolescents in three different institutional care settings as well as a semi structured follow-up during the first 180 days of treatment. Across three different levels of care, only a small part of the adolescents performed a majority of all violent and severe disruptive incidents. Schizophrenia spectrum diagnoses and female sex were associated with increased number of incidents of violence towards others, self-harm and non-violent disruptive behaviours. Younger adolescents displayed more violent and disruptive behaviours and older adolescent more incidents of self-harm. Unlike in the population at large, among institutionalized adolescents, girls display the most events of violence towards others. Violent and disruptive behaviours in institutions are associated with more severe psychopathology.

Keywords

Violence, self-harm, disruptive behaviours, institutionalized care

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T6-05-04

CHARACTERISTICS AND SPECIFICITIES OF JUVENILE SEXUAL OFFENDERS

Abstract

Aims and hypothesis: Studying the characteristics of young sex offenders, trying to determine the differences between juvenile sexual offenders and juvenile non-sex offenders. Background: The study of juvenile sexual violence has been attracting the attention of the mental health services, juvenile justice and public policy, as well as researchers. Theoretically, there are two perspectives explaining the occurrence of sexual offences committed by adolescents. The generalist perspective suggests that sexual crimes committed by juveniles are a manifestation of general delinquency, where sexual assaults are only part of adolescent antisocial behaviour. The second approach, called specialist perspective, believes that young sex offenders differ from other juvenile's aggressors, arguing that there are different explanations for the sexual assaults compared to other assaults offenders. This research consists of five studies, aimed at obtaining results that could contribute to the international discussion about which theoretical position seems to be the most appropriate way of explaining the behaviour of sexually aggressive young minors.

Methods: For this purpose, we used a sample of 118 adolescent sexual offenders (61 rapists and 57 child sex abusers). Comparative analyzes were performed with 112 young nonsexual offenders and 98 non-offenders on a set of dimensions (demographic, typological, criminal, behaviour problems, antisocial tendencies, family characteristics, social and community and sexual interests). Results: The results showed some differentiating characteristics of rapists from child sexual abusers. We also found similar characteristics among young sex offenders and adolescent non-sex offenders, suggesting that in some dimensions they are generically similar. The exception seems to be centered on sexuality-related variables (knowledge and atypical sexual interests). Conclusions: The implications of these results are discussed in light of assessment concerning risk to reoffend and recommendations for the treatment and prevention of juvenile sexual offences.

Keywords: juvenile sex offenders, risk factors

Authors

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T6-06-01

BARIATRIC SURGERY IN SEVERE ADOLESCENT OBESITY : A RETROSPECTIVE STUDY OF 35 CLINICAL OBSERVATIONS

Riquin E; Malka J; Schmitt F; Beaumesnil M; Curt F; Robin M; Corcos M; Coutant R; Duverger P

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Childhood obesity is a growing importance phenomenon in France and around the world. An obese child often remains so in adulthood and epidemiological studies connect obesity and premature mortality in adults by 50 to 80%. The care of obese subjects, from the first signs, improves both short and long term results by preventing the development of comorbidities and therefore constitutes a priority. However, the results of medical treatment of childhood obesity are disappointing. Given this situation, surgical treatment, which has become a treatment of

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choice for severe obesity in adults, is now contemplated for severe and resistant obesity in adolescents.

In the United States, the first young patients were operated in 1993. In France, this approach is still new and innovative in this age group. However, under specific indications and in the context of a multidisciplinary monitoring involving dieticians, surgeons, child psychiatrists, bariatric surgery adolescent appears justified in the literature.

Since 2009, pediatrics and child psychiatrics team of the University Hospital of Angers offer a multidisciplinary innovative support in addition to the conventional medical approach leading to the possibility of bariatric surgery by gastric banding under specific indications. The authors retrospectively studied the epidemiology and psychopathology of these obese adolescents candidate to surgery in the University Center since the beginning of the "obesity network". The network organisation and the study results will be presented. We will discuss the management of these young patients in their psychic and somatic healthcare circuit before and after surgery, questioning firstly the place and development of obesity related to the presence of environmental predisposing factors. Secondly we will talk about the psychic effects of weight loss and / or disappearance of alimentary symptoms such as binge eating disorder after a gastric banding surgery.

T6-06-02
**BEHAVIOURAL WEIGHT-LOSS TREATMENT IN CHILDREN AND ADOLESCENTS:
POTENTIALS AND LIMITATIONS**

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Weight-loss treatment in children and adolescents: systematic review of potentials and limitations of behavioural lifestyle interventions

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Background: In Europe, prevalence rates for overweight and obesity in children and adolescents have plateaued at a high level. Due to the elevated risk of long-lasting somatic and psychiatric comorbidities, effective interventions to treat obesity are in frequent demand. Weight loss treatment has been shown to be effective, yet the overall outcome concerning weight status has not been sufficiently highlighted. The objectives of this review were a literature update and the deduction of clinical implications.

Methods: A systematic literature research was performed for studies published between May 2008 (terminating date of a 2009 Cochrane review) and December 2013 in the medical database Medline via PubMed. Studies were assessed on the basis of defined inclusion criteria and relevant criteria for methodological quality.

Results: 48 randomized controlled trials with a total of 5025 participants were identified and evaluated. With regard to eligible studies fulfilling predefined methodological quality criteria, weight losses between 0.05 and 0.42 BMI z-score within 24 months after starting conservative treatment were reported. 41 studies included data on dropout rates before the end of the intervention period. Dropout rates were 10% or higher in 27 studies (66%) and 25% or higher in 9 studies (22%).

Conclusion: Based on consistent evidence, treatment seeking children and adolescents and their families should be informed about the limited effect of conservative obesity treatment on weight status. The investigation of predictors for treatment success and the evaluation of additional treatments focusing on coping with obesity warrant future research.

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Reference: Mühlig Y, Wabitsch M, Moss A, Hebebrand J. Weight loss in children and adolescents – a systematic review and evaluation of conservative, non-pharmacological obesity treatment programs. *Dtsch Arztebl Int* 2014; 111:818-24.

T6-06-03

ANOREXIA NERVOSA IN ADOLESCENT GIRLS, PARENTAL PSYCHOLOGICAL STATES AND MARITAL TENSIONS

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Background. Anorexia is an eating disorder that generally affects adolescents, triggering severe relational imbalance to the family. The emotional functioning of families with an anorexic adolescent remains still little known, despite the pivotal role that families play in the evolution of the disorder. Therapies are more and more oriented not only to the adolescents but to the family as well, since the study of family dynamics suggests that specific family dysfunctional patterns contribute to the development and maintenance of eating disorder.

Aim. To study the presence of psychopathological traits and dyadic interactions in couples of parents of adolescent girls with anorexia nervosa and their possible correlations with the daughters' clinical and psychopathological features.

Methods. Forty-two girls, aged 13-17, who fulfilled the DSM-IV-TR diagnostic criteria for AN and their parental couples were enrolled. Forty-two age-matched girls with no psychiatric disorders and their parental couples entered the study as controls. All the girls enrolled filled in the EDI-3 and the CDI, to disclose depressive traits. The parents were asked to fill in the Dyadic Adjustment Scale (DAS), to explore the relationship satisfaction of the couple through 4-relational dimensions (Dyadic Consensus, Dyadic Satisfaction, Dyadic Cohesion and Affective Expression) and the Beck Depression Inventory-II (BDI-II) to assess depressive symptoms.

Results. Parents of AN subjects showed lower scores at the subscale of "dyadic consensus", at the DAS, indicating a lower degree of agreement concerning matters of daily-life and socialization, and at the DAS total scale, compared to controls.

At the BDI-II, both fathers and mothers of AN subjects showed significantly higher scores at the cognitive, affective and total scales, compared to the parents of healthy subjects. Moreover, when considering BDI cut-off score, a higher number of mothers and fathers of subjects with AN presented depressive traits at the BDI, when compared to controls.

Moreover, some aspects related to the parental features might be considered as risk factors for the presence of AN in their daughters. In particular, mothers' low degree of "Dyadic Consensus" at the DAS scale, higher scores at fathers' BDI-II in both the cognitive scale and higher scores at the mothers' BDI-II somatic-affective scale were associated with the presence of AN in the daughters.

Discussion. Dyadic adjustment and depressive symptoms in parental couples of AN girls seem to be connected with specific risk factors that may trigger anorexia and should be considered in the treatment of adolescent girls with anorexia nervosa.

T7-01

EPIGENETIC, AUTOIMMUNE AND ENVIRONMENTAL ASPECTS OF PEDIATRIC OCD AND RELATED DISORDERS

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CHAIRS: Profs Mataix-Cols and Hoekstra

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OVERVIEW

Obsessive-Compulsive Disorder (OCD) and Related Disorders, including Chronic Tic Disorders, are a group of common, disabling, heritable and often-chronic mental illnesses that start early in life and tend to have life-long adverse consequences. Evidence-based treatment is limited and these treatments are only partially successful, particularly if delayed. Despite dedicated research and some breakthroughs in the scientific understanding of relevant neurobiological and psychosocial factors, the causes of OCD-RDs remain largely unknown. There is a pressing need to understand the causal mechanisms implicated in these disorders, with views to improving clinical outcomes, reducing chronicity and societal costs. This symposium includes a series of talks dealing with genetic, epigenetic, immunological and environmental risk factors for OCD and Chronic Tic Disorders. Dr Edna Grünblatt(Zurich) will present the results of their on-going epigenetic study of the serotonin promoter in early onset OCD. Dr Astrid Morer (Barcelona) will present the results of a study testing the autoimmune hypothesis in pediatric OCD, focusing on the major histocompatibility complex. Dr Ana Perez-Vigil (Barcelona/Stockholm) will present the results of a Swedish longitudinal, population-based study examining the potential role of a wide range of infections as triggers for OCD and Chronic Tic Disorders. Finally, Prof Hoekstra (Groningen) will present newly collected data on the role of pregnancy and delivery related adverse events in relation to Tourette syndrome and comorbid OCD and ADHD. Data will be part of the TIC Genetics study, a multicenter study involving sites from the US, Europe and South Korea involving about 2,000 recently collected and well characterized individuals with a tic disorder.

T7-01-01

EPIGENETIC CHANGES IN THE SEROTONERGIC SYSTEM IN PEDIATRIC OCD

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Obsessive-compulsive disorder (OCD) is a debilitating psychiatric disorder, characterized by recurring, anxiety-laden intrusive thoughts (obsessions) and repetitive behaviours (compulsions). A heritability component to OCD vulnerability has been identified. In particular, the serotonergic system seems to play a role in OCD, as the serotonin transporter (SLC6A4) demonstrating risk for OCD. However, epigenetic changes, including DNA methylation, may also contribute to the pathophysiology of OCD. In the current study we determined DNA methylation levels of the SLC6A4 promoter in saliva and blood from early-onset OCD patients and demographically matched controls. SLC6A4 promoter DNA methylation levels were higher in saliva of OCD patients compared to controls. Our data suggest that in addition to the genetic variations on the SLC6A4 gene known to play a role as risk for OCD, epigenetic variations in

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SLC6A4 promoter of children and adolescent with OCD contribute to its risk. These epigenetic alterations may reflect relevant brain function alterations. As, for example, the recent investigation in healthy controls finding increased methylation of the SLC6A4 promoter region correlating with the activation of the amygdala (Nikolova et al. Nat. Neurosc. 2014).

Keywords: OCD, genetics, epigenetics, serotonin, SLC6A4

T7-01-02

INFECTIONS AS RISK FACTORS FOR OCD AND CHRONIC TIC DISORDERS

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Introduction: A causal relationship between postinfectious autoimmune phenomenon and some childhood neuropsychiatric disorders has been proposed.

Objective: To test the hypothesis of an increased rate of infections preceding the childhood onset of OCD and chronic tic disorders.

Methods: First, case-control study of a large regional database comparing the previous year's occurrence of diverse infections in patients aged 0-18 years diagnosed between January 2001 and December 2009 with that in controls matched for age, gender and socioeconomic status. Secondly, we performed within-individual analysis among patients comparing the occurrence of infections the year prior the diagnosis of the psychiatric illness with that in the previous year.

Results: Individuals diagnosed with OCD, chronic tic disorder and a range of other neuropsychiatric disorders had a higher occurrence of infections the year preceding the diagnosis than matched controls. Risks were: OCD (OR 1.29; 95% CI: 1.10-1.50), tic disorder (OR 1.30; 95% CI: 1.01-1.66), ADHD (OR 1.17; 95% CI: 1.07-1.29), depression (OR 1.40; 95% CI: 1.30-1.51) and anxiety (OR 1.45; 95% CI: 1.35-1.55). The association with ASD was not statistically significant. Longitudinal, within-individual analysis revealed that 3 disorders had more infections the year preceding the diagnosis, compared to the previous year (i.e. 2 years before diagnosis): OCD (OR 1.34; 95% CI: 1.05-1.70), depression (OR 1.41; 95% IC: 1.26-1.58) and anxiety disorders (OR 1.46; 95% CI: 1.31-1.63). Directionality analyses showed that a neuropsychiatric disorder diagnosis did not increase the risk of subsequent infections one year later.

Conclusions: The results of the present longitudinal epidemiological study suggest that a wide range of infections, not limited to streptococcus, broadly increase the risk of receiving a neuropsychiatric disorder diagnosis, particularly OCD, depression and anxiety disorders.

Key words: infections, OCD, Tourette's syndrome, neuropsychiatric disorders, epidemiology, cohort study

T7-01-03

HOW COULD THE HLA AND THE IMMUNE FUNCTION CONTRIBUTE TO THE DEVELOPMENT OF OBSESSIVE-COMPULSIVE DISORDER?

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Abnormal autoimmune activity has been implicated in a number of neuropsychiatric disorders, including obsessive-compulsive disorder (OCD) and Tourette syndrome, leading researchers in the field to speculate with an autoimmune hypothesis of both disorders. The HLA genes (major histocompatibility complex on chromosome 6) have the highest genetic relative risk for autoimmune disorders such as diabetes mellitus, rheumatoid arthritis, systemic lupus erythematosus, psoriasis and asthma. In order to test whether specific HLA subtypes may contribute to genetic susceptibility to OCD, we have typed 98 children and adolescents with an OCD diagnosis for HLA class I and class II alleles and compared their frequencies with 541 control subjects typed as donors of hematopoietic cell transplantation. We used LIFECODES HLA-SSO typing kits to identify the HLA alleles present in a PCR-amplified sample. We have identified A,B,C, DRB1 and DQB1 loci at an intermediate resolution. Our sample was constituted by 98 consecutive OCD patients (53 males, 48 females, mean age 14.8+/-2,5) recruited at the Child Psychiatry department of Hospital Clinic, Barcelona, between 2011 and 2014. About 20% had a very early onset of symptoms and 29 of the total sample (28,7%) had tics at some point in their life (5 had a comorbid Tourette disorder diagnosis). Referring to genotyping results, in class I group, the HLA-A*29 (OR 1,6 95% CI 1,01-2,61); HLA-B*15 (OR 1,67 95% CI 0,95-2,99), B*49 (OR 2,17 95% CI 1,15-4,09) , B*56 (OR 11,1 95% CI 1-123) and C* 17 (OR 1,6 95% CI 0.4-6,1) were significantly associated with Obsessive Compulsive disorder ($p < .05$). Regarding class II alleles, DQB1*04:02 had a significant correlation (OR 1,53 CI 95% 0,71-3,3) and DRB1 did not show significant association with the disease. Although we found a modest risk conferred by individual alleles (Odds Ratio mainly < 2) we will consider some explanations about the role of immune function and autoimmune hypothesis in OCD. HLA molecules could interact with some microbiological agents and have a critical role in antigen presentation during the immune response process associated to infections. Vulnerability to developing OCD could involve immunogenic factors, but need to be understood in the context with other complex epigenetic mechanisms.

Key words: OCD, Tourette's syndrome, immune system, major histocompatibility complex, genetics, infections

T7-01-04

ROLE OF PREGNANCY AND DELIVERY COMPLICATIONS IN TOURETTE SYNDROME AND ASSOCIATED COMORBID CONDITIONS

Pieter J. Hoekstra¹, Mohamed Abdulkadir¹, Gary A. Heiman², Andrea Dietrich¹, The TIC Genetics Collaborative Group

1. University of Groningen, University Medical Center Groningen, Department of Psychiatry, Groningen, the Netherlands.

2. Department of Genetics, Rutgers University, Piscataway, USA.

Introduction: Although Tourette syndrome has a well-established genetic background, twin and family studies have indicated that there is also a substantial role for environmental factors in the etiology and expression of Tourette syndrome and associated comorbid conditions. While

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previous studies have implicated a possible role for prenatal exposure to smoking, for the presence of severe psychosocial stress during pregnancy, and for delivery complications as risk factors for Tourette syndrome, results across studies have been inconsistent, probably due to small sample sizes. Our objectives were to investigate the role of pregnancy and delivery complications in (1) the presence and severity of tic disorders and (2) the presence and severity of comorbid attention-deficit/hyperactivity disorder (ADHD) and obsessive-compulsive disorder (OCD).

Methods:Analyses were done in participants of The Tourette International Collaborative Genetics (TICGenetics; <http://tic-genetics.org>) study was established in2011 to further our understanding of the genetic architectureof tic disordersby recruiting a large sample ofwell-characterizedaffected probands and their relatives (total current N= 1200). We compared groups who were exposed to the pre- and perinatal adverse events with those who were not exposed on presence of a tic disorder, tic disorder severity, and presence and severity of comorbid ADHD and OCD; groups were carefully matched on age, sex, and ethnicity.

Results:Only assisted reproduction and prenatal exposure to alcohol were risk factors for tic disorders. Delivery complications, severe morning sickness during pregnancy, assisted reproduction, prenatal exposure to alcohol, and a low APGAR score immediately after birth were risk factors for comorbid OCD and ADHD. Prenatal exposure to smoking was not a risk factor.

Discussion: Our results indicate that most pregnancy and perinatal complications do not play a role in tic disorders but are related to comorbid ADHD and OCD. As important next steps we plan to investigate possible gene*environmental interaction effects in relation to tic disorders and associated comorbidities.

Keywords:Tic disorders; ADHD; OCD; pregnancy; delivery

T7-02

MENTALIZATION BASED TREATMENT (MBT) APPROACHES TO WORKING WITH CHILDREN, ADOLESCENTS AND FAMILIES. ESCAP 2015

Introduction:

In recent years there has been an exciting development of innovative applications of MBT for work with troubled children, adolescents and their families. These include:

- MBT for Adolescents presenting with self-harm and BPD
- Adolescent Mentalization-based Integrative Treatment (AMBIT) for adolescents multiple problems including substance abuse, self harm, eating disorders and persistent offending
- MBT for Families experiencing a broad spectrum of difficulties including divorce and separation
- MBT for Parents with infants at risk of Disorganized Attachment
- MBT for Parents with Personality Disorder (Early Years Parenting Unit, Anna Freud Centre)
- MBT for families with parental substance use disorder
- Psychoeducation using MBT to support resilience in vulnerable children and adolescents in school and community settings
- MBT for eating disorders

This symposium will present the latest empirical research and findings from the MBT programmes listed above and bring together some of the leading experts in the field of MBT for children, adolescents and their families.

The symposium will be chaired by **Gerry Byrne**

(Clinical Lead Family Assessment and Safeguarding Service/ReConnect Service/Infant Parent Perinatal Service and MBT trainer Anna Freud Centre).

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Invited (and confirmed) speakers include:

Professor Finn Skårderud

Director of The Foundation for Eating Disorders Oslo

Introduction and overview of the conceptual framework of Mentalization Based Treatment including empirical findings and outline of MBT with adolescent disorders such as eating disorders.

Dr Dickon Bevington

(Medical Director, Anna Freud Centre, Trainer in MBT-F and AMBIT)

Presentation of the work of AMBIT and MBT-families projects.

Professor Poul Lundgaard Bak MD

(Senior Researcher in the Danish Child Mental Health Research Program, Aarhus University and The Danish Committee for Health Education, Director of The Resilience Program)

Professor Lundgaard Bak will present evidence from pilot studies and the current RCT (2013-2018) on the use of mentalizing interventions to support resilience in children and adolescents in school and community settings.

T7-02-01

MINDING THE BODY. MENTALIZATION-BASED TREATMENT FOR EATING DISORDERS (MBT-ED)

Professor Finn Skårderud, MD, PhD. Institute for Eating Disorders, Oslo, NORWAY

Mentalization-based treatment is evidence-based medicine for borderline personality disorder and self-harm. Today there is great interest in implementing such principles in other areas, e.g. addiction, PTSD, depression and as mentalization-based therapy for eating disorders (MBT-ED) (Skårderud & Fonagy, 2012).

Mentalizing is defined as the ability to understand feelings, cognitions, intentions and meaning in oneself and in others. The capacity to understand oneself and others is a key determinant of self-organisation and affect regulation. Eating disorders will be described as examples of different forms of impaired mentalizing, and such impairments are stated to be central psychopathological features in eating disorders. Psychotherapeutic enterprise with individuals with compromised mentalizing capacity should be an activity that is specifically focused on the rehabilitation of this function. Mentalization-based psychotherapy for eating disorders should also have a special emphasis on how the body is involved in representing mental states. The presentation will reflect the on-going work of manualizing MBT-ED.

Skårderud, F. & Fonagy, P. (2012). Eating disorders. In A. Bateman & P. Fonagy (Eds.), Handbook of mentalizing in mental health practice, s. 347-383. Washington DC: American Psychiatric Publishers.

T7-02-02

THERE'S NOTHING SO PRACTICAL AS A GOOD THEORY (KURT LEWIN, 1951): EXTENDING THE APPLICATIONS OF MENTALIZING TO FAMILIES (MBT-F) AND TO COMPLEX, HIGH RISK AND "HARD TO REACH" YOUTH (AMBIT).

Dr Dickon Bevington MA MBBS MRCPsych PGCer

Consultant in Child and Adolescent Psychiatry in Cambridgeshire and Peterborough Foundation (NHS) Trust, and Medical Director of The Anna Freud Centre, London.

Mentalization is an integrative conceptual framework; its coherence with Social-Ecological, Neurodevelopmental, and particularly Attachment models means that it lends itself well to applications extending beyond adult borderline personality disorder. In particular we emphasise adaptations for children, families, and complex youth with multiple comorbidities and ambivalent, or frankly aberrant, relationships towards help and helpers. We describe two

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adaptations developed at The Anna Freud Centre that share the therapist's mentalizing stance and more with MBT.

MBT-Families is in one sense a standalone manualized intervention that places the development and recovery of mentalizing between family members at the heart of its therapeutic goals; in another sense it could be seen as a reframing of structural and strategic systemic, psychodynamic and cognitive-behavioural techniques whose particular focus on intersubjectivity may best be seen as helpful augmentation for established therapeutic models, rather than proposed as a new "challenger to the throne".

AMBIT applies mentalizing theory to street level outreach and early intervention work in four different directions. Mentalizing techniques are not just deployed in face to face *client* work but also to support the development of well-connected *teams* of workers, and to reduce the level of "dis-integration" between the multiple agencies that operate in complex professional *networks* around complex, high risk, help-avoidant cases. Described by some as a form of "pre-therapy", AMBIT seeks at least as much to create the system conditions most likely to support therapeutic change as it does to shape the detailed (and often quite situation-specific) close-up work of facilitating that change. First presented (as Integrative Multimodal Practice) at ESCAP in 2007 as a proposal for "barefoot practitioners", AMBIT has developed into an approach that over 90 teams across the world have been trained in, and these teams now participate in a growing "Community of practice" (Wenger and Lave) that shares emerging best practice and learning via its award-winning wiki-based treatment manuals (www.tiddlymanuals.com). This open source technology is one way that AMBIT supports its fourth main focus, which is in creating 'Learning organisations' (Senge) that are evidence-oriented where robust evidence-based practice is lacking, and which collaborate to develop and share emerging practice-based evidence; we propose that this is a good practical example of what John Weisz has described as "deployment-focused" treatment development programs.

Bevington D, Fuggle P, Fonagy P, Asen E and Target M (2012) "Adolescent Mentalization-Based Integrative Therapy (AMBIT): A new integrated approach to working with the most hard to reach adolescents with severe complex mental health needs." CAMH Journal (published electronically May 4, 2012 | DOI: 10.1111/j.1475-3588.2012.00666.x)

[Jump up](#) Asen, E. & Bevington, D. (2007): Barefoot practitioners: a proposal for a manualized, home-based Adolescent in Crisis Intervention Project. In: Baruch, G., Fonagy, P. & Robins, D. (eds): Reaching the Hard to Reach. John Wiley, Chichester - an early description of the model, with less emphasis on the organisational elements.

T7-02-03

THE DANISH MENTALIZATION-BASED RESILIENCE PROGRAM (RP)

Professor Poul Lundgaard Bak MD

The RP is a highly flexible and very simple modular mentalization-based intervention program which can be tailored to specific needs and situations in individual therapy as well as group levels such as schools and work place environments. The program is currently being tested in four large-scale controlled trials in Denmark (schools and educational institutions, adults diagnosed with ADHD and children in foster care). The program is also locally implemented and tested in four other European countries. The program is available on <http://myresilience.org/>. Project resume and trial protocols can be found on the subsite "about us".

T7-02-0

MINDING THE 'CHILD-IN-MIND'. MENTALIZATION-BASED TREATMENT FOR PARENTS (MBT-P)

Gerry Byrne, Consultant Nurse and Child Psychotherapist, Clinical Lead Family Assessment and Safeguarding Service and ReConnect Service. UK

The Lighthouse[©] MBT-Parenting programme aims to enhance parents' capacity mentalize and in particular to mentalize their children, to enhance attunement in parent-child relationships, to promote secure attachment and reduce Disorganization and to reduce risk of harm and of

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trans-generational transmission of psychopathology including BPD traits. The programme is underpinned by research in the fields of attachment, child development and neuroscience, by core psychoanalytic concepts offering insight into how minds and relationships work & advances in Mentalization Based Treatment for BPD. The Lighthouse[©] MBT-P programme is being piloted in the UK on two sites (Oxford and Buckinghamshire) and evaluated by UCL/Anna Freud Centre team lead by Professor Pasco Fearon. The presentation will draw on the emerging data from the evaluation and will reflect the on-going work of manualizing the Lighthouse[©] MBT-P.

T7-03

CLINICAL AND NEUROIMAGING DEVELOPMENTAL CORRELATES OF CHILDREN AND ADOLESCENTS AT HIGH GENETIC RISK OF SCHIZOPHRENIA AND BIPOLAR DISORDER

Díaz-caneja C; Moreno C; Sugranyes G

Hospital General Universitario Gregorio Marañón, Cibersam, Iisgm, School Of Medicine, Universidad Complutense De Madrid; Hospital Clínic Of Barcelona, Cibersam. Institute Clinic Of Neurosciences, Idibaps

Chair:Covadonga M. Diaz-Caneja, MD. Child and Adolescent Psychiatry Department, Hospital General Universitario Gregorio Marañón, CIBERSAM, IISGM, School of Medicine, Universidad Complutense de Madrid, Madrid, Spain

Symposium overview

Research on early predictors of psychiatric disorders is now shifting towards the study of genetically loaded samples. Advantages of this approach are facilitating early detection, gaining understanding about illness development and, ultimately, developing novel approaches for the early recognition and implementation of preventive strategies and early therapeutic interventions. This method can be particularly relevant for the study of psychiatric disorders linked to the disruption of neurodevelopmental processes, including psychotic and affective disorders, with onset of their first symptoms during childhood or adolescence. The joint study of child and adolescent offspring of parents with different psychiatric illnesses also allows us to determine their shared and specific risk factors. The objective of this symposium is to explore common and differential clinical and neurobiological characteristics of child and adolescent offspring of parents with schizophrenia and bipolar disorder, and compare them with the offspring of community controls. It will focus on structural brain characteristics, brain connectivity, and temperamental profiles, which may represent vulnerability markers that precede illness development in these high-risk populations.

T7-03-01

TEMPERAMENTAL PROFILES IN CHILD AND ADOLESCENT OFFSPRING OF PATIENTS WITH SCHIZOPHRENIA AND BIPOLAR DISORDER AND COMMUNITY CONTROLS".

Speaker:Covadonga M. Díaz-Caneja, MD. Child and Adolescent Psychiatry Department, Hospital General Universitario Gregorio Marañón, CIBERSAM, IISGM, School of Medicine, Universidad Complutense de Madrid, Madrid, Spain

Authors:Covadonga M. Díaz-Caneja¹, Raquel P. Vicente-Moreno¹, Goretti Morón-Nozaleda^{1,2}, Vanessa Sánchez-Gistau³, Soledad Romero³, Elena de la Serna³, Gisela Sugranyes³, Immaculada Baeza³, Carmen Moreno¹, Dolores Moreno¹.

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Background: The study of temperament dimensions in offspring of patients with severe mental disorders can be a useful strategy to detect early vulnerability markers. To date no previous study has assessed temperament dimensions in schizophrenia (SzO) and bipolar offspring

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(BpO). The aims of this study were to compare temperamental profiles in SzO and BpO with community control offspring (CcO) and to assess their association with clinical and functional measures.

Methods: The Dimensions of Temperament Survey-Revised (DOTS-R) was used to assess temperament in BpO (N =80), SzO (N=34) and CcO (N=101). Psychopathology in the offspring was assessed using the Kiddie Schedule for Affective Disorders and Schizophrenia (K-SADS). Temperament dimensions in the high-risk offspring with and without lifetime psychopathology were compared. Bivariate correlations were used to assess the association between temperament dimensions and clinical (Hamilton Depression Rating Scale, Young Mania Rating Scale, Clinical Global Impression Severity and the Scale of Prodromal Symptoms) and functional (Premorbid Adjustment Scale and Global Assessment of Functioning) measures. Statistical analyses were performed with SPSS 18.

Results: Both SzO and BpO showed higher scores in negative mood, as compared with CcO ($p<0.05$ and $p<0.01$, respectively). SzO showed higher scores in activity level than BpO ($p<0.05$). High risk offspring with psychopathology showed higher scores in activity level ($p<0.01$) and negative mood ($p<0.01$), and lower scores in task orientation ($p<0.05$), as compared with high risk offspring without psychopathology. The negative mood temperament dimension was significantly correlated with depression scores, clinical severity of the illness, prodromal psychotic symptoms, premorbid adjustment in childhood and early adolescence, and global functioning.

Conclusions: Specific temperament patterns may be useful in characterizing bipolar and schizophrenia offspring and could represent early vulnerability markers in this population. Future longitudinal studies should ascertain the association between temperamental traits and the development of psychopathology.

T7-03-02

BRAIN STRUCTURAL CHARACTERISTICS OF CHILD AND ADOLESCENT OFFSPRING OF PATIENTS WITH SCHIZOPHRENIA AND BIPOLAR DISORDER AND COMMUNITY CONTROLS”.

Speaker: Gisela Sugranyes, MD, PhD. Department of Child and Adolescent Psychiatry and Psychology, Hospital Clinic of Barcelona, Institute Clinic of Neurosciences, IDIBAPS, CIBERSAM and 2009-SGR-1119, Generalitat de Catalunya, Barcelona, Spain.

Authors: Gisela Sugranyes^{1,2} Elena de la Serna^{2,3} Soledad Romero^{2,3}, Vanessa Sanchez-Gistau¹⁻³, Anna Calvo¹, Dolores Moreno^{3,4}, Immaculada Baeza¹⁻³, Covadonga M. Díaz-Caneja^{3,4}, Teresa Sánchez-Gutiérrez⁴, Joost Janssen^{3,4}, Nuria Bargallo^{1,3,5} Josefina Castro-Fornieles^{1-3,6}

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Background: There is increasing support towards the notion that schizophrenia and bipolar disorder share neurodevelopmental underpinnings, although areas of divergence remain. In this study we set out to examine grey matter structure characteristics of child and adolescent offspring of patients with bipolar disorder and schizophrenia comparatively.

Method: In this two centre study, high resolution magnetic resonance structural neuroimaging data was acquired in 198 children and adolescents (aged 6-17 years): 38 offspring of schizophrenia patients (SzO); 77 offspring of bipolar patients (BpO) and 83 offspring of community controls (CcO). Diagnostic assessments and symptom measures were also obtained. Analyses of total brain volumes and voxel based morphometry (employing family-wise error correction (FWE)) were conducted.

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Results: Relative to CcO, SzO showed a decrease in total cerebral grey matter volume ($p=.003$) and at a voxel-based level, following whole-brain analyses, in the left superior temporal cortex ($pFWE=.019$). Relative to BpO, SzO exhibited reduction of grey matter volume in the left inferior frontal cortex / anterior insula ($pFWE<.001$) and bilateral occipital cortex ($pFWE=.005$) (whole-brain analyses). No differences were observed between BpO and CcO. Total ($p=.017$) and regional ($p=.022$) grey matter volume in the left inferior frontal cortex / anterior insula were inversely correlated with attenuated negative symptom scores in SzO.

Conclusions: This first comparative study in bipolar and schizophrenia offspring suggests that grey matter volume reduction in childhood and adolescence may be specific to schizophrenia offspring. This may index a greater neurodevelopmental impact of risk for schizophrenia relative to bipolar disorder during youth.

T7-03-03

BRAIN CONNECTIVITY IN INDIVIDUALS AT GENETIC HIGH-RISK OF PSYCHOTIC AND AFFECTIVE DISORDERS"

Speaker: Carmen Moreno, MD, PhD. Child and Adolescent Psychiatry Department, Hospital General Universitario Gregorio Marañón, CIBERSAM, IiSGM, School of Medicine, Universidad Complutense de Madrid, Madrid, Spain.

Authors: Carmen Moreno^{1,3}, Joost Janssen¹, María Goretti Morón-Nozaleda^{1,2}, Covadonga M. Díaz-Caneja^{1,3}, Josefina Castro-Fornieles^{3,4}, Elisa Rodríguez-Toscano¹, Elena de la Serna³, Vanessa Sanchez-Gistau^{3,4}, Soledad Romero^{3,4}, Immaculada Baeza^{3,4}, Gisela Sugranyes^{3,4}, Dolores Moreno^{1,3}

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Conceptualizing the brain as a network has potentially important implications for understanding clinical brain disorders. Neuroimaging by diffusion tensor imaging (DTI) is a functional magnetic resonance application sensitive to microstructural organization of white matter tracts that allows to evaluate axonal integrity and structural efficiency of specific neural tracts and estimate the role of structural disconnectivity in mental disorders, even in early stages. New applications of DTI have shown that brain networks include highly connected hub nodes that may play an essential role in functionality, supporting integrative processing and adaptive behaviours. As compared with other brain regions, those hubs may have higher metabolic demands and longer-distance connections and have higher lesion probability in brain disorders (Kahn et al., 2014).

Schizophrenia and bipolar disorder are chronic, severe, and disabling mental disorders. Recent research shows that instead of being the result of regionally isolated brain pathologies, they are more likely due to the alteration of interactions between two or more regions. Functional connectivity profiles across different brain regions in the entire cerebral cortex in patients with schizophrenia and bipolar disorder have shown reduction in functional connectivity within the frontoparietal control network, including dorsolateral prefrontal cortex, lateral parietal cortex, and posterior temporal cortex, compared to controls (Baker et al., 2014). It has been hypothesized that disruption of brain networks may occur prior to illness onset. In fact, both psychotic and bipolar disorders may have their onset during adolescence (Merikangas et al., 2012), at the time of maximum likelihood of myelination of several white matter tracts, among others the corpus callosum. However, research in high-risk populations for schizophrenia and bipolar disorder present controversial results so far. Some studies have found disruption in internal capsule, and corpus callosum or frontal white matter tracts in relatives of subjects with schizophrenia (Maniega et al., 2008; Camchong et al., 2009), and significant reductions in node specific metrics as compared with controls (Collin et al., 2013). In relatives of people with

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bipolar disorder, alterations have been found in corpus callosum and inferior longitudinal fasciculus (Versace et al., 2010). However, other studies including both offspring on parents with bipolar disorder and schizophrenia have not been able to detect those differences as compared with controls (McIntosh et al., 2005). In this talk, current knowledge on connectivity studies in high-risk populations will be reviewed, highlighting the potential of different functional imaging techniques and the value of these results for future research on mental illness.

T7-04

ASSESSMENT OF IDENTITY DEVELOPMENT IN ADOLESCENCE (AIDA)

Goth K

Psychiatric University Clinics (upk) Basel

In the revision of DSM, disorders of identity as an indicator of impaired self-related personality functioning are integrated as a central diagnostic criterion for personality disorders. We developed the self-report questionnaire AIDA (Assessment of Identity Development in Adolescents) in 2012 for the use in adolescents aged 12 to 18 years to assess pathology-related identity based on a broad description of the field.

Psychometric properties of the original Swiss-German-US version of AIDA were very good, the total scale "identity diffusion" was significantly different between PD-patients and healthy controls with remarkable effect size (d) of 3.71 standard deviations.

As the interest in the assessment of identity is high, we are supporting several international research groups to develop culture specific adaptations of this questionnaire. A thorough examination of psychometric properties revealed that a specific cultural adaptation is even necessary for countries with the same language but different cultural background (like Spain, Chile and Mexico).

In this symposium the results of identity assessment with the AIDA in different languages and cultures will be presented and discussed.

Keywords: Identity, Assessment, personality functioning, personality disorder, transcultural

Chair: Goth, K.

T7-04-01

IDENTITY DEVELOPMENT OF TURKISH ADOLESCENTS

FC Çuhadaroğlu, Z Tuzun, D Akdemir, DF Özdemir, E Ataman

Objective: In 2012 Goth, Foelsch, Schlueter-Mueller and Schmeck introduced the AIDA (Assessment of Identity Development in Adolescence), a reliable and valid self-report questionnaire to assess pathology-related identity development in healthy and disturbed adolescents. Our Turkish research team joined the international AIDA study and developed a culture-adequate translation of the AIDA inventory. In a beta-test and a pilot test first psychometric properties were evaluated.

Method: The pilot test was performed in a sample of N=33 adolescents with 8 boys (24.2%) and 25 girls (75.8%) aged 13 to 18 years (Mean 15.6 SD 1.4). 14 of them had a psychiatric diagnose related to identity problems (PD, depression, anxiety disorder). Analyses of scale reliability were performed only on subscale level due to the small sample size.

Results: We found very good psychometric properties with reliability Alpha coefficients of .82, .77, and .77 for the three subscales of the primary scale Discontinuity and .76, .77, and .80 for the three subscales of the primary scale Incoherence. Some items had to be reformulated as a consequence of the pilot test to establish the main test version of AIDA Turkey, because the

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obtained coefficients for item total correlation(r_{it}) showed a correlation between these items and the assigned subscale below the criteria.

Conclusion: The pilot version of AIDA Turkey showed a promising psychometric quality. The established main test version will be assessed in a bigger school and clinical sample. Specific changes in item formulations for Turkish adolescents to reach true content equivalence of the targeted constructs and sufficient reliability will be discussed.

Keywords: Adolescence, Identity, Psychometric Properties, Culture Adaptation, Personality Disorder

T7-04-02

IDENTITY DEVELOPMENT IN BULGARIA - PSYCHOMETRIC PROPERTIES OF CULTURE ADAPTED AIDA INVENTORY IN SCHOOL AND CLINICAL SAMPLE

A Bistrián, N Polnareva, A Avramova, D Terziev

Objectives: In 2012 Goth, Foelsch, Schlueter-Mueller and Schmeck introduced a reliable and valid self-rating inventory - AIDA (Assessment of Identity Development in Adolescence), to assess pathology-related identity development in healthy and disturbed adolescents. In a series of beta-test and pilot tests (N=40, N=50, N=311) the Bulgarian team engaged in the AIDA international study aimed to develop a culture-adequate formulation for every original item for the Bulgarian version of the AIDA inventory.

Methodology: After the last pilot test items 8, 33, 23, 56, 48, 49 had to be reformulated, as the obtained coefficient for item total correlation(r_{it}) showed little correlation between these items and the assigned subscale or scale. Four more items had been slightly changed in formulation to improve comprehensibility by considering specific idioms and culture-specific aspects. The "new" improved Bulgarian AIDA version was tested in a school sample (N=150) and a clinical sample (N=45). Statistical analyses regarding the number of missing values per item, age- or gender-related item bias, item total correlations, and scale reliabilities Cronbach's Alpha were conducted.

Results: At this end the total item correlation for the reformulated items was satisfactory ($r_{it} > .30$), reflecting not only a better comprehension, but capable to truly represent the targeted contents/ concepts. All scales and subscales showed good to very good reliability (α (Identity Diffusion $\alpha = .93$; primary scales Discontinuity = .83, Incoherence = .90). We will discuss specifics in the application of AIDA inventory in Bulgarian adolescent population with accent on the cultural specificity.

Conclusion: Our first efforts with the translation of the AIDA inventory showed the necessity for careful culture-adapted translation or even reformulation of the targeted constructs in order to reach true content equivalence and sufficient reliability.

Keywords: Adolescence, Identity, Psychometric Properties, Culture Adaptation, Personality Disorder

T7-04-03

"WHO AM I?" THE SPECIFICS OF AIDA IN CZECH REPUBLIC

Petra Šimečková, Irena Smetáčková

Objective: In 2012 Goth, Foelsch, Schlueter-Mueller and Schmeck introduced the reliable and valid self-report questionnaire AIDA (Assessment of Identity Development in Adolescence), to assess pathology-related identity development in healthy and disturbed adolescents. In a series of beta-test, pilot test and main test (N=24, N=24, N=276) the Czech translation team developed a culture-adequate formulation for every original item to establish the AIDA Czechia.

Method: Some items had to be reformulated during the pilot tests to improve psychometric properties by considering specific idioms and culture-specific aspects, as the obtained coefficient for item total correlation(r_{it}) showed little correlation between these items and the assigned

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subscale or scale. For the main test, the final version for AIDA Czechia was tested in a combined school and clinical sample (N=6 Borderline PD) of 89 boys (32.2%), 187 girls (67.8%), with age range 11-18, Mean 14.9, SD 1.8.

Results: We found good psychometric properties with high total scale (Diffusion=.91), primary scale (Discontinuity=.79; Incoherence=.87) and subscale (= .60-.75) reliabilities Cronbach's α . Both primary scales differentiated significantly between PD-patients and students with effect sizes (d) of 1.19 and 1.37 as a sign of good criterion validity.

Conclusion: AIDA Czechia is a reliable translation of the original AIDA questionnaire. The process showed the necessity for a careful culture-adapted translation or even reformulation of the targeted constructs in order to reach true content equivalence and sufficient reliability. We will discuss cultural specifics. To analyze validity in detail, further clinical samples will be assessed.

Keywords: Adolescence, Identity, Psychometric Properties, Culture Adaptation, Personality Disorder

T7-04-04

ASSESSMENT OF IDENTITY IN A KOSOVARIAN SAMPLE

Uka, Aferdita

Objective: Early detection and intervention have proven to be the most important topic in developmental psychopathology. As identity diffusion is discussed as central construct in developing personality disorders, a reliable and valid test is needed to enable valid diagnostics as well as a high quality research. The questionnaire AIDA (Goth, Foelsch, Schlueter-Mueller & Schmeck, 2012) is a reliable and valid method to assess pathology-related identity development in self-rating in adolescents.

Method: In cooperation with the original authors, our Kosovar group has developed a culture-specific translation of the AIDA questionnaire in order to join the international AIDA study. After being translated and adapted to Albanian language and two pilot tests, the Kosovar AIDA (Assessment of identity development in adolescence) was tested for psychometric properties in a school sample in Kosova of N=703 (male 358 (50.9%), female 345 (49.1%); age 12-18, Mean 14.6, SD 1.9). In a subsample of N=46 a retest was conducted after two weeks.

Results: The main test provided sufficient scale reliabilities with α =.88 for the total scale Diffusion, .74 for the primary scale Discontinuity and .84 for the primary scale Incoherence. The retest reliabilities were .73, .61, .74, respectively. No significant differences in the AIDA scores between girls and boys and between younger and older adolescents were obtained in Kosovo. No item showed a systematic difference (MANOVA) concerning sex or age. Thus, the item formulations can be regarded as age and sex neutral.

Conclusion: AIDA Kosovo is a reliable translation of the original AIDA questionnaire. To analyze diagnostic validity, further clinical samples will be assessed. Results will be discussed from the perspective of societal and cultural characteristics.

Keywords: Adolescence, Identity, Psychometric Properties, Culture Adaptation, Personality Disorder

T7-05

T7-05-01

FMRI-BASED NEUROFEEDBACK FROM THE ANTERIOR CINGULATE CORTEX FOR ADULTS WITH ATTENTION-DEFICIT/HYPERACTIVITY DISORDER. A PROOF OF CONCEPT STUDY.

Jan Buitelaar, Anna Zilverstand, Bettina Sorger, Rainer Goebel

Attention-deficit/hyperactivity disorder (ADHD) is associated with poor cognitive control and hypofunctioning of the dorsal anterior cingulate cortex (ACC) during continuous performance, response inhibition and switching tasks. We investigated for the first time whether fMRI neurofeedback training targeted at increasing activation levels in the ACC in adults with ADHD leads to reduction of ADHD symptoms and improved cognitive functioning. An exploratory, randomized controlled treatment study with blinding of the participants was conducted. Participants with ADHD (n=7 in the active feedback condition, and n=3 in the control condition) attended four weekly training sessions, during which they performed a mental calculation task at varying levels of difficulty, in order to learn how to up-regulate ACC activation. Prior, and after the training ADHD symptoms and cognitive functioning were assessed by neuropsychological testing. Results showed that neurofeedback participants achieved a significant increase in ACC activation levels over sessions. The neurofeedback group did not show a significant reduction of ADHD symptoms, but improved considerably and significantly on measures of attentional control and working memory. Individual modulation performance was highly correlated with the ability to sustain attention and working memory capacity, but modulation success was not highly correlated with treatment change. The contribution of the provided neurofeedback information to treatment change can therefore not be finally evaluated.

T7-05-02

A RANDOMIZED CONTROLLED CLINICAL TRIAL OF REAL-TIME FUNCTIONAL MAGNETIC RESONANCE IMAGING NEUROFEEDBACK FOR ADOLESCENTS WITH ATTENTION DEFICIT HYPERACTIVITY DISORDER (ADHD)

Analucia A. Alegria, Helen Brinson, Vincent Giampietro, Gareth J. Barker, Daniel Stahl, Daniel Brandeis, Anthony David, Katya Rubia
Institute of Psychiatry, Psychology & Neuroscience (IoPPN); King's College London, London, UK

Background: Real-time fMRI-Neurofeedback (rt-fMRI-NF) is a novel technique that permits individuals to attain self-regulation of brain regions. Due to its better spatial resolution compared to electroencephalography NF (EEG-NF), it allows self-regulation of deep inferior frontal structures. Underactivation of right inferior frontal cortex (rIFC) has been shown to be a key pathophysiological marker of ADHD. IFC is up-regulated by psychostimulant medication, suggesting that rt-fMRI-NF targeting rIFC self-upregulation may be a promising neurotherapy for ADHD.

Methods: Thirty 12-18 year old boys with ADHD were randomized to rt-fMRI-NF for self-upregulation of rIFC (active group) or right parahippocampal gyrus (rPHG, control group). Visual feedback was presented in the form of a rocket that had to be moved from the ground to reach planets in space. The rt-fMRI-NF was delivered in 14 runs of 8 min each, across 4 visits and within 2 weeks. Increase in rIFG and rPHG activation was examined in both groups. Clinical and cognitive outcome measures, as well as brain activation data during a motor inhibition task known to activate rIFC (Stop task) were assessed pre- and post-intervention.

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Results: Preliminary results show a positive linear increase in rIFC activation in the active relative to the control group. Results on clinical, cognitive and fMRI Stop task outcome measures will be presented at the conference.

Conclusion: The results of this study will indicate whether ADHD adolescents can self-regulate and enhance specific brain activation after relatively few rt-fMRI-NF sessions and if successful rIFC self-upregulation is associated with reductions of ADHD symptoms and improvements in cognitive functions.

T7-05-03

NIRS NEUROFEEDBACK IN ADHD

Andreas J. Fallgatter, Beatrix Barth & Ann-Christine Ehlis

Dept. of Psychiatry, University of Tuebingen, Germany,

Objectives: Psychiatric disorders like ADHD are currently mainly treated with pharmacotherapeutic and, to a lesser extent, with psychotherapeutic methods. The success measured as improvement of symptoms under is surprisingly good with high effect sizes (>0.8) in randomized controlled trials, in particular for pharmacological treatment with stimulants. However, there is still room and need for improvement.

Methods: Neurofeedback methods based on EEG and fMRI methods are increasingly applied as an alternative or add-on therapeutic approach. The rationale behind these therapies is to show the subjects an immediate feedback of their brain activity. So they can learn how to regulate their brain activity and transfer this ability to real life situations.

Results: We established a neurofeedback protocol for regions of the prefrontal cortex based on measurements of brain activity with Near-Infrared Spectroscopy (NIRS). This NIRS-neurofeedback was applied in children and adults with ADHD with promising results.

Conclusion: Due to its high ecological validity, NIRS-neurofeedback might develop to an alternative or add-on therapy also for ADHD patients in future.

T7-06-01

STIMULANT TREATMENT HISTORY PREDICTS FRONTAL-STRIATAL STRUCTURAL CONNECTIVITY IN ADOLESCENTS WITH ATTENTION-DEFICIT/HYPERACTIVITY DISORDER

Schweren L; Hartman C; Zwiers M; Heslenfeld D; Oosterlaan J; Franke B; Buitelaar J; Hoekstra P

Umcg; Dccn; Vu

Introduction: Diffusion tensor imaging (DTI) has revealed subtle white matter abnormalities in individuals with attention-deficit/hyperactivity disorder (ADHD). Stimulant treatment may affect such abnormalities. The current study investigated long-term effects (i.e. multiple years) of stimulant treatment on structural connectivity within the frontal-striatal and mesolimbic dopaminergic pathways, in a large sample of children, adolescents and young adults with ADHD.

Methods: From the NeuroIMAGE cohort, 172 participants with ADHD (mean age 17, range 9-26) underwent diffusion-weighted MRI scanning, along with an age- and gender matched group of 96 healthy control participants. Detailed pharmacy records allowed exact quantification of cumulative stimulant intake in milligrams. Using probabilistic tractography, five group-specific white matter tract masks (orbitofrontal-striatal, orbitofrontal-amygdalar, amygdalar-striatal, dorsolateral-prefrontal-striatal and medial-prefrontal-striatal) were created. Fractional anisotropy (FA) and mean diffusivity (MD) within each tract were extracted for each participant. We analyzed case-control differences in FA and MD within each tract. Next, within the ADHD group, we predicted FA and MD per tract from cumulative stimulant intake.

Results: After correction for multiple testing, participants with ADHD showed reduced FA in the orbitofrontal-striatal tract ($p=0.010$), which indicates decreased structural connectivity. Within

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the ADHD group, increased stimulant intake was associated with decreased MD, which is indicative of enhanced structural connectivity, in the same tract ($p=0.011$).

Discussion: Participants with ADHD showed reduced structural connectivity in orbitofrontal-striatal pathways. Stimulant treatment was found to increase structural connectivity in this pathway. Our findings provide preliminary support for a long-term normalizing effect of stimulant treatment on structural orbitofrontal-striatal connectivity, and emphasize the importance of the orbitofrontal cortex and its connections in ADHD.

T7-06-02

CHILDHOOD DIAGNOSED ATTENTION DEFICIT/HYPERACTIVITY DISORDER REFLECTED IN THE BRAIN AT REST IN ADULTHOOD

Mccarthy H; Skokauskas N; Mulligan A; Donohoe G; Mullins D; Johnson K; Fagan A; Gill M; Meaney J; Frodl T

Trinity College Dublin; Children's University Hospital; National University Of Ireland Galway; University Of Melbourne; St. James's Hospital

Childhood Diagnosed Attention Deficit/Hyperactivity Disorder Reflected in the Brain at Rest in Adulthood

Abstract

Background: The neurobiological underpinnings of Attention Deficit / Hyperactivity Disorder (ADHD) and particularly those associated with the persistence of ADHD into adulthood are not yet well understood. Correlation patterns in spontaneous neural fluctuations at rest are known as resting-state functional connectivity (RSFC) and the aim of this study was to determine ADHD-related differences in RSFC related to the long-term outcome of childhood ADHD compared to healthy controls.

Methods

Thirty-four adults with a childhood diagnosis of ADHD were split into persistent or remitted ADHD dependent upon the presence and severity of their symptoms. Their functional connectivity maps from attention, affective, default, and cognitive control networks involved in the psychopathology of ADHD were compared to thirty-six control participants.

Results

Controls displayed significantly more ventral attention network RSFC than patients with persistent ADHD ($p > 0.05$, family wise error (FWE) corrected) and more dorsal attention network RSFC than those in remission ($p > 0.05$ FWE corrected). Controls and remitters had more affective network RSFC than persisters ($p > 0.05$, FWE corrected). There was significantly more cognitive control network RSFC for ADHD participants compared to controls ($p > 0.05$, FWE corrected) whereas there was more default mode network RSFC for controls relative to all ADHD participants ($p > 0.05$, FWE corrected).

Conclusion

Ventral Attention network hypo-connectivity may be linked to increased distractibility in persisters. Moreover, affective network hypo-connectivity seems to be ADHD state dependent as well. Whether dorsal attention network hypo-connectivity found in remitters compared to controls is related to a compensation mechanism requires further investigation.

T7-06-03

DO OUTCOMES FOR CHILDREN WITH SUBTHRESHOLD ADHD DIFFER FROM CHILDREN WITH ADHD AND NON-ADHD CONTROLS? A COMMUNITY-BASED STUDY

Sciberras E; Nicholson J; Anderson V; Hazell P; Jongeling B; Silk T; Bisset M; Ukoumunne O; Efron D

Murdoch Childrens Research Institute; Latrobe University; The University Of Sydney; University Of Western Australia; University Of Exeter

Background/Objectives: Few studies have delineated outcomes for community-based samples of children with Attention-Deficit/Hyperactivity Disorder (ADHD). Clinical cohort studies are biased towards children with more severe ADHD and comorbidities and under-represent girls and those with predominantly inattentive symptoms. It is unclear how outcomes differ for children who meet the full criteria for ADHD versus those with subthreshold symptoms. We aimed to compare the social, emotional, behavioural, quality of life and academic outcomes between three groups: 1) ADHD; 2) subthreshold ADHD; and 3) non-ADHD controls.

Methods: Participants were (179 ADHD; 86 subthreshold ADHD; 212 non-ADHD controls; mean age: 7.3 years) recruited in their second year of schooling from 43 schools in Melbourne, Australia following community-based screening (n=3734). Group status was assessed in two stages: 1. parent and teacher Conners' 3 ADHD index; and 2. Diagnostic Interview Schedule for Children IV (DISC IV). Children were defined as having subthreshold ADHD if they screened positive for ADHD by both parent and teacher report but did not meet the full criteria for ADHD on the DISC IV. Outcomes assessed 18 months later included parent and teacher ratings of social, emotional and behavioural functioning (Strengths and Difficulties Questionnaire), quality of life (Pediatric Quality of Life Inventory) and academic functioning (Social Skills Improvement System – Academic Competence subscale).

Results: Children with both full and subthreshold ADHD had poorer outcomes at baseline that persisted 18 months later (mean age: 8.9 years) compared with controls including poorer academic functioning, increased social, emotional and behavioural difficulties, and reduced quality of life ($p < 0.001$). Although children with ADHD had elevated social, emotional and behavioural difficulties and poorer quality of life compared to the subthreshold group by parent-report ($p < 0.001$), they did not differ on most teacher-reported outcomes including academic functioning ($p = 0.35$), peer problems ($p = 0.75$) and emotional difficulties ($p = 0.98$), with the exception of behavioural difficulties ($p = 0.04$).

Conclusions: Children with subthreshold ADHD have comparably poor outcomes to those with full ADHD through the early school years. School-based outcomes were similar for children with full and subthreshold ADHD, with the exception of behavioural difficulties. It is possible that for children who did not meet full criteria for ADHD at age seven, functional deficits were more apparent in the structured school setting leading to discrepant views between parents and teachers, highlighting the importance of using multiple informants when assessing for ADHD. Preventive and early intervention approaches may be fruitful for children with both subthreshold and full ADHD.

T7-06-04

NO LONG-TERM EFFECTS OF STIMULANT TREATMENT ON SIX OUTCOME DOMAINS IN ATTENTION-DEFICIT/HYPERACTIVITY DISORDER

Schweren L; Hoekstra P; Franke B; Heslenfeld D; Oosterlaan J; Buitelaar J; Hartman C

Umcg; Dccn; Vu

Introduction: A large proportion of children with attention-deficit/hyperactivity disorder (ADHD) receive stimulant medication. Stimulants effectively and immediately reduce symptoms of hyperactivity and/or inattention in the majority of children with ADHD. It has been suggested that immediate treatment effects may translate into long-term benefits, such that outcome (when off medication) is better for individuals with a history of stimulant treatment compared to individuals without stimulant exposure. There is no evidence for this hypothesis, however, as long-term outcome studies to date assessed participants' functioning at follow-up in their medicated state, precluding the investigation of long-term treatment effects lasting beyond the immediate effects. The current study investigated whether stimulant treatment is associated with long-term behavioural outcome in a non-medicated state.

Methods: As part of the NeuroIMAGE study, children with ADHD (mean age 11 at baseline) were measured twice with an average follow-up time of six years. Two age-, gender-, and baseline-ADHD-severity-matched samples were derived: 80 participants who had received stimulant treatment between baseline and follow-up, and 80 participants who had not. First, we compared the change over time in six outcome domains (symptoms of hyperactivity, symptoms of inattention, emotional problems, peer problems, prosocial behaviour, and functional impairment in daily life) between the two groups using linear mixed effects modeling. Second, within the medicated group, we investigated how treatment intensity, treatment variability, and treatment trajectory (i.e. continually treated, stopped treatment, started treatment, and inconsistently treated) predicted changes in the six outcome domains.

Results: Regardless of stimulant treatment between baseline and follow-up, symptoms of hyperactivity significantly improved over time. Symptoms of inattention, peer problems, emotional problems, prosocial behaviour, and functional impairment did not. Stimulant treatment between baseline and follow-up did not predict change in any outcome domain. Furthermore, we found no associations between changes in the six outcome domains over time and treatment intensity, treatment variability, or treatment trajectory.

Discussion: We found no long-term effects of stimulant treatment over time. Outcomes changed equally over time for participants who had received stimulants during the study period and participants who had not, and differences in treatment regime did not predict changes in outcome. These results emphasize the need for care of individuals with ADHD extending beyond childhood, and irrespective of prior stimulant treatment.

WEDNESDAY

W1-01

THAT THERE HAS TO BE EVALUATED IN THE FIELD OF CHILD AND ADOLESCENT PSYCHOTHERAPY

Golse B; Corcos M; Speranza M; Godart N; Robin M; Delvenne V; Jeammet P; Zigante F; Borghini A; Falissard B
Aphp Necker Hospital; Institut Mutualiste Monsouris; Mignot Hospital; Institut Mutualiste Montsouris; Erasme Hospital; Necker Hospital; Chu De Lausanne; Cohin Hospital And Paris Descartes University

Overview

The evaluation of the effectiveness of psychotherapy in the field of childhood and adolescence has encountered many difficulties so far, for various reasons: mitigation or resolution of symptoms is not enough to say that efficiency (due to a possible "leak healing"), mental suffering in the young people is not easy to quantify and, finally, the structural changes are more difficult to grasp in an individual training or processing (the baby, child or adolescent) than in a subject in simple evolution (adults).

That said, the effectiveness of treatment is not the only target of the evaluation.

Three presentations will be based on quantitative and qualitative devices .

F. Zigante (Fr), A. Borghini (CH) , E. Vion (Fr) and B. Golse (Fr) will show the interest of the narrative tests to follow the development of attachment patterns during the treatment, first phase of disorganization during the first year of the process can sometimes precede a subsequent reorganization and increase in attachment security , but not in the case of borderline conditions.

M. Robin (Fr), A. Pham- Scottez (Fr), Mr. Speranza (Fr) , V. Delvenne (Be) and M. Corcos (Fr) will present the results of the European network on Borderline Personality Disorder (EURNET-BPD) by emphasizing the fact that the prevalence of depressive dimension anaclitic elements and the type disorganized of attachment seems correlated with a lower acceptance psychotherapy and more hospitalizations.

N. Godart (Fr), Dr. Corcos (Fr), B. Falissard (Fr) , Ph. Jeammet (Fr) and coll. finally will show that in severe anorexic patients, the addition of a family therapy in the management multidimensional already including parents, increases the effectiveness of treatment and even after 13 years of follow up.

W1-01-01

Narratives and analytic therapy follow-up of change process in a thirty six children cohort during four years

Zigante F.1., Borghini A.2, Vion E.1., Golse B.1

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2. SUPEA, Lausanne

Study of narratives is a bridge between attachment theory and psychoanalysis.

It is explored by philosophy with the narrative identity concept (Paul Ricoeur,1990)., by psychoanalysis with concepts of linking and secondary process, by attachment with correlations between early interactions and narrative coherence development.

To assess therapeutic process, we follow the narrative evolution during psychotherapy.

In our present study, we follow up narratives evolution of children with psychopathology during analytic therapy. A cohort of thirty six children (neurosis (CFTMEA), or F93 Emotional disorders with onset specific to childhood (ICD10) / borderline or F91 Conduct Disorders and F92 Mixed disorders of conduct and emotions / psychosis or F84 Pervasive Development Disorder) from

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four to eleven years old is follow up during four years with every year assessment with ASCT (Bretherton et al., 1990) coded with CCH (Miljkovitch et al., 2008).

Results show significant progression of attachment representations and narrative from the first year of therapy. Children with neurosis improve content and form of their narratives as early as the the first year.

Psychotic children improve form before content of their narratives.

Narratives of borderline children show no significant evolution during analytic therapy. We discuss this result with attachment and psychoanalytic points of view.

Key-Words : Narratives, Attachment, Psychoanalysis, Psychotherapy, Form, Content

W1-01-02

Rethink psychotherapies of BPD adolescents in the light of quantitative studies:

Results of the European Network on Borderline Personality Disorder in Adolescence (EURNET-BPD)

Robin M. 1, Pham-Scottetz A.2, Speranza M. 3 , Delvenne V. 4, Corcos M. 1

1. 1.Institut Mutualiste Montsouris, Paris
2. 2.Hôpital Sainte Anne, Paris
3. 3.Hôpital Mignot, Versailles
4. 4.Hôpital Erasme, Bruxelles

International guidelines on patients with BPD include psychotherapy first, and medication, hospitalizations in a second line. We question in this study the possibility and the way to apply the guidelines in adolescents with BPD, in the light of recent quantitative studies.

The EURNET-BPD explored different psychopathological aspects of adolescents aged from 13 to 18 years old: attachment, childhood traumas, alexithymia, facial affect recognition, impulsivity, health pathways,... Adolescents in this study mainly needed hospitalizations (85% including 6% day hospital), medications (85%), and psychotherapies in 47% of cases.

Results showed that externalized symptoms such as self-mutilations, repeated suicidal injuries, substance abuse, or bulimia are the health indoor. Affect dysregulation is important in these patients (alexithymia, low level of affect awareness, decreased facial affect recognition). Nonetheless, these factors and trauma in childhood do not explain entirely difficulties and ruptures in psychotherapies. Comorbid depression is also often diagnosed. Thus, our results confirm the prevalence of anaclitic aspects of depression and also the role of disorganized attachment. These factors seem to be linked with a lower acceptability of psychotherapy and with more hospitalizations.

Beyond emotional dysregulation, early object representation and attachment modalities seem to impact the possibility of psychotherapy in these patients. We propose to discuss the way to adapt cares and improve psychotherapy feasibility in these patients.

Key-Words: Attachment, Borderline, Health care, Psychotherapy.

W1-01-03

Quantitative evaluation of the impact of family therapy: a Randomized Controlled Trial Comparison of Adjunctive Family Therapy and Treatment as Usual Following Inpatient Treatment For Adolescent Anorexia Nervosa, a13 years follow-up months outcome.

Nathalie Godart, M.D., PhD., Leslie Radon, Ms, Jeanne, Duclos, PhD, Sylvie. Berthoz, Phd, , Fabienne Perdereau, M.D., M.Sc., Florence Curt, M.D. ,PhD, Zoé Rein, M.Sc, Jenny Wallier, M.Sc, Anne Sophie Horreard, Irène Kaganski, M.D., Réjane Lucet, PhD., Maurice

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Corcos, M.D., PhD., Jacques Fermanian, M.D., PhD., Bruno Falissard, M.D., PhD., Martine Flament, M.D., PhD., Philippe Jeammet, M.D., PhD.

Context. Long term follow-up for evidence-based treatment trials for post-hospitalisation treatment of adolescent outpatients with severe anorexia nervosa (AN) are scarce.

Objective : To compare two multidimensional post hospitalization outpatient treatment programs (identical except that one included family therapy) for adolescents with severe AN.

Design : Randomized controlled trial conducted from January 21st, 1999 to July 22n, 2002 and followed until 2014.

Setting : At the Institut Mutualiste Montsouris, René Descartes University of Paris, ambulatory post-hospitalization care.

Patients: Sixty female adolescents with DSM-IV AN, aged 13 to 19 years.

Interventions. The first group, "Treatment as Usual" (TAU) included sessions for the adolescent alone and sessions with a psychiatrist for the adolescent with her parents. Treatment for the second group (TAU+FT) was identical to TAU but also included a family therapy component targeting intra-familial dynamic but not eating disorder symptoms.

Main Outcome Measure: Morgan and Russell Score (good or intermediate outcome versus poor outcome) at 18 months of follow up. Our secondary outcomes index were the Global Outcome Assessment Scale total score and AN symptoms or their consequences (eating symptoms, body mass index, amenorrhea, number of hospitalizations in the course of follow-up, and social adaptation).

Results: After 18-months of follow-up, significant differences were found between the two programs in the numbers achieving a Good or Intermediate Outcome score on the Morgan and Russell Scales. TAU+FT was more effective than TAU (Intention to Treat analysis: TAU+FT Similar results were observed regarding weight outcome and menstrual status at 54 months follow-up and 13 years. We will expose in addition outcome of the two groups.

Conclusion Adding FT, that has a principle focusing on intra-familial dynamic, to a multidimensional program already involving parents improves treatment effectiveness in severe AN patients even after 13 years follow up.

W1-02

ADOLESCENT MENTALIZING BREAKDOWNS: EVALUATION AND INTERVENTION OF SELF-HARMING BEHAVIOURS

Rossouw T; Skarderut F; Badoud D

North East London, Nhs Foundation Trust, UK; 1) Institute For Eating Disorders, Oslo, Norway
2) Insitute For Special Needs Education, University Of Oslo, Norway.; Developmental Clinical Psychology Unit, Faculty Of Psychology, University Of Geneva, Switzerland, And Office Médico-pédagogique Research Unit, Department Of Psychiatry, University Of Geneva, School Of Medicine, Switzerland

Symposium Overview Proposal

Members

Symposium chair : Trudie Rossouw, Child Psychiatrist, North East London NHS Foundation Trust, UK

Speakers :

Deborah Badoud, 1) Developmental Clinical Psychology Unit, Faculty of Psychology, University of Geneva, Switzerland, 2) Office Médico-Pédagogique Research Unit, Department of Psychiatry, University of Geneva, School of Medicine, Switzerland

Finn Skarderut, Professor, PhD, MD. 1) Institute for Eating Disorders, Oslo, Norway
2) Insitute for Special Needs Education, University of Oslo, Norway.

Trudie Rossouw

Rationale

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Non Suicidal Self-Injuries (NSSIs) are associated with a broad range of negative clinical outcomes and further considered as a potential early indicator of borderline personality disorder (BPD). Indeed, NSSI has been regularly associated with adult BPD features and is highly prevalent in adolescent patient with BPD. Moreover, retrospective studies highlight that 30% of adult with a diagnosis of BPD report NSSI childhood or adolescent onset.

Besides clinical features, NSSI has been consistently linked with psychological processes, mostly emotion dysregulation or impulsivity. However, conversely to BPD for which investigations of social cognition have dramatically increased, socio – cognitive basis of NSSIs are far less known.

Recently, NSSI episode have been conceptualized as a prototypic temporary disruption of the adolescent processes of mentalization (i.e. the ability to reflect upon one's own and other's internal states and their relationship to behaviour). The recent developments for a mentalization-based approach of BPD paved the way for research on the underlying socio – cognitive mechanisms of NSSI during adolescence, and empirical research currently supports the mentalization-based therapeutic model for adolescent NSSI.

In this symposium we will first provide the theoretical and empirical rationale for considering mentalizing processes as central to adolescent NSSIs.

Furthermore the symposium will present the randomized controlled trial evidence for the effectiveness of the mentalization – based approach for self-injurious behaviours in adolescence. In addition examples of case studies will be presented too, as well as discussions about managing emotional storms in young people. This symposium will also include a paper on mentalizing the body and evidence of MBT treatment in young people presenting with eating disorders.

Keywords

Self-harm, mentalization

W1-02-01

Minding the body: Mentalization-based treatment for eating disorders (MBT-ED)

Professor Finn Skårderud, MD, PhD

BACKGROUND

Mentalization-based treatment is evidence-based medicine for borderline personality disorder and self-harm. Today there is great interest in implementing such principles in other areas, e.g. addiction, PTSD, depression and as mentalization-based therapy for eating disorders (MBT-ED) (Skårderud & Fonagy, 2012).

Mentalizing is defined as the ability to understand feelings, cognitions, intentions and meaning in oneself and in others. The capacity to understand oneself and others is a key determinant of self-organisation and affect regulation. Eating disorders will be described as examples of different forms of impaired mentalizing, and such impairments are stated to be central psychopathological features in eating disorders. Psychotherapeutic enterprise with individuals with compromised mentalizing capacity should be an activity that is specifically focused on the rehabilitation of this function. Mentalization-based psychotherapy for eating disorders should also have a special emphasis on how the body is involved in representing mental states. The presentation will reflect the on-going work of manualizing MBT-ED.

Skårderud, F. & Fonagy, P. (2012). Eating disorders. In A. Bateman & P. Fonagy (Eds.), *Handbook of mentalizing in mental health practice*, s. 347-383. Washington DC: American Psychiatric Publishers.

W1-02-02

Mentalisation based treatment for adolescents with self harm: an RCT

Rossouw Dr T

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Objective We examined whether mentalization-based treatment for adolescents (MBT-A) is more effective than treatment as usual (TAU) for adolescents who self-harm.

Method Eighty adolescents consecutively presenting to mental health services with self-harm and comorbid depression were randomly allocated to either MBT-A or TAU. Adolescents were assessed for self-harm, risk-taking and mood at baseline and at 3-monthly intervals till 12 months. Their attachment style, mentalization ability and borderline personality disorder (BPD) features were also assessed at baseline and at the end of the 12-month treatment.

Results MBT-A was more effective than TAU in reducing self-harm, depression and borderline traits. This superiority was explained by improved mentalization and reduced attachment avoidance and reflected improvement in emergent BPD symptoms and traits.

Conclusion MBT-A may be an effective intervention to reduce self-harm in adolescents.

W1-02-03

Evaluating the links between reflective functioning, empathy and perspective taking and their relevance to borderline personality features

Deborah Badoud,

Reflective functioning (RF), which considers the capacity to understand intentional mental states as causally determining self and others' behaviours, is conceptualized as both linked to and independent from other socio-cognitive constructs such as empathy and perspective-taking. Importantly, RF is argued to more readily account for the developmentally-acquired dysregulations of social cognition observed in clinical syndromes such as borderline personality disorder (BPD). The presentation will discuss the relationships of reflective-functioning to empathy and perspective-taking on the one hand, and to level of BPD features as well non-suicidal self-injury across risk periods of adolescence and early adulthood on the other hand.

W1-03

Psychotherapy in Autism Spectrum Disorders - Taking account of psychopathology

Bonnot O; Cohen D; Muratori F; Narzisi A; Viaux S; Chetouani M; Rabeyron T; Bisson V; Cuevas C; Azurmendi B

Chu & University Of Nantes; Aphp, Upmc; Stella Maris & University Of Pisa; Stela Maris & University Of Pisa; Aphp; Upmc; University Of Nantes; Chu De Nantes; Red De Salud Mental De Bizkaia (hospital De Bermeo)(*)

Overview:

Communication impairments are core symptoms and a key developmental process in patients with Autism Spectrum Disorders (ASD). We will present three line of research in the field of psychopathology, understood as a psychiatric practice based on interaction between patients and health care professional.

1- We studied of early interaction showing how Social Signal Processing (SSP) can help in addressing this topic. Data from diverse sources (e.g. experiments, home movies) show how SSP was used to address synchrony between partners (e.g. infant, child, care giver, agent) and characteristics that participates to interpersonal exchanges (e.g. motherese, emotional prosody or faces). When studying interactive patterns in a home movie study, we found that deviant autistic behaviours appear before 18 months. Parents felt the lack of interactive initiative and responsiveness of their babies and try to increasingly supply soliciting behaviours by using mother motherese [1]. Also, in an experimental study, oxytocin shaped parental motion during father-infant interaction [2]. Finally, in the context of assessing mother-infant interaction in the context of a therapeutic trial, we created a multimodal setting for automated extraction of synchrony features that parallel clinical video rating [3].

Our research shows that SSP, developmental psychology and the study of early interaction should bind together as SSP appears to be a promising tool to investigate early psychopathology. DC, SV, MC, Paris , France

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2- We examined the parental stress as an outcome measure after 6 months of treatment as usual (TAU) (n= 68 children) for whom information about Parental Stress (measured through the Parenting Stress Index – PSI) was available before (T0) and after six-months of TAU (T1). On the base of the clinical outcome, at T1 the sample was divided in a group of 37 children who improved on the ADOS-Calibrate Severity Score (Positive Outcome) and a group of 31 children without Positive Outcome (NPO). The two groups received comparable quantity of TAU in terms of weekly hours of treatment ($t_{66} = .73$, $p=ns$), but a significant difference between groups was found on the direct involvement of parents ($t_{66} = 13,6$; $p=.048$). Regarding the PSI, the group comparison at T0 revealed significant higher mean scores in the PO compared to NPO on Total Stress ($P<.05$), Parent Domain ($P<.05$) and Isolation ($P<.005$). Positive Outcome group showed significant lower mean scores at T1 than at T0, while in the NPO group no significant difference was found between T0 and T1. Correlation between PSI Total mean score and ADOS-CSS reaches a highly significant level in the PO group ($r = -.389$; $p=.017$). FM AN, Pisa, Italy.

3- Music-Therapy (MT) has been used for decades with patient in Autism Spectrum Disorders. There is no rigorous assessment of MT in ASD. Our aim was to assess the efficiency of MT in ASD for clinical global impression, behaviour and communication impairments. We included 40 patients with ASD confirmed diagnose from 6 institutions in the west of France. Patients were randomized in two groups, first group (n=20) was for MT and the second group (n=20) was for Music Listening only with no psychotherapy. All patients had one session a week, lasting 30 minutes. When included in the study, we precede with a clinical assessment using Clinical Global Impression scale (CGI), Children with Autism Rating Scale (CARS), Aberrant Behaviour Check-List (ABC), and Vineland Scale for all patients. Evaluators did not know which group belong the patients (single blind design). After 30 sessions, assessment by scales was performed again. Our preliminary results suggest that MT is efficient general clinical appreciation but also in specific domains for patients with ASD. OB, EC, TR, FXV, Nantes, France.

4- Recognition of severe developmental disorders in children is much lower than severe mental diseases in adults, and very uneven across diagnoses that fall under this concept, the most recognized being ASD. Motivated by this matter, in 2011 the Public Mental Health Network implemented in each of the four health areas of Bizkaia an outpatient program for specific attentio to infant severe mental disorders. We used consensus meetings to formalize coordination beetwen different agents for ease early detection and referral; to unify diagnostic evaluation; computerization of documents to be used in the Program and Individualized Healthcare Plan; to create a register of incoming subjects in the Program and a database for future description and evaluation of evolution of these cases. We included in the database a sample of 125 cases in the program during 2013. We established the need to maintain and expand the capacity of attention to these disorders in a specific program given the volume of demand; coordination centered from infant-juvenile Mental Health Services with the different socio-educational-health agents results efficient, but is complicated and requires greater efforts of all parties involved; tests have proven useful for baseline comparison of the symptomatology and to measure subsequent evolution after the intervention. CJC, BSA, Bizkaia, Spain.

W1-03-01

Parental Stress as an Outcome Measure in Early Intervention for Autism Spectrum Disorders

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Key Words: Autism;Parental Stress; Outcome; Early Treatment; Treatment As Usual

Background: Parenting stress can be defined as an `aversive psychological reaction to the demands of being a parentand has been identified as one of the most common daily concerns

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faced by parents. According to Abidin's model, high levels of stress can lead to an increase in negative parenting, which in turn has direct impact on child's behaviour. Research has demonstrated that parents of children with autism spectrum disorders (ASD) experience higher levels of stress than parents of TD children and of children with other types of disabilities. Only few studies have examined the question of whether parental stress affects clinical trajectories of children during treatment.

Methods: We examine the parental stress as an outcome measure after 6 months of treatment as usual (TAU) in Italy. We have selected 68 children (57 male; 11 female; mean age: 2,94; sd: 0,79; range age: 1,58-5 years) for whom information about Parental Stress (measured through the Parenting Stress Index – PSI) was available before (T0) and after six-months of TAU (T1). On the base of the clinical outcome, at T1 the sample was divided in a group of 37 children who improved on the ADOS-Calibrate Severity Score (Positive Outcome) and a group of 31 children without Positive Outcome (NPO). The two groups received comparable quantity of TAU in terms of weekly hours of treatment ($t_{66} = .73, p=ns$), but a significant difference between groups was found on the direct involvement of parents ($t_{66} = 13,6; p=.048$).

Results: Regarding the PSI, the group comparison at T0 revealed significant higher mean scores in the PO compared to NPO on Total Stress ($P<.05$), Parent Domain ($P<.05$) and Isolation ($P<.005$). Positive Outcome group showed significant lower mean scores at T1 than at T0, while in the NPO group no significant difference was found between T0 and T1. Correlation between PSI Total mean score and ADOS-CSS reaches a highly significant level in the PO group ($r = -.389; p=.017$).

Discussion: considering that the more stressed the family the greater was the improvement, we suggest that a child with an ASD is a source of stress for the family and that the high stress at the beginning of treatment can be considered as a parents' right reaction to this unexpected event. On the contrary, the low level of parental stress could be linked to a low awareness of the illness of their children so that these parents could be less active in being involved. Second, parent involvement is a key variable that could influence the positive outcome of children under treatment. This finding, although partially expected underlines the importance of involving parents who no longer have to be 'left out' of the treatment room. According to recent meta-analyses, parent inclusion is as a crucial factor for enhancing treatment effectiveness. Parents must be viewed as important participants in the intervention, and therapist-delivered treatment programs must be accompanied by parent-coaching methods. Finally our results are on the same wavelength of a recent meta-analysis that support the positive impact of psychosocial interventions delivered by non-specialist providers as parents of children with ASD can be considered.

W1-03-02

Synchrony in early interaction and social signal processing methods: implications for psychopathology

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<http://speapsl.aphp.fr>

Objectives: In the field of biology, the study of bonding has been renewed by the discovery of non-genetic transmission of behavioural traits through early mother-infant interaction and the role of stress hormones and oxytocin. However, the study of early interaction is complex. Our aim is to show how Social Signal Processing (SSP) can help in addressing some issues.

Methods: We summarized several recent works from our team using SSP and computational methods applied to early interaction and psychopathology.

Results: Data from diverse sources (e.g. experiments, home movies) show how SSP was used to address synchrony between partners (e.g. infant, child, care giver, agent) and characteristics that participates to interpersonal exchanges (e.g. motherese, emotional prosody or faces).

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When studying interactive patterns in a home movie study, we found that deviant autistic behaviours appear before 18 months. Parents felt the lack of interactive initiative and responsiveness of their babies and try to increasingly supply soliciting behaviours by using motherese [1]. Also, in an experimental study, oxytocin shaped parental motion during father-infant interaction [2]. Finally, in the context of assessing mother-infant interaction in the context of a therapeutic trial, we created a multimodal setting for automated extraction of synchrony features that parallel clinical video rating [3].

Conclusions: SSP, developmental psychology and the study of early interaction should bind together as SSP appears to be a promising tool to investigate early psychopathology.

References

- Cohen D et al. PlosONE 2013; 8(5): e61402
Weissman O et al. Biology Letters 2013; 9: e20130828.
Avril et al. Frontiers in Psychology 2015; submitted

W1-03-03

Simple Blind Randomized Controlled Trial of Music Therapy versus Music Listening in Patients with Autism Spectrum Disorders regarding efficiency in behaviour and communication disorders. Preliminary Results

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Background: Music-Therapy (MT) has been used for decades with patient in Autism Spectrum Disorders. There is a tremendous amount of literature, mainly theoretical or describing case reports suggesting a clear efficiency of this technique of psychotherapy. Despite this large literature there is no rigorous assessment of MT in ASD. Medical indications are now, based on randomized controlled trial (RCT) results. A non-RCT evaluated treatment method is at risk to be considered inefficient. There are many researches in neuroscience suggesting that music by itself may be helpful for patients with ASD. We think that it is important to assess that psychotherapy with Music, Music Therapy, and compare to Music Listening with no intervention. Objective was to assess the efficiency of MT in ASD for clinical global impression, behaviour and communication impairments.

Method: We included 40 patients with ASD confirmed diagnose from 6 institutions in the west of France. Patients were randomized in two groups, first group (n=20) was for MT and the second group (n=20) was for Music Listening only with no psychotherapy. All patients had one session a week, lasting 30 minutes. When included in the study, we precede with a clinical assessment using Clinical Global Impression scale (CGI), Children with Autism Rating Scale (CARS), Aberrant Behaviour Check-List (ABC), and Vineland Scale for all patients. Evaluators did not know which group belong the patients (single blind design). After 30 sessions, assessment by scales was performed again.

Analysis and Results: We analysed efficiency in general and in 3 main domains: (1) behaviour, including self-injury behaviour; (2) Autonomy and (3) communication disorders and impairments. Statistical analysis used both parametric and non-parametric test.

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Discussion and conclusion: Our preliminary results are the first RCT with single blind examination design UN MT. They strongly suggest that MT is efficient general clinical appreciation but also in specific domains for patients with ASD. Further studies are necessary in this field to demonstrate and show the benefits of this type of psychotherapy in autism spectrum disorders.

W1-03-04

Evaluation of an outpatient intensive care Program in Public Mental Health Services in Bizkaia (Basque Country) for children with severe developmental disorders: systematization, coordination and baseline for measuring evolution.

Background: Recognition of severe developmental disorders in children is much lower than severe mental diseases in adults, and very uneven across diagnoses that fall under this concept, the most recognized being Autism Spectrum Disorders. Motivated by this matter, in 2011 the Public Mental Health Network implemented in each of the four health areas of Bizkaia an outpatient program for specific attention (evaluation, intensive intervention and coordination of available resources) to infant severe mental disorders. Given the lack of previous experiences in our context, there was the need for developing, coordinate and systematize this Program to achieve optimum efficiency.

METHODS: consensus meetings to formalize coordination between different agents for ease early detection and referral; to unify diagnostic evaluation; computerization of documents to be used in the Program and Individualized Healthcare Plan; to create a register of incoming subjects in the Program and a database for future description and evaluation of evolution of these cases.

RESULTS: We reached agreements with the different agents involved regarding facilitating early detection and referral pathways to the Program; consensus on two assessment tests that provides baseline to assess symptoms, affected areas and clinical course of these cases (GARS-2 and Merrill-Palmer-R); we included in the database a sample of 125 cases in the program during 2013.

CONCLUSIONS: We established the need to maintain and expand the capacity of attention to these disorders in a specific program given the volume of demand; coordination centered from infant-juvenile Mental Health Services with the different socio-educational-health agents results efficient, but is complicated and requires greater efforts of all parties involved; tests have proven useful for baseline comparison of the symptomatology and to measure subsequent evolution after the intervention.

Authors.

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W1-04

CHILDREN AND ADOLESCENTS' PSYCHOSOCIAL PSYCHOPATHOLOGY IN SOUTH EAST EUROPE

Anagnostopoulos D

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Dimitris C. Anagnostopoulos, National & Kapodistrian University of Athens

Introduction

Since the early 90's the Balkan Peninsula is facing continuous, huge, transformations in every aspect of social life. This on-going process had serious implications on the mental health of children and adolescents both on their psychopathology and on the ways that they are treated. Through this period of time, a question has risen concerning the extensive maltreatment of children and the consequences of this phenomenon to their mental health. Also, there is a great debate on the efficacy of the measures which have been implemented by the psychiatric services under the directions of the state health policies, in the different countries of the area. Along with the above, one more crucial issue for the children and adolescents' mental health is the observed changes in the everyday clinical practice. New forms of psychopathology, aggressive behaviours, and borderline conditions tend to be the majority of cases. Especially, in the adolescence new types of acting out and addictive behaviour came on, e.g. pathological gambling. This reality threatens the boundaries and strengths of the existing mental health policies and puts under serious question the ability of the psychiatric services to meet the new needs.

The aim of this symposium is to present new data on these issues from Serbia, Bulgaria and Greece, continuing the discussion which started in Dublin's congress. Emphasis is given to the improvements which have been done, to the risk and resilience factors which have been recorded and to the lessons from the accumulated experience, dealing with these issues for a long period of time, which could be useful for other parts of Europe, especially nowadays in the current conditions of social global crisis.

Key words: psychosocial psychopathology, social crisis, maltreatment, gambling, borderline condition, South East Europe, Balkans, risk factor, resilience, child abuse, neglect, prevention

Design of Symposium's proposal

Title: Children and adolescents' psychosocial psychopathology in South East Europe

Coordinators:

Vaska Stancheva-Popkonstandinova,

Dimitris Anagnostopoulos

W1-04-01

The System of Reporting on Child Protection from Abuse and Neglect in Serbia Health System.

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In Serbia, a country that has undergone significant transitional and socio-political turbulence, efforts against child maltreatment have travelled a step-by-step journey, with some important milestones already achieved, and many more to aspire to. The special protocol for the health care system to protect children from abuse and neglect protection against abuse and neglect was implemented in 2009. As detection and registration is the significant first step leading to further interventions, central national-level database model has been created and the modern, pertinent tools for collecting and reporting data by the expert teams were developed. During 2013-2014 the piloted set of data was created and established an adequate, modern and sustainable system for data collection and reporting, with creating a national-level database by including into the reporting system healthcare institutions from the Plan of Network of the Republic of Serbia. Higher-quality technical and operative work of teams in health care in the

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area of protection of children from abuse and neglect were enhanced particularly in collecting, using data and reporting on child abuse and neglect. According to the data from the registry, since October 2013 and up to the end of October 2014, first sixty six institutions responded by inputting 699 questionnaires and registering 667 of children with suspect for abuse and neglect (637 were registered once, and 30 were registered more than once – 25 twice, 3 of them three times and 2 of them four times). All the relevant healthcare institutions have been informed about the reporting obligation, agreed form, and database/monitoring system. In order to improve all the elements of the reporting system, networking should be constantly ensured and developed, specialized body and new institutions established, with continuous supervision at national and local level.

W1-04-02

Prevention of child abuse and neglect – cross-cultural perspective

Vaska Stancheva-Popkonstandinova,
South-West University "Neofit Rilski", Blagoevgrad, Bulgaria

Child abuse and neglect (CAN) is a serious public health problem worldwide, with long lasting harmful effects. Short and long-term consequences of child abuse in mental health are well documented in the scientific literature.

Prevention of CAN is a complex interdisciplinary area and a combination of activities of various kinds is needed to be implemented at general population, risk groups and affected children and their families. This paper presents the current trends in the policies and practices for prevention of child abuse and neglect. The stress is given on legislation, surveillance mechanisms, help-lines, interagency co-operation and the cross-cultural comparison of existing policies and practices in the implementation of preventive activities. For the purpose of this study; that is to explore the experts' opinions and suggestions, a questionnaire was sent (electronically) to professionals from Europe, USA, Australia (N=60). The questionnaire includes 6 close and 4 open-end questions concerning the development of prevention of child abuse and neglect during last decades. The case studies of good practices in different areas of prevention of child abuse and neglect, as well as cross cultural comparison for advantages in prevention are presented. Even that in the recent years, there is a strong movement towards policy development in the field of child abuse and neglect, in many countries still there is a gap between policies and practices for effective dealing with child abuse and neglect.

W1-04-03

Adolescents' gambling during the crisis in Greece.

Helen Lazaratou, D. Anagnostopoulos, M. Paleologou, L. Peppou, M. Malliori, M. Economou, G. Papadimitriou, Ch. Papageorgiou

National and Kapodistrian University of Athens, Greece

Gambling once thought to be strictly an adult activity, has become increasingly popular among adolescents and problem gambling is considerably higher among the youths than among adults, worldwide. This emerging public health concern, amidst the worst economic crisis in Greece, in conjunction with the lack of research in this area in our country necessitates the epidemiological investigation of adolescents' gambling. Consequently, the A' Department of Psychiatry, University of Athens, in collaboration with the Greek Organization of Football Prognostics (OPAP S.A.) has recently conducted a cross-sectional survey to provide the first prevalence estimates of Gambling and Pathological Gambling among adolescents in Attica and to explore its correlates with sociodemographic characteristics, economic factors and presence of psychopathology. A self-administered set of questionnaires was distributed to 2159 students, attending 2nd grade of junior and senior high school, in 51 public and private schools in the broader Attica region. It included the Canadian Adolescent Gambling Inventory, the Strengths and Difficulties Questionnaire and a sociodemographic form; the DSM-IV-MR-J checklist for pathological gambling was also incorporated in order to validate the CAGI in the Greek adolescent population. The results indicate that 69.6% of students report having engaged in some form of gambling during the past year, while 19.3% experiences gambling-related

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problems and 11.1% manifests pathological gambling. Survey findings reveal that adolescents manage to participate, to some degree, in all forms of gambling, the most prevailing of them being a dare or challenge, lotteries and sports betting. Pathological gambling seems to be in line with the presence of other mental health problems and especially with symptoms of conduct disorder, attention deficit hyperactivity disorder and social dysfunction.

W1-04-04

Emerging risk-factors for adolescent psychopathology in times of psychosocial crises.

Dimitris Anagnostopoulos, Helen Lazaratou, L. Peppou, Ch. Papageorgiou

National and Kapodistrian University of Athens, Greece

It is a known fact that times of economic crisis have a negative impact on mental health. The current crisis is not only financial, but also a social and moral crisis and has affected in a different degree all European countries. Consequences of the financial downturn on health outcomes have begun to emerge. This recession has led to an increase in poor health status, raising rates of anxiety and depression among the vulnerable populations. The incidence of communicable diseases (e.g. HIV) along with the rate of suicide has increased significantly. The recession has also driven structural reforms, and affected the priority given to public policies. Europe is suffering record levels of long-term and youth unemployment, with a generation of young people facing years of joblessness to come. The proportion of young people who are neither in employment, education, nor in training (NEET) continues to increase. Job insecurity, unemployment, the increase of social inequalities, poverty, social exclusion the inability to control one's own life, and uncertainty for the future pushes the great majority of young people into situations causing deep psychological pain and distress. Negative consequences can be seen both in the child psychiatric services provision system and the broader environment in which youths are growing up (family, school, social models and values). The child and adolescent mental health services face a situation of regression in terms of development and adequate staff, a large number of units have suspended their operation or are under the threat of it. Changes in socio-economic conditions, the disintegration of institutions, continuous frustration, lack of boundaries, the confusion of roles, serious conflicts, and the discord in family life – all undermine the enabling role of the family framework. School and educators are being constantly undermined and devalued. In general, there are no models and idols worthy of stimulating the healthy processes of identification and idealization. On the contrary, the promoted value is individualism and resorting to personal solutions. A qualitative change in the severity of psychopathology dealt with in everyday clinical practice has been recorded. The cases of psycho-social problems have risen as well as conduct disorders, suicide attempts, school refusal, bullying, use of illegal addictive substances, and family discord. Borderline states, substance abuse, bullying and racist-discriminating behaviours are now common. Acting out behaviour tends to become the main mechanism for the expression of adolescent psychopathology, both at an individual and a social level.

W1-05

WHO AND IACAPAP INITIATIVES IN WORLDWIDE CAPACITY STRENGTHENING IN CHILD MENTAL HEALTH SERVICES

Chilton J; Servili C; Falissard B; Klasen H

Yale Child Study Center; World Health Organization; Iacapap And Université Paris-sud; Leiden University Medical Center

Symposium Overview

Background:

Child and adolescent mental health (CAMH) problems are common, serious and treatable. Robust evidence-based treatments have been developed for most CAMH problems in high income settings, but in low and middle income countries (LAMIC) there is a huge "mental health treatment gap", between those needing treatment and those receiving it. In this

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symposium we describe some initiatives of IACAPAP and WHO to assist local care providers in addressing CAMH needs worldwide.

W1-05-01

WHO's mhGAP: the child modules– Chiara Servili, WHO

WHO's Mental Health Gap Action Programme (mhGAP) integrates a package of basic interventions for priority mental, neurological, and substance use disorders, including childhood-onset conditions, into primary and secondary care through the adoption of task-sharing and task-shifting approaches and has been successfully implemented in more than 60 countries. Recently updated mhGAP guidelines for assessment and management of emotional disorders, behavioural disorders and developmental disorders in children and adolescents will be presented, along with findings of pilots testing mhGAP capacity building tools in school and primary health care settings in LAMIC. The availability of skilled professionals in secondary and tertiary services, who can support and supervise primary health workers in delivering mhGAP's interventions for children and adolescents, is critical and has been reported among major barriers encountered in the adoption and scale up of child mental health mhGAP modules in countries.

W1-05-02

Expansion of the IACAPAP Textbook into a Comprehensive, Customizable, Virtual Curriculum – Julie Chilton, Yale Child Study Center

International organizations such as IACAPAP have recognized the need to assist the capacity building for child mental health professionals worldwide and are developing a range of excellent free on-line training resources. The IACAPAP textbook, already widely used in low and high income settings, is now being expanded to include teaching and learning resources such as downloadable power-point presentations, clinical exercises, patient modules and end of chapter questions. These resources will provide evidence-based tools to teach CAMH with minimal preparation by the lecturer, so less time is spent re-creating the wheel and more time can be devoted to actual class time.

W1-05-03

Essentials of Child and Adolescent Psychiatry across the world" a MOOC (Massive Open Online Course) proposed by the IACAPAP – Bruno Falissard, Université Paris-Sud

The MOOC is a new IACAPAP initiative and will take place twice a year beginning in 2015. Each session will last approximately five weeks and require about 6 hours of online learning per week. The MOOC will be divided into 20 short video modules (about 10-15 minutes each) covering the whole area of CAMH on an introductory level and can be followed by students around the world. Each video is followed by some questions to emphasize the important content with extra quizzes at the end of the week. There will also be on-line interactions with other students and teachers and peer grading. By the end of the MOOC, it is possible to earn a certificate for completion of the course.

W1-05-04

IACAPAP Certificate of Basic Child Mental Health– Henrikje Klasen, Leiden University Medical Center

This credential is a more advanced diploma than the MOOC certificate, as it includes clinical training to integrate CAMH knowledge into daily practice. The accredited "IACAPAP certificate for basic child mental health" is an additional qualification for pediatricians and psychiatrists, which can be acquired in their own country through a mix of face-to face and on-line teaching as well as practical assignments. The availability of an accredited certificate would guarantee standards.

W1-06-01

EPIDEMIOLOGY OF NON-SUICIDAL SELF-INJURY AND SUICIDAL INTENT IN THE MENTAL HEALTH OF AUSTRIAN TEENAGERS (MHAT) STUDY

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Title: Epidemiology of non-suicidal self-injury and suicidal intent in the Mental Health of Austrian Teenagers (MHAT) Study

Non-suicidal self-injury (NSSI) as well as suicidal behaviour disorder (SBD) among adolescents have been recognized as significant mental health problems, not least through their inclusion in DSM 5 as "conditions for further study". However, little is known about the prevalence of NSSI and SBD among adolescents so far.

The Mental Health in Austrian Teenagers (MHAT) Study is the first epidemiological study in Austria on psychiatric disorders in childhood and adolescence based on a large (N > 3600, 55% females) population-based sample of adolescents ages 10 to 18 years. In an initial screening stage, behavioural and emotional problems were assessed using the Youth Self-Report (YSR). Two items of the YSR aim at assessing deliberate self-injury and suicidal intent. Health-related quality of life (HrQoL) was assessed by the KIDSCREEN questionnaire. Adolescents screened at risk for any psychiatric disorder (22.8%) are further contacted for a structural diagnostic interview to obtain point- and life-time prevalences of psychiatric disorders including NSSI and SBD using the proposed diagnostic criteria.

Screening results revealed that 7% [CI95%: 6.2; 7.8] of adolescents engaged "sometimes" and 3.4% [CI95%: 2.8; 4.0] engaged "often" in self-injury behaviours. The prevalence of suicidal intent was quite similar ("sometimes": 6.8% [95%CI: 6.0; 7.6]; "often": 1.9% [CI95%: 1.4; 2.4]). Participants reporting either self-injury or suicidal intent had much higher levels of general psychopathology in terms of the YSR syndrome scales than those who did not report any self-injury and suicidal intent (medium to large effect sizes: $d = 0.54$ to 1.14 , all p -values < .001). Of those participants who reported to have a diagnosed psychiatric disorder, 62.6% [95%CI: 53.0; 72.2] reported either self-injury behaviour or suicidal intent. Furthermore, participants reporting self-injury or suicidal intent had a markedly reduced HrQoL in all assessed dimensions (effect sizes range from $d = 0.30$ to 1.10 , all p -values < .001).

Data from the screening stage indicate that the prevalence of deliberate self-injury and suicidal intent is about 10% in the Austrian population of adolescents and that such behaviours are highly associated with a broad pattern of psychopathology and reduced quality of life. The present results will be supplemented by data from structural clinical interviews, which will be available by spring 2015, and which will provide the prevalence of full-syndrome NSSI and SBD as well as comorbidities, age-at-onset and treatment seeking behaviour.

W1-06-02

CHILD AND ADOLESCENT PSYCHIATRY IN SUICIDE PREVENTING.

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Epidemiological studies have found that in developed countries approximately 10% of children and adolescents have mental disorders; in developing countries, the overall frequency of

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disorders is slightly higher. It should be noted that since many of mental disorders are characterized by recurrent course, their cumulative prevalence may be significantly higher than point prevalence, revealed in a single sectional study; it was set in the longitudinal epidemiological studies conducted in recent years.

It is known that in both developed and developing countries, the prevalence of mental disorders in children and adolescents is much higher than the possibility of children and adolescent mental health services. Given the relatively high prevalence of mental disorders among Russian children and adolescents, the problems of mental health services of children and adolescents at the federal and regional levels, and in particular, expressed until recently stigmatization of psychiatry in the Russian Federation, it can be assumed that the provision of child and adolescent mental health services of the population of Russia is far from optimal. World Health Organization experts are considering suicide rate as one of the final results of the mental health of children and adolescents at the national, regional and territorial level. The high frequency of completed suicides of minors in the Russian Federation is particularly worrisome professionals and the general public; for several years it remains one of the highest in the world.

The statistical analysis of the time trends in registered psychiatry morbidity in Siberian Federal District from 2009 to 2012 and the relation of registered psychiatry morbidity to the prevalence of child and adolescent suicide were fulfilled. Both general and primary morbidity in Siberian District were higher than overall rates in the Russian Federation. Registered morbidity in Siberian Federal District was closely related to the prevalence of child and adolescent suicide: the more registered psychiatric disorders and the higher rate of primary morbidity in the region, the less completed suicide rates of 10-19-year-olds in the region. The identification of mental disorders in children explained more than 40% of the variance in child suicide rates across the twelve Siberian regions, whereas registered psychiatric morbidity in adolescence explained more than 57% of the variance in adolescent suicide rates.

This confirms the opinion of experts on the role of children and adolescent mental health services at national, regional and territorial level in suicide prevention and provides a strong case for strengthening of these services.

W1-06-03

PROTOCOL TO ASSESS ADOLESCENTS WITH HIGH SUICIDE RISK IN A HOSPITAL SETTING IN BARCELONA (SPAIN).

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Introduction: Suicide is the second cause of mortality in adolescents between 15-19 years of age, after road accidents. 'Suicidal behaviour' in general terms include patients who have suicidal ideation or make threats of suicide, or have done preparatory acts toward imminent suicidal behaviour, suicide attempt or completed suicide. The Hospital Sant Joan de Déu in Barcelona (Spain) has a new mental health team specializing in assessing adolescents with suicidal behaviour, and in one year they have seen more than 230 cases. These patients require a very complex assessment as they have a very high risk to repeat the suicidal behaviour and of not engaging with community services. The aim of this specialized team is to reduce the risk of these patients repeating the suicidal behaviour, but also to ensure the engagement with services, reduce the service costs and prevent the emotional burden of professionals involved in their care.

Design: Each adolescent that has presented to the emergency service because of suicidal behaviour will be admitted to the pediatric ward for at least 24 hours. During this time the specialized mental health team will assess the patient and design a thorough discharge plan which includes ensuring follow-up by community services within 72 hours. Our hypothesis is

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that this pro-active assessment and plan will reduce the suicidal behaviour of the young person after the initial episode.

Methodology: This is a prospective study of all patients that attend because of suicidal behaviour and follow-up for up to a year. We evaluate the engagement with services post-discharge from hospital and the number of suicidal behaviour episodes after the initial assessment.

Results and conclusions: 41% of patients that have been assessed by the specialized team had previously shown suicidal behaviour. Our results show that a pro-active assessment facilitates the engagement and follow-up by services. There is a specific group of patients that have a higher tendency to repeat the suicidal behaviour within a year.

References:

- 1/ Nock M, Greif J et al. Prevalence, correlates and treatment of lifetime suicidal behaviour among adolescents. *JAMA Psychiatry* 2013;70(3):300-310
- 2/ Hawton K, Saunders K, O'Connor R. Self-harm and suicide in adolescents. *Lancet* 2012;379:2373-82
- 3/ 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
- 4/ Miranda R, Shaffer D. Understanding the suicidal moment in adolescence. *Ann NY Acad Sci* 2013;1304:14-21

W1-06-04

EFFECTIVENESS OF COGNITIVE BEHAVIOURAL THERAPY (CBT), THE "D(O)EPRESSION COURSE", IN CLINICALLY DEPRESSED ADOLESCENTS; INDIVIDUAL CBT VERSUS TREATMENT AS USUAL (TAU).

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Effectiveness of Cognitive Behavioural Therapy (CBT), the "D(o)epression course", in clinically depressed adolescents; individual CBT versus Treatment As Usual (TAU).

Yvonne Stikkelbroek & Denise Bodden

Depression in adolescents is a vast societal problem because of the prevalence, the burden of the illness, the chronicity, and the high number of suicides. Forty to 90% of the depressed adolescents have a co morbid disorder such as anxiety (25%), OCD (15%), and ADHD or a behavioural disorder (25-40%). Therefore, an effective intervention for clinical depression seems essential. International studies have shown that Cognitive Behavioural Therapy (CBT) is effective in reducing depressive symptoms in depressed adolescents. However, there is no consensus on the degree of effectiveness. Effect sizes of meta-analyses range from 0.34 (Weisz et al., 2006) to 0.53 (for CBT; Klein et al., 2007).

Within intervention research with depressed adolescents, little is known about possible moderators of treatment outcome. Many authors mention the necessity to investigate these variables (David-Ferdon & Kaslow, 2008; Weisz et al. 2006). Since comorbidity in depressed adolescents is high, it could be an important factor that influences treatment outcome.

The D(o)epression course is an individual CBT program, a revision of the group protocol 'Coping with depression course for Adolescents (CWD-A)' (Clarke et al., 1990). Results repeatedly show that the CWD-A is effective (e.g. Clarke et al., 2002). However, the CWD-A is only regarded as probably efficacious (David-Ferdon & Kaslow, 2008), its effectiveness has not been investigated yet.

In this multi-site, randomised controlled trial individual CBT was compared to care as usual. Recruitment was done in 14 specialized mental health care institutions in the Netherlands. In total, 100 adolescents (12 to 21 years old) were included and 4 assessments were conducted

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(pre, post, 6 months and 1 year follow-up). Assessments consist of questionnaires and diagnostic interviews with the parent, the adolescent and the therapist.

Aim of this study was to test the effectiveness of a specific CBT program for adolescents diagnosed with depression under rigorous conditions, within routine care provided by professionals already working in mental health institutions. In this presentation, the first and preliminary pre-post results on effectiveness of this individual CBT program for clinically depressed adolescents will be presented. Also findings on co morbid disorders as moderators will be presented. We are still collecting data for this study. Therefore we cannot specify the results yet. The findings will also be illustrated with a case study. Data will be available in may 2015.

W2-01

NOVEL STRATEGIES TO IMPROVING OUTCOMES IN DIFFICULT CASES WITH OCD AND RELATED DISORDERS

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OVERVIEW

A substantial proportion (approximately 30-40%) of young people with OCD do not achieve sufficient symptom relief after receiving evidence based-treatment. Various international guidelines recommend cognitive-behaviour therapy (CBT) as a first-line treatment in pediatric OCD and body dysmorphic disorder (BDD). However, there is little evidence to guide clinical decision making in CBT-resistant cases. Novel strategies to enhance the outcomes of CBT are sorely needed, particularly in patients with complex comorbidities like Autism Spectrum Disorders. For BDD, a frequently undetected and yet disabling OCD-related disorder, the evidence is particularly weak. This symposium will explore some recent European efforts to increase the evidence-base for the management of treatment resistant and complex cases of the OCD spectrum. DrSkarphedinsson (Oslo, Norway) will present the results of a large, 2-phase multi-national trial (NordLOTS) testing the effectiveness of sertraline (SRT) versus continued CBT in children and adolescents that did not respond to an initial course of CBT. Both the main outcomes and predictors of outcome will be presented. Dr Wolters (Amsterdam, Netherlands), will present the rationale, development and results of a study of Cognitive Bias Modification training in adolescents with OCD. DrJassi (London), will present a series of studies looking at the particular characteristics and challenges posed by comorbid ASD in youths with OCD as well as outcome data from a randomized controlled trial. Finally, Dr Fernandez de la Cruz will present the results of the worlds' first randomized controlled trial of CBT for adolescents with BDD.

W2-01-01

Continued cognitive-behaviour therapy versus sertraline for children and adolescents with obsessive-compulsive disorder that were non-responders to cognitive-behaviour therapy: Treatment outcome and moderator analysis

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Our aims were to investigate the effectiveness of sertraline (SRT) versus continued CBT in children and adolescents that did not respond to an initial course of CBT and to evaluate whether the presence of tic disorder is negatively associated with SRT outcomes, but not with continued CBT. The study was a part of the Nordic Long-Term OCD Treatment Study (NordLOTS). Intent-to-treat sample included 50 participants (classified as non-responders to CBT following 14 weekly sessions), age 7-17 years, with DSM-IV primary OCD, mean age 14.0 (SD=2.7) and 48% (n=24) males randomized to CBT (n=28) or SRT (n=22). Primary outcomes were the CY-BOCS total score and clinical response (CY-BOCS<16). Twenty-one of 28 participants (75%) completed continued CBT and 15 of 22 participants (69.2%) completed SRT. Planned pairwise comparison of the CY-BOCS total score did not reveal a significant difference between the treatments (p=.351). Within-group effect sizes were large and significant across both treatments. Twelve (24.0%) participants were diagnosed with comorbid tic disorder, with seven receiving continued CBT and five SRT, respectively. In patients without tic disorder, results showed no significant between-group differences on average CY-BOCS scores. However, in patients with comorbid tic disorder, those who received SRT had significantly lower average CY-BOCS scores when compared to those who received continued CBT. The large within-group effect sizes suggest that continued treatment for CBT non-responders is beneficial. However, there was no significant between group differences in SRT or continued CBT at post-treatment. Children and adolescents with OCD and comorbid tic disorder, who are non-responders to an initial 14-week course of CBT, may benefit more from a serotonin reuptake inhibitor (SRI) than from continued CBT.

W2-01-02

Improving treatment: Supplementing Cognitive Behavioural Therapy with a Cognitive Bias Modification training for children and adolescents with OCD

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The first line treatment for children and adolescents with OCD is Cognitive Behavioural Therapy (CBT). However, as response rates vary between 40 and 65 %, there is substantial room for improvement. Recently, Cognitive Bias Modification-Interpretation (CBM-I) training paradigms that target misinterpretations in anxiety have been developed, with promising effects. Furthermore, CBM-I training paradigms can be completed online without support of a therapist, and are easy to implement. To examine if we can improve treatment by adding CBM-I to CBT, we developed a CBM-I training for children and adolescents with OCD. In a pilot study we

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examined the added value of the training to CBT in adolescents with OCD. This small randomized controlled trial was suggestive, although not conclusive regarding the promising additive effects of the CBM-I training (Salemink, Wolters & De Haan, submitted). Since then, the training has been modified on different aspects to increase the fit between the content of the training and specific OCD complaints of the children. Effects of the adapted training are now examined in a larger, multicenter randomized controlled trial. In this recent study, the CBM-I training is offered during the (natural) waitlist period before CBT. This implies that if CBM-I is effective, children can already benefit from the training before CBT has started. Second, we hypothesize that the CBM-I training may have a positive effect on the subsequent CBT. Together, this may result in a more efficient and effective treatment. In our study, children with OCD are randomized allocated to either CBM-I (4 weeks) followed by CBT, or waitlist (4 weeks) followed by CBT. At this time, 26 children completed the first part of the study (CBM-I n=13, waitlist n=13). Results showed a trend for a decrease in OCD severity (CY-BOCS) in the CBM-I condition ($p < .10$), but not in the waitlist condition. These preliminary results suggest that a pre-treatment CBM-I training might be effective for children with OCD. In this presentation, we will present our CBM-I training (rationale and development), results of the pilot study and preliminary results of our recent study.

Key words: OCD, treatment, Cognitive Bias Modification

W2-01-03

OCD in young people with ASD: presentation and treatment issues

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Obsessive Compulsive Disorder (OCD) is frequently reported in both children and adults with Autism Spectrum Disorders (ASDs) (McDougle et al., 1995; Russell et al., 2005 & Mack et al., 2010). There is often confusion in disentangling OCD compulsions from repetitive behaviours in ASD. However, symptoms of OCD found in the ASD population are comparable to those without ASD, with a few exceptions (Russell et al., 2005). Therefore, CBT is the recommended treatment for this group. This talk will present a series of studies exploring this further. The first study shows CBT outcomes for young people with ASD and OCD are significantly worse than for those without ASD (Murray et al., 2015). The second study will present the outcomes of the first RCT of CBT for adolescent and adults with ASD and OCD, indicating CBT can be an effective treatment (effect size of 1.1). However, this study also found CBT was not significantly superior to a control anxiety management treatment (Russell et al., 2013). This raises the question of what the important elements are for a psychological treatment for OCD in this group. These studies highlight that whilst there is a potential benefit of CBT, there is still work needed to develop this for the OCD ASD population. Other characteristics of this group will be discussed to highlight areas of potential development needed to enhance treatment outcomes for this group. The talk will conclude with a proposal of how this treatment can be further refined and a plan for future studies to evaluate this.

W2-01-04

A pilot randomized controlled trial of cognitive-behaviour therapy for adolescents with body dysmorphic disorder

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Body dysmorphic disorder (BDD) is a chronic psychiatric disorder characterized by excessive preoccupation with perceived defects in physical appearance. Onset of the disorder is typically in adolescence. However, evidence-based treatments are yet to be developed and formally tested in this age group. We designed an age-appropriate cognitive-behaviour therapy (CBT) protocol for adolescents with BDD. The treatment involved the family or carers when appropriate. The main aim of the study was to test its efficacy in a pilot randomised controlled trial (RCT). A secondary aim was to evaluate treatment satisfaction and acceptability. A sample of 30 adolescents aged 12 to 18 years meeting diagnostic criteria for BDD and their families were randomly assigned to either 14 sessions of CBT or a control condition consisting of written psychoeducation materials and weekly telephone monitoring. Blind evaluators assessed the participants at baseline, session 7 (mid-treatment), session 14 (post-treatment), and two months after the end of treatment. The primary outcome measure was the Yale-Brown Obsessive-Compulsive Scale Modified for BDD, adolescent version (BDD-YBOCS-A). Participants randomized to CBT showed a significantly greater improvement than those randomized to the control group, both at post-treatment and at 2-month follow-up. Improvements were also seen on a range of secondary measures, including insight, depression, and quality of life at post-treatment, although outcomes in these measures were more modest at follow-up. Both patients and their families deemed the treatment as highly acceptable. Developmentally tailored CBT with parental involvement is a promising intervention strategy for young people with BDD; larger trials are warranted.

W2-02

TREATMENT RESISTANCE AND CLOZAPINE USE IN YOUNG PEOPLE WITH PSYCHOSIS: FINDINGS, ACROSS EUROPEAN COUNTRIES

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W2-02-01

Treatment resistance and clozapine use in early-onset psychosis: concepts, findings, and challenges

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* Speaker

Clozapine is an antipsychotic agent known to be very effective in the treatment of schizophrenia. Compared to classic antipsychotic drugs, clozapine has a lower risk of extrapyramidal symptoms but a marked risk of other significant side effects being life-threatening agranulocytosis the most severe. Despite the overwhelming evidence of its effectiveness in treatment-resistant psychoses (TRP), the use of clozapine in children and adolescents is still limited because of this adverse tolerability profile and the European guideline

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requirement of two adequate trials with antipsychotics before prescribing this drug. To date, data on the actual prevalence of TRP in European samples of first episode early-onset psychosis (EOP), on prescription trends (including polypharmacy, clozapine use or time to clozapine initiation), and on demographic, clinical, cognitive or biological features associated with a higher risk of presenting with later TRP is still scarce.

The main objective of this symposium is to reflect on clozapine place in therapy in child and adolescent psychiatry and to discuss TRP prevalence and clozapine's prescribing trends in European countries. Dr Covadonga M. Diaz-Caneja will introduce the concept of TRP - as a proxy of poor outcome - in young people, and will discuss the potential clinical relevance of identifying predictors of TRP in youth with first episodes of EOP. Specifically, a comprehensive overview of recent studies on predictors of treatment outcomes in EOP will be presented. Seventy-five original articles on longitudinal naturalistic studies were included in the review. Literature on predictors of treatment outcomes in EOP was scarce (e.g., one study on treatment adherence, one study treatment discontinuation) and only one study analyzed prescription of clozapine as an outcome (which was reportedly associated with longer duration of index hospitalization and being male). Research based on long-term longitudinal studies and with potential for replication could help identify subjects with EOP at higher risk of poor outcome in whom more intensive and earlier interventions would be warranted. This type of research across different European countries will be then presented in the second part of the symposium.

W2-02-02

Prevalence and predictors of treatment failure, treatment resistance and clozapine use in early-onset psychosis: findings from a historical clinical cohort study in UK

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Approximately one third of adults with psychosis have will fail to respond to their first and second trial of antipsychotic medication. These individuals are at high risk of developing profound and lifelong psychiatric disability. Currently, one in five people who are diagnosed with a psychotic disorder will present with their first episode before age 18 (i.e. early-onset psychosis). To date, no studies have described the demographic and clinical characteristics of adolescents with a first-episode psychotic disorder who fail to respond to successive courses of antipsychotic treatment and meet criteria for treatment failure/resistance.

Dr Johnny Downs will present preliminary findings from a large historical clinical cohort study in the UK of 315 children and adolescents, aged 10 to 17 years, with a first-episode psychotic disorder. Using anonymised electronic health records, data will be presented on (i) antipsychotic use in this sample, (ii) the prevalence of treatment failure/resistance and (iii) the demographic and clinical factors at first presentation to mental health services, derived from multivariable models, that are significantly associated with adolescent onset psychosis and failure/resistance. These findings will aid the identification of adolescents on the pathway to treatment failure/resistance whilst in the first phases of their psychotic disorder. This will be especially valuable to clinicians working within adolescent early onset psychosis services. The study findings have the potential to guide tailored interventions in those patients deemed to be at higher risk of developing treatment failure and resistance.

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W2-02-03

Prevalence and predictors of clozapine use in early-onset psychosis: findings from a prospective clinical cohort study in Spain

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* Speaker

As aforementioned, long-term longitudinal studies with potential for replication might help identify subjects with EOP at higher risk of poor outcome in whom more intensive and earlier interventions would be warranted. Dr Laura Pina-Camacho will present data from a 2-year, prospective, longitudinal study in Spain of nearly 200 patients (age 9–17 years, 32.7% female), with a DSM-IV diagnosis of first-episode psychosis. Specifically, data on the naturalistic psychopharmacological treatment administered through the 2-year follow-up period will be presented, including data on antipsychotic prescription, discontinuation rates, reasons for treatment changes, and adverse effects, clozapine use and features at first psychotic presentation that might be associated with later prescription of clozapine.

Second-generation antipsychotics, especially risperidone, quetiapine, and olanzapine, were the most commonly used antipsychotics through the follow-up. Reasons for treatment discontinuation (e.g. adverse reaction, insufficient response, other reasons) did not differ significantly between antipsychotics. None of the patients were treated with clozapine at baseline whereas 10% of patients were treated with this drug over the follow up, either in monotherapy or in combination. Clozapine had a high maintenance rate, as has been observed in long-term naturalistic studies in adults, and its tolerability was comparable to that of other antipsychotics. No patients presented serious hematologic adverse effects during the 24 months of follow-up. Patients who were prescribed clozapine over the follow-up showed significantly higher symptom severity as measured with the CGI-severity scale ($p=0.02$) and lower functioning as measured with the CGAS ($p=0.004$) at first psychotic presentation than other FEP patients. These patients also had longer duration of untreated psychosis (DUP) at baseline (91.5 ± 52.8 days) than other FEP patients (61.9 ± 50.9 days) but this difference was not significant. No significant differences were found in terms of sex of age at onset between the clozapine and the 'other antipsychotic' group.

W2-02-04

Time to initiation of clozapine treatment in children and adolescents with early-onset schizophrenia in Germany

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* Speaker

Studies in adults with treatment-resistant schizophrenia have shown a considerable delay in clozapine use, but to date there are no studies in children and adolescents. A cohort of children and adolescents with early-onset schizophrenia and first-time clozapine prescription was retrospectively studied ($n=114$, mean age at first hospitalisation because of schizophrenia symptoms: 15.2 years [range: 10.7 – 18.2 years], 36.8 % females). Socio-demographic data, data on antipsychotic use prior to clozapine initiation, time to initiation of clozapine treatment and potential correlates/predictors at baseline of shorter time to initiation were extracted from the clinical files.

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The mean number of antipsychotic treatment episodes prior to clozapine initiation in this sample was 2.4 (s.d.=1.1). Prior to clozapine, 48.2% of patients had had two antipsychotic treatment episodes, and 34.3% had ≥ 3 treatment episodes. In 80.3% of antipsychotic treatment episodes prior to clozapine, patients were prescribed atypical antipsychotics, with risperidone (n=56 treatment episodes), quetiapine (n=52), olanzapine (n=52), aripiprazole (n=22), amisulpride (n=18) and ziprasidone (n=12) being the most frequently prescribed agents. The mean time from schizophrenia onset to clozapine initiation was 1.1 (s.d.=1.0) years. Higher age ($p < 0.0005$), higher IQ ($P = 0.019$) and male sex ($p = 0.016$) predicted shorter time to clozapine initiation. In summary, this study showed that clozapine treatment was initiated much earlier in young patients with schizophrenia in comparison to the few studies including adult patients. The reasons for the differences in treatment patterns between youths and adults are not entirely clear, but the expected poor prognosis of early-onset schizophrenia may play a relevant part. The significant portion of patients undergoing ≥ 3 antipsychotic trials or polypharmacy prior to clozapine indicates that there is still a need of dissemination of guideline knowledge on clozapine use.

Keywords: clozapine, treatment resistant psychosis, children and adolescents, schizophrenia

W2-03

HISTORIA DE LA PSIQUIATRÍA DEL NIÑO Y ADOLESCENTE EN ESPAÑA

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University Complutense Of Madrid; Aepnya; University Of Zaragoza

Objetivo: acercarse a una parte de la historia española de la Psiquiatría de la infancia y adolescencia y de nuestra sociedad científica AEPNYA sesenta años después de su fundación una vez reconocida la especialidad de Psiquiatría del niño y del adolescente en España.

-Augusto Vidal i Parera y su compendio de Psiquiatría Infantil
Dr Óscar Herreros Rodríguez
Director Revista Psiquiatría Infanto-Juvenil Vocal Junta AEPNYA

Este barcelonés nacido en 1872 fue profesor de Psiquiatría infantil, catedrático de la Escuela Normal Superior de Maestros de Barcelona y Presidente de la Academia de Ciencias Pedagógicas. Profesor numerario de la Escuela Normal de Maestros de Huesca desde 1916 fue alcalde de la capital altoaragonesa el bieno 1920-22 y murió de pulmonía con 50 años. Abrió un consultorio clínico pedagógico.pionero en su día. En 1907 publica la primera ediciónde su Compendio de Psiquiatría Infantil destinado principalmente a los maestros, el primero en España y el primero con ese nombre en Europa y América.

-Agustín Serrate Torrente y la Unión Europea de Paidopsiquiatras.
Profesor José Mariano Velilla Picazo
Presidente de Honor de la Asociación Española de Psiquiatría del Niño y del Adolescente (AEPNYA).
Antiguo jefe de Psiquiatría de la Infancia y Adolescencia. Hospital Clínico Universitario de Zaragoza. Universidad de Zaragoza.

Nació en 1911 en Huesca y realizó su formación psiquiátrica con profesores como Kleist en Alemania y Rey Ardid en Zaragoza. Trabajó en el Manicomio Nuestra Señora del Pilar y en la sala Ramón y Cajal del Hospital Real y Provincial Nuestra Señora de Gracia de Zaragoza. Gran pionero de la Psiquiatría infantil española, inauguró en 1967, en el contexto de la cátedra fundada por el Profesor Ramón Rey Ardid en Zaragoza, una de las primeras unidades de Psiquiatría infantil de nuestro país, con pacientes de los más diversos lugares del norte de España.

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En Viena fue elegido, por sus méritos científicos y humanos, Presidente de la Unión Europea de Paidopsiquiatras.

Su otra especialización fue la Psiquiatría proyectiva, impulsor de las técnicas diagnósticas rorschachianas, organizó reuniones, congresos y publicaciones de ámbito internacional.

Publicó mucho, cuando era difícil hacerlo, en la primera mitad del siglo XX y hasta su muerte en 1985.

Fue cronista de los primeros 25 años de la sociedad y primer director de la Revista de Psiquiatría Infanto-Juvenil fundada en 1983

-Solé Segarra y la fundación de la Sociedad de Neuropsiquiatría Infantil

Profesor Pedro Manuel Ruiz Lázaro (MD, Ph D)

Profesor asociado de la Universidad de Zaragoza. Doctor en Medicina. Especialista en Psiquiatría.

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Coordinador del Grupo ZARIMA y ZARIMA PREVENCIÓN de la Unidad Mixta de Investigación Hospital Clínico Universitario-Universidad de Zaragoza.

El siglo veinte fue una época decisiva para el desarrollo de la Psiquiatría Infanto-Juvenil en España. No podemos ignorar sus periodos tempranos, la historia del nacimiento y constitución de la Asociación Española de Psiquiatría del Niño y Adolescente (AEPNYA). La Asociación Española de Psiquiatría del Niño y Adolescente nace en los cincuenta con Solé Segarra, su primer secretario. Esta es su historia. José Solé Segarra, tuvo como maestro en 1935 a Emilio Mira. Y se doctoró, gracias a la prestigiosa beca de la Alexander von Humboldt-Stiftung, en Alemania, donde trabajó en las clínicas universitarias de Heidelberg y Marburg/Lahn y tuvo como maestro en 1943 a Ernst Kretschmer. Recién llegado, en noviembre de 1945, se hace cargo de la neuropsiquiatría dentro del departamento de Pediatría de la Universidad de Barcelona, cuyo titular era el Profesor Ramos. Fue decisivo promotor y socio fundador de la Sociedad de Neuro-Psiquiatría Infantil en 1952 en Barcelona. En otoño de 1949 convocó a los médicos barceloneses más directamente relacionados con la neuropsiquiatría infantil. Se reunían en el "Café Oro del Rin", ya desaparecido. Los profesionales más constantes en reunirse fueron José Córdoba Rodríguez, Luis Folch Camarasa, Jerónimo de Moragas, Santiago Montserrat Esteve, Julia Corominas, Ramón Bassols Parés (hijo del pediatra Claudio Bassols) y el propio Solé Sagarra. Tras muchas vicisitudes fundaron nuestra sociedad científica en 1952.

W2-04

CHILD AND ADOLESCENT MENTAL HEALTH POLICIES AND POLICY PROGRAMS IN EUROPE

Cuhadaroglu F; Anagnostopoulos D; Crommel S; Severny A; Ebeling H

Escap; Hellenic Association For Cap; Belgium Association For Cap; Russian Association For Cap; Finland Association For Cap

CHILD AND ADOLESCENT MENTAL HEALTH POLICIES AND POLICY PROGRAMS IN EUROPE

Prof. Dr. Füsün Çuhadaroğlu (on behalf of the ESCAP Policy Division)

Policy Section of ESCAP organizes this symposium to provide an opportunity to discuss policy issues about child and adolescent mental health in various countries around Europe. Four speakers from different parts of Europe (east, west, north and south) will present the condition in their countries regarding the mental health policy attitudes of the politicians, resources for mental health, number and specialty of mental health professionals, financial sources, services, implemented programs, advocacy, children's rights and current difficulties to deal with. After the presentations, the topic will be opened for discussion of the attendees to share some of the other countries' policy programs and to discuss the common basis and possible solutions for the presenting problems and difficulties and to explore ways to enhance the child and adolescent mental health policies all over Europe.

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Keywords: CAMH, policy

W2-04-01

A review of child mental health policies in Greece since 90's

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Greek Psychiatry and Child Psychiatry are presently in a transitional period. Following a large-scale reform effort that started in the mid-80s, de-institutionalization and establishment of numerous community services has been achieved to a great extent. However, sectorization, development of primary care policies, inter-sectoral communication and long-range planning have not been achieved and deficiencies in the provision of care for children, adolescents, old people, persons with autism, with intellectual disabilities and with eating disorders as well as deficiencies in forensic psychiatric services have been identified. Thus, the Greek psychiatric reform is an unfinished reform.

The development of psychiatric services for children has followed a different course compared to that for adults as the creation of only 30% of the scheduled child guidance clinics has been implemented. Also, the distribution of child psychiatry services has been uneven in favor of the area of Attica (where the city of Athens belongs). In some nomos (greater areas) there is not a single child psychiatry service.

The financial crisis that has recently hit the country has had a serious impact on the population and a very negative impact on child psychiatric provision of services. The demand for services from the public sector has increased considerably for two possible reasons. First, in periods of financial crises, increase in psychopathology of children and adolescents is expected because of the effect of the crisis on the family as a whole and second because the finances of the family do not allow continuation of treatment in the private sector.

Continuation of the psychiatric reform to its desired extent has become problematic. This situation calls for re-orientation of the national mental health strategy towards more realistic goals, i.e. securing a satisfactory level of function of the existing services, persisting in the implementation of the targets of the psychiatric reform, creating the necessary infrastructure but avoiding the creation of expensive facilities of secondary importance. Consideration of priorities is very important during this period of economic turmoil.

Information on the existing network of psychiatric services, evaluation of the services, training in Psychiatry and Child Psychiatry, research and scientific representation is provided and research on the impact of the World economic crisis on the Greek population is reported.

W2-04-02

The organisation of mental health services for children and adolescents (camhs) in Belgium and development of a policy scenario (presentation of a kce-study).

Sofie Crommel

Belgium Association for CAP

In Belgium the authority for Mental Health Care (MHC) is divided across the federal government and the communities and regions (Flanders (northern part) and Wallonia (southern part)). In recent years several joint initiatives have been taken, such as projects to stimulate care networks and care circuits.

The role of MHC in primary care is neither formally recognised nor supported by policy, although these services, e.g. General Practitioners, often offer MHC.

As regards specialised child and adolescent MHC, there is a broad range of care with a variety of funding mechanisms. It is, however, not always clear to what extent certain forms of service overlap or if there are any gaps in the system. Projects were launched in the last decade to ensure a more specific range of care for a number of target groups, but structural funding is lacking at present.

In Flanders work has been done for some years on the start-up of Integrated Youth Care. This includes a joint policy for all Flemish sectors and services involved in assisting children and

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adolescents (welfare, disability care, education, preventive care, and the outpatient MHC Centres). The model of integrating several sectors in the organisation of care is less prominent in the Walloon region.

The Belgian Health Care Knowledge Centre (KCE) is an organization of public interest, under the supervision of the Minister of Public Health and Social Affairs. KCE is in charge of conducting studies that support the political decision making on health care and health insurance.

The KCE was commissioned to perform a study that would offer input for a reform of the CAMHS-system.

The objective was to set up a participatory process to lay down the contours of a future Belgian CAMHS-system.

A "diagnostic analysis" of the CAMHS-system in Belgium and the recommendations for a transition to a more effective CAMH-system will be presented.

W2-04-03

CAMH policy in Russia: current trends

A.A. Severny, Y.S. Shevchenko, E.V. Koren, N.V. Zvereva

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.

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W2-04-04

CHILD AND ADOLESCENT MENTAL HEALTH CARE IN FINLAND - CHANGING TRENDS

Ebeling H

University And University Of Oulu, Finland

Child and adolescent mental health care in Finland – changing trends

Ebeling Hanna

aFaculty of Medicine, Institute of Clinical Medicine, Department of Child Psychiatry, University and University Hospital of Oulu, Finland

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.

W2-05

RESEARCH FOR A CLINICAL APPROACH OF UNIQUENESS OF EACH CHILD.

Michel W; Marie-camille G; Miri K; Mario S; Maja P

Sfpeada; Ppomma (psychiatric Perinatal Emergency Unit In Maternity Wards); Waimh; University Of Versailles Saint Quentin En Yvelines.; Unité De Psychologie Clinique De L'enfant

Following the creation of a « Clinical Division » within ESCAP, our Society proposes a symposium dedicated to the theme « Research for a clinical approach of uniqueness of each child ».

This symposium would deal with the clinical aspects in the researcher's work. It suggests emphasizing the ways of thinking and making of the clinician-researcher in his relation for his theme of research and for his patients.

Research for a clinical approach of uniqueness of each child.

SFPEADA

Présidence : Michel Wawrzyniak

Motherhood of women with borderline personality disorder and Interaction with their children : longitudinal perspectives in motherhood, mother-baby's interaction, attachment and emotional regulation of the children

Marie-Camille Genet, Valérie Garez
Emmanuel Devouche, Marina Valente,

Annick Le Nestour, Gisèle Apter
(France)

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Psychopathology in Infancy and its course along childhood: A follow up study of school age children treated in their infancy years

Miri Keren, Daphna Dollberg, Sam Tyano, Ruth Feldman (Israël).

Profiles of defense mechanisms in adolescents with borderline personality disorders and their relationships with childhood traumatic experiences
« Science without conscience is but the ruin of the soul »: the necessary dialogue between research and the distinctiveness of each individual in a clinical setting

Mario Speranza, Marion Robin, Maurice Corcos, Alexandra Pham Scottez (France)

Maja Perret-Catipovic (Suisse).

Discussion conclusions

W2-05-01

Motherhood of women with borderline personality disorder and Interaction with their children : longitudinal perspectives in motherhood, mother-baby's interaction, attachment and emotional regulation of the children

Genet Marie-Camille, speaker

PPUMMA (Psychiatric Perinatal Emergency Unit in maternity wards) EPS ERASME HOSPITAL ANTONY, PARIS DESCARTES UNIVERSITY

Garez Valérie speaker

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Our results are based on a longitudinal study, a prospective exploration of a cohort of mother-infant dyads of mothers with borderline personality disorder, compared to a control group. The aim of this study is to elucidate the early intrapsychic functioning of these mothers and infants through the study of the early interactions between these borderline mothers and their three-month-old infants and to discuss the impact on therapeutic management from pregnancy to toddlerhood. Motherhood represents a powerful developmental milestone, during which maternal imagos are reorganized. Mothers suffering from borderline personality disorder need to work through identity issues due to their new maternal status while still being hampered by a failing narcissism. Microanalysis of mother-infant interaction of 92 dyads using the Still Face Paradigm showed that mothers with Borderline personality Disorder (BPD) and their three-month old infants were involved in interactive patterns that paradoxically combined paucity of variation and excessiveness of initiation and excitement. Infant's regulatory efforts are visible

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through dysregulated behaviours. These results suggest, in accordance with the literature, that children of mothers with BPD may be at risk of emotional dysregulation and Disorganized Attachment which are in turn risk factors for BPD. Among these dyads, 14 in the BPD group and 13 in the control group were followed up until school age. We will present longitudinal results of this subgroup including interactive micro-analysis, attachment status using the Strange Situation Procedure and toddler's attachment and quality of emotional regulation using the Attachment Story Completion Task. Impact on therapeutic managements will be discussed.

W2-05-02

Psychopathology in Infancy and its course along childhood: A follow up study of school age children treated in their infancy years

Miri Keren, Daphna Dollberg, Sam Tyano, Ruth Feldman

Objective: The issue of continuities and discontinuities of psychopathology during the first three years of life is still in debate, and there are even fewer studies about the follow up of treated infants and their parents. We followed 30 children 4-5 years after they had been treated with their parents at our Infant Mental Health clinic. Method: 30 post-diagnosed (DC 0-3) and treated in infancy 6-11 yrs old children and 24 matched for age and demographics children who had never been treated, were compared regarding their socio-emotional functioning (DAWBA interview, Vineland questionnaire), coded interaction with mother (CIB) and maternal psychopathology (SCL-90R). Neurodevelopmental disorders including autism, were excluded. Results: Parent-infant relationship disorders were the only DC 0-3 diagnoses significantly correlated with DSM diagnoses at school age. The frequency of disorders between the two groups was not significantly different, but those in the study group were significantly more impaired, and their mothers had significantly higher levels of psychopathology. Conclusion: These results, if replicated in a larger sample, suggest that early relational disorders may be more predictive than any other diagnosis in infancy, of later psychopathology. Maternal psychopathology increases the severity of the child's level of dysfunctioning at school age, which may suggest the need to go on treating mothers after the termination of the infant's therapy.

W2-05-03

Profiles of defence mechanisms in adolescents with borderline personality disorders and their relationships with childhood traumatic experiences

Mario Speranza¹, Alexandra Pham-Scottez^{2,3}, Ludovic Gicquel⁴ Fernando Perez-Diaz⁵, Julien-Daniel Guelfi², Maurice Corcos^{3,6} and EURNET-BPD (European Research Network on Borderline Personality Disorder)

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Background:

Defence mechanism is a key concept in the psychoanalytic psychopathology of borderline personality disorder (BPD). They are set in the individual during development according to his relational experiences. Several studies have shown that BPD adults present a specific profile of defensive functioning compared to subjects with other personality disorders. Although BPD has its onset in adolescence, very few studies have investigated the defence style of BPD

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adolescents and their relationships with childhood experiences. This was set as the aim of this study.

Methods:

Subjects were issued from the European Research Network on Borderline Personality (EURNET BPD), a European research project investigating the phenomenology of BPD in adolescence. A sample of 130 subjects were included : 60 consultant or inpatient adolescents or young adults presenting a diagnosis of BPD according to the Structured Interview for DSM-IV Personality Disorders and 70 matched control subjects without any personality disorder (mean age of 16.3, SD1.4; 13% of men and 87% of women). All subjects fulfilled the The Defence Style Questionnaire (Bond et al., 1984) and the Childhood trauma questionnaire (CTQ) (Bernstein et al., 1994).

Results: In agreement with previous studies conducted among adults BPD (see Zaanarini et al., 2009), adolescents with BPD show a specific utilization of the more immature defence mechanisms. We also observed a significant relation between these immature defence mechanisms and a more complicated trauma histoire.

Conclusion : BPD adolescents show a specific profile of defensive functioning compared to normal adolescents. The relationships between these immature mechanisms and the presence of specific traumatic experiences will be discussed. In the perspective of psychotherapeutic interventions.

W2-05-04

"Science without conscience is but the ruin of the soul" 1 or the necessary testing of clinical singularity through research and vice versa.

Perret-Catipovic Maja ,
Psychologist - psychotherapist FSP , Psychoanalyst SSPSa , Office médico-pédagogique,
Geneva, Switzerland .

At the emergency ward, patient regains consciousness and the on duty physician explains that she fainted in the street because of hypokalemia. "Go home and eat bananas ," he said to my patient suffering of anorexia nervosa.

Proper analysis of a health problem and prescription of treatment adapted to the problem identified can be both correct from the point of view of scientific research and completely ineffective, even absurd from a clinical point of view.

But why patient do not always want the treatment that could relieve or even "cure" them ? This should be the priority of any research in mental health

Knowledge in child psychiatry suffer from large gap between research on one hand and the practice of psychotherapy, the perfect example of vlinical singularity

Unable to make his patient accept the treatment recommended by the "best practice guides" the clinician may feel accused of not using the state of the art treatment. The clinician may even be tempted to go " underground" , ignoring the research data and basing his expertise and convictions on the very small number of situations that a clinician can treat in his life. Clinical practice disconnected from research can produce health care systems based on beliefs rather than science, but conversely, and research disconnected from the clinic of the singularity can produce rejection of its results rather than their integration into the clinical practice.

These proposals will be discussed with reference in particular to adolescent psychopathology.

1 Rabelais (Pantagruel , 1532)

W2-06

TREATMENT OF ADOLESCENTS WITH SEVERE IDENTITY DISTURBANCE

Schlueter-mueller S; V. Orelli A; Kassin M; Dixius A
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Personality disorders can be seen as patterns of maladaptive personality traits that have their onset during childhood or adolescence and that have an impact on the individual throughout the life span. Identity disturbance is seen as the central construct for detecting severe personality pathology—and, most notably, borderline personality disorder—in adults and adolescents.

One of the most central tasks of normal adolescent development is the consolidation of identity. Crises in the development of identity usually resolve into a normal and consolidated identity with flexible and adaptive functioning. By contrast, identity diffusion is viewed as a lack of integration of the concept of the self and significant others; it is also seen as the basis for subsequent personality pathology, including that of borderline personality disorder, which leads to a broad spectrum of maladaptive and dysfunctional behaviours.

This symposium has its focus on the treatment of severe identity disturbance in adolescents with different treatment models and in different settings.

The first two talks introduce AIT (Adolescent Identity Treatment), a treatment model which focuses on identity pathology as the core characteristic of personality disorders. The next talk will describe treatment approaches for identity problems in Mexican adolescents who live in a changing society with a high rate of school drop-outs and an extreme increase of delinquency (involved in organized crime or dealing with drugs). The last talk focuses on the impact of DBT-Aon identity development in an inpatient population with personality disorders.

Chair: Schlueter-Mueller, S.

Co-chair: Schmeck, K.

Talks:

General principles of the Adolescent Identity Treatment (AIT) for adolescents with personality disorders.

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Evaluation of the AIT-treatment approach.

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Mexican adolescents' situation and their identity development

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A question of identity? Impact of DBT-therapy on adolescents' identity development

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Symposium "Treatment of adolescents with severe identity disturbance"

Chair: Schlüter-Müller, S.

- 1) Schlueter-Mueller, S., Burger, V.: General principles of the Adolescent Identity Treatment (AIT) for adolescents with personality disorders.
- 2) Von Orelli, A., Schlueter-Mueller, S.: Evaluation of the AIT-treatment approach.
- 3) Kassin, M: Mexican adolescents' situation and their identity development
- 4) Dixius A., Möhler E. : A question of identity? Impact of DBT-therapy on adolescents' identity development.

W2-06-01

General principles of the Adolescent Identity Treatment (AIT) for adolescents with personality disorders

Susanne Schlüter-Müller*, Veronika Burger *(mainauthor)

Objective: For a long period of time, the treatment of adolescents' personality pathology was dependent on psychotherapeutic concepts that had been developed for the treatment of personality disorders in adults. After the major breakthrough to adapt DBT for the treatment of adolescents with Borderline Personality Disorder, the adaptation of other treatment approaches like Cognitive Analytic Therapy (CAT) or Mentalization-Based Therapy (MBT), or Emotion Regulation Training (ERT) for use in adolescents followed. Adolescent Identity Treatment (AIT) is an integrative psychotherapeutic model that focuses on identity pathology as the core characteristic of personality disorders. This approach uses psychodynamic techniques based on object-relation theories as well as modified elements of Transference-Focused Psychotherapy for the treatment of adolescents' personality pathology. Moreover, psycho-education, behaviour-oriented home plans, and family work support the therapeutic process of the adolescent.

Method: The first evaluation comparing AIT with Treatment as Usual (TAU) was conducted with 20 female and 3 male patients, ages 14 to 19-years-old who were diagnosed with Borderline Personality Disorder according to DSM-IV-TR criteria. Based on chart data the structured clinical interview SCID II, the Borderline Personality Disorder Dimensional Interview (BPDDI), the Global Assessment of Functioning Scale (GAF), the Clinical Global Impression Scale (CGI) and a School Functioning Rating were rated at baseline, at 6 months and at 12 months after the start of the treatment.

Results: The preliminary data of this first study show a trend towards better identity integration ($p=.09$), less feelings of emptiness ($p=.08$) and less self-injurious behaviour ($p=.11$) as well as a significant increase in adaptive functioning ($p=.003$) in patients treated with AIT in comparison with patients treated with TAU.

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Conclusion: The results of this initial pilot study are promising. A scientific evaluation with more sophisticated methodology is needed to establish Adolescent Identity Treatment as an approach to treat severe personality pathology in adolescents.

Key Words: treatment, personality disorders, adolescence

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W2-06-01

Evaluation of the AIT-treatment approach

Anne-Cathrine von Orelli*, Susanne Schlüter-Müller *(main author)

Objective: The new treatment approach Adolescent Identity Treatment (AIT) is an integrative psychotherapeutic model that focuses on identity pathology as the core characteristic of personality disorders. This approach integrates psychodynamic techniques based on object-relation theory and modified elements of Transference-Focused Psychotherapy with psycho-education, behaviour-oriented home plans, and family work for the treatment of personality disorders in adolescents. Results of an initial pilot study are promising. We now start a comparison of AIT with DBT-A.

Method: The focus of psychotherapy research in adult personality disordered patients is shifting towards a more thorough look on specific and unspecific factors that may influence the outcome of a treatment approach. To compare these factors in Adolescent Identity Treatment versus DBT-A and to detect predictors of outcome we use psychotherapeutic process research methods based on video-analytic techniques. Integrated in the process research approach is the assessment of cardiovascular and electrodermal functioning as well as parameters of the HPA-axis functioning.

Results: This is the first study to evaluate psychotherapeutic processes of two very different approaches for the treatment of adolescents with severe personality pathology. The integration of neurobiological methods enhances the chance to detect predictors of change and successful outcome. We will present our first pilot data.

Conclusion: Due to the long period when personality disorders in children and adolescents were not diagnosed the treatment of adolescents' personality pathology is still in its infancy. According to the [well-respected](#) psychotherapy researcher Alan Kazdin (2007) understanding the mechanisms of treatment can be seen as the path toward improved treatment.

Key Words: process research, personality disorders, adolescence

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W2-06-03

Mexican adolescents' situation and their Identity Development

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Objective: Diagnostic and Statistical Manual DSM-5 criteria for Personality disorders (PD) may be applied with children and adolescent. The alternatives model in the DSM-5 integrates the construct "Identity" as a central diagnostic criterion. As the main task in adolescent development is the consolidation of Identity, we studied how Identity is developed within Mexican adolescent population, looking for differences between Identity crisis and Identity Diffusion.

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Methods: Participants were 407 students from a state school (N = 110), private school medium socioeconomic level (N=147), private school high socioeconomic level (N=150) aged between 12 and 19 years (mean 14.15 years). We used the questionnaires AIDA (Assessment of Identity Development in Adolescence; Goth et al., 2013); MACI (Millon Adolescent Clinical Inventory (Millon , 1993); YOQ 2.0 (Youth Outcome Questionnaire; Burlingame et al., 2005). The Abbreviated Version of the Diagnostic Interview for Borderline (Ab-DIB) (Guile et al., 2009) was used to obtain more specific information of personality disorders in the sample. Statistical analysis was done with T-test with effect size and Pearson correlation to correlate identity diffusion with personality disorder.

Results: The AIDA scores differed with about medium effect size between boys and girls in the Mexican school sample. The Mexican girls showed systematically lower scores than the boys in the AIDA, implying healthier development, i.e. better identity integration. Mexican subjects showed systematic differences between the two age groups (12-14 years and 15-19 years) with small to medium effect sizes. A high correlation between Identity diffusion and Personality pathology could be found.

Conclusion: It can be assumed that in Mexico distinct developmental stages related to age and gender can be found. In line with the general theory of adolescent development and identity, the younger adolescents displayed higher levels of "identity diffusion" without reaching pathological levels. This is viewed as a sign of an expected identity crisis at this age. There are some adolescents with an identity diffusion who need guidance or psychotherapy treatment to unblock their development.

Keywords: Identity, adolescence, personality

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A question of identity? Impact of DBT-therapy on adolescents' identity development.

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Introduction: Dialectical behaviour Therapy (DBT) is an internationally evaluated treatment for adolescents with emotion regulation disorders. Identity development is a fundamental developmental process of adolescence. Adolescents with disorders of emotion regulation show disturbances in identity development.

Methods: We assessed a sample of 42 adolescents (34 girls, 8 boys; age range 14-18y.). 25 adolescents were in inpatient treatment, 8 patients with Borderline Personality Disorder, 17 patients with other psychiatric diagnoses. Assessment instruments were Assessment of Identity Development in Adolescence (AIDA), SCL-90-R, a questionnaire to assess depression in children and adolescents (DIKJ), STAI and STAXI. Adolescents were included in a certified 3-month standardized DBT-treatment program. Identity development was assessed again at the end of the treatment program.

Results: The AIDA Total Score correlates significantly ($r \geq .51$) with SCL-90-R total score, depressivity (DIKJ) and both trait anxiety (STAI) and trait anger (STAXI). BPD adolescents show significantly higher scores in identity diffusion in comparison to patients with other psychiatric disorders. At the end of the treatment, DBT-A led to a significant reduction of identity incoherence, while identity discontinuity was less improved.

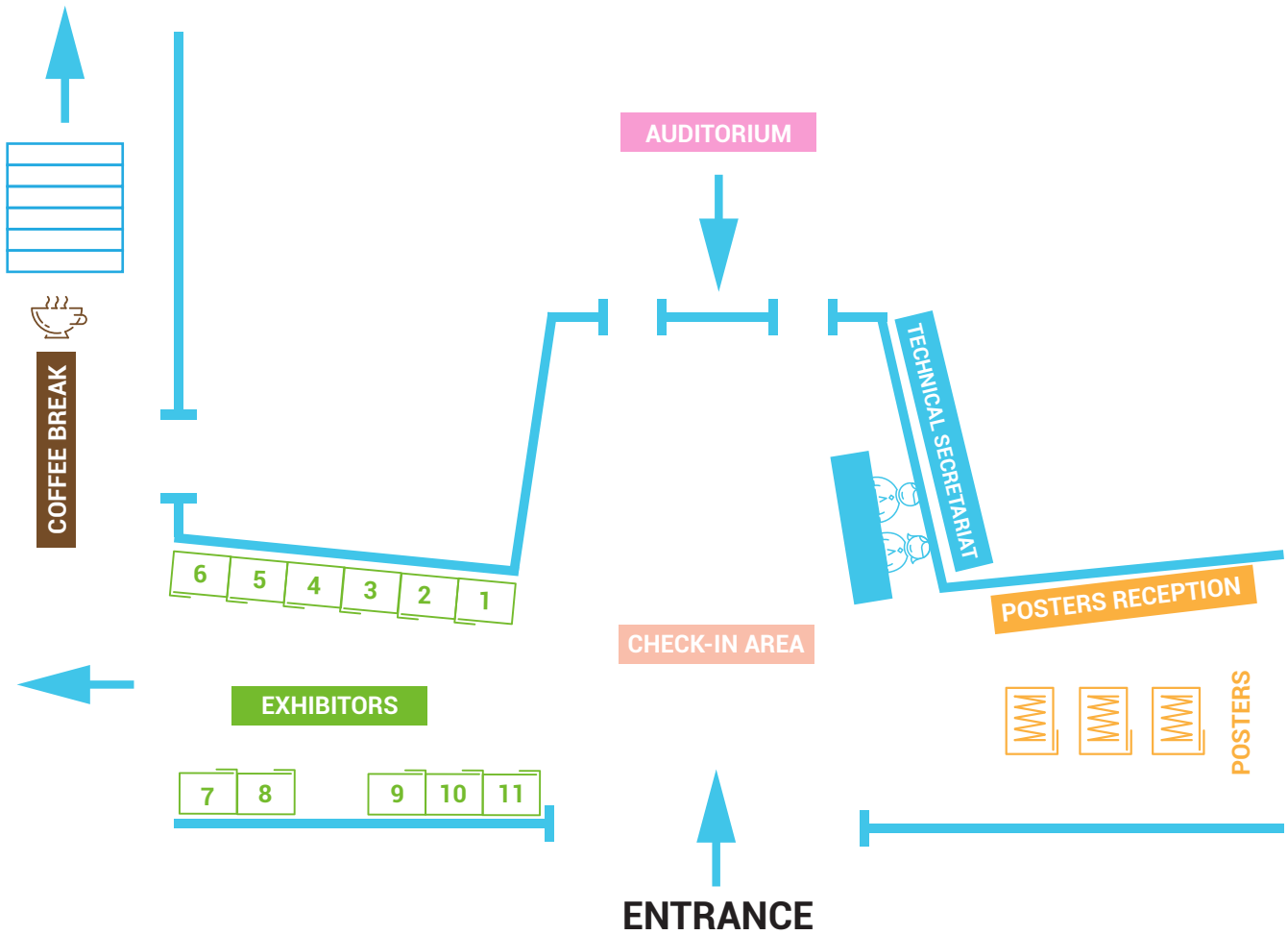
Discussion: Dialectical Behaviour Therapy seems effective in reducing symptoms of identity development disturbance. Treatment response differs according to psychopathology. These results are clinically relevant for the development of specific treatment programs targeting identity disorders and self concept.

Keywords: DBT-A, identity, Borderline Personality Disorder

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