



Turkish Association for Child &
Adolescent Mental Health
TACAMH



International Association for Child and Adolescent Psychiatry
and Allied Professions
IACAPAP

**18th WORLD CONGRESS OF THE INTERNATIONAL ASSOCIATION
FOR CHILD AND ADOLESCENT PSYCHIATRY AND
ALLIED PROFESSIONS (IACAPAP)**

**Carrying Hope Between East and West for 3 C's: Children
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IACAPAP 2008 ISTANBUL

APRIL 30 - MAY 3, 2008

**ISTANBUL CONVENTION & EXHIBITION CENTER
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**ABSTRACT BOOK for
ORAL & POSTER
PRESENTATIONS**

18th World Congress of
the International Association for
Child and Adolescent Psychiatry and
Allied Professions (IACAPAP)

ABSTRACT BOOK
for
ORAL & POSTER PRESENTATIONS

April 30 - May 3, 2008
Istanbul Convention & Exhibition Center
Istanbul / Turkey

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WELCOME ADDRESS



It is with great pleasure that we welcome you to the 18th International Congress of IACAPAP, the International Association of Child and Adolescent Psychiatry and Allied Professions. We are proud to tell you that the high quality and the great number of the submissions sent in will give us a most stimulating and exciting scientific event. The program includes keynote presentations, oral presentations, seminars, work groups and posters by the most distinguished and experienced researchers and clinicians from our fields, ranging from developmental neuroscience and basic research to clinical applications, therapeutic techniques, caring sciences and social, psychological, educational and cultural aspects as well.

In Istanbul, you will also have the opportunity to enjoy the atmosphere of one of the most magnificent historical cities of the world, a capitol of greatest importance for human culture, religion, economy and not of less importance, famous also for its food.

Looking forward to meeting with you in Istanbul,

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- French Association for Child and Adolescent Psychiatry
- Hellenic Society for Child and Adolescent Psychiatry
- International Children's Center (ICC)
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- World Association for Infant Mental Health (WAIMH)
- World Federation for Mental Health (WFMH)
- World Health Organization (WHO)
- World Psychiatric Association (WPA)

ORAL PRESENTATIONS

O-1 Supporting the development of 0-6 year olds in Turkish orphanages

Sibel Kazak Berument
METU

In Turkey majority of the babies and children who are under the custody of Social Services and Child Protection Agency are cared in institutions. These institutions are not able to provide appropriate care for children to reach expected levels of development in the cognitive, language, social and emotional areas. The purpose of this study was to increase the quality of care in children's homes providing care for 0-6 years. To increase the care quality toys and educational materials were provided and care givers were trained. Infant and children's development were assessed pre- and post-test by Bailey Infant Developmental Scales II, Ankara Development Screening Inventory and Peabody Word Test; and quality of care by ITERS-R Infant/Toddler Environment Rating Scale and ECERS Early Childhood Environment Rating Scale.

Quality of care was significantly improved in the institutions in which the intervention program had been implemented. Also when children's vocabulary scores were compared experimental group showed higher improvements than the control group. Furthermore, language and cognitive developmental lags of the children in the experimental group seem to show decline compared to children in the control group. Despite shortcomings results of the current study indicate that intervention seem to have positive effects on children's development. It is suggested that this program can be implemented in other children's homes in Turkey.

O-2 Demographic and perinatal factors for behavioral problems among children aged 4-9 in Taiwan

Yen-Nan Chiu, Chi-Yung Shang, Susan Shur-Fen Gau,
Wei-Tsuen Soong

Aim: To investigate the effect of age, gender, prenatal/perinatal factors, and maternal psychological distress on childhood emotional/behavioral problems.

Method: Sample included 1391 children aged 4 to 9 in Taipei by a multi-stage sampling method. Their mothers completed questionnaires including demographics, prenatal/perinatal variables, the Child Behavior Checklist (CBCL), and the Chinese Health Questionnaire (CHQ). The multi-level model was used for data analysis.

Results: Boys scored higher on externalizing problems, and girls scored higher on internalizing problems. Gender also modified the comorbid patterns of emotional/behavioral problems. Aggressive behaviors decreased, but attention and thought problems increased with age. Prenatal/perinatal exposures to alcohol and coffee, vaginal bleeding,

and gestational diabetes, low birth weight, and postnatal incubation and resuscitation, and maternal psychological distress predicted the risk for several childhood emotional/behavioral problems.

Conclusion: Our findings suggest that prenatal/perinatal and maternal care, and gender-specific measures are important for prevention of childhood emotional/behavioral problems.

O-3 Socio-economic status and behavioral problems in 1½-year-old toddlers. The generation R study

Pauline Jansen, Hein Raat, Johan Mackenbach, Vincent Jaddoe, Albert Hofman, Frank Verhulst, Henning Tiemeier

Aim: A low socioeconomic status (SES) has consistently been associated with behavioural problems in school-aged children. We examined the relation between SES and behaviour in 1½-year-old toddlers. Furthermore, we investigated the explanatory mechanisms underlying this association.

Method: This research was conducted in the Generation R Study, a population-based cohort in The Netherlands. Maternal education and family income were used as indicators of SES. At the age of 1½ years, 4943 mothers filled out the Child Behavior Checklist (CBCL). The Total-score was dichotomized into 'normal' and 'clinical borderline'.

Results: A low maternal education was associated with an high total problem score of the child (OR=3.94, 95% -CI: 2.67, 5.81). A young maternal age, problematic family functioning, and maternal psychopathology each explained a substantial part -respectively 28%, 24%, and 23% - of the association between education and CBCL-score. Marital status, long lasting difficulties, paternal psychopathology, and maternal smoking habits during pregnancy each explained 7 to 13%. Joint adjustment for these variables reduced the risk of a high total problem score in children of low educated mothers by more than half (fully adjusted OR=2.34, 95% -CI: 1.50, 3.66). Family income yielded similar results as educational level.

Conclusion: Our study showed that socio-economic inequalities in behavioural problems were already present in toddlers of 1½ year old. Interventions aimed at reducing the SES gradient in mental health should thus start early in life. Our results suggest that these interventions should focus on changing unfavourable family factors, e. g. parental psychopathology and stress, particularly in the lower SES strata.

O-4 Influence of enterohemorrhagic E. Coli O157 outbreak in primary school in Sakai, Japan

Keizo Nagao¹, Masakage Okuno²

¹Sakakibara National Hospital

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Aim: In 1996, school-meal diarrhea (Enterohemorrhagic E. coli O-157) was outburst in Sakai. 9,492-person (incl. 7,996 schoolchildren) have suffered, 791 have admitted, 106 schoolchildren of 121 developed to hemolytic uremic syndrome (HUS), and three children died. Mental and physical influence of subsequent was investigated.

Method: The questionnaire of the 564 schoolchildren of a mass outbreak area was carried out eight months after the disaster. **Result:** 293 (52%) children complained the symptoms of abdominal infection, and 175 (31%) felt fear as if they might die. PTSD symptoms of diagnostic criteria B in DSM-4 includes mainly (1) some physical symptoms involves the condition by uneasy and fault strain, (2) fear of the recurrence infection, and (3) evasion condition were seen. Although there were many acts which avoid school meal and some kinds of foods as an evasion condition, it did not regard only as a PTSD condition but also considered more suitable as normal protective evasive action. The child's reaction pattern was classified into 8 types according to the existence of an abdominal symptoms (as (1) of the criteria A of DSM-IV), the strong fear, sense of shudder in that case "I might die if it carried out by accident" (as (2) of the criteria A), and mental sequelae based on PTSD symptoms. Eight types were (1) PTSD group (57 have developed PTSD, 10%), (2) abdominal symptoms and transient uneasy group (57 does not have any mental sequelae after that although abdominal symptoms developed and it felt uneasy, 10%), (3) development of abdominal symptoms and no anxious, no mental sequelae group (N=126, 22%), (4) development of abdominal symptoms and denial defense group (53 denied any anxious and influence, although PTSD symptom exists as mental sequelae, 9%), (5) superfluous uneasy groups (although abdominal symptoms do not develop, uneasy, sensitive, PTSD symptoms, N=14, 2%), (6) transient uneasy group (although symptoms do not develop, it has misgiving of death transiently. N=47, 8%), (7) not-influenced group (any symptoms do not develop. N=175, 31%), and (8) unconscious group (35 do not develop abdominal symptoms and deny any fear and anxious, but have PTSD, 6%). Any 8 groups showed the characteristic features respectively.

Conclusion: Pervasive influence was observed, that it needed not only the correspondence and management to the each child who shows the serious illness sequelae, but to be considered on the educational mental health approach for all the schoolchildren.

O-5 Competence and behavior problems in a birth cohort of indigenous Sami and Norwegian preadolescents in Arctic Norway. Parent and teacher reports

Cecilie Javo, John A. Rønning, Bjørn Helge Handegård, Floyd W. Rudmin

Sami National Centre for Mental Health

Department of Pediatrics, University of Tromsø

Center for Child and Adolescent Mental Health, North Norway, University of Tromsø

Aim: In a 7-year follow-up birth cohort from the general population in the Sami core area, Finnmark, Arctic Norway, parent and teacher reports of social competencies and behavior problems were examined for 71 indigenous Sami and 77 Norwegian 11-12 year-olds.

Method: Instruments were the Child Behavior Checklist (CBCL), the Teacher Report Form (TRF), and the Impact Supplement of the Strength and Difficulties Questionnaire (SDQ)

Results: No ethnic differences were found for the competency scales. Total Problems reported by Sami and Norwegian parents were low compared to the overall mean found in multicultural studies. Sami parents reported lower Total Problems and Attention Problems than did Norwegian parents. In contrast, there were no ethnic differences on the TRF measures. Consistent with other international studies, parents and teachers rated girls higher than boys on social competencies and boys higher than girls on Externalizing and Attention Problems. Gender differences were larger on the TRF than on the CBCL. Agreement in parent-teacher ratings of same child on the CBCL / TRF was significantly lower for the Sami than for the Norwegian sample on social competencies, and on Externalizing and Attention Problems, as was the agreement on Total Impact of child difficulties

Conclusion: The very low problem ratings by the Sami parents indicate a need of specific clinical cut-off points to distinguish between clinically referred and non-referred children. Disagreement in ratings between the Sami parents and teachers, but not between the Norwegian parents and teachers, for children attending the same schools, suggests cultural influences on problem ratings.

O-6 Caregiver causal models in early psychosis: an Australian perspective

Kerrie Clarke, Grace Couchman

School of Psychiatry, Psychology and Psychological Medicine, Monash University, Australia

Causal models and attributions regarding early psychosis and drug use by caregivers are powerful and influential on client outcomes (Clarke & Couchman, 2007). Caregiver causal models are affected by cultural factors, exposure to leading psychiatric biopsychosocial theory, as well as culturally derived understandings of social, interpersonal and psychological problems. Causal models are particularly pertinent to those presenting with early psychosis in the context of an illicit substance use disorder (SUD) as SUD

can evoke significant additional social stigma and socio-legal sanction.

This paper will present an Australian perspective regarding the use of caregiver causal models in early psychosis. A study of caregivers and patients from a Youth Early Psychosis (YEP) service, located a rural and urban setting in Australia, assessed caregiver attributions and causal models of illness with the Causal Models Questionnaire for Schizophrenia. Preliminary findings were that of the 109 causes of psychosis identified by carers, the majority (34%) were related to characteristics of the patient, which included illicit substance use, and personality problems. This was in comparison to a 33% attribution of causes to the social environment, which included school stress, illness/death of a family member, and conflicts between the patient's family members. 53% of caregivers acknowledged genetic/hereditary factors as a potential cause of the illness, however only 10% of the causes elicited were attributed to physical/biological factors other than genetics (such as brain disease or other physical diseases). Implications for psychoeducational approaches and caregiver interventions will be discussed.

O-7 A study on high risk children for schizophrenia

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Aim: This study aims to evaluate the ways in which the "high risk" children for schizophrenia perceive their parents, the way in which parents with schizophrenia evaluate their children in comparison with those in the "depressive families" and to point-out the family-environmental conditions of the children with one schizophrenic parent versus those with one depressive parent.

Method: Three standardized instruments were applied on the studied "high risk" group of 54 children of parents with schizophrenia and on the control group of 23 children of parents with endogenous depression.

We utilized three standardized instrument: Children Behavioral Checklist (CBCL), The Family Identification Probe (PIF), The Fifth (Vth) Axe – DSM IV. Through the CBCL application on the parents of children, we evaluated the way in which the parents do see their children, their perception of their children. PIF offered us information about the way in which the children do see their parents and their capacity to identify themselves with them. Through the Fifth Axe of DSM IV., the abnormal psychosocial conditions have been evaluated.

Results: Through the CBCL application we obtained the following results:

-all the children registered high scores at the items for depression, hyperactivity and aggression, independently from the child's gender or the disorder of the parent (schizophrenia or depression)

-The scores obtained through the CBCL application on the psychotical parents were different from those obtained through the application in the general population because of the incapacity of the psychotical parents to evaluate the behavior of their child objectively, so that their evaluation is distorted. We notice an exacerbation or an total ignore of the symptomatology of their children

Through the PIF application, utilizing the Spearman's correlation ranges (R) and the multivariate analysis ANOVA/MANOVA, we obtained a quantification of the child's identification with his parents. So that:

- The effect of the "disorder" factor in all the variables (I-F, I-M, R-F, R-M, D-P) -Ideal Father, Ideal Mother, Real Father, Real Mother, Disordered Parent- its values in the "depressive families" are higher than those in the "schizophrenical families". We noticed in the "depressive families" a semantically higher ideal identification of the children with their parent especially their father in comparison with that in the "schizophrenical families". (Ideal-D -P with depressive parent $r = .442$, with schizophrenical parent $r = .285$) (Real- D-P with depressive parent $r = .504$, with schizophrenical parent $r = .301$)

- Generally, the psychical disorder of the mother is more important for the child, its influence has a direct stigmatization effect on the child. The identification of the child is much lower in those cases

- The identification model in the "depressive families" is closer to the general population than in the "schizophrenical families"

Through the V-th Axe application, the psychosocial pressure to which a child is exposed in a family with a major depressive membership much higher than in the families with a schizophrenical parent. Through the positive codification on the V-th Axe the maximal frequency is for: resentful behavior of one parent (76,47%), disarmony in family (73,52%), distorted intrafamilial communication (70,58%), lack of conversation in family (76,47%), lack of social relations (50%).

Conclusion: -The perception of the child from the disordered parent is more distorted in the families with one endogenous depressive parent.

-The identification of the child with the disordered parent as well with the healthy parent is very low in the families with a parent with schizophrenia, especially in the cases where the mother presents schizophrenia.

-The abnormal psychosocial conditions under which the children live are more numerous in the families with a parent with endogenous depression.

O-8 Development and evaluation of mental health services for vulnerable children

Panos Vostanis

University of Leicester, UK

Vulnerable children are defined as young populations with multiple needs, mobility, and experience of acute and chronic traumas and life adversities. They include children in public care, homeless, asylum-seeking, and offenders. Epidemiological findings will demonstrate these children's high prevalence of psychiatric disorders, related needs, risk factors, and limited access to services.

The characteristics of vulnerable children will then be discussed in the context of child mental health services, across health and welfare systems and societies. It will be argued that, even with limited resources, it is possible to develop designated service provision. Examples of such service models will be presented, with particular reference to such a service in the UK.

Services need to work closely with statutory and non-governmental agencies. A service model for vulnerable

children should include different components such as: consultation and training to other agencies, to enable them to recognize child mental health problems, manage those of mild severity, and only refer selected cases to the specialist mental health service; joint working with these agencies; direct access and quick response; outreach service provision in different community settings such as children's homes and shelters; skills in assessing traumatized children with multiple psychopathology; and therapeutic interventions applied to the needs of this client group. Evaluation findings from different study designs will be presented on these groups of vulnerable children.

O-9 How to implement a model for evaluation in an inpatient child and adolescent clinic?

Mia Danielson¹, Tobias Edbom²

¹Division of Child and Adolescent Psychiatry, Stockholm

²Department of Woman and Child Health, Child and Adolescent Psychiatric Unit, Karolinska Institutet, Stockholm, Sweden

Introduction: As a result of a review of the Child and Adolescent inpatient clinic in Stockholm, Sweden a model for evaluation was developed with the aim of describing the clinical process during the time for intervention. We needed measures for outcome based on the theoretical assumptions for instance, that the inpatient clinic interventions should be based on salutogenic theory or screening for basic psychiatric symptoms. We also wanted a model that could work both as an evaluation of the organization and establish quality of health care but also as a tool for the therapist/nurse in direct relation with the patient. In October 2007 we introduced the model in the clinical setting.

Aim: Evaluate the implementation process of the evaluation model and to see if it could measure change over time for inpatient patients

Method: Two instruments was used, Sense of Coherence (SOC) measuring salutogenic factors and Strengths and Difficulties Questionnaire (SDQ) witch screens for psychiatric symptoms. In order to measure function C-GAS was used. A care document (vårdplan/behandlingsplan) was developed based on identification of the patients problem and the commission of the referrals. All patients should be assessed as baseline within three days after intake and reassess at time of discharge.

Results: There are differences in use between departments and individuals. In this section we will describe the implementation process and how measurements have been used during the first six months. Differences in use will be analysed and discussed in relation to implementation theory.

O-10 ADHD and its management: Indian scenario

Rajesh Sagar, Monica Mongia, Manju Mehta, Raja Sadhu

Department of Psychiatry, All India Institute of Medical Sciences, New Delhi, India

Aim:

1. To review the concept of ADHD in Indian Scenario
2. To study the behavioral management of ADHD.
3. To study the parent training module for ADHD
4. To discuss the psychopharmacological management of ADHD

Method: Various studies conducted at the Department of Psychiatry, AIIMS, New Delhi, India along with the experiences of the mental health team dealing with ADHD in children and adolescents would be discussed.

Results: Data collected through over 10 years of research has shown ADHD to be a significant disorder demanding immediate attention. Aspects related to psychosocial factors, comorbidity and parent related factors need to be considered for comprehensive management of ADHD.

Conclusion: Management of ADHD is a multidisciplinary approach.

O-11 Promoting child's rights in preventing child maltreatment

Deo Angelo Saique², Danielle Saique¹

¹Women and Children's Protection Desk (WCPD) of Dasmariñas Municipal Police Station (DMPS)

²Dasmariñas West National High School (DWNHS)

Aim: This qualitative study is to share the cause and prevalence of Child Maltreatment (CM) related in violating the Child's Rights (CR) and to provide Action Plan in the prevention of CM by promoting CR thereby protecting the child from occurrence of child psychiatric problems later on. CM is also rooted in not practicing, exercising and exerting the CR. CM occurs anywhere, anytime and in all walks of life and the helpless VICTIM ... the young, innocent and vulnerable CHILD.

Method: The child-victim and the perpetrator are known, related to each other and are both living in one household. Cases in this study transpired within the confines of homes. Cases were reported, investigated at the police station from June,2006 to June,2007 and were filed in the legal courts. Intake interviews facilitated to the child-victim and to the relatives. Qualitative analysis used to identify major causes/prevalence of CM at home related in violating the CR.

Results: Physical injury ranked the highest case; next rape, incest, lascivious acts, followed by neglect and abandonment of unwanted child.

Conclusion: The above data suggest that CR if violated bring undesirable effects to the total wellness and humanness of the child-victim by violating the right to life to live, right to health on mental and physical development, to health care, right for protection from cruelty and persecution and right against neglect, exploitation and discrimination.

Recommendations: These findings are experienced and recommended further for Action Planning by the stakeholders in preventing CM at home by promoting CR to provide protection from child psychiatric problems in the future.

“Maraming Salamat Po at Mabuhay!”

O-12 Mental health in UN convention on the rights of the child - challenges and opportunities

Dainius Puras

UN Committee on the Rights of the Child
Vilnius University

Aim: The aim of this presentation is to identify challenges and opportunities in the field of mental health and emotional well-being of children, in the process of implementation of UN Convention on the Rights of the Child by state parties.

Method: Analysis of activities of UN Committee on the Rights of the Child (dialogue with member states, concluding observations, general comments) and response from governments, in the field of child mental health and related issues, will be presented.

Results: Child mental health and emotional well-being, during first 18 years after ratification of UN Convention on the Rights of the Child, has not been among priority issues and in childhood policies in most countries around the world. Paradoxically, absolute majority of articles of the Convention are directly or indirectly linked with mental health, emotional or social development and well-being or mental disorders among children. Convention addresses right to health and education, protection from violence and discrimination, respect for views of children and their civil rights, concept of evolving capacities of the child, importance of family and competent parenting, rights of disabled children and many other issues directly linked to mental health and emotional development. Convention and the process of its implementation and monitoring offers a unique possibility to influence policy makers to invest in child mental health in increasing quality and quantity of resources.

Conclusion: In the 21st century child mental health issues need to be addressed in a most responsible way, as a new priority in childhood, health and cross-sectoral policies. UN Committee on the Rights of the Child is very well aware of huge importance of positive mental health, emotional and social well-being, and mental disorders among children, and is committed to address seriously mental health issues in its activities. Cooperation of UN treaty bodies with IACAPAP and national organisations in the field of child mental health needs to be more close, to reach good results in lobbying for effective child mental health policies and practices throughout the world. Examples of possible cooperation and effective synergies between implementation of Convention and support for modern child mental health policies will be presented.

0-13 Child and adolescent mental health: ethical challenges and human rights

Jessica Lynn Borg

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New Zealand*

This presentation will discuss ethical challenges within a CAMHS setting, with particular reference to the rights of children with mental health difficulties and their limitations e. g. capacity and consent, decision-making, confidentiality, right to liberty. I will make reference to local and international policies and human rights law that impact on the provision of CAMHS services.

The United Nation Convention on the Rights of the Child 1989 (UNCRC), states that children have the same dignity and rights as adults do, but it also recognizes that children are born dependent and have a right to protection and guidance. Parents are often considered the primary decision-making entities. The UNCRC grants the child participatory decision-making rights. Providers of health care are thereby obliged to give young people information necessary to enable decision-making about matters that concern them. However this does not mean that children

must be the final decision-makers. Moreover, parents can no longer act as decision-makers once a child can consent for herself. On this note, I will make reference to Gillick-competence in the UK including its interpretation and limitations and provide case law examples.

According to The Mental Health Act in New Zealand, parental authority is sufficient for the detention and treatment of minors regardless of competence. As health professionals we often encounter the dilemma of overriding children's autonomy and nowadays few clinicians would be willing to override the wishes of a competent 16 year old. However, the law is clear that in life-threatening situations competent minors will be overruled. In conclusion, although children's rights may be overridden, it is advised to involve children in decision-making which may benefit treatment and rapport.

0-14 Child mental health in new European democracies: search for effective policies and practices

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¹Vilnius University

²State Mental Health Center

Aim: To identify basic gaps and obstacles in existing child mental health policies and practices in Central and Eastern Europe and to suggest priorities for investments so that alarming situation in the field of child mental health in this region can be positively changed.

Method: On the basis of earlier performed preliminary analysis of existing situation in the field of child mental health policies in Central and Eastern Europe, CAMHEE project was developed and is being funded by EU Public health program since 2007, with 35 partners in 16 countries of European Union, including 8 new Member states. Critical issues have been identified in the project design phase for deeper analysis:

- a) concept of parenting and possibility to improve parenting skills in general population and especially in families at risk, such as parents suffering from mental disorders;
 - b) high level of destructive (bullying) and selfdestructive (suicides) behaviour among school age population and possibilities to invest in effective and sustainable preventive activities;
 - c) ineffective system of child mental health services and possibility to move from stigmatized system based on tradition of social exclusion to modern community based and family focused services for children in need.
- There are many data convincingly indicating that in these 3 fields, after many years of lack of political will to invest in good child mental health, a shift of paradigm is needed in order to move successfully to effective patterns of interventions, both in the level of population based and clinical interventions.

First results of CAMHEE project activities will be presented, indicating an urgent need for concerted actions by professionals, politicians and civil society in the field of child mental health. There are unique opportunities for positive changes in mental health of children and in quality of mental health services in this region of Europe, after many years of learned helplessness in attitudinal approaches towards child mental health problems. It is of strategic importance to define clear directions in child

mental health policy and to change direction of allocating increasing resources from system based on stigma and social exclusion, to system based on strengthening resilience and protective factors in children, families and communities. Development of effective system of mental health promotion and prevention activities is obligatory condition for positive changes in quality of child psychiatric services. Examples of gaps, challenges and effective practices will be presented.

O-15 The impact of a national service improvement programme on the commissioning and delivery of health and social care services for children and young people with mental health problems and disorders

Dawn Rees

The National CAMHS Support Service, Care Services Improvement Partnership, Leicester, England

In 2003, following the publication of a major policy document which set out a National Service Framework for Children and Young People and their Families by the UK government, a national service improvement team - the National CAMHS Support Service - was set up to support local and regional services to deliver a comprehensive range of services for children, young people and their families who have emotional, psychological and mental health problems.

Over 5 years the National team has been able to demonstrate the positive impact of their work to improve health, social care and education systems' provision of a range of services across a continuum of need. This abstract will demonstrate the inter-dependencies between government departments, internal and external organisational contexts, and investment. It will codify the key stages of programme development which, in collaboration with partner development teams working on information, knowledge management, mapping, workforce and service improvement methodology has led to significant improvements in access, demand and capacity management, increased range of services, diversity and inclusion, reduced waiting times, increased staffing and targeted services for children and young people with emotional and mental health problems and disorders.

It will explore the key factors which have contributed to a significant positive change in the delivery of CAMHS services and the extension of that work into schools and community based settings. This has enabled local organisations to best position themselves in order to capitalise on more recent policy initiatives which rely on a shared vision, local partnership development, joint commissioning and delivery mechanisms. It will draw on key evidence from national reports and research and highlight the factors which have influenced success in delivering a national strategy through the national service improvement team, working closely with government departments, and regional and local teams.

O-16 Institutional collaboration between child psychiatry units in Oulu University, Finland, and Egyptian Abbassia Mental Hospital and Cairo University

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⁵*Clinic of Child Psychiatry, University Hospital of Oulu, Finland*

Aim: To exchange experiences between Child Psychiatry Units in Oulu University, Abbassia Mental Hospital and Cairo University and improve the standard of psychiatric care delivered to children in Egypt.

Method: Funded by the Finnish Ministry of Foreign Affairs, this ongoing institutional collaboration started in 2006 as a continuation of another Finnish mental health program for enhancement of child psychiatric services in Egypt. Its emphasis is on building a multidisciplinary child psychiatry team in Egypt oriented in using different treatment modalities, as well as working on conjoint scientific researches.

Results: Monthly telematic consultations are held between Abbassia Mental Hospital and Oulu University. To gain further insight into the child mental health care system in Finland, sponsored observerships were provided for Egyptian doctors to visit Oulu University Child Psychiatry Department and affiliated child mental health centres. Training courses are held in Egypt by a Professor (one of the authors, IM) from Oulu as well as Finnish speech therapists and special educators. Training for Autism Diagnostic Interview - Revised (ADI-R) and Autism Diagnostic Observation Schedule (ADOS) was also provided, and were are now working on translating these 2 programs into Arabic to be later used on a wider scale in all Arabic speaking countries. Child psychiatry services are extended to include other underprivileged governorates in Egypt as Assuit, Khanka and Helwan. Research activity represented by a PhD thesis is in progress, and aims to determine cultural differences between Egyptian and Finnish attention deficit hyperkinetic disorder (ADHD) and autism spectrum disorder (ASD) children.

O-17 New ways of working in psychiatry, nursing and social work in the United Kingdom

Paul Tarbuck

BSTMHT

Aim: To describe the potential challenges and threats associated with new ways of working in modernised mental health services.

Method: Mental health workforce development has received sustained political attention in the last 10 years following the production of the Department of Health NHS Plan in 1997. The work has resulted in NewWays of Working for NHS personnel (new roles and people working differently in existing roles); Hospitals at Night and Modernising Medical Careers (to ensure compliance with European Union Working Time Directives and revised training structures for doctors) and Creating Capable Teams Approach (process evaluation of team functioning). Changes

to mental health legislation will open up new possibilities for disciplines other than doctors to undertake duties previously reserved for doctors. There are opportunities and threats for clinical and practice disciplines in the new ways of working. This paper explains the developments and the relevance of them to child and adolescent psychiatrists and to the child and adolescent mental health workforce and how new approaches are informing planning for future services. This paper will describe new roles, new ways of working within the recovery model and how these changes have impacted on the role of the doctor and others.

O-18 Child and adolescent mental health services in South Asian Countries: present state and future prospect

Mohammad Sayadul Islam Mullick

Department of Psychiatry Bangabandhu Sheikh Mujib Medical University, Dhaka

In South Asia, roughly 45% of the population is under the age of 18 years. Few studies in the South Asian countries suggest that 12-20% of children have psychiatric disorders. The pattern of psychiatric disorders in children resembles that identified in developed world, with preponderance of anxiety disorders and increased trend of behavioural disorders that are severe enough to result in substantial distress and social impairment, thereby warranting treatment. In these countries with few mental health professionals, there is a vast gap between need and provision that must be addressed.

The mental health services for young people in South Asian countries are inadequate, weakly organized and not a priority. There are scarcity of manpower, logistic support, multidisciplinary approach and coordination. Mental health of South Asia differs from the Developing countries in many aspects. Therefore, child and adolescent mental health services for the South Asian countries would likely to be different from Western model. The objectives of this paper are to highlight the main issues to develop feasible child and adolescent mental health services in South Asian countries. It identifies strengths, resources, challenges and opportunities, and highlights a strategic proposition of developing child and adolescent mental health services in South Asia for adopting a child and adolescent policy and action plan to move from ideality to reality. International and regional organizations can play critical role in establishing dialogues, coordinated initiatives, assistances and partnership to address these issues in this part of the Globe.

O-19 Youth Mental Health Service: An innovative model on the Central Coast, NSW, Australia

Amelia Hill, Fiona Duignan, Sue Leonard, Adrian Cobold

Deb Howe / North Sydney Central Coast Area Health Service, Children & Young People's mental health

The Central Coast region of New South Wales covers a geographical area of nearly 2000km² with total population of 300 000, 17% of which are of the age between 12-25 years. Few areas of need have been indicated including area of rapid expansion and limited infrastructure to support growth, high unemployment rate for young people who leave school relatively early, significant lower socio-economic index, high incidence of domestic violence, child

abuse and neglect, etc. The proposed Youth Mental Health Services Model aims to provide seamless, multidisciplinary, multicomponent service for young people aged 12-24 years of age with mental health problems and/or disorders. Ten key principles of the Youth Mental Health Model have been discussed which include commitment to promotion and prevention framework, early access, best practice, sustainable clinical governance, effective partnerships, focus on recovery and hope, targeting primary youth mental health workforce, ensuring evaluation and quality innovation. Different components of the service including Y-Page, Adolescent Mental Health Service, Early Psychosis Intervention, Youth Mental Health etc. have been presented.

O-20 Promoting the mental health of children in secure settings: An assessment of the impact of a new commissioning framework in England

Fiona Gale¹, Clare Fox², Charlie Brooker²

¹*University of Lincoln / CSIP*

²*University of Lincoln*

This presentation will explore preliminary findings arising from an evaluation of the implementation of a new commissioning framework for mental health services for children in custody. This framework has been developed as part of a major programme of joint work between the Department of Health, the Department for Education and Skills, the Youth Justice Board and the Home Office in England and Wales. Its overarching aim is to improve the mental health of children and young people held in secure settings (around 3000 children). It provides a strategic framework for commissioners and service providers to enable access for children to the full range of comprehensive child and adolescent mental health services in both the youth justice and children's services systems. The evaluation has assessed the impact of the implementation of the framework on the commissioning and development of mental health services for children in secure settings, following its publication in March 2007. It describes changes in the commissioning arrangements, service models and investment across commissioning partners with responsibility for the development, expansion and improvement of comprehensive mental health services for this group of children. It will focus on three areas of the implementation - Process, Development and Expected Outcomes.

The presentation will also present the framework for delivering services and some examples of service provision and good practice.

O-21 A specific setting welcoming the adolescents and their parents in a child and adolescent psychiatric department

Elise Drain, Sabine Chatelain, André Mercadante, Florin Laetitia Bouche, Fabrice Chauvet, Aurélie Harf, Thierry Baubet, Marie Rose Moro

Avicenne Hospital

Adolescence is a period of change with lots of questions for the adolescents, their parents and their environment. Disorders can appear. They can be transitional or the beginning of a morbid process. The problems question the

family functioning and the environment of the adolescent. They need a multiplicity of approaches: medical, psychological, social. In order to respond to the diversity of the questions and needs, a specific setting welcoming these adolescents and their parents has been developed in a psychiatric department for child and adolescent. It has been thought according to the model of the therapeutic consultation of Winnicott and adapted to the specificity of adolescence. We describe this setting, the development and the process of these consultations and the possible issues. Three levels can be described, more or less important depending on the situations: the assessment of the situation of the adolescent, the construction of a therapeutic alliance and the process of change. These consultations take place in the path of adolescence and come within the framework of a close work with the other places where the adolescents go: schools, social services, doctors... These consultations can end there or they can allow specific proposals to the situation of the adolescent.

O-22 Moving ADHD services forward: Kent experience

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Aim: In the last decade there has seen more emphasis on behavioural and other mental health issues in children. ADHD is the most common and controversial chronic neurodevelopmental disorder. Joint ADHD clinics were started at two Child & Adolescent Mental Health sites in East Kent in 1997, run by community paediatricians and community mental health nurses. An audit was done of the ADHD clinics against the National Institute Clinical Excellence ADHD guidelines in 2002, which identified few deficiencies. As one of the action points of the audit, ADHD team meetings were instituted. Re-audit in 2005 showed improvement in areas identified earlier. A county-wide Kent ADHD Network Group was formed during the study day on ADHD in June 2004. Since then study days are held in every six months. It is attended by Paediatricians, Child Psychiatrists, General Practitioners, Adult Psychiatrists, Nurses, Psychologists, Teachers, Social Workers, Speech Therapists, Commissioners and Managers.

Method: The workshop intends to explore the advantages of networking between Child Psychiatrists and Paediatricians supported by other professionals in a comprehensive multidisciplinary way. Advantages of networking are to share good practice experiences, improving communication, listening and learning from others and feeling supported and motivated.

O-23 The 12-month prevalence of DSM-IV anxiety disorders among Nigerian secondary school adolescents aged 13 to 18 years

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¹Dept of Psychiatry, Lagos State University College of Medicine. Ikeja, Lagos, Nigeria

²School of Medicine, Obafemi Awolowo University. Ile-Ife, Nigeria

Aim: To estimate the 12-month prevalence of DSM-IV specific anxiety disorders among Nigerian secondary school adolescents aged 13 to 18 years

Method: A representative sample of adolescents (n=1090) from senior secondary schools in a semi-urban town in Nigeria were assessed for the 12-month prevalence of DSM-IV specific anxiety

Results: The 12-month prevalence for all anxiety disorder is 15.0% (females=19.6% ; males=11.4%). There were significant gender difference in prevalence for all anxiety disorders (P<0.001; OR 1.96,95% CI 1.35-2.65) and social anxiety disorder (P=0.035; OR 1.82,95% CI 1.03-3.19) and significant age difference in the prevalence of separation anxiety disorder (P=0.045; OR 2.43,95% CI 0.99-5.96)

Conclusion: The prevalence of anxiety disorders in Nigerian secondary school adolescents are comparable to the rates found in the western world. Health policies must integrate adolescents' anxiety as a disorder of public health significance. Further studies are needed to evaluate the factors associated with anxiety disorders amongst adolescents in this region.

O-24 Posttraumatic stress and hormonal effects in Greek children and adolescents victims of traffic accidents

Gerasimos Kolaitis, Stella Haritaki, Magda Liakopoulou, Panagiota Pervanidou, John Papisotiriou, Spyros Ferentinos, George Chrousos, John Tsiantis

Athens University Medical School, Department of Child Psychiatry and 1st

Department of Pediatrics, "Aghia Sophia" Children's Hospital, 115 27 Athens, Greece

Aim: To study prospectively the prevalence, course and predictors of Posttraumatic Stress Disorder (PTSD) in young people following Road Traffic Accidents (RTAs).

Method: 60 children and adolescents aged 7-18 years victims of RTAs were assessed immediately after hospitalization, at 1 and 6 months later. Various screening instruments such as the Children's Post-Traumatic Stress Disorder-Reaction Index (CPTSD-RI) and a semistructured psychiatric interview i. e. the Kiddie-Schedule for Affective Disorders and Schizophrenia-Present and Lifetime version (K-SADS-PL) were used. Saliva and blood measurements of cortisol, catecholamines and interleukin-6 (IL-6) were also carried out at the same time points.

Results: 37.7 of young victims presented with PTSD based on the K-SADS-PL interview 4 weeks following the RTA. This percentage decreased significantly (p=0.02) at 18% at the 6-month follow-up. Salivary cortisol concentrations were significantly elevated immediately after the RTA in those who subsequently developed PTSD at the 1-month assessment. Evening salivary cortisol was normalized at the 6-month follow-up while noradrenaline concentrations were gradually elevated at the 1-month and 6-month

assessments in the PTSD group compared to the non-PTSD group.

Conclusion: These results confirm the high rates of PTSD in young victims of RTAs, their association with hormonal changes, the necessity for sensitizing other medical and nursing staff, and applying therapeutic interventions in those who need them, considering the impact of PTSD on the biopsychosocial functioning in childhood and adulthood.

O-25 Posttraumatic stress reactions in children and adolescents after road traffic accidents

Els P. M. van Meijel, Ramón J. L. Lindauer, Frits Boer
AMC de Bascule, Department of Child and Adolescent Psychiatry, Centre for Traumarelated Disorders, Amsterdam, The Netherlands

Aim: To present an overview of the research of posttraumatic stress reactions in children and adolescents after road traffic accidents.

Method: Posttraumatic stress reactions and Posttraumatic stress disorder (PTSD) can occur after experiencing psychological trauma, like violence, disasters and road traffic accidents (RTA's). Many children are involved in RTA's and are severely injured. Given the high frequency of injury in childhood, and the rates of PTSD in this children (10-35%), injury is an important cause of posttraumatic stress reactions and PTSD in childhood.

Conclusion: In the majority of injured children the PTSD-symptoms resolve spontaneously, but part of the children develops PTSD. Because chronic PTSD goes with severe and invalidating symptoms, it is important to identify the children who are at high risk soon after the accident, and to take measures to prevent chronic PTSD.

Results: In the last few years several studies examined the possible risk and protective factors for children for PTSD. In this presentation an overview of these studies and factors will be given.

O-26 Impact of parental combat injury on children and families: the role of parental guidance

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²*Center for The Study of Traumatic Stress, Uniformed Services University, Bethesda, MD, USA*

Aim: This presentation describes the unique challenges faced by U. S. military children whose parents have been seriously injured in the ongoing conflicts in Afghanistan and Iraq and reviews the role of parental guidance in supporting family adjustment to these challenges.

Method: The presenters will describe the experiences of military children and families whose loved one has been hospitalized at Walter Reed Army Medical Center for treatment of their serious combat injuries. Presenters will provide information about the affected children, areas of significant parental concern and the clinical methods that have been employed to address their needs. The role of parental guidance will be discussed at it is used as an integral support to non-injured parents in addressing the needs of their children. A clinical case study video tape will be shown to illustrate a clear example of the experiences of military children and families related to combat related parental injury. Audience discussion and participation will be encouraged

Results: Preliminary data do not suggest significant psychopathology in the children of combat injured. Effective parental communication and may lead to more positive child and family outcomes. Anecdotal experience suggests parent guidance can be an effective means to support child and family health.

Conclusion: Military children face unique challenges related to combat related parental injury. Effective parental response to children is likely to lead to better child and family adjustment. Future scientific study is required to better understand these clinical phenomena.

O-27 Disaster interventions with children

Myrna Gannagé

Saint-Joseph's University

Association for the Protection of War Children

War and forced displacement in Lebanon brought about a series of distressing elements and shared experiences, which manifest in feelings of grief, loss, guilt towards the dead ones, a sense of isolation, depression, hyperactivity, anger, victimization, weakening of family and social relations as well as decreased quality of community life. The Association for the Protection of War Children aims to provide psychosocial and mental health support to children, individual, families and communities affected by the recent war in Lebanon, responding to:

1- The psychosocial needs of the entire community affected by the war through methods such as counselling, social, cultural and anthropological activities.

2- The clinical needs of these persons, especially children, who have suffered severe traumatic experiences as a result of the war. These children benefit directly from the services of the community mental health centers.

I will present the Association's activities to the public. The therapeutic follow up that I undertook with children who had suffered from the war brought me to the brink of the "unthinkable and unrepresentable" on a daily basis. In this context, working on history becomes a must, as it constitutes one of the elements that build the resilience of the child of the war. Case studies will illustrate my work.

O-28 Parental perception of causes of mental illness and pathway to child and adolescent mental health care in Lagos, Nigeria

Oluwayemi Ogun

Federal Neuropsychiatric Hospital YABA

Aim: The study aimed to examine the parental perception of the causes of child and adolescent mental health problems and the possible relationship with the pathway to health care amongst this population.

Method: Caregivers (n=232) of patients attending the child and adolescent unit of a Neuropsychiatric Hospital were interviewed regarding past treatment methods/services for their ward's illness. Also, they completed an unstructured questionnaire asking about their perception of the causes of their child's illness.

Results: Seventy-four caregivers (31.9%) endorsed biological causation, 72 (33.6%) endorsed supernatural causation while 68 (29.3%) claimed they had no idea of the cause of their child's illness. Western treatment services were consulted by 33.6%, herbalists/traditional healers

by 6.0% , prayer houses by 16.4% and multiple sources by 37.1% . There was no significant association between perceived causation and pathway to care but Christians were significantly more likely to endorse supernatural causation than Moslems (OR=2.97,95% C=1.27-7.75).

Conclusion: For effective planning, implementation and improvement of child and adolescent mental health services, there is need for education of caregivers about the aetiology and treatment of childhood mental disorders.

O-29 Parents partner with mental health professionals to increase child mental health outcomes through school based, multi-family groups

Insa Fooker¹, Henrikje Klasen², Lynn McDonald³

¹Insa Fooker, Siegen, Germany

²Henrikje Klasen, Rivierduinen, Leiden, The Netherlands

³Lynn McDonald, MSW, PhD, Brunel University London

Aim: Reduce drop-out rates for child mental health (average outpatient child mental health US clinics are 40% -60%; Kazdin) using non-clinic based strategies which can be replicated across countries

Method: School based multi family group were developed and tested for child mental health outcomes in five randomized controlled trials, and disseminated and evaluated in 7 countries in over 900 schools with average drop out rates of 20% . Trained teams of local parents and mental health professionals adapt 60% of the group processes to fit cultural norms. Personal recruitment: "Come and try the group once to help your child learn in school, and you will meet other families at the school. All families are invited. " 8 weekly meetings use experiential learning and offer parent-led family activities to practice positive interactive sequences within family units and parent support groups. Coaching by trained parents supports parents to practice imbedded compliance requests and also responsiveness to child-initiated free-play. 2 years of parent led monthly meetings maintain relationships. Applying theories of family stress, family systems, child development and community development results in increased parent-child bonds, parent involvement in schools, social connectedness and social capital, parent leadership in the community, and child mental health outcomes. This evidence based family skills model, Families and Schools Together (FAST) is based on social work values of service user involvement and cultural representation to shift systemic power inequities and to lower drop out rates. Clinical researchers present culturally adaptations and evaluations.

O-30 School counseling in relation to child and adolescent psychiatry and allied professions

Şükran İlimsever Başarır

Robert College of Istanbul

Boğaziçi University, Department of Guidance and Psychological Counseling

What is it about school counseling that is closely related with child and adolescent psychiatry and allied professions? We don't really see psychiatrists at school, neither do we see clinical psychologists nor psychotherapists. However, these are the professionals we need to introduce to parents and students during times of referrals. Referring a student is never easy for counselors due to many concerns raised

by either the school or parents. It is never a surprise when parents perceive psychiatric referrals to be the same as seeing a medical doctor or someone who applies alternative treatment. When referrals are not achieved; symptoms get worse unless the family starts receiving professional help and counselors have to deal with these symptoms at school. The situation may be worse in a boarding school. Although dealing with psychopathology is beyond most school counselors' general competence, it is likely that they find themselves dealing with it. This raises certain questions. Where does the counselors' responsibility end in terms of dealing with symptoms they observe? Does this responsibility really end as long as the student stays at school? At which points in time it is meaningful that the counselor and the psychiatrist exchange comments regarding the case? What happens when family stops receiving professional help after a few sessions? Do the school counselors have to be equipped with wider variety of knowledge and skills? To what extent can psychiatric supervision help school counselors manage certain difficulties? Case studies will be presented in this paper to address these questions.

O-31 Specialization patterns in professional athletes: benefits of early specialization a myth?

T. Atilla Ceranoğlu, Richard Ginsburg, Nicole Danforth, Steven Durant, Bruce Masek

Massachusetts General Hospital, Boston, Massachusetts USA

Aim: The issue of early specialization in youth sports has gained increasing attention due to concerns on health of a child athlete who commits to one sport from early years on. Through expertise gained by specializing earlier, many hope to receive access to colleges or even professional sports. While empirical data suggests early specialization may lead to expertise, specialization before puberty can jeopardize physical and emotional health.

Method: The specialization patterns among professional baseball players (PBPs) and the contribution of early specialization to their success were examined via Sports Specialization Questionnaire (SSQ). Results: 96 players responded. SSQ demonstrated good internal validity. 70.8% did not specialize in their current sport until 16-19 years old, but Hispanic athletes specialized at a significantly earlier age. Of those who attended college 68.7% reported athletic involvement helping access to their desired school. Athletes who received athletic scholarship specialized at a later age than their counterparts ($p < 0.05$). Conclusion: PBPs tended to specialize in baseball in their late adolescence years (16-19). Cultural background influences the age of specialization. Sports involvement helps with college admissions and financial aid. Accessibility of sports may be a function of geography and may influence specialization patterns. Similar research approach may be applicable for other sports.

O-32 Treatment of mothers at psychosocial risk and their babies: a follow-up when the children are 8 years old

Marie Wadsby, Elisabeth Arvidssob

IKE, Division of Child and Adolescent Psychiatry, Faculty of Health Sciences, Sweden

The aim of this study was to evaluate the long term effects of a six-week-long intensive interplay treatment programme in a study group consisting of 45 less than 6-month old children and their mothers, all being at psychosocial risk according to defined criteria. The children's behaviour, experienced life events, social contacts, and need for support from social services were studied by having the mothers fill out questionnaires. This was done when the children were 8 years old. Two groups, one comprising mothers at psychosocial risk and their 8-year old children who had not undergone any treatment (reference group 1, n=47) and one comprising mothers without any psychosocial problems and their 8-year-old children (reference group 2, n=57), were used. The children in the study group displayed in total just as many symptoms as the children in reference group 1, but externalizing symptoms were significantly fewer and equally common in reference group 2. The children in the study group had experienced fewer life events than children in reference group 1, but more events than the children in reference group 2. The children in the study group had the lowest number of social contacts and those in reference group 2 the greatest number with reference group 1 falling between these extremes. Of those who did participate in the programme (n=45) and those who declined to participate (n=58), 72% had prior contact with social services for financial support and/or for both voluntary and mandated interactions, the frequency being the same in the two groups.

O-33 Creative debriefing for mental health teams: a series of art therapy group interventions

Maggie Wilson, Vanessa Cobham

Mater Child and Youth Mental Health Services Day Program

Creative Debriefing for Mental Health Teams: A series of art therapy interventions to assist teams to debrief from critical incidents.

Using the arts and art therapy processes creative debriefing group supervision sessions were aimed at providing all members of a Child and Youth Mental Health Day Program team with the opportunity to process difficult and traumatic incidents.

A collaborative research model was used to develop a supervision questionnaire that was administered to all team members.

Five bimonthly art therapy group sessions were conducted with the team

The case study demonstrates the use of both phenomenological methodology to examine the art works, (illustrating the lived experiences of the team members) within a psychoanalytic frame work.

The intervention was analysed and included both quantitative and qualitative data. Results indicated an increase in team cohesion particularly between clinical and non clinical staff members, improved relationships between all staff members. Individuals were able to collectively

acknowledge the impact that the client's challenging behaviours had on the team and leave their work issues at work.

O-34 Building confidence and skills: videoconferencing supervision to support rural clinicians

Karen Munro, Jean Starling, Sue Foley

Department of Psychological Medicine, Children's Hospital at Westmead, Sydney, Australia

Introduction: The Child and Adolescent Psychological Telemedicine Outreach Service (CAPTOS) in Sydney provides telepsychiatry services in New South Wales (NSW) to clinicians at over 40 rural and remote sites. Although these clinicians are required to manage complex child and adolescent mental health presentations, they are often inexperienced and lack the support of a team or more senior clinicians. Clinical supervision via videoconferencing is provided by experienced allied health staff at the Children's Hospital at Westmead (CHW), Sydney, either to individual rural clinicians or to small groups, usually on a monthly basis.

Method: 32 rural and remote clinicians completed a survey form. They were asked to rate their satisfaction with the tele-supervision process and how effective it was in developing professional skills and clinician confidence.

Results: Participants reported a high degree of satisfaction with tele-supervision, all indicating that it provided a safe space for reflection and opportunities to consult with senior clinicians and discuss current best-practice. The majority of rural clinicians (84%) indicated that tele-supervision had been very useful in their clinical and case management work with children and families, and in their ongoing professional development. In particular they indicated that it had enhanced their skills in formulation, complex case management, working with families and understanding other therapeutic models. In addition, most (81%) indicated that the process had been very effective in increasing their confidence working in child and adolescent mental health, and in assisting with the management of organisational issues arising in their work.

Conclusion: Videoconferencing appears to be a well accepted and highly effective method for providing professional supervision to allied health clinicians in rural and remote areas.

O-35 Lessons learned? - Yes, but how to teach? Child psychiatry and psychotherapy curricula in conflict regions

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H. Schreyer

Summary: Referring to the discussion of a similar symposium at IACAPAP in Berlin 2004, there still remains a paucity of teaching programmes in many regions of conflict where even basic services remain unavailable and training is often limited to the area of prevention or to psychotherapeutic responses to social trauma, while countries of the so-called "First World" have well established Child and Adolescent Psychiatry and Psychotherapy (CAPP) Programmes. This symposium will examine the experience of CAPP trainers

and trainees coming from different regions and will offer transcultural and intercultural teaching to both lecturers and trainees. Discussion regarding the appropriateness of issues of culture, their interrelatedness to contextual approaches to CAPP and the experience of indigenous knowledge systems in CAPP interventions will be shared and explored.

O-36 Developmental characteristics of adolescents: an exploratory study in a high school sample

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Adolescence is a developmental period as well as a transitional period from childhood to adulthood in which significant changes are experienced. Present study aimed to investigate the cognitive, identity and moral development of the adolescents and to explore the factors effecting them. Participants were 1027 high school students (495 female, 532 male, average age: 16,32) living in Aydın in Turkey. Logical Reasoning Test, Identity Confusion Assessment Scale (ICAS), Defining Issues Test (DIT), Family Assessment Device (FAD), General Health Questionnaire (GHQ-12), Dogmatism Scale (short form), Family Assessment Device (FAD) and socio-demographic and general information questionnaire were administered. Mean scores for Logical Reasoning Test was 11.42 and for ICAS 66.01. The post-conventional score (P) for DIT was similar to the findings obtained in other studies carried out with adolescents. The results of FAD pointed out that to support the functions of family for problem solving and communication is necessary. About 10 percent of the students had a psychological problem that required a treatment and 8.8 percent habitually used a substance. We obtained positive correlations between LRT scores, ICAS, and P score; GHQ-12 and ICAS scores. Socioeconomic status, physical health and family functioning was positively correlated with ICAS and GHQ-12 scores. LRT scores progressively changed through school years. Mental health was worse for females than males, for students in 3rd year of high school.

Results were discussed in terms of adolescent developmental characteristics and environmental effects on them.

O-37 Romantic relationships and delinquent behaviour in adolescence

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Aim: The aim of the study was to investigate the influence of romantic relationships on delinquency in early adolescence, and further, to examine whether the influence of romantic relationships on youths' delinquency interacts with youths' propensity towards delinquent behaviour.

Method: Participants were adolescent girls and boys taking part in a Swedish longitudinal study. The sample

comprised Swedish 7th-8th grade girls and boys (n=686) who participated in three subsequent annual data collections. **Results:** The results showed that romantic relationships predicted subsequent delinquency for youths who were prone to delinquency, as indicated by already developed delinquent behaviour or by impulsive and sensation-seeking personality characteristics. Thus, the findings indicated that romantic relationships amplified an already existing delinquency propensity.

Conclusion: The findings further support the influence of romantic relationships on adolescents' delinquency, but emphasise the importance of investigating individual characteristics as potential moderators of this association.

O-38 Gender dysphoria in late adolescents in Taiwan: a community-based survey

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Aim: To present the demographic characteristics, psychiatric concurrence, parent-child relationship, and perceived family support in late adolescents with gender dysphoria.

Method: A cross-sectional school-based questionnaire survey on 5010 first-year college students (2585 males and 2425 females) with mean age (SD) of 19.6 (2.7) in the year 2003 and 2004. Psychopathology, parenting style, and family function were assessed by the Adult Self Report Inventory-4, the Parental Bonding Instrument, and the Family APGAR, respectively.

Results: The prevalence rate of gender dysphoria was 4.5% (1.9% for males and 7.3% for females), with a significant female-predominance (OR (95% CI) =4.1 (2.9-5.6)). The prevalence rate of "definite" gender dysphoria (people who reported that s/he "always" wanted to become the opposite sex) was 1.42% (0.70% for males and 2.19% for females). Gender dysphoria did not correlate with demographic variables. In univariate analysis (gender controlled), subjects with gender dysphoria were more likely to have symptoms (OR) of various anxiety disorders (1.7-2.3), obsession and compulsion (2.2-2.3), personality disorders (2.5-3.3), mood disorders (1.8-2.2), dyssomnia (1.7-2.0), impulse control disorders (1.9-6.5), disruptive behavioral disorders (2.2-2.3), dissociative disorder (3.5), and body dysmorphic disorder (2.5). The most significant associated symptoms shown in the final fitted model were agoraphobia, hypochondriasis, impulse control disorders, and dissociative disorder. Symptoms of gender dysphoria did not correlate to history of suicidal attempt. Subjects with gender dysphoria also reported significantly less support from their families, less affection and care and more overprotection from both parents, and more perceived authoritarian controls from their fathers.

Conclusion: As the first community-based study examining the prevalence and associated psychopathology of gender dysphoria in late adolescence, our findings suggest that gender dysphoria is not uncommon and is more prevalent in females. Late adolescents with gender dysphoria may have certain concurrent psychopathologies, inappropriate parenting from the parents, and less perceived family support.

O-39 Adolescents' mental health and their images of self and parents

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Aim: The relation between self-concept (self-image and images of parents) as defined in interpersonal theory and by the Structural Analysis of Social Behavior (SASB), and mental health problems characterized as aggression, delinquency, somatic problems and anxiety/depression, as defined by the Youth Self-Report (YSR) was studied in a sample of 199 non-clinical adolescents (92 boys and 107 girls) aged between 13 and 17 years.

Method: The relationships were tested in a series of regression analyses

Results: For girls, mental health problems were mainly related to aspects of the self-image and a pattern of self-blame and low self-affirmation/self-love was strongly related to mental health problems. For boys self-neglect and too little self-autonomy predicted both externalized and internalized problems and the image of early parental behavior was also important. Boys' externalized problems could be predicted from fathers' neglect and mothers' impaired balance in control and granting of autonomy, and internalized problems from uncertainty about mothers' love.

Conclusion: The results support a multidimensional gender-specific perspective on the relation between self-concept and adolescent mental health problems and emphasize that boys and girls have different kinds of vulnerabilities.

O-40 Do mothers differ in their expectations regarding causes and treatment of their children's psychiatric problems with treating therapists?

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Introduction: Expectations of parents regarding causes and treatment of psychiatric disorders among their children were not adequately investigated. The study looks into the mothers' expectations of causes and treatment of their referred children to a child psychiatric clinic and compares them to those of the therapists.

Method: One hundred mothers of referred children aged 18 years and below were asked to fill a form designed to collect data on their expectations of the causes and treatment process. The therapists filled the same form soon after the initial interview. Expectations were studied and differences tested for statistical significance.

Results: The expectations of mothers and therapists were significantly different regarding relation of causes to home situation ($p < 0.01$), genetic factors ($p < 0.001$) and childhood trauma ($p < 0.001$). Therapists expected longer duration of treatment, involving parents, use of medication, and consultations to other specialties in comparison to mothers.

Discussion: Client's expectations are important as they are linked to their compliance to treatment. The public should be well informed regarding the nature of children's psychiatric disorders, the equal importance of biological and environmental causes, the duration of treatment

and nature of treatment which involve counseling other significant people in the child's life.

O-41 Mothers' mental state language and emotional availability in clinical vs. nonclinical populations

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This study examined emotional availability and mothers' mental state language, and the relationship between the two in the clinical and nonclinical groups. The effect of context on mothers' mental state language also was considered. The participants included 78 mothers and their children aged 12 to 30 months old. Emotional availability and mothers' mental state language were coded from videotaped samples of spontaneously occurring interactions between mother-child dyads. Results indicated that mother-child dyads in both groups did not differ in emotional availability toward each other. However, the clinical and nonclinical groups differed in the use of mothers' mental state language. More specifically, they differed in mothers' use of cognition terms referring to themselves. Additionally, before controlling the effect of children's age, language competence and mothers' language on mothers' mental state language, there was a trend for group differences in mothers' use of cognition terms referring to their children. Moreover, mothers' use of cognition terms referring to their children was moderately associated with emotional availability. Findings also indicated a significant context effect on most of the mothers' use of mental state language terms. The results demonstrate the importance of considering mothers' use of mental state language when examining the quality of the relationship between mother-child dyads.

O-42 Emotional and behavioural problems of Nepalese children and adolescents: prevalence and associated risk factors

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Aim: The main aim of this study was to assess the prevalence and risk factors of emotional and behavioural problems in Nepalese children.

Method: It was a two-stage study of six- to eighteen-year-old children from grade one to ten in government schools of thirty districts selected randomly. Teachers completed Rutter's Child Behaviour Questionnaire (CBQ) in the first stage (screening phase) for selected students ($n = 2999$) and in the second stage the Teacher's Report Form (TRF, Achenbach and Rescorla, 2001) for students screening positive ($n = 736$) and their control group ($n = 445$).

Results: In the first stage, the CBQ yielded a prevalence rate of 25.74% (14.27% boys and 10.27% girls) and in the TRF (second stage) the rate was 14.74% (25.7% boys and

11.7% girls). Higher rates of emotional and behavioural problems were observed in boys, lower socioeconomic status, younger age, nuclear families, parents with lower education, parents with farmer occupation, students of Chhetri, Brahmin and Tamang castes and students living in rural areas in both phases of the studies. Prominent problems reported were anxiety and attention problems in the girls and social problems in boys.

Conclusion: The prevalence rate of emotional and behavioural problems was established in Nepalese children and adolescents, which is comparable with the literature. A new cut-off score was developed for the TRF due to the redundancy of some of the items for Nepalese children. Findings of the study have implications in policy formulation for intervention, theoretical and research area in childhood psychopathology.

O-43 Children's thoughts and feelings about the body in relation to symptoms of depression

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In clinical research, thoughts and feelings about the body are good indicators of mental health, as well as engagement in healthy behaviour. Recent studies support use of specific ASK-Q self-concepts, rather than global self-worth. It is clear that poor self-concepts are associated with depressive symptoms. Yet sequences and timing of these links are unclear in the development of young children. Study 1 was with 5 to 12 year-olds ($N = 87$, one-year follow-up). Study 2 was with 9-10 year-olds ($N = 30$ on 3 occasions a month apart). ASK-KIDS inventory provides reliable indicators for children in clinical and educational settings. Hypotheses were that (1) thoughts and feelings about the body are linked with depression and healthy choices; and (2) these links are bi-directional over time. Study 1 showed body self-concepts links with healthy choices and depressive symptoms at Time 1 for young children, with bi-directional links only for older children. Yet negative feelings showed weak links with depressive symptoms only at Time 2. Study 2 confirmed the findings that body self concepts are pre-cursors to children's depressive symptoms, and that links are specific to the body (not other cognitive, physical and social behaviours). Findings are useful in screening and prevention programs for mental health and well-being. Applications are needed to test strategies with clinical programs in diverse contexts.

O-44 An investigation of adolescents depression levels in terms of gender and grade

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Aim: Depression is a common psychiatric disorder that is acknowledged to be increasing in disease burden. The rates of adolescent depression is particularly concerning as they continue to increase. The seriousness and pervasive effects of depression on young people's lives support the view that research that extends the knowledge in this area is vital. The aim of the current investigation was to examine adolescents' depression levels in terms of gender and grade.

Method: Questionnaires were delivered by researchers to the adolescents aged between 10 and 16 years attending 6.,7. and 8. grades at elementary boarding schools and elementary schools. Mean of adolescents age is 13.09 ($sd=0.98$). Adolescents were asked to complete Children's Depression Inventory (CDI) developed by Maria Kovacs. The Children's Depression Inventory contains 27 items, each of which consists of three statements. For each item, the individual is asked to select the statement that best describes his or her feelings for the past two weeks. Responses obtained from 694 adolescents and data were analyzed using two-way analysis of variance. When data were analyzed there was a significant effect ($p<0.05$) in terms of gender and grade on depression scores. While depression point averages do not change meaningfully according to gender and class variables, it is observed that collective effects of gender and class on depression levels differentiate meaningfully.

O-45 Correlation between anger & depressive illness among adolescent students

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Adolescence is supposed to be a period of great inner turmoil & emotional difficulties. The inner turmoil as represented by feeling of misery, self depreciation and ideas of being laughed at, are quite common in 14yrs olds, these feelings cause appreciable personal suffering to the adolescent at the time, but usually they do not last and they are unnoticed by adult. Although common, it should nevertheless be emphasized that about half the adolescents in this age group did not report feeling of this kind.

Anger is a temporary emotional state caused by frustration, which is different from aggression (which is an attempt to hurt a person or destroy properties). In childhood anger & sadness are very close to one another, it is important to remember that much of what adult experiences as sadness expressed by a child as anger.

The aim of this study is to assess some emotional variables in the adolescent students.

Aim:

1. Assess the prevalence of depressive illness among adolescent students.
2. Determine the rate of anger episodes among the same sample of students.
3. Correlate the association of anger and depression

Method: Sampling: Randomly selected sample, Boys and girl secondary schools, 200 student aged 13-17 years.

Setting: secondary schools In Mosul.

Tools: 1. Beck depression scale 2. Anger Questionnaire Worksheet.

Results & conclusion to follow.

O-46 The mothers' view of their sons' suicide: shame behind the mask of the clown

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Aim: To build a theoretic model of the process behind committed suicide among children and adolescents, grounded in their mothers' views. How have the mothers

tried to understand and explain to themselves why their sons committed suicide?

Method: Interviews with mothers of boys and young men up to 25 years of age who committed suicide in Stockholm County between 2000 and 2004. A process model was built using grounded theory methodology.

Results: Shame emerged inductively from the material as a core category, surrounded by such categories as The Boy was Deceived, Disappointed, Abandoned, Abused, Depressed, Psychotic, Addicted, Had a Destructive Love Relation, Had Separated, Parents and Professional Caretakers did not Understand and Take their Responsibility.

Conclusion: The emerging theoretical model of the suicidal process, grounded in the mothers' views, can contribute to a more professional attitude among clinicians and to better suicide prevention. Gender differences in the suicidal process, as well as the fathers' view will be included in coming studies.

O-47 Committed suicide in children and adolescents in Turkey and USA: a cross-cultural comparison

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Aim: To examine crosscultural differences in completed suicide among children and adolescent in Turkey and USA. We aim to compare sociodemographic variables such as the overall rates, gender and method of suicide in two countries

Method: Publicly available Turkish and American national suicide data were analysed involving children and adolescent between years 1992-2004. Crude rates, percentage, mean, comparison of two proportions, direct standardization and t tests were used in statistical analysis

Preliminary Results: The crude rates of suicide for under 15 and 15-24 years of age are 0.34 and 4.91 for Turkey and, 0.74 and 11.23 for USA respectively. The most striking findings were; a) The male/female ratio of suicide among under 15 and 15-24 years of age for both countries which were 0.74 and 0.92 for Turkey and, 2.99 and 5.87 for USA respectively, b) While fifty percent of female suicide victims were under 24 years of age for Turkey, it was 11.55 percent for USA, c) Family incompatibility and problems of emotional relationship were the most frequently reported possible causes of suicide among young women for Turkey. **Conclusion:** Although suicide is a universal problem among child-adolescent population, we found evidence of crosscultural differences and mediators of suicide. The identification of sociocultural and environmental factors is important as it may lead to the development of prevention strategies. Sociocultural, environmental and family factors may be important factors for Turkey and suicide prevention programs must take these factors into consideration.

O-48 "Instead of doing drugs, we do drama": Health promotion through leisure

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Increasing risk behaviour among South African adolescents is a major public health concern. As existing interventions seem to be having little effect, we need to find different methods of reducing risk behaviour. In this paper, we discuss the use of leisure – specifically the performing arts – as a creative strategy for health promotion in high school settings. Reference will be made to HealthWise – a five-year research project which is evaluating the effectiveness of a school-based, risk-reduction curriculum for eighth and ninth grade students (13-15 year-olds). The aim of HealthWise is to reduce substance use and risky sexual behaviour, and promote well-being through healthy, positive use of leisure time. As numerous students had indicated an interest in drama, singing and dancing, HealthWise in collaboration with a university performing arts group called Brown Paper Studios, implemented a performing arts project at a high school situated in a low socio-economic area in South Africa. The programme ran from May to December 2005, with students participating in weekly sessions with Brown Paper facilitators. Apart from learning about different aspects of the performing arts, students acquired a variety of life skills and benefited in many other ways including personal growth and development, improvements in school work, developing relationships, overcoming cultural barriers, and learning to make healthy choices in leisure time. This paper makes a contribution to the expanding role of health-service providers towards promoting mental health of at-risk youth in high school settings.

O-49 Prevalence and correlates of behavioural problems among adolescents in Italy: the PRISMA study

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While several studies have investigated the prevalence and correlates of mental problems in childhood and adolescence in North-America and in Europe, to date the PRISMA (Progetto Italiano Salute Mentale Adolescenti) study is the first epidemiological investigation of this type carried out in Italy. In the screening stage of the study, parents of 3,418 adolescents aged 10–14 years filled in the Italian version of the Child Behavior Checklist/6–18 (CBCL). A multi-stage stratified sampling design was used to select a sample of schools and of students of the 6th to 8th grade in 2 metropolitan areas and five small to medium-size urban areas. The prevalence of CBCL caseness, as well as the effects of individual (gender, age, repeated classes, type of school) and family (living with a single parent, biological versus no biological parents, parental education, income, SES) factors on emotional and behavioral problems were examined. Results emphasize the importance of the early detection of emotional and behavioral problems in

preadolescence and adolescence, as experiences are critical for the subsequent development of disorders in the adult age.

O-50 Young adolescents as agents in building HIV/AIDS community competence in Tanzania

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Aim: The Young Citizens (YC) Program is a structured intervention, positioning young adolescents, ages 10 to 14, as health agents in their communities in Moshi, Tanzania. The aims are; 1) to increase YCs deliberative skills and HIV/AIDS knowledge through weekly dramatization in public locations of the "HIV microworld" of the virus and immune system, and 2) to produce community changes (reduce stigma, encourage HIV testing and AIDS treatment) through depicting their "macroworld".

Method: Designed as a randomized control trial, with demographically-matched, non-adjacent neighborhoods as units, the YC intervention was successfully implemented over a 7-month period in 15 treatment neighborhoods. A baseline community survey (CS) of adults in all 60 Moshi neighborhoods was followed by a health assessment (HA) of young adolescents and their caregivers. The CS and HA were repeated following the initial intervention trial, which is now being replicated in the 15 waiting, control neighborhoods

Results: Significant treatment effects were observed at the personal and community levels. Young adolescents in the treatment arm reported higher levels of deliberative and communicative efficacy particularly on matters of sexuality. Community residents generated the belief that YCs were effective health educators who could through their actions reduce stigma, increase knowledge and facilitate HIV testing and disclosure.

Conclusion: Young adolescents living in the midst of a generalized AIDS pandemic can be seen through sound epidemiological methods to be capable of developing skills and efficacy to build HIV competence in their communities and not simply in terms of their "vulnerability".

O-51 A stepped model for assessment of trauma related symptoms: from youth welfare to specialized trauma centers

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Posttraumatic stress disorder (PTSD) develops after experiencing a psychological trauma. Examples of psychological traumas are sexual abuse, violence, traffic accidents and disasters. Possible comorbid psychiatric disorders after trauma are depressive disorder, other anxiety disorders and behavioural disorders. The prevalence of trauma related disorders is high, 10 to 35%. Untreated disorders have a highly negative impact on child development and on its psychosocial functioning. Early detection of trauma related symptoms is very important for prevention of chronic symptoms. Institutions that usually refer victims of psychological trauma do not have the time

nor the knowledge needed for the application of time-consuming screening instruments and clinical interviews in order to diagnose trauma related psychiatric disorders. However, they have to decide whether to refer a patient to a specialized trauma centre or not. In this presentation a stepped model for assessment will be presented. The model could be used in youth welfare for easy referral. Research plans for regarding the development of a trauma screening instrument for youth welfare will be discussed.

O-52 Characteristics of Turkish parents in relation to recognition of child emotional maltreatment

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Aim: To investigate a group of parental and family characteristics such as parental age, sex, education, employment, marital status, family income level and number of children in the household which might be related to the recognition of emotional child maltreatment in Turkish parents.

Method: The Recognition of Emotional Maltreatment Scale was used to assess a total of 296 parents (176 mothers and 120 fathers) with regard to recognition of child emotional maltreatment.

Results: A three-way analysis of variance revealed that fathers, parents with lower income and lower education levels showed lower recognition of child emotional maltreatment. Furthermore, maternal unemployment, younger parental age and number of children in the family were related with lower recognition.

Conclusion: The assessment of parental recognition and level of knowledge of child emotional maltreatment could be a good starting point when setting up parent education programs as part of efforts to reduce child maltreatment. The above-mentioned parental and family characteristics may guide professionals in the selection and assessment of parent groups which carry precedence in the need for education programs regarding child emotional maltreatment.

O-53 The effect of basic fencing skills training on the physical variables and urine catecholamine for children with hyperactivity

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Aim: To assess the effect of basic fencing skills on the physical variables and urine catecholamine of children with hyperactivity.

Setting: The experimental part of the study was conducted in Alexandria Fencing Club, Egypt. Subjects of the present study (120 children) were selected from primary schools. Their ages ranged from 9 to 12 years old. Study subjects passed different stages of assessment before starting enrollment in the basic fencing skill training.

Method: A quasi-experimental study design was utilized in the present study. **Tools:** The study subjects were assessed

using the Abbreviated Conners' Teacher Rating Scale. The second study tool was the EUROFIT (European Scale Measuring Physical Fitness). Third tool is Catecholamine urine test:

Statistical Measures and Results: Results showed that all physical variables included in the EUROFIT have been improved successively except the following as evidenced by T-test {PLT (1.162), HGR (1.18), BAH (1.76)}. Hyperactivity level measured by ACTRS-10 items, results suggested that children activity level has been reduced (T-test = 3.01) from 21.56 to 16.40 on the scale. On the third parameter, the catecholamine level has been significantly reduced (T-test = 5.23) from 8.925 to 8.05.

Conclusion: Fencing skills have a positive effect on the activity level and other physiological variables (urine catecholamine) after a short term physical educational training program based on fencing skills.

O-54 Correlation between performance on the continuous performance test and ritalin dosage in ADHD children

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Aim: The purpose of this study is to determine whether a relationship existed between the measures on the Continuous Performance Test (CPT) and Ritalin dosage of ADHD children.

Method: 300 consecutive ADHD children who underwent CPT were recruited. Their demographic data, results of CPT, and dosage of Ritalin 3 months after initiation of Ritalin treatment were recorded.

Results: Among the 300 ADHD children, 58.3% (N=175) received Ritalin treatment, 41.6% (N=125) children were either lost for follow up, received other pharmacotherapy and/or behavior therapy. Of the 175 children who received Ritalin treatment, 85.7% was male (N= 150) and 14.3% was female (N= 25), their age range between 5 to 14 years (8.28±2.2). Average Ritalin dosage is 18.14± 8.7 mg (5- 45 mg). In this study, age was found to be positively correlated with Ritalin dosage (Pearson correlation 0.163, p= 0.032); Hit RT ISI Change and Hit SE ISI Change on CPT were negatively correlated with Ritalin dosage (Pearson correlation -0.152, p=0.044, Pearson correlation -0.162, p=0.031).

Conclusion: CPT is applied widely in clinical setting for the assessment of inattention and impulsivity. Previous studies had assessed the correlation of CPT with ADHD symptoms. In this study, we tried to understand if CPT measures could predict treatment dosage, and found that only two measures in CPT were correlated with Ritalin dosage.

O-55 ADHD symptoms and bully/victim problems among sixth-grade students in the federal territory of Kuala Lumpur, Malaysia

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Aim: School bullying in Malaysia is on the rise. While efforts are put together to combat the problem, the psychiatric aspect has been very much neglected. It is thus important to understand the psychiatric contribution in order to better manage the problems. This study aimed to determine the association between ADHD symptoms and bully/victim problems

Method: This is a cross-sectional study of 410 sixth-grade students from seven randomly selected high risk national primary schools situated in Kuala Lumpur, Malaysia, conducted from April to June 2006. The students completed bullying questionnaires (Noran 2004) to assess bullying behaviour which include bullies and bully-victims. ADHD symptoms were assessed by the students themselves, teachers and parents, using Conners-Wells' Adolescent Self-report Scale (CASS), Conner's Teachers Rating Scale (CTRS) and Conner's Parents Rating Scale (CPRS) respectively.

Results: Significant positive correlations were found between ADHD symptoms and bully/victim problems. ADHD symptoms remain a significant predictor for bully/victim problems as tested by multiple logistic regression even after controlling for conduct behaviour.

Conclusion: ADHD symptoms have been found a significant factor associated with bully/victim problems. These findings open a new perspective of managing bully/victim problems since effective treatment is available for ADHD. A prospective study is required to further clarify the contribution of ADHD as a causal factor for the above problem.

O-56 Transition from immediate-release methylphenidate (IR-MPH) to extended-release methylphenidate (OROS[®]-MPH, Concerta[®]) in children with ADHD is associated with an improvement in functioning and quality of life: Results from a naturalistic study

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Aim: To explore changes in daily functioning (C-GAS) and quality of life (ILC) in children (6-12) with ADHD treated with OROS[®]-MPH

Method: Post hoc analysis. Open label non-interventional trial in adolescents (ADHD; ICD-10 criteria) treated with flexible dose OROS MPH for 3 months (42603-ATT-4001). Effectiveness parameter were IOWA Conners' parent rating scale, C-GAS, ILC adolescents and parents at baseline and endpoint, physician's and parents' rating of treatment.

Results: 469 children (ITT group, Ø age 9.3 yrs ± 1.8; 84.9% male) were included. 20.3% discontinued prematurely (e. g. adverse events (AE) 7.9% ; insufficient effectiveness 7.5%). Mean OROS MPH increased from 28,1mg/day ± 11,2 to 32.0 mg/day ± 12.8 at last observation. C-GAS scores improved clinically relevant from 58.5±14.8 to 71.0±15.4 (p<0.001). IOWA Connors Symptoms Scale - Parent scores (adjusted) improved from 29.3±10.7 to 19.0±10.9 (p<0.001). Changes in quality of life in parents (ILC-parents, LQ0-28) and children were clinically relevant (p<0.001) and correlation between ILC-parents and ILC-children was significant (p<0.001). 70.4% of parents rated treatment effectiveness as "at least good" and 77.6% treatment tolerability as at least "good". A total of 284 treatment emergent AEs were reported in 142 patients (30.3%). AEs listed ≥ 3% of patients were insomnia (8.7%), anorexia (4.9%), insufficient effectiveness of treatment (3.2%).

Conclusion: Treatment with OROS[®]-MPH in children was associated with a significant improvement in quality of life in patients with ADHD as well as their parents and a significant and clinically relevant improvement in overall functioning. Treatment overall was well tolerated.

O-57 Sense of coherence in adolescence as a protective factor for the long-term development of ADHD in young adults

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Introduction: The key feature of salutogenesis is that good health can be directly sustained by positive factors. The Sense of Coherence (SOC) scale was developed by Antonovsky as a measure related to the concept of salutogenesis including aspects of comprehensibility, manageability and meaningfulness.

Aim: The overall aim was to study if a high sense of coherence in adolescence was a protective factor for the longitudinal development of Attention Deficit Hyperactivity Disorder (ADHD).

Subjects and Method: Twin study of Child and Adolescent Development (TCHAD) is a longitudinal study of all twin pairs born in Sweden between May 1985 and December 1986. The present project is a sub-sample of 312 individuals (135 boys and 177 girls). At 16 years of age the young persons and their parents were interviewed with K-SADS, especially for symptoms of ADHD. The young person also completed the SOC questionnaire. At 20 yrs of age the young person completed a questionnaire about symptoms of ADHD.

Results: A negative outcome i. e. having high scores of ADHD symptoms at age 20 was significantly related to high scores of ADHD symptoms at 16 and low scores of SOC at age 16. There was a statistically significant interaction, indicating a non-additive effect, between SOC scores and ADHD scores at age 16 related to the outcome of ADHD at age 20. Young persons with high scores of ADHD at age 16

and at the same time high SOC scores had a relatively good outcome at age 20.

Conclusion: A high sense of coherence in adolescence seemed to be a protective factor for the long-term development of ADHD.

O-58 Open source is a valid model for standardizing child and adolescent psychiatry residency training

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Participants of the scholarly process have long shared their knowledge generously, but without a framework. Teaching materials are made available and that credit should be given to the author is implicit. The process would not allow for an organic collaboration however, as any fluid incorporation of the work would fail to give due credit.

A viable process for collaboration has existed in computer programming for several decades, where code would be shared with others under certain terms, so that it may be used in whole or in part by others. This has allowed for the building of complex works such as the Linux operating system. The "Free and Open Source Software" model promises a range of opportunities. Elaborated by Richard Stallman (www.fsf.org.) free -as in "freedom"- software grants its users the right to use, modify, copy and redistribute computer code. Any derivative work must be distributed under the same terms, i. e. any changes must be made available to the community. These terms are enforced through licenses such as the "GNU General Public License." Open source projects cannot be commercialized. Works in the "public domain" on the other hand, do not require attribution and may be commercialized. Copyrighted work restricts meaningful collaboration.

The open source model has been successfully extended to other creative works, including educational materials and scientific publication. Creative Commons (creativecommons.org) has been founded to simplify the licensing of creative works. This model would best suit scholarly collaboration in creating consensus curricula, while giving due credit to all authors.

O-59 An educational project on child and adolescent mental health

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Introduction: Centre for Child and Adolescent Mental Health (CCAMH) in Phnom Penh is the only institution for child and adolescent mental health in Cambodia.

The centre is an outpatient clinic with approximately 5000 consultations a year to children and adolescents suffering from neurological, developmental and psychiatric problems. The centre runs preventive programs at schools and nearby community. The clinical staff is multidisciplinary and includes nurses, physiotherapists, psychologists and medical doctors.

In 2005, 2006 and 2007, a Norwegian team of one paediatrician, one psychologist and one child and

adolescent psychiatrist visited CCAMH and arranged 2 weeks workshops for the clinical staff. The purpose of the workshops was to exchange knowledge and contribute to the competence of the staff on basic child and adolescent mental health and general pediatrics including neurological topics.

Method: The curriculum was planned in dialogue with the staff. The teaching methods evolved from mainly lessons the first year to increased involvement of the staff. The team engaged in the clinical work at the centre, providing clinical material for the lessons. The staff was engaged in case presentations. Members of the staff translated between English and Khmer.

Results: The staff was increasingly involved during the two last years. This secured the relevance even more. Written evaluations of the workshops confirmed these impressions. The staff members' translations gave an unexpected opportunity to discuss different concepts in depth. Joint collaboration between child psychiatry and pediatrics has shown to be useful in teaching mental health in the epidemiological setting of CCAMH.

O-60 Interdisciplinary post-graduate education in Australia: challenges and opportunities

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Introduction: There can be little doubt that the knowledge, skills and attitudes of the clinician impacts on the quality of care. Consistent with the model of care in Australia, the New SWIOP based in Sydney, offers interdisciplinary post-graduate programs in infant, child and adolescent mental health. The programs of study are open to clinicians with undergraduate qualifications in related disciplines. The majority of students are from nursing or allied health backgrounds. Students come from rural and metropolitan areas across Australia and internationally.

Aim: This presentation will examine changes pertinent to: Program design, delivery and evaluation; student variables; and workforce issues.

Method: Attention will be given to challenges in determining optimal modes of course delivery exploring the relative merits of face-to face and distance learning using traditional and e-learning methods. Additionally, challenges in developing effective impact evaluation strategies will be addressed.

Further, consideration will be given to potential opportunities resulting from cross discipline education such as increased understanding and appreciation of the skills of other disciplines and exposure to differing theoretical paradigms underpinning practice.

O-61 Evidence based practice in child and adolescent psychiatry – evaluation of a new teaching model for students and postgraduate trainees at a German university

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Introduction: In Child and Adolescent Psychiatry (CAP) treatments for many conditions and disorders are not

supported by studies with high levels of evidence. Therefore, treatment decisions frequently need to be based on both clinical experience and the search for the existing evidence in the literature. Teaching "Evidence based Practice" (EBP) conveys skills needed for integrating current best scientific results into clinical expertise. Hence particularly in CAP students and postgraduate trainees should learn these principles and techniques early in their training.

Aim: We adapted the Duke University CAP model for teaching EBP (March et al., 2005) for the demands of a German medical school and postgraduate training requirements.

Method: During their practical training in CAP, students get in contact with patients and their "real-life" problems at the department. After an introductory seminar each student should formulate an answerable question, conduct a literature research and analyze the key articles using the criteria validity, relevance and applicability. Using a template, students evaluate the search results in small groups and discuss the integration of the results into clinical practice. As a final training step they present their results in the plenary session of the department's journal club with an emphasis on discussing their detailed treatment recommendations.

Based on the seminar for medical students we adjusted the EPB teaching modules for the needs of postgraduate training.

Results: The evaluation of the well established courses for medical students and a first pilot course for postgraduate trainees will be presented.

O-62 Triple board training: a curricular review of U.S. combined training programs in pediatrics, psychiatry, and child and adolescent psychiatry

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Aim: To review and compare the structures of Triple Board programs, which are five-year combined residency training programs in the United States whose graduates are eligible to become board-certified in the specialties of Pediatrics, General Psychiatry, and Child and Adolescent Psychiatry. **Method:** The current curriculum of each Triple Board training program recognized by the Accreditation Council for Graduate Medical Education was obtained and reviewed, with comparisons made between programs.

Results: There are currently ten Triple Board programs in the United States recognized (although not formally accredited) by the Accreditation Council for Graduate Medical Education. While each program must provide a total of 24 months of pediatrics training, 18 months of general psychiatry training, and 18 months of child and adolescent psychiatry training, there is no standardized curriculum. Some programs have established an integrated approach, where training in different specialties occurs concurrently, while others maintain a more sequential structure.

Conclusion: There are several different approaches to providing combined training in Pediatrics, Psychiatry and Child and Adolescent Psychiatry. A comparison of graduate perceptions of training as well as more objective outcome measures (such as board examination pass rates

in each of the specialties) would allow for the formulation of recommendations for the ongoing development of a standardized Triple Board curriculum across programs.

O-63 The heart of the matter: attachment experiences between mother and infants following diagnosis of congenital heart disease in the infant

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Aim: This is a qualitative study using an attachment lens to explore the experiences of both mother and infant following a diagnosis of Congenital Heart Disease (CHD).

Method: Infants requiring major surgery for their condition in the early weeks of life have been recruited into the study with their mothers. Clinical anecdotal reports have suggested that there may be differences in the experiences of mothers of infants when the diagnosis was made prenatally compared with those with a postnatal diagnosis. The study design includes three phases of data gathering, when the infant is 2 months, 9 months and then eighteen months of age. This presentation focuses on the first wave of information. Mothers were interviewed when their infants were 2 months old, about their experiences of diagnosis and of their infant's early medical and surgical treatment, while infants were assessed in interaction with both their mother and a researcher at this time. The study aims to bring deeper understandings around mothers' responses to the diagnosis of CHD in her infant and the impact on the mother-infant relationship, comparing those with prenatal and postnatal diagnosis. Mothers' experiences will be analyzed qualitatively for themes such as maternal representations and reflective function. The research project also attempts to explore the infant's experience through observation of maternal-infant interaction, use of the Infant Social Withdrawal Scale (ADBB) and Bayley Screening Test.

Results: Some preliminary findings will be presented together with vignettes of interviews that elucidate participant's narratives.

O-64 Adolescent mothers' adjustment to motherhood: links between identity and attachment

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Aim: Becoming a mother during adolescence constitutes an unusual challenge for someone whose identity is still under construction. Despite the potential of risk carried by this event, research evidence shows diversity in the quality of adolescent mothers' adjustment to early motherhood. This study aims to explore factors linked to psychological adjustment of adolescent mothers, on the basis of identity issues, 12 months after their baby was born. Special relevance is given to quality of adolescent mothers' attachment representation and social support.

Method: This study was carried with a convenient sample of 38 Portuguese adolescent first-time mothers ($M. = 16.5$

mostly economically disadvantaged and low-educated. In order to assess the level of psychological adjustment to early motherhood, an interview was developed (EAM) which focus on three important roles adolescent mothers play: "mother", "women" and "individual in society". Adolescent representations of attachment were assessed during pregnancy with the Adult Attachment Interview (AAI, George, Kaplan & Main, 1985). Measures of social support perceptions (SSNI, Flaherty, Gaviria & Pathak, 1983) and sociodemographic factors related to the ecology of adolescent mothers were also considered.

Results: Clustering procedures based on EAM individual scores put in evidence two distinct profiles of adjustment to motherhood. The first, regarded as "Worst adjusted to motherhood", includes most of the adolescent mothers of the sample ($n=25$). The second group is composed by 13 adolescent mothers and is labelled "Best adjusted to motherhood".

Significant associations were found between profiles of adjustment to motherhood and adolescent AAI classifications (security vs. insecurity). However, statistical regression procedures show this relationship must not be taken as linear. Adolescents' social support perceptions during pregnancy seem to play a bigger role predicting psychological adjustment.

Conclusion: Our results support an ecological perspective of adolescent motherhood. Moreover, cognitive-emotional resources related to adolescent mothers' ability to acknowledge and accept personal experiences connected to motherhood, as well as its impact on different areas of life constitute important issues in adjustment.

O-65 Attachment styles and risk taking: are they interrelated?

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Aim: Bowlby, defines attachment as strong emotional relations that individuals develop for those who are important to them. Risk taking can be defined as behaviors which are life-threatening and endanger health; those which may lead to disease or death.

An individual's attachment style and risk-taking behavior are interrelated. Securely attached individuals think they have control over their lives; that they are resistant to stress and they can contact their families and friends in case of being faced with problems. Individuals with insecure attachment have weak coping mechanisms. They try to solve problems either by denying problems or by tending towards risk-taking behaviours. The aim of this study is the investigation of attachment styles according to risk-taking behaviours that are related with social situation, traffic and substance use.

Method: A total of 108 subjects (56 females and 52 males) participated in the study. Participants were administered Relationship Scales Questionnaire (RSQ) to determine attachment styles, and Adolescent Risk-Taking Questionnaire (ARTQ) to determine risk-taking behaviour.

Results: According to MANOVA results, attachment styles were significantly related with dimensions of risk taking [$Wilks\ Lambda\ (\lambda) = .354, F(9,248) = 14.701, p < .01$].

Conclusion: Findings were discussed in light of Bowlby's Attachment Theory and other research findings.

O-66 Trichotillomania – importance of attachment in aetiopathogenesis and treatment – case report

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Introduction: Trichotillomania is classified as a disorder of impulse control in the DSM-IV, and is also mentioned in connection with obsessive – compulsive disorder. In particular, many aetiological connections are based on biological explanations of successful SSRI therapy in trichotillomania. Furthermore, the first choice in therapy is psychotherapy. The literature, has most often referred to success of behavioral approaches and hypnosis.

Method: We are describing the case of a 9-year-old girl who plucked her eyebrows and eye-lashes in upper and lower eyelids. First improvements were seen after 7 months of individual psychoanalytic supportive therapy. After she acquired thorough insight and recognition of her problem of attachment, we started family psychoeducation and mother – child therapy which led to significant improvement during the next 9 months. Elements of comorbid hyperactivity were also noted. All laboratory investigations and paediatric differential diagnostic assessments revealed no other evidence of pathology.

Conclusion: Psychoanalytically considered, we comprehended the plucking of hair not just as pleasure but, as comfort and relief after setting free of impulses. This comfort was gained in a compulsive and painful way, but was possibly easier to endure than the reality and was protecting her from destruction of exterior objects.

As a possible trigger of trichotillomania, we discussed the birth of 2 younger sisters and disturbed family dynamics, with a special emphasis on attachment with her mother.

O-67 Attachment style, emotion regulation and psychological health

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The present study aimed to examine the associations among Attachment style, Emotion Regulation and Psychological Distress.

Attachment theory and the followers pointed out and empirically tested that, emotion regulation strategies and attachment style of an individual are early established procedures through the attachment relationship between child and caregiver, and the established procedure is maintained by the individual in his/her later life. The modulation of emotion involves security based strategies. On the other hand, individual develops secondary attachment strategies as a defense to unsuccessful interventions of the attachment figure while dealing with the arousal of the baby. Attachment insecurity is associated with either deactivating strategies or hyperactivating strategies of affect regulation, and in turn these ineffective strategies are found to be related to Psychological Distress. Unfailing this assertion, researchers found evidence that attachment style and psychological distress relationship has been mediated by emotion regulation. These findings confirm the associations between attachment style, emotion regulation and psychological distress. Additionally, emotion regulation seems to be an important explanatory

mechanism through which attachment style associates with psychological health.

In this study, 340 Turkish participants from two different age groups, namely late adolescents and adults were examined. The associations between the Emotion Regulation and Psychological Distress; the Attachment Style and the Emotion Regulation and the mediator role of the Emotion Regulation between the Attachment Style and Psychological Distress relationship were confirmed for both age groups. Additionally, adolescents were found to have more difficulty in emotion regulation and more psychological distress compared to adult participants.

O-68 Temperament and parenting interactions as predictors of 4th and 5th grade children's adjustment

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Aim: This study investigates temperament and parenting interactions in predicting children's hyperactivity, conduct and emotional problems as measured by The Strengths and Difficulties Questionnaire.

Method: Participants were 575 4th and 5th graders and their mothers. Emotionality, Activity and Sociability Temperament Survey for Children (Buss & Plomin, 1984) was completed by mothers. Perceived parenting was assessed in six dimensions (rejection, comparison, overprotection, guilt induction, intrusion and warmth).

Results: Conduct problems were significantly and positively predicted by children's temperamental characteristics of activity and emotionality, and parenting qualities of overprotection, guilt induction and intrusion but negatively predicted by children's sociability. Perceived maternal rejection significantly moderated children's emotionality and activity in the prediction of conduct problems. Hyperactivity was significantly and positively predicted by temperamental characteristics of activity and emotionality, and parenting qualities of guilt induction but negatively predicted by children's sociability and perceived maternal warmth. Perceived maternal comparison significantly moderated children's activity and sociability in the prediction of hyperactivity. Children's temperamental characteristics of emotionality positively, but activity and sociability negatively predicted emotional problems. Maternal warmth significantly moderated children's emotionality in the prediction of emotional problems. High maternal warmth was associated with lower levels of emotional problems for children with high emotionality scores.

O-69 “Connecting to the child within” a group program to connect mother and her growing baby

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Introduction: The early years from conception to 3 years is acknowledged as important for the development of secure parent infant attachment relationships and child development. In response to the evidence at both a national and state level in Australia, there is now a focus to identify families, using population screening, who are vulnerable to experience maternal infant attachment issues, and whose

experiences can impact on their parenting. Whilst services are undertaking processes to change service provision in response to government and health policy, primary services and clinicians working with families are seeking opportunities to provide effective interventions for families with identified psychosocial issues in a non stigmatizing way.

Aim: This paper will discuss a group program, conducted on the Central Coast of NSW Australia, offered to women during pregnancy who have experienced domestic violence, mental health problems, alcohol and other drug issues and childhood trauma.

Method: The Central Coast of NSW has a diverse population ranging from affluent, high income and well educated to areas of high social disadvantage, high rates of domestic violence, high reporting of child abuse and neglect and social and geographical isolation. Due to the number of women identified through the antenatal psychosocial assessment at the first antenatal booking in appointment this program was implemented in 2002 to provide an intervention during pregnancy and to assist client perinatal clinicians to manage client loads. The aim of the program is to promote positive attachment and reduce antenatal and postnatal anxiety and depression. The 8 week program provides the opportunity for women to explore the issues that impact on themselves during pregnancy and support the relationship between herself and her growing baby.

Four tools are used to measure the impact of the therapeutic intervention the Edinburgh Depression Scale; Depression, Anxiety and Stress scale; Rosenberg Self- esteem Scale; Antenatal Attachment Scale (MAAS) and Maternal Postnatal Attachment Scale (MPAS).

Results: The findings of the analysis of outcomes measures and evaluation of the program will be presented.

O-70 Early communication and interaction in infants by MCDI

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Aim and Method: Infant early communication and interaction was evaluated with MacArthur Communicative Development Inventories and other questionnaires. A random-sample of infants had enrichment-intervention in groups.

The measures that have been used for 8 months of age, were MCDI, Infant/Child Monitoring Questionnaire and the Assessment, Evaluation and Programming System for Infants and Children. Also Parental Stress Index-form was completed by parents. Families were also videotaped for the Parent Child Early Relational Assessment video analysis.

When all participants were at 18months of age, parents filled the MCDI-form, Brief Infant and Toddler Social and Emotional Assessment and Child Behaviour Checklist questionnaires. Health care nurses filled the Checklist for Autism in Toddlers. Re-evaluation will continue till the children are 3 years of age.

Results: Preliminary results from 25 participants (of total N=31) in this study suggest, that children who had lower points in MCDI had benefit of intervention in relation

to children with lower points and no intervention. Final results are coming at the end of the year 2007.

O-71 Cerebral ventricular volume in infants: associations with temperament and neuromotor development. The generation R study

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Introduction: Numerous studies provided evidence for subtle deviations in brain morphology in children with psychiatric disorders, but much less is known on the onset of these deviations early in life.

Aim: We aimed to examine whether cerebral ventricular volume in infants was associated with temperamental difficulties and neuromotor development in the first year of life.

Method: Within a population-based cohort study, we used three-dimensional cranial ultrasound to determine lateral ventricular volume in 778 infants aged 6 weeks. Parents reported on temperament and on motor milestone attainment in the first year of life. Neurodevelopmental examination by research assistants was used to assess muscle tone.

Results: Infants with smaller ventricles showed higher activity, more anger-irritability, and poorer orienting. Children in the lowest quartile of ventricular volume scored on average 0.15 (95% confidence interval: 0.07 – 0.24, p=0.001) points higher, i. e.23% , on activity level than children in the highest quartile of ventricular volume. Furthermore, we found curvilinear relations between ventricular volume and lower muscle tone (OR of highest quartile versus mid-low quartile 2.2 (95% confidence interval 1.5 – 3.3, p<0.001) and OR of lowest quartile versus mid-low quartile 1.5 (1.0 – 2.2, p=0.05)), and between ventricular volume and fine motor development. Only larger ventricular volume was related to delay in gross motor milestone attainment.

Conclusion: Our findings show that volume of the cerebral ventricular system may signal immaturity of the brain, even in a non-clinical population. Our study suggests that differences in brain morphology between children with psychopathology and healthy controls may develop early in life.

O-72 Umbilical cord sex hormones in relation to infant temperament

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Aim: To Explore the relationship between umbilical cord sex hormones and infant temperament.

Method: Blood samples were obtained from the umbilical artery of 107 normal full-term infants (56 male and 51 female) at birth. Levels of umbilical cord testosterone (T) and estradiol (E₂) were measured by chemiluminescence immunoassay. Infant temperament, which include dimensions of Adaptability, Activity, Rythmicity, Intensity, Distractability, Mood, Approach, Persistence and Threshold were measured after 1 to 4 months (mean age 2.717) with parent report Carey Revised Infant Temperament Questionnaire (EITQ/RITQ) administered.

Results: No sex differences were observed in testosterone and estradiol levels. Low significant sex differences were found in distractability (Mann-Whitney $u=714$, $p=0.05$). Besides, umbilical cord estradiol level showed a positive correlation with Rythmicity ($r_s=0.22$, $p=0.04$).

Conclusion: There are sex differences in infant temperament, and the difference was mainly found in Distractability in this study. It seems that, in a certain range, the higher umbilical estradiol levels, the higher Rythmicity scores are, which indicate that infants have poorer rythmicity.

O-73 Dyslexia and psychopathology

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Aim: Many researches show that dyslexia is associated with many psychopathological aspects as anxiety, depression, attention deficit hyperactivity (ADHD), and conduct or antisocial personality disorder. Therefore, early diagnosis and intervention is important. The present study shows the relation between dyslexia with impairments in reading comprehension and aspects of anxiety/depression.

Method: The sample consisted of 40 patients with dyslexia, aged 9 -13. To assess psychiatric disorders, participants were given CDI (Child Depression Interview), MASC (Multidimensional Anxiety Scale for Children), and K-SADS (Kiddie - Schedule for Affective Disorders and Schizophrenia Mania Rating Scale). Interviews with patients' parents were also administered by using CBCL (Child Behaviour Checklist), K-SADS and Conners Parent Rating Scale.

Results: Children (25) aged 11 -13 with poor reading skills and comprehension impairments have evidenced higher rates of social anxiety, especially performance fears.

Conclusion: The increased psychiatric morbidity of adolescents with reading disabilities highlights the importance of developing interventions that help automatic ability and psychological aspects.

O-74 Visual agnosia: object recognition, language, self- and conceptual development

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F. B., a seven year-old girl, was born at 37 weeks of gestation. The perinatal period was complicated by hypoxic ischemic encephalopathy and convulsions. Seizures

recurred at six years of age. EEG examination showed frequent generalized and multifocal epileptiform discharges over right occipital and temporal regions. F18-FDG PET demonstrated hypometabolism over the right occipital region. She was evaluated for social, behavioral, language and communicative difficulties. She was able to turn to and look at the speaking person. She successfully followed a person's pointing gesture to establish joint attention. However, she didn't initiate any pointing gestures to establish joint attention. Although she didn't use pronouns and her language production included stereotyped speech and echolalia, she was able to construct long sentences and memorize long poems. She had many autistic features such as lack of reciprocal communication, imaginative play and shared enjoyment or interest with children. She could copy drawings when they were in her sight. However she could not draw them when they were taken away. She needed to touch, manipulate and smell objects in order to identify them. Even when they were in symbolic forms as pictures, she followed the drawn lines of the shapes with her finger. She named an elephant as "bear", yellow as "green" etc. On the other hand, she never mixed up functional categories of objects.

With the help of this case, we gained insight about the development of self-concept, concept formation and language in the absence of recognition of featural characteristics of objects and visual imagery.

O-75 Adults with language impairment and their life situation

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Aim: Small children with Language Impairment (LI) are at increased risk for clinical behavioural problems, which influences Quality of Life (QoL) and well-being as adults.

Method: QoL of adults with LI was explored with semi-structured interviews with three adults with LI (who as children had attended a specialized boarding school) and four of their parents.

Results: Interviewees with LI initially expressed acceptance of LI, contentment with their lives and described themselves as independent. However all received financial support or support organizing finances and daily functioning, as assisted living in a group home or help cleaning in an independent living situation. Symptoms of comorbid ADHD, social anxiety and lower intellectual levels were described. After initial governmental support, and varying social support from employers, the adults with LI developed work skills and are today paid in full by their employers. The adults with LI socialized almost exclusively with family or with peers with LI, or preferred to be alone; and described obvious angst for large groups and avoided situations as shopping in a crowded store. All interviewees felt attending a boarding school limited development of social skills or relationships to allow for social participation in the community. Nonetheless the academic success that was achieved was accredited to the boarding school. Special education was also important for extra-curricular activities, especially the independence experienced when attaining a driving license.

Conclusion: The results of this study and follow-up quantitative studies is important for political decisions that can improve social participation and functioning in children and adults with LI.

O-76 Management of peer conflict between preschool boys with language impairment

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Introduction: Children with language impairment (LI) often experience social isolation and therefore have fewer opportunities to train language and social behavior that is otherwise developed naturally in regular peer interaction, including peer conflict. One management strategy, reconciliation (friendly exchanges between opponents shortly following conflict termination) decreases aggression and withdrawal and facilitates developmental interaction. **Aim and Method:** Conflict behavior observed during naturalistic preschool free-play is examined in 20 boys with typically developing language (TL) and 11 boys with LI (4-7 years old).

Results: The boys with TL demonstrated sequential, non-random behavioural patterns. Specific interlinks exist between pre-conflict social interaction, conflict causes, types of post-conflict reconciliatory strategies and social interaction between former opponents in the succeeding non-conflict conflict, i. e. after conflict management.

In aberrant caused conflicts (play/protests escalating to screaming/physical tantrums) that are overrepresented in the LI group, and without pre-conflict social interaction the boys with LI comparatively offer reconciliation and consequently reconcile at lower levels. Lower reconciliation rates are also reached in LI conflicts after verbal or reciprocal forms of post-conflict aggression. Together, the boys with LI reconciled a smaller share of conflicts than the boys with TL (LI: 47.3 ± 4.5% ; TL: 63.6 ± 2.0%). Accordingly, the boys with LI socially interacted at lower rates than TL boys in the succeeding non-conflict period, stemming mainly conflicts without pre-conflict social interaction, aberrant caused conflicts and when reconciliation didn't occur.

Conclusion: Support to initiate communication without timely references and to conclude aggressive and emotionally intensive behavioral turns can generate more positive peer experiences for reference in subsequent interactions.

O-77 The impact of language fluency on late adolescents' responses to a questionnaire measure of depressive symptomology

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Aim: Increased levels of depression symptoms are associated with stressful life transitions in adolescence. Depression among adolescents transitioning to university is a major concern, with recent Canadian findings of 40% of students reporting depressive symptoms such that they cannot function properly. Universities in major Canadian metropolitan areas have a large proportion of students who come from immigrant households or do not have English as their mother tongue. This paper examines the impact

of English language fluency on adolescents' responses to an English version of a common questionnaire measure of depressive symptomology.

Method: The Center for Epidemiological Studies Depression Scale was administered to 1203 university students, aged 18 to 24, attending an ethnically diverse mid-sized English language university.

Results: General linear mixed model analyses showed higher levels of depressive symptomology for students with lower levels of English language fluency ($p < .001$). Generalized estimating equations analyses showed higher rates of moderate/severe depressive symptoms (CESD ≥ 24) among individuals with lower English language fluency; similarly, higher rates of at least mild levels depressive symptoms (>16) were identified among individuals with lower English language fluency (p 's $< .01$).

Conclusion: Although lack of adolescents' fluency in the language of instruction may result in increased stress and therefore depression, the observed differences in levels of depressive symptoms among individuals with different levels of language fluency requires further examination to determine whether the differences reflect true differences in affect versus differential response bias. These results are a concrete reminder of the importance of cultural and language sensitivity when assessing psychological function.

O-78 The effects of parental relationship on the self esteem of children

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Introduction: Self-esteem is the global, evaluative dimension of the self, and is also referred to as self-worth or self-image.

Aim and Method: The purpose of this study is to investigate the effects of parental relationship on the self-esteem of school going children.

400 form four and five students from three different schools in Banting, Kuala Langat were randomly selected. Questionnaires were designed to measure the level of parental relationship, family cohesion, self-esteem, social isolation and resiliency of the students. These comprise 'Children's Report of Parental Behaviour Inventory', 'Family Functioning Scale', 'Self-esteem Rating Scale and Resiliency Attitude Scale'. The research was based on two important theories: the Ecological Theory by Bronfenbrenner and the Resiliency Theory by Bickart and Wolin. The Ecological Theory expounds the impacts of parental relationship on children's development. In fact, Bronfenbrenner's study demonstrates the important role of the environment on human development. The Resiliency Theory, which emphasizes on the victim of the parental conflict, proposes some measures in helping victims gain back confidence and reduce their pain when faced with serious parental conflicts. The statistical instruments used to analyze the data were the Pearson Correlation and MANOVA. Hypotheses on factors that influence parental relationships were formulated.

Results: The results revealed that severity of conflict, social isolation and family cohesion had a great effect on the self-esteem of the students.

Conclusion: This study supported the findings of Ecological theory and the Resiliency theory. However, it showed that parental relationship was not the only contributory factor to the self-esteem of the child; that in fact there were other contributory factors.

O-79 What are my golden ages with respect to perceived control and self-esteem

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Aim: The aim of this study is to investigate the perceived control and self esteem with respect to developmental stages.

Method: The sample consists of 517 (272 male; 245 female) persons who are adolescents (110), emerging adults (111), adults (113), middle adults (95) and old adults (88). In the study, MANOVA was conducted.

Results and Discussion: There were significant differences in levels of self-esteem ($F=2.53$; $p<.03$), and perceived control ($F=3.837$; $p<.00$), between developmental stages. Multiple comparisons also confirmed these differences among developmental stages. The middle adults' self-esteem levels were higher than older adults' levels. Adolescents' perceived control level was lower than that of adults and middle adults. Results were discussed.

O-80 Investigation of self efficacy of working adolescents attending apprentice training program based on identity

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Introduction: Under the stress of social and economic conditions in Turkey, many young people quit their formal education and begin to work in adolescence which is one of the most important periods for psycho-social development. In this critical period, adolescent workers have some troubles about identity development because of the working conditions determined by adults. Studies about identity have shown the positive effects of prestigious social and collective identity on perceived self efficacy. The Social Cognitive Theory states that people's beliefs in their capabilities produce given attainments. This important subject needs to be studied by researchers related to problems of working adolescents.

Aim: For this reason, the purpose of this study is to examine self efficacy beliefs of working adolescents in relation to their identity orientation and characteristics including gender, age, education levels of parents, belongingness to organization, departments they work, living area, working duration and family income.

Method: Sample of the study consisted of 213 apprentice adolescents working for a textile company. Identity orientations of the participants were measured by the "Identity Scale" adapted by Coşkun (2000) from Cheek (1989) and Cheek et al. (1994). Self efficacy beliefs were measured by the "General Self Efficacy Scale" adapted to Turkish by Köseoğlu ve ark. (2007) from Jerusalem and Schwarzer (1981).

Results: Among demographic variables only the degree of belongingness to organization revealed a significant difference on adolescents self efficacy beliefs ($p=.016<.05$). According to results of regression analyses, personal $F(26.73) = 11.228$, $p<.001$ and collective identity variables $F(26.39) = 14.08$, $p<.001$ predicted degree of self efficacy beliefs significantly. On the other hand, social identity did not contribute significantly to the variance self efficacy beliefs. Identity with three dimensions significantly predicted% 5 of total variance.

O-81 Current management of gender identity disorder in children and adolescents: experiences of an interdisciplinary clinical working group

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In the everyday practice of child and adolescent psychiatry departments, as well as in institutions specializing in sexual medicine and paediatric endocrinology, an increasing number of children and adolescents with gender identity disorder (GID) are referred to clinicians. The patients or their parents come for general advice, but increasingly they also demand hormonal treatment and/or gender realignment surgery. According to clinical experience however, most of the GID at this age are not an expression of persistent cross-gender identification in terms of profound transsexualism. Even in adult patients, who present themselves with mostly self diagnosed "transsexuality", other underlying mental disorders have to be ruled out. It is also essential to take into account any co-occurring psychiatric problems that are negative predictors for the success of any gender reassignment measures (e. g. personality disorders). Hasty intervention comprising hormone suppression, cross-gender hormone treatment and surgery without sufficient diagnostic assessment may result in disastrous consequences for the person concerned, e. g. severe depression, suicide and/or the desire to have re-transformation.

Our contribution supplies basic knowledge on the subject and discusses cases seen by the interdisciplinary GID working group of the Berlin University Hospital Charité. The recommendations for diagnosis and treatment are based on the guidelines of the German Society for Child and Adolescent Psychiatry and Psychotherapy to ICD-10-Categories "Disturbance of gender identity" (F64) and "Mental and behavioural disturbances associated with the development of sexual orientation" (F66) as well as the "Standards of Care and Assessment of Transsexuals" of the Academy for Sexual Medicine Association and the German Society for Sexual Research.

O-82 Antisocial behaviour patterns and development over time in adolescent girls and boys

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Aim: The aim of the study was to investigate the co-occurrence of norm breaking and violent behaviours in adolescents, and to examine structural and individual stability of antisocial behaviour patterns over time.

Method: The sample consisted of a representative group of girls and boys (n=901) in 8th grade also followed-up in 9th grade. Self-reported antisocial acts were classified into different types: minor offences, damage to property, burglary and theft, violence manifested as threats and force, and physical violence. Hierarchical cluster analysis was used to identify groups of adolescents with similar antisocial behaviour patterns.

Results: The findings confirmed that displaying some kind of antisocial behaviour is very common in adolescence. In both 8th and 9th grade, most adolescents reported at least one antisocial act, although the majority of them belonged to a well-adjusted cluster. Further, there was a frequent co-occurrence of different antisocial behaviours. Adolescents with more serious forms of norm breaking behaviour, such as burglary, or violent behaviour also displayed repeated minor offences and occasional or repeated damage to property.

Conclusion: The findings point to structural stability for the well-adjusted cluster, as well as for clusters characterised mainly by damage to property, threat and force, and physical violence respectively. Thus, these obtained clusters were very similar at both ages for both girls and boys. Furthermore, adolescents who belonged to one of these clusters in 8th grade were significantly more likely than expected by chance to display a similar behaviour pattern in 9th grade, indicating individual stability within these clusters.

O-83 Dialectical Behavioral Therapy (DBT) for adolescents with anorexia nervosa and bulimia nervosa – an integrative inpatient treatment

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Introduction: Dialectical Behavioral Therapy (DBT) was originally developed by Linehan (1993a, b) and modified by Miller et al. (1997) for suicidal adolescents with borderline personality disorder. Meanwhile, the therapy was successfully applied to other adult patient groups as well. The treatment of eating disorders apparently poses a challenge for psychiatrists and psychotherapists. Effectiveness of DBT in treating eating disorders has been demonstrated in several studies (Wisniewski & Kelly 2003; Safer et al. 2001).

Aim and Method: The Department of Child and Adolescent Psychiatry, Psychosomatics and Psychotherapy, Charité in Berlin offers a DBT inpatient treatment for adolescents with anorexia nervosa and bulimia nervosa. Until now 65 patients could be included gradually and treated in this

three-month DBT-AN/BN program. We provide preliminary data from our evaluation of our adapted DBT concept including the account of implementation and clinical outcomes e. g. changes on measures of psychopathology (SIAB, EDI-2, SCL-90-R, FBB, Body Mass Index) and frequency of binge and purging behaviour.

Results: Within a relatively short time frame, improvement was found across a broad range of psychopathological features. Only 10 patients out of 65 overall met criteria for anorexia nervosa (restrictive typus) after the treatment, 13 switched diagnosis into atypical eating disorders, 42 were discharged without meeting any criteria of eating disorder diagnoses. Stability of the recovery after six months and one year following discharge will be evaluated and first data appear promising.

O-84 Lessons learned from day clinic treatment: homogeneous treatment groups support attachment and resources

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Aim: Patients are usually individually admitted and released in inpatient child and adolescent settings. In our day clinic, however, we work mostly with homogenous treatment groups on two wards with 10 places for children and adolescents respectively. We would like to evaluate if this setting facilitates attachment and fosters familial resources thus also avoiding regressive behaviour of patients.

Method: Five to six children or adolescents (i. e. two separate groups per ward) are treated within a homogeneous group for about 10 weeks. A case manager and a carer acting as the support person are responsible for each child or adolescent. Families are integrated in various ways, for example by regular home visits, parents' groups, family therapy including elective visits by the parents (and siblings). The case manager may offer further treatment following discharge.

Results: (1) The therapy team establishes attachment to the families early on. (2) Children or adolescents soon feel safe cooperating with the treatment process responsibly. (3) Families support each other in a united manner, which may enable them to learn alternative strategies of action. (4) Parents' groups and topic-oriented outpatient group therapy (for example, for children with ADHD, behaviour or anxiety disorders, or adolescents with self-injurious behaviour) link the outpatient and the therapy at the day clinic. (5) A multisystemic approach, i. e. integrating several affected families, including home visits proves to be particularly effective.

Discussion: Our experience is very positive: A high rate of treatment consistency (a low drop-out rate of approximately 1% for children and slightly higher, at approx 4% , for adolescents), with an average of 45 days of day clinic treatment as a manageable timeframe (with higher case numbers), the offer of an ongoing attachment to provide outpatient follow-up synergy effects through a differentiated outpatient group therapy programme.

O-85 Inpatient services for children and the community connect project

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Introduction: At critical times, some children and adolescents with severe mental health disorders may require inpatient care and treatment. The broader community must be considered a major stakeholder in this inpatient service. The diversity and complexity of problems, together with the developmental stage and context of these young people present a considerable challenge. A hospital admission is always a significant event in a child's life, and the impact can have consequences both positive and negative.

Aim and Method: This paper describes an inpatient setting that is orientated to the developmental needs of young people: it replicates healthy family life, and is accessible to and respectful of, parents, siblings, carers and extended family. This tertiary service, resourced by experts, is actively engaged with the community to provide a continuity of care model.

O-86 Multiple media addiction in severe cases - first results of an in-patient treatment program

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Introduction: Multiple media addiction ("MMA") seems to emerge as a mental health problem in adolescents. Although not yet broadly recognised by addiction research, there exist clinical and neurobiological implications, that MMA resembles classical adolescent addiction patterns such as those known with marijuana or alcohol.

Method: As part of either the dependency or the in-patient psychotherapy programs in a large mental hospital covering inner-city Berlin, a simple probatory treatment system was established in May 2007. Using mouth to mouth information, presence in media and symposia for experts professional attention was drawn on this topic. The treatment concept is divided in three phases: absolute abstinence, re-learning prosocial media techniques and multimodal therapy of underlying psychiatric disorder.

Results: For the past half year we could administer seven severe "MMA"-cases with all signs of clinical dependency, both neuropsychological and somatic, including neurovegetative problems, severe craving and pseudo-hallucinations and aggressive withdrawal behaviour.

Five patients could be only administered after massive juridical intervention at home having themselves totally isolated for months playing up to 20 hours a day. 24 other patients were admitted in the same period due to minor forms of "MMA", not establishing an addiction diagnosis due to ICD-10.

Conclusion: There seems to be a small but severely ill subgroup of multiple media users that develop social isolation, craving and other features of addiction. Using the clinical diagnosis MMA offering an in-patient approach and treating them in a three-step-program seem to be a beginning in this field. Obviously intense research is needed in this broadening area.

O-87 A prospective study to identify the characteristics of adolescent patients who do well and not so well on referral to an inpatient adolescent unit

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Aim: To identify the characteristics of adolescent patients who do well and not so well on referral to an inpatient adolescent unit

Method: A prospective cohort design in the form of a clinical audit or survey.

Results: Significant change post-treatment based on HoNOSCA for stays of THREE days and more.

Conclusion: Short stay unit and therefore changes may not reflect anything more than improvement through containment of crises.

O-88 Mental retardation: a retrospective evaluation of sociodemographic, clinical and comorbid characteristics

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Introduction: Mental Retardation (MR) is defined (DSM IV) on the basis of 2 essential features: Subnormal intellectual functioning, characterized by intelligence quotient lower than 70 and commensurate deficits in adaptive functioning.

Aim: The objective of this study was to determine the sociodemographic and comorbid characteristics of mentally retarded patients diagnosed at the Child and Adolescent Psychiatry outpatient clinic of Marmara University Hospital, Istanbul.

Method: Records of patients treated at the Child and Adolescent outpatient clinic of Marmara University Hospital between January 2002 and December 2006 were retrospectively reviewed and patients diagnosed with MR were identified. Mental Retardation associated with Autism was excluded in this study.

The sociodemographic and comorbid characteristics were analyzed with descriptive statistics.

Results: From a total of 180 children identified, 65% were male and 35% were female. Average age at diagnosis of mental retardation was 9. The most common comorbidity associated with MR was Attention Deficit/Hyperactivity Disorder (ADHD).

ADHD was observed in 19.4% of the entire sample.

First degree consanguineous marriages were noted in 7.2% of the parents. The level of education of the parents was low with 4.4% of the mothers and 55% of fathers having finished primary school education.

Conclusion: The late age of diagnosis of Mental Retardation and associated comorbidities necessitates the need to identify these children earlier.

ADHD was the most prevalent comorbidity in this sample of Mentally Retarded children.

Early intervention will enable these children to receive special education and medical treatment when required.

A control study is needed to discuss these issues in detail.

O-89 Cortical activation during word reading and pictogram naming in dyslexic and non-reading-impaired children

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Aim: In a recent study on picture naming and word reading in dyslexics and control children we found a combination of normal picture retrieval times and severe reading impairments in dyslexics. Therefore, we hypothesize that brain response patterns differ between patients and controls during word reading, but are similar in picture naming as a non-letter mediated task.

Method: The time course of brain activation was investigated by magnetoencephalography during word reading and picture naming in 9 dyslexic children and 13 age-matched controls (aged 9-10 years).

Results: We found 5 consecutive components of activation spreading from occipito-parietal to temporo-frontal sites. Group differences occurred only during reading: a delayed response in temporal superior and angular gyri at 235-285 ms and absence of activation in anterior temporal and inferior frontal regions at 430-530 ms for dyslexics.

Conclusion: Problems in phonological processing are reflected in a delay of early activity and absence of late activity in language related brain regions. From the lack of group differences during picture naming, we suggest the presence of two pathways: a phonological/orthographic one for word reading, which is disturbed in dyslexics, and a visual one for picture naming. The visual pathway is assumed to be unaffected at least in some dyslexics. Evidence is provided for different pathways for the processing of letter-mediated and visual-eidetic information. This knowledge may be important for dyslexics in the context of coping with everyday demands and for training of relevant skills.

O-90 A case management framework for people with substance abuse who have intellectual disabilities: balancing risk management with the dignity of risk

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Substance abuse (SA) is a documented issue for many people with intellectual disabilities (ID). However, little empirical data exist regarding the appropriateness or effectiveness of prevention or treatment approaches for this population. Compounding this issue, access to SA treatment for this population is also limited, making social work case management a challenge. Many social welfare systems worldwide supporting people with ID are driven by a human rights-oriented paradigm of self-determination that encourages what Perske refers to as "the dignity of risk." Yet, paradoxically, these systems must also facilitate client security and reduce the state's liability via everyday risk management. The problem of SA among people with ID falls into a gray area for social welfare systems between

the facilitation of the dignity of risk and risk management. Discussions of Stone's commentary on balancing liberty, equality, and security in social policy are presented in light of encouraging the dignity of risk. Linking theory to practice, a baseline framework is provided for planning individualized, self-determination-oriented case management approaches for people with SA who have ID in the United States context.

O-91 Not immune: substance abuse treatment for youth with intellectual disabilities

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Introduction: Youth with intellectual disabilities (ID) have experienced increasing levels of participation in community life over the last thirty years across much of the world. This freedom has facilitated access to community life beyond school settings, created the potential for alcohol and drug use and the potential for developing substance abuse (SA) disorders. Despite this fact, little is known about access to SA treatment for youth with ID – a population which may be especially vulnerable.

Aim: Through the application of a set of standardized treatment access performance measures, this study examines SA treatment utilization among youth aged 12-21 with and without ID (N=150,009) in the United States. Guided by Andersen's sociobehavioral model of health care utilization, bivariate (unadjusted odds ratios and Independent samples t-tests) and multivariate logistic regression analyses were conducted.

Results: Youth with ID and SA (N=1,669) were less likely than the comparison group to either initiate (e. g. start) and engage (e. g. remain for at least a month) in treatment. Factors associated with engagement among youth with ID/SA included being male and/or non-White. Social service policy and practice implications for improving the health and welfare of youth with ID/SA through inter-system collaboration across behavioral health and disability settings as well as the importance of extending existing integrated treatment modalities are discussed.

O-92 Home-based early intervention for infants/toddlers with developmental delay

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Aim: The benefits of Early Intervention (EI) services for children (0-3) with developmental delays (DD) are widely acknowledged. A growing body of knowledge highlights the importance of parental involvement in EI programs. In this paper a home-based service delivery model is presented to illustrate the importance and advantages of home-based EI service delivery model for children (0-3) with DD.

Method: A case work is studied in order to describe and evaluate a specifically designed home based delivery model and its implementation.

Results: Individualized goals for children and parents that are developed in IFSP (Individualized Family Service Plan) were reached at aimed levels both in developmental areas, functional developmental level and parent-child relation level.

Also the Parent Satisfaction Survey about the home-based intervention program revealed that the overall satisfaction was high.

Conclusion: Parents are the most important and stable person in a child's life. It is known that optimum parent-child relationship is crucial for infant early childhood development. Programs that target their efforts on parent and children together appeared to be the most effective. We need to recognize the fact that families are constant in their children's life, whereas service providers play only temporary roles. Hence EI services should emphasize family empowerment and believe in natural settings as the primary resources for development. With individualized programs and supports parents could become significant resources for their children's development. Therefore it is suggested that EI services for children (0-3) with DD should be embedded with family centered philosophy and implemented mainly through home-based services.

O-93 Molecular genetic investigation of apolipoprotein E polymorphism in pervasive developmental disorder

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Aim: Biological markers for clinical use in Pervasive Developmental Disorder (PDD) have not been identified. As much as the 19th chromosome which carries the Apolipoprotein E (ApoE) gene has been implicated in PDDs, the role of ApoE polymorphism is yet to be understood. Method: In this study, ApoE polymorphism was identified via DNA isolation, PCR and reverse hybridization in children with PDD admitted to the Uludağ University Medical Faculty Child and Adolescent Psychiatry Department.

Results: ApoE genetic polymorphism was studied in 41 patients (34 males (83%), 7 females (17%), male-to-female ratio 4.9: 1). The most common ApoE frequency was 3/3 (68.3%), followed by 2/3 (17.1%), 3/4 (12.2%), and 2/4 (2.4%). There were no 2/2 or 4/4 subjects. The most common allele was e3 (83%), followed by e2 (10%) and e4 (7%). Between males and females ApoE e2, e3, e4 allele dose, ApoA1, E, and B levels and mean values for lipid metabolism parameters did not differ significantly. In girls, e4 frequency was slightly elevated ($p=0.059$). ApoE levels and allelic dose did not differ by genotype. ApoE levels correlated significantly with cholesterol levels ($p=0.007$), HDL ($p=0.009$), and ApoA1 levels ($p=0.003$). Correlations between high Allele 2 dose and high ApoE levels ($p=0.062$), high Allele 3 dose and high VLDL levels ($p=0.089$) as well as high Allele 4 dose and low lipoprotein (a) levels ($p=0.058$) approached statistical significance.

Conclusion: Data show no distinct ApoE gene polymorphism pattern in PDD. A slightly elevated e4 frequency in girls warrants further investigation.

O-94 Array comparative genomic hybridization in a multigenerational family affected by ADHD and adipositas

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Aim: Genomewide molecular genetic investigations indicate candidate genes in complex psychiatric disorders like attention-deficit/hyperactivity disorder (ADHD). Array comparative genomic hybridization (aCGH) is a new technique to detect genomic duplications and deletions. In this study aCGH was applied to investigate a multigenerational family with high prevalence of ADHD and adipositas.

Method: The multigenerational family consists of 19 individuals of three generations. Diagnosis was confirmed according to DSM-IV criteria, based on clinical interviews as well as structured diagnosis manuals. DNA was extracted out of blood samples of family members and healthy controls and was investigated by aCGH. Based on the first analysis peripheric levels of Neuropeptide Y (NPY) in the serum and the body mass index (BMI) was ascertained. Statistical analysis was performed by applying ANOVA, FBAT and PDT.

Results: By aCGH a duplication of a region in chromosome 7 was detected throughout the multigenerational family. All members featuring the duplication are affected by full scale ADHD. Within this duplication the gene encoding for NPY is located. In mean the serum levels of NPY were elevated in carriers of the duplication. The duplication had significant effect on NPY levels. Significance was also detected for association between the duplication and ADHS (FBAT $p=0.04$), as well as BMI (FBAT $p=0.0043$).

Conclusion: In this study in a multigenerational family affected by ADHD and adipositas a duplication on chromosome 7 was detected by aCGH. Within the gene encoding for NPY is located, a known candidate gene for adipositas. This gene may be responsible for a major gene effect in the investigated multigenerational family. Its role in the pathophysiology of ADHD, especially with respect to a subtype defined by adipositas as comorbidity is to be investigated in further studies.

O-95 Left temporal dysfunction during a response inhibition task in deletion syndrome 22q11.2

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Aim: Deletion syndrome (DS) 22q11.2 is a high-risk factor for psychiatric disorders like psychosis and ADHD. The identification of a neurophysiological marker of early

cognitive impairment in DS 22q11.2 patients is essential. We investigated the Nogo-Anteriorisation (NGA) as a potential neurophysiological predictor of psychiatric disposition in DS 22q11.2.

Method: Patients with DS 22q11.2 (n=14), healthy controls (n=13) and a sample of patients with attention-deficit/hyperactivity disorder (ADHD, n=13) matched for age, gender, and handedness were assessed by means of a Go-Nogo-Task (Continuous Performance Test) during recording of a multi-channel EEG.

Results: NGA was significantly diminished in DS 22q11.2 displaying a unique aberrant topographical pattern. Source localization (LORETA), compared to healthy controls, revealed hypo-activation of the left temporal cortex in the Go-condition (response execution), but no alterations in NoGo-condition (response inhibition). ADHD patients displayed aberrations distinct from the DS 22q11.1 group. Conclusion: The results are in line with previous data on morphometric alterations and dysfunction of the left temporal cortex in DS 22q11.2. The study delivers further evidence for involvement of the left temporal cortex in the disposition to psychiatric disorders in DS 22q11.2.

O-96 Family structure mediates the genetic contribution of the TPH2 G-703T and the 5-HTTLPR serotonergic polymorphisms to preadolescents' affective problems

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Aim: Both genetic and psychosocial risk factors influence the risk for depressive symptoms in developmental age. While the impact of parental marital status and of serotonergic polymorphisms upon individual differences for affective problems have been investigated separately, they have never been considered jointly in a gene-environment interplay perspective

Method: We examined the independent and joint effects of family structure and two serotonergic polymorphisms (the tryptophan hydroxylase 2 -TPH2- and the serotonin transporter linked promoter region -5HTTLPR-) upon depressive symptoms assessed by the new CBCL/6-18 DSM-oriented Affective Problems scale in a general population sample of 607 Italian pre-adolescents. Results: Belonging to a 'lone parent' family, the TPH2 G-703T 'G variant', and the 5-HTTLPR 'short' alleles are associated -both alone and in apparent gene-by-environment interaction- with higher Affective Problems scores. As predicted by quantitative genetics theory, both polymorphisms contributed with a small effect size, while 'family structure' had a moderate effect size.

Conclusion: A putative hazard factor impinging on individual risk at the family-wide level, namely family structure, appears to act multiplicatively with two pivotal serotonergic genes in heightening preadolescents' risk for affective symptoms. Although it remains to be demonstrated that belonging to a single -rather than a double- parent family has true environmental causal effects on affective symptoms, these data may contribute to identify/prevent preadolescents' risk for mood disorders.

O-97 An association study of HLA-DRB1 genotyping in children with autism in Taiwan

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Aim: Literature has revealed immune dysfunction and higher rates of autoimmune disease in autistic subjects. Association between HLA-A2, B44, DR4, C4b, and haplotype B44-SC30-DR4 and autism was also found in Caucasian sample. Moreover, it was recently hypothesized that HLA might take a role in neurodevelopment. This study was aimed to determine the association of HLA-DRB1 genotyping and autism in a Taiwanese sample using population-based case-control association design.

Method: 100 probands with autistic disorder were clinically diagnosed by child psychiatrists, based on the DSM-IV and ICD-10 diagnostic criteria, and were further confirmed by the Chinese version of the Autism Diagnostic Interview-Revised. Genomic DNA was prepared from peripheral blood cells or saliva. Genotyping of HLA DRB1 was determined using AlleleSEQR HLA DRB1 kit (Atria Genetics) and was compared with HLA DRB1 genotyping of 200 healthy controls.

Results: The preliminary result in our case-control association study revealed that DR4 (9.5% in autistic subjects compared with 15.6% in healthy controls), DR13 (0.7% vs 11.6%), and DR15 (14.2% vs 9.8%) had significantly different frequency in children with autism compared with normal controls. However, the pattern of DRB1 genotyping in autism was different from that in Caucasian sample.

Conclusion: HLA-DRB1 might be associated with autism in our Taiwanese autistic sample. Further replication by a larger different sample size is indicated.

O-98 The Turkish form of the new imaginary audience and new personal fable scale

Neslihan Güney Karaman, Figen Çök

Introduction: Adolescent egocentrism, a belief by teenagers that they are special and unique, accompanies the attainment of new cognitive abilities. Since they spend a considerable amount of time thinking about themselves, adolescents assume others do the same and think and follow them (Elkind, 1967). Adolescents' egocentrism have two components as imaginary audience and personal fable.

This study examined the "New Look" at the imaginary audience and personal fable constructs in terms of scale

development: New Imaginary Audience and New Personal Fable Scale. In this perspective egocentrism has a connection with socio-cognitive development and process of separation and individuation. The aim of the study was to adapt these instruments for Turkish adolescents.

Method: The sample consisted of 510 students, 272 girls and 238 boys from different socio-economic status residing in Ankara. For this purpose, translation from English to Turkish was done, test-retest correlation and internal consistency. Moreover, confirmatory factor analysis was used to reveal factor structure for the Turkish culture.

Results: The results are presented and discussed in the light of scale development procedures as well as on a basis of the Turkish culture.

O-99 Factor structure of the identity confusion assessment scale

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Introduction: Identity Confusion Assessment Scale (ICAS) was developed 15 years ago with direct reference on the Erikson's clinical descriptions and theoretical explanations. In several psychometric studies conducted previously ICAS proved to be an instrument with remarkable internal consistency as the computed Cronbach's alpha coefficients gathered around 0.90's.

The present study aimed to evaluate the factor structure of the scale by means of exploratory as well as confirmatory factor analyses.

Method: The ICAS was administered to 1021 (527 male, 494 female) students sampled from several high schools and vocational schools at Aydın through a stratified sampling procedure. The participants ranged in age between 14 and 20 (mean=16.3±1.12).

Results: Principal components factor analysis revealed four factors with eigenvalues over 1.0, however, a closer inspection of the results suggested that only the first factor was robust whereas the remaining ones were trivial. In order to further examine one factor solution suggested by the exploratory factor analysis, we conducted confirmatory factor analysis and obtained goodness of fit statistics indicating a good model fit for the one factor model.

Conclusion: These findings strongly support the construct validity of the ICAS since the concept of identity confusion implies that a specific constellation of seemingly unrelated psychological experiences in adolescence are indeed manifestations of a certain developmental pathology related to the identity formation process.

O-100 The comparative validity of screening scales for postnatal common mental disorder in Kintampo

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Postnatal Common Mental Disorder (P-CMD) is a significant risk factor for infant stunting and retarded

development in the developing world. No empirical evidence exists to support the comparative validity of commonly used screening scales for perinatal mental disorder in Ghana. We report data from a study to test the comparative utility of case-finding tools to screen for postnatal CMD in Kintampo, Ghana.

Method: 160 women aged 15-45, 5-11 weeks postpartum were randomly recruited from Kintampo district in Ghana with informed consent. The Edinburgh Postnatal Depression Scale (EPDS), the Patient Health Questionnaire (PHQ-9) and the SRQ-20 were tested against a local clinician's gold standard case assessment. A sub-sample (N=40) were re-interviewed two weeks later. Scale psychometric properties were determined using Receiver Operating Characteristics analysis. Internal scale consistency (Cronbach's alpha) and test-retest reliability (intraclass-correlation) were ascertained.

Results: Test scales; EPDS (0.79), SRQ20 (0.78) and PHQ9 (0.79) showed equivalent internal consistency. Test-retest reliability was better for PHQ9 (ICC 0.75) than for the EPDS (0.51). For criterion validity the PHQ9 (AUROC 0.90 (0.81-0.98)), was superior to the SRQ20 (0.74 (0.62-0.86)) and the EPDS ((0.84 (0.76-0.92)). Item analysis revealed a mixture of somatic and cognitive symptoms best discriminated between cases and non-cases for all three scales.

Conclusion: The evidence for the validity, reliability, and superiority of the PHQ-9 over other screening assessments has been extended. The PHQ-9 is short, easy to administer and acceptable to a largely illiterate population of Ghanaian women, five to eleven weeks post partum.

O-101 Mother-report questionnaires of infant social-emotional functioning: what do they actually measure?

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Aim and Results: Mother-report questionnaires of infant social-emotional functioning are increasingly used to screen for clinical referral to infant mental health services. On a combined London and Stockholm sample of 101 help-seeking mothers with young infants, we performed a validation study of one such questionnaire, the Ages and Stages Questionnaire: Social Emotional (ASQ: SE, Squires et al, 2002). We found that it was a poor predictor of how trained observers rated infant responsiveness and involvement on the Emotional Availability Scales (EAS, Biringen, 1998). Infant ratings on the EAS, however, was predicted by maternal psychopathology (measured by the Edinburgh Postnatal Depression Scale, EPDS, Cox et al, 1987, and the Center for Epidemiological Studies-Depression, CES-D, Radloff, 1987, and the Brief Symptom Inventory, BSI, Derogatis and Melisaratos, 1983) and maternal sensitivity as measured by the EAS.

We then compared mothers scoring high versus low on depression scales. We found that depressed mothers' reports of infant dysfunction did not relate to how their babies interacted with them (EAS infant responsiveness and involvement). Rather, their ASQ: SE ratings related to how they interacted with their babies. This link between

ASQ: SE and depressed mothers' behaviour held true even after we had controlled for EAS infant responsiveness and involvement.

Conclusion: We concluded that for non-depressed mothers, the ASQ: SE was not a useful predictor of potential infant psychopathology. As for depressed mothers, the ASQ: SE did predict potential problems but these related more to non-optimal maternal behaviour toward the infant than to infant social and emotional problems per se. We discuss our findings in relation to clinical assessment and diagnostic instruments.

O-102 Psychometric properties of the school-age temperament inventory in a sample of Turkish children

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The aim of this study is to evaluate the psychometric properties of the School-Age Temperament Inventory (SATI; McCloskey, 1995) to be used with Turkish samples. SATI was developed as a parental report in order to assess the temperament of children between 8-11 years of age. It contains four dimensions, namely Negative Reactivity, Task Persistence, Approach/Withdrawal, and Activity.

Method: The participants were randomly selected 336 elementary school children between ages 8 and 11 representing all socio-economic levels. In addition to SATI, parents of the children were asked to complete Strengths and Difficulties Questionnaire (SDQ; Goodman, 1997) for evaluation of its criterion validity.

Results: As in the development of the original scale, a Principal Components Factor Analysis was conducted to validate these four empirically driven dimensions. In addition, for evaluating the internal consistency of the four dimensions, Cronbach alpha coefficients were computed and they were found to indicate a satisfactory internal consistency for all the dimensions. Moreover, test-retest correlation coefficients for an interval of three or four weeks were checked for a subset of the sample and they were found highly satisfactory. Results also revealed satisfactory findings for construct and criterion validities.

Conclusion: Consequently, according to reliability and validity analyses, the Turkish version of SATI showed reliable and valid results to evaluate the temperament of the children between 8-11 years of age in the Turkish sample.

O-103 Onset of failure to thrive and feeding problems in infancy – the Copenhagen Child Cohort

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Aim: Failure to thrive (FTT) in infancy is closely linked to eating disorders and cognitive delays in later childhood, but little is known about preceding factors and the sequences

of risk mechanisms including the associations with early feeding problems. This study aimed to identify child-related risk factors of FTT, including preceding feeding problems, and the importance of the age of onset.

Method: Prospective information about the physical and mental development through infancy of a birth cohort of 6,090 children was obtained from standardized health nurse records. Data were analysed in three age groups: 0-2, 2-6, and 6-11 months, with FTT defined as slow conditional weight gain from birth.

Results: Irrespectively of age of onset, FTT was associated with contemporary feeding problems, but not necessarily with preceding feeding problems. Clear differences were found between the different types of FTT. Onset within the first two months was strongly associated with female sex, low birth weight and low gestational age. Onset between two to six months was associated with congenital disorders, preceding somatic illness and abnormal development, while onset after six months primarily seemed to be associated with feeding problems.

Conclusion: Age of onset must be taken into account when assessing infants with FTT, and when developing strategies for prevention.

O-104 "Anorexia nervosa eighteen years after adolescent-onset: outcome and prognostic factors in a community sample

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Aim: In spite of the rapidly growing literature on anorexia nervosa, long-term outcome studies are still scant. Our aim was to study prospectively the very long-term outcome and prognostic factors in a representative sample of teenage-onset anorexia nervosa.

Method: From 1985 to 2005 our research group has followed prospectively, in altogether four studies, a group of individuals with teenage-onset anorexia nervosa together with a healthy matched control group. Fifty-one teenage-onset anorexia nervosa cases were contrasted with 51 comparison cases matched for school, age and gender. The sample was community-based and half of the anorexia nervosa subjects constituted the total population (minus one) born in 1970, who developed anorexia nervosa before the age of 18 years in Göteborg, Sweden. All 102 cases had previously been examined at ages 16, 21 and 24 years. In the present study, at age 32 years, the individuals were examined 18 years after anorexia nervosa onset. All probands were interviewed regarding psychiatric disorders (SCID-I) and overall outcome (Morgan-Russell assessment schedule, the GAF).

Results: There were no deaths at the 18-year follow-up. Twelve percent (n=6) had a persisting eating disorder,

including three with anorexia nervosa. Thirty-nine per cent of the anorexia nervosa group met the criteria for at least one psychiatric disorder. The single most common psychiatric disorder was obsessive-compulsive disorder. The general outcome, according to Morgan-Russell, was poor in 12% , intermediate in 10% and good in 78% . One in four did not have paid employment due to psychiatric problems. Depending on the outcome variable, poor outcome was predicted by premorbid obsessive-compulsive personality disorder, age at anorexia nervosa onset, and autistic traits.

Conclusion: Theeighteen-year outcome of teenage-onset anorexia nervosa is favourable in respect of mortality and persisting eating disorder.

O-105 Is there an impact of weight phobia on daily well being in patients with anorexia nervosa?

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As a psychiatric disorder with an alarming high tendency of protracted course and mortality, anorexia nervosa and its aetiology are not yet well understood. Clinical and catamnestic observations suggest a high rate of shyness and separation anxiety among a subgroup of future anorexic girls. During the acute phase of illness, social anxious symptoms play an important role; they seem to have a predictive value concerning the overall outcome. Despite of a possible good eating disorder outcome, results of longterm studies show an impressing rate of anxiety disorders next to depressive symptoms and personality disorders in former patients. Findings in the literature show differences in sample sizes, assessment-methods, variety and quantity of studied anxiety disorders. Taken together, very little is known about anxiety in anorexic patients during the acute phase of their eating disorder. Therefore we investigated the possible impact of weight phobia on daily well being and patient satisfaction in a sample of 25 children and adolescents with Anorexia nervosa. In addition to eating disorder psychopathology and weight gain associated anxiety, we assessed temperamental traits, state and trait anxiety, the extent of alexithymia, social phobic and obsessive-compulsive symptoms. Results will be presented and compared with data from a former pilot study.

O-106 Anorexia and autonomy – from drive theory to system theory

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This paper will try to show a co-relation between the psychodynamic and system concepts through juxtaposing the need for relationships and the need for autonomy, in the example of anorexia nervosa.

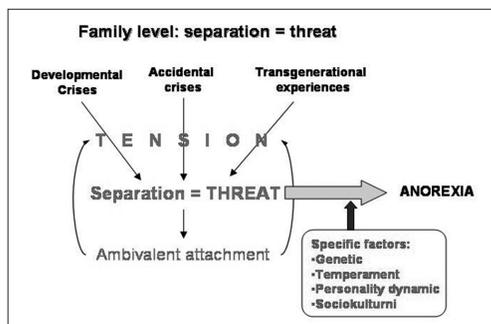
Early psychoanalytic theories view anorexia as an attempt to rid oneself of female sexuality or as a legitimate form of expressing aggression. Later models shift from the drive theory to the theory of object relations.

In the second half of the 20th century, apart from intra-psychic, the focus shifts to interpersonal. Family system

therapy has been significantly developed through the very work on the eating disorders. As a part of the structural approach, Minuchin emphasizes enmeshment, overprotectiveness, rigidity and avoidance of conflicts as key characteristics of such families.

Just as the shift from the drive theory to the object relations theory in the psychoanalysis does not detract from the significance of drives, but places them in a wider context, the shift from intra-psychic to interpersonal does not negate the importance of intra-psychic either. Finally, through the interpersonal perspective, and the dichotomy of relationships – autonomy, we come back (circularity) to the intra-psychic and to the two basic human needs – for relationships and for autonomy. During the whole cycle of life their interplay to a large extent depends on a wider context (family, before all).

Different etiological factors will be discussed through the juxtaposition of this dichotomy, in the context of family relations and the system approach. Anorexia can be perceived as a solution (an auto destructive one) for this innate conflict, the one which, in the given context, the patient and her/his family can see.



O-107 Men and eating disorders

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KBC »dr Dragiša Mišović«, Beograd

Eating disorders occur mostly in women but it has been known that men also suffer from these illnesses. Considering the clinical similarities in this paper we discuss the reasons for the majority of patients being female.

Some studies show that ratio male to female anorexia is 1: 10, as for bulimic patients it is somewhat different and it has been estimated that 5-10% of all bulimic persons are men.

The fact is that these disorders radically and sadly wipe all the differences between the genders, even more than any other mental illness. Main difference between male and female patients is that bulimia nervosa and vomiting are not associated with a poor prognosis in the males.

So what is it that makes these disorders "more female disorders"?

Cultural pressure for thinness is definitely greater for women than it is for men. But one of the very important factors is unsuccessful separation from the mother, so eating disorders could be an attempt to accomplish autonomy.

In the early infant period boys and girls form a primitive identification with the mother? For girls early identification is a base for femininity, however for the boys it could be a reason for insecurity. Boys de-identify from the mother in order to be able to identify with father, which possibly saves them from the horror of eating disorders.

O-108 Parental adjustment, marital relationship, and family function in chinese families of children with autism

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Aim: This study aimed to examine parental personality characteristics, psychopathology, marital relationship, and family functioning among parents of children with autism and those of normally developing children.

Method: Sample included 151 families of children with autism and 113 families of normally developing children in northern Taiwan. Both parents completed the self-administered questionnaires measuring the personality characteristics, parental psychopathology, dyadic adjustment, and family functioning.

Results: Our findings showed that the parents of children with autism suffered from more psychopathology and less dyadic consensus; mothers of autistic children experienced less marital satisfaction, affection expression, family adaptability and cohesion. Mothers suffered a greater impact due to their children's disabilities than did fathers.

Conclusion: Findings suggest that parents of children with autism encounter more psychological distress, marital difficulties and family dysfunction, particularly their mothers.

Key words: autism, parental adjustment, marital relationship, family functioning

O-109 Behavioral problems and parenting style among Taiwanese children with autism and their siblings

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Aim: This work aimed to investigate the behavioral problems and parenting style among children with autism and their siblings in the ethnic Chinese population.

Method: We recruited 151 children with DSM-IV autistic disorder, aged 3-12, their siblings (n=134) without diagnosis of autism, and neighborhood controls (n=113). Both parents reported their parenting styles and psychological status and mothers also reported children's behavioral problems. **Results:** Children with autism had significantly more severe behavioral problems and obtained less affection and more overprotection and authoritarian controlling from their parents than their siblings and controls. Compared to the controls, the siblings showed some behavioral problems, and obtained less maternal care. Withdrawal and attention, social, and thought problems were the most associated behavioral syndromes to distinguish children with autism from those without.

Conclusion: Our findings suggest that in addition to children with autism, who have a wide range of behavioral problems and impaired parent-child interactions, their siblings may be at risk for such problems.

O-110 The congruency of child care workers' and parents' report of red flags for autism spectrum disorders in very young children

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Introduction: There is a paucity of research into the congruency of professionals' and parents' evaluation of early signs of autism spectrum disorder (ASD) in very young children.

The aim of this study is to make a quantitative and qualitative comparison of the early signs of ASD in very young children (age 9 to 36 months) reported by child care workers and parents and to see who provides the most useful information for a later diagnosis.

Method: Within the scope of a screening project for ASD in collaboration with the Flemish day-care centres, child care workers quarterly completed a list of early ASD-signs for each toddler attending the centre. Parents of a subsample of more than thousand toddlers were asked to fill in one or more screening questionnaires. Child care workers' and parents' reports were compared on number and nature of ticked signals as well as on how well they predict a later diagnosis.

Results: An overview of the most frequently reported red flags will be presented as well as analyses on the agreement between child care worker's evaluation and parent questionnaire measures. Overall, the information they provide is rather complementary and the rate of agreement is quite moderate.

Conclusion: This study lends support for combining information from both professionals and parents in the 'first level' screening for ASD in preschoolers to avoid a large number of false positives.

O-111 The validity of child behavior checklist in the identification of children with autistic spectrum disorders: preliminary findings from an Asian context

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Aim: The present study aimed to examine the validity of the Child Behavior Checklist (CBCL; Achenbach, 1991) in identifying Autistic Spectrum Disorders (ASD) in an outpatient child psychiatric clinic in Singapore. There are some research evidence documenting the use of CBCL to identify children with ASD in the Western context but limited published research studies can be found in Asian context.

Method: The 118-item CBCL was administered to 313 parents of children ($M_{age} = 9.88$, $SD_{age} = 2.55$) from the Child Guidance Clinic: 32 with ASD and 281 with ADHD. These children were diagnosed using the ICD-9 codes.

Results: Analyses from t-tests revealed that children with ASD scored significantly higher on Thought Problems and Social Problems subscales. Children with ADHD, on the other hand, scored significantly higher on the Delinquent and Aggressive Behavior subscales. In addition, analyses from logistic regression indicated that Thought Problems subscale is good predictor of ASD and is able to differentiate ASD from ADHD.

Conclusion: Findings from this study provided preliminary evidence for the validity of the CBCL as a potential screening tool to identify ASD children in clinical setting. In addition, these findings also suggested that the Thought Problems subscale within the CBCL can be used to differentiate ASD from related disorders such as ADHD. Future studies based on a more representative sample are required to confirm findings from the present study.

O-112 Schizophrenic episode ended by dissociative amnesia in a patient with gender identity disorder and pervasive developmental disorder: a case report

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To report a rare comorbid condition with exceptional involvement and expression of psychopathology in a patient with gender identity disorder and pervasive developmental disorder.

Method: Clinical interviews (patient and family members), diagnostic assessment schedule, neuropsychological assessment, and brain imaging.

Results: This 21 year-old biological male (46, XY) JC was born to a nuclear family with a socially distant father. In his developmental course, JC showed little peer relationship, restricted interest, rigid and taciturn character, and some difficulty in maintaining social dialogue, but showed no delay in communicative or cognitive development. JC started to dislike his male gender at preschool stage, and acknowledged his gender identity to be female since childhood. The will of changing his physical characters to that of female, and the preference toward female gender role increased in teenage, but he strongly suppressed them without revealing them to others until the age of 18. During the age of 17, when he was experiencing great tension from both inside and outside, JC had suffered from auditory hallucination (running commentaries), somatic passivity, and ideation of being followed for around one year. After an episode of psychotic agitation, JC received risperidone 3mg/day for 1 month yet with limited effect. These psychotic symptoms abruptly and completely disappeared after an episode of fainting followed by 3 days of dissociative amnesia caused by the auditory hallucination. The brain imaging showed negative finding. Psychometry revealed his intelligence as above average. Under regular psychotherapeutic interventions and family works, JC disclosed his gender identity issue and adapted well living a life as a female university student. Now JC is receiving hormonal therapy and preparing for operations for transsexualism.

Conclusion: 1. This rare case supports the stress model of schizophrenia. 2. The drastic resolution of psychotic symptoms after dissociative amnesia suggests for the power of conversive phenomenon.

O-113 Psychosocial development of pupils through a health education program in primary schools

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²Greek Primary School of Brussels, Belgium

Aim: Health education intervention programs could have a significant implication in children's psychosocial development. The project presented below is referred to a health education program implemented in 17 primary schools. The strategic aim of the project was to develop pupils' personal and social skills, while its specific aims were to improve pupils' self-esteem, to maximize teachers' capacities in facilitating the emotional development of their students, to cascade skills and knowledge of how to promote children's psychosocial development amongst teachers and other professionals and to help parents to confront their duties.

Method: The project has been implemented in 15 primary schools and 2 kindergartens in Thessaloniki, Greece, for a period of 9 months. The number of teachers participated in the program was 19 and the number of pupils 225. Pupils' age ranged from 4 ½ to 12. Before implementing the program, teachers received an in-service training related to theory, methods and techniques concerning the promotion of mental health in primary schools. Moreover,

a package of working material created and distributed by the scientific group to the teachers. The method used by the teachers in order to intervene was group workshops, play roles, discussions, simulations, body and artistic expressions. The teachers had a 4-hour group supervision from the scientific committee, twice a month.

Results and Conclusion: a) Pupils achieved to recognize and express their feelings more easily, managed to create a functional communication level among them and with the members of their family. b) Teachers came along with new working methods and realized that they can influence in certain ways their pupils' mental well being. Moreover, they experienced and learned to work with and to address to specialists for the best of their pupils. c) Parents as well as teachers felt less isolated and more supported by specialists in their difficult duty.

O-114 Researching the establishment of an early intervention program promoting children's social, emotional and behavioural development linking health and education service systems

Emma Frankling, Karen Story

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This presentation outlines the development and current model of a new and innovative program that aims to address the development of conduct problems. The program exists within the public sector of health care in both major metropolitan and regional settings.

Although funded by the health sector, the project involves close collaboration between two large and complex service systems: health and education.

The approach is early intervention and is directed at primary school aged children in the first four years of school who present with disruptive behaviour problems. There are several layers of intervention. Firstly, a universal or whole school approach is adopted by the school and delivered across all grades. Secondly, a targeted intervention is delivered for children considered most at risk, as identified by teachers in interview, as well as by screening assessments completed by parents and teachers. This is delivered in a group setting. Thirdly, a parent intervention for the parent/carers of the identified at risk group is also provided in the group setting. In addition, at a tertiary level there is provision for those considered as requiring further input after involvement in the program. The intervention is run in schools over a full academic year.

Evaluation of the program and its components has been considered in the project development. The research is a collaborative arrangement between Austin Health and the University of Melbourne who will evaluate the program as a whole as well as whether an emotion focussed parenting intervention or a behaviour focussed parenting intervention is more successful.

O-115 Continuing effects of early intervention in adult life: the Turkish Enrichment Project

Deniz Doğruöz, Deniz Şenocak

Anne Çocuk Eğitim Vakfı (AÇEV)

The paper presents the longitudinal evaluation results of a nation-wide home intervention program intended to support the development of young children, namely the Mother-Child Education Program.

Method: In the initial evaluation research (1982-1986), children from three different contexts namely, educational, custodial preschool centres and no preschool training were compared. Half of the mothers of these children attended a training program and the other half did not.

Results: Short-term results indicated improved cognitive, social and emotional development for children who had been exposed to the home intervention program and better mother-child interaction in participating families. Two follow-up studies were conducted. The first follow-up research, after six years, (Kağıtçıbaşı, Sunar, Bekman,2001) indicated improved cognitive functioning, higher school grades, better attitudes toward school and closer relations between children and their mothers. The second follow-up study (Kağıtçıbaşı, Sunar, Bekman, Cemalçılar,2005) was conducted twenty two years after the initial study. The comparison of children who attended an educational preschool with those who went to custodial day care or did not attend any type of preschool at all revealed that the preschool group with educational aims attended school longer and had higher status jobs. Children whose mothers had training continued onto university in higher proportions, obtained higher scores on a vocabulary test, and started work at a later age, and were more likely to use a credit card compared to children whose mothers had no training.

Conclusion: Results indicated that both high quality home-based and centre-based intervention programs can create positive long-term outcomes.

O-116 Patterns of preschool risk and protective factors for conduct

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A wide range of risk and protective factors have been shown to be involved in the development of childhood conduct problems. Prominent researchers in the field argue that the two main categories of risk and protective factors in the development of conduct problems in childhood are factors attributable to the individual (e. g., behaviors, characteristics) and factors attributable to the family (e. g., parenting, parent-child relationships) (e. g., Frick,1998; Moffitt,1993,2003, Patterson,1982; Shaw, Bell, & Gilliom,2000). The present study looks at patterns of risk and protective factors for conduct problem behavior among approx.220 preschool children. Parents and preschool teachers have responded to comprehensive questionnaires, covering information on main evidence based risk and protective factors of the individual and the family. Patterns of risk and protection for conduct problems, with a special focus on heterogeneity, equifinality (Cicchetti & Rogosch,1996), and gender differences, are investigated.

O-117 Social and family factors of Russian child mental health

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The aim of the study was to investigate the effects of psychosocial factors of child and adolescent mental health problems in Russia.

Method: The samples were 1382 adolescent self-reports and 1864 parent reports of 3 through 17 year old children of various socio-economic background. Psychopathology measure was the Strengths and Difficulties Questionnaire; psychosocial factors included measures of child close and distal environment.

Results: Psychosocial factors explained around 15% of internalizing problems, and up to 30% of externalizing problems. Harsh parenting was a risk factor; intact family, parent's education, family cohesion and safe neighbourhood contributed to the lower level of problems. Life style factors were more powerful predictors than measures of socio-economic status. psychiatric problems.

Conclusion: The results have implications for child and adolescent mental health service provision and prevention of child psychiatric disorders.

O-118 Re-called relationship with parents and symptoms of post traumatic stress symptomatology in mothers having children with cancer: a three year multi-centric case control study

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Childhood cancer is associated with increased rate of Post Traumatic stress symptomatology in parents and survivors. There is very little research on predictors of the post traumatic symptoms in parents of this group of children. This study examined over a period of three years, if the post traumatic stress in parents of children with cancer (n = 49) and matched controls (n = 45), is associated with the quality of recalled relationship with their own parents.

Method: Parent's recalled relationship with their own parents (grand parents of the recruited children) were rated using Parental bonding instruments (PBI). Posttraumatic checklist list – civilian version (PCLC) was administered at three year follow-up to mothers and fathers of children with cancer and matched controls.

Results: PBI scores used in the analysis reflected the recalled relationship of mothers of children with cancer with the maternal grandmother and maternal grandfather. For the group of children with cancer, we found that recalled relationship of mothers with the maternal grandmother significantly correlated with total maternal PCLC scores (r = 0.453, P = .002) and the PCLC subscale scores: re-experiencing score (r = 0.347, p = 0.01), avoidance score (r = 0.407, p = 0.005) and arousal score (r = 0.472, p = 0.001).

Logistic regression was done to examine the interaction of variables.

Conclusion: The evaluation and reaction to a traumatic experience may be mediated by early attachment experiences. Posttraumatic stress symptomatology in mothers of children with cancer is associated with the quality of the recalled relationship with their own mothers.

O-119 Parasympathetic and sympathetic nervous system as objective indicator of mental health

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There are close connections between affective modulation and sympathetic and parasympathetic nervous system. To ascertain sympathetic and parasympathetic excitation state could help to understand the psychic condition and effects of therapy in child and adolescent patients by an objective and non-invasive probe. There is great evidence for detection of heart rate variability as a valid measurement of the autonomic nervous system

Method: ECG of 524 patients of child and adolescent psychiatry and of 212 patients of the department of child cardiology were analyzed with respect of heart rate variability. Results were correlated to psychosomatic symptoms and psychiatric diagnoses. In addition some patients and controls got ECG recording while hearing music.

Results: Heart rate variability presented differences according to expression of psychosomatic symptoms and psychiatric diagnoses. Symptoms of autonomic somatoform disorder (vegetative dystonia) were associated with down regulation of parasympathetic nervous system in children and up regulation of sympathetic nervous system in adolescents. Psychosis was linked with parasympathetic down regulation. ADHD was inconsistently connected with results in heart rate variability but treatment by methylphenidate was joined by parasympathetic down regulation.

Conclusion: Measurement of sympathetic and parasympathetic excitation state by analyzing heart rate variability provides an opportunity to clinical evaluation of affective tension. That way an objective measurement of affective condition could help to assess important aspects of patient's mental health and its change in the course of therapy. It can also help to understand the effects of some cultural techniques of youths as hearing music on their affective regulation.

O-120 Psychosocial consultation / liaison service for a pediatric hospital

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Aim: Children/Adolescents with acute and chronic physical illness show together with their parents a high psychosocial burden (Cadman 1987). This burden and the psychiatric comorbidity make an additional psychosocial

diagnosis (Glazebrook 2003) and psychosocial care/treatment necessary. In normal pediatric care only the "heavy cases" are seen and in most hospitals there exists a psychooncological service.

Method: We report of our psychiatric liaison service for all in-/outpatients and of our liaison service for all inpatients for the major departments of a pediatric hospital (oncology, intensive care-unit, neonatology, cardiology, babies and small children with emotional problems). Furthermore all transplant patients are seen. The major problems and results will be presented: The diagnostic incidences and different steps of treatment (counseling, individual and family therapy, team support).

O-121 Psychosocial impact of epilepsy on children and their primary care-givers

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Introduction: One of the most common, most frightening, and least understood medical problems occurring in Africa is epilepsy. It is particularly common because conditions which cause brain damage, especially in children and adolescents, are still very frequent on the continent. A better understanding of the psychosocial impact of epilepsy is needed in the long term management of this chronic neuro psychiatric disorder.

Aim: To examine the psychosocial impact of epilepsy on the children afflicted with epilepsy and their primary care-givers.

Method: The participants are children aged 7 yrs to 14 yrs with epilepsy and IQ of at least 90 that attended the Child and Adolescent clinic of psychiatric hospital, Yaba, Lagos, Nigeria with their primary care-givers during the period of the study. It is expected that children within this age group and with the above intelligent quotient (IQ) can understand the questionnaires and express themselves appropriately. All participants gave informed written consent. Structured and unstructured questionnaires were used and the results were analysed with appropriate statistical packages.

Results: The chronic nature of childhood epilepsy coupled with the poor understanding of this disorder accounted majorly for its psychosocial impact.

Conclusion: In the context of childhood epilepsy, the affected children, their parents and other primary care-givers would benefit from training programmes that address epilepsy education, building of social support networks and the modification of inadequate coping behaviours.

O-122 Mental health services research perspectives for children of somatically ill parents: from pilot service development towards stepwise evidence based family interventions

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Introduction: Children of somatically ill parents are a well recognized, however still a underserved and under-researched target group at psychiatric risk. Especially, empirically based approaches to mental health prevention are underdeveloped.

In the EU-funded transnational multisite study (COSIP,2002-2005), in which 8 countries collaborated, frequencies and types of symptomatology in children exposed to various parental diseases were investigated. At the same time, in seven centres innovative liaison and consulting services were implemented and evaluated in collaboration with medical units.

Method: More than 400 families with a seriously ill parent were recruited. The two largest disease groups were cancer and multiple sclerosis. Psychopathological symptoms in children were measured by the CBCL/YSR. Severity of physical impairment, parental depression, family functioning were controlled for as were medical and sociodemographic parameters. Experiences in service implementation were evaluated qualitatively.

Results: Across parental disease groups, clinically relevant psychopathological symptoms were about twice as frequent as in norm populations, with a strong tendency towards internalizing symptomatology. Maternal depression and low family functioning were the strongest predictors of child psychopathology, whereas objective medical parameters were particularly weak predictors. Typical obstacles for a smooth liaison collaboration with the medical system were identified and recommendations for similar service implementation activities elsewhere are extracted.

Conclusion: Implications of these findings are discussed in terms of future screening and implementation strategies in the context of family oriented comprehensive care. A subsequent multicenter service implementation project in Germany with the longterm purpose of creating evidence for effective interventions is introduced.

O-123 Early recognition of autistic disorders

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Early identification of autistic disorders has a favorable impact on the prognosis of the patients. Although diagnostic instruments allow for a reliable identification at about 24 months, data from clinical populations show

that the diagnosis is made at about 6 years for children with infantile autism, whereas the diagnosis of Asperger Syndrome is made even later, at about 11 years. The age at which first symptoms were reported as well the age at diagnosis were analyzed for the different subcategories on the autistic spectrum.

Method: 488 patients who were diagnosed on the spectrum between 1997 and 2007 were included in the sample. All patients had been diagnosed using the ADI-R and the ADOS. Data also comprise anamnestic information, neurological, psychiatric and neuropsychological evaluations.

Results: For the diagnosis of „infantile autism (F84.0)“, 80% of the parents reported problems before the end of the second year. The diagnosis, however, was made at about 6th years. For the diagnosis of „Asperger Syndrome (F84.5)“, clear problems were usually reported between the 3rd and 4th years, diagnosis was made at 9th years. For both groups, language and communication problems were cited as the most frequent first signs. Social problems were the second most common early problems.

Conclusion: Although autistic symptoms are reported early, diagnosis is often made much later. There are two main reasons for the delay: 1. Specific symptoms of autistic disorders in the first years of life (joint attention, social referencing) are not well known in clinicians caring for young children. 2. Diagnostic overshadowing with symptoms outside the autistic spectrum (e. g. mental retardation, epilepsy).

O-124 Steering skillfully through the lands of autism

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Aim: To guide ASD, we have to adopt a dual position:

- explain our world to ASD

- explain autistic's own world to common people

By using “The Lands of Autism” metaphor, we try to illustrate a specific feature of autism's semiology which is “living one's little world”.

Method: This slide show titled “Steering skillfully through the Lands of Autism”, introduce a Highway Code to help common people going with ASD.

The presentation starts with assessment of: degree of autism symbolized by triangle shaped road sign. It indicates the danger level of cognitive development symbolized by a round shaped road sign. This kind of sign is usually placed above bridge and report the available height. Then, we invite common people learning the highway code to drive skillfully through the Lands of Autism... Each situation between ASD and common people is illustrated by precise road sign.

The power point presentation contains about thirty slides translated into english.

In this presentation, comments on ASD refers to integrated approach. It is associated with structured area, compensation for impairment, a comprehensive and humanist understanding of the ASD's functioning.

O-125 Experimental investigation of intuitive and explicit theory of mind abilities of children and adolescents with high functioning autism or Asperger syndrome

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Aim: Based on the distinction of intuitive theory-of-mind (ToM) skills (e. g., identifying the emotional content of facial expressions) versus explicit ToM abilities (e. g., comprehension of false beliefs), the aim of the study was to check the effects of ToM deficits in autism as reported in the literature.

Method: A group of children and adolescents with high functioning autism or Asperger syndrome (HFA/AS) and a healthy control group (HC) worked on (1) a set of 14 false belief tasks (sample after matching for age, sex and IQ: HFA/AS: n=15; age: 10.4±2.5 years; HC: n=15; age: 10.4±3.3 years) and (2) the Face-Test (emotion identification in whole faces) and the Reading-the-Mind-in-the-Eyes-Test (emotion identification in photographs of the eye-region; sample after matching: HFA/AS: n=12; age: 10.8±1.9 years; HC: n=12; age: 11.6±1.7 years), in which the accuracy and the decision latencies were registered.

Results: In the false belief tasks, the HFA/AS group worked less accurate than the healthy control group, but effect sizes were lower than previously reported. Furthermore, in the two “intuitive” ToM tasks there were smaller differences between the groups as expected: With respect to accuracy, there was no significant difference between the group of children with HFA/AS and the healthy controls in both tests. However, decision latencies of the HFA/AS group were significantly higher in the Face-Test.

Conclusion: These results support the assumption of ToM deficits in autism, but differences may be lower than reported. Additionally, our results may indicate that many patients with autism spectrum disorder have the competence to process ToM tasks, but suffer from impaired performance.

O-126 Narrative abilities in high-functioning children with autism spectrum disorder in Taiwan

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Previous research shows that high-functioning children with autism spectrum disorders have marked difficulty with pragmatic aspects of language. One of the defining characteristics of autism is a qualitative impairment in communication. Narrative represents not only an important communicative tool but also an essential mechanism for making sense of experiences and relationships.

This study provides an analysis of the narratives abilities in 10 high-functioning children with autism spectrum disorders and 10 typically developing children matched on age, gender, language & cognitive abilities in Taiwan. They were school-age mandarin-speaking children with average age 9.7 and 9.3 year-old and average full IQ at 101.6 and 100 respectively. We examined the narrative abilities across three different narrative contexts including narratives of

personal experience, narratives of story episodes in both wordless picture cards and wordless picture book. As compared with the typically developing children, the high-functioning autism spectrum group revealed no significant differences in length and syntax complexity in their narratives of personal experiences, story episodes in wordless picture cards and wordless picture book contexts. However, high-functioning autism spectrum group produces narratives that were significantly less coherent and demonstrated impairments inferring and building on the underlying causal relationship both within and across story episode in both wordless picture cards and wordless picture book contexts.

O-127 Psychiatric comorbidity in autism spectrum disorders influences treatment outcome

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Introduction: The clinical impression that psychiatric comorbidity has a negative impact on quality of life and treatment outcome is generally accepted. Little research on this topic has been done.

To determine the rate of psychiatric comorbidity in a population of inpatients with autism spectrum disorders and to examine the relation between comorbidity and treatment effect measured by the GAF scale.

Method: 101 paper files of consecutive admissions to the hospital were studied. Diagnosis according to DSM IV criteria were made by experienced child psychiatrists together with experienced psychologists working in the hospital of De Steiger at the first evaluation of treatment. The following data were obtained: age, sex, length of stay, age of ASD diagnosis, diagnosis and additional diagnosis following DSM IV criteria. GAF scores at the beginning and the end of treatment.

Results: Age at admittance varied from 13 till 21 year. Mean age was 16 year.88 patients were boys en 12 were girls. Mean length of treatment was 21 months.15 patients had an IQ between 70 and 85.85 patients had an IQ > 85. 27 got the diagnosis autism,20 Asperger syndrome and 53 pervasive developmental disorder not otherwise specified. 60 of 100 patients had a comorbid diagnosis on axis I. There were no differences in the rate of comorbidity in the different ASD groups.

The progression during treatment as measured by the GAF scale is better in ASD patients without comorbidity than in patients with comorbidity (statistically significant, T test for equality of means $t(df=98)=-3.18, p=0,002$).

Conclusion: • The prevalence of psychiatric disorders among people with autism spectrum disorders is higher than in the general population.

• Psychiatric comorbidity has a negative influence on treatment outcome.

O-128 Antioxidative metabolism of the central nervous system and effects of psychotropic drugs on the formation of reactive oxygen species and the antioxidative system

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Aim: To analyze the formation of reactive oxygen species induced by typical and atypical antipsychotics in neuronal cells and human blood as well as antioxidative enzymes after treatment with antidepressants and antipsychotics in cell lines.

Method: Electron spin resonance spectroscopy (ESR) was used for the direct determination whereas chemiluminescence was used for the indirect determination of reactive oxygen species after treatment with typical and atypical antipsychotics in cell lines and human blood. Furthermore, we performed studies via RT-PCR on the expression of antioxidative enzymes after treatment with antidepressants and antipsychotics.

Results: Via ESR and chemiluminescence we were able to show impacts of typical as well as of atypical antipsychotics on the production of reactive oxygen species. The results of the RT-PCR revealed a wide range of effects of antidepressants and antipsychotics on the expression of antioxidative enzymes.

Conclusion: Dependent on the examined organ system and the duration of various treatments significant effects were found on the content of reactive oxygen species and the antioxidative enzymes.

O-129 Interindividual variations of atomoxetine serum levels, implications for treatment

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Clinical studies have shown, that Atomoxetine is successful used for the treatment of hyperactivity and attention deficit disorder. Differences in the CYP2D6 genotype and phenotype as well as pharmacokinetic interventions can potentially affect the clinical profile of atomoxetine as seen in efficacy and tolerability. The effect of potent CYP2D6 inhibition on the pharmacokinetics of atomoxetine has been rarely investigated

In this study the variability of atomoxetine serum levels in healthy adult CYP2D6 extensive (EM) -metabolizers and 2 clinical cases are presented and compared with serum levels of atomoxetine in children medicated with strattera for ADHD treatment.

After the single administration of 1 mg/kg Strattera to healthy adults blood was drawn at different time points. Though CYP2D6 poor and rapid metabolizer were excluded in this group of volunteers a high individual variation

of serum levels of atomoxetine was observed. Case 1 describes an adult ADHD patient with low serum levels of atomoxetine. Coadministration of paroxetine lead to a significant increase in atomoxetine serum levels and improvement of ADHD symptoms. Case 2 is a boy treated with atomoxetine for ADHD, with severe side effects and a very high atomoxetine serum level even after 36 h after the last intake, suggesting that he is a CYP2D6 poor metabolizer.

The method presented for the detection and quantification of atomoxetine in serum, is suitable for routine measurements of atomoxetine in children with ADHD and in addition for individual pharmacokinetic research on atomoxetine.

O-130 Methylphenidate and visual hallucinations: a case report

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Aim: Methylphenidate (MPH) is one of the most efficacious medication for ADHD symptoms, with minimal side effects. In the literature, some Authors (Young,1981; Wilens,2003) reported the sporadic occurrence of psychotic symptoms, particularly tactile and visual hallucinations, in patients treated with MPH at therapeutic doses.

Method: A 11 old boy, with ADHD, combined subtype, was treated with MPH,0.5 mg/kg (30 mg), twice daily, with marked improvement in attention, hyperactivity/impulsivity. After three years, he reported seeing dramatic and complex scenes. That he described occurring in his bedroom before going to sleep. In one case, hallucinations appeared in the morning, after ingestion of the drug. Sleep EEG was normal. Hallucinations were resolved after MPH withdrawal, and the absence of psychiatric comorbidity couldn't explain such phenomena.

Conclusion: Long term administration of MPH is correlated with a reduction of dopamine brain transporter density in the striatal system (mesolimbic areas). In some vulnerable patients on MPH, this chronic increase of prefrontostriatal dopamine may lead to psychotic symptoms, as well as in schizophrenia.

Understanding the exact rate of this phenomenon is very important in the pharmacological management of ADHD patients.

O-131 Predictors of psychopharmacological treatment among institutionalized developmentally disabled children

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The aim of the present retrospective study is to investigate clinical variables affecting psychotropic medication in a residential setting for disabled children. We reviewed charts of the residents at Hope School in Springfield, Illinois. Of 94 residents with varying levels of developmental disability,58 (40 male,18 female) with either psychological evaluations at admission, or diagnose plus psychotropic medication, or both were included in the study. The tests administered

at the admission of the residents are rating instruments for adaptive behavior, screening tests for mental illness, and maladaptive behavior instruments. The participants ranged in age from 8 to 23, (mean 15.0, standard deviation 3.96). They had spent 3.96 years on average (range 1-13 years) in this institutional setting. Autistic Disorder (n=32) was the most prevalent Axis I diagnosis. The participants' Axis II diagnoses were moderate (n= 7; 12%), severe (n=14; 24.1%), profound (n=16; 27.6%), or unspecified (n=21; 36.2%) mental retardation. The mean IQ of the 32 participants with pertinent data available was 22.5 (range 6-78, sd: 17.2). Forty five participants were treated with medication, whilst 12 were not. Logistic regression analyses suggested that the likelihood of receiving psychotropic medications is increased by older age, self-injurious behavior, eating disorder, low motor skills, high negative non-verbal responses, and decreased by low service scores from the Inventory for Client and Agency Planning.

O-132 Changes in quality of life and daily functioning in patients with ADHD treated with extended-release methylphenidate (OROS®-MPH) - results from an open label naturalistic study

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To explore changes in daily functioning (C-GAS) and quality of life (ILC) in children and adolescents with ADHD OROS®-MPH and their parents.

Method: Full analysis. Open label non-interventional trial in children and adolescents with ADHD (ICD-10 criteria) treated with flexible dose OROS MPH for 3 months (42603-ATT-4001). Effectiveness parameter were C-GAS, ILC adolescents and parents and IOWA Connors' parent rating scale at baseline and endpoint.

Results: 598 patients with ADHD (ICD-10 criteria; Ø age 10.4 years ± 2.6; 84.8% male) were documented.81.6% completed the observation. Mean OROS MPH dose at last observation was 33.5 mg/day (SD±13.3). Patients improved on C-GAS from 58.9±14.7 to 71.2±15.1 (p<0.001). IOWA Connors Symptoms decreased from 29.0 ± 10.5 to 18.5±10.6 (p<0.0001). ILC improved from 18.8±4.0 to 20.8±3.8 in children and adolescents (p<0.0001) and from 17.2±3.9 to 19.7±3.9 in parents (p<0.001). At endpoint,76.8% of patients showed at least minimal improvement on CGI-C. Adverse events were reported in 28.8% of patients. AEs listed in ≥2% of patients were insomnia (7.7%), anorexia (3.9%), ineffectiveness (2.8%), headache (2.3%), nervousness (2.2%) and involuntary muscle contractions (2.2%). There were no significant changes in blood pressure or pulse. There were no significant changes in blood pressure or pulse.

Conclusion: Treatment with OROS®-MPH was associated with a clinically relevant improvement in daily functioning in patients with ADHD and QoI improved significantly in patients and their parents. Treatment with OROS®-MPH was well tolerated.

O-133 Heart rate variability in attention deficit hyperactivity disorder

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Aim: Measures of heart rate variability [HRV] provide promising information that appears to be potentially useful in distinguishing between certain physical and psychological conditions.

There is accumulating evidence to suggest that children with ADHD may exhibit a pattern of decreased vagal tone while performing “boring” tasks and that this may be indicative of reduced effort allocation and limited behavioral flexibility. This may differentiate them from normal children, who are more flexible in their ability to allocate effort when performing a “boring” task.

Method: The current study examined measures of heart rate variability [HRV] for ADHD and “normal” children while performing a Continuous Performance Test (CPT-TOVA test) The subjects who performed normally on the CPT had greater Heart Rate Variability along the task than the ADHD subjects.

This reflects lower measures on vagal tone and less behavioral “flexibility” for ADHD children.

An unexpected and possibly clinically relevant finding was the lack of any significant correlation between the subjects’ scores on the Conner’s parent rating scale and the CPT.

Future research may wish to address and examine whether training ADHD children through HRV biofeedback and self-regulation is associated with improved ability to consciously exert and sustain effort on a CPT. Ideally, this skill could be generalized to improve ADHD children, adolescents, and adult’s ability to concentrate, attend, focus, and to exert effort in real-life learning and work environments.

O-134 Restless legs syndrome in ADHD children in the Netherlands

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Aim: to investigate the frequency of occurrence of Restless Legs Syndrome (RLS) in ADHD children in the Netherlands.

Method: the study was done in newly diagnosed ADHD children, aged 5-16 years (122 children, 100 ♂, 22 ♀), not using stimulants or other medication. All children showed normal neurological examination. The (in 2003) revised 4 essential diagnostic criteria to fulfill the diagnosis of RLS (International RLS Study Group) were used. In addition, associated features like sleep disturbance, the presence of periodic limb movements during sleep (PLMS) and a positive family history were asked for.

Results: in 32 of the 122 ADHD children (26%) the diagnosis RLS was made. Of these 32 children 21 also scored positive for PLMS and sleep disturbance (66%). In 56 children of the 122 (46%) there was a positive family history (first degree) for RLS; 61 children (50%) showed an urge to move the legs, but did not reach all 4 essential diagnostic criteria. And of these 61 children 52 children (85%) scored 3 out of 4 of the essential diagnostic criteria.

Conclusion: also in the Netherlands RLS occurs frequently with ADHD children. Perhaps there exists a subgroup of ADHD children where ADHD symptoms are due to sleep disturbance associated with RLS or there is a common

dopaminergic deficit underlying both conditions. In both possibilities this will have therapeutic consequences. In (possible) ADHD symptoms one should as a routine ask for symptoms of RLS, sleep disturbances and the family history.

O-135 The self-regulation in go/nogo task of high impulsive children with attention deficit hyperactivity disorder

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Aim: While clinical descriptions of Attention-Deficit/Hyperactivity Disorder (ADHD) have focused on inattentive, impulsive and overactive behavior, theoretical work gives increasing weight to problems with response inhibition, self-regulation, and the related domain of executive functioning.

In a traditional Go/NoGo task, the subjects are required to give a speeded, simple response by pressing a button to the target (go) stimuli, and to withhold motor responses to the non-target (no-go) stimuli. Go/NoGo task has also been widely adopted in electrophysiological research with event related potentials (ERPs). The second negative potential after stimuli N2 has attracted more and more interests of researchers in recent years. The process of inhibitory control is reflected in NoGo N2. Whether the frontal N2 reflects response inhibition or conflict monitoring is on debate.

We hypothesized that the high impulsive children had the deficiency of inhibitory control could demonstrated by the evidence of low efficiency of executive function than control children.

Method: The subjects were divided into high impulsive ADHD group and the control group. The high impulsive ADHD group met the diagnosis criterion of ADHD, hyperactivity-impulsivity according to the DSM-IV and also met less than two items of impulsivity criterion in ICD-10. There are 15 children in high impulsivity ADHD group and normal control group respectively. The age of high impulsive group was from seven years old to eleven years old, the average age was 7.5 years old. The enrolled control children were matched by the similar age and gender ratio. The Go/Nogo stimulate-response model was adopted in the Event related Potentials (ERPs) test. The response time (RT), correct rate (CR) and N2 have been analyzed.

Results: (1) The mean correct Go-RT of the high impulsive children is significantly longer than that of control group ($t(1,29) = 6.231$, $P=0.019$); NoGo RT errors were faster than Go RT, had significantly difference in high impulsive children ($t=4.662$, $p=0.000$), but no significantly difference in control children ($t=1.163$, $p=0.266$). The CR of control group has the tendency higher than that of high impulsivity group, and is significant higher for Nogo trial ($F=8.176$, $P=0.008$).

(2) The average N2 amplitude of control group is Nogo>Go, and is significant on the five midline sites of Cz, Fz, Pz, FCz and CPz ($t=2.75 \sim 3.32$, $P=0.003 \sim 0.01$). For the amplitudes of high impulsive children, there was no difference between Go-N2 and Nogo-N2 ($|t| = 0.11 \sim 1.07$, $P=0.3 \sim 0.91$). It was showed a fronto-central maximum. The much larger amplitudes were at Fz and FCz for Go and NoGo tasks in both groups.

(3) It's showed a tendency of right hemisphere laterization, particularly in controls. The N2-Nogo amplitude at C4 on right hemisphere was significantly larger than C3 on left hemisphere ($t_{1,28}=2.65$, $P=0.019$). No difference of right and left hemisphere in both Go and NoGo task for children with high impulsive ADHD ($P>0.05$).

(4) The latencies for ADHD children tended to be shorter than controls, the difference was significance at Pz in Go tasks ($t=-2.46$, $P=0.028$). The NoGo-N2 amplitudes for control group was higher than children with ADHD, the differences were significant at Fz and FCz ($Fz, t=-2.28, P<0.05$; $FCz, t=-2.36, P<0.05$).

(5) The average amplitudes of P3 show a tendency of parietalcentral maximum in both control and ADHD groups. The P3 amplitude of ADHD group appears smaller than control group at midline sites, especially significant at FCz and Cz ($FCz, t=-2.41, P<0.05$; $Cz, t=-2.15, P<0.05$).

(6) The maps for ERPs showed the right frontal-parietal area was more active than left hemisphere, and children with high impulsive ADHD lower activation than controls, especially for NoGo task in the right frontal area. And the parietalcentral activation of ADHD children, especially the left hemisphere is lower than control.

Conclusion: The right frontal and left parietalcentral areas involved much more in behavioral control and dominating the control. The activation of the frontal lobe (especially the right frontal lobe), and the parietalcentral (lower especially the left hemisphere) in high impulsive ADHD children are lower than control. It's indicated that the high impulsive ADHD group has deficiency at frontal lobe and parietalcentral function in regulating their behavior. Hyperactive-impulsive is inhibitory impairment.

O-136 Psychiatric status and comorbidity among adolescents diagnosed as attention deficit/hyperactivity disorder in childhood

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The aim of this study is to examine the psychiatric status and comorbidity among adolescents diagnosed as ADHD (Attention Deficit/Hyperactivity Disorder) in childhood.

Method: 45 adolescents admitted to the Child and Adolescent Psychiatry outpatient clinic of Hacettepe University School of Medicine and diagnosed as ADHD when they were 7-11 years of age in 2000 consists the research group, and 28 adolescents interviewed in the same year without any diagnosis of ADHD are included in the study as the control group. All participants were evaluated using Schedule for Affective Disorders and Schizophrenia for School Aged Children- Present and Lifetime Version (K-SADS-L), Wechsler Intelligence Scale for Children (WISC-R), Stroop test, Adolescent Symptom Inventory (adolescent self and parent report forms), Sense of Identity Assessment Form and Relationship Scales Questionnaire.

Results: In the study group 75.6% of the adolescents are still diagnosed as ADHD. Comorbid psychiatric disorders are significantly higher in the ADHD group compared to the control group with a relative risk of 3.3, significant at 95% confidence interval.

O-137 A preliminary study of specific functional areas of impulsivity in ADHD children with and without impulsivity by functional MRI

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Aim: To explore the specific functional areas which are mainly associated with ADHD children's impulsivity in brain by functional MRI.

Method: Sixteen children, who met ADHD diagnosis criterion based on DSM-IV, were tested. According to the cut off point (93 percentile) in Barratt Impulsiveness Scale they were divided into two groups, as the impulsive group ($n=9$) and non-impulsive group ($n=7$) plus another 10 children without ADHD (control group). Three groups were tested by functional MRI when they were playing GOSTOP impulsivity paradigm, then the average of data of each three groups were taken and specific activation regions were compared.

Results: Functional MRI showed that when playing go task the main activated regions of the control group were frontal pole (superior frontal gyrus, middle frontal gyrus, medial frontal gyrus), cingulate gyrus and corpus callosum; for the non-impulsive ADHD group were cerebellum (posterior lobe, anterior lobe bouton), cingulate gyrus; for the impulsive ADHD group were medial globus pallidus, insula. When playing stop task the main activated regions for the control group were superior frontal gyrus, middle frontal gyrus, cingulate gyrus, putamen; for the non-impulsive group were middle frontal gyrus, corpus callosum; for the impulsive group were uncus, cingulated gyrus. Activated regions of the impulsive group were less than the other two groups.

Conclusion: There were many neuromechanisms related to impulsivity. Frontal pole may play a significant role in these neuromechanisms. The impulsive ADHD children showed low brain activation compared with other two groups, especially in the frontal pole.

O-138 Hope and reality for families with ASD

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Aim: An Autism Spectrum Disorder (ASD) determines the lifestyle of the person with ASD as well as his environment. Families with ASD face many problems. This may lead to a need for clinical admittance, especially during the adolescent years of the family member with ASD. The goal of a newly developed competence-directed Psychiatric treatment for Families with ASD (PFA) is to include all family members in the effort to improve their situation.

Method: A family trainer works weekly at home with every family member to reach collectively defined targets. The effectiveness of PFA was assessed in cooperation with Praktikon, an independent research centre. Parent's practices, parent's personal well-being, the strength and weaknesses of the family's children and the parent's experiences of competences of both their child with ASD

and the other children in the family were measured before and after PFA, using standardized instruments.

Results: Results showed the complexity of the problems for these families are obvious. Both the children with ASD and their siblings were found to have behavioural and emotional problems in the clinical range on the SDQ and on the CBCL. Parental functioning appeared to be improved at the end of the family treatment. The mothers reported a progress in the personal well-being and in the self-esteem of all children, with and without ASD. Results suggest that Psychiatric treatment for Families with ASD is an important new intervention that can offer a valuable contribution to improve the well-being not only for the child with ASD, but for all family members.

O-139 Cognitive predictors of social improvement in adolescents with autism-spectrum-disorders

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Introduction: In a previous study, we demonstrated that the cognitive styles “weak central coherence” and “poor cognitive shifting” are common in autism spectrum disorders, but may not be seen in every patient. Possibly, this has consequences for the outcome of the treatment.

Aim: In a follow up study with 44 nonretarded adolescents with autism spectrum disorders, whether the cognitive styles can predict improvement of social functioning during a residential treatment is studied.

Method: On the basis of the factor scores of an extensive neuropsychological task battery, subgroups were formed of weak versus strong central coherence and cognitive shifting. With analyses of variances the predictive value of the subgroups were evaluated on 3 aspects of social change: autistic symptoms, social intelligence and social competence.

Results: A small but significant gain on all social domains was found. However, there were clear individual differences in the magnitude of the improvement. Cognitive shifting appeared to be predictive of a clinical meaningful improvement on social competence.

Conclusion: The differential outcome pleads for alternative forms of treatment that account for the individual differences in cognitive style.

O-140 Association between autistic traits and obsessive-compulsive symptoms in Taiwanese young adults

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Repetitive behaviors are common feature of autism and obsessive-compulsive disorder (OCD). The aim of this study is to explore the relationship between autistic traits measured by the Baron-Cohen's self-administered Autism-Spectrum Quotient (AQ) and obsessive-compulsive

symptoms (OCS) which usually coincide with autistic symptoms in a non-clinical young adult population.

Method: The sample consists of 290 male and 150 female medical students in Taiwan. Each student completed self-administered questionnaires including the AQ, the Maudsley Obsessive-Compulsive Inventory (MOCI), and the Chinese Health Questionnaire (CHQ).

Results: Approximately 5.7% (n=25) of responding students tested positive for autistic traits. There were no significant differences in the positive respondents with regard to gender or the severity of the autistic traits. Examination of correlations showed that students with higher autistic traits tended to have more obsessive-compulsive symptoms and were more at risk for minor psychiatric comorbidity. Partial correlation using the MOCI total score as a controlling factor showed that only the AQ subscale for attention switching was positively correlated with CHQ scores.

Conclusion: These results suggest that the association between autistic traits and OCS as measured by the AQ and MOCI is complex. We discuss the relevance of these findings and develop a conceptual schema to characterize obsessive-compulsive symptoms and autistic traits.

O-141 Semantic processing in high-functioning autism

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The study was to investigate the semantic processing in high-functioning autistic young adolescents.

Method: Semantic priming effects were evaluated through the pronunciation and lexical decision tasks. Amid the 38 junior high school students, half was high-functioning autistic (HFA) students while the other half served as normal controls in proportion to the sex and the intellectual ability tested with WISC-III. The stimulus-onset asynchrony (SOA; long: 950ms, short: 250ms), association (high, low), and relatedness (related, non-related) were three key factors to the experiment. When the SOA was short, the HFA students showed significant semantic priming effects in both tasks to the high-associated pairs, but not to the low-associated ones. Under the same condition, the normal controls displayed obvious semantic priming effects to all related pairs in the two tasks. When the SOA was long, the HFA students demonstrated no crucial semantic priming effects in both tasks, while the majority of the normal students had expedited reactions to the related pairs.

Discussion and Conclusion: The high-associated pairs seemed to be in connection with the semantic network in the HFA students. As for the low-associated pairs, they were either disconnected or weakly linked with the semantic network, which explained a different semantic organization in the HFA students. With longer SOA the HFA students would not be benefit from the semantics, which suggested they might have difficulties employing higher-level cognitive strategies and retrieving semantic knowledge from the memory. It is concluded that the HFA

students differed from the normal controls in the semantic processing.

O-142 Adolescents with attention- deficit/ hyperactivity disorder – attitudes towards medication

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Aim: To describe adolescents with ADHD and their attitudes toward medication and diagnosis and to examine the associations between attitudes towards medication and number and severity of ADHD symptoms, side effects and substance use disorder. This study forms the basis for a randomized webbased intervention study attempting to use the internet in increasing adolescent's compliance in treatment and positive attitude towards medication.

Method: All adolescents aged 13-18 years in pharmacological treatment for ADHD at the clinics in the Southern Region of Denmark were identified (N=252). 103 were excluded due to lack of internet access, eight were excluded due to mental retardation, and the remaining 134 adolescent were offered inclusion in the study out of which 119 (89%) participated in the study. Intelligence was estimated based on four WISC-III subtests. DSM-IV diagnosis of ADHD was made based on parental interviews (DAWBA). Additional baseline data in this study included parental ADHD-RS-IV, SDQ, Barkleys side effects scale and the adolescent endorsed SDQ, Barkleys side effects scale and a questionnaire assessing smoking habits, alcohol and substance use, compliance in treatment and the adolescents attitudes toward medication. Differences on SDQ, ADHD-RS-IV and side effects score at baseline between compliant and non-compliant adolescents are tested.

Results: Inclusion in this has just recently been finalized and results of the association analyses will be presented at the conference.

Conclusion: will be presented.

O-143 Managing transition: using the experiences and perceptions of adolescents and young adults with attention deficit/hyperactivity disorder (ADHD) in order to optimize further treatment

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Aim: Studies indicate the continuing difficulties of adolescents and young adults with attention deficit/hyperactivity disorder (ADHD) in the domains of social and occupational functioning. Entering adulthood usually means a change from child to adult psychiatric services, starting all over again. Our objective is to determine how patients growing up with ADHD consider the importance of an ongoing psychosocial support in addition to pharmacotherapy, focusing on past situations and future needs.

Method: We will present data collected from ADHD-patients age 14 to 18, diagnosed at least two years earlier. Participants were assessed using a questionnaire designed especially for this evaluation in order to collect information

on how psychosocial counseling has been offered so far, and how they think this could be helpful in the near future.

Results: Patients report experiences with drug treatment, psychotherapy, visits to the doctor, handling ADHD at school and with friends, experiences with the stigma of ADHD, and how helpful further psychosocial support could be.

Conclusion: Adolescent patients with ADHD can benefit from the collaboration between child and adolescent psychiatry and adult psychiatric services in order to optimize treatment plans and to focus on psychosocial counseling. A specific questionnaire can be helpful to transfer necessary information and to summarize all actual needs.

O-144 The development of the neurophysiologic test for the prediction of the effect of methylphenidate for children with AD/HD

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Attention-deficit/hyperactivity disorder (AD/HD) is one of the most common psychiatric disorders of childhood and adolescence. Clinicians can practice primary and secondary prevention by alerting parents about the potential adverse outcomes associated with the disorder. However, the weaknesses of the diagnostic system caused criticism against AD/HD. It is, thus, hoped that the diagnosis of AD/HD should be as much objective as possible like biological markers in other physical disorders.

Methylphenidate (MPH) is recommended as the first-line treatment for AD/HD.

Present trends in the use of stimulant drugs for AD/HD have risen questions about possible over identification and over treatment. It is necessary to develop biologically based criteria for diagnosis and treatment.

The symptoms of AD/HD are in part associated with the dopamine system projecting from the striatum to the prefrontal cortex. MPH acts by increasing catecholamines. In some studies, an increase of frontal activation during a response inhibition task was measured by functional MRI or event-related potential of children with AD/HD using MPH.

It is too complicated for children with AD/HD to use these inspections for the diagnosis and the prediction of the effect of MPH clinically.

The aim of our study is to develop a simple and safe neurophysiological test for children with AD/HD in order to apply medication appropriately.

O-145 An innovative neurofeedback programme for children with ADHD: rocket science

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Neuro (ic EEG) feedback is a promising new form of treatment for ADHD, that has gained promising empirical support in recent years (e. g. VJ Monastra 2005, M Beauregard 2006, LM Hirschberg 2007). Short-term effects were shown to be comparable to those of stimulant medication at the behavioral and neuropsychological level, leading to significant decreases in inattention, hyperactivity and impulsivity. In addition, EEG biofeedback results in concomitant improvement of neurophysiological patterns.

EEG biofeedback can be used within a multimodal setting, providing affected children and adolescents with a means of learning to counterbalance their ADHD symptoms without side effects.

The pediatrics department of the Ikazia hospital in Rotterdam, the Netherlands, together with the Dutch Neurofeedback Association, is offering an innovative neurofeedback programme, called Rocket Science. In this programme feedback is provided with a computer game in which rockets play a central part. The programme provides education on brain functions as well, and offers children useful metaphors. In this presentation Rocket Science will be demonstrated. Some advantages of the programme will be discussed, such as the possibility to identify and work with the neurophysiological profile of the child, and the ability to make predictions about the effectiveness of stimulant medication.

O-146 Visual memory in children with attention-deficit hyperactivity disorder

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The main objective of this study is to compare the visual memory which is supposed to be a function of temporal lobe in children with attention-deficit hyperactivity disorder (ADHD) to normal group.

Method: 41 children between 6 and 11 years with attention deficit hyperactivity disorder who had normal IQ were compared to 30 normal children matched for sex, age and IQ, using three neuropsychological tests including paired associated learning (PAL), delayed matching to sample (DMS) and pattern recognition memory (PRM).

Results: Children with ADHD had poorer performance on PAL task than normal group. This difference was significant in total errors, total trails and number of stages completed. With regards to DMS, percent correct responses were significantly lower than control group. There was no significant difference in number of correct response and delay to correct response in PRM test.

Conclusion: This study suggests the probability of temporal lobe dysfunction in attention-deficit hyperactivity disorder which needs to be confirmed by other studies.

O-147 Are deficits in cognitive flexibility among anorexic patients related to extreme underweight?

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Theoretical Introduction: Cognitive flexibility and the flexible learning and relearning of stimulus-reward-associations are important for decision-making and goal-directed behavior. Studies on patients with Anorexia nervosa (AN) have shown difficulties in cognitive flexibility (Tchanturia et al., 2005). A typically described feature of AN patients is a rigid adherence to familiar and practiced paradigms, which hampers the flexible adaptation to a changing environment. Study findings suggest an

association between cognitive inflexibility and extreme underweight (Kingston et al., 1996).

To date we find a lack of neuropsychological studies on cognitive flexibility among adolescent AN patients. Therefore, we aim to investigate cognitive flexibility in terms of reward association learning in AN patients in dependence on weight gain.

Method: Neuropsychological changes in cognitive flexibility among adolescent AN patients (age range 14 – 18 years) were assessed. We administered a computerized probabilistic object reversal task (pORT; Reischies, 1999) before (≤ 3 . BMI percentile) and after they gained at least 10% of their admission body weight.

Results: Results on the AN patients' test performance in comparison to age- and IQ-matched healthy adolescents will be presented as well as changes in cognitive flexibility after weight gain.

Conclusion: The association of cognitive flexibility and extreme underweight in AN patients will be discussed.

O-148 Cognitive and executive functions in anorexia nervosa ten years after onset

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Aim: Explore the course of general cognition in anorexia nervosa (AN) over time.

Method: A community-based sample of adolescent onset AN cases (n=40-47) was contrasted with an age-, sex- and school matched comparison group (n=47-51) on the Wechsler Adult Intelligence Scale-Revised (WAIS-R), the Wisconsin Card Sorting Test, Luria word recall test, and test of facial recognition at a mean age of 24 years. Only two of the tested cases were underweight at the time of the study. The WAIS-R had also been administered age 21 years.

Results: There were few differences across the two groups even though the comparison group performed significantly better on the Object Assembly subtest of the WAIS-R. IQ increased slightly but significantly over time in both groups. There was no relationship between level of starvation and poor results on tests in the AN group. A subgroup of the subjects had autism spectrum disorders. In this subgroup there were cases with test profiles similar to those observed in Asperger syndrome.

Conclusion: Ten years after AN onset, the former AN cases showed no major neuropsychological deficits. The AN group showed poor results on the Object Assembly subtest indicating weak central coherence with a tendency to focus on details at the expense of configural information. This cognitive style may account for their obsession with details, with implications for psychoeducational approaches in treatment interventions.

O-149 ¹H-MR-spectroscopic choline: a possible predictor for outcome in anorexia nervosa?

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Aim: Eating-related outcome in anorexia nervosa as measured within BMI-assessment at follow-up showed that 25% of inpatient anorectics were below BMI 19 kg/m² after 6-years. In this study we investigated the influence of ¹H-MR-spectroscopy as a possible predictor for outcome.

Method: 36 female anorectic patients (15.2±2.1 years, BMI 14.6±1.6kg/m²) and 17 female healthy controls were examined by localized single voxel ¹H-MR-spectroscopy (¹H-STEAM-spectra, TE=50ms, TR=1,5s, voxel (2cm)³) in two different localizations (thalamus, parietal-occipital region). Investigations were performed by the time of admission (T0), and after reaching the target BMI (T1) in 28 patients. Neuropsychological testing (d2, Stroop) and Beck Depression Inventory were both performed at T0 and T1. 4.0±1.5 years (T2) after T1 follow-up assessment within EDI-2, SCL-90, SIAB, Morgan-Russell scale and BMI was performed. Low- (BMI=16.8±1.9kg/m²; n=13) and normal-weight (BMI=20.3±1.0kg/m²; n=16) responders (LWR vs. NWR) at T2 were compared (cut-off BMI=19kg/m²) for outcome assessment.

Results: At T2 29 patients (13 LWR vs.16 NWR) were examined. LWR and NWR differed significantly (p<0.05) as regards the Morgan-Russell scale, EDI-2 score 'ineffectiveness' and SCL-90 symptom dimension 'Somatization'. Retrospective analysis indicated a significant increase of choline/cr at T0 (p<0.001) for LWR and NWR compared to controls. During inward treatment choline/cr in thalamus decreased significantly (p<0.05) in NWR while remaining unchanged for LWR at T0 and T1. Cognitive performance improved in NWR but not in LWR between T0 and T1.

Conclusion: Unfavorable outcome was associated with failed improvement of brain choline levels and also cognitive performance during a preceding treatment. The present data indicate that changes in ¹H-MR-spectroscopy may be a useful outcome predictor in anorexia nervosa.

O-150 Impact of anorexia nervosa on activation characteristics of lymphocytes

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Introduction: Anorexia nervosa (AN) is an extreme form of dietary calorie restriction. In this study we aimed to gather data about the cell activation in AN patients. As a surrogate marker for the characterization of cellular activation we analyzed the calcium-flux patterns and membrane potential kinetics during ex vivo stimulation of CD4⁺ lymphocytes and demonstrated striking differences

between AN patients and controls. We also measured activated leukocytes' interleukin-2 cytokine production as another measure of lymphocyte activation process.

Method: 11 Caucasian adolescents (10 girls and 1 boy) with AN were investigated. According to previous evaluation, none of them suffered in hypo- or hyperthyreosis and hypercortisolemia. Peripheral blood mononuclear cells were isolated and lymphocytes were then activated with anti-CD3/anti-CD28 coated beads or phytohemagglutinin for the determination of IL-2 production and calcium-flux kinetics.

Results: We found that the prevalence of IL-2 positive lymphocytes after activation was lower in AN than in control subjects (median [range]: 11.50 [7.60 - 15.30] vs.13.50 [12.00 - 22.00], p< 0.05). The calcium-flux characteristics of lymphocytes upon activation differed markedly in AN and healthy subjects as maximal calcium levels developed later in AN samples (86 [45-232] vs.215 [59-235] second, p<0.05). We also tested the association between lymphocyte activation parameters and patients' clinical status.

Discussion: Our findings are the first data about calcium handling of lymphocytes in AN. As membrane potential is the primary determinant of transmembrane electrolyte fluxes, we tested the association of calcium flux with membrane potential. We demonstrated that lymphocytes behave differently after unspecific activation of cell membrane receptors in AN patients and healthy controls.

O-151 ADHD and binge eating disorders: a case-family report

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Aim: There is much evidence that pathogenesis of ADHD involves a dysregulation of several mechanism such as delay aversion and deficits on reward system (Seregeant et al.,2007).

One aspect that is recently evaluated in the literature is the comorbidity between ADHD and Binge Eating Disorder (BED).

Results: In this report we describe the case of family presenting co-occurrence of ADHD and BED. The 12 year old boy, with ADHD, combined subtype, started to develop binge eating behaviors. His mother and also his grand mother suffer from BED associated with mood disorders, with a past history of ADHD, retrospectively evaluated by Utah scale.

Conclusion: The association between ADHD and BED could have important clinical and management implications. Infact, in patients with ADHD and BED, both conditions might benefit from common therapeutic strategies.

O-152 Fetal size in mid- and late pregnancy is related to infant alertness. The generation R study

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Introduction: Evidence from longitudinal studies suggests that part of the vulnerability for behavioral problems is shaped in fetal life. Indicators of intrauterine growth, e. g. birth weight have been associated with behavioral development in childhood. We investigated whether fetal size in mid- and late pregnancy and birth weight are related to infant irritability and alertness.

Method: In a population-based birth cohort of 4,506 singleton full term infants ultrasound measurements of fetal head and abdominal circumference in mid- and late pregnancy were performed. Infant irritability and alertness scores were attained by the Mother and Baby Scales at 3 months and z-standardized.

Results: Curvilinear relations of head (beta of quadratic term: $-.03$ (95% confidence interval [CI]: $-.04$ to $-.02$), $p = .002$) and abdominal circumference (quadratic term: $-.01$ (95% CI: $-.02$ to $-.00$), $p = .007$ in late pregnancy with infant alertness were found after controlling for potential confounders. Similar results were observed in mid-pregnancy. All associations had an inverted J-shape indicating an optimal fetal size in the high average range. None of the fetal size characteristics in mid- and late pregnancy were linked to infant irritability. Birth weight was neither related to infant irritability nor alertness.

Conclusion: This is the first study to show that fetal size during pregnancy was associated with behavioral development. These results suggest that alterations of intrauterine growth affecting infant alertness are already detectable from mid-pregnancy onwards. These findings add to the growing body of evidence that prenatal life programs the psychological and behavioral development of the child.

O-153 Impact of postpartum depression on infants' development and siblings psychological problems

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To explore the impact of Maternal Post-Partum Depression (PPD) as a risk factor for infants' development and children psychological problems. A longitudinal study for Multipara mothers after two weeks of delivery at Mother Child Healthcare Centers in Alexandria for the neo-born visit for compulsory vaccination schedule and follow up. Maternal PPD was assessed at two weeks and 8 weeks postpartum with the Edinburgh Postnatal Depression Scale (EPDS) Arabic form; further those showed high scores (scores equal to or more than 10) were interviewed according to The Diagnostic and Statistical Manual of Mental Disorders,

Fourth Edition Text Revision (DSM-IV-TR). Follow up for Infants' development up to 24 months after childbirth; older children were assessed by the Parents form of Child Behaviour Check-list for any emotional or behavioural problems. EPDS revealed a range of 26.4% - 19.5% mothers of high scorers with depressive symptoms; 6% of them fulfilled the (DSM-IV-TR) criteria for depression. Their Infants showed delay in their social interaction and externalizing problems were significantly more among the older children (p is less than 0.001)

O-154 The epidemiology of mental health problems and psychopathology in the first years of living-The Copenhagen Child Cohort

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Aim: To investigate the onset, prevalence, risk mechanisms and course of mental health disturbances in early preschool aged children.

Method: A birth cohort of 6090 children born in 2000, Copenhagen Child Cohort (CCC 2000) was investigated by data from Danish national registers, clinical databases and prospective recordings on physical and mental health and development collected at home visit by community health nurses. Follow-up at 1½ years by child psychiatric diagnostic assessment according to ICD 10 and DC 0-3 diagnoses in a subcohort and by data on all cohort children regarding admissions/ to hospital in preschool age (ICD 10 diagnoses).

Results: Prevalence and diagnostic distribution of mental health disturbances at 1½ years correspond to the pattern at older ages. Predictors in the first 10 months of living include deviant cognitive development and language development and disturbances in the child's communicative skills. Cross sectional and longitudinal data show significant impact of psycho-social risk in the pathogenesis of emotional and behavioural disturbances and of biological risk regarding neuro-developmental disturbances. Parent-child relationship disturbances seem to be the core mediator of psycho-social risk in infancy.

Conclusion: The results of the study points out the important perspectives regarding treatment and intervention of mental disorder in very early childhood.

O-155 Infant neuromotor development is associated with behavioral problems in preschoolers

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Aim: In young infants brain development can be measured by neuromotor assessments. Research in preterm and

low birth weight infants showed that adverse neuromotor development is a precursor of later behavioural problems. We investigated whether infant neuromotor development is associated with preschool behavioural problems.

Method: This study was conducted within the Generation R Study, a birth cohort in Rotterdam, The Netherlands. Infant neuromotor development was assessed in 2,309 infants by research nurses during a home visit at the age of approximately 3 months. Per neuromotor scale (overall, tone, responses) the number of non-optimal items were summed and standardised. Behavioral problems were assessed with the Child Behavior Checklist at age 18 months. Dutch norms were used to define a score in the borderline range. We investigated the association between neuromotor development and behavioural problems with logistic regression adjusted for numerous confounders.

Results: Higher scores on overall neuromotor development were associated with an increased risk of internalizing problems (OR per SD of neuromotor score = 1.21, 95% CI = 1.05-1.41) due to Emotional Reactivity (OR = 1.36, 95% CI = 1.10-1.68), and Somatic Complaints (OR = 1.29, 95% CI = 1.09-1.52). On the contrary, there was no overall association between neuromotor development and externalizing problems, although infants with specifically high tone showed an increased risk for Aggressive Behaviour.

Conclusion: This longitudinal study suggests that behavioral problems at preschool age have a neurodevelopmental basis. This effect was most prominent for internalizing problems and to a lesser extent for externalizing problems.

O-156 MIPPS-The Mother-Infant Psychoanalysis Project of Stockholm

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Aim of the presentation: to present MIPPS, a project running since October 2005 and now reaching the end of data collection. I would like to present the design and some preliminary results and discuss the importance of early prevention.

MIPPS – an randomized controlled study of mother-infant treatment.

Aim:

1. To increase our understanding of infant developmental problems
2. To investigate the value of early mother-child treatment
3. To compare treatment as usual with a treatment more specifically approaching interactive psychopathology.

Questions:

1. How do mothers experience their infants' developmental problems?
2. Which treatment is most effective on a group level; mother-infant psychoanalysis or Treatment As Usual?
3. For which dyads either treatment is most indicated?

Method:

Mother report questionnaires:

1. The Ages and Stages Questionnaire: Social Emotional (ASQ: SE, Squires et al, 2002).
2. The Edinburgh Postnatal Depression Scale (EPDS, Cox et al, 1987).
3. Symptom checklist -90, (SCL-90, Derogatis et al, 1973).

4. The Swedish Parental Stress Questionnaire (SPSQ, Östberg et al, 1997).

Ratings of mother-infant interaction on video, independent raters:

The Emotional Availability Scales (EAS, Biringen, 1998).

Diagnostic system: DC 0-3 R (ZERO TO THREE, 2005)

Procedures:

Sample: All children are under 18 months. The sample consists of

(a) mothers from the Maternity Ward or the Nursing Centre at the Karolinska University Hospital, a unit for mothers with problems nursing their infants;

(b) mothers who are recommended to contact the project by nurses at Well Baby Clinics, and;

(c) mothers who respond to an advertisement about the project in the internet.

Interviews: At interview #1, mothers are interviewed with their infants. How do they experience problems with nursing, sleeping, eating, colic, eczema etc? They are also asked about how they experience motherhood, their personal background, and how they feel about marriage, relations to their family, work etc.

Randomization: At the end of interview #1, mothers and babies will be assigned either psychoanalytic treatment or TAU at the Well Baby Clinics. The analyses are carried out by analysts at the Infant Reception Service of the Swedish Psychoanalytic Society, Stockholm. As for TAU, this is the normal way of taking care of these ailments in Sweden. Almost all Swedish mothers with babies visit the Well Baby Clinics regularly for somatic controls and advice by experienced nurses.

Follow-up Interviews: After ½ year, interview #2 assesses treatment results on a short-term basis. At 4 years of age, children and mothers will be seen again at interview #3, to assess development on a longer basis.

Academic institution: The Child Psychiatry Unit of the Dept. of Woman and Child Health at the Karolinska University Hospital.

Main supervisor: professor Per-Anders Rydelius.

Associate supervisors: Andrzej Werbart, psychoanalyst, associate professor, Institution of Psychology, Stockholm University, head of research department, Institute of psychotherapy, Stockholm City Council and Rolf Sandell, psychoanalyst, professor emeritus, Institution of Psychology, Linköping University.

Preliminary Results: When half of the sample has been interviewed at #1 and 2, all questionnaires except the ASQ: SE show significantly superior results for mother/babies in psychoanalytic treatment. Effect sizes (Becker) range from .44 to .81, i. e. from medium to large. The reason for the weak results of the ASQ: SE lies, according to a separate analysis submitted for the IACAPAP, in the weak validity of this instrument. This will be argued in my other submission.

As for the other instruments, I hope to show some preliminary results at the congress.

O-157 Wilderness adventure for youth at risk

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This paper will reflect on a program run by the Operation Flinders Foundation in South Australia. This is a non-

government organization established to identify Youth at Risk and to promote more healthy pathways of resilience for them. Each year 4 wilderness exercises are conducted in the remote Flinders Ranges of South Australia over a two week period. On each exercise there will be some 100 participants who have been identified as at risk for failing at school, offending, or becoming dysfunctional in their social lives. They are divided into groups of 10, and taken on a supported walking trek for 8 days covering 80 - 100 kilometres.

The challenge is to experience and explore the wilderness; to survive in a self sufficient manner with minimal impact on the environment; to exert energy (physical and emotional) in navigating through bushland, and to reflect and relate in a cooperative group setting.

The interconnection between humans and nature is an essential developmental experience for all children. It is a relationship in which the human being/child is very much part of nature - nature is there as an experience.

Renewing and facilitating the child's relationship with the natural world on which their wellbeing depends fosters appreciation and understanding. The exposure to sensory stimulation, touch, smell, sounds serves as an antidote to the sensory deprivation of the virtual electronic world.

Understanding the land in which we live and the distinctiveness of place for children will be further explored.

O-158 Emotional and behavioural problems among smoking adolescents in a secondary school, Malaysia

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Aim: Tobacco smoking in adolescence is a great health concern in Malaysia. It is associated with adverse health consequences and a marker for underlying emotional problems. The aim of this study was to determine the association between emotional and behavioural problems and tobacco smoking among adolescents in a Secondary School.

Method: This was a cross-sectional study conducted at a Secondary School in Malaysia. The respondents were selected using stratified cluster random sampling among Secondary One to Secondary Five students. Students were given self-administered questionnaires which include data on socio-demographic, emotional and behavioural problems using Youth Self Report questionnaire. Internalising behaviour includes anxiety, depression and somatic complaints while externalizing behaviour includes rule-breaking behaviour and aggressive behaviour.

Results: A total of 399 students were included in the study. The smoking prevalence among the adolescents was 32.8%. There was significant difference in the total mean score for internalizing behaviour ($p=0.028$) and externalizing behaviour ($p=0.001$) between smokers and non-smokers. The adolescent smokers showed more depressive symptoms ($p=0.028$), somatic complaints ($p=0.002$), rule-breaking behaviour ($p=0.001$) and aggressive behaviour ($p=0.001$). They were also found to have higher mean scores of thought problems ($p=0.001$) and attention problems ($p=0.001$) when compared to non-smokers.

Conclusion: Tobacco smoking is associated with higher prevalence of both internalizing and externalizing behaviour among adolescents. It can be used as a marker for underlying mental health problems among adolescents. Smoking adolescents should be educated on better coping strategies and problem solving skills to prevent further negative consequences.

O-159 Parents' expectations for adolescents' behavioural autonomy

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Aim: Since the early 1980s, when researchers began to address cultural differences in parental "timetables" (i. e. the expected age of child achievements), extensive investigations on the subject have been conducted throughout the world, especially in Europa and America. However no research study is found in Turkey about timetables set by parents. The purpose of the present study was to examine parental timetables among a sample parents.

Method: The present study examined parental timetables among a sample of 154 parents. Participants included 80 mother and 74 father from different educational background. Each parent answered questions about age expectations of autonomy of their child. Timetables for adolescents' behavioural autonomy were examined using teen timetable measure developed by researcher. In order to examine adolescent gender, parents' gender and parents' education differences in behavioural timetables ANOVAs and MANOVA were run on fathers' and mothers' ratings for each of the items.

Results: Generally, results revealed education differences in age expectations of autonomy but no gender differences. Low educated group indicated the most conservative age expectations of autonomy. Mothers' and fathers' expectations for adolescents' behavioural autonomy did not differ and also expectations did not differ greatly across issues but varied for boys and for girls. Autonomy expectations each could be described in terms of personal and educational issues. They were earlier for boys than for girls.

O-160 Levels of psychopathology in adolescent attendees of a London sexual health clinic

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Introduction: Early onset and frequency of sexual experience are associated with problem behaviours such as delinquent acts, substance abuse and exposure to HIV. Sexual health services focus on young people may have a potential to identify those at risk.

To assess whether the levels, nature and associations of emotional and behavioural problems in adolescents attending a sexual health clinic differ from those of adolescents in the community.

Method: A cross sectional survey was carried out at a London walk-in sexual clinic and an inner city school. We gathered demographic information and psychiatric and behavioural

assessment using the Beck Depression Inventory (BDI), the Strengths and Difficulties Questionnaire (SDQ), a sexual attitude and behaviour questionnaire and the Westminster Substance Use Questionnaire.

Results: We found significant differences between the groups in terms of their families (trouble with the police), sexual and health risks (sexual activity, pregnancy, number of sexual partners and Sexually Transmitted Diseases and more regular use of tobacco, alcohol and cannabis) and psychological risks (higher scores in BDI and SDQ emotional, conduct and hyperactivity subscales).

Conclusion: We conclude that urban sexual health clinics for adolescents appropriately attract young people, especially girls, with high sexual risk but also with high levels of substance use risk behaviours. However it also attracts girls with high levels of depressive disorder, and thus provides an opportunity to intervene not just for sexual risks, but also to provide psychoeducation and guidance on adolescent depressive symptoms.

O-161 Dissociative disorder in children and adolescents: a case series from North India

Rahul Subramanian Bharadwaj, Savita Malhotra

Aim: To present a series of five cases of dissociative disorder and to highlight issues of etiopathogenesis, symptomatology and outcome with reference to the Indian context.

Method: The sample consists of five patients seen and treated in the Department of Psychiatry, Postgraduate Institute of Medical Education and Research, India between 2002 and 2007.

Results: Patients were in the age range of 9-18 years, three boys and two girls, from middle class, urban backgrounds. In all cases, the illness was characterized by an acute onset, a continuous and progressive course with illness duration ranging from 8 months to two and a half years. Precipitating factors could be identified in four cases. Family pathology was present in all cases. Symptoms of dissociation included episodes of unresponsiveness, generalized tonic-clonic limb movements, aphonia, visual and auditory hallucinations, possession by supernatural beings, amnesia and multiple personality. One patient had several medical illnesses and a comorbid depressive disorder. Management included appropriate investigations, intensive individual psychotherapy and family therapy. All patients recovered with treatment. On follow-up, all but one of the patients remained well.

Conclusion: Dissociative disorders in Indian children may occur more as a reaction to stress rather than from a dysfunctional personality. Significant parental pathology and school related factors are associated with the diagnosis. They have a good short- to medium-term outcome. A bio-behavioral model incorporating the roles of biological, behavioral, psychological, and family influences is a useful framework with which to identify the systems contributing to the development and maintenance of dissociative symptoms in children.

O-162 Treatment of depression in children with chronic inflammatory bowel disease

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Aim: In this research we analyzed our experience in treatment of depression in children with chronic IBD.

Method: During the period of 4 years child psychiatrist, gastro-paediatrician and psychologist treated and followed through their clinical work 56 children with IBD with standard methods scale of depression (BDI) and clinical observations. 16 children with diagnose of ulcerative colitis and 20 with diagnose of Chron disease aged 7-18, were referred in individual and family psychotherapy, while the rest of 20 children were included in occasional follow up with their families which included psycho education with support, and they haven't had clinical relevant symptoms within depression.

Results: The elements of depression are found in 10 patients with diagnose of ulcerative colitis, and 16 with diagnose of Chron disease. Depression as diagnose (DSM-IV) is noted in 10 patients. In 7 of them there was a clear indication for drug treatment. Analysis of the phase of disease in which psychiatric symptoms were diagnosed shows that in children with clinical developed depression diagnose was set in initial phase of somatic disease (90%), while in patients with clinical feature which didn't satisfy criterions for diagnosis, elements of depression have appeared in later stages of disease ($t=2.48$, $p<0.05$). Furthermore, these children didn't have developed clinical features of depression as a specific diagnosis and/or presence of risk factors before of the onset of the somatic disease.

Discussion: It is important to distinguish disorder of adjustment which is common psychological reaction and a phase in accepting of disease, because in most cases it doesn't require drug treatment, and is successfully treated with psychotherapy of a child and family. When there is clearly clinical feature of depression in children with IBD, drug treatment with psychotherapy is the first choice.

Conclusion: In a chronically ill child psychotherapy is objectively more difficult, and the course of somatic and psychically response is harder to predict, so there is more often need for drug treatment. We emphasize the need for thorough psychiatric research of this problem, including the aspects of epidemiology, differential diagnosis and associated psychopathological elements, risk and protective factors and therapy. All included imply constant and efficient cooperation of child liaison psychiatric specialists with gastro-paediatricians.

O-163 Association of psychosocial factors and diabetic control in diabetic children and adolescents

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The aim of this study was to evaluate the association of psychosocial factors and diabetic control in diabetic children and adolescents. Fifty-seven diabetic youths aged from 11 to 20 were recruited from a pediatric endocrine clinic in one medical center. Using self-reported scales (Rosenberg Self-Esteem Scale, Center for Epidemiological

Studies Depression Scale, family APGAR) and a structuralized interview questionnaire (Mini International Neuropsychiatric Interview for child and Adolescents), we collected their psychosocial status such as the level of self-esteem, depressive severity, family function, and the presence of any psychiatric disorder such as depression, anxiety and disruptive disorder. The average HbA1c within the recent one year/ six months were collected for the status of their diabetic control.

Our results showed that: Self-esteem and family function were negatively correlated to HbA1c, while depressive score was positively correlated to HbA1c. The presence of any psychiatric disorder, especially depression, also correlated positively with HbA1c. Our study supports that certain psychosocial factors do have association with diabetic control. Clinicians should screen for the presence of those disadvantage factors such as low self-esteem, depressive symptoms, poor family function and depressive disorder of all youth with diabetes especially those who have poor metabolic control. Further psychosocial intervention should be considered to improve the effectiveness of diabetic control.

O-164 Asthma severity and psychiatric morbidity in Nigerian children

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Aim: To estimate how the relationship between psychiatric diagnostic categories and childhood asthma severity rated by the clinician, the caretakers and the children.

Method: The children with asthma were assessed for psychiatric morbidity with the Diagnostic Interview Schedule for Children version IV (DISC-IV). The clinicians, the caretakers and the child with asthma rated the severity of the illness

Results: The severity rating by the clinician correlated moderately with those of the caretaker ($r = 0.615$, $P < 0.001$) and the children ($r = 0.625$, $P < 0.001$). There is no statistically significant association between clinical severity rating and any of the DSM IV diagnostic categories. The caretakers' perception of severity is significantly associated with any psychiatric disorder ($P = 0.001$), and any anxiety disorder ($P = 0.001$). The child's perception of his/her asthma severity is significantly associated with any psychiatric disorder ($P < 0.001$), any anxiety disorder ($P = 0.001$) and more than one psychiatric disorders ($P = 0.003$).

Conclusion: The pediatricians should therefore adequately acknowledge and focus on the perception of the caretaker and the child in anticipating psychological problems in these children.

O-165 Neuropsychological and adaptive skills in myotonic dystrophy type 1- a study on 57 individuals with congenital and childhood forms

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Aim: Myotonic dystrophy type 1 (DM1) is one of the most common inherited neuromuscular diseases. In the present study, the aim was to investigate the cognitive and adaptive level in children and adolescents with congenital (severe and mild form), childhood and classical DM1.

Method: Fifty-seven children and adolescents with DM1 participated in the study. Cognitive level was assessed in fifty-two individuals by using the Griffiths Mental Development Scale or the Wechsler Scales. The parents of all 57 individuals agreed to be interviewed regarding their child's adaptive level by using the Vineland Adaptive Behaviour Scales.

Results: Ninety-five percent of the subjects with severe congenital DM1 had mental retardation (MR). In mild congenital DM 1 and childhood DM1 83% and 89% had MR respectively. There was a relationship between DM1 form and IQ, the more severe form of DM1 the lower IQ. Significantly higher Verbal IQ compared with Performance IQ was found in severe congenital and childhood DM1. The Vineland Adaptive Behavior Scales showed poor results and there was a positive relationship between cognitive and adaptive levels regarding the severe congenital DM1 and childhood DM1.

Conclusion: The conclusion is that children and adolescents with DM1 exhibit, in most cases, regardless of DM1 form, significant cognitive and adaptive problems.

O-166 Liaison child and adolescent psychiatry

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Aim: Long time ago the Liaison Child and Adolescent Psychiatry is an integral part of the pediatric clinic. The pediatric clinic is situated in the capital of Germany, Berlin, in the district Wedding. There is a high percentage of migrants, especially Turkish migrants. The clinic has 240 beds and has several subspecialties as cardiology, nephrology, gastroenterology, pneumology, neurology, oncology, surgery and intensive care.

The Liaison Team consists of one Child and Adolescent Psychiatrist with a psychologist and a social worker. There are two fixed meetings a week with the assistant medical director.

Method: In 2006 we took care of 311 patients. A descriptive analysis is presented concerning the diagnosis and the therapies, having regard to the special situation of the Turkish migrants.

Results: The main diagnosis are somatoform and dissociative disorders, suicidal tendency, intoxication

of alcohol and drugs, chronic disease with psychological problems, child maltreatment and sexual abuse. Besides the initiation of psychotherapies it is often necessary to activate the Child Protective Services. Helpful is the organization of conferences with all parties concerned. For reasons of child protection the reference to the court is sometimes not avoidable. The medical care of the Turkish migrants turns out to be complex.

Conclusion: The Liaison Child and Adolescent Psychiatry has proved one's worth. For the Turkish migrants there is more cross-cultural competence preferable.

O-167 Effectiveness and tolerability of OROS® MPH in patients previously treated with ER MPH (Medikinet Retard®) - a subgroup analysis

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Aim: To explore effectiveness and tolerability of OROS MPH in children and adolescents with ADHD previously treated with ER MPH (Medikinet retard)

Method: 12 week, open label, single arm, non-interventional trial (GER-CON-2) patients with ADHD (ICD-10) transitioning from ER MPH onto flexible dose of OROS MPHs. Effectiveness parameter were changes in IOWA Conners' parent rating scale, C-GAS (Childrens Global Assessment Scale), quality of life measures in patients and parents (ILC) and questions focusing on afternoon activities.

Results: 224 children and adolescents (median age 11 years, range 5-17; 15% female) were included in the overall group and 80% (N=180) were treated with ER MPH for a mean duration of 40 weeks (mean dose 28mg/day ER MPH). Reason for transition were insufficient efficacy (75%), adverse events (4%) or a combination of both (21%). 31 patients with prior ER MPH treatment terminated the study prematurely. Median dose of OROS MPH at endpoint was 36 mg/day. "Playing with other children", "doing household chores", "doing homework", "bedtime", "to visit or receive visitors" improved (all $p < 0.001$). C-GAS, scores on IOWA Conners' parent rating, ILC (patients and parents) ameliorated (all $p < 0,001$). Sleep and appetite improved or stayed unchanged in 80% of patients respectively. Ninety-six patients reported 196 adverse events. AE $\geq 5\%$ were involuntary muscle contractions not further specified (11%), insomnia (8%), and anorexia (5%).

Conclusion: Transition from ER MPH (Medikinet Retard) to OROS MPH was associated with a significant and clinically relevant improvement in quality of life of patients and parents. Improvement in symptom control during late afternoon activities was reported.

O-168 OROS® Methylphenidate in adolescents with ADHD transitioning from Atomoxetine or ER methylphenidate (Medikinet Retard®) - a post hoc analysis

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Aim: To explore changes in quality of life (ILC) in adolescents with attention-deficit/hyperactivity-disorder (ADHD) transitioning from Atomoxetine (ATX) or ER MPH (Medikinet retard) onto OROS MPH.

Method: Post hoc analysis. 12 week, open label non-interventional trial (GER-CON-2) in adolescents (ADHD; ICD-10 criteria) transitioning from ER MPH or Atomoxetine onto flexible dose of OROS MPHs. Effectiveness parameter were changes in IOWA Conners' parent rating scale, C-GAS, ILC adolescents and parents and questions focusing on afternoon activities.

Results: 57 adolescents were analyzed (median age 14 yrs, 84.2% male). Insufficient efficacy (77.2%), adverse events (3.5%) or a combination of both (19.3%) led to transition to OROS MPH. Mean dose of ER MPH prior was 34,3mg \pm 19,3 and mean dose of atomoxetine was 53,2mg \pm 17,9. Eight patients terminated the study prematurely. Median dose of OROS MPH at endpoint was 54mg/day. "Playing with other children", "doing household chores", "doing homework", "going to bed in the evening", and "ability to visit or receive visitors" improved (all $p < 0.001$) as well as C-GAS ($p < 0.00001$), Conner's parent rating scale, ILC parents and adolescents (all $p < 0.001$). Adverse events (AE) unter OROS MPH treatment were reported in 45.6% of patients. AE $\geq 5\%$ were involuntary muscle contractions not further specified (5.3%), insomnia (5.3%), and ineffective medication (5.3%).

Conclusion: Transitioning from ER MPH or ATX to OROS MPH in adolescents with ADHD was associated with an improvement in quality of life in adolescents and their parents and in daily functioning. Improved symptom control during late afternoon and early evening activities was apparent.

O-169 Effectiveness and tolerability of OROS® Methylphenidate in patients previously treated with atomoxetine - a subgroup analysis

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Aim: To explore effectiveness and tolerability of OROS MPH in the treatment of children and adolescents with ADHD transitioning from Atomoxetine (ATX)

Method: 12 week, open label, single arm, non-interventional trial (GER-CON-2) in patients with ADHD (6-18 years; ICD-10) transitioning from Atomoxetine onto flexible dose of OROS MPH. Effectiveness parameter included changes in IOWA Conners' parent rating scale, C-GAS (Childrens Global Assessment Scale), quality of life in patients and parents (ILC) and questions focusing on afternoon activities.

Results: 224 children and adolescents were included in the overall group. 19% (N=42) were treated with ATX (mean final dose 43mg/day; taken on average for 43 weeks). Reason for transitioning: insufficient effectiveness (43%) or adverse events (2%) or combination (55%). 26% of patients terminated the study prematurely. OROS MPH median dose at endpoint was 36mg/day. "Playing with other children", "doing household chores", "doing homework", "to visit or receive visitors" improved (at least $p < 0.03$ for all). "Going to bed in the evening" was not significant. C-GAS, mean scores on IOWA Conners' parent rating, ILC patients and parents ameliorated (all $p < 0.001$). Sleep or appetite was at least unchanged or better in 71% or 76%, respectively. Sixty-seven adverse events (AE) were reported in 24 patients (57%). $AE \geq 10\%$ were involuntary muscle contractions NOS (17%), abdominal pain (10%), insomnia (14%).

Conclusion: Transition from Atomoxetine to OROS MPH was associated with a significant and clinically relevant improvement in global functioning and quality of life of patients and parents. Improved symptom control during late afternoon activities is apparent according to parents rating.

O-170 Effectiveness and tolerability of OROS[®] methylphenidate in children with ADHD transitioning from atomoxetine or ER methylphenidate (Medikinet Retard[®]) - a post hoc analysis

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Aim: To explore effectiveness, tolerability and quality of life changes (ILC0-28) in children transitioning from Atomoxetine (ATX) or ER MPH (Medikinet retard) onto OROS MPH

Method: Post-hoc analysis. 12 week, open label non-interventional trial (GER-CON-2) in children age 6-12 years (ADHD; ICD-10 criteria) transitioning from ER MPH or ATX onto flexibly dosed OROS MPH. Changes in mean scores of IOWA Conners' parent rating, C-GAS, ILC children and parents and questions focusing on late afternoon activities were effectiveness parameters.

Results: 167 children (median age 10 years, 85.6% male; 62% ER MPH) were included. Prior ER MPH mean dose was 26.3mg \pm 11.7 and ATX was 38.3mg \pm 9.8. Reason for transition: insufficient efficacy (66.5%), adverse events (4.2%), combination of both (29.3%). 21.0% discontinued prematurely (AEs 10%, other reasons 8.4%). Median dose

of OROS MPH at endpoint was 36mg/day. Areas "playing with other children", "doing household chores", "doing homework", "going to bed in the evening", "ability to visit or receive visitors" (all late afternoon), C-GAS, mean scores of IOWA Conners' - parent (adjusted), parents' and children's quality of life improved (all $p < 0.001$). 201 treatment emergent AE were reported in 95 (56.9%) of patients, 111 AES being reported as treatment related ($AE \geq 5\%$): involuntary muscle contractions not further specified (11.4%), insomnia (9.0%), and anorexia (6.6%).

Conclusion: Transitioning from ER-MPH or ATX to OROS-MPH in children with ADHD was associated with a clinically relevant improvement in daily functioning, quality of life in children and their parents, symptom control during late afternoon and early evening activities.

O-171 Treatment with OROS[®]-Methylphenidate in adolescents is associated with an improvement in functioning and quality of life - a post-hoc analysis

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Aim: To explore changes in daily functioning (C-GAS) and quality of life (ILC) in adolescents (12-18 years) with ADHD treated with OROS[®]-MPH and their parents.

Method: Post hoc analysis. Open label non-interventional trial in adolescents (ADHD; ICD-10 criteria) treated with flexible dose OROS-MPH for 3 months (42603-ATT-4001). Effectiveness parameter were IOWA Conners' parent rating scale, C-GAS, ILC adolescents and parents at baseline and endpoint, physician's and parents' rating of treatment..

Results: 129 out of 598 patients were adolescents (\bar{O} age 14.2 years; 84.5% male) and 88.4% completed the study. Treatment was discontinued due to adverse events (3.9%), insufficient effectiveness (4.6%), lost to follow up (3.1%). Mean dose of OROS MPH increased from 34.6 mg/day \pm 13.4 at baseline to 39.2 mg/day \pm 13.4 at endpoint. C-GAS improved from 60.2 \pm 14.0 to 72 \pm 14.4 ($p < 0.001$). Mean sum score on ILC-adolescents improved from 18.7 \pm 3.6 to 20.6 \pm 3.7 ($p < 0.001$) and ILC-parents increased from 16.7 \pm 3.9 to 19.6 \pm 3.8 ($p < 0.001$). Effectivity and tolerability was rated as at least good by > 80% of physicians. 80.6% of parents were at least satisfied with therapy. 46 treatment-emergent adverse events were reported in 30 patients. AEs listed overall in $\geq 2\%$ of patients were insomnia (3.9%), infection (2.3%), headache (2.3%), and nervousness (2.3%). Conclusion: Transitioning onto OROS[®]-MPH in adolescents was associated with a clinically relevant improvement of quality of life and daily functioning. Treatment with OROS[®]-MPH was well tolerated.

O-172 Effectiveness and tolerability of OROS® Methylphenidate in patients previously treated with Atomoxetine or ER Methylphenidate (Medikinet Retard®)

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Aim: To explore effectiveness and tolerability of OROS MPH in children and adolescents with ADHD previously treated with Atomoxetine (ATX) or ER MPH (Medikinet retard)

Method: 12 week, open label, single arm, non-interventional trial (GER-CON-2) patients with ADHD (ICD-10) transitioning from ER MPH or Atomoxetine onto flexible dose of OROS MPHs. Effectiveness parameter were changes in IOWA Conners' parent rating scale, C-GAS (Children's Global Assessment Scale), quality of life measures in patients and parents (ILC) and questions focusing on afternoon activities.

Results: 224 patients (median age 11 years; 15% girls) were included. Most common reasons for switch were insufficient efficacy (96%) and adverse events (31%). 19% discontinued prematurely. Median dose of OROS MPH at endpoint was 36mg/day. Improvements were noted for "playing with other children", doing household chores and homework, bedtime routine, and ability to visit or receive visitors (all $p < 0.001$). C-GAS, mean scores on IOWA Conners' parent rating scale, ILC children and parent significantly and clinically relevant improved ($p < 0.001$). Correlation between changes in ILC parents and children correlated. Adverse events (AE) with an at least possible relationship to OROS MPH treatment were reported in 36% (AE $\geq 5\%$: involuntary muscle contractions not further specified (10%), insomnia (8%), and anorexia (5%)).

Conclusion: Transition from ER MPH or ATX to OROS MPH was associated with a significant improvement in several aspects of quality of life in parents adolescents, and children. In addition, improved symptom control during late afternoon and early evening activities is apparent according to parents rating.

O-173 The earthquake of Boumerdes and the psychotrauma of the child

Rouag Abla

Introduction: Disaster psychiatry is a relatively young specialty that concerns the destructive events causing a large number of casualties and important material damages beyond the means of local relief as well as causing significant social disorganisation, since a century. Beyond its harm to the organisation of society and its collective life, in case of a disaster an individual may be affected at a more personal level like somatic and / or psychological injuries. For a long time, children were seen as impervious to traumatic events. Before working with the children who were survived from the Nazi concentration camps and from

the Spanish Civil War (1940), the researchers accounted children's being impervious, to allowing them to rebuild themselves. Indeed, researchers showed that it was not the case and children were potential victims of the traumatic events and thereby disasters.

The contemporary literature presents a great deal of researches on the impact of natural disasters on children and those researches reveal that a high rate of children suffer from psychotraumatic syndrome, as a result of the disasters.

Aim: In this context we have been evaluating the child victims of the earthquake in Boumerdes in May 2003, which was particularly a destructive natural disaster. On one hand, our questions focused on the immediate clinical tables or séquellaires of psychotrauma of the school aged children compared with adults and the possible differences existing between child and adult, that is the immediate clinical forms of child trauma among Children and their differences with those of the adult. On the other hand we have questioned the existence of specificities in child trauma subject, in relation with vulnerability and special predisposition, and the child's age. This to participate in the work out of a device of immediate child care of the victims of natural disasters.

Method: The adopted field work method was a survey conducted 18 months after the earthquake in Boumerdes, with 560 children and pre-adolescents of 10 years to 16 years (250 boys and 310 girls), which represent the population of a primary school (Srirat school) and a medium teaching school (Koraichi) in the small town of Zemmouri, severely affected by the earthquake. The socio economic and cultural conditions of children are diverse, as well as the levels of education and occupations of their parents.

The questionnaire consists of 55 items, spread over three main issues:

- Socio-demographic variables that allow us to compare the children among themselves.
- The survived subjects at the time of the earthquake (about their whereabouts, the people with whom they were, and especially the immediate reactions to trauma)
- The legacy of trauma: symptoms, escaping behaviors ...

Results: The results mainly showed that the children felt an intense fear at the time of the earthquake and had responded with an exceeded stress composed of panic reactions, escaping, or stupor, sometimes weeping and screaming.

Among the delayed effects, we noted the presence of symptoms characterised by the revival of the traumatic event, the anxiety that is the legacy of the most frequent (75% of cases) in the form of acute or persistent perception especially the fear of the future exists in almost all the interviewed children. The sleep disturbance, behavior disorders are also very common, as well as the difficulties in school and the reactions of avoidance of any stimuli associated with the trauma.

O-174 Investigation of peace attitudes with respect to gender

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Aim: The aim of this study is to investigate the peace attitudes with respect to perceived control, self esteem and gender.

Method: The study includes two stages. At the first stage, the scale of peace attitudes was improved. with the sample consists of 200 persons. As a results of the analysis, the reliability and validity of scale were found satisfactory. At the second stage,471 persons (249 male; 222 female) who are adolescents, emerging adults, adults, middle adults and old adults participated. In the analysis of the study, independent sample t- test and pearson correlation methods were used.

Results and Discussion: Female's peace attitudes were more positive ($p<.00$) than male's attitudes. Positive correlations were found between peace attitudes with self- esteem (.33; $p<.00$) and peace attitudes with perceived control (.43; $p<.00$). The results were discussed.

O-175 Features of psychology-pedagogical correction of problems connected with psychosexual development in hysterias persons in pubertatis

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Pubertatis crisis (12-18 years) - the puberty period.

The main line at hysterias persons is the boundless egocentrism, insatiable thirst of constant attention to the person, admiration, surprise, honoring, and sympathy. The disproportion between a maturity of sexual sphere and the person as a whole is observed. Persons with displays of psychosexual infanthility receive sexual satisfaction more often as a result of unripe forms of sexual activity - erotic game, a petting. Attempts of realization of Platonic installations on the basis of unreal experiences and expectations, without realization of interests, conduct to failures, refusal of the further attempts, demonstrative change of object of love, an establishment of Platonic relations simultaneously with several contemporaries or advanced age partner more often. Failures at the similar contacts, accompanied by subjective feeling of "disappointment" in the partner, form avoiding behavior which leads to "lag" at level of Platonic imagination. Infringement of rates of psychosexual development, especially retardation an erotic phase of formation libido, promotes fastening of unripe forms of satisfaction of sexual requirements, process increase dissociation between separate components libido.

In features of psycho correction of the given problem the author offers sexual education which should be carried out at all stages of psychosexual development of the individual. Here there can be game methods of psychotherapy, auto-training for pressure removal as family consultation which should be based cultural ethical standards of the given region.

O-176 Role of acute treatment with opiates in children with burn injury on course of posttraumatic stress symptoms

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Aim: Acute burn and burn treatment are major developmental stressors for children. Pain management during acute treatment of burn trauma reduced the risk of Posttraumatic Stress Disorder (PTSD) in 6-16 year olds. The role of such treatment in preschoolers has not yet been studied.

Method: 12-48 months old children with burn trauma evaluated within 3 days of admission on an acute burn unit, and 1 month old children were evaluated with parent interview and child observation. The pain ratings and opiate medication administration were recorded. The child's behavioral responses were assessed.

Results: 84 children were evaluated.84% endorsed at least one symptom of PTSD.31% had met at least one criterion in each PTSD symptom clusters. Higher opiate medication dose associated with greater symptom reduction in reexperiencing and hyperarousal clusters in both clinician rated and parental reports of PTSD. Change in Avoidance/ Numbing symptom clusters was not significantly associated with pain medication dosages. Pain severity and elevated heart rate during first 7 days predicted severity of PTSD symptoms.

Conclusion: This study indicates the serious and lasting stress responses in young children following burn injury. Aggressive pain management at acute phase may help in prevention of development of psychopathology following burn injury.

O-177 Learning from children - how to tackle the stigma of mental health

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Care Services Improvement Partnership/University of Lincoln, England

This presentation will discuss a research study that looked at the perceptions of mental health, services and stigma in children (aged 5-11 years), and their parents, who where referred to a child mental health service for the first time. The study qualitative and examines the perceptions of 20 children and 23 related parents/carers.

The presentation will focus on the approaches used to help children to talk about their experiences of mental health stigma, some of the findings from the children and parents involved and a practical framework for tackling stigma

The approach used has been developed from research on communicating with young children. Often young children are not encouraged as participants, as it is considered difficult to involve them appropriately in research or consultation. Some of the reasons for this are the concerns that children will be harmed in some way, will not be involved at the right level or be empowered to talk appropriately about difficult subjects. Younger children can be particularly vulnerable, especially when talking about difficult subject areas, because of this there is little research that presents the views of young children on mental health. This approach has enabled all of the children participating in the research to express their views in a non-threatening,

fun way. Being able to listen to children and parents views about mental health and the stigma attached supports the development of responsive and non-stigmatising services for children with mental health needs.

O-178 Comorbidity in autism spectrum disorders

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Aim: To evaluate the prevalence of associated conditions in a group of children with ASD and to describe the clinical characteristics and their relationships with core symptoms.

Method: 56 children and adolescents with ASD were further evaluated for the presence of associated disorders. Assessment was performed using the following scales: Childhood Autism Rating Scale (CARS), Yale Global Tics Severity Scale (YGTSS), Yale-Paris Self-Injurious Behavior Scale. Known medical conditions were also screened during evaluation procedures.

Results: Tourette syndrome was found in 3 children (5.5%) and self injury found in 2 children (3.5%). 3 boys (5.5%) had a known medical conditions adding to ASD as follows: 1 had mild paraparesis and blindness. 1 boy had neurosensory deafness and the last one had FRA-X syndrome. 9 children suffered from seizures and epilepsy (16%), 15 (26%) children had epileptiform abnormalities without seizures.

Conclusion: The prevalence rates of associated disorders in ASD found in this study are consistent with current reports. The use of standardized scales was the first step to improve diagnostic reliability of additional disorders. Uncertainties regarding classification e. g. comorbid/part of ASD still remain.

O-179 Autism, epilepsy and mental retardation

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Question: Pervasive developmental disorders have an incidence of 0,4% . There is a frequent association with mental retardation, epilepsy as well as externalizing behavioural problems. Patients with these comorbid conditions often show a major impairment in their psychosocial adjustment and treatment requires an interdisciplinary approach. Key issues are differential diagnosis and the coordination between treatment of the epilepsy and the psychiatric syndrome.

We investigate the significance of neuropediatric and psychiatric comorbidity as well as the degree of mental retardation in patients with autism and epilepsy with respect to their psychosocial integration and treatment.

Method: We selected a group of 60 patients with autism and epilepsy out of a sample of 400 children with autism. For all the patients, diagnoses were made according to the multi-axial classification scheme. We recorded the psychiatric syndrome, neuropsychological profiles, the onset and the type of the epilepsy, actual and planned treatment options (psychotherapy, medication and special educational interventions). We compared the two groups of patients (group 1: autism, epilepsy and mental retardation, group 2 autism, epilepsy, without mental retardation) with respect to psychiatric symptoms, treatment and psychosocial adjustment.

Results: Epilepsy was diagnosed in 15% of the main sample. This is in accordance with the current literature. In 80% of these cases, autism and epilepsy were associated with mental retardation. 50% of the patients did not have active speech and language skills, and 60% had a severe degree of mental retardation. There was a clear association between an early begin of the epilepsy (before age three) and the degree of mental retardation. In this subgroup, we found significantly more syndromes such as tuberous sclerosis and ESES.

All patients with comorbid conditions (autism, epilepsy and mental retardation) were severely impaired in their psychosocial adjustment. Most of them had additional psychiatric problems such as self injurious or aggressive behaviours, as well as attention deficits. Therefore, these patients required a complex pharmacological treatment with a combination of antiepileptic drugs, neuroleptic drugs and stimulants. The modified pharmacological sensitivity of children with mental retardation had to be considered.

These patients also needed a comprehensive, multiprofessional psychiatric and educational treatment. 20% of the sample consisted of the people who were in psychiatric inpatient treatment or who lived in special residential settings.

Discussion: Patients with the multiple comorbid conditions such as epilepsy, autism and mental retardation show more neurological and psychiatric problems than patients with autism and epilepsy without mental retardation. These patients show major problems in their psychosocial adjustment. They need a comprehensive treatment approach with an extensive cooperation between child neurology and child psychiatry as a key element.

O-180 Minor physical anomalies in childhood autism

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Department of Child Adolescent Psychiatry of RAZI Hospital

Aim: Polygenic models of autism suggest that vulnerability to autism depends on the effects of several interacting genes, together with non genetic factors. Minor physical anomalies (MPA) are mild defects of morphogenesis of prenatal origin. They are considered to be potential indicator of early neurodevelopmental disturbances. A high incidence of minor physical anomalies in a childhood autistic population has been previously reported by numerous authors.

This study aims to search for the different MPA observed in Tunisian autistic children and to compare the results to their siblings, to mental retardation children, and to normal controls.

Method: It is a case report study conducted in a population of autistic children recruited from the department of child adolescent psychiatry of RAZI hospital. Thirty autistic children will be evaluated. Siblings and healthy controls subjects will be paired according to age and gender. Diagnosis of autistic disorder was retained after examination by a child psychiatrist and using the DSM IV end ADI-R criteria.

All children will be evaluated by:

- Parents questionnaire assessing for pregnancy (drugs, infection medication...); affective, cognitive, and motor development; and personal or family previous history.
 - Non verbal intellectual assessment using the Colour progressive Matrices of Raven.
 - The Minor physical anomalies scale proposed by GOURION et al (2001)
 - The Autism diagnostic interview-Revised for patients
- Statistical evaluation will be performed by SPSS 13.

O-181 Photoanthropometric study of dysmorphic features of the face in children with autism spectrum disorders

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Aim: To estimate dysmorphic features of the face among children with childhood autism and children with Asperger syndrome.

Method: The examination was conducted in 60 children; 30 with childhood autism and 30 with Asperger syndrome. The photoanthropometric method used in this study follows the protocol established by Stengel-Rutkowski et al. Facial parameters were measured from strict frontal and profile photographs. Thirteen indices were developed. Parents were asked additionally to complete the Diagnostic Checklist for Behavior-Disturbed Children. Statistical analysis was conducted with the use of ANOVA Kruskal-Wallis and U Mann Whitney tests, correlation analysis was made using χ^2 test and Spearman index.

Results: The performed statistical analysis showed that in patients with childhood autism the anteriorly rotated ears and the long back of the nose appeared more often. In the group of children with autism there was the correlation between the amount of dysmorphies and the presence of some somatic disorders in their families. The presence of these disorders showed also the connection with the scores in Childhood Autism Rating Scale (CARS).

Conclusion: Anteriorly rotated ears and long back of the nose may be present in a subgroup of individuals with autism and may become useful for early detection. The high rate of dysmorphic features in examined group can also support a prenatal neurodevelopmental model of the autism spectrum disorders.

O-182 Autism spectrum conditions in myotonic dystrophy type 1: a study on 57 individuals with congenital and childhood forms

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Aim: Myotonic dystrophy type 1 (DM1) is an autosomal dominant multisystemic disorder, caused by an expanded CTG repeat in the 3' untranslated region of the myotonic dystrophy protein kinase (DMPK) gene on chromosome 19q13.3. DM1 is characterized by anticipation, i. e. progressive expansion of the repeat size occurring on

transmission, with earlier onset and increasing severity of the disease in successive generations. Autism spectrum conditions (ASC) have been described in association with DM1 in sporadic cases in the literature. In the present study, the aims were to investigate the neuropsychiatric problems in a cohort of children with DM1 and to correlate the molecular findings with the neuropsychiatric symptomatology.

Method: Fifty-seven children and adolescents with DM1 participated in the study. The following instruments were used: Autism Diagnostic Interview-Revised, the Five to Fifteen and the Social Communication Questionnaire.

Results: Forty-nine percent had an autism spectrum condition (ASC) and autistic disorder was the most common diagnosis present in 35%. ASC was significantly correlated with DM1 form; the more severe the form of DM1, the higher the frequency of ASC. The frequency of ASC increased with increasing CTG repeat expansions. No correlations were found between ASC and gender, inheritance or motor function. Eighty-six percent of the patients in this study with DM1 had mental retardation (MR). The prevalence of ASC did not correlate with the degree of MR, although the results show a tendency of trend towards an effect of IQ. In addition, attention deficit hyperactivity disorder and Tourette's disorder were found in some individuals.

Conclusion: ASC and/or other neuropsychiatric disorders were found in 54% of the total DM1 group. Further studies are warranted to elucidate the molecular and structural aetiology causing neurodevelopmental symptoms such as ASC in DM1.

O-183 The pictorial version of the child behavior checklist: increasing detection of behavioral and psychosocial problems among low literacy parents

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Introduction: Throughout the world, members of minority groups face barriers in the healthcare setting that lead to miscommunication and misunderstanding. These communication barriers can be caused by low literacy, lack of language proficiency, and lower levels of education. Communication barriers can cause great difficulty for participation of minorities in research studies that use questionnaires and/or screening tools. The ramifications of these barriers are significant, because they can contribute to substantial gaps in our knowledge about the needs of these groups.

Although available screening tools can use forward and backward translations and cross-cultural adaptations to expand the use of these tools in other countries, these adapted tools still have significant limitations, despite considerable resources expended in the development of these adaptations. This is because populations that participate in these studies are usually from non-minority groups, in which barriers of communication and literacy are not prominent. Consequently, these adapted screening tools cannot be used in those countries among minority groups, where communication barriers prevail.

Several alternatives have been suggested to increase the use of screening tools among non-minority groups; the

best-known alternatives include (1) customization and (2) changes in the collection of information from written to verbal. Both of these alternatives are costly. In this study, we present a different alternative. We propose an adaptation that uses pictorial descriptions added to the original screening tools to improve rates of case detection by increasing the ability of minorities to read, understand, and respond to these screening tools.

Aim: The success of this proposal could benefit minority groups, policy makers, educators, health providers, and researchers by providing the possibility to: (1) adapt other screening tools already validated using pictorials; (2) compare results from pictorial adaptations to results from non-minority groups, in which data was collected using standard screening tools; (3) collect information about the needs of these groups; (4) reduce development costs and time by basing the pictorial screening tool on an original screening tool; and (5) extend cross-cultural usage in different minority groups where low literacy, lack of language proficiency, and low education prevail.

Method: Three Mexican/American community and clinical samples were extracted of a large database including around 5000 thousand cases. The population was comprised of Mexican/Mexican-American parents/caretakers of pediatric patients attending six pediatric outpatient clinics, in a university-based setting in El Paso, Texas, USA border with Mexico. Test-retest reliability and criterion validity of the Child Behavior Checklist and a pictorial version were compared.

Results: The pictorial format proved to be effective and offers an important strategy to adapt screening tools for use with minorities, with the potential to reduce the work, time, and expense associated with the creation of new assessment tools or customization. Further validation is necessary to observe if original data can be used for comparison purposes and to determine whether screening structure (questions) can be preserved by using these adaptations.

O-184 Comparison of Urdu version of strength and difficulties questionnaire (SDQ) and the child behavior checklist (CBCL) amongst school children (5-11 year) in Karachi, Pakistan

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Aim: A comparison of the CBCL with the validated Urdu version of Strength and Difficulties Questionnaire (SDQ) used as "Gold standard" among school children in Karachi, Pakistan.

Method: The Strength and Difficulties Questionnaire (SDQ) and Child Behavior Checklist (CBCL) was completed by parents of 5 - 11 year old primary school children in Karachi (n=556). Appropriate cutoff points for total problem, internalizing and externalizing scales were obtained for CBCL.

Results: Scores from the parent rated total SDQ scores were highly correlated with the total CBCL scores ($r = 0.589$). The local cut off derived for CBCL were considerably lower than USA norms.

Conclusion: The present study shows that like the original English version, the Urdu version of CBCL and SDQ are both equally valid assessment tools to be used for both clinical and research purpose in Pakistani settings.

O-185 Historical and multicultural perspectives on cross-informant agreement

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Aim: One of the most robust findings in child and adolescent psychopathology is the modest agreement among informants' reports of child and adolescent problems. The aim of this study is to review the topic of cross-informant agreement from a historical and multicultural perspective. **Method:** Informants who play similar roles with respect to the child, such as parents, typically manifest better agreement than informants who play different roles, such as parents and teachers. The type of problem addressed and the age and gender of the child also influence levels of cross-informant agreement. Agreement may also vary across different societies. This study will first provide a historical overview of issues related to cross-informant agreement. Previous findings with respect to the effects of informant type, problem type, child's age and gender, and society will be summarized. The various ways in which cross-informant agreement can be measured will also be addressed. The study will then present findings from a large multicultural study of cross-informant agreement on child and adolescent behavioral/emotional problems in more than 20 societies. Data were obtained from general population samples using the Child Behavior Checklist (CBCL), the Teacher's Report Form (TRF), and the Youth Self-Report (YSR), components of the Achenbach System of Empirically Based Assessment (ASEBA). Several different approaches were used to test agreement among parents, teachers, and adolescents, including correlating scale scores, correlating item scores, comparing mean scale scores, and cross-tabulating deviance status.

Results: Highlights of findings will be presented, with a focus on effects of problem type, age, gender, and society on agreement between different kinds of informants (e. g., parents and teachers, parents and adolescents).

Conclusion: The study will end with the discussion of the implications of cross-informant findings for advancing research and practice in child and adolescent psychopathology.

O-186 Discrepancies between informants on behavioral syndromes in relation to mother's nationality, father's education, and children's personality traits and psychopathology

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Aim: To examine whether discrepancies between parent's-, teacher's- and self-reports on behavioral problems are specifically in relation to selected sociodemographic variables, personality traits, or psychopathology.

Method: A total number of 436 grade 1 to 6 children of immigrant mothers from 24 primary schools randomly selected from 3 counties in central Taiwan was compared with their classmates (n = 665) of indigenous mothers in

terms of Internalizing and Externalizing syndromes. One parent and homeroom teacher of each selected children filled out the Child Behavior Checklist and Teacher's Report Form, respectively. The Youth Self-Report was administered only by 5th and 6th graders. Children's personality was assessed by the Juvenile Eysenck Personality Questionnaire which comprises neuroticism, extraversion, and psychoticism traits. Psychopathology of children was assessed by the Center for Epidemiologic Studies Depression Scale. The associations of discrepancies of behavioral problems between informants with mother's nationality, father's education, personality traits, and psychopathology were evaluated by multiple linear regression models.

Results: After controlling for potential factors, the discrepancy between parent's and teacher's reports was associated with psychoticism both for Internalizing and Externalizing syndromes. Parent-child discrepancy on Internalizing was related to extraversion, psychoticism, and psychopathology; whereas for Externalizing, the discrepancy also associated with neuroticism. Teacher-child discrepancy on Internalizing was associated with neuroticism, extraversion, and psychopathology; and discrepancy on Externalizing was related to an additional factor of psychoticism.

Conclusion: Discrepancies between different informants on behavioral syndromes are associated with children's specific personality traits or psychopathology. Parents' characteristics appear to have no effects on the discrepancies between informants.

O-187 Reliability and validity of ADHD diagnostic scale-parent version in Chinese urban children

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Aim: To test the reliability and validity of the ADHD Diagnostic Scale-Parent Version (ADHDDS-P) in Chinese urban children.

Method: A sample of students (n=1616) participated in this study. Parents of subjects (777 males and 839 females) from 12 cities of China with the mean age 11.10±2.80 of completed the Scale.

Results: Males scored higher on two subscale and total score than females. Hyperactivity-Impulsivity subscale and total score are rated higher for young age groups than older age groups. The test-retest reliability of total score were 0.70, the Cronbach alphas were 0.91, the correlations between each item score and total score were in 0.61 ~ 0.71. Significant correlations are found between the total scores of ADHDDS-P and attention problems ($r=0.71$) and externalizing subscale ($r=0.65$) of Achenbach's CBCL (1991) and Hyperactivity index ($r=0.75$) of Conners'Parent Rating Scale (CRS). Discriminant validity is evidenced by the ADHDDS-P ability to differentiate subjects with and without ADHD. The scale demonstrates excellent sensitivity (0.92) and specificity (0.90). Using an Confirmatory factor analysis approach (Liner structural equation modeling), three factors were extracted. Factor I (inattention) included also nine DSM-IV symptoms of inattention with loadings > or =0.40, Factor II (hyperactivity) comprised first 5 DSM-IV symptoms (item 2,4,6,8,10); Factor III (impulsivity) symptoms comprised last 4 DSM-IV symptoms (item 12,14,16,18).

Conclusion: The ADHDDS-P scores different with age and gender. ADHDDS-P was found to have good psychometrics properties, with adequate reliability and validity.

O-188 Mental health of refugee children and adolescents in Northern Finland

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Aim: To study refugee children's and adolescents' mental health

Method: Behavioural and emotional symptoms of 54 refugee children and adolescents (36 boys,18 girls), aged 7-17 years, were compared with their classmates, aged 7-16 years, by their parents using Child Behaviour Checklist (CBCL), by their teachers using Teacher Report Form (TRF) and by their classmates using Peer Nomination Test (PNT), within two years after moving to Finland. CBCL was inquired and replied by the parents' native language, in eleven different languages.

Results: Adaptation and learning difficulties, and internalizing symptoms were more common among refugee children and adolescents when compared with the native population of same age. The extent of externalizing symptoms were rather equal in refugee and native children, but in adolescence the refugees showed less disruptive behaviours than their native controls.

Conclusion: As refugees to Finland also have to learn a new language, Finnish, the adaptation and learning difficulties are easily manifested during the first few years after migration. Also internalizing symptoms may reflect the consequences of a major life change and possibly feelings of loneliness and being different from the others. The better behaviour of migrant adolescents might reflect the cultural difference, as they often come from countries which do not accept the "Western adolescent rebellion", but also difficulty to join the Finnish youth groups may protect them from unwanted behaviours.

O-189 Externalizing problems in host and immigrant children and adolescents: the association with moral disengagement and parenting style

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Aim: To explore if there are ethnic and age group differences a) in level of self-reported moral disengagement and rejecting parenting styles b) in the association between moral disengagement and parenting style, and c) in the way these factors are related to conduct problems in school settings. Research finding have shown that tendencies to disengage the self-regulatory mechanisms governing moral behavior, and rejecting parenting styles both are important factors involved in developmental trajectories that may result in conduct problems (Bandurea et al.,1996; Barber et al.,2005). In spite of research evidence demonstrating that risks and resources are differently associated with psychiatric problems in different ethnic groups, few efforts have been made to investigate moral disengagement and dysfunctional parenting in children with different national origins.

Method: The study is based on data from the first wave of a longitudinal study of development of psychiatric problems in children with different ethnic origins, The Youth, Culture and Competences study. 1400 elementary school and 700 high school students responded to questionnaires during school classes.

Results: Preliminary analyses indicate that there are differences in the associations between moral disengagement, parent - child interaction, and conduct problems as a function of age and ethnicity.

Conclusion: The findings may give direction for efforts of future research to better understand potential heterogeneity in developmental trajectories of moral disengagement from preadolescence and throughout the adolescent years, and in how these different trajectories contribute to development of conduct problems.

O-190 Maternal socialization goals for preschool-aged children in cultural context

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Aim: This presentation will focus on the cultural and socio-economic differences in Turkish and Euro-American mothers' socialization goals for their pre-school aged children.

Method: 36 mothers from each country were interviewed about the qualities they would like their child to develop. Harwood's (1992) categorization system was used to code mothers' responses to open-ended questions into 5 categories of socialization goals.

Results: Euro-American mothers were found to have a dual focus in emphasizing the development of independence and autonomy in their children while maintaining interpersonal connectedness. Turkish mothers, on the other hand, stressed the hierarchical aspect of relationships, and the importance of the family. Socio-economic status was also found to be a significant factor. Development of independence and autonomy was endorsed to a greater degree by mothers from higher socio-economic backgrounds, while parents with lower educational and occupational levels emphasized proper demeanor.

Conclusion: Both autonomy and relatedness emerge as important child rearing values in the US and Turkey. However, cultural differences are seen in how autonomy and independence are understood in relation to connectedness to others and to one's community. The significance of these value compositions in shaping parent-child relationships will be discussed.

O-191 Severe physical punishment: risk for mental health problems in urban poor Brazilian children

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Aim: To determine the prevalence of child psychopathology in a disadvantaged community from a developing country

and to examine whether severe physical punishment functions as a correlate in the presence of other important known risk factors.

Method: We conducted a cross-sectional study as the Brazilian component of a multi-country survey. In a probabilistic sample of clusters including all eligible households (women aged 15-49 years, son/daughter <18 years), we randomly selected one mother-child pair per household (n=813; attrition=17.6%). The present study is focused on children aged 6-17 years (n=478). The Child Behavior Checklist identified child emotional/behavioral problems as the study outcome (total problem scale T-scores in the clinical range). Child severe physical punishment was defined as hit with an object such as a stick/broom/cane/belt, kick, choke, smother, burn/scald/brand, beat, or threaten with weapon. We examined other potential correlates from four domains: Child (gender, age, ever witnessing marital violence); Mother (education, unemployment, mental health, marital violence); Father (absence, unemployment, drunkenness); and Family (socioeconomic status). The Self-Report Questionnaire identified maternal anxiety/depression (score >7). Severe marital violence defined as kick, hit, beat or use/threaten to use weapon.

Results: Outcome prevalence was 21.8%. Hierarchical logistic regression analysis showed that severe physical punishment remained significantly associated with the outcome in the presence of other independent correlates: mother being a victim of severe marital violence, maternal anxiety/depression and father drunkenness.

Conclusion: Child severe physical punishment is an additional correlate of child psychopathology in the presence of family stressors that encompass marital violence and parental mental health problems.

O-192 Efficacy of promotive intervention in parenting of lesser privileged preschoolers

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Aim: The study aimed to establish the efficacy of promotive intervention in parenting of lesser privileged preschoolers.

Method: The sample comprised of 60 preschoolers aged between four and six years and their mothers. Children attending kindergarten in Government run/ aided schools were recruited into the study based on the inclusion and exclusion criteria. Maternal report of child behaviour problems on Preschool Behaviour Checklist and Screening tool for home environment and psychosocial development were used to screen out children with behaviour problems above the cut-off and screen in lesser privileged families. Mother Child dyads were then allotted to the intervention and control groups alternately. Socio demographic details, developmental history, maternal perception of child attachment and temperament, maternal attachment style and three chief maternal concerns regarding child were obtained using a semi structured interview schedule. Maternal mental health and the psychosocial risks were documented. Mothers completed the Parenting Practices Questionnaire and the Disciplining Style Interview. Teacher's rated the children on the Preschool Social Behaviour Questionnaire. Children's free play was observed by the researcher using Ladd's free play

observation schedule. Childrens' developmental quotient based on Picture Vocabulary Test and Gesell's Drawing Test; Preacademic skills as assessed by Brigance Diagnostic Inventory of Basic Skills and Attachment Style as assessed by New MacArthur Emotion Story Stems were measured at baseline.

Three weekly sessions of intervention focusing on promotion of mental health, positive parenting, shaping positive behaviour, positive communication, prosocial behaviour and preacademic skills were conducted with mothers at home.

Mothers in the control group were given one brief session of intervention focusing on promotion of well being highlighting positive parenting, positive communication, shaping positive behaviour and prosocial behaviour. Post intervention assessment was conducted one month after the intervention and follow up after six months. At post intervention a set of 12 questions were used with the mothers of the intervention group to obtain qualitative data. Quantitative and qualitative methods of analysis of data were used.

Results: Promotive intervention was efficacious in increasing positive dimensions of authoritativeness in parenting and induction in disciplining in the intervention group. It also reduced permissiveness in parenting. Child behaviour problems as rated by the mother had significantly reduced both at post intervention assessment and at follow up in the intervention group. Results of the qualitative analysis support these findings. Majority of the mothers have found the intervention useful and have observed positive changes in their children and in their relationship with their children.

Conclusion: Promotive intervention has been efficacious in enhancing parenting of lesser privileged preschoolers. This has implications for preschool welfare programs in India.

O-193 Hyphenating borders: negotiating a Muslim American identity

Selçuk Şirin

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Aim: Life in the United States (U. S.) has never been smooth for Muslims, but since the attacks of 9/11 and the subsequent "war on terror," growing up Muslim in the US has become a far more challenging task for adolescents. Learning to navigate through surveillance and increased discrimination is a challenge for everyone, but for young immigrants, this challenge holds particular developmental difficulties. What happens to the identity formation and psychological well-being of young people whose social group is prominently associated with terrorism? What are the developmental implications of growing up at a time when most of what you see about your social group is negative?

Method: These are the questions I will address in my presentation based on findings from a series of empirical studies conducted with 72 adolescents (ages 11-18) and 135 emerging adults (18-25). Using mixed methods of surveys, focus groups, interviews, and identity maps, I will organize the findings from these studies in three sections: a) Testing the "compatibility" hypothesis, b) Implications of surveillance and perceived discrimination for psychological well-being of immigrant Muslim youth, and c) Coping with fear and discrimination.

Results: By presenting a new methodological and conceptual framework, I hope to facilitate a new dialogue about both the vitality and the variability of research on Muslim youth in the West.

O-194 Practicing bicultural psychology in a mainstream child and adolescent mental health service

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"Te kuaha ki te ao Māori". Walking through the door into the Māori world view is a key part of practicing bicultural psychology. Recognising the impact of a client's cultural beliefs and values on their clinical presentation is an integral part of practising in a New Zealand mental health service, as is ensuring both the integrity of clinical practice and the integrity of the Māori world view.

Mason Durie's (1998) Te Whare Tapa Whā (house of four walls) model of health provides a practical and effective framework when working with children, youth, and their families taking into account the need for a holistic approach to health and well-being. By addressing hinengaro (mental and emotional) well-being, tinana (physical) well-being, wairua (spiritual) well-being, and the well-being of whānau (family), ensures a better outcome for the child or young person.

An essential aspect of clinical practice for a psychologist is the development of rapport and ensuring a respectful relationship with the client and his/her family. When working with Māori families, tikanga Māori practices, such as karakia (prayer), use of te reo (Māori language), waiata (song), and whanaugatanga (family connections), can be a way of ensuring that the clinical environment is both safe and respected.

This presentation will address the ways in which cultural identity and cultural needs are recognised and addressed in a mainstream child and adolescent mental health service in Waikato, Aotearoa/New Zealand.

O-195 Study of ethnicity and psychological distress amongst adolescents

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Introduction: Ethnicity and migration are important influences on adjustment and psychopathology. Previous studies have investigated a narrow range of varied range of risk and protective factors associated with migration.

Aim: To identify the prevalence of risk for depression and post traumatic stress disorder in a sample of adolescents from varied ethnic groups. To identify risk and protective factors related to migration, and salient social, cultural and family processes.

Method: A cross-sectional survey, using t self-report questionnaire instruments. Sample consisted of 362 pupils, aged 14 -18 years old, from an inner city London Secondary School. The outcome measures for psychological distress were: the Birlerson Depression Scale and the Impact of Event Scale for posttraumatic stress symptoms. Risk

factors with: family activity device, and Harvard Trauma Scale.

Results: The prevalence of risk for depression was 14.4% . The main risk factors were gender (females being 5 times at higher risk for depression) and coming from a distressed family. Ethnic density was a protective factor whereas no differences were found for risk of depression across ethnic groups. High risk of posttraumatic stress disorder occurred in 27% . The number of traumatic events experienced was the only significant risk factor for PTS symptoms.

Discussion: The risk for depression is not directly related with ethnicity but to social, cultural and family factors. We found a high level of past violence exposure in an inner city population. Against our expectations highrate risk PTSD occurred in refugees & non –refugees.

O-196 Predictors of first sexual intercourse among adolescents in Cape Town, South Africa

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Aim: Early coital debut has been shown to be a risk factor for HIV and delay of sexual debut has been advocated as an important HIV/AIDS prevention strategy. In this paper we use a social cognition theoretical framework to attempt to understand the influences on adolescents' transition to first intercourse.

Method: The analyses reported here were based on a longitudinal study of 2360 students in the schools allocated to the control arm of a cluster randomised controlled trial to investigate the effect of a school-based HIV prevention programme among Grade 8 students in Cape Town. Structural equation modeling was performed with Mplus.

Results: Of the 1440 students who were virgins at baseline, 1144 remained virgins 15 months later and 296 (20.6%) reported having had their first intercourse (vaginal or anal). Transition to first sexual intercourse was more likely among males than females, among older students, and among students with a lower socioeconomic status. Transition to first sexual intercourse was significantly associated intentions to have sexual intercourse, and with low self-efficacy with regard to negotiating delayed sex. The boys and girls in physically violent relationships were more likely to make the transition.

Discussion: Our findings underscore the importance of interventions to increase adolescents' self-efficacy, reduce physical and sexual violence in adolescent sexual relationships, and encourage adolescents to have strong aspirations for the future. Interventions focusing on broader structural and environmental factors such as poverty are also important, because adolescents' choices about sexual behaviours are influenced by these conditions.

O-197 In double jeopardy: being foreigner and adolescent. The profile of immigrant adolescents living in Greece

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Introduction: In the last 15 years Europe's population is becoming more mobile due to financial, social and political reasons. Greece became the recipient of a large wave of immigrants who are hoping for a better future and trying to integrate into the local community. This population has its own particular aspirations, cultural backgrounds and problems. Their smooth social integration depends on a number of factors, which influence their interaction with the natives. Currently, a great number of immigrant children live in Greece and deal with everyday life problems, in addition to the difficulties originating from their different cultural background, more or less successfully. Adolescence, as the transitional period of identity-formation for the developing child, adds an extra burden to the adolescent immigrant.

Aim: Aim of the present study was to investigate the specific nature of the obstacles, which the adolescent immigrant children face during their effort for psychosocial integration in a major urban area (Athens). We focused on their adjustment-difficulties in relation to their parents' reactions, their possible psychopathology, their desire to stay in Greece, their feelings and thoughts about being foreigners (xenos) and the major differences between their cultural background and the Greek culture.

Method: 30 adolescents were interviewed through semi-structured interviews and questionnaires (Acculturation Scale (Berry), Multi-Cultural Ideology Scales (MCI-R), Youth Self Report (Achenbach), Self-Perception Profile for Adolescents (Harter)) by mental health professionals.

Results: Our data outline the complex profile of adolescent immigrant children living in Athens. These findings indicate the special needs of immigrant adolescents in our country and identify major issues for future research and therapeutic efforts.

O-198 Do traditional western concepts fit for Pakistani population?

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Child psychiatry is a relatively new field of medicine in Pakistan. Scarcity of professionals is evident from the fact that there are only 4 child psychiatrists in a country of about 169 million. While this daunting statistic speaks for itself, other pivotal infrastructure demands are equally concerning.

Perhaps, the most important question still remains whether the traditional western concepts in psychiatry are applicable and appropriate for the Pakistani population or Pakistani families residing elsewhere in the world.

The Pakistani culture is unique because it is an amalgamation of Muslim, Hindu, British and Middle Eastern influences. Accordingly, these influences shape the responses to both pharmacological and psychotherapeutic interventions.

A person raised in the typical Pakistani family would hold a gender-role based belief system and the family system is patriarchally structured.

Finally, religion plays a major role in the culture and shapes beliefs about religiously acceptable medical interventions. Due to the cultural influences on development, emotions, family, and gender roles, western concepts such as autonomy, individuation, and valuing subjective experiences may not be completely compatible with Pakistani youth and families. Thus, some heretofore universally held western concepts may need to be modified so they may be assimilated into the Pakistani culture and cultural schemata. This presentation will discuss the way cultural influences shape developmental issues, gender roles, family functioning as well as beliefs about medication, psychiatric illness, and psychotherapy. Further, culturally appropriate recommendations for professionals entrusted with the care of Pakistani youth and families will be offered.

O-199 Treating children from ultra Orthodox families

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A Public Mental Health Clinic for children is caring for a mixed population with a majority of ultra orthodox (UO) Jewish families. The life of an UO person is totally dominated by a UO rabbinical authority: it does not only mean consulting the rabbi for religious matters but also for any important decision, like applying for a medical consultation. The UO way of life is all encompassing: the families are tightly closed by the community, children have to study in the schools of the community, there is wide distrust towards the secular environment of which the psychotherapist is the embodiment. Beyond these structural differences, the UO abide by a system of values which sometimes clashes directly with common western values like self-fulfillment, rights of the individual, sexual liberty etc. The Clinic staff includes secular and religious but no ultra orthodox therapists. Every treatment of UO patients involves a process of adaptation to their special requirements: avoiding blunt language, dressing modestly, care in choice of toys and books. Even when treating children, having a therapist from the opposite gender might be an issue. The presentation will address issues pertinent to children's therapy and parents counseling: how to deal with the centrality of torah-study, with sexual conflicts, how to regulate relationships with the State authority in cases of abuse. The therapist himself is also exposed to some risks: stigmatizing of the group, difficulty of feeling empathy with their problems, feeling manipulated by their special needs. We will also stress the changes relevant to clinical practice, which occurred in this group during the last ten years: significant increase in the use of the Clinic's services and in the same time, slow but steady building of independent services with UO counselors.

O-200 Partnership with a faith-based organization to provide mental health care to children in a correctional facility in Nigeria: opportunities and conflicts

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Introduction: Faith-based organisations are numerous in Nigeria. Health providers and religious groups may need to partner to provide scarce mental health care for children and especially those in marginalised circumstances.

Aim: This study identifies conflicts and opportunities in providing a child mental health service to a correctional facility for children through a health provider and faith-based partnership.

Method: The terms of the health provider/faith-based partnership, problems encountered and opportunities identified over a one year period are reported. The mental health needs of the children are also identified.

Results: A faith-based organisation started an outreach to attend to the spiritual needs of children in an institution for young offenders and abandoned children in Southwest Nigeria. A group of child mental health professionals aware of the urgent mental health needs of the children requested a partnership. Opportunities include the ongoing provision of funds for a mental health outreach while conflicts include differences in views on the management of children with epilepsy, psychotic symptoms and depression. A total of 57 children were assessed over a one year period. Abandoned children are more likely to have learning disability, psychotic illness or seizure disorders. "Out of control" children had symptoms of conduct disorder and those who 'were brought to a place of safety' had suffered different forms of abuse.

Conclusion: This health provider/faith based partnership has survived a year. In a resource poor setting like Nigeria, other child health providers may want to explore other forms of partnerships.

O-201 Impact of a skill-based mental health program on prevention of behavior problems on elementary schoolchildren in China

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Aim: To evaluate the effects of a skill-based mental health program on childhood problem behaviors of forth-grade elementary students in China.

Method: Seventy regular classes (n=2445) in 21 elementary schools were randomized into intervention group (n=1220) and control group (n=1225). A 15-session competence promotion program was offered to intervention group during two semesters, including self awareness, empathy building, decision making, refusal and resistance, anxiety management, interpersonal communication, problem-solving skills and assertiveness and so on. The Rutter Scales for completion by parents and teachers at baseline

and on completion were used to assess the child's problem behaviors at home and at school.

Results: Significantly fewer problem behaviors were seen in the intervention group than in the control group on completion. Parental report: at baseline, the intervention and control groups were comparable in terms of frequency of behavior problems (14.3% and 15.6% , $P = 0.359$). On completion, the frequency of behavior problems in intervention group (9.6%) was significantly lower than that in control group (12.4%) ($P = 0.019$). Teachers' report: at baseline, the intervention and control groups were comparable in terms of frequency of behavior problems (9.4% and 10.4% , $P = 0.416$); on completion, the frequency of behavior problems in intervention group (6.4%) was significantly lower than that in control group (9.2%) ($P = 0.007$).

Conclusion: The skill-based mental health program is an effective strategy for preventing home and school behavior problems on Chinese elementary school-aged children.

O-202 Children witnessing sacrificial killing of an animal during the festival of sacrifice: a preventive action-research study

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Aim: Every year most Muslims around the world celebrate a religious holiday, called Eid al-Adha (Arabic), Kurban Bayramı (Turkish) or Festival of Sacrifice (English), where the central theme is the sacrificial killing of a lamb or another animal. During the festival, children often witness the sacrificial killing. It is well-known that young children have difficulty understanding death and there might be negative psychological consequences of exposure to the killing of an animal, particularly at younger ages. Scientists, however, have paid no attention to this large-scale exposure. This paper outlines an action-research study in Turkey that focused on the issue in 2005 and 2006.

Method: Narratives were collected from college students regarding childhood experiences during the Festival of Sacrifice. The narratives confirmed the expectation about negative psychological consequences of exposure (e. g., aversion to meat, long-standing difficulties with the festival) and insensitivity to children's needs. Next, newspaper archives were examined: There was no coverage of possible psychological consequences of sacrificial killing for children. A press release outlining the difficulties children have understanding death, describing possible psychological consequences of exposure, and including guidelines to follow in order to protect children was prepared and widely distributed.

Results: Following the press release, there was an increase in the press coverage regarding how to treat children during the Festival of Sacrifice. A similar press release was prepared and distributed widely in 2006. The press release received more news coverage and there was further increase in the press coverage of the issue.

Conclusion: There is a clear need for preventive work that is responsive to the needs of children in a cultural context in line with children's rights.

O-203 Multiple media addiction - nosological and classificational approaches

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Introduction: The Internet, modern electronic media and online gambling have changed adolescent socialisation in the last decade. Although some researchers still do not see this social and technological problem as an aspect of multiple media addiction (MMA), there is a need for clinical useful classification and diagnostic criteria.

Method: Research on published classification systems such as ICD-10, DSM-IV, on medical and psychological databases and single publications on the topic from 2000-2007.

Results: There is no consistent possibility to diagnose or classify a distinctive subgroup of patients with severe dependency problems concerning the electronic media. DSM-IV and ICD-10 provide the well known categories of impulse control disorders, gambling or dissocial behaviour only covering a part of the individual problems. There is only one useful published classification not researched upon yet considering multiple media addiction.

Conclusion: With the increasing impact of electronic media even on children, there is a need of specialised developmental oriented classification systems to distinguish clearly between phasic behaviour patterns in adolescents and different severe disease processes maybe summarized as multiple media addiction (MMA).

O-204 Internet SSE among Turkish adolescent

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Aim: The aim of this study is to investigate the internet use habits and problematic internet use (PIU) in Turkish adolescents. Participants were 3975 undergraduate students.

Method: Online Cognition Scale (OCS) was used. Additionally, demographic data and internet use characteristics was collected by a questionnaire prepared by authors.

Results: 7.6% of participants used internet more than 12 hours in a week. The mostly common using aim was "playing games" and second was "general information search". While female users mostly prefer "general information search", male users prefer "playing game" ($p < 0.001$). Mostly preferred game was "violent games". While "strategy" and "fantastic role play (FRP)" increased with age, other games decreased ($p < 0.0001$). The participants who use internet with the purpose of "general information search" and "search related to school" had lower OCS scores ($p < 0.0001$). Males OCS scores was higher than girls ($p < 0.0001$). The highest OCS scores were related to "violent games" followed by "FRP", "strategy" and "sports and motor racing" games. 33.8% of the participants reported that they find friends by internet (30.4% of female and 44.8% of male; $p < 0.0001$). 72.5% of participants go to internet cafes in different frequency. Mostly, boys go to internet café ($p < 0.0001$) and when frequency of "going to

the internet café” increased, OCS scores also increased ($p < 0.0001$).

Conclusion: Computer and internet are unquestioning useful and important inventions. But, like the other inventions of the new age, if it isn't used properly, it may be harmful. Current questions are like this; who, where, when, why should use internet and computer.

O-205 Behavioral correlates of television viewing in early adolescents evaluated by the Child Behavior Check List

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Introduction: Television (TV) viewing has been associated with many psychosocial adverse effects. Five years ago we have evaluated the effects of TV viewing on behavior of primary school children using Child Behavior Checklist (CBCL). TV viewing for more than two hours was significantly correlated to age, gender, social subscale and attention subscale of CBCL.

Aim & Material: In this study the students of the same two former schools -from two different socioeconomic level- at 7-8 grades were reevaluated by CBCL as well as a questionnaire about TV viewing.

Results: In this second study only 35% of the original cohort could be reached due to high mobility. So the results were evaluated as a separate study conducted only at the same environment five years after the first. A total of 581 students participated to the study (332 female, 249 male; 331 low socioeconomic level, 250 high socioeconomic level school). The mean duration of TV viewing was found to be 2.05 ± 1.35 hr/day. Binary logistic regression analysis revealed that only having a TV in the bedroom (OR: 2.04, 95% CI: 1.26-3.30, $p = 0.004$) and social problem subscale (OR: 1.19, 95% CI: 1.01-1.35, $p = 0.035$) of CBCL was significantly related to TV viewing for more than 2 hours per day.

Conclusion: Low social scale scores in primary school may be a preliminary alert for high social problem scores during early adolescence related to TV viewing for more than 2 hours. During early adolescent years having a TV set in the bedroom is also an important risk factor for TV viewing for more than 2 hours.

O-206 The effects of video games on children and adolescents: what we need to know

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Video games are a dominant leisure pursuit among the pediatric community.

Several studies have discussed the possible adverse effects of video game use among children and adolescents, including seizures, overweight and obesity, and an increase in violent behaviors or insensitivity (emotional desensitization toward real-life violence). Despite the lack

of evidence to show a possible cause-effect, it is undeniable that video games offer unrestricted content to children and adolescents who might not be mature enough for this type of exposure.

The Entertainment Software Rating Board specifies game ratings for children ages 10 and older, including those games that contain mild violence, mild language and/or minimally suggestive themes. Teen titles, rated T, for ages 13 and older might contain violence, suggestive themes, crude humor, minimal blood, simulated gambling, and/or infrequent use of strong language. For adolescents older than 17, the video games might include intense violence, blood and gore, sexual content, and/or strong language. Although, this information is known and, by law, needs to be labeled in video games, to our knowledge there are no studies that indicate how much and what type of exposure is offered in a short period of time.

In this study, we categorized the occurrence of profanity, use of drugs, middle-to-extreme violence, sexual activity, violation to civil rights and injustice in six popular games after 30 minutes of novice use. The results indicate that violent acts, which included a large number of insults using profane language, killings with different types of weapons (guns, knives, running over people with motorcycles or automobiles, etc.), and dismemberment of the body involving little or abundant flow of blood, occur with great frequency in these video games. Among the sexual themes and activity, we found prostitution, sexual activity with and without a measurement of the intensity of the sexual acts, and with or without the use of drugs. Finally, we found acts of injustice and flagrant violation of civil rights and abuse to both women and children. In only 30 minutes of use, and as a novice, the user had access to this exposure with few variations among the games.

Studies like this are needed to learn about the type of exposure that children and adolescents get from these video games and to discuss the content independently of evidence that the content has or does not have a significant adverse effect.

O-207 The psychosocial problems of children affected by the armed conflict in Yemen

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Aim: The study was designed to determine the level of conflict-related traumatic experiences suffered by children and adolescents of these communities, to assess levels of psychosocial and mental health problems and identify high risk subgroups in the population and to identify patterns of resilience and resources drawn on by communities.

Method: Qualitative and Quantitative methods were used. The sample of the survey was randomly selected from affected districts, semistructured interviews had been conducted with children and their families during the first two weeks of September 2007.

Results: 92.4% of the total sample of children and adolescents report having exposed to armed conflict experiences. In addition, children and adolescents in both settings showed that one third were exposed to severe traumatic events (8-22), nearly one-third were exposed moderately (5-7) and more than one-third were exposed mildly (0-4) to war traumatic experiences.

53.2% of the total sample ranked high on major depressive symptoms (45.1% according to the Strengths and Difficulties Questionnaire), 49.2% on PTSD symptoms (42% according to the threshold criteria of Impact of Event Scale), 32.5% on behavioral problems and 36.1% on anger symptoms index. These findings revealed that Saada population has extraordinarily high levels of depression and PTSD symptoms, ranking with traumatized populations in high post conflict areas such as Cambodia (48%), Rwanda (50%), Central America (52%), Nepal (53%), Palestine (54%), or Bosnia (61%). A very high rate of PTSD has previously been reported in post conflict populations such as Kuwait (70%), Sri Lanka (81%) and Iraq (78-88%).

Conclusion: Results of this survey have been showing higher rate of Depressive symptoms, PTSD reactions and behavioral problems among Yemeni children and adolescents after armed conflict. Trans-cultural points were discussed and recommendations were formulated.

O-208 Adolescents and wars: how to heal injuries?

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The different methods currently suggested to heal people with posttraumatic stress disorder commonly consist in dealing with traumatic events and the way people have coped with its. Today, the limits of these methods are strongly debated by professionals involved in these disorders. This approach has shown poor results in case of repetitive traumatic events such as war contexts where daily reality becomes progressively distorted. Adolescents are particularly affected by distortions of their family, social and symbolic world and fit their maturation on this so specific life experience. This is why it is impossible to base a therapeutic approach on the traumatic experience concept only. Taking into account spontaneous measures undertaken by teenagers to gear to this kind of context and thinking of their possible use for therapeutic goals seems to be more relevant. This communication focuses on some of these adaptations, such as idealization, and is based on humanitarian missions observations of young people living in war contexts, in particular in Palestinian Territories and in Sierra Leone. The importance of the idealization process, based on specific collective patterns, will be discussed. These patterns reflect the defences used by the whole social group and the new collective ideals which emerge in such extreme situations: heroes, martyrs, traitors, pacifists ... Psychological elaboration around these ideal figures with adolescents and their parents allows using the life instincts which appear through collective efforts for cohesion and positive individual projects.

O-209 The effects of chronic war trauma in the Gaza Strip

Mohamed Altawil

Aim: This recent study aimed to explore the long-term effects of war and occupation on the Palestinian children in the Gaza Strip during Intifada II (2000-2006).

Method: In our sample, 1,137 children aged between 10 and 18 years were randomly selected from all parts of the Gaza

Strip to participate in the study. The participants completed a Checklist of Traumatic Experiences (CTE), a Symptoms of Post Traumatic Stress Disorder Scale (SPTSDS) and Personality Assessment Questionnaire (PAQ).

Results: This research found that every child in Palestine had been exposed to at least three traumatic events. Importantly, it found that 41% of children suffered from Post Traumatic Stress Disorders (PTSD). Of the 41% of children with PTSD, the levels of symptoms were as follows: 20% (57,606) children suffered from an acute level of PTSD, 22% (67,531) suffered from moderate levels of PTSD, and 58% (180,058) suffered from low levels of PTSD.

In addition, our current study revealed that the support of family, friends, relatives, teachers, and spiritual leaders can be of great help. However, children whose parents had low educational levels received less support and therefore suffered more often than others from PTSD. Governmental and NGO institutions can also help to mitigate the effects of the difficult living conditions and chronic trauma suffered by the Palestinian children. In addition to this, positive traits of personality can reduce the effects of post-traumatic disorders.

Conclusion: We concluded that having a normal childhood in Palestine is unlikely in the current circumstances and the psychological well-being future of Palestinian children is at risk of being compromised by on-going traumatic experiences.

O-210 While adults battle, children suffer: future problems for Iraq

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Iraqi children and adolescents form more than 55% of the Iraqi population (29 million people). Over the last two decades they have experienced high levels of psychological trauma, such as loss of parents due to imprisonment or death, dislocation of families, exposure to violence and conflict, and the witnessing of scenes of carnage; many have suffered religious and political persecution, detention and torture.

Since 2003, rates of direct physical harm and abuse have been high. There is no hard data on child deaths, though Burnham et al. record 26 of the 300 violent deaths in their survey as being children under the age of 14. There is concern about an increase in physical violence against children within families. Children have been arrested and detained by the MNF and by the IFS.

An estimated four million Iraqis—nearly 15% of the total population—have fled their homes, 50% of whom are children.. Amongst those fleeing are doctors, nurses and teachers—a devastating brain-drain that is leaving many Iraqi children without access to quality education and basic health care. The impact of all this on the mental health of children and adolescents must be great. A study in Baghdad in 2006 showed that 47% of children reported exposure to a major traumatic event during the previous two years; 14% suffered post-traumatic stress disorder (PTSD). In a second study in Mosul, 30% of adolescents had symptoms of PTSD. Other studies have shown that up to 50% of Iraqi children have behavioural problems.

The response to these problems has to take into account the high levels of threat, the different developmental stages of the affected children and the diverse and different cultural values, and requires ongoing debate and development. The mental health services, along with other health services, have collapsed, and while security is a crucial consideration, there has been great concern expressed about the failure of promised resources to materialize and the misuse of resources once in Iraq. Prevention is an essential medical approach. The protection of the innocents in war has been a key theme of the Geneva Conventions and, along with the UN Convention on the Rights of the Child, provides a legal framework by which child protection can be addressed by state signatories. The situation in Iraq is an example of the dreadful human cost of war. If wars cannot be prevented then realistic resources need to be made available for post conflict reconstruction, the laws protecting children need to be strengthened and applied, and the management of the mental health aspects of suffering need to be further developed. Whilst human resilience is an important notion, it is also important to consider the damaging impacts of war not only for the people caught up in it, but for the region and for humanity itself.

O-211 Attention to patients of post traumatic stress disorder and depression victims of ethnic violence in the genocide of 1994, Rwanda, Africa.

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Aim: Show the obtained results of the psychiatric intervention in attention of POST-TRAUMATIC STRESS DISORDER in teenagers and youngsters victims of ethnic violence and atrocities in a context of genocide in Rwanda occurred in 1994 in a universal group of 54 persons.

Method: The retrospective study was obtained in a representative model of 54 teenagers and youngsters from 14 to 24 years old, doing it by semi structured psychiatric interview and a scale for Post Traumatic Stress Disorder (Robert E. Hales. Stuart C. Yudofsky) and Depression in accordance of the Diagnostic Criteria of DSM IV. This model group was intervened with medical therapy in a basis of SSRI's Selective Serotonine Reuptakes Inhibitors with monotherapy of Fluoxetine, and intervened too, with Cognitive Behavioral Therapy and Family Substitution Therapy, in a period of 20 months.

Results: The results of the intervention therapeutic model in the psychiatric, medical and psychological areas show us how the total of persons that have received the treatment have presented considerable improvement in their symptoms of the PTSD, with a significant control of re-experimentation of the traumatic event, the quality of the sleeping time (some of this individuals didn't have at all any sleep, the avoidance symptoms and crisis control in general 80% to 90% and have overcome the depression low, moderate and severe in a 90% .

Conclusion: In the Pharmacological Treatment In A Clinical Interdisciplinary Setting has proved so far to improve significantly the quality of life of the victims of ethnic violence and atrocities in the context of genocide in

their PTSD and Depression in a model of 54 persons under clinical supervision.

O-212 Attention deficit hyperactivity disorder among Nigerian primary school children: prevalence and co-morbid conditions

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Aim: This study aimed to determine the prevalence of ADHD and co-morbid conditions in a sample of primary school children aged 7 to 12 years in Nigeria

Method: A 2 staged procedure in which primary school pupils aged 6 to 12 years (n=1112) were assessed for DSM-IV criteria of attention deficit hyperactivity disorder (ADHD) by their teachers in the first stage and their parents in the second stage. A flexible criterion was used for estimating the prevalence

Results: The prevalence of ADHD was 8.7% . The prevalence of the subtypes were; predominantly Inattentive 4.9% , predominantly hyperactive/impulsive 1.2% and combined 2.6% . The male to female ratio was 2: 1 for all the subtypes of ADHD except hyperactive/impulsive which was 3.2: 1. The co-morbid conditions include oppositional defiant disorder (ODD – 25.8%), conduct disorder (CD-9.3%) and anxiety/depression (20.6%). While ODD and CD were associated with the hyperactive/impulsive subtype, anxiety/depression was associated with inattentive subtype.

Conclusion: Our findings support the cross-cultural validity of ADHD. Given the prevalent rate, efforts should be made to map out strategies for early identification and referral of these children for proper evaluation and treatment. This study can serve as a platform for future analytical studies about this challenging research issue in sub-Saharan Africa..

O-213 ADHD symptoms related to profiles of self-esteem in a longitudinal study of twins

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Introduction: ADHD affects the child's home, school, and community life and often leads to poor peer relations, aggression, and learning problems, which is in turn associated with academic failure and development of low self-esteem. However, research regarding these outcomes has yielded conflicting results in regards to the relationships between ADHD symptoms and low self-esteem. This could be due to the definition of self-esteem as a multidimensional concept and that ADHD relates differently to self-esteem depending on what dimension of self-esteem is measured.

Aim: Do teenagers with symptoms of Attention Deficit Hyperactive Disorder (ADHD) have specific profiles of self-esteem?

Method: In a longitudinal study of twins we used a person-oriented approach to study the relationships between ADHD-symptoms measured at 8 and 13 years of age and self-esteem measured at 13 years of age. A cluster analysis of self-esteem was performed at age 13 using five subscales from a self-esteem questionnaire.

Results: High scores of ADHD symptoms were linked to profiles characterized by lower scores in the domains “skills and talents” and “psychological well-being” both concurrent and longitudinally.

Conclusion: Children with high scores of ADHD symptoms often have specific problem-profiles of self-esteem.

O-214 Preterm birth and hyperkinetic disorder in childhood and early adolescence: a Swedish registers' study

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Aim: Several studies have reported an association between very preterm birth and inattention, hyperactivity problems and social difficulties in childhood and adolescence. The current investigation prospectively studied whether individuals exposed to obstetric hazards grow up to have an increased risk of hyperkinetic disorder.

Method: Data from the National Board of Health and Welfare, Stockholm, Sweden, were used, which include two population-based registers, the Swedish National Birth Register and the Swedish National Inpatient Register. We used an historical population-based cohort design and selected all individuals born between 1973 and 2001 (n=2,686,364), 34,853 of whom were born ‘very preterm’ (before 31 weeks) and 155,634 ‘moderately preterm’ (between 32 and 36 weeks). We then identified all individuals who were subsequently listed in the Inpatient Register as having been first admitted to hospital from 1987 through 2002 with a main diagnosis of hyperkinetic disorder (n=1,002) between the ages of 3 and 16 years. Adjusted associations between exposure and risk of psychiatric outcome were assessed by Cox proportional hazard models. The models included the following risk factors: gestational age, birth weight for gestational age, Apgar score at 5 minutes, mother's age at delivery, mother's educational level, gender, parity and maternal family history of at least one psychiatric diagnosis (any).

Results: Very preterm individuals are more likely to be hospitalized with a diagnosis of hyperkinetic disorder (OR=3.22) than individuals born between 37 and 41 weeks of gestation. Results further indicate that being born ‘moderately preterm’ also increases the risk of hyperkinetic disorder (OR=1.48).

Conclusion: This study suggests that those individuals exposed to obstetric hazards grow up to have an increased risk of experiencing behavioural problems in childhood and early adolescence, and in particular hyperkinetic disorder.

O-215 The clinical characteristics of ADHD comorbidity with anxiety and depression

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Aim: To explore the prevalence of anxiety and depression in children with attention-deficit hyperactivity disorder (ADHD), and compare the clinical characteristics of ADHD children with and without anxiety or depression.

Method: A total of 66 children with ADHD meeting DSM-IV diagnostic criteria (57boys,9girls) aged 9 to 14 years old in a psychiatric clinic for children were involved. They were evaluated with the Screen for Child Anxiety Related Emotional Disorders (SCARED), Depression Self-Rating Scale for Children (DSRSC) by self-report and Achenbach's CBCL by their parents. The subjects who scored at or above the cut off point of SCARED of Chinese Norm were considered comorbid anxiety (ADHD+ group), other children were ADHD without Anx group (ADHD—Anx group). Subjects scored at or above the cut off point of DSRSC of Chinese Norm was considered with comorbidity of depression (ADHD+Dep group), other children were ADHD without Dep group (ADHD—Dep group). 66 normal children (57boys,9girls) who were selected from a school at random (control group) were evaluated too.

Results: Twenty-five (37.9%) of 66 children with ADHD and thirteen (19.7%) of 66 control group scored at or above the clinical cut off point of SCARED scored ($\chi^2=5.32$, $P<0.05$). In ADHD children, all CBCL behavior scores were higher than control group ($F=6.02-45.88$, $P<0.001$), but no significant difference between ADHD with and without anxiety groups (see Figure 1). Eighteen (27.3%) of children with ADHD and 13.6% control group reached the threshold of DSRSC of Chinese Norm ($\chi^2=3.77$, $P<0.05$). ADHD+Dep group had higher scores in internalizing items of CBCL (Withdraw, Somatic Complaints, Anxiety/Depression); social problems, thought and attention problems and behavior problems had lower scores than ADHD—Dep group ($F=8.75-52.29$, $P<0.001$), but no significant difference in externalizing items between ADHD with and without Depression groups (see Figure 2).

Conclusion: The children with ADHD had higher prevalence of anxiety and depression. Comorbidity of ADHD and depression have more internalizing problems and behavior problems.

O-216 Improving of an education programme about extending the aims for adolescents with respect to positive psychotherapy and comprehensive guidance

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Aim: It is stated by developmental guidance theory that it is important to intervene before the problem doesn't occur, and also end of the final stage of Positive Psychotherapy is widening of the aims. As it is seen that aims are important for these theoretical aspects. So the aim of this study is improving an education programme about extending the aims of adolescents.

Method: Method of this study is the one group pretest-posttest design. The sample consists of 25 adolescents who are high school students.

Process: The study was conducted within five periods. Each session took 45 minutes. In the first session, need analysis were made. 44% adolescents needed this programme. Then theoretical explanation was made by the counsellor, and the take home which was about interviewing with the old adults was given to adolescents. At the second session, the homework was discussed. Then the take home which was about the making lifelong aims, which were about the six life area (careers, fun, economic, social helps, personal development and social relationships), was given, and also adolescents were asked to make connections with related positive psychotherapy's narratives. At the third session, the homework was discussed. Then adolescents presented their aims in the classroom. Fourth session, need assessment surveys were filled by adolescents, and also three open ended questions were asked by the counsellor. At the fifth session, need assessment results were shared with the other adolescents, and also their improvement were displayed them.

Results and Discussion: As a result, the programme was usefull for adolescents (38%). In the future this programme could be used in making aims for adolescents.

O-217 Standard Teen Positive Parenting Program (Triple P): a parenting intervention for families with teenagers

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Triple P is a multilevel system of parenting intervention that has been widely researched during the last 25 years. It emphasises the use of a strong self-regulatory approach to minimise resistance and promotes the development of socially appropriate behaviour in children and adolescents. Standard Teen Triple P (STTP) is a 10-session version of this program that is specifically designed to meet the need of parents of high-risk adolescents. In this presentation Triple P will be discussed briefly, followed by the rationale, goals and content of Teen Triple P. The preliminary results of a randomised control trial to evaluate the efficacy of Teen Triple P will also be discussed in terms of behaviour problems, parenting practices and adjustment, and client satisfaction with the program.

O-218 Children of mentally ill patients (CHIMPS) - the family-oriented prevention project

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In Germany about 2-3 million children have at least one mentally ill parent. Their risk, to develop a psychiatric disorder is considerably higher than in the total population. Together with genetical factors, psychosocial conditions like stress and risk factors are of prime importance for the question, whether the child will fall ill with a mental illness. Protective factors are an appropriate coping with the illness in the family and stable and dependable relations inside as well as outside the family. Prevention projects are necessary to support affected families before the children develop a severe mental illness.

Aim: Our research project "CHIMPS" (Children of Mentally Ill Parents) develops and evaluates a family-oriented prevention-programme for families with a mentally ill parent.

Method: It consists of two parts: In an exploratory pilot study, all patients with minor children, who referred to the University Clinic for Psychiatry and Psychotherapy in Hamburg as inpatients or day-clinic patients during a nine months period, were questioned. Among other things, the relation between somatical and psychosocial risk factors and the quality of life of the children was investigated. Additionally the patients were asked whether they felt a need for preventive care. On the basis of these results, the pioneer work of William Beardslee and his collaborators and our "Model of psychosocial conditions for the development of mental illness in children of mentally ill parents", we developed a prevention programme for families with a mentally ill parent.

Results: This programme is now evaluated in a controlled intervention study. The actual state of the study and first results are reported.

O-219 Providing assistance over the phone to adolescents with psychosocial problems: challenges and perspectives

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In Greece Helpline-Connection, the Counseling Telephone Helpline for the Psychosocial Health of Children and Adolescents of the Association for the Psychosocial Health of Children and Adolescents (A. P. C. H. A) is operated by mental health professionals under the auspices of the Ministry of Health and Social Solidarity and the European Union. The Helpline focuses in primary prevention in the field of child and adolescent mental health through: early identification of problems, psychological support, guidance and referral to appropriate services when needed, and familiarization of the community with the emerging needs in the field of mental health of youngsters.

This presentation will discuss the use that adolescents can make of a telephone helpline taking in consideration the particular developmental phase of adolescence with the accompanying need for autonomy. Specific qualities of the telephone helplines make them child friendly, particularly the fact that they are anonymous and confiding and offer children more control over the process and timing. At the same time these same characteristics raise issues of concern about how counselors handle the calls made by adolescents and make telephone counseling particularly difficult and challenging. Further relevant issues will be explored.

O-220 The effectiveness of an educational intervention on pre-adolescents' knowledge and attitudes toward mental illness

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Improving young people's attitudes and knowledge about mental illness is an important step toward overcoming the stigma associated with mental illness. Whilst a great deal of research has been devoted to exploring adult's understanding and attitudes toward mental illness, comparatively little attention has been given to that of children despite previous research indicating that negative attitudes toward mental illness begin to form in childhood. Aim: This study investigated the effectiveness of an educational intervention in promoting positive attitudes and an increased understanding of mental illness in Australian primary school children enrolled in grades five and six. This study also aimed to examine whether the changes facilitated by the intervention, if any, endured over a four month time frame.

Method: Data analysis is currently underway and will be completed for this presentation.

Results: Research findings may inform future directions in mental health education by providing more effective ways of educating children about mental illness. Such education may reduce the stigma attached to mental illness and encourage positive attitudes towards people with a mental illness at the community level.

O-221 The rules of engagement: working at the interface of the court system and the delinquent

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This paper considers the subject in what is termed delinquency or the anti-social tendency. When an adolescent engages in a pattern of transgressing societal rules what is possible in terms of engaging the young person in treatment? Winnicott believed the anti-social tendency implied hope and developed out of an early experience of deprivation after having experienced adequate parenting. This is a particular way of understanding the anti-social tendency and Winnicott believed that prior to a psychotherapeutic intervention, management of such children needed to occur. This equates to, what in contemporary treatment, is known as a systemic approach. The child in the judicial system, however, often meets with a clinician prior to the management needs being implemented thus creating the possibility for treatment. At the interface of the treatment of the psyche and the judicial system, the ethical treatment position of remaining outside of moral judgement potentially raises a dilemma: The role of the Court is to judge and the role of the clinician is to remain free of judgement. What is possible therefore in treatment at the Children's Court Clinic of Victoria where the individual is referred by the Court?

O-222 An investigation of the perpetrator and anti perpetrator adolescents' cognitive tempo and moral judgment levels

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Aim: The aim of this study is to determine the levels of the perpetrator and antiperpetrator adolescents' cognitive tempo and moral judgement levels.

Method: The scope of this study is composed of 228 (14-15 years) adolescents. 94 adolescents have enrollment in Konya Police Department for perpetration and other 134 adolescents, haven't any perpetration behavior, are attending apprenticeship education center. General scanning model is employed in this study. " Matching Familiar Figures Test-20 (MFF20) " and "Defining Issues Test" were conducted to the participants. The data were analyzed by t-test and Pearson moments correlations coefficients.

Results: Results showed that perpetrator adolescents have more impulsive cognitive structure and stand lower moral judgement stage than antiperpetrator adolescents.

O-223 Predicting truancy in adolescents attending high risk schools in Kuala Lumpur

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Aim: Truancy is a major discipline problem cross-culturally. Identification of local factors associated with truancy may help us strategizing its prevention and intervention effectively. This study aimed to determine the factor (s) predicting truancy in adolescents attending high risk schools in Kuala Lumpur.

Method: This is a cross sectional study of predominantly 16-year old students attending three 'high risk' schools located in the Pudu area of the Federal Territory of Kuala Lumpur. A total of 373 students completed self administered questionnaires on the socio-demographic variables and emotional/ behavioural problems (Youth Self Report). Truancy was determined from the school records of the participating schools, according to guidelines by Kuala Lumpur Federal Territory Education Department.

Results: Truancy was significantly associated with having divorced parents ($p=0.025$), fewer number of bedrooms in the living places ($p=0.01$), certain negative perceptions of schooling (i. e. disliked school ($p=0.025$), lower educational goals ($p=0.006$), unsure of the reason for schooling ($p=0.001$)) and higher mean scores of internalizing ($p=0.006$), externalizing ($p=0.001$) and total problem ($p=0.001$) of the Youth Self Report. However, multiple logistic regressions showed only total problem scores significantly predicts truancy.

Conclusion: This shows that truancy is a psychosocial issue that requires comprehensive assessment, including identification of psychiatric morbidities. Therefore

addresses the roles of mental health professionals in tackling truancy.

O-224 The relationship between adolescents' internal and external reality: the influence on psychopathology

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Aim: Research of mutual relationship between internal and external reality of adolescents, its influence on psychopathology, concerning social circumstances in Republic of Serbia, in period between 1990 and 2005: economic, political, social and existential situation has essentially changed, in a negative sense: embargo of international community and economic catastrophe, destruction of family system, threat of war, moral erosion, uncertainty and senselessness, society disorganization, bombarding.

Method: The relation between two realities will be viewed through psychodynamic perspective and manifest psychopathology will be documented by one research and statistical data. The research was done in Department for Adolescent Psychiatry in Clinical-Hospital Center "Dr Dragisa Mišovic-Dedinje" in Belgrade and statistical data are official data of State Statistical Institute.

Results: The results show specific transformations in manifest psychopathology and behavior of adolescents: psychotic states, aggressiveness, depressiveness and suicidal behaviour.

Conclusion: Specific social circumstances can influence specific manifestations of adolescents psychopathology.

O-225 Theory of attachment and school refusal

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Hopital St Jacques CHU Besancon

In the literature, there is no ambiguity about the clinical description of school refusal; nevertheless, no complete definition of it exists and the classifications (DSM IV, ICD 10, CFTMEA) diverge.

Aim: Facing these difficulties of theoretical settings, we propose that attachment theory can enlighten this pathology that deals both with intrapsychic and interpersonal mechanisms. The concepts of secure base, physical and emotional availability, emotional regulation will be discussed to understand the symptoms differently.

Among the different styles of attachment, the insecure ambivalent adolescents share many similarities with the school refusers: the power of physical proximity, the clinging behaviour, the difficulty of representation, the intergenerational tangle and above all the anguish.

The pressures of adolescent development are likely to represent a threat of autonomy in those families where there is already a chronic state of activation of the attachment system.

We then suggest a multifactor model of the school refusal in adolescents. In this context, any event can destabilize the familial functioning and emphasize the representations of "a hostile outside world" as well as negative thoughts (low self-esteem). For the adolescent, this hyper-activation of the attachment system goes with a diminution of the exploration system in every field: impossibility of leaving

home, being constantly in need of the parents, the returning of childhood fears, etc...

Finally, we will talk about the therapeutic prospects in the light of the theory and will emphasize caring of the parents and the role of the therapist as a secure base.

O-226 Social/emotional emphases and cultural flexibility of two curriculum models for gifted students

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Awareness about the need for social and emotional education is not novel. Many researchers have mentioned the importance and some aspects of social and emotional education of gifted individuals. It is an important issue that how much the researchers have emphasized the social and emotional education of the gifted in the curriculum models. The purpose of this study is to critically evaluate two of prominent curriculum models in terms of their emphasis on social and emotional education and to inquire the existence of cultural flexibility: Autonomous Learner Model (ALM) and Schoolwide Enrichment Model (SEM). The first one was chosen for its great emphasis on social and emotional education of the gifted and talented; the second was chosen for its prominence and wide research support in the field.

There are some differences between ALM and SEM, influencing both their emphasis on social and emotional education of the gifted individuals and their flexibility to be applied in other cultures. There is a strong and single conception of giftedness on which the SEM was established, while ALM was not built upon such a complex conceptualization. ALM primarily aims to support social and emotional education of the gifted individuals while SEM aims to re-construct the whole school system with three kinds of enrichment activities. Both have culturally flexible aspects; however ALM is not dependent on one unique conceptualization of giftedness. SEM is dependent on one standard conception of giftedness limiting its applicability to other cultures.

O-227 Fifteen years after parental divorce: mental health, life-events and narratives

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Aim: The aim of the study was twofold: to investigate if adults who had experienced parental divorce differed in mental health from those with continuously married parents in view of different life events, but also to with the use of in-depth interviews identify, describe and discuss experiences of, and reflections about, the parental divorce.

Method: Instruments used were Symptom Checklist, "SCL-90", measuring mental health, and a "Life Event" questionnaire capturing the number and experience of occurred events. In addition personal interviews were made.

Results: The SCL-90 showed no significant difference between the groups, but a difference with regard to sex and age was found; women aged 22-27 in the divorce group displayed poorer mental health than other participants in both groups. The results from the life event questionnaire

showed that the divorce group had experienced a significantly larger number of events, and more life-events were described as negative with difficult adjustment. Qualitative content analysis was used when analyzing the interviews. Two categories 'disappointment' and 'contentment', with six subcategories, were crystallized. Although children in divorced families, in comparison to those in non-divorced families, are at risk for developing more problems, a majority of them eventually emerge as reasonably competent and well-functioning individuals. The knowledge we receive from their narratives brings us tools for, and a greater understanding of how to develop an even better care for children of divorce.

O-228 Difficulties in expert opinion on adolescents aged over 14 years with respect to custody and visitation rights

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Aim: In Germany, it is an unwritten law, that individual wishes of adolescents aged over 14 years in child custody and visitation rights disputes are almost always accepted. If the courts nevertheless ask for expert opinion in those cases, we can expect extraordinary contested situations. This was the starting point of our study.

Method: In a retrospective study 55 custody and visitation rights-expert opinions produced at the Department of Child and Adolescent Psychiatry at the University of Tübingen from 1990 to 2005 were analysed. The aim of the study was to find out reasons and circumstances prompting judges to order appraisals of adolescents aged over 14 years during proceedings of custody and visitation rights. Expertises were examined for possible gender-specific differences. Further, a census of the judges was arranged.

Results: It became obvious, that expertises were rarely requested during proceedings of custody and especially of visitation rights. Financial problems, parental alcoholism and educational incompetence or mental diseases of the adolescents and/or their parents were found in these extremely conflict-ridden family situations. Gender-specific variable results were found as far as a relationship of the young towards their parents and siblings is concerned, their wish for future residence, and the expert recommendation on provision for custody and visitation rights.

Conclusion: Extraordinary conflict-ridden situations in child custody and visitation rights disputes do justify the demand for expert opinion although the child is an adolescent aged over 14 years.

O-229 Parental stalking or Parental Alienation Syndrome (PAS)? Inner familial aggressive, harassing and excluding patterns of interaction in escalating judicial disputes about custody and visitation rights

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Introduction: Children with an inner-familial stalking problem suffer from a great impact. The family court

evaluation becomes more complex: apart from the assessment of the stalking violence it is necessary to evaluate to what extent the tendency of one parent to exclude the other parent leads to harassment and vice versa. One great challenge for the expert is to find solutions to get out of the complex situation and to implement them in the juridical process.

Method: About 20 expert reports with an inner-familial set of stalking problems evaluated retrospectively (standardised evaluation sheet). Follow-up interview (or a questionnaire filled in by the evaluated parents).

Results: Stalking and reactive tendencies of exclusion (in extreme cases PAS) lead to extensive problems in the realization of the child visitation regulation and to never ending legal disputes and additional suffering on top of the hardship of the separation of the parents. In 2/3 (two thirds) of the evaluated cases the stalking behaviour primarily was initiated by one parent, in 1/3 it was the reaction to tendencies of exclusion, keeping back of or alienation from the child. In nearly all the cases the children suffered of school or psychological problems. The more violent the stalking behaviour the greater is the burden.

Conclusion: The possibility to recommend an anti-violence training or mediation could sometimes be meaningful, but has so far not often been verbalised in the expert reports. The feasibility of court-ordered therapeutic interventions or mediation should be discussed in such highly problematic cases.

O-230 Exposure to war trauma and PTSD

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Aim: The aim of this study was to establish the relationship between ongoing war traumatic experiences, PTSD and anxiety symptoms in children, accounting for their parents equivalent mental health responses.

Method: The study was conducted in the Gaza Strip, in areas under ongoing shelling and other acts of military violence. The sample included 100 families, with 200 parents and 197 children aged 9-18 years. Parents and children completed measures of experience of traumatic events (Gaza Traumatic Checklist), PTSD (Children's Revised Impact of Events Scale, PTSD Checklist for parents), and anxiety (Revised Children's Manifest Anxiety Scale, and Taylor Manifest Anxiety Scale for parents).

Results: Both children and parents reported a high number of experienced traumatic events, and high rates of PTSD and anxiety scores above previously established cut-offs. Among children, trauma exposure was significantly associated with total and subscales PTSD scores, and with anxiety scores. In contrast, trauma exposure was significantly associated with PTSD intrusion symptoms in parents. Both war trauma and parents' emotional responses were significantly associated with children's PTSD and anxiety symptoms.

O-231 Infants' and children's posttraumatic stress symptoms in natural disasters and wars: evaluation and care

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Aim: Awareness of disasters and wars trauma effects on adults has increased, but impact on infants and children have not been enough studied, recognised and treated. Since 1989, we have focused our psychiatric expertise with "Médecins Sans Frontières" (M. S. F. i. e. Doctors without Borders) in regions of war and catastrophes around the world (Armenia, Middle-East, Guatemala, Indonesia...).

Method: We have built multidisciplinary intervention strategies, taking into account the cultural and social context and the specificity of the observed pathologies in these situations of severe crises, which concerns directly as well as indirectly the destruction of family and group.

Results: Through concrete situations of babies and children and their parents, we will analyse and evaluate modalities of psychological suffering of children, the clinic of trauma and above all the modalities of care. We will explain why strategies of intervention have to be defined with local care teams and have to be the subject of training sessions on the spot.

Conclusion: Psychiatric interventions for children facing situations of extreme crises (war, catastrophes...) require the establishment of strategies for evaluation and care, with a pragmatic and multidisciplinary framework, valuing cultural and social contexts.

O-232 Displacement as a predictor for impaired functioning in tsunami-afflicted children

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Aim: Children displaced by the Boxing Day Tsunami of 2004 in Aceh Province, Indonesia, are particularly vulnerable to disease and mental health problems. Thousands of families in Aceh Barat remain living in temporary 'barrack' housing, while sanitary conditions and NGO support deteriorate. We hypothesized that child displacement was an independent predictor of psychosocial impairment in children.

Method: We conducted interviews with 155 displaced and non-displaced children and their parents from June to August, 2007. Of these children, 62 were displaced to barracks and 48 did not experience any displacement due to the tsunami. Global functioning was measured by using the Brief Impairment Scale (BIS) with parents, and subjective scores of functional symptoms of trauma were recorded.

Results: We found that after adjusting for age, sex, and socioeconomic status, displacement distance was the strongest predictor of impairment in children living in barracks. Trauma markers, such as distance to the tsunami epicenter and family and friends lost, were not significant

in the model. Tsunami-related displacement distance was strongly associated with impaired functioning on the interpersonal and school/work subscales of the BIS, and not the self subscale. The distance children lived to the tsunami epicenter was not significantly associated with impairment in children living in the barracks, whereas proximity to the tsunami epicenter was found to be a negative predictor for impairment in non-displaced children.

Conclusion: These findings suggest that determinants of impairment differ between displaced and non-displaced children living within the same district and that future interventions should be targeted accordingly.

O-233 The assassination of Hrant Dink from the perspective of Armenian youth in Turkey: a time of trauma or solidarity?

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Sabancı University

Aim: The 1915 conflict between Turkey and Armenia resulting in a contested genocide has produced a vigorous public debate and an extensive body of literature. The assassination of Hrant Dink, a highly regarded Armenian journalist living in Istanbul, precipitated an outpouring of solidarity from Turks and Armenians alike, posing an important opportunity for study of such critical events and their impact on ongoing ethnic conflict. This research enriches literature related to youth and war and addresses a new chapter in the Turkish-Armenian conflict by examining the psychosocial effects of the assassination of Hrant Dink on an overlooked population: Armenian youth living in Istanbul. The concept of trauma in the context of war and conflict at multiple levels of analysis (e. g., individual, family and society) as well as theory and research on protracted social conflict, inter-generational transfer of trauma, and the role of historical memory are used to understand the effects of the assassination.

Method: This study includes qualitative in-depth interviews from 25 first-generation Armenian youth, utilizing a snowball sample.

Results: Through content and narrative analysis, it is anticipated that the findings will reveal not only how the assassination is understood but also the way in which the event has perpetuated individual and/or collective trauma or promoted solidarity (or both) in the conflict itself from the point of view of Armenian youth.

Conclusion: Implications for theory, research and practice related to understanding the psychosocial impact of conflict, the nature of collective and individual trauma, and the impact of conflict on social processes such as reconciliation will be discussed.

O-234 From victimization in childhood to violent conduct disorders in adulthood: the intergenerational transmission of family violence

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Aim: Domestic violence defined as marital violence, child physical maltreatment and/or sexual abuse is a worldwide, public health issue in regard to negative developmental outcomes in children. The purpose of our study was to

explore the link between domestic violence during childhood and violent conduct disorders in adulthood.

Method: Data: Health, Inequalities and Social Ruptures cohort study (SIRS),2005 (Inserm, Cnrs, Ined, France). **Sample:** representative random sample of households (n=3023 adults) from Paris metropolitan area. **Outcomes:** intimate partner violence, mistreating his/her child. **Independent variables:** witnessing interparental violence during childhood, physical maltreatment or sexual abuse in childhood. **Covariates:** family functioning in childhood, parental psychopathologies, social stressors in childhood and current socio economic status. **Analysis:** weighted logistic regression analysis

Results: 16% of the respondents witnessed strong marital discord in childhood. 3.2% were physically mistreated and 2.4% were sexually abused. Respondents exposed to interparental violence in childhood were more at risk of violence against their intimate partner and/or children later in adulthood. In the case of childhood exposure to physical and sexual abuse, respondents were at higher risk to mistreat their child (ren) and to perpetrate violent acts against the intimate partner respectively. After adjusting for parent-child relationships, parental psychopathologies, and social stressors, the risk of violent conduct disorders in adulthood remains significantly higher for respondents exposed to interparental violence or sexual abuse in childhood.

Conclusion: Our results provide an argument for an intergenerational cycle of violence, advocating for the early prevention and screening of domestic violence during childhood in order to prevent later violent conduct disorders in adulthood.

O-235 Remembering and talking about medical treatment carried out early in life. A study on children with imperforate anus

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Aim: Children with congenital malformations and chronic conditions often experience prolonged hospital treatment including distressing invasive medical procedures at a very early age. When discharged from the hospital parents are responsible for the essential follow-up treatment. Discussions between parents and children about these experiences may influence the child's understanding of their memories of earlier medical treatment as well as influencing the child's psychosocial reactions.

Objective: We aim to examine whether talking with your child about the earliest experiences of medical treatment be related to the child's psychosocial function later in childhood.

Method: This study included parents of 25 children with Imperforate Anus and 30 children with Juvenile Chronic Arthritis. The parents completed the Child Behavior Checklist (CBCL), and a study specific questionnaire covering items on hospital care, psychosocial issues, physical functioning and questions examining the parent-

child dialogue regarding the children's experiences and memories of the medical treatment.

Results: The children were reported to show none verbal distressing memories of early treatment. Children who discussed the earlier medical treatment with their parents tended to have lower scores on CBCL, suggesting a good psychosocial function. These children were also reported to be in a better mood and less angry in comparison to the children who had not discussed the memories of their earlier medical experience with their parents.

Conclusion: Discussions between parents and their child about the child's memories of the earliest experienced medical treatments appear to entail a positive outcome of the child's psychosocial function.

O-236 Psychosocial experiences of parents who have a child with imperforate anus

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Aim: Imperforate anus (IA) is an uncommon congenital malformation (1: 4000) of the anorectum, which entails physical disabilities that can interfere with psychosocial well-being of the family.

Method: Twenty five families with a child with IA participated along with a comparison group of parents of children with Juvenile Chronic Arthritis (JCA). Parents individually answered a study specific questionnaire that allowed for free comments. Data was analyzed quantitatively and with a qualitative method (content analysis).

Results: The mothers of children with IA reported that their social relationships had been more influenced ($P < .01$) by the child's physical condition and that they respected their child's will less ($P < .03$) than what mothers of children with JCA reported on these items. Thirty percent of fathers and 48% of mothers of children with IA reported that they had had positive experiences in conjunction with their child's chronic condition. This result was not correlated with receiving psychological counselling. Three themes emerged from the qualitative analysis of the parents' comments about positive personal experiences deriving from their child's condition; 1) Growth of the child, 2) Personal development of the parent, 3) Enrichment of family unity.

Conclusion: Further research is needed to explore the coping mechanisms of the parents of children with IA. Interventions and preventive strategies can thereby be developed to support parents in the specific challenges of caring for a child with a chronic disability. Collaboration with expertise from child and adolescent psychiatry can be an effective avenue in these efforts.

O-237 Paediatric liver transplantation: family stress

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Aim: Recent studies have documented high rates of PTSD in the parents of children who have had a liver transplant as well as high rates of marital difficulty and sibling

problems. Psychosocial variables may impact on physical health outcomes through parent stress, dysfunctional parent-child interactions, child behaviour problems and poor medication compliance.

This study aims to examine the experiences of families of children who have had a liver transplant. It serves as an information-gathering exercise to inform the design of a PhD research project. It also functions as a quality-assurance activity to better inform the psychiatric services provided to these families.

Method: A retrospective cohort study, using a family functioning questionnaire (FAD), child behaviour checklist (CBCL) and a qualitative questionnaire designed for this study. All current families attending the liver transplant clinic were invited to participate.

Results: Thirty-two families participated in the survey. They report high levels of difficulty, especially in the areas of communication and affective responsiveness. In addition, families report negative emotional and social experiences around the time of the transplant, but with some resolution over time. Particular concerns for these families include financial and work problems and difficulties in family relationships. Respondents indicated a desire for ongoing psychological support after transplantation.

This area of research has important implications for the provision of mental health care to these children and families. The author is undertaking a prospective study of liver transplant families examining the relationship between family functioning and physical health outcomes for these children.

O-238 Do Turkish parents' emotion socialization strategies differ as a function of child gender?

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²Koç University

Aim: This study examined Turkish caregivers' use of emotion socialization strategies as a function of their child's gender.

Method: The sample consisted of 79 mothers of preschool-aged children ($M = 56.8$ months, $SD = 8.5$). The average age of the mothers was 35.5 years ($SD = 4.8$), and 96% of them had at least high school education. Mothers completed the Turkish version of the Coping with Children's Negative Emotions scale (CCNES; Fabes, Eisenberg, & Bernzweig, 1990) to report on their responses to their children's feelings of anger, sadness, fear, and embarrassment. Responses were scored as Emotion-Focused Reactions (EFR), Problem-Focused Reactions (PFR), Expressive Encouragement (EE), Minimization Reactions (MR), Punitive Reactions (PR), and Distress Reactions (DR). A principal components analysis with Varimax rotation revealed two factors accounting for 66% of the variance. The first factor consisted of EFR, PFR, EE, while the second factor consisted of MR, PR, and DR. Two factor scores (i. e., supportive parenting and nonsupportive parenting factor scores) were computed using the regression approach through SPSS to estimate children's scores on each of the factors. A multivariate analysis of variance was conducted to determine the role of child gender on the supportive and nonsupportive parenting factor scores while controlling for maternal education.

Results: Our results suggested that caregivers used significantly higher levels of supportive strategies to comfort their daughters' negative emotions compared to their sons. However, no gender difference was detected for nonsupportive parenting. Turkish parents' emotion socialization approach will be discussed in relation to culture and gender socialization.

O-239 Juvenile offenders, closed instructions and sub-culture

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Aim: When we find out juvenile justice system in Turkey, it is mentioned that there is no separation between juveniles and adults for justice system and legal procedures. Juvenile offenders generally incarcerated in closed institution instead of community care. This process carries out a sub-culture in which juvenile offenders who oppress others or being oppressed. The aim of this research is to discuss the characteristics of sub-culture revealed by closed institutions.

Method: This research has qualitative methods. The participants of this study are 40 arrested and 37 incarcerated juvenile offenders.

Results: This study argues that values, symbols and behaviours of sub-culture which is carried out by trial process, closed institution experience and juveniles.

O-240 Cross cultural implementation of trauma-focused CBT for children and adolescents

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Aim: 1. To understand the challenges and advancements of cross-cultural implementation of the evidence-based trauma treatment of TF-CBT.

2. To learn specific and practical questions to ask to increase the likelihood of successful uptake and sustainability of an evidence-based trauma treatment.

Content: Effective and scientifically sound interventions do not sell themselves, and the clinical training is just the beginning of adopting an evidence-based treatment. This oral presentation will focus on the implementation of Trauma Focused-Cognitive Behavioral Therapy (TF-CBT; www.musc.edu/tfcbt) across various cultures. In particular, some of the challenges around implementing TF-CBT, crucial attributes for successful dissemination, how to assess the resources and barriers in a setting; ideas for how to begin an implementation process, and how to examine possible systemic and cultural differences.

O-241 Can school-based group therapy including parents and teachers be helpful as an early intervention method in children with behavioural problems?

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Aim: With an inadequate number of specialised doctors and psychotherapists available for children with psychiatric/psychological/psychosocial problems there is an urgent need for new approaches and short-term solutions. Schools are important partners in diagnostic evaluations as well as in the interventional progress. Our objective is to demonstrate whether a school-based group therapy program can be a help for children, their caregivers and their teachers.

Method: Parents and teachers rated children with behavioural problems attending an elementary school. Medical examinations and a psychosocial work-up were performed in order to determine the need for further diagnostics and interventions.

We will present the data from two projects of group therapy in a reflecting setting, including parents and teachers.

Results: First experiences with the method of group therapy within a school setting reveal it to be a powerful instrument. A group-psychotherapy program offered in an elementary school can be used as an instrument for intervention in children with behavioural problems, as well as it can be used to outline further diagnostic strategies.

Conclusion: Findings suggest that school-based group therapy for children with behavioural problems is a helpful instrument. It seems to have an overall influence on the 'spirit' of the whole school regarding children with specific behavioural problems and their caregivers.

O-242 Efficacy of positive parenting on improving children's problems and parenting styles

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Introduction: It has been shown in several studies that parenting style can have an impact on children development. It has also been shown that improving parenting skills could have a major role in reducing children problems and can improve family mental health. One of the parenting programs which is called "Positive Parenting Program" (Triple-P) has been evaluated in some studies.

Aim: The main aim of this study is to evaluate the efficacy of positive parenting on improving parenting styles and children behaviors.

Method: A total number of 120 mothers who are working at Tehran University of Medical Sciences (including the hospitals) and have at least one child between 2 and 12 years, were recruited for the study. The mothers attended an eight session group course. They became familiar with positive parenting according to Positive Parenting Program (Triple-P). They filled several questionnaires: Parenting Scale, Being a Parent Scale, Parent Problem

Checklist, Depression-Anxiety-Stress Scale, Abbreviated Dyadic Adjustment Scale, and Strengths and Difficulties Questionnaire before and after the course.

Results: Most variables of all scales regarding the parenting style and problems reduced significantly after the Positive parenting Program. The total score of SDQ showed significant reduction after the course.

Conclusion: Positive parenting education can leads to the improvement of parenting styles and reduction of children behavioral and emotional problems.

O-243 Psychological support for children in disasters

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Ain Shams University

Aim:

To learn how children respond to disasters.

To develop skills in identifying current mental health needs of children who been exposed to traumas.

To provide psychological first aid for children.

To learn the types of psychosocial support to children in the disaster.

To use various methods of psychological support for children.

To maintain the mental health of workers with children.

O-244 "I have sprouted rosy baby hands!" —Art therapy for an inhibited child with posttraumatic stress disorder and compulsive hand washing

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Aim: To explore the therapeutic mechanism of art therapy with psychodynamic interpretation for obsessive compulsory symptoms.

Case report: The reported case was a 10 year-old girl, who came home with her mother and witnessed the figure of the fleeing thief. Avoidant behaviors, separation anxiety, and compulsive washing developed. She could not tolerate any discussion about the event, but explained why she had to wash hands as "Big mice came from all the corners of my house and ran upon all my owning!". Art therapy was adopted to approach her inner anxiety. Initially, she drew many kinds of food as the real ones, and added the unnecessary illustration of the food's names. She treated the pencils with specific rituals. In the middle sessions, she drew the drawing tools. Finally, she drew herself. A serial of self-portraits showed the growth of self: from a girl without hands to a girl sprouting rosy baby hands. The resolution of obsessive-compulsory symptoms were combined. She could express anger to me and discuss about the termination by rising words up from chaotic scrabbles.

Discussion: Obsession means protecting one's lover (eg. The mother) from being destroyed (by one's own anger) by controlling. In art therapy, the process of creation and the therapist form a safe "transitional space"—create, destruct, and regenerate (and the destroy never completely come true). Interpretation helps the client to explore the meanings of mechanical, unproductive obsessive-compulsory symptoms. Through transference, the client learned to communicate with the modified superego. The

energy relieved from the obsessive fixation promotes the growth of self.

O-245 Emotional and behavioural difficulties in children born to women with eating disorders

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Children of parents with psychiatric disorders are at risk of developing psychological disturbances. The research on the effect of a maternal eating disorder (ED) has been scarce. Two previous studies found high rates of emotional problems and psychiatric disorders in the offspring of women with ED.

Aim: Our aims were to determine whether children of women with a history of ED (aged 3 ½) had higher levels of emotional, conduct, hyperactivity and total psychiatric problems compared to children of women with other psychiatric disorders and controls in a large general population longitudinal study.

Method: We investigated women with a history of ED (441), women with a history of other psychiatric disorders (1148), control women (10461) and their children from the Avon Longitudinal Study of Parents and Children (ALSPAC). Data on psychiatric disturbance at age 3 ½ was obtained with the Rutter Questionnaire for parents.

Results: Children of women with a history of ED had higher scores on emotional (b coefficient: 0.3, $p < 0.01$), conduct (b coefficient: 0.4, $p < 0.01$) and total psychiatric disturbance (b coefficient: 1.2, $p < 0.0001$) compared to control women; however they were comparable to children of women with a history of other psychiatric disorders. These differences persisted after controlling for relevant confounders. In particular children of women with a history of Anorexia Nervosa had a higher level of emotional problems compared to controls; children of women with a history of Bulimia Nervosa had higher conduct problem score.

Conclusion: These findings have important implications for prevention of psychiatric disturbance in children.

O-246 The evolution of meal supervision to Meal Support Therapy (MST) in an eating disorders in-patient program

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Meal Support Therapy is probably one of the most underestimated yet critical components of the nutritional rehabilitation process for eating disorders. In many eating disorder treatment programs, meal supervision and support often involves clinical staff to sit with the patients while they eat – some programs ask staff to eat with the patients, others don't. When meal support is provided under a clear framework and when staff feel confident and competent to best support these patients, meal support has the potential of being one of the most helpful aspects of a treatment program.

The Victorian Centre of Excellence in Eating Disorders (CEED) provides Specialist Consultation and Education Services to services involved in the assessment and

treatment of eating disorders throughout the state of Victoria, Australia. This role has enabled CEED to develop awareness of the critical nature of meal support therapy, the range of challenges faced and the complex nature of the role of in-patient treatment teams. CEED's response to this has been to develop a skill-based training program in meal support therapy, a set guidelines and resources, protocols and frameworks for meal times, information for families and debriefing systems for staff involved.

This paper will discuss the developmental process involved in evolving meal supervision in an in-patient setting, to a therapeutic meal support program. It will also discuss the training programs, frameworks and protocols developed, and the differences in meal support provision within an adolescent psychiatric unit compared to a paediatric medical ward.

O-247 Fitting new models into old systems - what factors determine the successful incorporation of Single Session Therapy (SST) into CAMHS?

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Child and Adolescent Mental Health Services (CAMHS) are frequently unable provide the mandated timely, responsive and comprehensive assessments and interventions to all referred clients. This situation occurs in the context of long waiting lists, significant short-term attendance rates and CAMHS culture of comprehensive full assessments and longer-term therapy. Potentially SST could be useful in addressing these concerns; however there is limited incorporation of SST into CAMHS.

A Participatory Action Research (PAR) group comprising clinicians from Austin Health CAMHS was established to investigate the personal, professional and contextual factors that CAMHS' clinicians identify as influencing the incorporation of SST into CAMHS. Secondly, the broader changes in CAMHS service delivery necessary for the adoption of SST theory and practice was investigated.

This paper will summarize the research methodology and how the PAR findings concurred with the literature which suggests that SST provides a complimentary service delivery framework which is responsive, accessible, efficacious and well accepted by clients in the context of limited CAMHS resources.

A discussion of the findings and conclusion will detail how the PAR highlighted a number of factors not adequately articulated by early SST theory and practices that need to be addressed if SST is to be successfully implemented into contemporary CAMHS practice. Addressing the factors is essential to the incorporation of an acceptable, functional and sustainable SST service in CAMHS. How individual clinicians incorporate SST in their work will also be described.

The benefits for individual clinicians and workplace impact of participating in the PAR will be discussed.

O-248 Binge-drinking among Juvenile Germans – results of an intervention study

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Aim: Rates of binge-drinking among adolescent Germans have increased dramatically over the last years for boys and girls. In 2004 the German Ministry of Health launched a project combining primary and secondary prevention. Adolescents who turned up in hospitals with acute intoxications (“coma”) were examined and interviewed by a psychiatrist. Participants and their parents were informed about risks of alcohol consumption, subsequent visits were scheduled if necessary. Informations were gathered about the whereabouts of the alcoholic beverages. If laws for protecting young people were violated special teams intervened at the drug stores, gas stations, or discotheques.

Method: Our study investigates the effects of these interventions on prevalence rates of acute intoxications, comparing the project catchment-area with about 30.000 adolescents living there to areas without interventions ($n \approx 110.000$ adolescents) for three years. Between 2004 and 2006 $n = 978$ intoxications were registered, which were corrected for cohort sizes of both areas.

Results: Intervention reduced the prevalence rates of intoxications by 13% while intoxications were increasing in non-intervention regions by 36% (CI 99% : 40.3% - 43.6% for the difference in change). Analyses of variance with repeated measures revealed a significant interaction of region and time ($F = 5.87$, $df = 1$, $p < 0.05$).

Conclusion: Combined measures of prevention, containing direct interventions with juveniles at risk and primary prevention at “hot spots” and schools-at-risk are useful to reduce prevalences of binge-drinking.

O-249 From slavery to freedom: a developmental paradigm leading to internal autonomy

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Human existence and personality development necessarily include powerful elements of genuine dependence on an authority. But no matter how respectful and loving parents can be, a fundamental truth exists unchanged in all children’s experiences of growing up—a lengthy period of dependence always precedes independent functioning. Physiology, emotions, material and spiritual goods, and day-to-day experiences are all interwoven in this primary period of dependence, and the impact is profound, long-lasting and pervasive. Everyone’s approach to adulthood in general—and to intimate relationships in specific—is intensely sculpted by the first decade and a half of “family confinement” in ways not unlike what we understand to happen in other powerful models of dependence and authoritarian influence. Early emotional influences—traumatic or otherwise—define our personalities to ourselves, and dramatically effect the development of our most basic sets of assumptions about how people interact in intimate circumstances. Taking this powerful principle into account allows us to better understand why we do what we do in our relationships, and that understanding in turn

can provide the springboard for changing unsatisfactory closeness into desirable, healthy interactions.

O-250 Validation of the German Strengths and Difficulties Questionnaire (SDQ) in a sample of juvenile male prisoners

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Aim: Numerous studies conducted in Anglophone countries suggest a high prevalence of mental disorders among incarcerated juvenile offenders. The most common ones were Conduct Disorder, ADHD, Substance Use Disorders and Personality Disorders. In Germany, these findings could recently be replicated by Köhler (2004). A thorough investigation and evaluation of these results in correctional and forensic settings constitutes an essential premise for professional risk assessment and the development of appropriate treatment approaches.

Method: The Strengths and Difficulties Questionnaire (SDQ German Version; scales: anxiety, ADHD, conduct disorder, depression, strengths) questionnaire is a commonly used instrument for the assessment of mental disorders in children and juveniles. To examine the reliability and validity of this self-report instrument in the forensic context, a number of 250 male juvenile incarcerated offenders were tested in the current study.

Results: Results revealed Cronbach’s alpha of the three SDQ subscales to be below the acceptable limits. The factor of the instrument structure was examined using confirmatory factor analysis (CFA) and principal component analysis (PCA). The five factor structure of the SDQ could not be justified by either factor-analysis. Contrarily, the latter analysis suggested an eight-factor solution.

Conclusion: Above mentioned findings indicate that the German SDQ does not constitute a reliable screening instrument for mental disorders in forensic settings. Due to the shortcomings in its psychometric properties, the SDQ does not seem to be an appropriate questionnaire for the identification of mental disorders in young delinquents.

O-251 Personality disorder symptoms in adolescent inpatients

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Aim: The aim of the present study was to ascertain whether the Structured Clinical Interview for DSM-IV Personality Disorders (SCID-II) is applicable for adolescents. Furthermore, it is intended to assess the diagnostic concordance between SCID-II and the clinicians’ estimation for personality disorders (PD).

Method: To date 153 adolescent psychiatric inpatients aged 14 - 18 years were administered the SCID-II and a personality inventory (PSSI).

Results: 29% of the inpatients met the criteria for PD according to SCID-II. In general low agreement was found for the presence of any PD based on clinicians’ estimation and SCID-II, however, moderate and very good agreement was achieved for borderline PD and histrionic PD.

Conclusion: The SCID-II - that has primarily been developed for the application with adults - is suitable for use among adolescents.

O-252 A large scale study on suicidal ideation and behaviour among Kosovar adolescents - 8 years after the war

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Aim: This study was undertaken to examine the levels of suicide ideation and attempt among Kosovar adolescents and examine the factors that are related to adolescent suicide behaviour. It is a well known fact that after the wars there is an overall increase in suicide rates (completion and attempts). Kosova has experienced almost three fold increase in suicide rates after the war that has ended in 1999, especially among the youth and adolescents.

Method: In order to understand better this phenomena a large scale screening was conducted with (N=2,121) 6% of 12th and 13th graders of Kosova in September 2007. Multiple regression analysis revealed that recency of traumatic events is more significant predictor than previous war trauma. Suicidal ideation/attempt are analysed in relation to demographic factors, reported happiness and wellbeing by adolescents, history of suicide attempt/completion in family, and their coping mechanisms (14 various coping mechanisms).

Results: Although the sample was divided into anonymous and with name, surname; no significant differences are found in reporting levels of suicidal ideation and behaviour. Overall girls reported higher levels of suicide ideation 9.7% compared to 5.3% by boys and suicide attempt 4% compared to 2.4% by boys (all differences in percentage reveal significant difference). Higher rates of suicide ideation and behaviour are observed in urban areas although that 1/3 of sample have reported move to larger city recently. Coping mechanisms such as behavioural disengagement, self-blame not seeking support are significant predictors of suicide ideation and attempt, some difference are found for boys and girls. The findings are discussed in light of concrete interventions that will take place in Kosova.

O-253 Stable and changing parameters in adolescent suicide attempts: A study in the Thessaloniki urban area

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Aim: Attempted suicide in adolescence constitutes a multifactorial clinical condition, which requires a continuous actualization of the involved risk factors, in order to establish possible changes over time. From this perspective, the primary aim of the present study is to explore stable and changing parameters in adolescent suicide attempts as they are assessed through an ongoing research in the Thessaloniki urban area (Northern Greece).

Method: Statistical analysis of the data from the cases investigated so far (N=147) and comparison of our results with those from older Greek studies provide evidence of stability in time of the main clinical parameters of suicidality among adolescents, such as method used, and preexisting and current psychopathology.

Results: On the other hand, results show patterns of change of risk factors which are mainly related to the family and socio-cultural context. More specifically, these changes reflect the evolution of the structure of the Greek family, as well as the increasing presence of newly appearing socio-cultural factors, such as families of mixed culture, immigration and internal geographic mobility, school integration, and relations with peers. Grasping changes in patterns through ongoing research of attempted suicide among adolescents contributes to better understanding and sound knowledge of this phenomenon, and therefore results in ameliorating our potential for preventive and therapeutic interventions.

POSTER PRESENTATIONS

P-1 Temperament and psychopathology: a longitudinal cohort study

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This population-based prospective cohort study from early infancy until early adolescence focuses on five primary areas of research: (1) growth and physical development; (2) motor, social-communicative, language and behavioral development; (3) diseases in childhood; (4) health and healthcare for children; and (5) child rearing practices. Additionally, there will be an overall interest in the contribution of temperamental factors. Three cohorts of children will be enrolled in the study: (1) 5000 newborn children, (2) 3000 6-year old children, and (3) 3000 12-year old children. Data will be collected annually over a period of at least four years and will include physical examinations and parent-report questionnaires. In addition, more detailed assessments will be conducted in a subgroup of 1100 children, i. e. a 10% random sample of each cohort. Data collection of these children will take place more frequently and will include physical examinations, extended and multi-informant questionnaires, and face-to-face interview and assessment. This intensive follow-up will also be conducted in (1) children predisposed to developmental disabilities (prematurely born children, handicapped children, children with certain genetic abnormalities); (2) children obtaining scores of clinical interest in the assessment of critical aspects, e. g. problem behavior; and (3) children for whom professional healthcare is consulted. Preliminary results on the contribution of temperament to vulnerability for psychopathology will be presented. These and future results from this study will contribute to the development of strategies for optimizing healthcare and improving quality of life for children.

P-2 Phenomenology, psychopathology and short term outcome of 102 infants aged 0 to 12 months consecutively referred to a community base 0-3 Mental Health Clinic

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Aim: The increase interest in infant clinical health has led to the establishment of clinical setting for infants (0-

3 years) and to the search for valid diagnostic tools that can address the various manifestations of early deviant behaviour. Objectives of our study were (i) To describe the phenomenology of psychiatric disorders in a 0 to 1 year cohort referred to a Toddler Mental Health Unit using DC 0-3; (ii) To emphasize clinical profiles of this population; (iii) To detect the variables associated with the diagnosis and short outcomes.

Method: 102 infants less than one year and their family were consecutively recruited in an Infant Mental Health Unit during 2005 year.

Results: These data emphasize 3 clinical profiles and outcomes. The 1st profile, with good infant clinical symptoms, matches to the population of mother or parents that comes more about their own symptoms and difficulties. The 2d profile, with infant and relationship mixed symptoms, matches with parents realizing partially infant difficulties and trying to revive him with overinvolved relating. The 3rd profile, with severe symptoms, signs evolutive risk to developmental disorders. Parent's relationship is underinvolved, matching with parental psychopathology.

Conclusion: The 3 clinical profiles, which are distinguished in this population, emphasize the importance of early intervention, particular for children at risk for persistent psychopathology. DC 0-3 provides diagnostic tools that help differentiate heterogeneous group of young children through identification of specific risks factors. Mental health problems were found in 76% of before one year referred child and 23.5% infant-parent relationship disturbances.

P-3 Connection between the level of personal sovereignty and the self-concept in Russian teenagers

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Moscow State University of Psychology and Education

Aim: To investigate a connection between the level of the Personal sovereignty and the content of the Self-concept in adolescents. The present research is based on the Theory of the Personal sovereignty (Nartova-Bochaver,2005). This subject is very actual in Russia because our adolescents have been experiencing lack of the personal sovereignty for a long time. Psychological (personal) sovereignty is a personality's ability of supervising, protecting and developing his or her psychological space. It has been shown in the psychology of the personality that experience of the own independent behavior is kept and reflected in the positive and integrated Self-concept of the agency. On the contrary, traumatic experience leads to the disintegrated negative Self-concept. Method: Questionnaire Sovereignty of the Psychological Space (SPS) including 6 subscales (Nartova-Bochaver,2002), and an essay "Who I am" in a free form. We used although

the partial content-analysis and computation of non-parametrical criteria.

Results: Hypotheses. Self-concepts of the teenagers who have the high level of the sovereignty distinguish from self-concepts of the teenagers who have the low level of the sovereignty. They are: 1) more varied, 2) more positive, 3) demonstrate the best social competence, 4) is in accord with a reality.

All hypotheses excepting 1) confirmed; hypothesis 1) confirmed for the girls only.

Conclusion: The outcomes are discussed from the point of view of Theory of the Sovereignty.

P-4 The body physique and psychosocial functioning among elementary school children

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Aim: This study aims to understand association between body physique and emotional problems of Korean elementary school students.

Method: A total of 405 school students (boy: 211 girl: 194), aged 10–13, in Seoul, Korea, participated. The participants were divided into 3 groups by weight and height respectively on the basis of the standard deviation score (SDS) according to the standard growth and physical growth for Koreans. Psychological assessment was performed using the Child Behavior Checklist (CBCL).

Results: The proportions of dissatisfaction of the male student group over height and weight were 26.2% and 34.4% respectively. The proportions of dissatisfaction of the female student group over height and weight were 30.2% and 32.1% respectively. There was no difference based on age or gender. In the underweight group, the scores of the social problems, the anxious/depressed and the emotional lability were high. In the obese group, the score of the social problems was high. Only the school performance of children was negatively correlated with the total score of behavioral problems. 3.0% (12/405) of the children were found to suffer from psychological problems.

Conclusion: Even though many students were dissatisfied with their height or weight, body physique (short stature or obesity) was not significantly related to the psychosocial problems. Contrary to the general view and concern that stress and emotional problems come from the body physique, emotional stress of elementary school students was found to be caused by school performance rather than body physique.

P-5 Body modification in adolescence

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Aim: The aim of this study was to reveal and examine the relationship between risk behavior factors and body modification by adolescents.

Method: The population, aged 14–17 years (N= 100), included a sample of adolescents with body modifications: tattooing, piercing, branding (N=50) compared to a control sample without body modifications (N=50). We used the questionnaire (Polskaya, Kabanova, 2006) aimed to reveal such problem behavior characteristics as psychoactive

substance use experience, self-mutilating and sports-related risk taking.

Results: The results of the questioning showed that an inclination to problem behavior traces in both of the groups. However psychoactive substance use experience, self-mutilating and sports-related risk taking are more frequent in the group of adolescents with body modifications. 86% participants with body modifications smoke, 90% – sometimes take drugs, 44% – resort to self-mutilation in a stress situation and 70% – take sports-related risks. Tendency to self-mutilation is peculiar to adolescents in both groups. However self-mutilation of adolescents with body modifications is predominantly impulsive, while control sample participants check it. Psychoactive substance use experience of the participants with body modifications is connected with self-mutilating actions, while control sample participants' psychoactive substances use experience is connected with extreme behaviour.

Conclusion: Thus we suggest a positive relationship between risk behavior factors and body modification. The main factor of the problem behavior of adolescents with body modifications is the factor of autoaggression and self-mutilating, while the main factor of control group adolescents' problem behavior is the factor of experimenting with different risk forms.

P-6 CAMHS parental mental health survey

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Introduction: In recent years there has been an increasing focus upon the impact of parental mental illness on children (Cogan, Riddell, and Mayes, 2005).

Aim: To determine the prevalence and current working practices in cases with identified parental mental illness (PMI).

Method: Clinicians were asked about their caseloads over the past 12 months. The sample comprised of a CAMHS multidisciplinary team of 22 clinicians. A semi-structured questionnaire was designed for the purpose of the audit

Results: 297 cases with PMI were identified this represents 30% of referrals received by the service. Of the 297 cases, 250 (84%) highlighted mild to moderate mental health problems but only 18% have an actual diagnosis. 47 out of 297 (16%) cases highlighted severe and enduring mental illness and 70% have an actual diagnosis.

Clinicians reported to have spent from 10% to 80% of their time working with parents. The main reasons to have contact with parents were: to contain the parent mental health symptoms as a pre cursor to working with the child, meeting the individual parents mental health needs and monitoring risk.

Activities undertaken with children included: demystifying mental illness, referring to Young Carers, engaging parent without mental illness.

77 recommendations for referrals to adult services were identified. Outcomes included: the parents needs being met by AMHS (26%), the parent not attending the appointment (17%), the parent declining help (31%) or declining going to the G. P (17%) unknown (9%).

Conclusion: The needs of parents with mental health problems are being met by CAMHS.

Recommendations: Increased Liaison work with adult services and other non-statutory organizations.

Establish CAMHS protocol for addressing the needs of children that have parents with mental health Problems.

P-7 The prevalence and distribution of mental health problems in children 5-6 years of age in the Copenhagen Child Cohort CCC2000

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Introduction: Prevalence studies from several European countries, included Denmark have found mental health disturbances in approximately 10% of school aged children. Epidemiological research in mental health disturbances in the preschool children is limited and the prevalence in the pre-school samples varied between 4-24% . The prevalence of mental health disturbances in Danish pre-school children is unknown.

Aim: The aim is to investigate the prevalence and distribution of mental health disturbances in children 5-6 years of age in a general population.

Method: This study is a 5 years follow-up of 6090 children in the Danish Birth cohort "Copenhagen Child Cohort, CCC 2000".

It is a two-phase study:

Phase 1: The cohort is screened for mental health problems by questionnaires administered to the parents and pre-schoolteachers (Strengths and Difficulties Questionnaire, SDQ).

Phase 2: Diagnostic assessment by a parent interview and a questionnaire administered to the pre-school teachers (Development and Well-being Assessment, DAWBA).

Information about hospital diagnoses and socioeconomic circumstances is obtained from Danish National Registers.

Results: Analyses are currently ongoing. Preliminary results will be presented at the congress.

P-8 Eating disorder prevalence in preteen students

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Aim: To measure prevalence of Eating Disorders (ED) in Spanish Preteen students using standardized methods.

Method: A two-stage survey of prevalence of ED in a representative sample of 12 to 13 year old students in 2007 in Zaragoza (Spain). **Standard evaluation:** We used a two-phase cross sectional design, which involved the screening with questionnaires (EAT at a cutoff score of 20) and subsequent semi-structured interviews (SCAN) of screen-positive and screen-negative subjects. We calculated the sociodemographic characteristics, ED prevalence with their 95% confidence intervals (CI) with Confidence Interval Analysis (C. I. A.) disk version 2.0.0 (Altman et al,2000).

The study is financed by F. I. S. PI 05/2533 (Spain Health Department).

Results: In 2007 we studied 691 students seventh-grade, ages 12 to 13, girls and boys, in 9 public and private schools in Zaragoza (30 classrooms). In the second phase 164 preteen agreed to proceed with the clinical evaluation (62 at risk, high scorers; 102 selected sample not at risk). ED prevalence was 0.7% EDNOS F 50.9 (CI 95% : 0.3% -1.7%).

Conclusion: The ICD-10 prevalence rates of ED population in Spanish Preteen students is similar to those reported for other developed countries. The prevalence of subclinical ED is substantially higher than that of full-syndrome.

P-9 Prevalence of psychiatric disorders in early adolescence in Brazil

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Aim: Estimate psychiatric disorders prevalence in a birth cohort in a southern Brazilian city.

Method: Cross-sectional nested in a longitudinal study with two-phase design: screening and diagnosis. In the screening phase, 4448 adolescents and their mothers were interviewed with the Strengths and Difficulties Questionnaire (SDQ). In the diagnosis phase, all adolescents with positive SDQ (n= 122) plus 158 randomly selected among the cohort participants (control group) answering (and their mothers) the Development and Well-Being Assessment for Children and Adolescents (DAWBA).

Results: 10,8% (CI 9,9-11.7%) adolescents showed at least one psychiatric disorders according DSM-IV and ICD-10, after adjusted the results of screening phase to the 4448 cohort participants.

Conclusion: The results are quite similar with previous Brazilian community studies showing a relatively homogeneous prevalence of children and adolescent psychiatric disorders in the country from 10 to 12,7% . The prevalence of 10,8% are in the same range of international studies, although greater than prevalence finding in the developed countries. The psychopathology pattern – the disruptive and anxiety disorders were the most frequent – were the same finding in Brazilian and international studies. The great similarity among prevalence and kind of psychopathology in several studies worldwide pointing to the universality of psychiatric disorders across cultures.

P-10 Challenges of developing community mental health system for children and adolescents in Japan

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Aim: Children with emotional and behavioral problems draw increasing attention in Japan as well as other countries all over the world. In addition, the rapid increase of the number of children who have been suffered from

child abuse and neglect has boosted mental health needs in the practice of child welfare. To elucidate the challenges to develop effective community mental health systems for children and adolescents in our society, we reviewed the current mental health services using framework of Systems of Care.

Method: Child and adolescent mental health services currently provided by four sectors (mental health, child welfare, education, and juvenile justice) were identified, and sorted by the level of care defined by the Child and Adolescent Service Intensity Instrument (American Academy of Child and Adolescent Psychiatry, 2005).

Results: Although the access and availability were limited, there were various service programs across all 6 level of care in the mental health sector and the child welfare sector. Whereas, mental health services, especially those of higher level of care were insufficient in the education and juvenile justice sectors.

Conclusions: In general, mental health services for children and adolescents were insufficient, especially those for the children and adolescents with the most serious emotional and behavioral problems in Japan.

P-11 Psychoactive substance use among children in informal religious schools (Almajiris) in Northern Nigeria

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Introduction: 'Almajiri' is a term used widely in Northern Nigeria to describe children sent to live with and receive religious instruction from Quranic teachers. Unable to cater for their needs, the teachers send the children to beg and do menial jobs. Drug use and other forms of high risk behaviour have not yet been studied among this group of homeless children.

Aim: To determine the prevalence and socio-demographic correlates of drug use among the Almajiris.

Method: This was a cross-sectional survey, using a multi-stage sampling technique. Confidential interviews were conducted in informal community settings on 340 male Almajiris aged 5 to 16 years.

Results: The overall prevalence of drug use was 66.2%. The most frequently used drugs were stimulants (49.7%), volatile solvents (21.5%), cigarettes (19.1%) and cannabis (18.5%). The least used were alcohol (3.1%), sedatives (3.5%) and dried pawpaw leaves (5.3%). Children from polygamous homes had a higher prevalence of drug use than those from monogamous homes. This was true for all the drugs but was significant for volatile solvents ($p < 0.001$), cannabis ($p < 0.001$) and sedatives ($p < 0.011$). Use of cannabis had a significant relationship with polygamous family type (OR=15.2, 95% CI, 2.9-71.4), loneliness (OR=22.7, 95% CI, 4.8-111.1) and separation of parents (OR=3.6, 95% CI, 1.7-7.4). These factors were also significant for use of volatile solvents.

Conclusion: This study provides the first substantive evidence of the high prevalence of drug use among the Almajiris of Nigeria. This finding has far reaching implications for the present and future of the communities where these children reside.

P-12 Child and adolescent psychiatry in Xi'an China

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This paper addresses the condition of Child Psychiatry in Xi'an city. There are 7 parts in it. 1. Introduction-an ancient city that is a center of culture and tourist. 2. How can a medical student specialize in psychiatry? 3. Clinic training. 4. Clinical work. 5. History of Child and Adolescent Psychiatry in Xi'an. 6. Investigation in elementary schools in Xi'an. 7. Special treatments (according to my experiences). I am sure that you would like to know the status of child psychiatry in China as a whole, but today I can give you only a description of our work in Xi'an, which is not necessarily representative of child psychiatry in the rest of China. It should be helpful to get a hint of the whole country. We believe that more and more parents will pay more attention to child mental health as most Chinese have only one child. In general, child psychiatry in China has a bright future. Of course we need the help from all over the world. We need make friends from the entire world and we should learn more skill from them.

P-13 Patients' and parents' satisfaction levels about the treatment in a child and adolescent mental health in-patient unit

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Dokuz Eylül University of Izmir Turkey Child & Adolescent Psychiatry Dept.

Aim: The aim of this study is to demonstrate the feedbacks and the satisfaction levels of the adolescents and their parents who received treatment in the newly opened in-patient unit of Dokuz Eylül University of Izmir, Child and Adolescent Mental Health Department.

Method: The patients and their parents who received treatment and discharged during January 2006 and May 2007 were admitted to the study and they were reached at least one month later after they left the unit. They were asked to feedback their observations and perceptions about the treatment they received, evaluating from the admission assessment to the discharge process. A questionnaire separately designed for adolescents and their parents were used for this purpose. The questionnaires were posted to the patients living in another city and to the patients who were followed by other out-patient units than our department's. The others were asked to feedback when they attended their sessions in our out-patient unit.

Results: 4 patients out of 46 (%8.6) did not respond to the posted questionnaires. 2 (%4.3) patients could not be reached. In 40 cases (%86.9) either the adolescent or the parents responded to the questionnaire. In 1 case, although his parents filled the questionnaire, he refused to do so and visa versa was true for 5 (%10.8) cases.

Discussion: To know the adolescents' and their parents' experience of the treatment they received is very essential and valuable in terms of promoting the quality of service and accordingly better treatment outcomes of an in-patient child and adolescent unit.

P-14 The assessment of the treatment regime of a newly opened child and adolescent mental health in-patient unit

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Aim: The aim isto demonstrate the patients profile and the treatment outcomes of the in-patient unit of Dokuz Eylül University Child and Adolescent Mental Health Department.

Method: The hospital records of the patients admitted to the in-patient unit between January 2006 and May 2007 are examined retrospectively. With the help of the specially designed evaluation forms in the patient's files, it is possible to determine the diagnosis, risk and functional levels of the patients before and after the admission. SPSS program is used to evaluate the results statistically.

Results: Studying the records of the patients (n: 46), the age range is 11-18 and the mean is 15 ± 1.831 patients are (67.3%) female and the rest is (n: 15,32.6%) male. The length of stay is between 14-122 days and the average is 75.7 ± 25.1 days. 49.9% of the patients are diagnosed with affective disorders, 21.7% with psychotic disorders and 28.4% with other psychiatric disorders. All the patients (100%) receive pharmacologic treatment. The difference of the questionnaire and global severity scores of the patients before and after the admission are statistically significant.

Conclusion: The in-patient unit of Dokuz Eylül University CAMH Dept. is one of the few clinics in Turkey. According to the literature, the average length of the stay might be recognized as "short term stay", so that psychopharmacological treatments are used as well as psychotherapeutic help. It is shown by the significant change on the questionnaire scores that the multi model multidisciplinary therapeutic community approach is effective.

P-15 Organisation of mental care for children and adolescents in post-war and transitional context

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Aim: During the nineties, in Rijeka there was no institutionalised psychiatric care for children and adolescents. Those were the years of breaking up the former state, war sufferings, social problems in post-war period, transitional challenges. Consequently, there occurred a crisis in society, especially in the family. Children and adolescents are especially sensitive when it comes to changes in the functioning of family so the need for the institutionalised psychiatric care rose as a necessity.

Method/Results: The development of the Unit for Adolescents and Family on the Psychiatric Clinic, began in 1998 by clinical work during which we conducted the screening of psychopathology and obtained experience in work with this population. The need for stationary part appeared as a necessity, so a six-bed hospital segment of the Unit was introduced. The biggest space for program, time and team engagement for adolescents was offered by opening day-hospitals for early, middle and late adolescent sub-groups. Therapeutic programs were formed around the basic of psychodynamic theory with different compositions

for therapeutic content: art therapies, educative groups, psychodramas, small groups, game therapies and modified family therapies.

The multidisciplinary team is educated in the field of children and adolescent psychiatry, psychotherapy and group analysis.

Conclusion: The forming oof children sub-section is in progress, almost the connection with the structures of non-hospital care in the city (private practice, social care, counselling, associatins) and sreate a web of psychiatric care for children and adolescents gathered around the Unit for Children, Adolescents and Family.

P-16 Emergency presentations to a child and adolescent psychiatry clinic

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Children and adolescents demand psychiatric help from mental health clinics discontinuously and irregularly. In Turkey about 25 million children and adolescents under age 18 comprise 36% of the whole population. Nevertheless only about two hundred child psychiatrists serve for this population. In these circumstances it is likely that this pediatric population has difficulties to get appropriate mental health care. There is also increasing demand on emergency mental health services for children and adolescents. Therefore it is very important to organize properly routine and emergency mental health care for pediatric population. There is little research on emergency presentations to the child and adolescent mental health services. Studies evaluating the emergency psychiatric needs and priorities of children and adolescents may be useful for the effective use of limited resources.

P-17 Aiming towards a better organization of mental health services for children and adolescents: utilization of the results of a recent study

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A community mental health service should be adapted to the evolving needs of the population to which it is directed. It is well documented that in order for preventive programmes in child and adolescent psychiatry to be designed in the best way and human resources to be distributed properly, the first step required is the mapping of the actual needs and problems of each area. In order to evaluate whether the needs of the child and adolescent population of a certain sector of the city of Athens, a modern expanding metropolis, have been changed in an 8-year period, a comparative study was conducted. The purpose of this presentation is to present the ways in which such results have contributed to a more useful organization of programmes of prevention and mental health services to the evolving socio-cultural needs, applying data regarding age, sex, educational rank and the most common symptoms and difficulties referred by parents of children and adolescents, in order to orient professionals and resources to the actual necessities of our

sector and obtain early and effective cooperation among professionals of mental health of children and adolescents.

P-18 Teaching skills of emotional regulation to juvenile offenders. Assessment and effectiveness of group intervention strategies in a German adolescent psychiatric unit

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Aim: In the treatment of juvenile offenders facing long term stay as inpatients in an adolescent psychiatric unit teaching skills of emotional regulation was identified as a task of major therapeutic importance.

Method: Referring to theoretical concepts on emotional regulation published by Crick & Dodge (1994) and Zimmermann (1999) as well as on the work of Linehan in the field of dialective behavioural therapy (DBT) a series of 24 units was developed and applied to a group of convicted delinquents (n = 7; m = 6; f=1) aged 18 to 22.

Results: The evaluation of a series of questionnaires given to participants before and after training leads to the following conclusions:

1. The training is characterized by the participants increasing means to deal with emotions in general (increase of adaptive strategies in emotional regulation). The ability of showing empathy towards others and a decrease of conduct disorder could be demonstrated. However, the ability to deal with feelings of anger and frustration was not shown to increase according to a pre-post measuring scheme based on the STAXI questionnaire.

2. Changes in the application of such a training of teaching emotional regulation should be made by extending each therapeutic unit to 90 minutes, establishing a constant team of two therapists throughout the training and using therapeutic homework to integrate the essential messages of the training into the every day life of the psychiatric unit. Also, strategies of reinforcement already underwent changes during the application of this first series stressing the importance of constant and active participation.

Conclusion: The modified version of this training will be a cornerstone of future therapeutic work addressing delinquent youths in our psychiatric unit.

P-19 The effect of zinc supplementation on state-trait anxiety inventory for children scale points in low income school aged children

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Zinc deficiency is common in children from developing countries. Zinc deficiency increases the risk of infection and growth retardation. Zinc supplementation reduces the infection rate and promotes growth velocity in children. Observational animal studies showed that; zinc deficiency also causes behavioral changes and more anxious behavior

in monkeys. There are limited intervention studies about the effects of zinc supplementation on neuropsychological performance of school aged children. The aim of this study is to determine the effect of zinc supplementation on anxiety levels in low-income school aged children. In this double blind randomized, placebo controlled trial, 226 third-grade children received daily 15 mg elemental zinc or placebo for 10 weeks during first half of the school year. State-Trait Anxiety Inventory for Children Scale was used to determine the anxiety points before and after zinc supplementation. Student t test was used to compare the study and placebo groups at baseline. There were no differences between two groups for sociodemographic characteristics and State-Trait Anxiety Inventory for Children Scale points at baseline. "Paired samples t test" was used to compare before and after anxiety points of the study group and placebo groups. State Anxiety Inventory for Children Scale points decreased from 37,39±5,96 to 35,23±6,96 (p=0,007) in the study group and 36,07±6,05 to 33,55±7,46 (p=0,002) in the study group at the end of the study. But Trait Anxiety Inventory for Children Scale points did not change in both groups. No effect of 15 mg zinc supplementation on State-Trait Anxiety Inventory for Children Scale points could be demonstrated in our study. The improvement in both groups may be related to intervention effect.

P-20 The effectiveness of the parent child communication education given to parents

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Purpose: This semi-experimental study has been prepared on parents having child in the age group of 4-6 years as a parent-child communication education program. The aim of the study has been to determine the effect of this educational program on the knowledge level of parents in related to their communication skills with their children.

Method: Pre-test and post-test models have been used in the study. The sampling has covered 50 volunteer parents (father or mother) having 4-6 years old child in nursery school located in Zonguldak city center. A personal information questionnaire form, a knowledge test about parent-child relationship program, an evaluation form that considers communication skills of parents they use and a form that evaluates the educational program have been used as data collecting tools. Data processing has been carried out by using computer aided SPSS software. The data of dependent and independent groups has been evaluated one-way analysis of variance, Mann Withney-U Test, two sample Wilcoxon Rank Sum, and Kruskal-Wallis Test.

Results: It has been found that the majority of participants of program is female and has a university degree, they all have their children voluntarily and the majority of the participants do not have an adequate knowledge level in parent-child communication skills. It has been determined that the average of total post-test knowledge point and total point about each topic has increased prior to the program. There have not been found any statistical significance between the participants' average difference of total knowledge point of parent-child communication pre-test and post-test and the participants' age, sex, education,

profession, the number of children and having some kind of information prior to the program carried out. When self-evaluation of participants is considered a progress has been found out in their self-awareness of some communicational skills and use of communication and problem solving skills after the program.

P-21 Problems and perspectives of mental health protection of children and adolescents in Belarus

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Aim: In the Republic of Belarus more and more children with problems of psychological adjustment are revealed annually. Boundary non-psychotic psychological disorders among children are revealed in 2006 with the frequency of about 28.3 per 1000 of children's population. For all kind of mental disorders this index is 34.5 per 1000.

Method: The prospective examination of the cohort of 250 children at the age from 6 to 12, formed by random method, has been conducted.

Results: The study shows that the total index of recurrence of mental and behavioral disorders (including combined forms) accounted 24,8% (62 cases). Such significant indices of prevalence of mental and behavioral disorders among children are, first of all, the result of screaming methods, applied for the first time on a large population, showing the under-water part of "an iceberg", which was not reflected in the official statistics.

Conclusion: Those data show an urgent necessity of further development in child psychiatric and psychotherapeutic service in the Republic of Belarus.

P-22 Application of filial therapy in child psychological counseling in China

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Aim: To explore the effects of filial therapy in child psychological counseling in China.

Method: Parent was trained to manage the filial therapy and then, did home play sessions with their children 30minutes a week. Checklist of the empathy in adult-child interaction (MEACI) and Portor parental acceptance scale (PPAS) were filled before and 8 weeks after the therapy.

Results: Total scores of PPAS and scores of feelings, uniqueness, autonomus and love unconditionally to child is increased. Empathy in adult-child interaction improved obviously in parent-child play session after filial the therapy.

Conclusion

Filial therapy can be applied to child psychological counseling in China.

P-23 A role of child and adolescent psychiatrist in the complex medical aid delivery to the families suffered from terrorist attack

Portnova Anna, Golub Sof'ja

The terrorist attack in the North-Osetian city of Beslan (Russian Federation) resulted in 1250 hostages suffered. 2/3 of them were children and adolescents. Knowledge of cultural traditions and national language as well as

experience in the field of child and adolescents psychiatry were the reasons for inclusion of the specialist to the team of psychologists and psychiatrists working to deliver aid to the victims of terrorist attack and their families.

The complex of rehabilitation, therapy and psychological correction was carried out at the following stages: 1. At the focus of conflict in Beslan, from the first until 12-th day. 2. The same place, 6 months later. 3. In Moscow, at the Serbsky Centre. 4. In Germany, during rehab program.

The professional aid was delivered to 60 children (from 5 years old); 123 adolescents (80 females and 43 males); 58 adults (43 females and 15 males) - to the 120 families in total. Carrying out the rehab program, not only the clinical manifestations of PTSD and acute response to stress were taken to account, but as well, the concomitant associated somatic pathology due to physical exhaustion, bomb and mine explosion trauma, firearm wounds or burn disease. The knowledge of cultural specific context was of particular importance. This context included international relations, traditions of the blood feud and temperament of Osetian and other (peoples from Caucasus, social-psychological behavioral mechanisms and peculiarities of communication and interaction in their families (Where children are of great value, the honorary role of family head is given to a man and the role of family hearth keeper and child upbringing is given to a woman).

Macro- and micro social factors as well as peculiarities of behavior in the cultural context were taken into account at every stage of complex rehabilitation of victims and their families.

P-24 Assessment of effortful control in childhood: questionnaires versus performance-based measures

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In 1989, Mary Rothbart introduced the term 'effortful control' (EC) to describe a capacity for self-regulation that emerges in children's development, including the ability to inhibit behavior effortfully as appropriate (inhibitory control), the ability to activate behavior when needed (activation control) as well as more covert attentional processes (voluntarily focus or shift attention as needed). EC is conceptualized as a core aspect of temperament, enabling the individual to gain active control over prepotent behavioural and emotional responses. As such, it is believed to protect the individual from the development of emotional and behavioral problems.

The main aim of the present study was to compare widely used self-/parent-report questionnaires with the Test of Everyday Attention in Children (TEA-Ch; Manly et al., 1999), a neuropsychological assessment battery tapping EC. The sample consisted of 109 children between the ages of 8 and 16, recruited from Belgian schools. Intercorrelations between questionnaires and TEA-Ch performance and associations of both types of assessment instruments with indices of psychosocial functioning (psychopathology, self-competence, peer acceptance) were explored. Associations between questionnaire data and TEA-Ch performance were generally scarce and weak. Moreover, both types of

assessment instruments were found to show differential patterns of associations with indices of psychosocial functioning. Potential explanations of these findings will be explored and interesting targets for future research will be indicated.

P-25 The association between risk taking, anger, prosocial tendencies and, bullying/victimization

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Aim: The studies have recently indicated that risk taking behaviors were associated with bullying.

Also, anger was frequently found to be correlated both with bullying and victimization. On the other hand, prosocial tendencies might be related to bullying/victimization especially when the egocentric social cognitive structure of proactive prosocial behaviors were thought. This relationship might include the covariant role of prosocial tendencies. So, the aim of this study was investigating the association between risk taking, anger and, bullying/victimization by taking the covariant role of prosocial tendencies into account.

Method: The sample included 435 adolescents from 9th-10th grades in Ankara. A 2x2 MANCOVA was performed on bullying and victimization. Adjustment was made for three covariates; proactive, reactive and altruistic prosocial behaviors. Independent variables were risk taking (high vs low) and anger (high vs low).

Results: Results revealed that risk taking (Wilks $\Lambda=.80$) and anger (Wilks $\Lambda=.93$) were significantly related to DVs. Also the interaction of risk taking and anger (Wilks $\Lambda=.98$) was significant. To investigate the power of covariates to adjust dependent variables multiple regressions were run. These results indicated that only proactive prosocial behavior provided significant adjustment to bullying but not to victimization. The β was .12 ($t(213) = 2.97, p < .01$) with η^2 value of .022. Roy-Bargmann Stepdown analysis was performed to examine the individual main effects of risk taking and anger after adjustment for covariates. The results revealed that high risk taking was associated with higher bullying scores.

Conclusion: Proactive prosocial behaviors had been found as a covariate between risk taking and bullying.

P-26 Expose to chronic aircraft noise and continuous performance and emotion, behavior characteristics, reading and vocabulary ability in Korean children

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Aim: It has been known that chronic noise exposure causes various influences on early childhood development, education, school performance and health. This study was

focused on the influence of chronic aircraft noise exposure on children's emotion, behavior characteristics, reading and vocabulary ability in Korean Children.

Method: Between september and october, 2005, we enrolled 586 children in 4th-6th grade of seven primary schools near air base in Korea. Child behavior check list- Korean version (571), Korean Personality Inventory for Children (586), Kovac's children's depression inventory (464), Abbreviated Conners Parent-Teacher rating Scale-Revised, State-Trait Anxiety Inventory (464), Reading and Vocabulary ability test involving 2 schools in a helicopter noise-impacted urban area and 3 schools in a fighting plane noise-impacted urban area were compared with those of children from 2 matched control schools in low-aircraft noise-impacted urban areas in Korea.

Results: Family discomfort, Autistic symptoms of Korean personality inventory for children were significantly higher among children in schools with a helicopter noise and a fighting plane noise compared to the low noised schools. Also, both low and high difficulty function of reading test, and Spielberger trait anxiety inventory significantly higher among children in schools with a helicopter noise and a fighting plane noise compared to the low noise schools. Child behavior check list, Kovac's children's depression inventory, Spielberger trait anxiety inventory, and vocabulary test were not associated with a aircraft noise among children in schools compared to the low noised schools.

Conclusion: Children in a chronic aircraft noise schools was associated with autistic behavior and family discomfort. Also therefore, there was a possibility for chronic aircraft noise exposure was associated with family environment function other than depression and anxiety. It also shows chronic aircraft noise was associated with impaired reading ability other than vocabulary ability.

P-27 Dysfunctional attitudes and coping strategies in various child psychiatric disorders

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Introduction: it seems not unwise to specify coping strategies and dysfunctional attitudes according to different child psychiatric disorders, as they may be typical either to internalistic-overcontrolled / externalistic-undercontrolled groups of disease or to the individual illness.

The aim of the study was to clarify the possible specific differences between disorders of internalistic group (4) and those of externalistic group (2) in psychological modalities of dysfunctional attitudes and coping mechanisms.

Method: The authors compared a monodiagnostic sample of a total of 158 adolescent outpatients (54 males mean age 16.0 SD 1.16 and 104 females mean age 15.9 SD 1.11) suffering from major depression (n=35), dysthymia (n=20),

social phobia (n=11), generalized anxiety disorder (GAD n=12), conduct disorder (n=15) and adjustment disorder (n=65) according to 5 + 4 factors of the shortened Hungarian version a) of the Dysfunctional Attitude Scale (DAS, Burns 1980) and b) of the Ways of Coping Checklist (Lazarus & Folkman 1984). New adolescent outpatients were recruited from a representative pool of 5 regional child psychiatric centres in the Western-Hungarian region. Diagnoses were confirmed by the Hungarian version of the M. I. N. I. Plus Neuropsychiatric Diagnostic Interview. One-way ANOVA with post-hoc test was used.

Results: The patient groups differed from one another significantly only in a few test items, but all the differences were found as expected demarcating between the internalizing (overcontrolled) and externalizing (undercontrolled) disorder domains. The MD group had a significantly higher mean in achievement scale than the group with adjustment disorder, behavioural subtype. Dysthymic adolescents had a significantly higher level of seeking for support than the patients suffering from conduct disorder.

Conclusions: More specific- and age sensitive - questionnaires are needed to reveal the specific coping and attitudinal differences of adolescents suffering from different psychiatric diseases.

P-28 Evaluation of art therapy in child and adolescent psychiatry

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Aim: Adolescents are able to express their emotions by painting. To facilitate the assessment of the paintings could bring much benefit for clinical diagnostics and therapy.

Method: We generated a multi-item worksheet to evaluate multiple aspects of adolescent's pictures. We tested the practicability by evaluating 235 pictures of 12 adolescent patients using this worksheet. Subsequently we scored the benefit of the discriminative items in contrasted with intuitive regarding the pictures.

Results: Many of the items were useful to differentiate between patients. There also could be assessed a change of painting style in the course of inpatient therapy. Despite of the small sample of patients we found differences between diagnoses. E. g. psychotic patients expressed less tension at the end of treatment whereas patients with emotional disturbance were able to express more tension by progress of therapy.

Conclusion: A structured evaluation of patient's painting is helpful. Characteristics of patients, changes during treatment and a distinction between different diagnoses can be detected by this worksheet. Patients pictures can show a reduction of affective tension according to treatment but also a development of expressiveness. The use of this worksheet in combination with intuitive evaluation enhances the profit of art therapy in adolescent psychiatry. These results will be demonstrated by selected pictures.

P-29 The relationship between adolescents' well-being and parental subjective health

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Aim: To examine the relationship between parent subjective mental and physical health and adolescents' health-related quality of life (HRQoL) as well as the role of gender, socioeconomic status, presence of chronic health care needs and social support on the above interaction.

Method: Questionnaires were designed and administered to a Greek nation-wide random sample of adolescents (N=1194) aged 11-18 years and their parents (N=973) in 2003. Adolescents' and parents' status was assessed, together with reports of socio-economic status and level of social support. Various statistical tests were used to determine the extent to which these variables were related to each other according to the aim of the present study.

Results

Better parental general mental health was significantly correlated with higher adolescent self-reported physical and psychological well-being, moods and emotions, parent-child relationships, school environment and financial resources. The reporting of better general physical health by parents was strongly associated with reporting of more positive self-perception by adolescents. Male gender, younger age, absence of chronic health care needs in the adolescent, high social support, and higher family income were positively associated with higher adolescents' well-being and functioning in various HRQoL domains.

Conclusion: This study reinforces the importance of parental health and well-being as a critical factor on the children's perception of how well they feel and function.

P-30 Resilience factors in institutionalized children and adolescents

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Introduction: The concept of resilience pertains to the ability people develop throughout their life which allows them to grow up favorably despite the risks or stress factors they have to deal with. It is a complex process that results from the interaction between vulnerability factors and protection factors. We intend to study a field yet quite unexplored in scientific research: protective factors. Researching resilience only makes sense when applied to populations considered at risk which, simultaneously, present adaptive attributes; that is what we find in Child and Adolescent Residential Institutions. Particularly in our country, the number of children/adolescents institutionalized is rising.

Aim: To identify resilience factors and their association with psychopathology in children/adolescents of three institutions in Lisbon.

Method: Data was collected from a sample of children and adolescents, aged between 6 and 18, who had been institutionalized for at least a year; the three Lisbon institutions were chosen based on convenience. Children/adolescents diagnosed with a developmental disorder were

excluded. We applied the CBCL and check-lists to identify resilience factors and characterize the children/adolescents, the institution and the community. Statistical analysis was performed using SPSS.

Results and Conclusion: Results will show the association between the presence of resilience factors in the individual and the absence of psychopathology. We will also identify the resilience factors whose absence is more associated with specific psychopathology factors in CBCL subscales.

P-31 Maternal mental health as a mediator between family factors and child mental health in Russia

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The aim of the study was to examine relations among maternal anxiety-depression, socio-economic status, family risk factors and child psychopathology in a stratified random sample of 448 Russian schoolchildren aged 7 to 14 years (Goodman et al., 2005). Child's principal caregivers completed the Self Reporting Questionnaire (SRQ) and brief inventory measuring socio-economic status and family factors. Child mental health was measured by the Strengths and Difficulties Questionnaire administered to parents, teachers and children older than 11 years. Maternal anxiety-depression was predicted by low educational level and occupational status, single parenthood, health problems in the family and child's male gender. Mediation tests indicated that maternal mental health partly accounted for the impact of socio-economic status on child psychiatric problems. There was no evidence of the moderational effects of maternal mental health.

P-32 Psychopathology and needs of psychiatric and psychotherapeutic interventions among the children placed in "child nursing homes" in Japan

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The number of child maltreatment cases confirmed by child guidance centers had been increasing rapidly in these twenty years and reached 37,323 in 2006 in Japan. The most of maltreated children separated from their parents are placed in "child nursing homes". Approximately 60% of children placed in child nursing homes had experienced maltreatment. The authors had been involved in psychiatric consultation for staffs working in several child nursing homes. Objective of this study was to clarify psychological condition and needs of psychiatric and psychotherapeutic interventions among children placed in child nursing homes. The authors asked the child caring staffs working in three child nursing homes to participate in the research

and respond to the Japanese version of Child Behavior Checklist (CBCL; Achenbach, TM) and the Japanese version of ADHD Rating Scale-IV (ADHD-RS; DuPaul, GJ et al.) of all children aged 4 to 18 years whom they were caring for. The total number of children whom the participants cared for was 138. Fourteen children (10.1%) scored over the borderline level of internalization scale in CBCL and 18 children (13.0%) scored over the borderline level of externalization scale in CBCL. Twenty five (18.1%) scored over the cut-off point of ADHD-RS. Forty five children (32.6%) received psychotherapy. These findings suggested the children placed in child nursing homes had many psychological and behavioral problems caused by multidimensional factors. Comprehensive psychiatric and psychological supporting and servicing system should be provided for them.

P-33 Cognitive-behavioral parent training group with children with attention-deficit hyperactivity disorder: showing changes

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Aim: The prevalence estimated for Attention-Deficit Hyperactivity Disorder (ADHD) in general population is between 3 and 5% . In Parc Taulí Infant and Adolescent Mental Health Center (CSMIJ) 35,57% of the external patients had clinical characteristics of ADHD, with a male/female ratio of 8: 2.

The high prevalence of ADHD is presently a health-care challenge. An effective treatment while optimizing available health-care resources is necessary. This can be achieved using parent training group programs, based on cognitive-behavioral therapy.

Method: This study examines changes in parent functioning resulting from participation in a behavioral parent training (PT) program specifically designed for school-aged children with ADHD. ADHD patients are referred by Infant Mental Health Department (CSMIJ) and Pediatrician Department of Parc Taulí Hospital as part of ADHD Clinical Guide. The program described consists of 10 weekly sessions. The goals for each session are specified in the poster.

A clinical interview, behavioral inventory and TDAH scales for parent and child were used to evaluate effectiveness of PT program.

Results: The subjects who completed ten-session PT program showed post-treatment improvements in both child and parent functioning.

Conclusion: Parent training program based on cognitive-behavioral therapy is effective to improve managing behavior of child with ADHD.

P-34 A creative group therapy model with adolescents in an in-patient setting

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Aim: The notion that adolescence and creativity are linked in some special way is widespread and the two topics are being discussed together in a rapidly growing body of literature. Vast majority of the literature emphasizes that

creative achievement serves particular goals arising from developmental tasks of the adolescence period and it cannot be attained in a meaningful way before that time of life. We attempt to indicate that adolescents are already creative due to the natural features of this developmental stage and this helps generally to establish "stable self" during adolescence. Furthermore, this can be useful in the work of therapy with adolescents. In this study, we introduce a creative group therapy model with adolescents in an in-patient child and adolescent mental health unit.

Method: Creative group therapy held in an in-patient unit twice a week, run by two therapists. Various branches of art (drama, painting, music etc.) have been used as treatment instruments to facilitate the expression of internal conflicts and turmoil. The structure of the group therapy session and two remarkable case examples will be described. Additionally, the adolescents are asked to evaluate the treatment modalities that they had received during their stay in the unit by filling a questionnaire after they were discharged.

Results: The adolescents (n: 40) who received several different treatment modalities during their stay give one of the highest scores (4.0 ± 1.2 out of 5) for creative group therapies. They find these groups very helpful and supportive.

Conclusion: The discovery of the creative seed can be a new resource in health as well as illness. Discovering that he (or she) can perceive and express thoughts in ways and depths not previously experienced, the adolescent gains a new set of skills for the enhancement of self-awareness and promotion of understanding others.

P-35 Focusing on the discharge period through separation groups in a child and adolescent mental health service

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Aim: Separation is a very important concept during adolescence, which contains various emotions such as loss, grief, despair, enthusiasm and fear. For the adolescents in an in-patient mental health treatment setting, the discharge period means "separation from the service" and it needs to be worked through. Separation groups are formed to serve this purpose and the aim of this paper is to provide information about the group setting and the outcome.

Method: Separation group in our unit is a form of group therapy; in which the patients that are given a discharge date and the patients that are discharged from the service (for the four weeks following their discharge date) join together. The main theme of this group is "separation" and this theme is worked through in the context of "achieving or trying to achieve a healthy separation" from the patient's period in service and the inpatient treatment. The statistical data from the applications have been analysed with frequency analysis and the themes discussed in the groups have been analysed qualitatively.

Results: The groups are held weekly. Common themes of the sessions are grouped as; pre-discharge and post-discharge themes (anxieties, future plans, stigmatization, social isolation, missing the service, being remembered

by the service team and/or friends, family support, fear of relapse etc.).

Discussion: For the children and adolescents under mental health service care, discharge period is hard because it contains both leaving the positive experiences behind and returning back to the external world of problems.

Conclusion: It is seen crucial to provide these patients with opportunities to work through separation and to support them with a group therapy application designed specially to serve this aim.

P-36 What helps the child? Nursing interventions on a child psychiatric ward

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Models of child psychiatric nursing are lacking. The theoretical basis of this study was Munnukka's (1993) collaborative relationship model, which was originally developed for adult patients. The aim of this study is to describe the types of nursing interventions specific to child psychiatric hospitalization. Describing nursing interventions helps the clinical nursing staff to analyze and evaluate their work in order to ensure the quality of their work.

The data consists of eight essays written by nurses working on a ward with an eighty-year history in child psychiatry. The data was analyzed by inductive content analysis and also compared with Munnukka's model.

Child psychiatric nursing interventions vary depending on the child and his family. The primary nurse works for the child and the family by giving his time, showing genuine interest and keeping promises. The main categories were 1) building trust, 2) sharing everyday living, 3) doing, experiencing and sharing together, and 4) empowerment. The nurses emphasized special helping methods in child psychiatry: therapeutic holding, group therapy and the so called nestle care.

The study presented specific child-centered interventions, which need further research on their usability in other child mental health settings. Describing child psychiatric nursing requires more basic research on the concepts of nursing interventions. The Munnukka's model is very suitable as a theoretical basis of child psychiatric nursing. However, the concepts need modification and adjustment to the specific context.

P-37 Calls to helpline-connection from parents of one parent families emerging from divorce: main issues of concern. The role of the helpline

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Helpline-Connection, Counseling Telephone Helpline for the Psychosocial Health of Children and Adolescents, A. P. C. H. A, Athens, Greece

In Greece Helpline-Connection, the Counseling Telephone Helpline for the Psychosocial Health of Children and Adolescents of the Association for the Psychosocial Health

of Children and Adolescents (A. P. C. H. A) is operated by mental health professionals under the auspices of the Ministry of Health and Social Solidarity and the European Union. The telephone helpline objectives mainly concern the provision of preventive services in the field of child and adolescent mental health. Therefore, it answers all calls that concern everyday and/ or crisis-related issues from children, parents, educators and anyone that may be interested.

19% of the calls to the Helpline have been made by single parents, in the majority mothers, who are divorced. The calls reflect the increasing rate of divorce among Greek couples and the particular challenges of one-parent families. Main issues of concern regarding the new role of callers as one parents towards their children and the necessity for intervention rise: difficulties in handling children's behaviour in everyday life, concerns about children's mental health and difficulties in parent-children relationship are the most frequent discussed issues. The telephone counselors receive the calls, assess the request and provide psychological support and referral to community services when necessary.

The operation of the Helpline is important in the field of primary intervention as it is available nation wide and allows a first contact with a mental health service especially to callers from the countryside where there is a great lack of community mental health services. Further relevant issues will be discussed.

P-38 CAMHS outreach service

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To review a service provided by CAMHS for children at Harbour, a local special school.

Outreach clinic in harbour school, a special school for children with a combination of behaviour, social emotional and learning needs. It has a population of 103 pupils ages range from 5 to 16. All children have a statement of special needs,

The clinic is held on a monthly basis and it has been running since 6th February 2003 with 11 pupils seen in 2003, 24 in 2005, 24 in 2006 and 30 in 2007. 3=4 children are seen every time with their parents/carers and class teachers.

Eligible children are identified by their class tutors who fill in a referral form highlighting their concerns, a similar one is sent to parents. The clinic coordinator liaises with parents and other agencies. The referral criteria are the same for Tier 3 speciality service.

Services provided are:

New assessments

Medication initiation and review

Psychoeducation

Sign posting

Discussion: Regular and rapid access for children with complex needs, providing good communication with children's services, and helping to design an immediate action plan for early intervention. Hands on quick response to concerns, also helps to identify physical problems and facilitate management. Highly regarded as alleviated stress and tension and enabled home and school to work more effectively.

P-39 Collaboration between the clinic and the school: the ideas and expectations of teachers on mental health problems of children and their treatment process

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Interagency collaboration and teamworking are common terms when dealing with mental health problems of school-aged children. The aims of this study were to determine the ideas of the teachers of the children under medical assessment in Ankara University Child Psychiatry Clinic on their students' mental health problem and treatment process; their relationship with the medical team and their views on collaboration. Data were obtained through face-to-face interviews with 36 teachers. The reasons of children and families for application to the clinic were mostly academic failure, behavioral problems and attention deficit, however more than half of the teachers reported an inconsistent problem. Most of the teachers found the origin of the problem in parental attitudes and structural reasons and therefore found it necessary to work on the relationship within the family in treatment process. Although most of the teachers tried to get over the problems arising in the classroom, none of the teachers had a direct contact with the treatment team. The need to get information from the team was one of the mostly mentioned expectation. Besides, half of the sample reported their willingness to work in collaboration with the clinicians. The findings of the study were discussed within the frame of the roles of social worker, who can be an effective team member in psychiatry clinics that enables the participation of teachers and the larger school system into the treatment process and develops a collaborative relationship for a more effective treatment and follow-up service for the child.

P-40 The never-ending storm: the impact of prolonged displacement on the psychosocial well-being of tsunami-affected children

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Aim: After the 2004 tsunami, numerous families were forced to move to temporary living shelters. We were interested in the impact of prolonged displacement on the psychosocial well-being of children.

Method: 155 children and parents dyads in Meulaboh, Indonesia were interviewed, of which 62 were still living in temporary living shelters. Children were asked a set of simple questions, among which was 'do you have any fears?' **Results:** Interestingly, children living in temporary living shelters were significantly less likely to report that they had any fears compared to children living in villages, even after adjusting for age, sex, socioeconomic class, and expected exposure to the tsunami ($p = 0.0130$). This finding may be reflective of a higher threshold for reporting fear, lowered expectations for comfort, or having less to lose. However, despite reporting fears less frequently, children living in temporary living shelters also reported having fears that were reminiscent of the tsunami ("wind," "rain,

" etc.) compared to children who were never displaced. This finding suggests that continued residence in the temporary living shelters may be a persistent reminder of the tsunami that is generating a prolonged fear of tsunami-related phenomena, even two and a half years later.

Conclusion: In addition to the obvious violations to the children's physical well-being, we argue that prolonged displacement in shelters after a traumatic event may also violate children's psychological well-being through persistent reminders of the trauma thus disallowing children to optimally recover. More generally, children with prolonged displacement experience fear differently and may have different needs.

P-41 Policy and service delivery in community settings

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Standardized instruments completed by different informants to assess competencies and behavioral/emotional problems provide cost-effective ways to improve service delivery in a variety of settings, including mental health programs, schools, social service agencies, residential programs, and justice settings. The Achenbach System of Empirically Based Assessment (ASEBA) comprises standardized instruments for rating competencies and problems from ages 1.5 to 90+. ASEBA instruments are widely used to evaluate needs for mental health services, to select goals for interventions, to track progress in response to interventions, and to evaluate services in a variety of settings. Leslie Rescorla will begin the symposium with an overview of the issues involved in implementing the ASEBA to improve service delivery in community settings. Halldor Gudmundsson will then describe applications of ASEBA multi-informant assessment for planning service and/or evaluating program outcome in various settings in Iceland, including child protection and unemployment/rehabilitation. Next, Leslie Rescorla will describe applications of the ASEBA to plan and assess school-based mental health services provided by community agencies to children in the Philadelphia School District (United States). Then, Masha Y. Ivanova will describe applications of the ASEBA to track treatment progress for children being served by the state mental health system in Vermont (United States). Finally, Neşe Erol will describe use of the ASEBA to assess the behavioral and emotional adjustment of children in orphanages in Turkey. Both the challenges and accomplishments of applying the ASEBA in community settings will be addressed.

P-42 Policy and service delivery issues and accomplishments: implementing ASEBA in Iceland to improve evidence-based service delivery

Halldór Sig. Guðmundsson

University of Iceland

This presentation describes implementation and use of ASEBA instruments in social service and educational settings in Iceland. Changes in service delivery will be highlighted from the viewpoint of users. The effects of

having multi-informant empirical data and documentation to use for planning services and evaluating program outcomes will be discussed. Issues of the implementation process will be described, and methods of approaching and working with clients when using ASEBA assessment tools will also be addressed. Examples of implementation of this evidence-based assessment approach in various settings will be described, including social work, child protection, schools and unemployment/rehabilitation.

P-43 Policy and service delivery issues among institutionally-reared Turkish children

Neşe Erol

Ankara University, Turkey

The aim of this study was to define mental health service needs and service utilization among Turkish children residing in institutions. The sample consisted of 674 children ages 6 to 18 living in twelve institutions under the State Social Services and Child Welfare General Directorate. Assessment was conducted using the ASEBA (CBCL, TRF, and YSR). Children and adolescents from our national mental health profile representative sample served as the control group. According to ratings by caregivers, teachers, and adolescents, respectively, the prevalence of clinically significant behavioural/emotional problems was significantly higher for the institutional sample than for the community sample: 18.3% ,23% , and 47% 9% ,11% , and 11% .

The referral rate was 2.4% for institutional care group and 3% in the community sample, indicating an unmet need of mental health care in both the community and the institutional care groups.

P-44 Example of implementation of the achenbach system of empirically-based assessment: Vermont Department of Mental Health

Masha Ivanova, Dicle Türkoğlu

University of Vermont

The Child, Adolescent and Family Unit of the Vermont Department of Mental Health (DMH) implemented empirically-based procedures in its Intensive Services Program in 2004. The Intensive Services Program serves children with acute psychological problems through a network of ten Community Mental Health Centers. At intake and every six months thereafter, the children's primary caregivers completed the Child Behavior Checklist and case-managers completed the Family Information Form in all ten Community Mental Health Centers and over 400 children have been assessed. Implementation success was facilitated by the following factors: (1) a free workshop on the benefits of empirically-based assessment in clinical settings was conducted at the Community Mental Health Centers before implementation; (2) DMH personnel took responsibility for entering and scoring the questionnaires; and (3) one key person at the DMH was charged with data collection and management.

P-45 Development of psychopathology in female adolescents following placement in a juvenile justice institution

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Aim: Over the last decades behavioural problems in girls are increasing, leading to more placements in Juvenile Justice Institutions. Many girls in a Juvenile Justice Institution have severe psychiatric disorders, externalising as well as internalising. Little is known about the development of this psychopathology after placement in a Juvenile Justice Institution. The aim of this study is to investigate the change of psychopathology and the level of social functioning of girls four years after admission to a Juvenile Justice Institution.

Method: In 2002-2004 a representative sample (n=218) of adolescent females placed in a Juvenile Justice Institution was studied with regard to psychopathology, behavioural problems and relevant socio-demographic characteristics (T0). Four years later a follow-up study is being executed with the same 218 girls. Outcome characteristics of psychopathology and social functioning were assessed by a combination of valid and reliable instruments (self-report and semi-structured), consisting of instruments used at T0, and new instruments fitting the specific objectives of this follow-up study and the increasing age of the participants. **Results:** Preliminary results of this study (based on follow-up of a group of 70) suggest high but diminishing rates of externalising problems (e. g. ADHD 21% compared to 29% when detained), an increase of drugs- and alcohol abuse (34% versus 23% before) and a stable high rate of internalising problems (e. g. depression 26% , PTSD 21%). For girls who have reached the age of 18, personality disorders were diagnosed, with levels as high as 35% for cluster B personality disorder. The social functioning of the girls was extremely poor, with very few participants holding a diploma or having a job. Most striking was that one in three was teenage mother. Updated results will be presented.

Conclusion: Four years after detention, participants still exhibit severe psychopathology, externalising as well as internalising forms, while cluster B personality disorder was common. For this reason, it is not wondering that social functioning is very poor, while the high levels of teenage motherhood are stunning. These findings should stimulate further research, and the development of intervention programs for this troubled subgroup.

P-46 The effectiveness of life skills education to strength, difficulties and self-image of adolescent students

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Introduction: In the period of adolescent, there are physical and psychological changes which involve in conflict of adolescent's life. Many changes happen in this transition period made this period very risky in the process of developmental. This condition is worsening in the modern

society nowadays. Life-skill education is an education for school age children to improve their psychosocial competence. With these kinds of skill, an adolescent can grow up reaching a degree of strong and positive personality.

Aim: To evaluate the efficacy of life skills education to strength, difficulties and self-image of adolescent students.

Method: In a five weeks pre-experimental clinical trial, one group pre and post test of life skills education module to 40 adolescent students aged 11-15, in one private junior high school in Jakarta, Indonesia. The samples were randomly assigned to pre and post test, using strength and difficulties questionnaires (SDQ) and Rosenberg's self-image questionnaires. These students were seen three times a week for 5 weeks and discussed 5 modules from life skills education, which are module of enhancing self-esteem, coping with emotions, coping with stress, coping with peer pressures, and conflict resolution.

Results and Discussion: The research is still on going, thus result and discussion will be presented at the congress.

P-47 Assessing entering child and adolescent psychiatry residents' clinical competency in interpersonal communication skills: use of the standardized patient

Sandra Fritsch, Jenny Skolfield, Rorie Lee

Maine Medical Center; University of Vermont College of Medicine

Aim: To determine if a Standardized Patient (SP) program can provide an assessment of the ACGME core competency of "Interpersonal and Communication Skills" and guide supervision and training. A child and adolescent psychiatry (CAP) "residency"/fellowship is only 2 years in duration; thus, assessment of the strengths and weaknesses of the entering trainee is essential.

Method: A four-station SP evaluation occurs in the first month of the training program and again 10 months later. The evaluation is comprised of four one-hour "cases" which evaluate physician/patient relationship, conduct of the interview, written communication, self-reflection, and ability to receive feedback from trained SP's. The trainee receives both written and verbal feedback from the SP. The evaluations are recorded. Data is compiled from the written SP feedback.

Results: Literature has been reviewed and this evaluation model has not been described in (CAP) training programs. To date four trainees have completed the entry SP evaluation. Data from the SP/Patient Satisfaction Ratings were analyzed. Trends for each resident were assessed in areas of Greeting, Rapport, Focus, Demeanor, Closing, and English Proficiency.

Conclusion: Areas of "difficulty" for individual trainee can be identified. Learning goals can be established. A preexisting program of SP's eases the burden of design and implementation. "Front-end", start-up time is the greatest and must be budgeted. Budgetary concerns include hiring and training SP's. Training should be enhanced by early identification of strengths and weaknesses of the CAP trainee. Use of SP's in CAP residency may also be a tool to assess competency for board eligibility.

P-48 Learning to teach: the effects of a teaching skills seminar on self-perception and application of skills in residents

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Aim: Medical residents are vital to the process of medical education. Research increasingly demonstrates that training residents how to teach results in better quality of teaching. However, resident opportunities to learn about basic teaching skills remain limited, as does evidence indicating the most effective method for doing so (1,2). This study hypothesizes that a three-hour seminar dedicated to understanding teaching skills will positively impact child psychiatry trainees' self-perception of these abilities as well as their application of these skills.

Method: As part of an eight-week intensive introduction to child psychiatry training at Brown University, trainees participated in a three-hour seminar dedicated to education, with focus on learning styles, teaching skills, and feedback. Pre- and post-seminar surveys were completed to assess self-perception of these skills. Peer feedback sessions were recorded during a weekly interviewing class to assess the application of these skills.

Results: Residents' responses to surveys before and immediately following the seminar indicated an increase in self-perception of competence in understanding learning styles, confidence in teaching skills, and ability to give effective feedback. This increase persisted, although diminished, when residents completed a survey one month later. Additionally, survey results were higher among seminar participants, all first-year trainees, than among second-year trainees who did not participate. However, no change was found in residents' patterns of quantity or quality of peer feedback during the interview class.

Conclusion: A single three-hour seminar dedicated to specific knowledge and skills associated with education increased trainees' understanding, confidence, and self-perception of ability both immediately after and one month following the seminar. Seminar participants felt more comfortable with these topics than trainees a full year ahead of them who had not participated. However, no measurable change was noted in behaviors with regard to giving peer feedback. Decreased survey results after one month indicates ongoing training opportunities in education are necessary. That actual behavior did not change following the seminar suggests a more extensive, ongoing approach is needed. Finally, residents' self-perception of their abilities does not always correlate with actual behaviors. The poster will also discuss study limitations and suggestions for further research and practice.

P-49 Child focused family work in adult psychiatry

Teija Korhonen

University of Kuopio, Department of Nursing Science

Aim: Aim of this study was to examine how nurses contribute children's healthy development in families affected by parental mental health problems, by supporting parenthood, children and social network of families in adult psychiatry.

Method: Survey was conducted in 2005 for 608 registered psychiatric nurses (n=370) and practical mental health nurses (n=238) were working in adult psychiatric units in all five Finnish university hospitals. 51% (n=311) of all nurses, 60% registered nurses (n=223) and 36% (n=88) of practical mental health nurses responded. Data were analyzed by frequencies, per cents and using Kruskal-Wallis (K-W) ANOVA test.

Results: Parenthood was supported significantly more by nurses who used further family education, family-centred care, group programmes. Professional experience, further family education and use of family-centred care and personal qualities of nurses were significantly related to nurse's activeness to pay attention to children of their clients in adult psychiatry. The nurses' individual characteristics, further family education and use of family-centred care was significantly related to their activeness in discussing the family's support network with the parents.

Conclusion: Nurses' professional and personal experiences increase their support for parents, children and family's social network. Further education for nurses is needed in order to implement child focused family work to adult psychiatry.

P-50 Mental health services, attachment theory and child-centred nursing

Paul Tarbuck

BSTMHT

Several theoretical models exist to describe the process of psychiatric nursing. One model has applicability in child-centred mental health nursing and is based upon the therapeutic use of security arising from Bowlby's attachment theory. This paper describes the model, implications for practice and application in illustrative case studies.

P-51 Psychic struggles in adolescence: identity and belonging

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Through pedopsychiatric consultation we face daily the clinical manifestations of the psychic struggles of adolescence: struggle with feeling low and struggle to feel real, to quote D. W. Winnicott; struggle to be recognised to use the terms we have presented from what we have called "fits of madness in early adolescence", in reference to a demand which has been growing for some years to respond to the alarming behaviours of very young teenagers.

The therapeutic approach of a suffering child or teenager confronts the clinician with various aspects of the same reality: the one concerning the specificity of his mental functioning which comes under his identity; and the one concerning his place, his functions in his natural environment, which comes under his belonging. Identity and belonging are in dialectical relation, building themselves from one each other.

The psycho-dynamic and phenomenological approaches allow to approach the individual intrapsychic reality by focusing mainly on the dimension of our own identity. As for the systemic approach, it leads to the analysis concerning

the place and the occupied functions by the subject in his natural environment, which comes under his belonging. Similar articulation and release lead to an exploration across the intra-subjective, intersubjective and contextual dimensions. It is such an exploration that we suggest developing in our presentation on the psychic struggles of adolescence.

P-52 Atypical A-not-B task performance asymmetry in very low birth weight infants

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Aim: The severe prematurity has been suggested to cause the abnormal brain lateralization (Witelson,1991) and working memory deficit (Vicari et al,2004). The current study examined spatial working memory A-not-B task performance in very low birth weight infants (VLBW) to detect putative abnormalities in working memory early in development.

Method: A-not-B task was administered to 16 VLBW infants (gestational age: $M=29.8\pm 1.9$ weeks) aged 13-14 months corrected for the degree of prematurity and 16 full-term (FT) control infants of the same age. Routine neurological examination at the time of testing revealed no neurological abnormalities neither in the VLBW nor in the control groups. Repeated-measures ANOVA was used for data analysis. The groups did not differ in mental and psychomotor developmental indexes assessed via Bayley test.

Results: Despite their normal psychomotor development VLBW group comparing to their full-term peers had poor working memory capacities, displayed more A-not-B errors and tolerated significantly shorter delay in the A-not-B task. When the frequency of A-not-B errors was assessed for the left and right locations of the bait separately, we found that in sharp contrast to symmetrical performance in FT group, the VLBW group demonstrated significant leftward performance asymmetry with lesser leftward than rightward errors. They also did significantly more A-not-B errors than FT infants when the bait was located at the right side from the infant but not at his/her left side.

Conclusion: The findings suggest that healthy VLBW infants have a rightward deficit in their spatial working memory capacities.

P-53 Anorexia mentalis-circulus vituosis of the mind and the body

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Aim: The necessity to treat psychopathological manifestation with adequate somatic care. EXISTENT links are circulus vituosis in etiology and therapy

Method: During the period of January to December 2007,11 female patients 14-18 years of age were treated. The treatment included the medical team coordinated by a psychiatrist (pediatrician, gynecologist, radiologist, nutritionist and psychologist) and it usually implied hospitalized short, then long ambulant treatment by the psychiatrist.

It is carried out by:

A. The therapy on “two tracks”: the intake of highly energetic remedies and meals is attended, as well as the curve of weight growth, i. e. physical and psychical state at the same time.

B. The usage of pharmacotherapy (neuroleptics, antidepressants)

C. Psychotherapy (individual, family-based, behavioral, psychodynamic)

The treatment is subversive and done in stages, with individual corrections by the therapist, according to the specificity of particular patient.

Results: The following parameters are tracked: body weigh, BM index, hormonal status, regularization of menstrual period and psychic status, brain NMR, the time of hospitalization. Patients treated with such procedure add 7-15 kg within two or three months, regularity of menstrual period is established and the change of psychopathological symptoms and conditions for further psychotherapeutic interventions are made.

Conclusion: This is very serious psychic disorder that can lethally endanger physical condition of the patient, so early detection, as well as timely reaction and treatment are of vital importance.

P-54 Sexual activities and attitudes of adolescents

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Aim: The subject of our research is analysis of sexual behavior and sexual attitudes of adolescents in Serbia and Montenegro.

Method: Sample contained 1101 adolescents,472 males and 629 females, the age from 14-25, from Serbian language speaking area. As an instrument of the research we used “Sexual Behavior” questionnaire constructed for a National study of sexual behavior. Questions about sexual behavior were divided in 5 parts, which were statistically compared with 9 factors of sexual attitudes detached by factorial analyses.

Results: Our findings showed that males have had significantly more coital experience, with earlier beginning of coital activity, more sexual partners in general, frequently masturbation, more dreams and fantasies about coital interactions, then females. In contrast, males had less liberal sexual attitudes than females about sexual behavior in general and also reported statistically significant more sexual impairments. Females had more sexual partners in last month, preferred frequently foreplay activity, and had less liberal sexual attitudes about pawn for sexuality of youth and premarital sex. Interesting, both males and females had more sexual partners then partners they have been loved.

Conclusion: On the basis of received data, we concluded that sexual behavior is in agreement with biological influences on genders and their social roles. Our findings showed hesitancy in adolescents to admit to having sexual experiences in context of social undesirable premarital sex. Regarding to contradiction of sexual attitudes and sexual

behavior we conclude that sexual attitudes are relatively changeable category then sexual behavior, which is relatively stable category.

P-55 Story stem narratives of clinical and normal kindergarten children: associations with symptoms and strengths

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Assessing the child's inner world of representations about family life and modes of social interaction has enriched through the development of the story stem technique. In our longitudinal study we aim to investigate whether story stem responses are associated with children's symptoms/strengths at kindergarten age. Children from a clinically enriched sample (N=187) completed eight story stems of the MacArthur Story Stem Battery at the age of 5 and 6. A multi-informant approach (parent, teacher, child) was employed to assess children's symptoms/strengths at 5 and 6. Children were interviewed using a standardized puppet interview. Parents and teachers completed questionnaires. Story stem responses showed moderate stability between the ages of 5 and 6. Content and performance in story stem narratives were associated with symptoms and strengths at both ages. Moreover, we found, that children who showed negative parental representations in their story stem narratives at 5 as well as at 6 showed highest levels of behaviour problems at 6. Results will be discussed in relation to their clinical impact.

P-56 Social situation of development of an adolescent: conception and method of research

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A term "social situation of development" (further SSD) belongs to L. S. Vygotskiy in Russian psychology, SSD defines the development of a psychological and moral development of a child.

Our model of a SSD includes 3 levels of relations of a person: social role, socially perceptive and valuative which predicts a moral development. This structure is represented in an individual's consciousness by the images of "the others" and the attitude towards them. SSD is integrated by personal values and his "ego".

Based on this model we worked out a research method "I and the others".

The methods includes the procedure of association of "the others", attribution of signs and making a scale. The advantage of the methods is a tri-pole value-scale ("higher values", "antivalues" and "self"). Graphic (spatial) indexes of the scale allow to esteem for the first time the phenomena: tension and positiveness of esteemation, absolutiveness – relativeness of ideals and antiideals, the degree of their "opposition" to "the world", the feeling of equality and inequality of "self" and "the others", etc.

Based on 357 tested we described the variants of SSD and a moral development of 12-16 year old adolescents. Specific

of SSD of adolescents with mental retardation and infantile cerebral paralysis is represented. The method can be applied to any social group and cross-cultural researches.

P-57 Bahasa Melayu translation of the adolescent coping scale

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Aim: Despite abundant literature on the Adolescent Coping Scale (ACS), a Bahasa Melayu version has not been developed. Such instrument is needed for research on adolescents in Malaysia. This study aimed to produce a Bahasa Melayu version of the ACS.

Method: The ACS was translated using a back-translation technique. Twenty bilingual adolescents participated in the first pre-test by completing the English and Bahasa Melayu version consecutively. Proportion agreement, weighted kappa, correlation coefficient and verbatim responses from the participants were used to assess the equivalence between the two versions. Modifications were subsequently made. The pre-test procedure was repeated on another forty adolescents.

Results: Analyses of each item from the first pre-test revealed six problematic items (weighted Kappa < 0.4). The second pre-test showed improvement in the results with only 1 question had weighted Kappa value less than 0.4. Nevertheless, the proportion of agreement was about 60% for both pre-tests. Also, the latter pre-test results demonstrated improved correlation for majority of the questions.

Conclusion: The Bahasa Melayu version of the ACS produced in this study is an acceptable translation. Further studies to establish the psychometric properties of this version are presented elsewhere.

P-58 The assessment of psychopathic traits in incarcerated juvenile offenders using the German Youth-Psychopathic-Traits-Inventory

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Aim: The Psychopathy Checklist-Revised (PCL-R) and its derivatives currently constitute the 'measures of choice' in the assessment of the psychopathic personality. Measurements exclusively based on self-report have shown to suffer from a number of methodological shortcomings in the past. However, recently developed self-report questionnaires specifically aiming at the assessment of psychopathic features have shown to be reliable and valid to an acceptable degree. One of these is the Youth-Psychopathic-Traits-Inventory (YPI), a 50-item self-report

questionnaire, which assumes a three factor model to underlie the construct of psychopathy.

Method: To evaluate the quality of the instruments, about 250 incarcerated juveniles completed the YPI as well as a number of additional psychometric tests (e. g. intelligence test, SDQ, WHO-Assist).

Results: Results showed that YPI scales and factors possess moderate to good internal consistency, except for the callous-unemotional scale. Principle component analysis revealed three distinct factors, which was confirmed through confirmatory factor analysis. The factor structure was relatively stable and showed good fit indices.

Conclusion: Accordingly, the YPI seems to be a promising instrument for the assessment of psychopathy. However, several advantages and disadvantages of the use of self-report measures in psychopathy research have to be considered. Referring to these reservations, it will be pointed out why the YPI is still not able to adequately replace the PCL-R/ SV in diagnostic procedures.

P-59 The strengths and difficulties questionnaire: evidence for its psychometric properties in a Greek sample of adolescents and their parents

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Introduction: The Strengths and Difficulties Questionnaire (SDQ) is a practical, economic and user friendly screening instrument of behavioural and emotional problems in children and adolescents. The current study aimed at investigating the originally hypothesized five-factor structure (including prosocial behaviour, emotional symptoms, hyperactivity, peer problems and conduct problems scales), internal consistency, cross-scale correlations, inter-rater agreement and test-retest reliability of the SDQ in Greece.

Method: A representative nation-wide sample of 1,194 adolescents (11-17 years old) and their parents recruited to fill in the questionnaire. Ninety-seven randomly selected adolescents and parents from the original sample completed the questionnaire 3-4 weeks following initial administration. Confirmatory factor analysis (CFA), Cronbach's alphas (α), Pearson correlation coefficients (r) and intra-class correlation coefficients (ICCs) analyses were conducted.

Results: CFA could not confirm the five-factor structure. The modification of the model provided some improvements, although they could not produce a good fit on all selected indices. Internal consistency was low to moderate, especially for peer problems and conduct problems scales ($\alpha < .6$). Several unexpected cross-scale correlations were found. Inter-rater agreement was found moderate ($r < .45$) and ICCs ranged from .65 to .89 indicating high test-retest reliability.

Conclusion: The present study revealed somewhat questionable or variable psychometric properties for the proposed five-factor structure of the SDQ in Greece. Future research is needed for further scale development.

P-60 Child health and family process in the Turkish urban context

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The aim of the study was to identify the contributions of some contextual variables to the health status of family members, with a specific focus on child functioning, in an urban Turkish sample. 204 low SES intact families with at least one child of elementary school age and who signed an informed consent form comprised the sample. They were visited in their homes by two trained interviewers, who interviewed the mother, father and the index child separately. The families were given an honorarium for their participation. The parent interview packet contained a demographic information form, the Turkish versions of the SF-36 Health Survey, SCL-90R, Dyadic Adjustment Scale, Family Assessment Device, Family Life Questionnaire and some questions concerning the parents' social networks, belief systems, the wife's status, household resources, etc. The child measures were the Turkish versions of the CBCL and the Piers-Harris Self Concept Questionnaire. The variables explored included exogenous variables such as the parents' education and social networks, intervening variables concerning family structure/organization and emotional climate, parental variables such as parents' health status, variables involving the child's development and the child's CBCL and Piers-Harris scores as outcome variables. An empirically derived structural equation model was constructed to describe the web of relations between most of these variables. The model fits well, but it has to undergo independent testing for validation.

P-61 Diagnoses, co-morbidity and sociodemographic characteristics of children 0-3 years of age referred to a community based infant mental health service

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Aim: The recent development of measures and classification systems specific to children 0-3 years of age has enabled researchers to describe systematically the mental health problems of this age group.

The current study examined the prevalence and correlates of psychiatric diagnoses of infants 0-3 years of age referred to a public mental health service.

Method: Records of children 0-3 years of age referred to a public infant mental health service during a ten year period (1.1.97 – 31.12.06) were systematically reviewed. All children had been assessed and diagnosed by a child and adolescent psychiatrist and a psychologist. The multidimensional examination included video-recordings and ratings of child behaviour and of parent-child interaction, psychological examination of cognitive and emotional development, parent interviews and psychical examination.

The diagnoses based on the Diagnostic Classification: 0-3 system (DC: 0-3 and DC: 0-3R) were compared with diagnoses based on WHO ICD 10 and DSM IV. Diagnostic groups were described regarding psychiatric and somatic co-morbidity and sociodemographic characteristics.

Results: Preliminary results showed increased numbers of referrals in the ten year period, and increased proportions of infants 0-3 years of age diagnosed with pervasive developmental disorders, ADHD and eating/feeding disorders. More boys than girls were diagnosed with neurodevelopmental disorders, and more girls than boys were diagnosed with eating/feeding disorders. Presence of co-morbid parent-child relational disturbances was significantly associated with diagnoses of eating/feeding disorders and emotional disorders.

Conclusion: Results contribute to the knowledge base of early diagnose and treatment of mental health disorders in infants

P-62 Age related changes in the wisconsin card sorting test performances of 8- to 11-year-old Turkish children

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Aim: Current literature has indicated the utility of the Wisconsin Card Sorting Test (WCST), a widely used neuropsychological instrument, in examining executive functioning in children. This has prompted the present study which aimed to assess developmental trends in performance on the WCST.

Method: The computerized version of the test was administered to 449 children aged between 8 and 11 years, representing various socioeconomic levels. Demographic variables regarding children and their families were examined.

Results: Significant differences were found between 8-9 and 10-11-year-old children on all WCST scores. ANOVA indicated that mothers' education level had significant effects on all WCST scores, except for 'failure to maintain set'. No gender differences were observed.

Conclusion: Results are discussed in light of the Turkish literature which consistently highlights the influence of mothers' education level on variables related to children's performances.

P-63 Adoption of parental monitoring scale to Turkish

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Ankara University

Many studies have shown the importance of the parental monitoring which means parents' knowledge about daily activities about children's activities outside the home. The more parental knowledge about children's activities, the better prevention about negative outcomes (Stattin and Kerr, 2000). Parental monitoring is relatively a new conceptualization, and it may be better understood via research in different cultures.

The aim of this study is developing the parental monitoring scale to learn the parents's knowledge including whereabouts, activities and associations of their children. "Parental Monitoring Scale" which was developed by Stattin and Kerr (2000) was adopted to Turkish language and Turkish culture. The scale is a 5-point Likert scale which asks participants to respond to a series of question about "parental monitoring, child disclosure, parental

solicitation and parental control". The scale has two forms and both parents and adolescents will answer the same questions with minor changes in wording where necessary. This paper reports the process of adoption of the scale to Turkish and it is a psychometric studies as well.

In this research 500 adolescents attending first, second, and third years of high-school and their parents participated the research. The translation process, reliability and validity studies will be submitted. Exploratory factor analysis, and confirmatory factor analysis were conducted in order to determine the basic structure of the scale. The results will be presented and discussed under the lighth of cultural characteristics and the nature of parental monitoring itself. The scale is ready for use in Turkish.

P-64 A study of determining the behavioral risk factors and its related issues on the students of the Hacettepe University, School of Social Work

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The behavioral risks are preventable leading causes of morbidities in adolescents. This study was carried out on 421 students of 559 (75,3%) to identify the risk behaviors, and related factors. 52,9% of the participants were female that educational and socioeconomic levels of their parents were higher than males. 83,6% of the participants did not always use seat belt when someone else was driving. Mother's education was an important factor in using seat belt and in drinking habits. 63,0% of the students have tendency of depression in which decreased economic level was important factor. During the last month, more than half of the students smoked. More than half of the students mostly male had alcoholic drink in the last 30 days. Only 30,9% of the students stated that condom prevents pregnancy. This study reflects the degree of risk behaviors and their related factors of the students. These types of studies should be carried out more frequently in Turkey to promote intervention programs in order to prevent risky behaviors in young people.

P-65 From multi- to interculturalisation

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Mutsaersstichting, Venlo, The Netherlands

The Mutsaersstichting is an organization in the Netherlands that provides integrated youth care, which combines: social care, child protection, special education, support after domestic violence and child and adolescent psychiatry. Prevention and early-intervention of conduct disorders of cultural minorities are spearhead actions. Multicultural societies normally purport to assimilate minorities into a dominant culture. The Mutsaersstichting proposes an intercultural approach which not only accentuates equality between cultures and respect for each culture's uniqueness, but also advocates a positive, active and interactive attitude towards different cultures.

To increase the accessibility of clients, the Mutsaersstichting cooperates with schools in which most pupils do not have West-European background. To favour a real interaction between cultures a weekly one hour out-patient clinic is

offered especially for Turkish and Moroccan parents. In a very accessible place at school a first problem-inventory is made with both parents and their child in their native language by Turkish or Moroccan counsellors.

To investigate this approach we proposed a pilot research, in which we verified a significant decreased in conduct disorders and learning difficulties of children and adolescents which parents have other cultural background. In this way, after the first problem-inventory, extended help is easier accepted. Therefore, with this approach Mutsaersstichting increases the confidence and the commitment of parents, children and school.

This project showed to be very successful, having received in 2007 the Accessibility Award given by the Dutch Minister of Foreign Affairs and Integration Policy.

P-66 Children and parents perceptions of mental health and stigma

Fiona Gale

CSIP/University of Leicester, England

This poster will discuss a research study that looked at the perceptions of mental health, services and stigma in children (aged 5-11 years), and their parents, who were referred to a child mental health service for the first time. The study qualitative and examines the perceptions of 20 children and 23 related parents/carers.

It will describe the approaches used to help children to talk about their experiences of mental health stigma, some of the findings from the children and parents involved.

The approach used has been developed from research on communicating with young children. Often young children are not encouraged as participants, as it is considered difficult to involve them appropriately in research or consultation. Some of the reasons for this are the concerns that children will be harmed in some way, will not be involved at the right level or be empowered to talk appropriately about difficult subjects. Younger children can be particularly vulnerable, especially when talking about difficult subject areas.. This approach has enabled all of the children participating in the research to express their views in a non-threatening, fun way. Being able to listen to children and parents views about mental health and the stigma attached supports the development of responsive and non-stigmatising services for children with mental health needs.

P-67 Sociocultural contradictions and psychopathological consequences in Melanesian children

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Aim: to discuss about sociocultural contradictions in Melanesian society and to assess the psychopathological consequences in Melanesian children

Method: The study takes place on Lifou Island, the largest of the « Loyauté Island », in New Caledonia which is a French territory of the South Pacific area. A medicopsychological station is posted there. The Melanesian population (the Kanaks) makes up the majority of the population and the customs seem to be still very important. Thus, there are two

referential systems that are sometimes contradictory: the French state system and the Kanak ethnic group's system. And more, some references coming from the globalization complicate the context of breeding of the Melanesian children who live on Lifou Island.

Through case studies, some invariants will be revealed

Results: The invariants are:

- intrafamilial violence
- identity issues
- biculturalism
- adoption in accordance with the customs

Some issues can be addressed

- the corruption of the adoption in accordance with the customs
- the justification of the intrafamilial violence by the custom of « asticage » (traditional corporal punishment)
- the referential vagueness, the shift of meaning, the lost of the formative symbolic markers (cf ambiguous position/ the law)

Conclusion: The paradox contained in the International Convention of the Child's Rights and the question of the evolution of the Kanak society in regard of the risk of the globalization will be considered

P-68 Features of psychology-pedagogical correction of problems connected with psychosexual development at hysterias persons in pubertatis

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The Voronezh Regional Clinical Psycho Neurological Clinic

Pubertatis crisis (12-18 years) - the puberty period.

The main line at hysterias persons is the boundless egocentrism, insatiable thirst of constant attention to the person, admiration, surprise, honoring, and sympathy. The disproportion between a maturity of sexual sphere and the person as a whole is observed. Persons with displays of psychosexual infantility receive sexual satisfaction more often as a result of unripe forms of sexual activity - erotic game, a petting. Attempts of realization of Platonic installations on the basis of unreal experiences and expectations, without realization of interests, conduct to failures, refusal of the further attempts, demonstrative change of object of love, an establishment of Platonic relations simultaneously with several contemporaries or advanced age partner more often. Failures at the similar contacts, accompanied by subjective feeling of "disappointment" in the partner, form avoiding behavior which leads to "lag" at level of Platonic imagination. Infringement of rates of psychosexual development, especially retardation an erotic phase of formation libido, promotes fastening of unripe forms of satisfaction of sexual requirements, process increase dissociation between separate components libido.

In features of psycho correction of the given problem the author offers sexual education which should be carried out at all stages of psychosexual development of the individual. Here there can be game methods of psychotherapy, auto-training for pressure removal as family consultation which should be based cultural ethical standards of the given region.

P-69 The development of homosexuality and anorexia nervosa in an adolescent with gender identity disorder: a case report from Taiwan

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Aim: There are some studies that emphasize the role of sexual orientation for the vulnerability to eating disturbances among males. However, few studies have discussed on its multifactorial nature. This case report is aimed to demonstrate the psychosocial development of homosexuality and anorexia nervosa in an male adolescent.

Method: Case report and discussion.

Results: The boy was brought to clinic at his age of 12, with the chief problem that he wanted himself to be a girl. He was the only child in his family. Marital disharmony was recognized for a long time between the couple. His academic performance was excellent, but had difficulties in peer relationship.

He presented with feminizing behaviors at 11, with high interests in dressing, female vocal and gestures. In the beginning of 12, he expressed his affection to a girl but was rejected. He got depressed more often, thought himself annoying, and would like to be a girl since then. At 13, he was eager to be as thin as models and began dieting to lose weight. He developed fat phobia, labile mood, and decreased BMI. Later, he fell in love with a boy in his class. He was brought to clinic again and was noted with strong hopelessness and self-mutilation.

Conclusion: Repetitive spontaneous abortion in mother, absent father in caretaking, difficulties in peer relationship, and meaningful heterosexual events might contribute to the development of gender identity disorder in this case, and the psychosocial consequences might further take a part in the development of homosexuality and anorexia nervosa.

P-70 Investigation of relationship between sexual behavior and psychological features of one group adolescents in Turkey

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Aim: Sexuality is very important for adolescents, how it is lived and whether healthy information is accessible or not is a subject worth investigating. This study was designed to determine the relationship between sexual behavior and sexual information source with psychological features of one group adolescents.

Method: The sample of 272 high school students (age mean 16.60,89.6% male,10.4% female) at 10th grade level in Izmir, Turkey completed "The Brief Symptom Inventory (BSI)" and "The Personal Information Questionnaire" to assess socio-demographic features, sexual behavior, sexual attitude and the source of sexual information which was developed by the authors. The Brief Symptom Inventory

has been used to evaluate psychological features of adolescents.

Results: In terms of sexual behavior, findings had shown that 76.0% adolescents masturbate and 31.0% experienced intercourse. When psychological features considered adolescents who experienced intercourse had lower phobic-anxiety score than those who did not. No other significant difference has been detected. Also findings indicate that adolescents who masturbate had lower somatization and depression score compare to those who did not.22.5% of adolescents reported "pornographic films" as their main sexual information source and they have shown higher hostility, paranoid thoughts and psychotic scores than those who did not.

Conclusion: It is found significant relationship between sexual behavior and sexual information source with psychological features of adolescents. This subject is worth investigating for large sample groups.

P-71 Sexual and reproductive health services of youth counseling unit in students' health center at Hacettepe University's Beytepe Campus in Ankara, Turkey

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Introduction: According to the results of the Study on the Influential Factors of Sexual and Reproductive Health of Adolescents / Young People in Turkey (2001) carried out by Hacettepe University's Public Health Department among 1789 first year students at Beytepe Campus most of the students' SRH knowledge is insufficient.6.5% had previous sexual experience 54.4% of them did not use any contraceptive method.7.6% got SRH services from University's Health Center. The students stated that SRH counseling/treatment should be provided in confidentiality by the Student's Health Center. The "Youth Counseling Unit" (YCU) has been established to meet the SRH needs of the students and started to provide the services at April 1st,2003. This study has been carried out with the objective to evaluate the contribution of the YCU to the Students' Health Center and the sexual/reproductive health services of the YCU between April 1st,2003 – December 31th,2006. **Method:**The contribution of the YCU to the Students' Health Center has been evaluated by comparing the reasons and the outcomes of the consultations to the health center between October 1st,2002 – March 30th,2003 and January 1st, - June 30th,2004 by using "Personal Examination Form". The reasons and the outcomes of consultations of the students to the YCU have been collected by "Personal Registration Form" of YCU.

Results: According to the evaluation of the contribution of the YCU to the health center, in the period before the project activities, the students admitted to the health center only for examination. However in the period after YCU started to provide SRH services they also used the health center for getting counseling services on S/RH related issues and receiving modern contraceptive methods. Between April 1st,2003 – December 31th,2006,1658 student admitted the

YCU.1489 student admitted with some complaints about urogenital system, 36.8% (302) got diagnosis of genital system infections among these gonorrhea, trichomonas, chlamidia ve genital wart were diagnosed. However the number of these infections were less than the other diagnosis, it is very important because these are Sexually Transmitted Infections (STIs). 87 student admitted with suspected pregnancy, 22 of them were pregnant, they were referred to hospitals for induced abortion. 563 student got contraceptive method free of charge (53.8% oral contraceptive (Pill), 43.2% condom, 3.0% three monthly injectable). Sexual/Reproductive Health counseling was provided to 87.7% (1064) students. Only 18.9% (229) of the admissions were referred to a hospital.

Conclusion: According to the final evaluation, this approach increased the utilization of the health center by the students for their S/RH problems and needs and they did not use the health center only for examination but also for counseling as well as to obtain contraceptive methods. This type of SRH services should be a part of the health centers for the youth and should be continued after necessary modifications.

P-72 Comparative EEG mapping in child psychiatry

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The use of EEG in psychiatry is often reduced to identification of epileptic activity. However distinct EEG patterns were described for various psychiatric conditions such as FRAXA Syndrome, Rett Syndrome (including stages of illness) etc. EEG can be useful for diagnostic purposes, e.g. distinction from organic defects, and evaluation of drug treatment and assess of brain ontogenetic course.

Method: In the database of Mental Health Research Centre 1000 EEG records of healthy children were collected, and it is used for comparison of EEG parameters of children with different mental disorders. Student test, Mann-Whitney Test, Pearson Correlation, Spearman Correlation were used for statistical analysis.

Results: Patterns of EEG for FRAXA Syndrome (theta activity 6-8 Hz in FCP), Angelman Syndrome (theta 4-6 Hz and epi in 80% cases), RTT (decrease of voltage, epi-activity and excessive theta 4-5 Hz in FCP depending on the illness stage) were described. Beta activity is increased in child autism and its spectral power correlates with the severity of autistic symptoms and early onset (before 18 months). For all these disorders a peculiar course of EEG maturation was shown. Normalized coherence analysis showed, that long connections do not increase with age in any group as they do in healthy patients. Moreover their reduction was shown in the left hemisphere. It was possible to correlate the efficiency of drug treatment with qEEG.

Conclusion: EEG can be helpful in understanding the pathogenesis of child mental diseases if an adequate comparison group and statistical methods are chosen for quantitative analysis. Supported by RGNF 060600639a.

P-73 The brain bioelectric activity in the Belarusian persons irradiated in utero as a result of Chernobyl accident

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Aim: The study examined the formation of bioelectric activity (BEA) of the brain in 250 children at 6, 10-12 and 16 years of age from regions highly contaminated by Chernobyl fallout, who were irradiated in the prenatal period at the time of the Chernobyl accident in 1986. These children were compared to a control group of 250 children of the same age from non-contaminated areas of Belarus.

Method: The examination included visual and computerized analysis of EEG as well as psychiatric examination and assessment of intellectual level.

Results: In the both groups of children at the age of 6-7 the dominant were the variants of age norms (46.4% vs 44.8% ; $P=0.592$) and synchronized (borderline) EEG (26.4% vs 28.0% ; $P=0.763$). Quite noticeable was the relevant frequency of the slow type of EEG (19.2% vs 18.4% ; $P=0.820$) as well as paroxysmal activity (8.0% vs 8.8% ; $P=0.830$) in the both groups. At the age of 15-16 in the both groups we registered relevant decrease of index of q- and d-activity. The slow type of EEG in most cases was transformed into the age norm and synchronized type of EEG. The correlation analysis showed that the intellectual level of children (IQ) estimated by Wechsler Intelligence Scale (WISC-III) was in the direct proportion to spectral power of a-diapason in frontal lobes of the brain ($r=0.38$ in the both groups). Mental deficiency in children of the both groups was accompanied by the decreased level of the coherency of a-diapason. When comparing the results of BEA research with the dosimetric data we found no relevant correlation of these indices. The children with different EEG types did not demonstrate any relevant differences of medium doses of antenatal exposure.

Conclusion: The revealed changes of BEA of the brain show distinct age dependency. Their frequency in children exposed to antenatal irradiation had no relevant differences from that in control group.

P-74 Cesarean delivery affects maternal brain response to own baby cry

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Aim: Way of the birth of a child may affect parenting and impact infant wellbeing. When the baby is delivered by cesarean section rather than vaginally, a number of adverse psychosocial outcomes may occur like postpartum depression, which effect mother-infant interaction. We would expect that parents, who delivered by cesarean

section, perhaps because of the altered neurohormonal experience, might be less responsive to baby-stimuli.

Method: We studied the brain responses of twelve, breast feeding, first time mothers to their own-baby-cry, comparing six who delivered vaginally with six who had an elective cesarean section. fMRI scans were conducted at 2-4 weeks postpartum.

Results: Vaginal-delivery mothers respond to their own baby cry in a set of brain circuits, which included regions of cortical sensory processing, empathy, and emotion regulation circuits as well as subcortical motivation, reward and habit-regulation regions.

Conclusion: The way of delivery may affect brain activity by influencing the early postpartum neurohormonal events and preventing immediate mother-infant proximity.

P-75 The influence of war trauma on premenstrual syndrom symptoms in adolescent girls

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Aim: The aim of this study was to investigate if the level of stress has an influence on persistency and frequency of PMS symptoms in adolescent girls age 14-16.

Method: The sample included 138 girls divided in three groups according to socio-demographic characteristics: displaced girls (A), girls born and living in urban area (B) and girls born and living in rural area (C). The following was used in this research: War Trauma Questionnaire (according to DSM IV criteria), Socio-biographic Questionnaire identifying the age of first menstruation, PMS symptoms then and now.

Results: The average age of girls was 14.04. The first menstruation was at the age of 12 for groups B and C, and at age 13 for group A. 26.8% of all the surveyed girls have not had their first menstruation at survey time. The mean of PTSD scores according to DSM IV shows a statistically significant difference between groups in the sample. There is no significant difference in intensity and presence of somatic and behavioral symptoms during the first and current symptoms, except a significant difference in the presence of asocial behavior in group A. Comparing self-evaluated PMS symptoms, there is no significant difference between groups in the sample.

Conclusion: There is a correlation between stress level and menstruation symptoms. Group A shows higher level of stress and more emphasized menstrual symptoms but no significant difference compared to other groups.

P-76 Psychosocial situation of the armed conflict affected children in Nepal –a report of an action research

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Aim: To reflect the psychosocial situation and outcome of the intervention program for war affected children and their families in Nepal

Method: In a one-year project to support children in 10 of the most war-affected districts in Nepal 1378 children

in 910 families were identified purposefully. Information about the direct conflict affected families obtained from the key local persons such as school teachers, and others. A special case format was developed for the assessment of psychosocial situation of the families and children, 30 fieldworkers were trained and visited conflict-affected families, focussing not only on psychological, but also social and material problems and strengths.

Results: The evaluation of case-reports revealed as the most prevalent incident the killing of family-members: In 44.2% the father, in 17.9% other family-members were killed, the family mostly did not receive the dead body to perform the cremation rites. Stigmatization of widows and increased poverty were found to be additional important key-issues in this population. About one-third of the children experienced violence directly. Common problems reported in the affected children were fear, pain in different part of the body, difficulty in concentration, anger and nightmare. **Conclusion:** War affected children have reported range of emotional, somatic and behavioural problems. Basic support through active listening to children and caretakers was found effective in reducing these reactions as well as improving child-care in the family. The families appreciated most, that the visits brought them out of an isolation and silence.

P-77 Personality profile and trauma symptoms in adolescents who have survived war trauma and genocide in early childhood

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Aim: The aim of study was to show if severe war trauma experienced in early childhood (age 2-5) influence the psychological development during adolescence.

Method: As an experimental group (E) we took 50 children age 15-16 years (born 1990-91) who were in Srebrenica during the siege and its fall in July 11th 1995, a control group (C) was 50 children of the same age who live in a complete family (both parents alive) in Tuzla area and did not leave their homes during the war.

Results: We examined the number of traumatic events experienced during and after the war time using War Trauma Questionnaire and have got significant difference between the numbers of traumatic events experienced during the war (M (E) = 14.26, St. D (E) = 3.11, M (C) = 4.86, St. D (C) = 3.16, p<0.01) and in post war situations (M (E) = 4.20, St. D (E) = 1.37, M (C) = 1, St. D (C) = 1.14, p<0.01). We measured the level of posttraumatic stress reactions using the Posttraumatic Stress Reaction Questionnaire and got a significant difference in some symptoms of avoidance and hyperarousal. There was no significant difference between means of posttraumatic stress reactions. We also measured the personality profile by Freiberg Personal Inventory (FPI) and got that there is significant difference (p<0.05) for the level of socialisation.

Conclusion: Inspite the significant difference in war traumatic events experienced in early childhood there is not significant difference in posttraumatic stress reactions. We can presume that protective reactions are avoidance on traumatic memories and socialisation which is significantly higher in more traumatised group.

P-78 Psychological trauma of Japanese in New York two years after the September 11 attacks

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Aim: We previously reported that approximately ten percent of Japanese children living in New York (NY) area presented with probable Post Traumatic Stress Syndrome (PTSD) three months after the World Trade Center terrorist attacks. We conducted a follow-up study to determine long term effects from the terrorist attacks.

Method: In September 2003, 2 years after the terrorist attack, we distributed questionnaires to 502 Japanese families living in NY area. Assessment included participants' demographic data. Psychological trauma was assessed with use of the Impact of Events Scale-Revised (IES-R). Statistical analysis is performed with use of SPSS for Windows, version 12.

Results: Of the 137 families who responded, 98 families lived in NY area before the on 9-11, 2001 (the affected group), and 39 families moved into NY area after 9-11, 2001 (the control group). In the control group 92 children completed questionnaires and in the control group 36 children completed questionnaires. There is no statistically significant difference in age, sex between two groups. Average IES-R scores were 6.6 ± 9.8 and 5.4 ± 10.5 (the affected group children and the control group children respectively) and there is no statistically significant difference. However, when average IES-R score is compared between this affected children and the affected children two years ago (10.8 ± 10.9), there is statistically significant difference ($p < 0.004$).

Conclusion: This study shows that psychological effects from the terrorist act improved over two years. We will discuss further analysis in the conference.

P-79 Biopsychosocial characteristics of adopted children

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Mersin University, Faculty of Art, Department of Psychology

Aim: The aim of the study is to investigate biopsychosocial characteristics of adopted children from the patient archives of Mersin University, Faculty of Medicine, and Department of Child Psychiatry between 2001-2007.

Method: 33 cases out of 7027 cases visiting Mersin University, Child Psychiatry Department were adopted children. Biopsychosocial characteristics of the adopted children were collected from the patients' files retrospectively. The cases who had psychiatric disorders met DSM-IV criteria.

Results: 51.5% of the adopted children were female ($n=17$), 48.5% of the adopted children were male ($n=16$). The mean age of the female children was 9.58 ± 4.09 ; the mean age of the male children was 9.06 ± 3.62 . 81.8% of the children ($n=27$) had at least one psychiatric disorder. The most common complaints were nervousness, failure in lessons and attention deficiency. The most common psychiatric disorders were attention deficit hyperactivity disorder (ADHD) and conduct disorder. 55% of these cases had at least one comorbid psychiatric disorder. The average

number of cases under follow-up in outpatient clinic was 4.9 ± 4.01 with an average duration of 14.75 ± 14.81 months. Only 18.2% of the cases have been informed that they had been adopted. The children with highly-educated mothers had a greater ratio in the recognition of their adoption in comparison with other children.

Conclusion: Our results suggest that there is a need for the improvement of psychological and psychiatric support for adopted children and adoptive parents.

P-80 Prejudices of children of Bulgarian origin towards refugee children in Bulgaria

Zornitza Ganeva

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Aim: It is fact that in a small country at the crossroads, like Bulgaria, refugees from more than 70 countries have sought asylum in the last 10 years.

The goal of the psychological survey conducted is to analyse the prejudices of 9-, 12- and 15-year-old Bulgarian children who study in one and the same classes with refugee children towards them.

The theoretical foundation of the survey is the Social Identity Theory, the Developmental research and the Social Representations Theory.

Method: The design of the survey includes free word associations, a set of 7 pairs of opposite adjectives: dirty – clean, friend – enemy, clever – stupid, lazy – industrious, cheerful – sad, honest – dishonest, peace-loving – aggressive, through which the persons surveyed have to describe the refugee children from their class. A detailed analysis of the age groups and by regions in the country was made with the purpose of the better identification of the children's attitudes.

Results: The results obtained show that, as a whole, the attitude towards the refugee children is positive (0.2486). The analysis by age groups shows that most positive are the attitudes of the 9-year-old children, followed by those of the 15- and 12-year-old children, respectively. Most negative adjectives to the refugee children are ascribed by the 12-year-old children, followed by the 15- and 9-year-old children, respectively. The regional analysis shows that that we have a regional homogeneity towards the refugee children although in the different regions they are of different countries of origin.

P-81 Agreement between parents reports and adolescents self-reports of behavioral and emotional problems of Algerian adolescents

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Aim: A previous study of the behavioral and emotional problems of Algerian youths as reported by parents having filled out the Child Behavior Checklist (CBCL; Achenbach, 1991) showed that the adolescents scores on all Problem scales increased with age, and girls scored higher than boys on the Internalizing scales (Petot, Petot, & Achenbach, in press). Moreover, all scores were much higher than the "omnicultural" means yielded by cross-cultural research. The present study aims to ascertain whether (1) the same age and gender pattern, and (2)

parallel elevation of scores are found in self-report, (3) and there is agreement between self- and parent-report.

Method: A school-based sample of 600 adolescents aged 12 to 18 years living in Algiers was recruited; problems were assessed using the Youth Self-Report (YSR; Achenbach,1991) and the CBCL filled out by parents or surrogates.

Results: All self-reported problems increased with age, and girls scored higher than boys on the Internalization problems scales. The level of self-reported problems was much higher than the "omnicultural" means (Rescorla et al.,2007). It was also much higher than reported by parents, but correlations between parents and youths on the CBCL- YSR problem scales ranged from .50 to .65.

Conclusion: These findings confirm the high level of Algerian adolescents problems, and reveal the concordance between self- and parent-report is higher than in most other countries. This is a strong argument for the reliability of both self- and parent-reports of high level of behavioral and emotional problems among Algerian adolescents.

P-82 Behavioral and emotional problems among French and Tunisian children and adolescents as reported by parents

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Aim: To compare the level of the behavioral and emotional problems of French and Tunisian children and adolescents according to country, gender, age, and socioeconomic status (SES).

Method: Two school-based samples aged 6 to 18 years were recruited. The first one comprised 1,544 youths living in the Paris region (France) and the second one 1,209 youths living in Tunis (Tunisia). Problems were assessed using the Child Behavior Checklist (CBCL; Achenbach,1991) filled out by parents or surrogates.

Results: There were main effects of country, age, and SES on the Total Problem scale, with Tunisians scoring higher than French, adolescents higher than children, and upper SES children scoring lower than other SES groups. When the Internalizing and Externalizing scales were considered, an additional main effect of gender was added to the former, with girls scoring higher on the Externalizing, and boys on the Externalizing scales. But there was a large amount of interactions, so that the differences between countries and genders applied only to adolescents, and the real influence of SES was unclear.

Conclusions: The Tunisian sample yielded scores much higher than the "omnicultural" means of 31 previously studied countries (Rescorla, Achenbach et al.,2007), whereas the French sample yielded scores slightly higher than these omnicultural means. Differences between age and gender groups were found in both countries, but sometimes in opposite directions. The strongest finding was that, contrary to the trend observed in most countries, the level of problems among Tunisian youths increased dramatically with age, especially among girls.

P-83 HIV/AIDS education in schools: time for a change

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Recent studies indicate that while the incidences of HIV/AIDS among some adult age groups (25-44) have remained stable or begun to fall, the incidence of AIDS among young people (13-24) have increased (CDC,2002). This alarming statistic suggests that critical elements needed to arrest risk-taking behaviors in adolescents are not in place. When discussing HIV/AIDS prevention, most concur that education is the most effective plan of action against the disease. This globally agreed upon strategy however, is not reflected in the current weak state of preventive education. An anonymous survey was sent to a 60 percent sample of the School Social Work Association membership (n=1200). A total of 295 responses were received, yielding a response rate of twenty seven percent. Critical Variables Respondents were asked to rate the suitability of school nurses, physical education instructors and social workers (separately) in carrying out 24 functions related to HIV/Sex education, assuming each had undergone specific training to do so. A factor analysis identified three discrete factors:: socio-emotional, pragmatic/environmental, and physiological components of the HIV/Sex education curriculum. Scales Items were rated on a four point scale (1=not at all suitable; 2=not very suitable; 3=somewhat suitable and 4=extremely suitable). Higher scores indicate greater perceived suitability to perform the functions within the scale, with a theoretical range of 1 (not at all suitable) to 4 (extremely suitable). In each instance, the internal reliability scores ranged from .76 to .93). The socio-emotional scale included items such as: "suitability to address gender stereotypes and relationships," suitability to address different pressures and levels of experience," and suitability to foster critical thinking and problem solving skills." Chronbach's Alpha: Nurses =.94; Physical Education instructors =.94; Social Workers =.93. The pragmatic/environmental scale included items such as: "suitability to address the responsibilities of parenthood," suitability to address alternative lifestyles" (eg. gay, lesbian, bisexual, transgender), and suitability to communicate with parents about HIV/Sex education issues." Chronbach's Alpha: Nurses =.86; Physical Education instructors =.89; Social Workers =.79. The physiological scale included items such as: "suitability provide facts about reproductive health and human development," suitability to provide condom demonstrations," and suitability to discuss puberty." The Chronbach's Alpha Nurses =.76; Physical Education instructors =.76; Social Workers =.77. This study examined the perceptions of school social workers regarding the current state of HIV/sex education in schools. A focus was placed on the school personnel who are currently developing, delivering and administering programs in schools. Respondents to this study expressed that 90% of the students in their schools do not take sex education instruction seriously, and the majority (84%) of respondents felt that questions from students about HIV and sex result from gaps in school-based education. Respondents generally felt that sex education in the schools as it currently exists often misses the target (over 50%) whereas, if effectiveness of sex education was

to be improved, dangerous behavior and trends could be averted. Respondents of this study perceive that physical education teachers (when compared with social workers or nurses) are the least suitable, in every grade level, to administer sex education services, including biological and physiological material, addressing emotional issues and providing practical information.

P-84 Problematic internet use in the psychiatric sample including adolescents

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Aim: The aims of this study are to investigate the internet use habits and Problematic internet use (PIU) according to psychiatric diagnoses in the adolescent sample.

Method: Participants were 382 adolescents who were 12-18 years old. They were psychiatric patients from the 3 different child and adolescent psychiatry departments (Cukurova University; n: 168; 43.9% , Mersin University; n: 141,37.0% and Akdeniz University; n: 73,19.1%) in Turkey. Online Cognition scale (OCS) was used for PIU. Psychiatric diagnoses were assessed according to DSM-IV diagnosis criteria.

Results: 14.7% of participants used internet more than 12 hours in a week. Chatting and playing game were more common in the adolescents with ADHD (respectively $p=0.008$, $p=0.001$). Motor, racing games ($p=0.002$) and violent games ($p=0.0001$) were mostly preferred by adolescents with ADHD, performance games ($p=0.004$) as backgammon, chess, solitaire were preferred by adolescents with mood disorders. Participants with ADHD more frequently went to internet café and found friends by internet than other groups. The highest OCS score was related to ADHD group, while least OCS score was related to mood disorders group ($p=0.005$). OCS scores were significantly increased when there was a co-morbid diagnoses ($p=0.028$).

Conclusion: It seems that PIU is more related to adolescents with ADHD than other psychiatric disorders. Risky conditions as going to internet café, having virtual friendship and playing violent games were especially preferred by adolescents with ADHD. The studies include child and adolescent samples that compare normal cases to psychiatric cases are necessary.

P-85 Internet addiction characteristics of Greek adolescent students

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Aim: The aim of the research is to present the prevalence of internet addiction among Greek adolescent students 13 to 18 years old.

Method: The sample is constituted of 339 students (mean age $15.41 \pm SD 1.59$) of 20 departments, that belong in 15 schools of Karditsa Greece. The sample constitutes the 10%

of total departments of the city and was selected using the method of randomized stratified selection by schools. The Diagnostic Questionnaire for Internet Addiction (YDQI), based on 8 criteria, as well as an inventory concerning socio-demographic factors and questions relative with the use of internet, their social life and their habits were completed by the students.

Results: 78.2% of the sample use the computer and 59.6% has a computer at home. The most frequent type of internet use is on-line games representing 51% of internet users and the information services representing 44%. The 32.4% of the sample does not use the internet, the 49% it has while positively up to 2 criteria, the 12.7% has 3-4 positive criteria and the 5.9% as internet addicts has positive 5 and more criteria. A remarkable characteristic is how the 11% of boys and the 0.6% of girls of the total sample belong to internet addicts. According to the results of t-test, the addiction presents highest correlation with male student ($p<0.001$), adolescent students who drink ($p<0.001$), e-mail use ($p<0.05$) and Internet-café visitors ($p<0.05$).

Conclusion: The prevalence of internet addiction in our sample is 5.9% and it concerns mainly male students who drink, use e-mail and visit internet cafe.

P-86 Social isolation of adolescents with computer and/or internet addiction

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Aim: The purpose of our study was first, to assess the prevalence of the computer and/or internet addictive adolescents in Korea, and second, to evaluate whether the addictive behavior is associated with social isolation.

Method: 975 students (687 girls; 288 boys) of 7th,8th,10th, and 11th grade from two middle and high schools participated in this study. The subjects were assessed for the demographic characteristics, internet usage patterns, depressive mood and relationship with peers. Self-rating questionnaires included were the Internet Addiction Test (Yoon,1999, Yang), Korean Depression Scale (Lee,1997) and Korean Version of Loneliness Scale (Lee,2000). T-test was performed to examine whether or not differences existed among the addicted and non-addicted group in the Loneliness Scale and in the Korean Depression Scale. To extract the relationship between the computer and/or internet addictive behavior and loneliness in adolescents, Pearson correlation analysis and multiple regression analysis were conducted.

Results : 2.67% of 975 (2.6% in males; 2.3% in females) participants were classed as being addicted to computer and/or internet. Adolescents with computer and/or internet addiction revealed to be more socially isolated and depressive compared to those without computer and/or internet addiction. A significant positive association with the total scores of the Internet Addiction Test, the Loneliness Scale, and the Korean Depression Score were elicited.

Conclusion: In this study, adolescents who are addicted to the computer and/or internet assessed themselves as to be more socially isolated in comparison to the non-addicted adolescents. Social relatedness and depressive

symptoms are needed to be investigated in the evaluation of adolescents with computer related addictive behaviors.

P-87 Characteristics of cellular phone dependency in Korean adolescence

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Aim: This study expected to find an association between cellular phone dependencies and emotional influence, academic and social functioning in adolescents. In addition, the study expected to find a link between cellular phone dependencies and age when they started cellular phone use.

Method: A survey of adolescents was performed by high school and middle school students in South Korea. The student were asked to complete the survey material including Problematic Cellular Phone Use Survey (PCPUS), State-Trait Anxiety Inventory for children (STAIC), Children's Depression Inventory (CDI), Youth Sefk-Report (YSR).

Results: There was a significant relationship between problematic cellular phone use and duration of cellular phone use which appears to be important factor. In addition, high anxiety and depression score have been linked to behavioral problems such as problematic cellular phone use. Among the subscale of YSR, we found negative relationship in academic performance subscale and social function subscale with problematic cellular phone use and we also found positive relationship in the rest of YSR subscale. No significant association was found between problematic cellular phone use and age when they started cellular phone use.

Conclusion: This study offers a potential window into the evolution of behavioral problems such as problematic cellular phone use. As we found a significant relationship between problematic cellular phone use and duration of cellular phone use, it is not altogether surprising that more time spent on the cellular phone use resulting more problematic cellular phone usage. In this study, we found negative physical, emotional, social consequences of inappropriate cellular phone use, particularly for those with long duration of cellular phone usage.

P-88 Are household asset indices good predictors of Common Mental Disorders (CMD) in rural Kintampo, Ghana?

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Aim: The public health burden of CMD in developing countries is being increasingly recognized, but little is known about the relationship between CMD and socio-economic status (SES), or how a mother's SES can be measured in exploring this relationship.

Method: A cross-section of 160 postnatal women aged 15-45 were randomly selected from the Kintampo district in Ghana. CMD was measured by a validated Twi version

of the Patient Health Questionnaire (PHQ-9). Socio-demographic and socioeconomic factors, including household assets, were obtained using a structured questionnaire. Exploratory factor analysis was used to group the assets and a correlation between assets score and some socio-economic indicators such as occupation, housing quality and sanitation were explored. The association between CMD and socio-economic variables was analysed.

Results: Prevalence of CMD was 30.0%. Strong trend correlations existed between some indicators of SES and 'luxury' assets, but not agriculture-related assets. Agriculture assets, 'luxury' assets and poor sanitation were not significantly associated with risk of CMD: OR=1.46 (0.53-3.82); OR=0.56 (0.17-1.84); OR=2.12, (0.74-6.05) respectively. Other postulated measures of SES such as poor maternal education, poor household head education and occupation status were not significantly associated with CMD: OR=2.26 (0.89-5.71); OR=0.99 (0.41-2.41); OR=0.74 (0.22-2.52) respectively. Young maternal age was 'borderline' significantly associated with risk of CMD OR=3.15 (0.98-10.08)

Conclusion: 'Luxury' assets are strongly correlated with indicators of SES, suggesting its use as proxy indicators of SES. Agriculture and 'luxury' assets are not associated with risk of CMD but young maternal age could be an important risk factor.

P-89 Adolescents, drug abuse and ethical assessment in emergency services

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Recently, the drug-related problems among adolescents have been increased in Spain. Adolescents who use drugs are at increase risk to accidental and intentional injury and illness. Emergency departments are important setting for the early identification of these adolescent because injured adolescent with problematic substance use first consult in these services.

Many of these adolescent have the decision-making capacity of an adult and adolescent's right to refuse urine drug-test is recognized by European and Spanish law. Our ethical conflict is: What is the role of the emergency physician related to abuse/dependence diagnosis? Is more important to respect the autonomy principle versus beneficence principles? We understand the early detection and the opportunity to offer a treatment as a considerable benefit. So, could medical team use the persuasion to get the adolescent's drug test consent? And, Could they notify to the parents a positive result broking the confidentiality principle?

Autonomy principles are sustained by: privacy, ability to understand and communicate relevant information, ability to choose with some degree.

Beneficence principles are sustained by: the potential benefits to the adolescent, to prevent the potential risks and harmful consequences to themselves or to the others. The responsibility dimension is important to clarify this ethical conflict; it implies a duty to worry about the other vulnerable. When an adolescent consult to emergency department the professional can't forget that drug use often is risk behaviour and that behaviour could be dangerous

for the adolescents or others. An individual evaluation is necessary.

P-90 Forensic assessment in child psychiatry. What do the forensic reports tell us?

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Aim: To describe the contents of forensic reports and to reflect the characteristics of cases involved in juvenile justice

Method: Forensic reports prepared in Dokuz Eylül University Child Psychiatry Department between October 2001-October 2007 are reviewed in aspects of sociodemographic variables, reasons for referral and results of the mental health assessment. The contents of the reports and the characteristic of the cases were compared before and after the Turkish Criminal Code have been extensively revised in June 2005 to include The Child Protection Law.

Results: The total number of reports was 96. There was a 5.4 fold increase in the number of reports after June 2005. Fifty four (%56.8) of the cases were girls and 41 (43.2%) of them were boys. The mean (SD) age at the legal event and forensic assessment were 11.1 (3.6) years and 12.6 (3.6) years, respectively. Being the victim of abuse and assessment of the psychiatric effects of the event was the most common reasons for referral (n=68,70.8 and% n=57,59.4% ; respectively) followed by 5.3 (4.0) [mean (SD)] sessions along with psychometric testing for the 66.7% (n=64) of the cases. Eighty five (88.5%) of the cases had a psychiatric symptom of which internalizing problems were the most common (n=65,67.7%). Sixty four (66.7%) of the cases received a psychiatric diagnosis; Posttraumatic Stress Disorder and Mental Retardation were the most common ones (n=26,27.1% and n=22,22.9% , respectively). Psychiatric treatment was offered to 69 (71.9%) children. The contents of the reports and the characteristic of the cases were similar before and after the Turkish Criminal Code have been revised.

Conclusion: There is a striking increase in the number of children requiring forensic assessment in child psychiatry reflecting the increased need for expertise in this area

P-91 Intensive media campaign - effects on child mental health awareness in Romania

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Aim: To present and discuss the effects of Professionals implication in an intensive Mass - Media Campaign concerning Child Mental Health

Method: We'll present the various forms and methods of introducing professional information to multiple media channels into more accessible, comprehensible and acceptable forms. We'll discuss the whole Media Campaign on Child and Family Mental Health developed in Romania in 2006-2007, its main obstacles and main advantages as well as its results.

Results: To present the Awareness on Child Mental Health in General Population, assessed in three major Romanian urban areas.

Conclusion: Professional implication in high - quality Media Campaigns is a key component for an undistorted public perception of Child Mental Health.

P-92 Psychosocial repercussion of pregnancy among adolescents: risk factors and protection

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Aim: Pregnancy and motherhood among adolescents have become a global concern, particularly when appearing in a vulnerable contexture. This concern is presented in terms of probable risks to the health and evolution of children and adolescents. Nevertheless, in environments touched by urban violence and drug dealing, breeding of adolescents has become a complicated phenomenon, in terms of its origins and psychosocial repercussion. As a paradox, pregnancy and motherhood might become protection factors before serious risk conditions associated to collective settings, where drugs and criminality are found. Being pregnant or having a very young child might seclude female adolescents from such violent territories. However, these conditions create big difficulties for these girls to remain at school or at work, once it is very hard to find day nurseries where to accommodate their children.

Method: For the past ten years, eight pairs of adolescent mothers and firstborns, belonging to social and urban peripheries of large cities in the State of Sao Paulo, in Brazil, have been investigated in a continued research, when: a) their children were younger than 5 months; b) their children were about three and a half years old; and c) their children were about ten years old.

Result and Conclusion: Risk and protection factors have been identified and related to the development of these pairs, based on the Bronfenbrenner model of ecological systems

P-93 Early detection of risk in infants between 2 and 24 months

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Argentina, Brazil and Uruguay Regional Experience

Aim: detect signs of withdrawal thought the application of the Alarm Distress Scale, which aims at assessing infant withdrawal, in two populations: a day care center and a community health care center.

Method: We applied the scale in the pediatric examination. We video recorded this instance for later evaluation by our team.

At the end we discuss the results with the staff of the day care center and the health care center, and another session with parents of each infant.

Results: The scale was applied to 50 children during their routine consultation.80% of the population was normal, below than 5 in the scale; 16% show signals of minimal risk, between 6 and 10 in the scale; and 4% are in real risk, more than 11 in the scale

Conclusion: The psychometric properties of the ADBB scale were good. Pediatricians and other professionals of the team accepted the scale which improves their capacity to observe the competences of the babies. Parents received a more interdisciplinary evaluation of their children development. ADBB may be a useful screening instrument to detect risks in primary health care services

P-94 The moderator role of peer attachment between perceived marital conflict and, bullying /victimization

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Aim: High marital conflict was known as a risk factor for bullying and victimization. However, peer relationship quality might protect adolescents against being bully/victim. The aim of this study was to examine peer attachment as a moderator of the relationship between perceived marital conflict and bullying/victimization among the adolescents. **Method:** A total of 882 adolescents were recruited from various state schools in Ankara, Turkey. Two separate moderated regressions were conducted for both bullying and victimization as dependent variables.

Results: When dependent variable was bullying, the only significant main effect was marital conflict. When dependent variable was victimization, the results of moderated regression were significant ($F = 30.43$, $p < .001$, $R^2 = .09$). Significant main effects of marital conflict and peer attachment were found. Testing of interaction between marital conflict and peer attachment resulted in a significant effect. Interaction pattern indicated that adolescents having low peer attachment had highest victimization scores at high levels of marital conflict. Conversely, adolescents having high peer attachment with low marital conflict had lowest victimization scores. Moreover, adolescents having high peer attachment had lower victimization scores than those who had low peer attachment. Following Aiken and West (1991), slope test was conducted to test whether slopes differed from zero. This test indicated significant results for high peer attachment groups ($t = 4.89$, $p < .001$).

Conclusion: As a conclusion, peer attachment was found to be a protective factor against victimization (but not bullying) among adolescents who perceived high marital conflict.

P-95 Cognitive enhancer from herbs: experimental series from rat to children with intellectual disabilities

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Aim: Authors reviewed series of experiments using Liuweidihuang-tang-jia-wei (Shenqi-wan: SW) which have targeted to find the material to improve intellectual disabilities.

Method: Four articles with animal data, two papers with healthy children, and one paper (not yet published) about disabled children were included.

Results: A series of animal experiments were completed: (1) SW extracts increased cell proliferation in dentate gyrus of rats, dose-dependently, (2) SW extracts exerts a protective effect against alcohol-induced decrease in new cell formation, (3) SW shows protective effect against H2O2-induced apoptosis via inhibition of NMDA receptors in hippocampal neuronal cells, (4) SW improves spatial learning ability by increasing neurogenesis in the dentate gyrus. In human studies, both in healthy children and children with intellectual disabilities, although SW failed to reveal significant improvement in cognition, there was hopeful result such as the tendency to be progressed in subscales about intelligence, especially performance intelligence.

Conclusion: SW has dual effects to protect from toxic effect of neural damage and to proliferate hippocampal cell proliferation. As results from these series, authors suggest SW can be a promising candidate for medication for intellectual disabilities.

P-96 Assessment of mental health in Russian preschool children

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The aim of the study was the adaptation of the Russian version of the Child Behavior Checklist/1½-5 with the sample of 211 Russian toddlers aged from 18 to 53 months. The study provided support for the reliability and validity of the CBCL/1½-5 empirically based scales, DSM-oriented scales and summary scales. Alphas were in the range similar to those found with the U. S. sample. None of differences between boys and girls were significant. The level of problems increased with age, so that toddlers aged 30 to 53 months of age had higher scores on all scales than the younger toddlers. Mother's age and marital status, father's education, and occupation were significant factors of mental health in early childhood. Toddlers whose mothers were 35 years and older when the child was born scored lower on all empirically based and DSM-oriented scales. Children whose parents cohabited had more Internalizing problems than those whose parents were married. Children whose fathers had a university degree had less problems than those whose fathers had lower level of education. Children whose mothers were housewives or students had less problems than those whose mothers had full or part-time regular job. Compared with the U. S. normative sample, the Russian children scored lower than the U. S. children on seven of the fifteen problem scales.

P-97 Factor structure of an executive function test battery in Turkish elementary and secondary school aged children

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Aim: The aim of the study is to investigate factor structure of an executive function test battery which consists of

Wisconsin Card Sorting Test (WCST), Trail Making Test (TMT), Controlled Oral Word Association Test (COWAT) and Category Naming Test (CNT), in elementary and secondary school aged children in Turkey.

Method: The sample of this study consisted of 401 students between the ages 6 and 15 and grade levels of 1 and 8, attending elementary and secondary schools in the province of Ankara. The subjects were equally distributed in terms of age / grade level, gender and socio-economic statuses.

Results: To investigate the factor structure of the battery 23 scores of WCST, TMT, COWAT and CNT were analyzed. Principal components analysis (PCA) using varimax rotation was performed to discover the factor structure of the battery. PCA with 23 battery items revealed 7 components in the initial exploratory analysis (Eigenvalue >1). The examination of the Scree plot indicated three-component solutions. Following this, another PCA was run with Varimax rotation forcing the number of components to three. Three factors obtained, explained 70.04% of the total variance.

Conclusion: These results indicated that CNT, TMT and COWAT indicate a joint pattern and that both tests are assessing a different executive function performance than that of WCST.

P-98 The reliability and validity of the Turkish version of Early Childhood Inventory-4 (ECI-4) parent form

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Aim: To examine the reliability and validity of the Turkish version of Early Childhood Inventory-4 (ECI-4) parent form in Turkish Children.

Method: Total of 309 3-6 year-old children were evaluated according to DSM-IV and the caregivers were given ECI-4 parent form. ECI-4 parent form's reliability was measured by internal consistency and item-internal consistency. Clinical examination was accepted as "gold standart" for the ECI-4 parent form's validity. Diagnoses were made using the recommended method in the original form and validity of diagnoses were evaluated by the analyses of sensitivity and specificity. Also the cut of points for Turkish children were determined by the symptom severity score calculation with the help of ROC curves.

Results: ECI-4 parent form's internal consistency was calculated as 0.93. Also, coefficient alpha was calculated for the each diagnosis group and was found 0.70 and higher than 0.70 for attention deficit and disruptive behavior disorders, separation anxiety disorder (SAD), sleep problems, posttraumatic stress disorder (PTSD) and pervasive developmental disorder. According to the count score calculations, the ECI-4 parent form's sensitivity and spesifity was found to be high for attention and hyperactivity disorder-hyperactivity subgroup (ADHD-H), conduct disorder (CD), Tourette's disorder (TD) and chronic tic disorder, SAD and PTSD. The ECI-4 parent form's was found valid for ADHD-H, ADHD-Combined subgroup, CD, SAD, PTSD and TD with evaluated ROC curve.

Conclusion: The result of this research demonstrated that the Turkish version of ECI-4 parent form is reliable and valid screening instrument for Turkish children.

P-99 The use of the ASEBA in the routine clinical practice of outpatient child psychiatric services in Greece.

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Achenbach System of Empirically Based Assessment (ASEBA) has been accepted world wide as a valuable tool in the polyaxonic assessment of children and adolescents. The Child Behavior Checklist (CBCL), Teacher's Report Form (TRF), Youth Self Report (YSR) and the adult forms are economical assessment tools that make use of information from multiple informants and are capable of assessing a broad spectrum of psychopathology. In addition, the Semistructured Clinical Interview for Children and Adolescents (SCICA) is scoring the interviewers' ratings of observations and children's self-reported problems.

In Greece the CBCL (ages 6-18), TRF (ages 6-18) and YSR questionnaires have been standardized and are being used in the clinical practice and research in many child psychiatric services across the country as well us in research projects. The adult forms are now in the process of standardization in a nationwide normative Greek sample.

In the present study we are enlarging the use of the ASEBA adding the adult forms and the SCICA to the clinical assessment. The purpose is dual. One is the to assess the utility of routinely adding to busy clinical services the SCICA in the diagnosis of children and adolescent psychopathology comparing it with common clinical interviews in terms of diagnostic validity, broadness of psychopathology spectrum, time and communication among different practitioners. The adult forms on the other hand, will provide an initial assessment of the family environment as well as the presence and type of parent psychopathology in the family system. These will be related to the problems of the child and hopefully lead to comprehensive interventions. The sample includes 150 children and adolescents of both sexes and their families from clinical outpatient services in Athens and other urban and rural areas.

The preliminary results are satisfactory and encouraging.

P-100 Neurobehavioral organization of the healthy neonate

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Aim: The aim of this study is to find out to what extent the neurobehavioral organization of full-term neonates can be explained on the basis of the systems and subsystems proposed by Brazelton and Nugent in the Neonatal Behavioral Assessment Scale, NBAS: Autonomic System, Motor System, State System (Habituation, State Organization and State Regulation) and Social-Interaction System.

Method: To do this, a sample of 220 healthy full term neonates of two and three days of age was evaluated

using the Spanish version of the NBAS that includes 34 behavioral items and 18 reflexes.

Results: The factors obtained through the analysis of the main components are very similar to those proposed by the authors of the Brazelton Scale, with the difference that in our study, the Motor and Autonomic Systems are grouped as a single factor. The analysis of the reliability of our groupings reveals that it is between moderate and high with an average of 0.78 (Cronbach's Alfa coefficient).

Conclusion: The results indicate that the structure of the Neonatal Behavioral Assessment Scale is adequate for evaluating the neurobehavioral organization of neonates. The grouping of the Motor and Autonomic systems obtained in our study can be explained by the affinity that exists between the evaluated behaviors. Both systems include the most basic reactions of the organism, such as the control of respiration, temperature and the most elemental motor patterns.

P-101 Auditory and visual behavior of the neonate

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Aim: In the neonate, the sensorial organs used for hearing and seeing are already operational. It is known that neonates have a preference for animate stimuli and they already use "Intermodal Perception". It is also known that girls have earlier responses than boys. Our aim is to evaluate said sensorial responses in neonates, as part of a general examination of behavior, differentiating between sexes.

Method: The sample consisted of 220 healthy full term neonates: 104 boys and 116 girls. They were evaluated 2 or 3 days after birth using the Spanish version of the Neonatal Behavioral Assessment Scale and we analyzed the neonates' responses to two types of stimuli: animate (face and voice) and inanimate (red ball and rattle), grouped into the following systems: Visual, Visual/Auditory (intermodal perception) and Auditory. Each item was scored on a 9 point scale.

Results: On the basis of an analysis of the average scores, the highest scores were obtained for the Auditory System (6.72), followed by the Visual-Auditory System (6.33) and finally the Visual System (5.84), with these differences being statistically significant. The analysis of the gender variable showed that girls' scores were significantly higher than those for boys in terms of all three systems.

Conclusion: The best responses of the entire sample were obtained for an animate auditory stimulus (voice). The association between a visual and an auditory stimulus (rattle) improves perception. In visual perception, we did not detect preferences between the human face and a ball. In the three cases we found gender differences in favor of girls.

P-102 Ages and stages questionnaires: evaluation of its psychometric properties in Turkish children

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Aim: ASQs are parent completed assessment tools which evaluate development of children in each of five domains: communication, gross motor skills, fine motor skills, problem solving and personal-social skills. The present study aims to investigate the psychometric properties of Ages and Stages Questionnaires (ASQ; Squires, Potter & Bricker, 1999) in Turkish children.

Method: A total of 978 children, 664 with normal development and 314 with developmental problems according to clinical and psychometric evaluations, were recruited (age range of 3-72 months). ROC analyses were performed to determine the cut-off scores of the ASQ for a total of 19 age interval questionnaires (4,6,8,10,12 months etc).

Results: Analyses revealed that ASQ had differentiated children with and without developmental disabilities. The agreement between classifications of ASQ with those of other screening instruments and/or clinical diagnosis were generally high. This finding supported the criterion validity of the instrument. Although a few ASQ subscales in various age groups had relatively lower internal consistency coefficients, most of its subscales exhibited higher internal consistencies. The classifications based on ASQ's cut-off points were found to be stable over a two week interval supporting test re-test reliabilities. The percent agreement, based on the classifications of the mothers' and teachers' ratings were also high which showed that ASQ had inter-rater reliability.

Conclusion: Overall, the results indicated that the ASQ-Turkish Forms should be used according to classifications based on scores below cut-offs in at least two domains in order to identify children with developmental problems.

P-103 The validity and reliability of ages and stages questionnaires: social-emotional in Turkish children

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Aim: ASQ-SE are parent completed screening questionnaires which assess social and emotional problems in young children within a 3-65 month age range in 8 age intervals (6,12,18 months etc.). The present study examined the psychometric properties of Ages and Stages Questionnaires: Social-Emotional (ASQ-SE; Squires, Bricker & Twombly, 2003) in Turkish children.

Method: For the adaptation of ASQ-SE, a total of 608 children participated in the study. According to clinical and psychometric evaluations 195 of these children exhibited and 413 did not exhibit social-emotional problems. ROC analyses were performed to determine the cut-off scores of the ASQ-SE for Turkish children.

Results: Analyses revealed that the questionnaires had differentiated children with and without social and

emotional problems. The cut-off scores based on the ROC analyses also demonstrated high percent agreement. The agreements between classifications of ASQ-SE with those of other screening instruments and/or clinical diagnoses were generally high. This finding supported the criterion validities of the questionnaires. Most ASQ-SE forms exhibited high internal consistencies as measured by Cronbach's Alpha. The classifications based on ASQ-SE's cut-off points were found to be stable over a two week interval supporting test re-test reliabilities. The percent agreement, based on the classifications of the mothers' and teachers' ratings were also high which demonstrated that ASQ-SE had inter-rater reliabilities.

Conclusion: Overall, the results demonstrate that ASQ-SE can be used in Turkey to identify children with social/emotional problems for clinical and research purposes.

P-104 The influence of child age and gender on parental child-rearing behaviors

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Aim: To verify the influence of child age and gender on different parental child-rearing behaviors and on severe physical punishment.

Method: BrazilSAFE (Brazilian Studies of Abuse in Family Environments) is a cross-sectional study, part of WorldSAFE (World Studies of Abuse in Family Environments) that involved researchers from six countries.

Setting is urban poor community near Sao Paulo city.

Participant are 813 mothers (aged 15-49 years) of children under 18 (probabilistic sample of 24 clusters based on census units, including all eligible households; attrition rate=17.6%).

28 child-rearing behaviors from mother/father in the past 12 months were investigated using a WorldSAFE copyrighted checklist. Child severe physical punishment defined as: hit with an object such as a stick, broom, cane, or belt; kick; choke by putting hand or something else around neck; smother with hand/pillow; burn/scald/brand; beat or shake (if age <2 years).

Results: Logistic regression models were used to examine the effect of age and gender on parental behaviors. Younger age was associated to shout/yell/scream, twist ear, pinch, and spank buttocks with hand. Older age influenced seven parental behaviors: call names, curse, refuse to speak, threaten to kick the child out of the house, slap face/back head, hit head with knuckles, and hit body parts other than buttocks with an object. Boys were twice more likely to suffer severe physical punishment than girls [OR=2.0 (1.4-2.8), p<0.001].

Conclusion: Parental behaviors used for child rearing vary according to child age and gender. Boys are at greater risk for severe physical punishment in the studied community.

P-105 The confused adolescent

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The manifestations of the problems in identity formation may overlap with the prodromal signs of a new emerging major psychopathology. On the contrary, the pathological development in identity can also be masked by the overt symptomatology of a mental disorder. The lack of a holistic approach might in either case result in misdiagnosis and delay in treatment. A 19 year old boy is presented with a view of discussing the challenging factors in diagnosis and the influence of underlying identity confusion on the treatment process.

The patient who was hospitalised with a mixed diagnosis of obsessive compulsive disorder (OCD) and major depression developed hypomanic switch while he was being treated with paroxetine, and valproate sodium was added to treatment protocol. After the remission of affective episode, he recalled feelings of emptiness and unhappiness, not having an aim or value system, and feeling as if he is the observer of his own life, which started at the age of 12 when he was first diagnosed as OCD. He described a complex relationship between his parents and his paternal grandmother who had been living with them. The underlying identity confusion of this patient was recognised only after his symptoms subsided during a long term inpatient treatment. Especially for adolescents, focusing on the descriptive diagnostic processes may hinder a subtle pathology in identity development and a detailed clinical examination with an emphasis of developmental issues and family dynamics might be mandatory to implement proper therapeutic measures.

P-106 Gender identity in juvenile delinquent girls

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The connection between gender identity and delinquent behaviour in girls and women was revealed in a number of studies (Adler,1975; Hardy, Howitt,1998). Gender identity defines as a part of a personality identity including a person's self-awareness as a man or a woman, gender images, behavioural gender stereotypes and preferences.

Aim: The objective of our study was to find gender identity peculiarities in juvenile delinquents in comparison with socially well-adjusted adolescents. The samples consisted of 54 girls,14-17 years old, who committed criminal acts, and 35 non-delinquent girls of the same age.

Method: A special projective test was used to reveal their self-concept (including "real self" and "ideal self") and gender images ("a man must be...", "a woman must be...").

Results: Statistical analysis (Spearman correlation test) shows that in delinquent girls correlations of self-images indices and those of a man image are much stronger than in normative girls' group (p<0,01). In normative girls correlations between self-image indices and a woman image index are higher than in delinquent girls' group (p<0,01).

Conclusion: It allows to conclude that more distinct masculine self-identification in delinquent girls can result

in their real behaviour and facilitate deviant acts like aggression and delinquency.

P-107 Stereotypy characterization and associated morbid conditions: the repetitive behaviour as a possible distinctive behavioural tract

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Stereotypy is defined as an involuntary, non goal-directed, patterned, coordinated, repetitive, rhythmic and non reflexive movement, which typically lasts for seconds to minutes, tends to occur in clusters, appears many times per day and is associated with periods of excitement, stress, fatigue or boredom. Motor stereotypies are commonly seen in developmental disorders (autism and mental retardation), psychiatric and neurological diseases. Normal repetitive movements also occur in the first year of life, reflecting the immaturity of nervous system, and in normal individuals during periods of anxiety or stress. The stereotypy classification is commonly based on clinical features, such as topographic distribution and complexity of movement patterns (simple or complex).

Aim of the study was to explore the linkage between stereotypy and associated conditions. The authors examined 50 families of subjects affected by developmental and neurological disorders who presented repetitive behaviours. Stereotyped movements were coded from videotapes recorded during a period of spontaneous activity and a play session. Patterns and frequency of the stereotypies were scored by a dedicated checklist and the relation between repetitive behaviour and associated findings (diagnosis, chronological age, cognitive functioning, adaptive behaviour) was examined. Furthermore the authors studied the possible occurrence of restricted repetitive behaviours (motor stereotypies and rituals) in the relatives of the enrolled patients.

P-108 The relationship between parental disciplinary practices and discipline, internalization, social competence and cognitive development problems of children

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The purpose of the present study is to examine the relationship between parental disciplinary practices and personality features in children. To this end a descriptive study was conducted at 8 different schools of Ankara, with the participation of 606 families of 10-11 years old children. Following a 2-level pre-test procedure, data were collected from mothers and fathers with 2 questionnaires about positive and negative behaviors of children, and also the short form of the Personality Inventory for Children (PIC) was used to collect data from children about their discipline, internalization, social competence and cognitive development problems. The results revealed that from a range of parental disciplinary practices, aggression used by fathers especially, removal of reinforcers, neglecting both positive and negative behaviors, were related with problematic personality features in the children. In addition to disciplinary practices of parents, it was also found that

demographical features of families such as age, education level, SES, sex of the child, being a working mother or not and having more than 2 children were also related to child personality. These findings may offer alternative explanations in order to understand childhood, family system and the pathologies related to these factors.

P-109 Developing an inclusive social skills program in Hong Kong schools. Thinking globally, acting locally.

Jo Ladner

Early Childhood Special Education Consultancy

Hong Kong is uniquely placed in the world as being a cultural milieu of eastern and western cultures.

This poster presentation describes and highlights the influences and challenges involved with designing and developing an inclusive social skills program, targeting children with ASD, Asperger syndrome, ADHD and children with significant social skill issues without a clinical diagnosis within the cultural context of international schools in Hong Kong.

These have included-

- The impact of globalisation on special education and inclusion within the Hong Kong educational context.
- The influence of rights based educational ideologies and inclusion.
- Recent research on the effectiveness of social skills groups for children and young people with ASD.
- Consideration of the cultural context of Hong Kong as a Confucian heritage culture and the predominance of "Third culture kids" within many Hong Kong schools.

The aim of the presentation is also to promote and generate debate, understanding and dialogue amongst practitioners as increasingly, globalisation impacts within the field of special education and Western special education philosophy and pedagogy are adopted in Eastern contexts.

Program design features include -

- A whole school approach - including training for classroom teachers in including social skills teaching within the curriculum and unique needs of students with social differences.
- Developing a method for evaluation of the programs effectiveness that engages all involved.
- Aspects of the Social Skills program itself - program structure, content, methodology, topics covered.

Qualitative research data and results will unfortunately, not be available for this presentation, however, it is hoped that some indication of program effectiveness will be available.

P-110 School underachievement in Lebanon: descriptive survey of some causes

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Aim: School underachievement of the child remains difficult to approach because of its multifactorial nature. This study draws up a balance sheet of psychosocial, organic and psychiatric causes linked up with scholastic disturbances in Lebanon.

Method: Descriptive study on children with scholastic disturbances of three different classes in two public and private schools. Two questionnaires containing diagnostic criteria of ADHD, defiant disorder, conduct disorders and learning disorders as well as other general information were distributed to both parents and teachers of these children.

Results: An increased mean age along with an increased rate of repeating the same class, a net masculine predominance (59% boys), 10.9% descended from divorced parents, 14.1% unique children and 17.2% eldest in the sibship.

2.3% suffered from a chronic organic illness, 13.1% were born prematurely.

32% of these children presented symptoms of ADHD, 25.8% of conduct disorders, 22.7% of defiant disorder and 5.5 to 17.2% had learning disorders.

Conclusion: The study outlined the major personal, familial, social and psychosocial characteristics of the children having school underachievement. Moreover, it determined the prevalence of the major psychiatric pathologies linked to school disorders of the child in Lebanon.

P-111 Methodology aspects of the CBC's internal validation study in Uruguay, South America

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Aim: The aim of this study was to obtain reliability and validity data of the Spanish version of the CBCL in Uruguay, as well as obtaining normative data for the ages 6 to 11, and its comparison with a United States' normative sample.

Method: The CBCL is selected as an instrument for screening in general population. The Parents CBCL version 2001 translated to the regional Spanish, obtaining the authorization and license from the authors, is used in a representative sample of the Uruguayan schoolchildren between the ages of 6 and 11. The selection was done through a two-phase sampling procedure. First, we conducted a random self-weighted sampling of schools. Secondly, a systematic sampling was done within the schools for further selection of children. The application consisted of gathering the parents in the school to complete the questionnaire in a self-administrated manner. The internal consistency of the scale and its subscales was analyzed through the Cronbach alpha coefficient.

Results: The response rate was 70.5%. The national representative sample was made up of 1374 children. The total mean score for the Uruguayan population was 34.11. A Cronbach alpha coefficient of 0.94 was obtained for Total Problems. To obtain a healthy sample of 1098 children (45.7% boys y 54.3% girls), children who had been referred and/ or had serious conduct and/or learning problem were excluded: cut-offs of 39 and 47 corresponded to 73 and 83 percentiles, respectively.

Conclusion: The instrument shows strong internal consistency on the global scale and on the internalized and externalized subscales.

The results obtained were satisfactory regarding the scale and the importance of the validation is evidenced with

the establishment of the percentiles for the Uruguayan population.

P-112 Tweens: childhood with sugar

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One of the most important recent developments in the world is the so-called "tweens". A tween is vaguely defined as a prepubescent child between the ages 8 to 12 years old, no longer little children and not yet teens. They are kids who just started to develop their sense of identity and are anxious to cultivate a sophisticated self-image, but who don't know how to do it. Marketers show them the way and in exchange earn lots of money. Tweens become an easy target for most brands, as they are eager to grow up and look older. When marketers treat this kids like adults, consumers and independent people, they become vulnerable to potentially unhealthy messages. It's getting harder to tell what came first: do the media reflect today's kids or are today's kids influenced by media?

Although there is a growing concern about this theme, there are few studies about the impact in the society. The aim of our presentation is to emphasize the importance of media impact in this new generational group, especially mental health professionals, parents and families should be aware of the risks.

P-113 The impact of video- game playing on adolescents' impulsivity

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Aim: There has been a great deal of research into the impact of video-games on cognitive function, but the field of impulsivity has not been investigated yet. The present study aimed to describe the performance of video-game players (VGP) and non-video-game players (NVGP) on the Continuous Performance Test (CPT) in relation to impulsivity.

Method: Thirty students (10-16 years old) were divided into two groups, based on their previous experience with video-game playing: VGP (n = 20) and NVGP (n = 10). All the NVGP underwent video- game training and were tested on the CPT before and after.

Results: VGP showed a better performance in reaction time (372 ms) as compared with NVGP (410.7 ms), p= 0.06. Concerning the variable "perseveration", NVGP outperformed VGP (NVGP = 0.6; VGP = 2.7; p = 0.02). There was no significant correlation between VGP or NVGP and "commissions" (VGP = 57; NVGP = 55.9; p = 0.91). NVGP trained on video-games showed marked improvement from their pre- training reaction time (pre-training = 410.7 ms; post-training = 366.7 ms; p < 0.001). Significant effects on "commissions" were observed (pre- training= 55.9; post- training= 39.4; p = 0.007). No significant effects were found on "Perseverations" after NVGP training (p = 0.18).

Conclusion: Qualitative results suggest that children with NVGP show less impulsivity than with VGP. A possible confound was the source of the VGP and NVGP

population differences, raising an intriguing question: do the differences found between VGP or NVGP in tests of impulsivity exist, or are these outcomes due to the compound of the sample?

P-114 Socio-familial risk factors and child psychopathology in Bucharest, Romania - a preliminary study

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Aim: In Romania the epidemiological data of child and adolescent psychiatric disorders are inadequate and insufficient. In order to develop suitable working methods for social and mental health care services in the country, the risk and protective factors for child psychopathology need to be analyzed both among hospitalized and normal child and adolescent populations. The purpose of this preliminary study was to analyze some basic epidemiological data among children and adolescents hospitalized in Child and Adolescent Psychiatry Department of " Prof. Dr. Alexandra Obregia" Hospital of Psychiatry, Bucharest, Romania.

Method: The study group consisted of 105 child and adolescent patients (between 3 and 17 years) and their families. Child, parent versions of SDQ, CBCL and YSR were used to evaluate child/adolescent psychopathology and functioning. FAD was used to evaluate family functioning. In addition a background information questionnaire was applied to collect information about family structure and other social and familial risk factors.

Results: Family factors (broken homes, single parent and poor family functioning evaluated by FAD) and social factors (lower level of education and unemployment of parents, financial resources of the family) were significantly correlated ($p < 0,05$) with higher level of psychopathology

Conclusion: A similar study with normal child and adolescent population will be carried out in order to design criteria to identify children and family at risk in Bucharest, Romania and to create practical intervention measures.

P-115 The epidemiology of emotional and behavioural problems among Thai children and adolescents

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Aim: This cross-sectional study was aimed at identifying prevalence of both emotional and behavioral problems among children and adolescents. The study also examined the nature of existing relationships between fathers, mothers and their children

Method: A stratified three-stage cluster sampling technique was applied to selected 13,500 samples from across the four regions of Thailand including Bangkok. Respondents, children and adolescent 6-18 years of age, were asked to fill in three sets of questionnaires: 1) General Questionnaire 2) Thai Youth Checklist (TYC) 3) Parental Bonding

Instrument (PBI). Data were analyzed using descriptive statistics.

Results: The result showed that 12.1-16.2% have emotional and behavioral problems whereas 8.1% in female youths, 7.5% in male youths, 5.7% boys and 5.2% girls showed troubling signs needing psychiatric consultation. Among these risk groups, southern children and youths were in the majority, whereas the northeasterners were only in the minority. With respect to familial relationship appraisal, 19.4-42.1% were perceived as in affectionless control relationships, specially among fathers and mothers from the North.

Conclusion: The findings from the study can help design mental health interventions to prevent and treat emotional and behavioral problems in children and adolescents in the future.

P-116 Sleep duration in preschool age: whether and how it relates to the emotional and behavioral functioning

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Sleep is one of the basic components of human biologic regulation. Healthy and sufficient sleep is very important for child development. It has been documented that adolescents sleeping less than eight hours per night are more likely to develop depression (Danner, 2005). Additionally, significant sleep deprivation in children has been associated with failure to thrive, hyperactivity, depression, and short attention span (Goodlin-Jones, Anders, 2004). Improving sleep habits and arrangements can be effective in dealing with emotional and behavioral problems in preschool children. However the question remains - how much sleep is needed for good psychological adjustment during the early childhood? The aim of this study is to analyze the duration of diurnal and nocturnal sleep and its relation to emotional and behavioral problems in a normal sample of Lithuanian preschool children. More than 800 parents of children aged 2 to 5 years of age answered questions about the child's sleep habits and rated the child on the CBCL/1½-5 (Achenbach, Rescorla, 2000). Preliminary results show significant associations of diurnal and nocturnal sleep with emotional problems, especially anxiety, in preschoolers. Children who were rated as having more attention problems tended to sleep more during the day. The associations of sleep duration, sleep problems and other sleep habits are also provided in the results. The recommended healthy sleep duration in preschool age is discussed.

P-117 Seven year-follow-up of an epidemiological sample of Danish 16-year-olds

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Aim: To describe a follow-up study of a cohort of 16-year-olds using the Child behavior Checklist (CBCL) and the Youth Self Report (YSR).

To describe similarities and differences in questionnaire-sub scores in 2000 and currently..

To describe CBCL and YSR sub scores according to DSM IV diagnoses made in 2000.

Method: An "introduction postcard" was sent to families and one week later parents and teenagers received the CBCL and the YSR which they were asked to return. Teenagers would receive a compact disc in response to participation.

Results: The questionnaires are currently being returned by parents and children, and the response rate appears satisfactory.

Conclusion: None yet from this study.

P-118 Homeless adolescents and measurement of safe sex behavior and perceived general health

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Aim: A health survey of homeless adolescents (Rew et al.,2002) yielded Cronbach's alphas for global measures of safe sex behavior (SSB: DiIorio et al.,1992) and general health (GH: Davies & Ware,1981) that were substantively lower than previously reported, and posited respondent fatigue as a possible reason. Because of the length of the full measures and low Cronbach's alphas, shortforms were developed for a computer-assisted self-interviewing (CASI) longitudinal study (Rew et al.,2007). Using data from two homeless adolescent cohorts, this paper documents a) the process of identifying candidate shortforms; b) the psychometric comparison of scoring based on full and reduced item sets from a single paper-and-pencil administration; c) the psychometrics from a CASI administration of selected shortforms.

Method: Homeless adolescents aged 16-20 completed paper-and-pencil (n1=n425) and CASI (n2=572) health surveys.

Results: Among candidate shortforms, paper-and-pencil SSB and GH items satisfying item-total correlation criteria of 0.15 yielded the best shortforms when jointly considering internal structure (e. g., Cronbach's alpha and confirmatory factor analysis), content validity (as per content experts), and concurrent validity (correlations with external measures); and reduced respondent burden by 20% . Although CASI Cronbach's alphas were higher than paper-and-pencil values, the internal and external structure of the paper-and-pencil and CASI scores were not substantively different.

Conclusion: Respondent burden/fatigue is a concern when designing health studies. SSB and GH shortforms reducing respondent burden by more than 20% and substantively maintaining the integrity of construct measurement intended by the original developers show promise for future studies of homeless adolescent health.

P-119 An international cross-sectional survey of Child and Adolescent Mental Health Services (CAMHS)

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Introduction: International comparisons of child and adolescent psychiatry services are rarely reported in the literature.

Aim: This survey was conducted to explore alternative models of working and service provision for child and adolescent psychiatry services in our neighbouring countries.

Method: A cross-sectional survey using a questionnaire, which was distributed to contacts chosen randomly, in an attempt to represent a broad selection of countries from around the world.

Results: 8 out of 20 countries responded (40%). Responses were received from UK, Netherlands, Spain, Slovenia, Belgium, Norway, Finland and Egypt.

- 6/8 had designated CAMHS,6/8 provided a service for 16-18 year olds,4/8 offered a service for learned disabilities (LD),6/8 had child specific in-patient services,5/8 offered day-patient facilities.

- Consultant Psychiatrists / 1000 population varied from 0.2/1000 (Norway) - 1.5 (UK)

- Child psychiatry beds / 1000 population varied from 0.003 (UK) - 0.3 (Norway)

- 5/8 countries provided an emergency/out of hours service

- 3/8 countries accepted self-referrals

- Early intervention for psychosis / autism was provided by 4/8 countries.

- The commonest barriers cited to accessing care were stigma and financial.

Conclusion: Child-and adolescent psychiatry service provision varies widely internationally.

P-120 Dispositional hope and action control as predictors of learning strategy use and academic achievement

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Aim: The purpose of the present study was to analyze the relationship between dispositional hope, action control, learning strategy use, and academic achievement.

Method: A total of 275 emerging adults-undergraduate students at School of Education with a mean age of 20.4 years participated in the study. Data were collected after the final examination in a psychology course. Participants were asked to respond to the Adult Dispositional Hope Scale (ADHS) developed by Snyder et al. [1991, *Journal of Personality and Social Psychology*,60, pp.570-585], and the Action Control Scale (ACS-90) developed by Kuhl [1994, *Volition and personality: Action versus state orientation*, pp.47-59]. They also completed the Learning Strategies Scales of the Motivated Strategies for Learning Questionnaire developed by Pintrich et al. [1991, *A manual for the use of MSLQ*]. In addition, examination grades were used as the measure of academic achievement.

Results: Confirmatory factor analyses verified the two-factor structure of ADHS, the three-factor structure of ACS-90, and the nine-factor structure of the Learning Strategies Scales of the MSLQ. Structural equation models were analyzing using EQS Version 6.1 (Bentler,1993). The overall fit of the final path model was good, $\chi^2(30, N=275) = 33.0, p = .320; \chi^2/df = 1.1; CFI = .997; SRMR = .044; RMSEA = .019$.

Conclusion: Path analysis revealed that dispositional hope and action control were related to the use of learning strategies and academic achievement. The 'agency' dimension of hope was found to influence positively seven learning strategies. Use of 'metacognitive self-regulation' strategy and 'time and study environment' strategy were the only learning strategy variables found to predict academic achievement.

P-121 Language handicap and social isolation: a relationship between them and the functional communication performance

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Introduction: There are many factors associated with language development like hearing, affectiveness, neurological integrity, and normal function in the speech organs. If one of these factors fail, may be, the language could not develop. The language development is so important for social interaction and communication.

Aim: To see in a extremely isolation situation in the beginning of the language development, the consequences to the occupation of the communicative space for a child.

Method: The subject in this research is a girl which was submitted to social isolation in the beginning of her development. No one knows how old she is, but people think that she is 11 or 12. This girl has been evaluated with three protocols: 1: Functional Communication Performance (FERNANDES,2004); 2: Social-cognition Performance (MOLINI,2001) and Social-communicative Adaptation (SOUSA-MORATO,2003). The child has been evaluated twice, one time in the beginning of a therapeutic process with a speech pathologist and another one year later.

Results: The research proved that the handicap in the communicative skills has been seen in the beginning of the language development, which has been made the child almost unable to communicate what she wants. However, the subject of this research improved her language because of the therapeutic process with a speech pathologist. This handicap in the language can be considered a consequence of social isolation.

Conclusion: It's possible to conclude that the social isolation could cause a serious handicap in the language development of children. A speech pathologist is the professional who can help the child to present better behavior in communication performance and functional communication.

P-122 The speech pathologist in a psychiatric institution in the city of Salvador - Bahia - Brazil

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Introduction: Interactive and language difficulties are the most common characteristics of the autistic spectrum of disorders. This affects children's socialization skills.

Aim: To examine the language therapy process with children in the autistic spectrum in a psychiatric institution in the city of Salvador - Bahia - Brazil, using the Functional Communication Performance and Social-Cognition Performance tests.

Method: Ten children and teenagers aged between 3 and 17 years participated of this research. All subjects were involved in a therapeutic process with a speech pathologist during 48 months. Each child was filmed five times, first at the beginning of the process and then at intervals of 12 months. Videotapes were analyzed according to (FERNANDES,1996) and (MOLINI and FERNANDES,2001) criteria.

Results: Results are similar to (CARDOSO,2004) 's, allowing the conclusion that there was an improvement in the number of communicative acts in the children. There was also improved performance on Social-cognition Performance.

Conclusion: Therapy with a speech pathologist is an important means of improving the process of language development in children and teenagers in the autistic spectrum.

P-123 Delayed language

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Aim: In this study researchers compared auditory attention, dichotic listening ability and visual attention of children with delayed language and in a control group of healthy children.

Method: The sample consist of children with delayed language, aged between 3 and 7 years. The research involved dichotic listening material to measure auditory attention. The animal stroop test was used to study visual attention.

Results: Children with delayed language experience had problems in naming ability and in focusing visual attention.

Conclusion: Children must focus their attention and shape their speech. Delayed language means retardation in language development. Delayed language can delay progress with reading in school. Children who have delayed language have poor auditory memory and can perceive sound falsely. They cannot discriminate word phonetic differences. They have difficulty in verbal expression.

P-124 Emotional development and psychopathological risk in children with specific language impairments

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Aim: The aim of this study is to evaluate the relationship between language delay and early onset emotional difficulties.

We will evaluate:

- the relationship between social/emotional and linguistic development, with a focus on psychopathological risk and comorbidity;
- the role of symbolic play in differential diagnosis between normal and abnormal development;
- the relationship between children's care-giving environment and their emotional development.

Method: The clinical group consisted of 37 toddlers with SLI and a control group. Beyond the clinical assessment, psychopathology was measured both from parents (SCL-90; CES-D) and children (Griffiths, language evaluation, CBCL). Socio-emotional development was then assessed during semi-structured play session (FEAS).

Results: We obtained the following results:

- males had more pronounced language delay;
- children with marked language difficulties (both in expression than in understanding) obtained lower scores in FEAS and had an enhanced psychopathological risk;
- in children with marked social-emotional impairment, we observed poor interactions between child and caregiver and a deficit in symbolic abilities.

Conclusion: A careful assessment for emotional development and early detection of psychopathology in the toddler years are nowadays growing (Carter et al.,2004). Nonetheless, a careful evaluation of children with SLI, that are known to be at higher risk for subsequent psychopathology (Beitchmann et al.,1998; Carter et al.,2002), is not always done. Our assessment, focused both on psychopathological risk, emotional development and relationship quality will allow to fulfil this need in children's clinical populations.

P-125 Speech delay and developmental/behavioral problems in toddlers

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Aim: In this study, we aimed to compare developmental and behavioral problems in toddlers with Autistic Disorder (AD) and Developmental Language Disorder (DLD).

Method: Participants were 95 children aged 17-50 months, referred to our department of Child Psychiatry. Three groups were compared: AD (n: 32), DLD (n: 31) and a control group (n: 32). The Ankara Development Screening Inventory (ADSI) was used to investigate development. Modified Checklist for Autism in Toddlers (M-CHAT) and Child Behaviour Checklist (CBCL) /2-3 were used to investigate behavioral problems.

Results: General and language development was significantly different between groups. According to M-CHAT, the AD group failed more items (e. g. interest in children, pretend play, point to ask, point for interest,

bring the show, respond to smile, imitation, understand what others say) than other groups. According to CBCL/2-3, while social withdrawn was more frequent in the AD group, aggressive behaviors were more frequent in the other groups (p<0.05).

Conclusion: Identifying Autism Spectrum Disorders (ASD) and differentiating it from other developmental disabilities, such as DLD, can be challenging, especially in the early years of life. Children with ASD and children with other developmental delays show similar behavioral features. So it is important to make a detailed child psychiatric clinical assessment to differentiate psychopathology on time.

P-126 Linguistic-cognitive ability in children and adolescents with epilepsy

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Aim: This study aimed to investigate the characteristics of linguistic-cognitive ability in children and adolescents with epilepsy using a word definition test.

Method: The present study included 60 children and adolescents with epilepsy between age 6-15, who visited the department of neurology, Ewha Womans University Mokdong Hospital in Korea. We used 32 items of the vocabulary subtest of the Korean Educational Developmental Institute's Weschsler Intelligence Scale for Children (KEDI-WISC) to measure word definition ability. We scored the vocabulary subtest using two different scores: first using the scoring method used in IQ tests (KEDI-WISC) for cognitive ability; secondly we scored the word definition response of the language assessment.

Results: The word definition scores in the children and adolescents with epilepsy were significantly lower than the control group's on both scores (IQ test and word definition response in the language assessment).

Conclusion: Word definition ability in the children and adolescents with epilepsy was significantly lower than in normal controls. This result suggests that linguistic-cognitive ability in the children and adolescents with epilepsy is decreased when compared with normal children and adolescents.

P-127 Children and teenagers in the autistic spectrum: a relationship between social-communicative adaptation and social-cognition performance

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Introduction: The language and the social handicap that is common in the autistic spectrum bring new reflections about the therapeutic procedure in these cases. The investigation of similarities between autistic children helps us to find better strategies for the treatment of this population.

Method: Boys and girls between 8 and 16 years of age participated in this research. All the subjects had had therapy with a speech pathologist once a week. Subjects were divided in two groups: group 1: 10 children with a mean age of 12,38 years from the city of Salvador – Bahia – Brazil; group 2: 10 children with a mean age of 11,38 years from São Paulo – São Paulo- Brazil. The groups have been evaluated with two protocols: 1: Social – cognition Performance (MOLINI,2001); 2: Social-communicative Adaptation (SOUSA-MORATO,2003). Their parents completed (yes or no answers) the Social-communicative Adaptation questionnaire. The Social-cognition Performance has been analyzed from videotapes of each subject in a therapeutic situation.

Results: We found that the children improved in Social-cognition Performance. In Social-communicative Adaptation there were improvements in interaction, perception of feelings in others and reactions to changes in routine.

Conclusion: The research confirmed similar communication performance in the two groups, and as a result it became possible to establish criteria for the therapeutic process in the autistic spectrum.

P-128 Communicative situations and the functional communication performance in children in the autistic spectrum: advantages and interferences

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Health and weakness definitions have been passed for changes and new assistance models have been created according to social norms and the contexts people live in. Men participate in and make their own history, and, because of this, we must consider the importance of language and communication in our lives. However, communication between people can fail and can handicap human endeavor. There are a number of etiological influences on language disorders.

One of these is psychiatric and this includes the autistic spectrum. This research is based on the Pragmatics Theories, and addresses language skills, linguistic and non-linguistic aspects of language, socialization and cognition. Ten children and teenagers in the autistic spectrum, diagnosed using ICD-10 and DSM-IV criteria, participated of this research. All subjects were filmed in five situations. Each videotape captured 30 minutes of three different communicative situations. Situation 1: Individual language therapy; Situation 2: co-coordinated group activities; Situation 3: uncoordinated group activities. All videotapes have been analyzed according to: Functional Communication Performance (FERNANDES,2004) and Social-cognition Performance (MOLINI,2001).

Results have been analyzed statistically (5% significance). On the Functional Communication performance there were significant changes in the children's behavior. As regards communicative functions, in all the communicative situations children were capable of understanding which function was necessary in each situation. These results showed improvements in Functional Communicative

Performance, in Social-cognition Performance in research participants.

P-129 Language and social cognitive developmental processes in the preceding and early stages of verbalization in normal developing and autistic children

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A theoretical basis aims to support this study and to provide a sample of recent discussions on this issue. The objective of the research is to determine the correlations between the functional communicative profile and the social-cognitive performance of children with normal development between zero and 36 months of age and in autistic children. The methodology proposed involves the systematic follow up of six children interacting with their mothers through recordings sessions conducted in their homes, with three months interval from the first to the 36th. To further improve the generalization possibilities of the data obtained with this small group, the same data was obtained from another group of 39 subjects interacting with their mothers at 1st,3rd,6th,9th,12th,15th,18th,21th,24th,27th,30th,33rd and 36th months of age. The data on the development of the communicative language profile and social cognitive performance provided parameters with which to investigate communicative profile and social cognitive development in autistic children (10 verbal and 10 non-verbal). Results show that normal and autistic children had different correlations between language and social-cognitive abilities. In both groups the functional communication profile and the social-cognitive performance were associated and the development of one domain was necessarily linked to the development of the other. Contrary to normally developing children, autistic children often displayed dissociation between functional communicative profile and social-cognitive performance, due to the specific characteristics of the disorder.

P-130 A new and treatable neurometabolic disease with speech delay and autistic behavior: cerebral creatine deficiency syndrome

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Cerebral creatine deficiency syndromes (CCDS) are neurometabolic diseases that include two autosomal recessive creatine biosynthesis defects (arginine-glycine amidinotransferase [AGAT; OMIM 602360] and guanidinoacetate methyl transferase [GAMT; OMIM 601240]) and an X-linked creatine transporter defect (OMIM 300036). The clinical phenotype is characterized by intellectual disability, delay in language, autistic behavior, epileptic seizures and movement disorder.

We present five patients (4 boys,1 girl) from four different families with GAMT deficiency. There was first degree consanguinity in all families. There was a family history of

mental and motor retardation in two families and affected members are being evaluated further for a possible CCDS. The age at referral to our hospital was 11 months, 14 months, 3, 10 and 11 years respectively. Clinical symptoms were developmental and speech delay (n= 5), autistic behavior (n= 5), seizures (n= 3), movement disorder (n= 1). Onset of symptoms was in the first year of age in all patients. MRIs showed increased bilateral intensity in the globus pallidi (n= 4). Diagnosis was reached from biochemical features showing decreased serum creatinine levels, increased urinary guanidinoacetate excretion and absence of cerebral creatine levels by MRS. The interval between the onset of symptoms and diagnosis ranged from 6 months to 10 years. All patients are on creatine substitution treatment. The mean follow-up period is 6 months (3-14 months). The patient with the longest follow-up period had shown improvement in developmental milestones, is free of seizures and movement disorder, had normal creatine pool at the 6th month of treatment demonstrated by MRS. Molecular genetic tests for GAMT mutations are pending. In children with expressive delay in language and autistic behavior CCDS should be included in the differential diagnosis. Oral creatine substitution leads to almost normalization of creatine pool and improvement of epilepsy, movement disorder and abnormal signal intensities of the basal ganglia.

P-131 Serotonin transporter (SLC6A4) and inducible nitric oxide synthase (iNOS) genes with autism spectrum disorders in Korean trios

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Aim: A region on chromosome 17 has recently been highlighted as linked to autism in multiple studies. Amongst chromosome 17 genes, SLC6A4 has been extensively studied as potential candidate gene loci in autism spectrum disorder (ASD) and Inducible Nitric Oxide Synthase (iNOS) is a major contributor to initiation/exacerbation of CNS inflammatory/ degenerative conditions. The objective of this study is to evaluate the relation between ASD and polymorphisms of SLC6A4 and iNOS genes in Korean trios.

Method: Subjects with ASD were diagnosed using the Korean version of ADOS and ADI-R. Genotyping was performed by Illumina, through use of their Integrated BeadArray System. We used Haploview 3.32 to measure pairwise linkage disequilibrium, using D' and r², and generate graphical representations of the marker-to-marker disequilibrium. Single-SNP and haplotype-based

transmission/disequilibrium test (TDT) analyses were performed by Haploview 3.32.

Results: One hundred and fifty one complete trios of patients with ASD and biological parents participated: 87.5% were male and 86.0% had autistic disorder. The mean age was 78.5±35.8 months. 1) SLC6A4; In TDT, no significant disequilibrium was observed in the allelic transmission of all SNPs was examined. In the haplotype analysis there was not a significant association with ASD. 2) iNOS: G-allele in rs1060826 and A-allele in rs1060826 were preferentially transmitted in ASD ($\chi^2= 4.252$ and 4.431 for each, $p=0.039$ and 0.035 for each). In the haplotype analysis, AGG and GAG haplotypes demonstrated significant association with ASD ($\chi^2= 6.081$ and 4.645 for each, $p=0.013$ and 0.031 for each).

Conclusion: We identified significant association between ASD and iNOS gene (chromosome 17) in a Korean population.

P-132 Association between OPRM1&AVPR1A And ASD in Korean trios

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Aim: Recently the mu-opioid 1 receptor gene (OPRM1) has been proposed to be the basis of infant attachment behavior. A polymorphism in an arginine vasopressin receptor 1a gene (AVPR1A) is critically involved in the regulation of social behaviors and affection. This study was performed to evaluate the relations between autism spectrum disorders (ASD) and polymorphisms of OPRM1 and AVPR1A genes in Korean family trios.

Method: Subjects were diagnosed using the Korean versions of ADOS and ADI-R. Genotyping was performed by Illumina, through Integrated BeadArray System. We used Haploview 3.32 to measure transmission/disequilibrium test (TDT), pairwise linkage disequilibrium and to generate graphical representations of the marker-to-marker disequilibrium.

Results: A total of 151 complete patients with ASD and biological parents participated. (1) OPRM1; in TDT, C-allele was preferentially transmitted in ASD (rs6912029; $\chi^2=5.0$, $P=0.0253$, rs9322453; $\chi^2=4.301$, $P=0.0381$). In haplotype analysis, GC demonstrated a significant association with ASD ($\chi^2=4.455$, $P=0.0348$). (2) AVPR1A: A-allele was preferentially transmitted in ASD (rs10877969, rs7294536; $\chi^2= 8.471$, $p=0.0036$). In the haplotype analysis, AAA and GAG demonstrated significant association with ASD ($\chi^2= 10.87$ and 8.603 for each, $p=0.001$ and 0.0034 for each).

Conclusion: We identified significant association between ASD and OPRM1 and AVPR1A in a family-based association study of ASD.

P-133 Brain perfusion impairments in pervasive developmental disorders

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Aim: Pervasive Developmental Disorders (PDD) are generally considered as impairments of diverse neuronal networks, on the basis of recent neuropathological and neuroimaging studies. The diversity of findings reflects the biological heterogeneity of this disease entity. Affected areas of the brain reported so far in PDD are the cerebellum, limbic system, the frontal and temporal cortex, corpus callosum and basal ganglia. Increasing knowledge in this area is important to better understand PDD. We investigated the brain perfusion state of PDD and compared our results with those of the previous reports.

Method: Eleven patients (9 males and 2 females; mean age = 27.2 years) diagnosed of PDD according to DSM-IV-TR who gave the informed consent were included in this study. Single photon emission computed tomography (SPECT) of the brain was performed after intravenous injection of 600MBq of 99mTc labeled-ethyl cysteinate dimer (ECD). Regional blood flows were quantified by the Patlak-Plot analysis and compared with normative data using Easy Z-score Imaging System (e-ZIS). Patients showed no morphological abnormalities on MRIs or X-ray CTs of the brain. In addition to routine neurological and thorough psychiatric evaluations, cognitive function was evaluated using Wechsler Adult Intelligence Scale-Revised (WAIS-R) or WAIS-III.

Results: Nine patients showed hypoperfusion in one or more areas of the brain, while two showed no abnormalities when compared with normative data. Hypoperfusion was noted in frontal cortex (7 patients), thalamus (6), basal ganglia (4), temporal cortex (2), and posterior cortex (2). IQs of the patients were 57-114.

Conclusion

The localization hypoperfusion with the exception of the thalamus' confirmed previous reports.

P-134 Increased serum levels of epidermal growth factor in children with autism

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Aim: The etiology of autism is unclear: autism is considered as a multifactorial disorder influenced by neurological, environmental, immunological and genetic factors. There is mounting evidence of immune dysregulation in autistic individuals and recent research is showing a link between the immune and nervous systems. Growth factors, including the epidermal growth factor (EGF), play an important role in cellular proliferation and in the differentiation of the central and peripheral nervous systems. Abnormality of growth factors may be implicated in mechanisms

associated with neural dysfunction in autism. In this study we hypothesized that EGF may play a role in the pathophysiology of autism and examined whether serum levels of EGF are altered in children with autism.

Method: We measured serum levels of EGF in 27 autistic children and 28 age- matched healthy controls. Differences between groups were tested using independent samples T test for unrelated samples. Correlations between serum EGF levels and clinical variables in subjects with autism were analyzed with the Pearson Correlation test.

Results: The serum levels of EGF in the subjects with autism were significantly higher than those of normal control subjects. There were no significant correlations between serum EGF levels and clinical variables, including severity of behaviors associated with autism, gestational age, birth weight, breast feeding duration.

Conclusion: This is the first report demonstrating increased serum levels of EGF in children with autism. This suggests that increased levels of EGF might be implicated in the pathophysiology of autism.

P-135 Back to uterus: the autistic child trying to integrate the emotion, body feeling and making feeling thinkable

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Children learn emotionally-based social communication and cognition from the very beginning through infant-mother interactions. Bion W. argued that the container (mother) transformed the painful projections (from the baby, the contained) into tolerable forms through mother's reverie, then the baby can introject the digested elements back and the painful feelings became bearable and thinkable. Tustin F. used the term "shell" to describe the autistic child. In order to feel safe, the autistic child had to generate an auto-sensuous barrier because he lacks an intrapsychic sensory regulatory controlling system. The barrier includes both hard and soft autistic objects. The hard objects give the child a sensation of safety, the soft like breathes, bubble of spit, are all used for self-soothing.

Lion is a 9 year-old Chinese autistic boy with borderline IQ. He attended psychodynamic-oriented psychotherapy once a week for nearly one year. During the 20th session, he bit the therapist's nose slightly. It seemed to me that he wanted me to feel the pain he felt. At the next session, he tried again to make me felt the exact painful feelings he had felt at school by clipping the therapist's feet in a chair. I made the link between his previous painful experiences, my painful feet and he "thinking" that I am like him. Then he breathed air in and out hard, as if for self-soothing. In the following session he crawled to my feet, bended himself like an embryo, and lay on my lap sleeping securely. The therapeutic skill was containing, emotionally reflecting and making the painful feelings thinkable. In school, he became more stable, less destructive. He also became able to articulate his anger, with less acting out at home.

The autistic child can show an extreme form of narcissistic withdrawal, as in mindlessness. Narcissistic withdrawal is a form of omnipotent narcissism characterized by turning away from parental figures, and by a fantasy of essential

needs being satisfied by the individual alone, in autarchy (M. Klein).

P-136 The effect of memantine in the treatment of cognitive, behavioral, and social dysfunction in children with pervasive developmental disorders

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Aim: This study examined the effect of 40 weeks treatment with memantine (mean dosage – 10.1 mg/day) in 54 children (average age - 1±.3) with PDD (DSM IV) on cognitive, behavioral and social dysfunction.

Method: The efficacy of treatment in a randomized group was analyzed using Clinical Global Impressions Scale (CGISS), Aberrant Behavior Checklist (ABC), Psycho Education Profile (PEP-R), Conners' Parent Rating Scale – Revised (S).

Results: 48 of 64 (75.0%) patients were judged responders to memantine based on a rating of “much improved” or “very much improved” on the CGI-I (improvement). Significant improvement was also seen on the CGI-S (severity). Improvement was primarily seen clinically in social withdrawal and inattention. In children 3 to 5 years of age the clinical effect of memantine was more significant, than in older children. On the PEP-R therapy with memantine resulted in changes on subscales of perception, cognition and speech (receptive language), and development with age advanced as expected. There were significant improvements on a number of ABC and Conners' Parent Rating Scale – Revised (S) subscales, including hyperactivity, lethargy, and irritability. Children with early neurological trauma reacted to therapy more quickly than other children. Adverse effects occurred in 11 of 64 (17.2%) patients and led to drug discontinuation in 3 of 64 (4.7%). Other patients received stable doses of concomitant medications during the memantine trial.

Conclusion: In this open-label retrospective study, memantine was effective in a number of patients with PDD.

P-137 Autism in children of immigrant parents from Sub-Saharan Africa: why is it so frequent?

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In a children's day-care psychiatric hospital population, between 1996 and 2006 we noticed that the number of children of immigrant parents from Sub-Saharan Africa diagnosed with Autism Spectrum Disorder (ASD) increased from 9% to 35% significantly ($p > 0.05$). We examine the possible reasons for such an augmentation during this ten year period.

1. The proportion of children of immigrant parents in our population has increased globally: in 2006, our children's day-care hospital accommodated 40 children with ASD from the town of Strasbourg: 57% had immigrant parents compared with 27% in 1996. In 2006 the immigrant parents of our population were of varied origins:

of the 40 families of children with ASD, 14 were from Sub-Saharan Africa, 5 were from Turkey, 2 from Maghreb, 2 from Asia, 1 from Russia.

2. The immigrant population in Strasbourg is significant: at the last population census in 2004, immigrants represented 14% of the inhabitants of Strasbourg, which if considered with its surrounding suburbs, has the second highest proportion of immigrants in its population after the Paris area. Of this sub-population 23% were from Maghreb, 16% from Turkey and only 7% from Sub-Saharan Africa (although this group is rapidly increasing each year).

3. The rate of ASD is higher among immigrant's children: The research literature raises the possibility that the rates of autism might be higher amongst immigrant families. However, in the more recent epidemiological survey of autism (Fombonne, 2003) the hypothesis of an association between immigrant status or race and autism remains largely unsupported by empirical results.

As our observations remain, as yet, unexplained, this provides the opportunity for more reflection and discussion.

P-138 Double blind placebo controlled cross-over trial of subcutaneous methylcobalamin on behavioral and metabolic measures in children with autism

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Introduction: Subcutaneous injection with methylcobalamin (methyl B12) is a current treatment for children with autism with anecdotal reports of remarkable clinical improvements and few side effects. However, no published studies are available to support its reported clinical benefit.

Aim: To determine whether methyl B12 supplements improve the symptoms of autism, and whether improvement is associated with increased glutathione levels and normalization of altered metabolites in the methionine metabolic pathway.

Method: This is a 12-week, double-blind, placebo controlled, cross-over clinical trial of injectable methyl B12 in 42 children, ages 3-8 years, with autism. Following this 12-week study, subjects may enter an optional 6 month open label study of active methyl B12. All blood is analyzed by Dr. Jill James at the Arkansas Children's Hospital.

Results: Thirty (30) subjects have completed the 12-week double-blind study, and 22 subjects have completed the 6 month extension study. No statistically significant difference has been identified between active and placebo groups. However, when comparing baseline to active and baseline to placebo, active groups demonstrate significant improvement in behavioral measures, indicating a trend toward improvement after methyl B12 administration with 5 demonstrating notable gains.

Discussion: Methyl B12 may improve symptoms of autism in a subgroup of subjects. Larger sample size and treatment arms along with biomarker subtyping are necessary to determine potential benefits for methyl B12 in autism.

P-139 Asperger syndrome and catatonia

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Introduction: Autism and Asperger disorder are pervasive developmental disorders that impair social interactions and communications and are characterized by repetitive and stereotyped behaviors. Catatonia is a life-threatening disorder characterized by motor abnormalities, mutism, and disturbances of behaviour, and it is increasingly being diagnosed in persons with autism (1).

In this report, we describe the presentation and course of catatonia in an adolescent with Asperger Syndrome and discuss diagnostic issues.

Case: A 15 years old boy came to our clinic complaining of sleepiness, decreased motor activity, repetitive behaviours and communication problems. Psychiatric examination mutism, stereotypic movements, negativism and cataplexy. Radiologic and neurologic findings were normal. We interviewed his family three times about his developmental history. According to his childhood history he had had difficulty in social interaction with his friends, abnormal and repetitive behaviours and he had not experienced language delay.

Conclusion: Catatonia is a neuropsychiatric syndrome occurring in various psychiatric disorders like schizophrenia, affective illness and mental retardation, neurological diseases, metabolic conditions and intoxications (2). In our case Asperger disorder diagnosed after a series of interviews. It is helpful to know that catatonia can complicate autistic spectrum disorders and that individuals who present with catatonia may have an undiagnosed autistic spectrum disorder.

P-140 Clinical efficacy of social cognition-enhancing group treatment for children with Asperger syndrome

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Aim: This study aims to estimate the efficacy of group therapy in improving social cognition and linguistic performance in elementary school students with Asperger syndrome.

Method: Subjects were 8 elementary school students with Asperger syndrome. A group therapy program of 24 sessions, twice a week (90min/session) for 12 weeks, was developed. The program involved two components: first there were socio-emotional sessions to improve emotional recognition carried out by a child psychiatrist and social workers, and secondly there were group therapy sessions aimed at improving linguistic performance carried out by speech therapists. In group therapy for emotional recognition, students were encouraged to recognize various emotions based on 'theory of mind' and they were trained to guess emotions by quiz and role play. In group therapy sessions to enhance communicative linguistic performance, communication skills, teamwork skills, and friendship management skills were chosen.

Results: Post-treatment evaluations revealed that subject communicative and linguistic performance had been

enhanced compared to pre-treatment. Also these treatments were found to be useful in improving the ability to address problems in socializing and in maintaining friendships.

Conclusion: We suggest that this group treatment might enhance social-cognition and communicative functions in individuals with Asperger syndrome. It is presumed that this program will need to be revised, and further systematic evaluations carried out in the future.

P-141 Mirtazapine for excessive masturbation in subjects with diagnosis of autistic disorder

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Aim: The aim of this study was to investigate the efficacy and safety of mirtazapine in the treatment of excessive masturbation and other inappropriate sexual behaviors (ISB) in children and adolescents with a diagnosis of autistic disorder.

Method: In this open prospective trial, subjects (n=10; 2 females, 8 males; age range: 5-16 years) were treated with mirtazapine for eight weeks. All subjects suffered from excessive masturbation and some of them also displayed other ISB. Clinical Global Impression-Severity (CGI-S) and Clinical Global Impression-Improvement (CGI-I) scales were used for the evaluation of symptom severity and effectiveness. Mirtazapine was started at 7.5-15 mg/day and was titrated up to 15-30 mg/day (mean 21.6 ± 7.9 mg/day).

Results: CGI-S at baseline ranged between 5-7 (mean 6.22± 0.83) and between 2-4 (mean 3±0.7) at endpoint. Five subjects showed very much, three subjects showed much and one subject showed moderate improvement in masturbative behaviors on the CGI-I scale. One subject dropped out from follow-up. In addition, improvement in other inappropriate sexual behaviors, irritability and hyperactivity was reported in the majority of subjects. The most frequently reported side effects were increased appetite and sedation.

Conclusion: Mirtazapine seems as an effective treatment to ameliorate inappropriate sexual behaviors in children with a diagnosis of autistic disorder.

P-142 AD/HD-related syndrome affects the clinical condition in the children with ASD

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Aim: The purpose of this study is to examine how the daily behavioral symptoms of children with ASD (autism spectrum disorder) are affected by the AD/HD-related syndrome.

Method: 14 AD/HD and 46 ASD (18 PDD-NOS and 28 AD (Asperger disorder)), all males, age 6-15 years, mean of 10.2 years, full IQ > 80 (WISC-III)) were assessed using the CBCL and the AD/HD-RS.

Results: Across all ages, every score of CBCL (Child Behavior Checklist) and AD/HD-RS showed no significant difference among the AD/HD, PDD-NOS, and AD groups. Among the children aged 9 or younger, the 3 groups showed no significant difference in the WISC-III. Among the children aged 10 or over, verbal IQ of PDD-NOS and performance IQ of AD/HD showed significantly lower scores than those of the other groups. 52.7% of children with ASD showed high scores on AD/HD-RS, and most of them had antisocial and aggressive problems. The children with higher attention scores showed significantly lower PIQ and full IQ, and anxiety and thought problems, while those with higher hyperactivity-impulsivity scores showed social problems.

Conclusion: These results support the suggestion that some children with ASD have an AD/HD-related syndrome, but children with ASD do not receive a co-diagnosis of AD/HD according to the DSM-IV.

P-143 Analysis of facial expression recognition of Chinese children with autism spectrum disorders

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Aim: To test the ability of facial expression recognition in children with autism spectrum disorders (ASD). Methods: Static basic facial expression photos, including happy, sad, angry, surprised, frightened, disgusted and neutral expressions.

Method: 13 children with autism spectrum disorders (ASD), and 23 typically developing children matched with ASD participants on gender and developmental age.

Results: There was no significant difference between two groups on facial expression discrimination ($P > 0.05$). Besides the ASD group showed better performance in sad, frightened, disgusted and surprised facial expression discrimination tasks. The discrimination rates of facial expression in ASD group were: happy sad angry frightened disgusted surprised neutral; in the normal group: happy angry sad frightened neutral disgusted surprised.

Conclusion: ASD children showed no significant deficits in seven basic facial expression discrimination tasks, and the pattern of correctly recognized basic facial expressions was different from normal children.

P-144 Hyperlexia: The intellectual functioning of children with pervasive developmental disorder

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Aim: Hyperlexia - spontaneous single word reading at the preschool age - has been of interest to clinicians and researchers recently. The aim of this study was to examine DSM IV-R criteria and the patterns of total and subtest scores in Wechsler Intelligence Scale for Children-Revised (WISC-R) among children with Pervasive Developmental Disorder (PDD) in the context of hyperlexia.

Method: 111 children with PDD and 65 children with SLD (Specific Learning Disability) were included in the study. The PDD and the SLD sample consisted of well-diagnosed children. The PDD group was selected from children seen at Ankara University, Department of Child Psychiatry & Assessment, Treatment and Research Center for Autistic Children between 1993 and 2007, who could be assessed with the WISC-R. The SLD group was selected from private practice patients. The PDD and SLD groups were diagnosed according to DSM IV criteria (APA, 1994). The clinical diagnosis of children with PDD was confirmed using a semi structured interview and DSM III-R and DSM IV criteria (Assessment of Autistic Behaviour Form).

Results: The performance of children with PDD (including high functioning Autism, Asperger Syndrome and PDD-NOS) and Specific Learning Disability (SLD) with or without Hyperlexia on the WISC-R is compared. The analysis showed significant differences between hyperlexic children with PDD and children with PDD without hyperlexia in total, verbal and performance intelligence scores, specifically in all subtests except vocabulary. Hyperlexic children with PDD were found to have higher mean scores. The analyses also showed significant differences between the PDD and SLD groups.

Conclusion: These findings indicate the necessity of further analysis. Thus, the results of this study seem to be comparable with the literature findings.

P-145 Gender differences in autistic spectrum disorders and ADHD inpatient population

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Aim: To determine gender differences in a total child and adolescent psychiatry inpatient population, with special interest in autistic spectrum disorders and attention deficit hyperactivity disorder populations.

Method: Retrospective review was performed of all 1998-2006 admissions to the Child and Adolescent Psychiatry Department of "Al. Obregia" Psychiatry Hospital in Bucharest. Statistical analysis addressed gender differences across the age (0-18 years old, divided in 4 age groups) and morbidity range (ICD 10 diagnosis) of admissions.

Results: A statistically significant male predominance was found in the 3-7 year-old age group ($p < 0.05$), especially for autistic spectrum and attention deficit hyperactivity disorders, and on the 7-10 year-old age group ($p < 0.05$) for attention deficit hyperactivity disorders. There was no statistically significant gender difference for the overall inpatient population.

Conclusion: There is a statistically significant male predominance in autistic spectrum disorders and attention deficit hyperactivity disorder inpatient population, in 3-7 and 7-10 year-old age groups.

P-146 Effectiveness and tolerability of aripiprazole in pervasive developmental disorders: a retrospective chart review

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Objectives: The aim of this study was to obtain data regarding effectiveness and tolerance of aripiprazole in the treatment of children and adolescent with pervasive developmental disorder (PDD). **Methods:** Retrospective chart evaluation of PDD patients treated with aripiprazole in a child and adolescent psychiatric unit at Seoul National University Children's Hospital. We utilized chart extracted Clinical Global Impression of Improvement (CGI-I) and Clinical Global Impression of Severity (CGI-S). To establish tolerance adverse events and side effects recorded in the charts were reviewed. 14 patients met the criteria and were included in the analysis. **Results:** 14 patients treated with aripiprazole were identified (mean starting dose = 6.1mg/day, mean final dose = 7.7mg/day). The target symptoms for the initiation of medication were aggressive behavior, hyperactivity, self-mutilating behavior, obsessive behavior, psychotic symptoms, mood fluctuation, tics, and stereotypic behavior. The overall response rate, determined by CGI-I of "improved" or "very much improved", was 64.3% (N = 9). There was statistically significant improvement in CGI-S scores (5.8 ± 0.8 to 4.9 ± 1.0 , Wilcoxon's signed rank test: $Z = -2.754$, $p = 0.006$, effect size = -0.74). No serious adverse event was identified. **Conclusion:** This retrospective chart review suggests that aripiprazole may be effective and well tolerated for children and adolescents with PDD.

P-147 Development of screening tool for autism in two-year-olds - Taiwan version (T-STAT)

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Introduction: The STAT is a twelve-item interactive screening measure for autism, which has been investigated and demonstrated strong psychometric properties and shows promising utility as a Level 2 screening measures for autism in the Western society. However, no study was used STAT for young children with autism in the Eastern culture. A modified T-STAT developed from the original STAT was used in the study.

Aim: The purpose of the current study was to examine the validity of the T-STAT as a screening tool for young children with autism in Taiwan.

Method: Participants were fifty 30-month-old (range = 24-36 months) children with autism and 18 28-month-old (range = 24-36 months) children with non-autism spectrum disorder. All participants were recruited from one local hospital in Taiwan, and assessed and diagnosed by a multidisciplinary team. The first author administered the ADOS-G independently. The Mullen Scales of Early Learning were administered in order to obtain several

indexes of mental age for the two groups; however, the current analysis used unmatched samples. The development of the T-STAT involved substituting three items and retaining nine items from the original STAT. **Results:** We used the same algorithm and cutoff as the original STAT to obtain T-STAT's sensitivity and specificity values. When contrasted to an ADOS-G-based diagnosis, the sensitivity and specificity were.86 and.80 respectively. When contrasted with a diagnosis based on clinical judgment, the sensitivity and specificity were.87 and.72 respectively. Comparing three T-STAT measured domains in two groups classified according to ADOS-G findings, there were significant differences in play and both types of communication, but not in the imitation domain. **Conclusion:** Results of this preliminary study on the use of the T-STAT show that it is an acceptable tool to differentiate typical autism from non-autism spectrum disorder. Further studies are needed using larger samples to demonstrate psychometric properties more fully..

P-148 Differential diagnosis between Asperger's syndrome, cluster A disorders and social phobia

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Aim: The differential diagnosis between Asperger Syndrome, Cluster A Personality Disorders and Social Phobia can be a difficult task in certain cases, since all three disorders entail impairment in interpersonal relationships and resulting social isolation. Asperger Syndrome for instance, has been called "Schizoid Disorder of Childhood". In the present report, we discuss each nosological entity in relation to a case report.

Method: DC,30 years old, male, presented with clumsy appearance, peculiar vocal intonation, social withdrawal, educational difficulties, self-referent ideation and fear of being rejected. He had a restricted interest in computers, later graduating in computation engineering, but he was unable to find employment because of poor performance at job interviews.

Results: The Australian Scale For Asperger Syndrome, AQ Test (Autism-Spectrum Quotient) and PDD Assessment/Screening Scale were highly indicative of Asperger Syndrome diagnosis, as was the neuropsychological assessment, but we could not rule out a Schizoid Personality Disorder

Conclusion: This case displayed characteristics of the three groups of mental disorders mentioned above, and this made the diagnostic definition difficult. There is little scientific literature to help differentiate these disorders.

P-149 Use of the portage test in attention deficit hyperactivity and autism spectrum disorders

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Introduction: It is not always to differentiate in early childhood between classic Autism and ADHD (Attention Deficit Hyperactivity Disorder). Some children will go

on to develop full ADHD and others full ASD (Autism Spectrum Disorder). The literature suggests that 80% of children will develop ADHD and 20% ASD (Gillberg,2007). The Portage Test is an assessment instrument for use in early childhood, to help evaluate a children's skills in language, socialization, adaptive skills, cognition and motor domains.

Aim: To study the use of the Portage Test to assess affected developmental areas in children with ADHD and ASD, and to ascertain whether the Portage Test helps to predict outcome when ADHD with co-morbid with ASD.

Method: The clinical sample consisted of 119 children 2 to 6 years of age with ADHD co-morbid with ASD who had been referred to the Child and Adolescent Psychiatry Clinic from the 1st of January 2007 to 31st of October 2007. Diagnosis was achieved according to DSM-IV-TR criteria, the Stony Brook Test, Conners Rating Scales and the ADOS. The Portage Test was used as a research instrument. Statistical analysis of the data was carried out.

Results and Conclusion: There was a correlation between Portage Test domains (language, socialization, adaptive and cognition skills). In terms of development of ADHD or ASD, results are concordant with the literatures in that 60% developed ADHD. However because of its subjectivity, the Portage Test must be used with caution in terms of predicting the outcome of ADHD co-morbid with ASD.

P-150 Inverted event-related potentials response to illusory contour in boys with autism

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Aim: The study examined the hypothesis of lower-level processing abnormalities related to perceptual grouping in boys with autism aged 3 to 6 years. We investigated event-related potentials response to visual elements that either formed perceptually coherent illusory contour or were arranged in a non-coherent way.

Method: The subjects were 19 boys with autism aged 3-6 years and 19 age-matched typically developing boys. Electroencephalogram (EEG) was recorded from the 19 electrodes of the 10-20 system and digitized at 500 Hz. EEG was registered while the subject passively viewed two types of visual stimuli which were presented pseudo-randomly. Non-parametric analysis of the amplitude and latency values of the N1 component was performed for six posterior scalp regions of interest: O1, O2, P3, P4, OZ, PZ.

Results: In typically developing boys, the illusory contour when compared with a control stimulus elicited enhanced negativity of N1 peak (illusory contour effect), which has been previously found in adults. The illusory contour effect on N1 amplitude in typically developing boys was most pronounced at parietal areas of the right hemisphere. Boys with autism demonstrated the reliable inverted illusory

contour effect, namely more positive N1 amplitude to illusory contour in occipital areas.

Conclusion: We hypothesize that boys with autism are sensitive to differences between illusory contour and control figures based on collinearity processing mechanisms implemented in the neural circuitry of the primary visual cortex.

P-151 Symptom profiles of high functioning autism and Asperger's syndrome

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Aim: The objective of this study is to evaluate differences in the symptom profiles of High Functioning Autism (HFA) and Asperger Syndrome (AS) using the domain sub-scores of the Autism Diagnostic Observation Schedule (ADOS) and the Autism Diagnostic Interview – Revised (ADI-R).

Method: All subjects were diagnosed using the Korean versions of ADOS and ADI-R. There were three different groups: (1) HFA Group: ASD with normal intelligence and language delay (2) AS Group: ASD with normal intelligence and no language delay, and (3) Autistic Disorder (AD) Group: ASD with sub-normal intelligence and language delay, Age and sex-matched with HFA and AS groups. We examined differences in symptom scores between groups and differences in domain scores between the normal intelligence (HFA + AS) and the low intelligence groups (AD).

Results: There were only significant differences between the HFA, AS, and AD groups in communication and past social interactions. We did not observe significant differences between the three groups in the symptom domains of current social interaction, imagination/creativity, repetitive behavior and restricted interests, nor in other symptoms such as hyperactivity, disruptive behavior, and anxiety. When the groups were dichotomized into two categories according to intellectual functioning, we found similar findings as when comparing the three different diagnostic groups.

Conclusion: These results suggest that the diagnostic distinction between HFA and AS might have been over-emphasized, and that differences in social interaction between low-functioning and high-functioning groups are attenuated as patients with ASD grow up.

P-152 Social adaptation of children with autism spectrum disorder in Abbassia child psychiatry unit, Egypt

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Aim: To assess the social adaptation of children with autism spectrum disorder (ASD) attending the child psychiatry clinic in Abbassia Mental Hospital, Cairo, Egypt.

Method: A prospective, non-randomised comparative study. Based on ICD-10 criteria 33 children attending the Child Psychiatry Unit in Abbassia Mental Hospital were diagnosed with ASD (study group) and compared with 33 children not fulfilling ICD-10 criteria for any childhood psychiatric disorder (control group) on the Childhood Autism Rating Scale (CARS) and the Vineland Adaptive Behavioural Scale (VABS).

Results: The study and control groups were matched on age (mean age, 6.74) and sex. There were significant differences between the two groups on all CARS scale items: relating to people, imitation, emotional response, body use, adaptation to change, visual responses, other sensory responses and use, fear or nervousness, verbal and non verbal communication, activity level, level and consistency of intellectual responses, with P value = 0.000, except for use and interest in toys and other objects (P value = 0.191) and auditory responses (P value = 0.500). On the VABS there were significant differences in communication – expressive domains, daily living skill (personal, domestic, community), socialization (interpersonal relationship, play and leisure time, coping skills). There were no significant differences between the two groups in communication - receptive (P value = 0.05) or written domains (P value = 0.080).

Conclusion: Compared with normal subjects, ASD children attending Abbassia Child Psychiatry Unit scored significantly lower in socialization, daily living skills, and communication – expressive domains but not in communication – receptive and written domains. On all CARS items the ASD children's performance was significantly deficient. This result follows the general presentation of ASD.

P-153 Love without empathy: parenting consultation and family therapy for a family of father and son with Asperger's disorder

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Aim: To do family work to help with difficulties in empathy and optimise mutual understanding.

Case report: The target client was a boy, brought to our child psychiatric clinic for consultation by his burnt-out mother, after he had attacked her. He expressed worries about severe conflicts between his parents and between his elder brother and his father. All family members attended next time. The elder brother had previously been diagnosed of Asperger disorder, but the family denied this. The mother felt frustrated with the difficult communicating with the father, and her elder son "acceded" her anger toward her husband. The elder brother attacked the father agitatedly when the father set limits on his playing games

below the father's rigid moral code, and he did not respect his father for his incompetent, passive attitude toward family issues. Parenting consultation and family therapy were arranged. We adopted the concept that "Chinese men are blunt and transmit their love to their family only by working hard out of a sense of responsibility" instead of the term "Asperger's disorder" to help the mother and children understand the father's love for them. We supported the father into not hiding himself behind his abstruse interests in conflicts, and to see that the conflicts were his family's way of asking for his help. Some homework (ie writing letters) was assigned.

Discussion: The concept of gender difference in communication in the Chinese culture may help families understand deficits in empathy. Exploring hidden ways of communicating conflicts is important. Difficulties in social skills and verbal communication of patients with Asperger disorder should be supported by the therapist.

P-154 Psychodrama in children and adults with high-functioning pervasive developmental disorders

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Aim: Psychodrama is group psychotherapy developed by J. L. Moreno. It diagnoses, discovers and solves problems of the participant through role-play. The aim of this study was to examine the effects of psychodrama on children and adults with high-functioning pervasive developmental disorders (HFPDD).

Method: The subjects were 20 children and adults with HFPDD aged 6-45 years old. Our psychodrama sessions were conducted twice a month for 12 years. The therapeutic effect of the program was examined with people who took part in this program of psychodrama for more than two years.

Results: Results that were recorded on VTR were analyzed by age level. All subjects were evaluated on 7 categories by 4 therapists who applied the psychodrama. Analysis of the results showed that after psychodrama, participants came to understand other's thinking better, to be more interested in others and to express their own thoughts. Furthermore, psychodrama played the role of a peer-counselor by providing the opportunity to discuss and to share feelings with their peers, in a controlled yet open environment. Psychodrama can function specifically and appropriately for each subject, going beyond everyday life. Finally, "The effect mechanism of psychodrama" and "Application Psychodrama for children and adults with HFPDD in each Life-stage" were illustrated.

Conclusion: Psychodrama is an effective method for supporting life-span development of children and adults with HFPDD.

P-155 Group therapy for PDD with HF

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We, clinical psychologists, teacher and instructor, have practiced therapy with high functioning P. D. Ds for years, though education, training, guidance, counseling, work and group psychotherapy.

Now, we use group therapy -we call it "Seinen-Gakkyu" which means "Youth Class"- to clarify problems and to develop better strategies for the future.

The aim of holding this class is, of course, to unlock tensions, anxiety, stress, to strengthen tolerance, and heighten adaptation to others.

The number of participants was 15, all diagnosed as high functioned PDD & Autism & Asperger. The age ranged from 22 to 37 years, IQ from 47 to 121, all belonged to the company, University and facilities.

Methods were divided into meaning, mainly language skills training, group psychotherapy and SST.

Now, we have found an improvement in conversation ability, ability to grasp meaning and in compulsions.

Detail is as follows.

P-156 Capacity to stand trial in autism

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Introduction: The authors conducted a psychiatric examination of the capacity to stand trial in a 35-year-old man with autism and moderate mental retardation, probably representing the first such case in Japan.

Case: The subject was prosecuted for hitting three children. His mother suffered from cerebral infarction after his arrest and his father died during the psychiatric examination. He had three sisters, and no family history of mental illness.

He was diagnosed with autism at 3 years old. He was subsequently bullied, such as being hit by a stone and beaten with a stick. He hit a child when he was 10 years old and expressed this behaviour as "kotsun". He had been working under the protection of some supporters since he finished junior high school. He had been sued for striking people on 3 separate occasions, twice being placed on probation for a number of years and the third time receiving no indictment. When he was 35 years old, he assembled a box at his workplace and was highly praised, and was told to work in a restaurant. However, he experienced difficulty working there and often froze up while working. He was then prosecuted for the present incident.

Discussion: According to the subject, he had hit the children because something painful happened at the restaurant. His utterances often represented echolalia. Answering abstract questions and communicating taking nuances into account was difficult for him. He sometimes provided contradictory answers to yes-no questions. It was easy for him to be led. He did not understand about the trial and did

not understand his right to remain silent. In terms of CAI, CAST-MR and MacCAT-CA, he performed poorly. The subject is not competent to stand trial.

P-157 Mental retardation and dissociation of cognitive development of children with the early onset of schizophrenia

Aleksey Koval-Zaytsev

Aim: To evaluate the diagnostic potential of PEP in work with children with schizophrenia characterized by early onset and prodromal process in comparison to other forms. In the study 47 patients (38 boys and 9 girls) at the age of 6 to 12.5 years old (mean age 8.8) were examined

Method: Psychological investigation by using PEP and some pathopsychological methods with children with early onset of schizophrenia. In the study executive cognitive functions as parameter of PEP and the condition of thinking and perception (operational aspect of the mental functions) were to be compared

Results: There were found similar results in data of performance of a scale "fine motor skills" and graphic test "picture of myself". While comparing executive cognitive functions and parameters of development of perception and thinking, we have also established conformity in results of PEP and pathopsychological methods. The division of examinees into groups depending on the beginning of disease had shown similar results in both groups of diagnostic methods.

Conclusion: Children with the early onset of disease showed symptoms of retardation in both cognitive and motor domains, while children with a later onset showed dissociation of intellectual development. There were differences between boys and girls in display of retardation and dissociation of intellectual development.

P-158 Neuropsychological aspects for evaluating academic attainments of students' intellectual disabilities

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This review surveys the empirical literature for assessments of learning problems in children with mild mental retardation from a neuropsychological perspective. An evaluation of children with learning problems must consider measures of attention, working memory and executive function. This paper is based on evaluation of neuropsychological function as well as on determination of correlation between attention, memory, executive function and math school success of children with mild mental retardation. For our sample that contains 31 students (sex: male and female, age: from 8 to 16 years old, grade: I to VIII, IQ 51-69) we have used are following instruments: Twenty Questions Task, Stroop test, Subtest no.8-Auditive memory from Acadia test, LAP test. The results point out the significant statistical correlation between neuropsychological function and math, which also point out a fact that attention, memory and executive function is vitally important for understanding teaching mathematics.

P-159 Behavior of the children with intellectual disabilities

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Aim: The paper treats the problem of the behavior and socio-emotional functioning viewed through interactions of the children with mild mental retardation in situation of their standard education. The investigated problem has been defined through the behavioral categories such as relations with peers and relationships with authorities

Method: Method of investigation is based on the implementation of the Conners Rating Scale for Children (K. Conners). The tested developmental area has been viewed through the behavior and interpersonal relations in the educational situations. The investigated sample was formed of 124 children with mild mental retardation, both sex rate, at the initial phases of education.

Results: The results indicate that 74,2% of investigated sample don't have any problems in investigated behavior areas. Problems seem to appear at the range of 0,4% to 18.3% of investigated sample of children.

Conclusion: On the base of the results we can conclude about the necessity of implication of new teaching method and multimodal approach to behavior problems.

P-160 Cognitive function of adolescent with intellectual disabilities and hearing impairments

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Aim: Cognitive function of adolescent with intellectual disabilities and hearing impairment is observed through level of adoption of contents by applying dynamic work models with computer technique.

Method: The examination was carried out on 20 adolescents, male and female with mild mental disabilities and hearing impairment over 85dB. Examinees were divided into two groups: control group (N=10) and experimental group (N=10). Before introducing experiment, initial measurement with knowledge tests was carried out tailored to the needs of this research. Within one year control group is stimulated in the usual way with traditional methods and work models. Simultaneously experimental group is stimulated with dynamic programs made for usage on the computer. Contents of dynamic programs were made according to the cognitive abilities of each examinee and ranked in five levels based on the complexity of the task. After being stimulated with programs and work techniques all examinees were tested with the same knowledge test

Results: Results of the adequate statistical analysis showed the advantage of experimental group in level of cognitive functioning. Statistical particularities are given separately in view of visual memory and learning non-verbal and verbal material by applying dynamic programs and this influenced the experimental group to achieve better results.

Conclusion: On the base of the results we can conclude about the necessity of the implementation of the computer

assistive technology in rehabilitation of children with developmental disabilities

P-161 Medical students' attitudes towards mentally retarded children

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Mental retardation affects up to 4% of the population before 16 years of age. It can be thought of as a final common pathway of a genetic, prenatal and socioeconomic factors. Nowadays there is considered that mental retardation is a dynamic category concerning not only cognitive but also emotional and behavioral disorders in environmental and social context. The field described as beforehand calls for considerable human supply to appropriate take up. In contrary, general public opinion defines engagement in mental retarded children as boring and unsuccessful employment.

The aim of our research was to determine relations between medical students and their future patients - children with mental impairment. The survey had been taken among 211 students (31,28% male, 68,72% female) from two different universities. We analyzed students' attitudes toward children with mental retardation; their interest in research in this field and readiness to be involved in professional psychiatric and medical care. Students were asked about their experience with mental retarded patient (90,52% reported such previous contacts) and their need for that kind of contact.

We analyzed the influence of conjugate additional social-handicapped factors (orphanhood, familial poverty, parental alcoholism and other chronic health states) on responders' attitudes. We observed also the attitudes of students in respect of the severity of mental retardation and as against to other mental impairment such as autism, ADHD, somatic handicapped states etc.

We find the majority of unfavorable opinions and attitudes; however the impact of the previous experience and the year of the study as well as the own prejudices was observed. The possible ways to ameliorate described phenomena are considered.

P-162 Childhood subclinical characteristics in schizophrenia - a questionnaire-based retrospective study

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Aim: Childhood subclinical characteristics have not been fully investigated in patients with schizophrenia. To elucidate the picture of them, and to find out indicators which predict later development of schizophrenia, childhood behaviors of the adult schizophrenia subjects were investigated in a questionnaire-based retrospective study.

Method: Schizophrenia outpatients (n=12) in his/her twenties and normal healthy subjects (n = 88) were investigated. All patients are diagnosed according to

DSM-IV-TR as schizophrenia, and who currently present mainly negative symptoms after passing an acute stage. By modified use of the Child Behavior Checklist (CBCL) as a retrospective assessment questionnaire, the parents of the patients and of the control subjects rated their childhood behavior.

Results: A discriminant analysis using all items of CBCL revealed 99.0% of hit-rate in classifying the schizophrenic and normal subjects: 11 schizophrenic (91.7%) subjects and 88 normal (100%) subjects were correctly categorized. Notable in an item-level analysis was an extremely attenuated aggression in personal relations in the schizophrenia subjects. Among eight subscales of the CBCL, those of Withdrawal, Social Problems, Attention Problems and Aggressive Behavior contributed most to the accuracy of the prediction of group membership.

Conclusion: It was suggested that subclinical behavioral and psychological characteristics of schizophrenia already exist in the patients' childhood, among which lack of aggressive behaviors might be one of the core features.

P-163 The research of adult attachment of schizophrenia patients

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Aim: The aim of this study was to investigate adult attachment characteristics of schizophrenia patients. An original part of the research was application of attachment questionnaire for adults with no attachment figure.

Method: 31 schizophrenia patient (mean age 37,4 years) and 35 respondents in non-clinical group participated in the research. Adult attachment styles were identified by Relationship Questionnaire (Bartholomew & Horowitz,1991); Reciprocal Attachment Questionnaire RAQ (West, Sheldon, & Reiffer,1987) and Reciprocal Attachment Questionnaire – If you do not currently have an attachment figure (West & Keller,2000). The RAQ version for those without attachment figure have been translated and administered for the first time in Latvia.

Results: The research revealed the tendency, that schizophrenia patients more frequently characterized themselves as fearfully attached, while the incidence of secure attachment was higher in non-clinical group. The results of RAQ showed, that 17% of respondents in non-clinical group and 42% of schizophrenia patients did not have an attachment figure. The tendency was stated, that schizophrenia patients were characterized by higher results in compulsive care-seeking. Those schizophrenia patients without attachment figure described themselves as more frequently keeping distance in relationships, fearful of hurt or rejection and feeling if attachment relationships decreased their security. In Relationship Questionnaire for respondents without attachment figure in non-clinical group mostly was stated fearful (40%) and dismissive (40%) attachment, but in the clinical sample – dismissive (46%) and secure (31%) attachment style. In both samples the preoccupied attachment style was not represented. Obtained results will be discussed in poster presentation.

P-164 The coexistence of Capgras, Fregoli and Cotard's Syndrome in an adolescent case

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Aim: Delusional misidentification syndrome includes a group of disorders that present delusions about ones self, others, places and objects. Coexistence of some of these syndromes has been reported in literature. However, there is only one reported case that presents the features of all three syndromes.

Method: A 14 years old adolescent who was diagnosed Capgras, Fregoli and Cotard's syndromes was defined.

Results: Her clinical presentation contained the signs of all three disorders of delusional misidentification syndrome. She was suffering from paranoid-persecutive delusions and apart from that, she had derealization and depersonalization thought context. The most remarkable sign was her not recognizing her parents and her delusional thoughts regarding that they were not her real parents. In addition, she had more delusional thoughts like, she knew some of the patients in the unit and members of the team, and actually she was dead and her soul was wondering around to be punished.

Conclusion: Coexistence of the signs of all three disorders is very rare in adolescents. In addition to rarity, lack of information and experience about the etiology and the treatment of these situations challenge the clinicians.

P-165 Subacute Sclerosing Panencephalitis (SSPE) presenting with psychotic symptoms

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Introduction: Subacute sclerosing panencephalitis (SSPE) is a slow virus disease seen in children and young adults. Previous case studies report a range of behavioral disturbances associated with SSPE. However, SSPE related psychotic disorders have been reported rarely.

Here we present a case of SSPE presenting with psychotic symptoms.

Case: A five-year-old girl was brought to our clinic because of acute onset fears and visual hallucinations. Her mental examination revealed memory problems, irritability, nocturnal enuresis, motor dyspraxia, visual hallucinations and paranoid delusions.

Her developmental and premorbid history was unremarkable. She had no family history of any psychiatric or neurological illness. She was consulted to pediatric neurology department. She was given a diagnosis of SSPE following detection of generalized high amplitude teta activity and spike waves in her sleep-EEG and high titers of IgG measles antibody in cerebrospinal fluid. A treatment regimen consisting of inosiplex, clonazepam and carbamazepine was administered but she was completely bedridden in a duration of two months.

Discussion: Although several behavioral problems such as forgetfulness, irritability and attention deficits were reported earlier in subjects with SSPE, this case has an atypical psychiatric presentation. The initial symptoms were visual hallucinations and delusions. Psychiatrists should be aware of the varied presentations of SSPE.

P-166 Indolent psychosis in the context of Pokemon obsession

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Aim: To present the case of an eight-year old girl with new-onset psychosis developing in the context of an increased interest in the Pokemon characters.

Method: The clinical presentation and treatment course of a patient observed in both an inpatient and an outpatient setting was reviewed, as was the available literature on childhood-onset psychosis and the described content of hallucinations and delusions.

Results: An eight-year old girl with no previous psychiatric history was admitted to an inpatient psychiatric unit with new-onset psychosis. During the course of her hospitalization and subsequent outpatient treatment, a history was obtained that included the gradual and subtle onset of psychotic symptoms interpreted by her family as an "obsession" with Pokemon. In addition, her auditory and visual hallucinations consisted in part of characters from this popular cartoon. Finally, in the absence of any symptoms of an overt mood disorder, she exhibited significant affective instability based solely on her opportunity to interact with pictures of and toys relating to Pokemon.

Conclusion: As described in this case report, psychosis in children may be misinterpreted as preoccupation or "obsession" with a video game or popular cartoon. In addition, delusions or hallucinations may involve cartoon characters, computer games, or other content from the popular or media culture. Finally, an understanding of the developmental content of hallucinations and delusions may provide a foundation for the development of additional appropriate psychosocial treatments of psychotic disorders in children.

P-167 Adolescent catatonia is associated with an increased of mortality and morbidity: evidence from a 4-year prospective follow-up study

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Introduction: Catatonia is an infrequent and severe condition in young people but no follow-up data are available. A relevant subgroup of chronic catatonic schizophrenia affecting boys has been hypothesized (Cohen et al,2005).

Aim: We assessed prospectively long term outcome of catatonia in youths and determined whether the characteristics of chronic catatonic schizophrenia remained stable at follow-up.

Method: Design is prospective cohort recruited from 1993 to 2004 and followed up at least one year after discharge.

Setting: is clinical-based sample of consecutive inpatients with catatonia in two University Departments in Paris area.

Participants are 35 individuals, aged 12 to 18 years, presenting a catatonic syndrome were included.

Outcome measures are Standardized mortality ratio (SMR), clinical and social evaluation, including the Diagnostic

Interview for Genetic Studies (life time version), the Social Adjustment Scale (SAS), and a modified version of the Bush-Francis Catatonia Rating Scale.

Results: Mean duration between index episode and follow-up evaluation was 3.9 years (range 1-10). At follow-up,4 patients were lost. Among the remaining 31 subjects (mean age = 19.5 years, range [15-26]), diagnoses were stable – three patients only changing life time diagnosis – with schizophrenia being the most frequent (65%). Mortality (SMR=6266; 95% IC: 1181-18547) and morbidity were severe with 3 deaths (2 suicides),6 patients presenting a causal organic condition and 14 subjects needing continuous psychiatric care. A poorer prognosis was associated with schizophrenia (p=.04), European origin (p=.006) and males (p=.009). All the males (N=8) who had chronic catatonic schizophrenia at index episode still had chronic catatonic signs at follow-up, confirming the relevance of this subgroup.

Conclusion: Catatonia is among the most severe psychiatric condition in young people with a 60-fold increased of premature death, and a high proportion of organic diseases. There is a need for research in the field of chronic catatonic schizophrenia in adolescents as it appears to be a rare, severe, understudied but clinically relevant subgroup.

P-168 Neuroleptic malignant syndrome due risperidone in a child

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Aim: Neuroleptic malignant syndrome (NMS) is a rare but potentially fatal disease characterized by fever, muscle rigidity, delirium and autonomic instability.

Method: Here we report a child with NMS due to the risperidone treatment.

Results: Nine years old boy was admitted to the emergency department because of the convulsions going on for 7 hours. He had attention deficit-hyperactivity disorder and also moderate mental retardation, he had been taking 2x2 mg/day risperidone orally for 8 weeks. Since there were neuroleptic treatment and convulsions in medical history, unconsciousness, muscular rigidity, diaphoresis, hypertermia and hypotension in physical examination, leucocytosis and elevated CPK levels in laboratory tests the patient was diagnosed as NMS. The patient was entubated because of respiratory failure and he was ventilated mechanically. Diazepam infusion and Carbidopa-levodopa treatments were started. In the second day of the admission all the clinical and laboratory signs and symptoms of the patient improved and he was discharged from the hospital without complications.

Conclusion: When a child is admitted to the emergency department because of unconsciousness and convulsions neuroleptic drug use must surely be asked. It must be always remembered that unless proper treatment is supplied NMS may be a fatal side effect in children while taking risperidone treatment

P-169 Diagnostic specificity of basic symptoms in first-episode psychiatric disorders

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Aim: We aim to examine the diagnostic specificity of basic symptoms (BS) using the "Bonn Scale for the Assessment of Basic Symptoms" (BSABS) and the "Schizophrenia Prediction Instrument" (SPI-A). Firstly, BS were compared in adolescent patients with first-episode psychosis (FEP) to those with other psychiatric disorders and in healthy controls using the BSABS. Secondly, BS were compared in patients with a FEP and in healthy controls using the SPI-A.

Method: Basic symptoms are self-reported early symptoms often preceding the onset of a psychotic episode. Previous research on basic symptoms in different patient groups indicated good diagnostic specificity for at least a subgroup of basic symptoms (i. e. cognitive symptoms). Recently, Klosterkoetter & Schultze-Lutter developed the SPI-A, based on the BSABS. The SPI-A assesses the symptoms on a quantitative rating scale, as opposed to the BSABS, which rated the symptoms qualitatively for their presence or absence. The quantitative assessment of basic symptoms with the SPI-A may prove to have better diagnostic specificity than the BSABS across different patient groups.

Results: We report basic symptoms in 56 patients with FEP compared to 21 patients with affective disorders, 48 with other psychiatric disorders and a total of 102 healthy controls. We postulate that at least a subset of basic symptoms will be more specific for the diagnostic group of patients with first-episode psychosis than for the groups of patients with depressive disorders or other psychiatric disorders. We would also expect that healthy controls show a trend towards the least intensive ratings on all subgroups of basic symptoms.

P-170 The role of the thalamus in the pathophysiology of early onset schizophrenia: a magnetic resonance imaging study

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Aim: Changes in thalamic volume have been reported in both chronic and first episode patients with schizophrenia and are thought to play a central role in the pathophysiology of the disorder. The aim of this study was to examine whether such abnormalities are present in adolescent onset schizophrenia as well.

Methods: The volume of the thalamus bilaterally was measured using stereological methods from magnetic resonance images of the brains of 40 patients with

adolescent onset schizophrenia and of an equal number of matched healthy volunteers.

Results: Patients had smaller whole brain volumes than volunteers but there were no group differences in thalamic volume. No correlations were found between the volume of the thalamus and duration of illness or medication or ratings of psychopathology.

Conclusion: Reduced thalamic volume may not be a feature of adolescent schizophrenia although further studies are needed, which evaluate subnuclei within the thalamus.

P-171 Significance of abnormal sexual behaviour for early diagnostics of schizophrenia

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It is known that the majority of disorders attributed to initial manifestation of schizophrenia develops in pre-puberty and puberty. Many authors have described early signs of abnormal sexuality as predictors of endogenous psychotic disorders, or their premonitory, initial or manifest symptoms. Differences in clinical presentation of abnormal sexual behaviour (ASB) in different nosologic forms have been discussed.

103 persons that committed sexual crimes were examined during a complex forensic sexologic and psychiatric evaluation to compare a clinic presentation of sexual disorders in different mental disorders (MD). Clinical psychopathological and sexological methods were used. MD was diagnosed primarily during the psychiatric evaluation in 82 cases (79.1%). 26 persons had schizophrenia and schizotypal disorders (F20-F21 in ICD-10, group 1), 35 had MD due to brain damage and dysfunction (F06-F07, group 2), 21 had disorders of adult personality and behaviour (F60-F61, group 3). Diagnostic criteria of ICD-10 (F65) and The Scale of Sexual Dysontogenesis were used to assess the elements of ASB.

Statistic analysis showed that the chance for ASB to precede the clinical presentation of MD is higher in the group 1 (26.9%). ASB emerged later or simultaneously with MD in groups 2 (88.6%, 5.7%) and 3 (80.9%, 14.3%).

Modern schizophrenia pathogenesis theories relate emerging of primary negative alterations to pathology of brain systems that modulate functions of the frontal cortex. Early ASB may be attributed to involving limbic and prefrontal structures into the primary pathologic neurofunctional process. These structures participate in forming of sexual behaviour and primary gender identification. ASB can be used as the object for diagnostic investigation premonitory symptoms (signs) of endogenous psychotic disorders (schizophrenia) in pre-puberty and puberty.

P-172 Aripiprazole is efficacious on reducing tic symptoms of children and adolescents with better tolerability in comparison with haloperidol

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Aim: Aripiprazole is another candidate atypical antipsychotic for patients with tic disorders because it has a unique pharmacodynamic property that is so-called dopamine partial agonistic activity as well as fewer and milder side effects compared to other neuroleptics. This study was conducted to identify whether aripiprazole has comparable efficacy and better tolerability relative to haloperidol which is one of the most used typical antipsychotics in children and adolescents with tic disorders.

Method: Forty-eight children and adolescents with tic disorders (mean age \pm SD age = 10.3 ± 3.5 years; 33 males and 15 females) were recruited in an outpatient clinic at the Asan Medical Center, Seoul, Korea, from January 2005 to March 2007. Patients with a DSM-IV diagnosis of tic disorders according to the Korean version of the Kiddie-Schedule for Affective Disorders and Schizophrenia-Present and Lifetime Version were included. In aripiprazole group, a child psychiatrist initially prescribed 5.0 mg/day of aripiprazole, and the maximum allowable dose was 20 mg per day. In haloperidol group, haloperidol was titrated from commencing dose of 0.75 mg/day to a maximum tolerated dose of 9.75 mg/day. The Yale Global Tic Severity Scale (YGTSS) was used to assess the efficacy, and the Extrapyramidal symptom Rating Scale (ESRS) and the adverse effect checklist were used to measure the side effects of both drugs every other week for 8 weeks.

Results: Five patients out of 31 (16.1%) and 6 patients out of 17 (35.3%) discontinued treatment prematurely in the aripiprazole-treated group and haloperidol-treated group, respectively. At baseline and each follow-up, there were no significant score differences between aripiprazole-treated and haloperidol-treated groups, which signified that aripiprazole has the equivalent efficacy on reducing tic symptoms to haloperidol. After 8-weeks of drug administration, 56.7% and 60.8% reduction was noted in aripiprazole-treated and haloperidol-treated group, respectively. The total tic score decreased over time in both groups ($p < 0.001$). In terms of the adverse effects, sedation (64.7% vs. 38.7%), EPS (35.3% vs. 19.4%) and headache (41.2% vs. 16.1%) were more frequent in haloperidol group than aripiprazole group. However, nausea was vice versa (11.8% vs. 19.4%). The total score of the ESRS at the endpoint of the study revealed that the EPS in haloperidol group was more severe than those in aripiprazole group (2.64 ± 2.77 vs. 0.65 ± 1.23 , $p = 0.02$).

Conclusion: Aripiprazole can be used as a promising drug due to the tantamount efficacy and better tolerability compared with haloperidol in the treatment of children and adolescents with tic disorders.

P-173 Aripiprazole as an adjunct to clozapine therapy in adolescents with treatment-resistant early-onset schizophrenia: a retrospective chart review

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Introduction: Combination respectively augmentation therapy of two antipsychotic substances is a therapeutic option increasingly applied in treatment-resistant schizophrenia. Recently, various reports on augmentation of clozapine with aripiprazole in adult patients have been published. As there is yet no data on adolescent patients, we aimed to study the above-mentioned augmentation strategy in a child and adolescent patient population.

Method: We included 15 patients of our child and adolescent psychiatric hospital [mean age 18.4 years, (range 14.8-21.2 years; 7 male, 8 female)]. Patients suffered from schizophrenia spectrum disorders (ICD-10: F20-F23, mean duration: 2.6 years) and had been under antipsychotic therapy with clozapine (mean duration: 1.3 years), followed by adjunct aripiprazole therapy. Retrospectively, patients' inpatient and outpatient medical records were reviewed and rated (baseline, 1 month, 3 months, 6 months, 12 months, 24 months, 36 months), using the Clinical Global Impressions (CGI) scale.

Results: Mean observation time was 12.2 months (range 3-36 months). CGI-Severity scores significantly ($p = 0.002$) improved from baseline (mean 5.3) to 6 months (mean 4.3), thus representing a 20% reduction (effect size: $d = 0.86$). CGI-Improvement scores also showed a significant decrease from 3.8 (after 1 month) to 2.9 (after 6 months).

Conclusion: Our results suggest that, in adolescents with treatment-resistant schizophrenia, aripiprazole augmentation of clozapine treatment can be an effective therapeutic strategy. Prospective studies are required to obtain more specific clinical data on the clinical effectiveness of aripiprazole.

P-174 Attitude of medical staffs toward informing the schizophrenic diagnosis to child and adolescent patients in Japan

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Aim: Since the formal name for schizophrenia was changed in 2002 in Japan, the opportunities to inform adult patients about schizophrenia have been increasing, but little is known in case that patients are younger. The purpose of this study was to identify medical staffs' views on revealing schizophrenic diagnosis to child and adolescent patients in Japan.

Method: A mail-in survey in the form of a questionnaire was conducted. The questionnaire consisted of two parts, multiple choice questionnaires and free-answer questions. The survey included 26 child and adolescent psychiatrists, 29 paramedics (16 nurses, 5 psychologists, etc).

Results: 96% of the doctors and 86% of the paramedics replied that they "should" or "had better" tell the schizophrenic diagnosis to families and 65% of the doctors let every family know the diagnosis, but only 58% of the doctors and 19% of the paramedics preferred to let younger patients know the name of disease whenever possible. Meanwhile, 20% of both groups replied that whether or not to tell patients schizophrenia made much difference in treatment, 15% of both groups replied that there was little difference in either case. 57% of the doctors pointed the possibility of schizophrenia to families before reaching diagnostic confirmation, but 63% told patients after decision about therapeutic strategy.

Conclusion: We have shown that medical staffs in Japan tend to share schizophrenic diagnosis with families more than with younger patients.

P-175 Association between DNA Methyltransferase-1 (DNMT1) gene variants and child-onset and adolescent-onset schizophrenia

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Introduction: DNA methylation is a major epigenetic modification which plays important roles in chromatin structure modulation, transcriptional regulation and genomic stability. Recently DNA methyltransferase-1 (DNMT1), a major enzyme that determines genomic methylation patterns, was found overexpress in psychosis. As Child-onset Schizophrenia (COS) and Adolescent-onset Schizophrenia (AOS) were considered to have a more genetic risk, we aimed to examine the relationship with variants of DNMT1 gene in COS and AOS in this study.

Method: Two hundred and ninety-five Chinese Han patients were recruited, including 62 COS and 233 AOS, and all met DSM-IV criteria for schizophrenia. Meanwhile 249 healthy controls were recruited. Three tagSNPs (rs2288350, rs8101626 and rs8111085) selected from CHB (Chinese Han Beijing) database in HAPMAP website and one missense SNP rs16999593 in coding region, were genotyped by Taqman SNP Genotyping Assays (ABI) on ABI 7900 in all patients and controls.

Results: There was no significant difference of genotype and alleles of four SNPs we genotyped between COS and control. But frequency of genotype and alleles in rs16999593 was found significant difference among AOS and controls ($p < 0.01$), meanwhile, there was also found differences in rs8111085 ($p < 0.05$). As rs2288350 and rs16999593 are in a LD block, haplotype analysis was performed, and three was significant difference observed in A-A haplotype between AOS and controls ($p < 0.01$).

Conclusions: Our result suggested that DNMT1 gene may play an important role in adolescent-onset schizophrenia. It is necessary to investigate the function of variants in DNMT1 in the further study.

P-176 Capgras syndrome in an adolescent female

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Aim: To present a rare case of Capgras Syndrome in a female adolescent and perform related systematic literature review.

Method: We report a case of an 18 year-old female with features of the Capgras Syndrome and with atypical psychosis. We also searched the MEDLINE using MeSH terms such as Capgras Syndrome, adolescent, psychotic disorders, and female.

Results: This was a case of an 18 year old college freshman, with a diagnosis of atypical psychosis and with beliefs that her mother and sister had been replaced by impostors. Her physical exam was normal and CT scan and MRI of her brain also showed no abnormality. Her medications included an atypical antipsychotic, Risperidone. According to our review of the literature, the syndrome is very rare in adolescence; tends to occur more often in women than in men; and with no reports of differences by racial groups. The Capgras Syndrome has been reported to respond well to antipsychotic agents. Some authors also call for a careful investigation of organic contributing factors whenever the syndrome appears in the setting of a functional psychosis.

Conclusion: This was a case of Capgras Syndrome occurring in a female adolescent with atypical psychosis. However, no organic abnormality has been identified in this case. Capgras Syndrome with atypical psychosis among adolescents may not be a call for organic abnormality. Potential neurobiological associations are discussed.

P-177 Serum levels of olanzapine: interindividual and intraindividual variability in adolescent patients

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Olanzapine (OLZ) is a widely used atypical antipsychotic. Therapeutic drug monitoring (TDM) of OLZ is recommended, but is based on known reference ranges derived from intra- and interindividual variability measurements. There are few studies on the interindividual variability of OLZ serum concentrations in adolescents, and no data on intraindividual variability is available. To study interindividual variability we assessed dose-related steady state serum concentrations of OLZ and its metabolites N-desmethyl OLZ (DMO) and 2-hydroxymethyl OLZ (2-OH-OLZ) in 122 child and adolescent psychiatric patients. The median OLZ concentration-to-dose (C/D) ratio ($n = 122$) was 2.6, with 90% of the distribution between 0.8 and 5.5 (ng/mL) / (mg/d). Multiple linear regression analysis revealed that 46% of the variation of OLZ concentration can be explained by dose, diagnosis, age, sex, smoking, and comedication. We explored the intraindividual variability of OLZ serum concentrations in 85 patients. Intraindividual variability of dose-corrected OLZ serum concentrations was 1.04- to 10.7-fold. Intraindividual variability of OLZ [DMO; 2OH-OLZ] serum concentration accounted for 47% [89.8%, 74.9%] of

total variance. OLZ daily dose, number of co-medications, body mass index (BMI), age and post-dose interval had a significant influence on the intraindividual variability of dose-corrected OLZ serum concentrations (all $p < 0.001$). The serum concentrations of OLZ and OLZ metabolites in adolescents show high intraindividual variability, potentially limiting the value of TDM. It is recommended that repeated serum concentration measurements are made in individuals treated with OLZ, in order to obtain a more precise estimate of the intraindividual variability of serum concentrations.

P-178 Validation of a functional assessment interview for childhood tic disorders

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Aim: Investigating environmental effects on tic expression, by piloting a Functional Assessment Interview (FAI) for Chronic Tic Disorders (CTDs) and establishing FAI validity through Confirmatory Experimental Analysis (CEA).

Method: The study involves 60 children and adolescents aged 7-15 years with CTDs. The first of two assessments measures tic severity, comorbid disorders, and cognitive functioning, and, using the FAI, identifies environmental events exacerbating or improving tics. In the second assessment, tics are monitored under the FAI conditions.

Results: Direct observation of tics is the primary outcome measure, using a TSA event frequency scoring procedure. In addition, tic intensity is measured, using the YGTSS. Finally, the study dataset provides for preliminary examination of the relationship between individual tic reactivity and baseline clinical/cognitive status.

Conclusion: Improper FAI use, in the context of limited validity data, can lead to tic exacerbation. Furthermore, identifying effects of environmental events on tics allows for development of behavioral treatments tailored to each patient. Finally, investigating the relationships between tics and clinical/cognitive status expands understanding of the biopsychosocial mechanisms underlying tic expression. This study is relevant to global medical efforts on numerous levels, promoting safety of illness treatments, empowering patients as individuals, and promoting research in a Middle Eastern hospital being open to every child and adolescent, irrespective of religion, race, or nationality.

P-179 Case report of a patient with Tourette syndrome

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Tourette's syndrome (TS) is a relatively common biologic, genetic disorder with a rich spectrum of neurobehavioral manifestations that fluctuate in severity and frequency of symptoms, and vary markedly from one individual to another, contributing to misdiagnoses.

The disorder generally begins between 3 and 8 years of age and often persists throughout life with weekly or monthly remissions.

There is a consensus that Tourette Syndrome occurs in about 0,5% of school age children.

Authors of recent review articles recommended a variety of drugs as first-line agents in the treatment of tics: traditional neuroleptics, such as haloperidol, as well as pimozide, sulpiride, clonidine, guanfacine, clonazepam and baclofen. Indeed, there is no uniform consensus on pharmacotherapy in TS.

The newer atypical antipsychotic drugs have also demonstrated potential in the treatment of TS. They are found to reduce tic severity with mild-to-moderate adverse effects in children and adolescents with TS.

In this case report ongoing treatment of a patient with Tourette Syndrome will be discussed. The patient was diagnosed previously having Gilles de la Tourette syndrome and followed since he was 14 years old at outpatient Clinic of Child and Adolescence Psychiatry of Bakırköy Psychiatric and Neurological Diseases Research and Education Hospital.

Being 19 years old at present the patient exhibit typically all of the movement an vocal tics of Yale Global Tic Severity Scale in a way to effect his daily life completely. He has never been reacted favourably to any neuroleptic treatment prescribed previously in the follow up period.

P-180 A PANDAS case improved after tonsillectomy operation

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Aim: In this case we want to discuss a case presenting bizarre motor tics with wide amplitude after B-hemolytic streptococcus infections (BHSI) and recovered dramatically after tonsillectomy operation.

Method: CASE: Fifteen years old, girl. Her teachers say that he's not paying attention in class and they're having trouble reading his handwriting. Her primary complaint was uncontrolled movements in her arms. After a pediatric examination acetyl salicylic acid and haloperidol were given with the diagnosis sydenham chorea. Her movements are getting worse so she entered our hospital emergency service. Her total blood count, thyroid function tests were normal; ASO was 261; mitral valve insufficiency was determined in the echocardiography. She was examined in the neurology department and associated neurologic findings including uncontrolled movements. She was consulted in the child and adolescent psychiatry department.

Results: After child psychiatry assesment, her uncontrolled movements were diagnosed as complex motor tics. She had acute tonsillitis just before her complaints. So it is thought that this case might be Pediatric Autoimmune Neuropsychiatric Disorders Associated with Streptococcal Infections (PANDAS). Haloperidol 1 mg/day and procaine penicillin 2400 iu were given. Her complaints significantly reduced after this treatment. Tonsillectomy was performed after one month. Her complaints improved dramatically after tonsillectomy operation.

Conclusion: BHSI was accused for acute rheumatismal fever, rheumatismal carditis and sydenham chorea. PANDAS is best known psychiatric condition related

to BHSI. Her complaint was reduced with antibiotic treatment and tonsillectomy. This knowledge support that this case might be PANDAS. New studies are need about psychiatric symptoms related infections and treatments of these cases.

P-181 The experience of using tegretol to treat non-psychotic disorders of residual-organic genesis

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The main contingent of child and adolescent psychiatric wards is the patients with residual-organic injuring of Central Nervous System (CNS). At 70% cases psychopathy-like disorders are going to be as the main clinical signs.

We examined 42 inpatients at the age of 10...14 years with the signs of psychopathy-like behaviour, that were treating by Tegretol within the set of therapy. The structure of psychopathy-like syndrome of examined group turned to be not homogeneous, that allowed us to separate two groups. The first group (20) was consist of those with the psychopathy-like syndrome, intended to paroxysmal current in the age of 9...12. Second group (22) was interested because of obvious emotional disordered where affective instability prevailed. This group was consist of older children (12...14 years), that showed in premorbid since early childhood hyperdynamic disorders.

The existence of permanent residual-organic foundation was confirmed by means of neurophysiologic, clinico-psychopathological and neurological investigations. 40% of examined from the first group showed decreasing of paroxysmal activity.

Medicine correction of residual-organic foundation in the both group was conducted using dehydration (in age dosages), vitamin therapy (vitamins group "B") that were combined with nootropes. At the primary stages symptomatically treating of psychopathy-like syndrome at both groups was conducted with using Tegretol in average therapeutic dosage during five weeks. After mentioned above course of therapy the significant regress of psychopstological symptoms in first group was noted, while for the patient of second group using of Tegretol as a behaviour corrector was not rather effective and it was necessary to add neuroleptics to the therapeutic complex. So, the most effect of using the Tegretol was reached treating the psychopathy-like disorders with paroxysmal currency. Tegretol when using at the group with affective deviations could be think as the additional substance among the complex therapy with neuropeptics.

P-182 Aripiprazole monotherapy can be promising in treatment-resistant Tourette syndrome: two adolescent cases

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Aripiprazole is a novel antipsychotic which has partial agonist effect on dopamine.

There are few studies about Aripiprazole monotherapy in tic disorders and combination therapy in Obsessive-Compulsive Disorder.

We want to present two adolescent cases with treatment resistant Tourette Syndrome who have significant improvements with aripiprazole at relatively low doses (5 and 15 mgr.) although previously they had no improvements with many typical and atypical antipsychotics and also clonidine. Side effects were minimal when compared to previous treatments. Both of them have also Obsessive-Compulsive Disorder.

We used Children's Yale-Brown Obsessive-Compulsive Scale and Yale Global Tic Assessment Scale to assess severity of their symptoms before and after aripiprazole treatment. Not only in the tic symptoms, there is an significant improvement in obsessive-compulsive symptoms in both of the cases.

In the future the investigators should design studies about aripiprazole monotherapy in tic disorders and maybe in Obsessive-Compulsive Disorder. Because Aripiprazole has fewer side effect profile on cardiac-metabolic functions, weight gain, prolactin increase and causes less sedation which is very important for school children and adolescents.

P-183 Environmental management improves behaviors and intellectual growth of juvenile delinquents in reformatories

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Aim: Reformatories in Japan are welfare institutions where juvenile delinquents with inappropriate home environment are housed for some period. This study investigated the outcomes of the admission to a reformatory from psychiatric perspectives.

Method: Juvenile delinquents placed in a reformatory who visited our hospital within the last three years were investigated. Background information of each subjects including history of psychiatric treatment, family environment, psychiatric diagnosis according to ICD-10 and medication were investigated. All subjects took psychological tests (including WISC-). The medications and the IQs before and after the admission to the reformatory were compared.

Results: Twelve boys and three girls (average age = 12.7 years) visited our hospital within the study period. The psychiatric diagnoses of the subjects were; conduct disorder (12), ADHD (5), neurotic disorders (3), mental retardation (2), PDDNOS (1), Epilepsy (1). Twelve subjects were on medication for psychosomatic symptoms, impulsive and/or hyperactive behaviors. In the course of the treatment, the dosages of the medications were reduced in seven subjects. Seven subjects were applicable for comparison of IQs; five out of these seven subjects showed improvement in IQs after admission period (Wilcoxon Test; $z = -1.99$, $p < .05$).

Conclusion: The feature of reformatory is "environmental treatment in the homely atmosphere". When the environment of the juvenile delinquents is properly adjusted, impulsive and/or hyperactive behaviors could

be controlled. This study also suggests the importance of environments in the intellectual growth of children.

P-184 Anxiety and aggression as moderators of adolescent adjustment

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In a sample of 250 11-17 year old adolescents adjustment and manifestations of aggression and anxiety were measured using the YSR, the Buss-Perry Aggression Questionnaire, Spielberger Trait Anxiety Inventory and the Gray-Wilson Personality Questionnaire. Girls scored higher than boys on Trait Anxiety and Behavioural Inhibition scales and lower on Physical Aggression. Verbal Aggression increased with age in both gender groups; in girls, Trait Anxiety also decreased with age. Competencies in adolescence were negatively related to both anxiety and aggression: links with anxiety were significant in both gender groups, while links with aggression were found only in girls. In boys, high level of anxiety buffered the negative effect of Anger and Aggressive Behavior on activity in sports, jobs and other areas. In girls, high level of anxiety enhanced the negative effect of hostility on activity in various areas of life. Verbal aggression buffered the negative effect of behavioral inhibition and trait anxiety on social adjustment in both gender groups.

P-185 Psychiatry and affect. Cross-cultural uniformity?

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Aim: The purpose of this review is to compare definitions of the concept affect for mental status examination between countries. In addition it was attempted to explore how the term affect has been a subject of research throughout history (psychoanalytic, psychodynamic, and biologic).

Method: For finding specific conditions, acknowledged psychiatric readings and guidelines from different countries were consulted. For exploring the use of the term affect in research, a Medline search with MESH terms 'psychiatry' and 'affect' was conducted for the period available and references in the literature found via that database were used.

Results: The conducted search provided 174 hits, of which 14 were considered relevant articles. Ten of those were published in psychoanalytic journals.

Among the acknowledged readings were Kaplan, Sadock: Synopsis of Psychiatry 8th ed.1998 (US); Henn et al contemporary psychiatry 2001 (D) and Hengeveld, Schudel: psychiatrisch onderzoek 3rd ed.2003 (NL)

Conclusion: Different readings show substantial controversy in defining the concept affect. Interestingly, substantial difference was noticed in the use of the concept of affect for mental status examination between the United States and both Germany and the Netherlands. This controversy led

to the suggestion not to use affect within the psychiatric evaluation in the US, because of its subjectivity.

At present, evidence-based literature in support of a structural concept of affect is lacking, while an abundance of descriptions in the psychoanalytic literature is available – The legacy of Sigmund Freud.

P-186 Validation of the Social Anxiety Scale for Adolescents (SAS-A) among Nigerian secondary school pupils

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Aim: This study aimed to assess the validity of the Social Anxiety Scale for Adolescents (SAS-A) as a screening tool in Nigeria.

Method: Adolescents aged 13-18 years (n=1051) attending secondary schools completed the SAS-A and the social phobia subscale of the Screen for Child Anxiety Related Emotional Disorders (SCARED). A proportion of them were later interviewed for the clinical diagnosis of social anxiety disorder (SAD).

Results: The SAS-A and its subscales have good internal consistency (0.79 to 0.92) and one month test-retest reliability (r=0.81, P<0.001). The SAS-A correlated well with the social phobia subscale of SCARED (r=0.71, P<0.001). A cut off score of 48 and above on the SAS-A was found to be the best for screening for SAD (Sen= 0.84, Spe= 0.96, PPV=0.79 and NPV=0.58).

Conclusion: The SAS-A has good psychometric properties as a screening instrument. Because of its validity, reliability, brevity and ease of administration, it will serve as a valuable tool for estimating adolescents' social anxiety in Nigerian community.

P-187 Anxiety level of children with anorectal malformation and their mothers and evaluation of quality of life

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Aim: Despite many technical advances in the surgical repair of anorectal malformations (ARM), a significant proportion of children have long-term problems with fecal incontinence. This situation negatively affects the quality of life for both children and their families. On 9th July 2007, a meeting was organised with the children with ARM and their parents. The aim of the meeting was to inform the families about ARM, to support the families by discussing about the probable psychiatric problems.

Methods: 32 children and their families joined the meeting participated in the study. There were 22 boys and 10 girls, aged 1 to 19. Children and their parents completed parent and self quality of life scales (PedQL 4.0TM) with compliance, mothers and adolescents completed anxiety scale (STAI 2) with compliance. Mothers of the children aged less than 8, just completed the anxiety scale (STAI 2).

Results: According to results of the given test the total point of parent quality of life scale and total point of the adolescent self completed scale were correlated with Pearson correlation coefficient of 0.711. The average point of quality of life scale total point and sub-point results were approximately 60% . The anxiety level of the mothers and the adolescents was higher than normal population. When compared among adolescents, the anxiety level of the girls was meaningfully higher than the boys'. Anxiety levels of the adolescent girls' mothers were significantly higher than boys'.

Conclusion: Children and adolescents with ARM have problems with fecal incontinence. This problem disturbs their quality of life and increase their anxiety. The anxiety level of the families also increases.

P-188 Dissociative disorders in children following hospitalization and invasive medical procedures

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Hospitalization and invasive diagnostic or therapeutic procedures may have traumatic impact on child psychology that can precede pathological dissociation or even dissociative disorders. In this paper we report a recent case of dissociative disorder subsequent to hospitalization which involved several invasive diagnostic procedures. Here we aim to discuss the traumatic nature of invasive medical procedures and their impact on a child's mental health and clinical characteristics of this particular case.

P-189 Level of anxiety as trait and anxiety as state in parents of children with neoplastic disease

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Pediatric cancer is a very difficult experience not only for a child but also for its parents. Research conducted so far have shown that parents of children with cancer experience high level of stress and have problems with adjustment. Study group: 29 mothers and fathers of children with cancer took part in our study. The aim of study was 1. The assessment of level of anxiety as trait and as state among parents of children with neoplastic disease 2. The assessment relationship between parent roles, sociodemographic and medical factors and level of parent's anxiety. Methods: 1. To assess the level of anxiety the State Trait Anxiety Inventory (STAI) self-evaluation questionnaire was used.2. To assess the level of depression the Beck Depression Inventory was used 3. Questionnaire for parents 4. Questionnaire for oncology pediatrician. Results and conclusions: In the studied group the low level of anxiety as a trait and as a state was noted. The greatly correlated with the raise of the level of anxiety, both as a trait and as a state. Heightened level of anxiety in group of parents was associated with child's and parent's age, duration of disease and female gender of child.

P-190 Psychological profile in urofacial syndrome: a neuropsychiatric case report

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Introduction: The Urofacial (Ochoa) syndrome, characterised by congenital obstructive uropathy and abnormal facial expression, is a rare disorder caused by single recessive disease gene in the 10q23-q24 area. More than 100 patients have been reported since 1979 when the syndrome was first described. Initial reports describe patients from a set of families in Columbia, while European cases were first described in 2000. Neurogenic bladder causes involuntary discharge of urine, urinary tract infections and abnormal accumulation of urine in the kidneys. When affected patients smile, their facial musculature inverts so that they appear to be grimacing or crying. Unfortunately, many of these patients remain without proper diagnosis or adequate treatment due to lack of recognition of the disease. This can ultimately result in upper tract deterioration. Early diagnosis of the urofacial syndrome is essential to prevent irreversible renal failure. Case: We will present the case of a 13-year old intellectually disabled girl suffering from the syndrome. We will describe the cognitive profile, language functioning and the behavioural presentation of the affected girl.

Discussion: Since there is no literature relating Urofacial syndrome with possible cognitive or behavioural phenotypes, our presentation aims to provide possible evidence regarding the association of the syndrome with cognitive deficits.

P-191 The factors related to symptom severity and treatment respond in the adolescents

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Aim: Adolescence is an important and difficult period for mental health. Many psychiatric disorders begin or worsen in this period. Additionally, some psychiatric symptoms may be normal for adolescents. The aims of this study are to determine the relation between symptom severity and treatment responds; co-morbid diagnosis; violence history in the adolescent psychiatric patients.

Method: The participants were 12-18 years old 297 cases. They were treated in Cukurova University Child and Adolescent Psychiatry Department in 2004-2005. The findings were collected from patient files as retrospectively. Clinic Global Impression (CGI) was used for symptom severity and follow up. CGI was applied twice during the first (CGI-1) and last (CGI-2) psychiatric evaluation.

Results: CGI-1 and 2 scores were higher in the adolescents who continued their treatment as regular than who didn't (p=0.0001). The participants who had physical abuse history had significantly higher CGI-1 and 2 scores than who had not (respectively p=0.002, p=0.001). Similarly, the participants who had violence history between parents had significantly higher CGI-2 scores than who had not (p=0.038).

Conclusion: Physical abuse and violence between parent histories and co-morbid disorders were negative factors for clinical improvement but irregular follow-up and

treatment were not negative factor according to CGI. It is an expected condition that co-morbidity increases the symptom severity. Additionally, abusive experiences may be effect to the symptom severity and treatment respond.

P-192 The difficulty in classification of pseudologia fantastica as factitious disorder: three adolescent cases

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The DSM IV-TR diagnostic criteria for factitious disorder with combined psychological and physical signs and symptoms include the intentional production or feigning of physical and psychological signs and symptoms, behavioral motivation to assume a sick role and lack of external incentives for behaviour. Pseudologia fantastica has been described as a way to act out fantasy and pathological lying. In pseudologia fantastica limited factual material is mixed with extensive and colorful fantasies.

We want to present three adolescent female cases referring to our clinic with talking to same weird visual objects and monsters and tales in which they were victim or hero. With clinical signs and Minnesota Multiphasic Personality Inventory, these symptoms thought to be not related with psychosis or drug abuse. Their symptoms were explained with pseudologia fantastica, but when we classified these cases as factitious disorder we realized that although pseudologia fantastica is widely used as a psychiatric term, the DSM IV-TR lacks an emphasis on the depiction of the central nature of pseudologia fantastica in factitious disorder.

In the frame of these three cases we want to discuss relation, similarity and diversity of factitious disorder and pseudologia fantastica. It is quite important to classify the factitious disorder and reconsider the important role of pseudologia fantastica in the diagnosis of factitious disorder in the DSM IV-TR and beyond.

P-193 An adolescent voyeurism case: the importance of the primal scene

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According to DSM-IV-TR voyeurism is recurrent intense desires, sexual fantasies causing arousal, sexual impulses and behaviours about watching people who are nude, undressing or having an sexual intercourse. It usually starts before age of 15. Overwhelming majority of patients with voyeurism are male.

A 16 year old male adolescent referred to our clinic with voyeuristic behaviours which started at the age of 13 with observing his parents' sexual intercourse. He has an intense desire and behaviour that he can't resist about observing his cousin when she's nude and uncle or cousin in sexual intercourses. He was forced by his mother to seek psychiatric treatment after she had seen him observing his cousin. These voyeuristic behaviours has been occurred countless times. We are following him with sexual guiding therapeutic interviews and medical treatment.

In therapeutic interviews, it was learned that in age of 4-6 he has been seen his parents in sexual intercourse several

times. We want to discuss voyeuristic behaviour and its psychodynamic etiology in the frame of the primal scene. Fenichel linked voyeuristic tendencies to a fixation on the primal scene of childhood in which the child witnesses parental intercourse. This could arouse the child's castration anxiety and then lead him to reenact the scene recurrently as an adult in an attempt to actively master a passively experienced trauma.

P-194 Adolescent internet addiction

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Aim: Internet addiction is suggested to figure amongst the impulse control disorders, and its inclusion between psychiatric disorders has not yet been validated. Several studies show high rates of psychiatric comorbidity in these patients, and the aim of the present report is to study one severe case of an adolescent patient.

Method: We report the case of FKK,15, male, an only son who hasn't got out of his own room in the last 2 years because he spent 12 to 18 hours daily using the Internet, doing "everything": chatting, playing online games and researching all kinds of themes. He had no friends, did not attend school classes anymore and became physically aggressive when his internet access was denied.

Results: During inpatient stay, he was diagnosed with Bipolar Disorder, Anxiety NOS and Impulse-Control Disorder NOS, and had a satisfactory response to sodium divalproate. Individual and family psychoterapies with a cognitive-behavioral orientation were indicated, but the family didn't attend the outpatient treatment after discharge.

Conclusion: Severe functional impairment and psychiatric symptomatology may occur in Internet addiction, a condition that is drawing increasing attention in recent scientific literature.

P-195 Opercular syndrome presenting with bipolar disorder and attention-deficit hyperactivity disorder symptomatology

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Aim: The opercular syndrome, also known as perisylvian disgenesis, is a rare neurological condition characterized by malformation or lesion in the cortical perisylvian region. It displays several clinical manifestations: epilepsy, motor deficit, pseudobulbar palsy, dysarthria, diplegia of mastigatory muscles, mental retardation, and psychiatric symptoms. The latest are only described in a general way ("emotional lability", for example) in the medical literature.

Method: LCS, female,9, extremely unquiet since her first month of life, was brought for medical assessment at the

age of 3 because of psychomotor agitation, persistent insomnia, appetite loss and interpersonal problems. At school age, this symptomatology became even more evident, with disinhibition, learning disabilities, impulsivity and aggressivity.

Results: Along the outpatient treatment, she also presented with euphoria, hypersexualization and logorrhea. During inpatient stay, a rather suggestive cranium NMR and a neurological assessment made the correct diagnosis possible. Mood stabilization was observed after introduction of lithium and olanzapine. As Attention Deficit and Hyperactivity symptoms were still prominent, even during euthymia, OROS methylphenidate was associated, making significant improvement possible.

Conclusion: There is not much available medical literature about the specific behavioral and psychopathological manifestations of the opercular syndrome, a condition not well known in the psychiatric milieu as well. The reported case brings light to the need of more scientific research about its symptomatology and clinical handling.

P-196 Trichotillomania while asleep: a pediatric case

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Trichotillomania defined as an irresistible urge to pull one's own hair, is categorized as an impulse control disorder not otherwise specified in DSM-IV-TR. An eleven year old boy, who showed signs of pulling his hair overnight when he was sleeping and bedwetting, was examined and assessed at Trakya University Medical Faculty, Child and Adolescent Psychiatry Department. Polysomnography was performed on him overnight while he was asleep to differentiate epileptic discharge, at Sleep Disorders Center, for a differential diagnosis. The results were normal. The case was discussed for the diagnosis as primary enuresis nocturna and also parasomnia instead of trichotillomania.

P-197 Personal preconditions for psycho-vegetative disorders in childhood

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Aim: Psycho-vegetative disorders are very prevalent in children and represent difficult problem for interdisciplinary collaboration of pediatricians, psychiatrists, psychologists, psychotherapists, and parents of ill children.

Method: psychopathological, psychological ("color test of relations" by M. Etkind, figure of human, figure of non-existent animal, figure of family, personal inquirer by Schmishek).

Results: We examined during 3 years in pediatric clinic 159 inpatients at the age from 3 to 17 suffering from psychosomatic disorders of diverse functional systems (gastrointestinal, cardiovascular, respiratory, skin, etc). There was revealed mainly affective (depressive and bipolar) symptomatology, and also organic, hallucinatory, epileptic one of different levels from very mild forms to subpsychotic ones. We examined also parents of ill children. Before manifestation of psycho-vegetative pathology there was revealed most often (by 53 children)

anxiety as personal trait; by 40 children – schizoid traits; by 20 children – cycloid traits; by 31 children – hysterical traits. 15 children had not evident personal features. The more deep was personal deviations before psychosomatic manifestations, the more severe was manifestations of psycho-vegetative disturbances. The most typical stereotypy of dynamics of mental peculiarities and vegetative disorders is: mild personal deviations change into clinical psycho-vegetative disorders, then proper psychopathological symptomatology come to the forefront on more late age stages. Psycho-vegetative disorders have mainly (on average in 70%) phase-like type of course most often with seasonal dependence.

Conclusion: Functional psychosomatic pathology in children may be rate as a stage of dynamics of psycho-vegetative diathesis or psychopathological diathesis with predominantly vegetative symptomatology on certain stage of pathological child development.

P-198 Why is placebo response higher in major depression than in anxiety disorders in children and adolescent?

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Introduction: In a previous report, we hypothesized that response to placebo was high in youth depression because of possible psychotherapeutic effect in pharmacological trials due to specific psychopathological factors associated with youth major depression. The purpose of this study was to compare the placebo response rates in pharmacological trials for major depressive disorder (MDD), obsessive compulsive disorder (OCD) and other anxiety disorders (AD-nonOCD).

Method: We reviewed the literature relevant to the using of psychotropic medication in children and adolescents in studies including a placebo arm. Placebo response were pooled and compared according to diagnosis (MDD vs OCD vs AD-nonOCD), age (adolescent vs child), and date of publication.

Results: From 1973 to 2007, we found 22, 7, and 9 trials, including a total of 2484 patients in placebo arms, which evaluated the efficacy of psychotropic medication (mainly non-tricyclic antidepressants) in MDD, OCD and AD-nonOCD, respectively. As hypothesized, the placebo response rate was significantly higher in studies on MDD, compared to OCD and AD-nonOCD (50% vs 31% vs 38% , $p=.001$). Children showed a higher and stable placebo response within all three diagnoses ($p=.002$). Finally, we did not find a significant effect of year of publication.

Conclusion: MDD in children and adolescents appears to be more responsive to placebo than other internalized conditions, highlighting differential psychopathology.

P-199 Amenorrhea induced by sertraline: an adolescent girl case report

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Hormonal and metabolic side effects caused by psychiatric medical treatment are generally due to antipsychotics. We want to present a case of amenorrhea after a selective serotonin reuptake inhibitor sertraline.

A 14 years old adolescent girl referred to our clinic with grief reaction after his brother's completed suicid. She was followed 5 months without medical treatment, but her depressive state remained and complaints related to his depressive mood increased by the time. It was decided to prescribe sertraline with starting dose of 25 mgr., one week later dose was increased to 50 mgr.. Three months after the introduction of sertraline, the patient complained of persistent amenorrhea. There was no history of menstrual disorder. She was consulted to gynecology clinic. In her laboratory findings her hormonal serum levels were in normal range. After 2 weeks of sertraline discontinuation, she menstruated.

There are few reports of amenorrhea induced by selective serotonin reuptake inhibitors (SSRI). Amenorrhea with a SSRI is unexpected side effect. Especially in the adolescent period this unexpected side effect may be more important.

P-200 Does childhood psychopathology predict internalizing problem in adolescence?

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Aim: In a recent review of the relevant evidence from epidemiological, community-based studies, that internalizing disorders in early life consistently predict internalizing problems in later life. Studies concerning the links between child and adult psychopathology are of importance both from the theoretical and clinical point of view. Many studies have shown that rates of depressive symptoms increase in early adolescence. It examined which childhood psychopathology predicted the development of a depressive symptoms in adolescent most accurately.

Method: The present study is part of an ongoing longitudinal study that started in 1998-2000 in the Osan city of Korea. After the first measurement (1998-2000, time 1), the sample was approached again in 2006 (time 2) Instruments: Child Behavior Checklist, YSR, Child Depression Inventory, Internet Addiction Scale.

Results: The follow-up sample included 1899 adolescent. Childhood immaturity, thought problem predicted internalizing problem in adolescence (14-16 years)

Conclusion: This study shows that childhood thought problem, immaturity present a high risk for development internalizing problem in adolescence. Efforts to prevent psychiatric disturbance in early life are emphasized. The use of screening methods in school health settings to detect children in need of child mental health services is justified.

P-201 The assessment of anxiety symptoms in children with school phobia

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Aim: School phobia and anxiety disorders are seen in childhood and adolescence. School attendance is negatively affected by these disorders. The aim of this study was to assess anxiety symptoms in children with school phobia.

Method: 16 boys and 14 girls were assessed by child and adolescent psychiatrists. Anxiety symptoms of children were obtained by state-trait anxiety scale and self-Report for Childhood Anxiety Related Disorders (SCARED). Also parent anxiety symptoms were assessed by State-Trait Anxiety Scale and psychiatric symptom check list (SCL-90).

Results: The mean age was 8.3 ± 1.8 (min: 6 max 13). The mean state anxiety score of children (46.4 ± 3.9) was higher than trait anxiety score (39.6 ± 5.9). The mean mother state anxiety score (46.7 ± 8.7) and trait anxiety score (42.9 ± 8.7) were similarly obtained. Total child SCARED scores were 32.1 ± 11.6 . There were moderate correlations between parent state-trait anxiety scores and SCARED total scores ($r=0,4$ and $r=0,5$).

Conclusion: The school attendance is important in children and adolescents. The school performance and attendance are negatively affected by psychiatric symptoms (e. g., anxiety, depressive, intrafamilial stress) in children. This study suggested that high parent anxiety scores were seen in children and adolescents with school phobia. The parent anxiety problems should be considered in the treatment of school phobia.

P-202 Emotional symptoms in kindergarten age: the interplay of social and neurobiological risk factors

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Aim: Evidence indicates that increased hypothalamic-pituitary-adrenocortical (HPA) system activity (baseline and stress-challenged) is significantly associated with hyperactivity/impulsivity and emotional symptoms in children (Hatzinger et al., 2006). The central question of this study was whether cortisol level moderates the association between the quality of children's social risk factors (family climate and peer victimization) and emotional symptoms (anxiety and depression).

Method: 171 children were interrogated in their first (age 5; mean age 5.23, SD = 0.35) and second year (age 6; mean age 6.2, SD = 0.35) of kindergarten. Parents and teachers completed the Emotional Symptoms scale of the Strengths and Difficulties Questionnaire. Additionally parents completed the Family Environment Scale (family climate) and teachers rated each child on four victimization items. Children reported about emotional symptoms and victimization by the corresponding subscales of the

Berkeley Puppet Interview. To assess the HPA-system a non-pharmacological stress test (MacArthur Story Stem Battery) leading to a reliable hormonal response was used.

Results: For both assessment points peer victimization and negative family climate were risk factors for emotional symptoms. At the age of 6 cortisol level could be identified as a risk factor for emotional symptoms and moderated the association between family climate and emotional symptoms. For a low cortisol level no associations were found with family climate. For an average or high cortisol level associations between family climate and emotional symptoms were found.

Conclusion: Low cortisol level seems to be a protective factor regarding the impact of family climate on emotional symptoms. Results are discussed regarding clinical implications.

P-203 Effects of cognitive-behavioral treatment in children with anxiety disorder

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Aim: Cognitive-behavioral treatment (CBT) is well documented in the treatment of adult with anxiety disorder, however little is known about the efficacy of treatment in children. This study was aimed to evaluate the clinical effect of cognitive-behavioral treatment in children with anxiety disorder.

Method: Subjects were 11 children between 2nd and 6th grade with anxiety disorder from August, 2004 to December, 2005. All subjects were diagnosed thru the Schedule for Affective Disorders and Schizophrenia for School-aged Children (K-SADS) interview. The CBT program of 14 sessions, once a week (60min/session) for 14 weeks from Sep 2005 to Dec 2005, was made. Parents education was done by child psychiatrist and social worker every session. Peer Relational Skills Scale for Children and Adolescents-Parent, Peer Relational Skills Scale for Children and Adolescents, Social Competence with Peers Questionnaire-parent, Children's Self-efficacy for Peer Interaction Scale, Revised Children's Manifest Anxiety Scale, Trait and State Anxiety Inventory for Children, Children's Depression Inventory, Children's Autonomic Thoughts Scale were evaluated before and after the treatment.

Results: Data reported that Anxiety and Depressive symptoms were decreased at post-treatment compared to pretreatment. Also cognitive symptom, self-efficacy, and peer relational skills improved.

Conclusion: Cognitive-behavioral treatment is expected to be effective in children with anxiety disorder. It is presumed that CBT might be more effective over 4th grade children in this study.

P-204 Obsessive compulsive disorder in twin adolescent siblings

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Introduction: Obsessive-compulsive disorder (OCD), which is classified in DSM-IV as an anxiety disorder, is characterized by recurrent, time-consuming obsessive or compulsive thoughts, and behaviors that cause distress and/or impairment. Estimates of prevalence range from 0.2 to 0.8 percent in children, and up to 2% of adolescents. Prevalence of OCD is reported to be 90% in identical twins. There is a familial component to OCD, and there is evidence from twin studies of both genetic susceptibility and environmental influences. Herein, we debate the diagnosis of OCD in twin adolescent siblings.

Case Report: Miss A., 14-year-old adolescent girl, presented to our clinic with complaints of head swinging, insomnia, recurrent and persistent thoughts about getting harmed and being contaminated. This patient, who had been diagnosed with OCD, had an identical twin, Miss B. Miss B was also evaluated for OCD but she did not get the diagnosis although she had the same symptoms subclinically.

Despite several similarities such as identical genetic structure, growing-up in the same family and social environment, and having the same psychological trauma (father's death of suicide) Miss A. was diagnosed as having OCD, while Miss B. did not.

Discussion: It is of interest that one of identical twins had been diagnosed with OCD, while the other one had not, despite high concordance rates for OCD reported in twin studies. This situation may depend on the difference in defense mechanisms used, temperaments, and the quality of father-child relationship before the loss of the father

P-205 Obsessive-compulsive disorder in preschool children and treatment with fluoxetine

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Aim: The aim of this study was to investigate clinical features and the efficacy and safety of fluoxetine in the treatment of preschool children with obsessive-compulsive disorder (OCD)

Method: A retrospective chart review, a child-parent interview, and report of teacher, if available, were used to assess the clinical features and treatment outcome of subjects at the tenth week of treatment. Clinical Global Improvement-Severity (CGI-S) and improvement (CGI-I) scales were used to measure symptom severity and improvement at the actual time of treatment. A structured side effect checklist was used to assess any treatment related adverse event.

Results: Subjects were two boys and two girls. Subjects' ages at the time of starting the treatment ranged 3.5-5 years old (mean 4.5 ± 0.7). CGI-S baseline scores were 6-7 (mean 6.5 ± 0.58). CGI-S scores at the tenth week of treatment were 3-4 (mean 3.25 ± 0.5). All cases showed much to very much improvement in target symptoms. Mean fluoxetine

dosage was 10 mg/day. Fluoxetine generally tolerated well in two subjects. One subject required dosage reduction and addition of risperidone due to developing hypomania. Another subject developed mild behavioral dysinhibition, decreased appetite and weight loss of nearly one kilogram. Conclusion: Fluoxetine could ameliorate OCD symptoms in preschool children as in older age children and adolescents. However side effects, particularly behavioral dysinhibition or mood switches, are important concerns in this age group.

P-206 Effectiveness of cognitive-behavioral therapy in a 16-year-old woman with diagnosis of panic disorder with agoraphobia

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Aim: Agoraphobia is a highly incapacitating anxiety disorder, with a prevalence in the general population of between 1,2% to 6,9% (Vallejo, 1998). Treatments based on cognitive models and learning have proved to be very effective, being (i) the continued and progressive exposure to the situations that create anxiety and (ii) the interoceptive exposure, identification and modification of automatic catastrophist thoughts, the techniques of highest therapeutic efficiency (Clark, 1996; Kuwait and Barlow, 2002). The presented case describes the evaluation, functional analysis, cognitive-behavioral procedure and results, for a teenager with panic disorder with agoraphobia of one year of evolution and two previous therapeutic failures.

Method: The evaluation procedure included clinical interviews and four self reports of high sensitivity to change: Scale of Panic and Bandelow's Agoraphobia (PAS), Inventory of Agoraphobia Echeburúa's (IA) and Corral, the Scale A/E of the Inventory of Anxiety State I - tear (STAI) of Spielberger, Gorsuch and Lushene and the Inventory of Beck's Depression (BDI), in his/her version of 21 articles. The score in DSM-IV-TR (Axis V) was also taken into consideration for the EAG pre- and post-treatment. The treatment included live gradual and progressive exposure, relaxation training, breathing control, interoceptive exhibition, cognitive restructuring and auto-instructions.

Results: Ten months after having initiated the treatment the patient showed a clear reduction of the symptoms to clinically insignificant levels, obtaining a good global adjustment for the avoided situations.

Conclusion: The presented case shows the cognitive-behavioral therapy as the treatment of choice for this type of disorders.

P-207 Treatment of choking phobia with mirtazapine

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Introduction: Choking phobia is characterized by the fear and avoidance of swallowing food, fluids, or pills. It is recognized in the DSM-IV as a specific phobia in the residual category. Previous case reports more commonly involve psychosocial treatments. In the literature there

are some trials with SSRIs but there is no trial with mirtazapine.

Here we report a case presenting with choking phobia and then treated with mirtazapine successfully.

Case: X. Y. was a 16-year-old boy who was referred to our clinic due to his fear and avoidance of swallowing solid food for two months. After choking while eating bread he became fearful of eating and began to eat only soft foods and liquids. His physical examination, esophagram, MRI, USG and x-rays of the neck and throat were all normal.

At pretreatment and follow-up, the patient was administered K-SADS-PL. The case did not meet the formal diagnostic criteria for any anxiety or depressive disorder except his specific phobia; choking phobia.

He was started on mirtazapine 15 mg/day. After 3 months of treatment, X. Y.'s symptoms were in remission.

Discussion: This case report indicates that mirtazapine may be a good alternative drug in the treatment of choking phobia due to its anxiolytic and weight-gaining propensities and availability in liquid form.

P-208 Panic disorder at young people - the complexity of the treatment

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Aim: Reduction of the symptoms with psychic restitution, integration and reconstruction.

Method: 19 patients were treated (12 boys, 7 girls) aged 14-20. Diagnosis made is based on structural, clinic interview (SCID), panic and agoraphobia test (Bendelow test) and questionnaire for evaluation of the consequences followed by panic attack (PAI-PCQ). The approach and conduction of the therapy are integrative: behavioral, pharmacotherapy, psychodynamic therapy. It starts with behavioral-cognitive approach, by which we achieve partial control of the attack with ongoing pharmacotherapy (antidepressants, SSRI, benzodiazepines), aim of the therapy determination with patient's participation in self-treatment by psychodynamic therapy.

Results: Controlled level of anxiety, number of attacks, anticipative fears, vegetative symptomatology, behavior and functionality. Successfully established working area gives positive results through period of time, depending on the patient himself, the length of disorder, comorbidity, sex, age.

Conclusion: Reduction of the symptoms appears two to three months from the beginning, whereas the establishment of adequate functionality is longes. This is a serious disorder that leads young person into psychophysical invalidity, so after somatic proofs about the health, psychiatric treatment is necessary.

P-209 Evaluation of children's behavioral styles between ages of 4-7 who were diagnosed as separation anxiety disorder

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Aim: First school year is very important in child's life. Begin with nursery, preschool or primary-school happens with 4-6 years. Difficulties by separation from parents and home reflect as separation anxiety disorder (SAD) to the clinic. Child's temperamental characteristics and parents' behaviors are playing an important role by interaction of environment and child. In this study we aimed to evaluate behavioral styles of children related to temperamental characteristics which can be a risk factor for SAD development.

Method: The study was held in Ege University Child Psychiatry Department. Sixty children who were diagnosed as SAD were included to the research. Healthy children matched sociodemographically with study group were taken as control group. Children were evaluated using Behavioral Style Questionnaire (BSQ), Child Behavior Checklist.

Results: Thirty-two (%53,3) girls and 28 (%46,7) boys were diagnosed as SAD. Age mean was $5,12 \pm 0,85$. Children with SAD had significantly higher T scores than the control group in social withdrawn, somatic problems, anxiety/depression, social problems, thought problems, attention problems, delinquency, aggression, internalizing and externalizing scores. Total problem score was also significantly higher in study group than the control group ($p < 0,0001$). By BSQ children with SAD had significant higher scores on rhythmicity, closeness/avoidance, adjustment, intensity of reactions, quality of temper, distractibility/attention continuity subscales than the control group.

Conclusion: We can suggest that temperamental characteristics can be a risk factor for developing anxiety disorders. Particularly, children who have temperamental features like "disturbances by rhythmicity, avoidant, intensive reacting, negative temper features" can develop more intensive adjustment problems.

P-210 Evaluation of temperament characteristics of mothers who have children with separation anxiety disorder

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Aim: The relation between mother and child is effected from the mothers' temperamental characteristics and child's behavior styles. It's known that children who's mother have anxiety disorder can have anxiety symptoms. In this study it's aimed to evaluate the temperament characteristics of mothers who have children with separation anxiety disorder (SAD).

Method: The study was held in Ege University Child Psychiatry Department. Sixty mothers of 69 children who were diagnosed as SAD were included to the research.

Mothers were evaluated using SCID-NP. The temperament characteristics of mothers without any psychiatric disorder were evaluated using Autoquestionnaire version for the Temperament Evolution of Memphis, Pisa, Paris and San Diego (TEMPS-A). Healthy children's healthy mothers were included as control group to the study.

Results: Thirty-two (%53,3) girls and 28 (%46,7) boys were diagnosed as SAD. Mother's ages were between 22 and 43. Study groups mother's ages were older ($x_2: 10,40$, $p < ,006$) and their education level was lower ($x_2: 6,95$, $p < ,031$) than the control group. The study group's TEMPS-A score results were by depressive ($t=3,77$, $p < ,0001$), cyclothymic ($t=4,14$, $p < ,0001$), irritable ($t=4,63$, $p < ,0001$) and anxious temperament ($t=6,67$, $p < ,0001$) subscales significantly higher than the control group. By hyperthymic temperament subscale was no significant difference between study and control groups.

Conclusion: It is important to study the effect of the mothers' temperamental characteristics on children who have SAD. Related to these results we can suggest that the reciprocal dependency between mother and child may be effected from child's temperamental features beside the mothers' temperamental characteristics.

P-211 Psychometric cross-cultural comparison and preliminary diagnostic results of three Spanish mood disorder scales

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Aim: Our first goal is to compare the psychometric properties of three measures (the Parent GBI, the Self Report GBI, and the Child Mania Rating Scale) in two samples – one drawn from Uruguay, and one from the USA. The second objective refers to the preliminary evaluation of the diagnostic utility of the P-GBI "Depression Scale" (Castellan Version) to detect Unipolar Depression.

Method: New data were collected (1 year) at a public outpatient psychiatric service in Montevideo. Subjects were $N = 178,71\%$ female. Mean age was 13 years ($SD = 3,9$). A sub-sample ($N = 30$) was diagnosed with the K-SADS-PL. Comparative data were drawn from a set of 514 families from the Midwestern United States. Subjects mean age was 11 ($SD = 3,4$), 59% were male.

Results: The internal consistency of the all measures remained excellent (Alphas .89 to .96). Consistent with prior results, convergent and divergent validity were strong (Pérez Algorta & Youngstrom, 2007). The AUCs for the P-GBI "Depression Scale" to detect Unipolar Depression was .75, contrasting with the Mania Scales AUCs (.58 and .31). P-GBI-Dep and A-GBI-Dep correlations was .509 in Uruguay and .239 in USA ($z = 2,9$, $p < ,003$).

Conclusion: All instruments show excellent psychometric properties in terms of internal consistency, convergent and divergent validity correlations. The first AUCs results are very auspicious too.

P-212 Impact of repeated measurement of depressive symptomatology among late adolescents

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Aim: The World Health Organization (1986) and Society for Adolescent Medicine (1995) define adolescence/youth as occurring between 10 and 24 years, with late adolescence usually defined between 18-24 years. Repeated assessment of depressive symptomatology is common in longitudinal observational and intervention studies. When the time span between data collection occasions is long, postulated reasons for decreases in depression in the absence of intervention include spontaneous remission. This paper examines the impact of repeated assessment of depression within a 30-minute period.

Method: The Center for Epidemiological Studies Depression Scale was administered three times to 1203 university students aged 18 to 24. Following Rushton et al. (2002), adolescents were categorized as having minimal (0-15), mild (16-23), or moderate/severe levels of depressive symptoms (≥ 24).

Results: General linear mixed model analyses showed decreasing mean levels of depressive symptomatology from the first to the second two administrations ($p < .001$), but not from the second to third ($p > .05$). Generalized estimating equations analyses showed decreased proportions categorized with moderate/severe depressive symptoms from the first to the second two administrations ($p < .01$), but not from the second to the third ($p > .05$). Similarly, there was a decrease in the proportion categorized with at least mild levels depressive symptoms from the first to the second two administrations ($p < .01$).

Conclusion: The pattern of decreasing levels of depressive symptoms shown in longitudinal studies in the absence of intervention is demonstrated to occur in an extremely short-time frame, suggesting the necessity of extreme caution in the interpretation of scores on common questionnaire format screening tools.

P-213 Criterion validity of the Bahasa Melayu version of the children's depression inventory

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Aim: To determine the criterion validity of Bahasa Melayu version of Children's Depression Inventory (CDI).

Method: This multi-centre study involved newly referred patients to the child and adolescent psychiatric clinic. Each participant completed the Bahasa Melayu version of CDI. Following this, a clinical interview was carried out by a psychiatrist and the diagnosis of each participant was documented. The criterion validity of this questionnaire was measured using receiver operating characteristics (ROC) curve.

Results: Eighty five children and adolescents (mean age 13.6 \pm 1.9, predominantly Malay ethnic group) participated in the study. Area under the ROC curve for this questionnaire was 0.65. A cut-off score of 15 showed an optimal level of sensitivity (60.8%) and specificity (56.5%).

Conclusion: The Bahasa Melayu version of CDI is moderately valid screening instrument to detect depressive disorders in children and adolescents.

P-214 Marital adjustment according to attachment styles in parents of children and adolescents with depression and anxiety as compared to parents of a control group

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Aim: Marital adjustment according to attachment styles in parents of depressed and anxious children was compared to parents of children without a psychiatric disorder. Parental depression, anxiety, problem solving skills and relationship attribution were assessed to help understand the marital relationship and attachment styles.

Method: 180 individuals (age 27-58 years) were studied. Parents of patients with depression and anxiety (Study Group: 45 couples; Dept. Child Psychiatry) were compared to parents of patients without a psychiatric disorder (Control Group: 45 couples; Dept. Pediatrics). Experiences in Close Relationships Inventory, Marital Adjustment Measure, Relationships Attribution Measure, Problem Solving Inventory, Beck Depression Inventory, STAI and a semi-structured interview were applied.

Results: The study group considered their spouse and marriage less favorable; more mothers in the study group showed fearful attachment while more mothers in the control group showed secure attachment; in the study group depression, state anxiety and trait anxiety were higher (all $p < 0.05$). In parents with secure attachment marital adjustment was higher, depression, state and trait anxiety were lower; in parents with fearful or preoccupied attachment negative relationship attribution to the spouse was higher; parents with fearful attachment were less effective in problem solving; in women depression, anxiety and negative relationship attribution to the spouse were higher but problem solving was more effective (all $p < 0.05$). **Conclusion:** Marital adjustment did not differ significantly between the two groups. The control group showed a more positive perception of their spouse and marriage, which may form a parental protective factor against depression and anxiety in children.

P-215 Validation of the Center for Epidemiologic Studies Depression Scale for Children (CES-DC) and the Child Depressive Inventory (CDI) amongst Nigerian adolescents

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Aim: In Africa, where medical personnel are scarce, identification of depressed adolescents can be improved by systematic screening for depressive symptoms using self-report questionnaires. Although, well validated and commonly used in western cultures, the Center for Epidemiologic Studies Depression Scale for Children (CES-DC) and the Child Depressive Inventory (CDI) have not been validated for use in Nigeria. The study aimed to assess the validity and utility of the CES-DC and the CDI as screening tools for depression amongst Nigerian adolescents.

Method: A representative sample of secondary school adolescents (n=538) completed the CES-DC and the CDI. They were also interviewed for clinical diagnoses of depressive disorders.

Results: The CES-DC and CDI had good internal consistencies (0.82 and 0.89 respectively), one month test-retest reliabilities ($r=0.60$, $P<0.001$ and $r=0.72$, $P<0.001$ respectively) and good concurrent validity with each other ($r=0.356$, $P<0.001$). Using the Receiver Operating Characteristic (ROC) curve, the optimal cut-off score for screening for depression is 15 for CES-DC with sensitivity (Sen) 0.800, specificity (Spe) 0.975, Positive Predictive Value (PPV) 0.769 and Negative Predictive Value (NPV) 0.979. For CDI the best cut-off score is 17 (Sen 0.849, Spe 0.979, PPV 0.818, NPV 0.983).

Conclusion: Both the CES-DC and the CDI have good psychometric properties amongst Nigerian adolescents. Because of their validity, reliability, brevity and ease of administration, the CES-DC and CDI would be valuable tools for estimating depression amongst Nigerian adolescents

P-216 Self-injury in high school students: a matter of social contagion or poor self-esteem?

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Aim: Self-injurious behaviour (SIB) refers to socially unaccepted forms of direct and deliberate destruction of one's own body tissue without suicidal intent. Adolescents are at greater risk for SIB, but is this a sign of social contagion or low self-esteem?

Method: To answer this question we investigated the association between the presence of different types of SIB (assessed with the Self-Harm Inventory) and demographic variables, self-concept and social contagiousness in a sample of 161 male/female high school students by means of validated self-reports questionnaires.

Results: Overall, 14.3% of the high school students (17.8% females, 11.7% males) reported at least one type of SIB. Contrary to our expectations, we did not find significant differences between male and female students. SIB

was more frequently mentioned by students who follow technical education (compared to general education) and by students whose parents are divorced. Compared to their peers without SIB, students with SIB found themselves less intelligent, less physical attractive, less socially-skilled and less emotional stable. The self-injurers had more friends who were also showing SIB themselves.

Conclusion: The results suggest that for the prevention of SIB in schools, one needs to enhance adolescents' self-image and self-care, and to encourage healthy relationships with peers.

P-217 Low self-esteem and depressive symptoms in ADHD: the role of maternal depression

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Aim: Low self-esteem is predictive of depression's onset in subjects who are experiencing stressful life events. Attention Deficit/Hyperactive Disorder (ADHD) patients experience negative life events as rejection and failure at school. A low self-esteem with feelings of despair is very common among children and adolescents with ADHD (Edbom et al., 2006; Mezulis et al., 2006). This evidence suggest that ADHD population is characterized of two important risk factors of depression: low self-esteem and continuous stressful events. It is unclear the origin of low-self esteem and depression in ADHD. Negative interpersonal experiences bring about a contribute to develop low self-esteem but not all ADHD children show low self-esteem. Other possible factors are social isolation, traumatic experiences or maternal depression in early childhood (Miller et al., 1999). In our work, we tested the role of maternal depression in the development of low self-esteem and depressive symptomatology in ADHD patients. **Method:** 42 boys with DSM-IV-TR ADHD between the ages of 9 and 14, consecutive referrals at Department of Child Neuropsychiatry of Tor Vergata Hospital, were included in the study: 22 with low self-esteem and 20 with "normal" self-esteem. All subjects performed a clinical and psychopathological battery: K-SADS, CDI, CPRS, CTRS and CBCL. MSCS was used to evaluate self-esteem. The history of maternal depression was investigated.

Results: A history of maternal depression predicted the development of low self-esteem and depressive symptoms. Patients without depression but with low self-esteem did not show a history of maternal depression.

Conclusion: These findings indicate a significant association between maternal depression and development of depressive symptomatology in young patients with ADHD.

P-218 Suicide attempter teenagers, 15 years later

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Aim: The authors analyse a population of suicidants teenagers hospitalized in a paediatrics unit, and the evolution 15 years later of a part of these teenagers population, hospitalized in adults psychiatrics unit.

Method: We studied the hospitalization files of all the suicide attempter teenagers in 1991/1992, and the psychiatric hospitalization files of those who had needed a further hospitalisation in psychiatric unit during the following 15 years. The criterions of this study were taken in feature articles about suicides attempts.

Results: The initial population includes 165 teenagers. 47 of them have been hospitalized in psychiatry. These 47 patients hospitalized in psychiatry in the following 15 years are characterized by:

- During the initial suicide attempt: a over-represented depressive comorbidity, more suicidal recurrences, more schooling difficulties, and a weaker familial insertion, compared with the other teenagers without later hospitalization.

- In their later evolution: an important rate of social, professional and familial exclusion, a depressive comorbidity and a pathological personality.

Conclusion: The evolution of suicidal teenagers is more pejorative when there's a depressive comorbidity, schooling difficulties, and a familial and social exclusion, criteria which are still found in the adulthood.

P-219 The relationship between the pattern of computer game behavior and emotional and behavioral characteristics of 5th and 6th grade elementary school children in South Korea

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Aim: The purpose of this study was to investigate the relationship between the pattern of computer game behavior and emotional and behavioral characteristics of 5th and 6th grade elementary school children.

Method: Randomly selected 5th and 6th graders of the two elementary schools (N=413) in Jeonju City were participated. They completed self-report questionnaires including some questionnaires designed by author, computer game addiction scale, children's depression inventory (CDI) of Korean version, Piers-Harris children's self-esteem scale of Korean version, state-trait anxiety inventory for children of Korean version. They also completed some children's behavior check scales for attentional, hyperactive/impulsive, and conduct problems.

Results: There were positive correlations between the patterns of computer game behavior (number of game-played years, game hours per time, game hours per day, frequency per week) and computer game addiction (girls, $\chi^2=21.304$, $p<.05$, $\chi^2=63.613$, $p<.05$, $\chi^2=88.242$, $p<.05$, $\chi^2=66.656$, $p<.05$, boys, $\chi^2=18.879$, $p<.05$, $\chi^2=72.571$, $p<.05$, $\chi^2=68.472$, $p<.05$, $\chi^2=57.191$, $p<.05$). There were also positive relationships between the internalized problems of children (depression, trait anxiety, state anxiety, self esteem) and game addiction (girls, $r=.299$, $p<.01$, $r=.291$, $p<.01$, $r=.265$, $p<.01$, $r=-.331$, $p<.01$, boys, $r=.463$, $p<.01$, $r=.538$, $p<.01$, $r=.404$, $p<.01$, $r=-.461$, $p<.01$). But significant relationship between the behavioral problems (inattention, hyperactive/impulsive symptoms, conduct problems) and

game addiction was found in only girls ($r=.233$, $p<.01$, $r=.183$, $p<.05$).

Conclusion: These results support positive relationship between computer game addiction scores and computer game behavior patterns including number of game-played years, game hours per time, game hours per day, and game frequency per week. And they showed a significant relationship between game addiction scores and such internalizing problems as depression, trait anxiety, state anxiety and the lower self esteem. But the significant relationship between game addiction scores and externalized behavioral problems was found in only girls.

P-220 Does adolescents' subjective well being related with maximizing positive emotions, and minimizing negative emotions?

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Aim: The aim of this study is to investigate the relationship among adolescents' subjective well being, their emotions, and their anxiety.

Method: The sample consists of 181 adolescents who are high school students. In the study, adolescents' subjective well being scale, positive and negative affect scale (PANAS), and state-trait anxiety inventory (STAI2) scale were used, and pearson correlation method was conducted.

Results and Discussion: As a result, there are significant correlations between adolescents' subjective well being and their negative emotions ($-.24$ $p<.01$), and with anxiety ($-.33$ $p<.01$), and also there is not significant correlation between adolescents' subjective well being and their positive emotions. The results were discussed.

P-221 Assessment and phenomenology of bipolar disorder in the Attention Deficit Hyperactivity Disorder

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Aim: Validation for Spanish child and adolescent population with ADHD of three instruments that assess mania. To evaluate the presence and phenomenology of manic symptoms in children and adolescents with ADHD.

Method: We evaluated Bipolar Disorder (BD) symptomatology in 50 patients with ADHD (8-17 years) with structured diagnostic interview and three mania rating scales: Child Mania Rating Scale-Parent version (CMRS-P), Parent-Young Mania Rating Scale (P-YMRS) and Young Mania Rating Scale (YMRS).

Results: Internal consistency were high for the CMRS-P ($\alpha =0.88$), moderate for the YMRS ($\alpha=0.72$) and weak for the P-YMRS ($\alpha=0.63$). The YMRS was the only instrument that discriminated between patients having ADHD with and without mania. The score of the scales correlated significantly with functional impairment (Children's

Global Assessment Scale) (CGAS). The 18% of child with ADHD had comorbidity with BD broad spectrum.

Conclusion: The YMRS is a valid and stable scale to detect and quantify mania symptoms in children with ADHD, but the CMRS-P and P-YMRS to this aim are questionable. A large percentage of children with ADHD have BD that must be identified in a correct form for the treatment.

P-222 Actigraphic profiles in adolescent bipolar disorder and borderline personality disorder: a feasibility study and preliminary results

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Introduction: In adolescents, bipolar disorder (BD) and borderline personality disorder (BPD) share clinical similarities, such as affective instability, hostility and impulsivity; this makes the two disorders difficult to differentiate. In addition subjective sleep complaints as well as polysomnographic disturbances have been documented in adult BD and BPD. However little is known in adolescents, literature being restricted to sparse actigraphic reports on sleep-wake patterns in adolescent BD.

Aim: 1) To explore the feasibility of an actigraphic study in an adolescent sample with affective instability; 2) to present preliminary results.

Method: Actigraphic data were obtained from 12 adolescents (13-17 years old, 7 BP, 5 BPD) participating in an ongoing study comparing euthymic BD and BPD adolescents. Data collected include 1) actigraphic profiles for 9 consecutive 24-hours periods (including two weekends); 2) subjective sleep complaints and habits documented in a sleep diary; 3) lifestyle (e. g. substance abuse, sports, schooling).

Results: On average, sleep diaries (subjective measure) were completed for 6.3±3.0 days, and actigraphy (objective measure) was recorded for 9.8±3.6 days. Only 1 BD and 3 BPD adolescents completed all 9 days for both objective and subjective measures. Preliminary results will include activity counts per minute, sleep time, rest periods, sleep efficiency, sleep latency, inter- and intra-daily variability. Taking into account the participants' lifestyle qualitative comparisons will be made between data obtained by actigraphy and sleep diaries.

Conclusion: Recruitment and recording caveats will be specified in order to guide actigraphic studies in BD and BPD adolescents.

P-223 Hostility and mood instability in bipolar disorder and borderline personality disorder in adolescence: preliminary results

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Introduction: A significant degree of overlap in mood symptoms between bipolar disorder (BD) and borderline personality disorder (BPD) has been reported in adults as well as in adolescents, suggesting the latter should be viewed as an attenuated form of affective disorder. To our knowledge there is no empirical study exploring dimensional mood traits in the two disorders in adolescents.

Aim: To report on preliminary data from an ongoing study examining affective symptomatology in adolescents with BD and/or BPD.

Method: Adolescents (12-17 year old) with bipolar disorder and/or borderline personality disorder (fourteen participants at the time of submission) were recruited in a Mood disorder specialty clinic in a University teaching hospital using the Kiddie-Schedule for Affective Disorder, Parent Longitudinal version and the Diagnostic Interview for Borderline-Revised. After controlling for euthymia with the Beck Depression Inventory (BDI) and the Young Mania Rating Scale (YMRS), participants were assessed using the Affective Liability Scale (ALS), the Buss-Durkee Hostility Inventory (BDHI), the Eysenck Impulsivity questionnaire and the Cloninger's Temperament and Character Inventory.

Results: Preliminary analyses among female participants using Kruskal Wallis Test indicated that the comorbid condition (BPD +BD) was the most severely affected with respect to mood instability and hostility. Regarding temperament variables bipolar disorder is associated with higher novelty seeking and lower transcendence.

P-224 Acute mania in adolescents: a chart review

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Aim: The existence of bipolar disorder (BD) in adolescents is now clearly established but few studies are available regarding the more typical and severe forms (BD I) [1]. Most studies concern paediatric BD despite the validity of the concept remains controversial[2].

To describe the phenomenology of acute mania in bipolar type I adolescents and to analyse potential predictive factors associated with short term prognosis.

Method: We selected 80 subjects, aged 12 to 20 years, hospitalized for a manic episode (pure or mixed). Sociodemographic and clinical data were extracted from chart review. After a descriptive analysis and a comparison of subjects with manic versus mixed episodes, we selected

three variables [duration of hospitalisation, clinical improvement (GAF at discharge - GAF at admission), and MADRS suicidality subscore] to evaluate short term outcome predictors.

Results: Fifty manic and 30 mixed episodes were diagnosed. High rates of psychotic features (N=51,63,8%) and long durations of stay (mean=80,4 days [17-245]) were found. More manic episodes compared with mixed episodes were identified in subjects with mental retardation and in subjects from migrant and/or low socio-economic families. Overall severity and female gender predicted better improvement in GAF score. Poor compliance and psychotic features appeared as the only dimensions that predicted longer duration of stay.

Conclusion: These results suggest that adolescent BD may be closer to adult BD than to paediatric BD. Socio-cultural factors in youth BD should deserve more research.

P-225 The prognosis of endogenous affective psychoses originated in childhood

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Aim: The research was aimed at the determination of main tendencies of course of cyclothymia and circular schizophrenia if they originate before the age of 12.

Method: Clinical-prospective and clinical-statistical. The investigation was based on 237 children with cyclothymia and cyclothymia-like schizophrenia who was observed over 10 years.

Results: The general feature of yearly started endogenous affective disorders was the tendency towards prolonged monopolar course - depressive or hypomanic one. In the prevailing majority of the cases occurred the change from monopolar course to bipolar one near the age of 10 when the depressive periods was joined up with maniac ones or the first distinct depressive states arose on the background of chronic hypomania. The second peculiarity was the distinct long-standing period of active manifestations of the disease on the conclusion of which we marked a reduction of productive symptomatology with the formation of long-term remission. The statistical processing of cases showed the distinct dependence of the age in the moment of the end of active illness period on the age of debut manifestation. It was obtained linear equation of regression: $a=8,7+1,7b$ where a - the age of the end of active illness period, b - the age of the illness manifestation.

Conclusion: Yearly manifestation of affective psychoses in childhood may play a role of favorable factor that promotes clinical and social compensation of patient in juvenile age.

P-226 Didactogenic depressions in yearly school age

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Aim: Last years we see in children a growth of neurotic didactogenic depressions which are depended from psychological traumatic and violent physical effect of teachers and from severe conditions of education.

Method: We realized the psychopathological examination of 24 children of 8-12 years suffering from "didactogenic" depressions.

Results: All children from yearly age demonstrated personal traits like sensitiveness, inhibition, heaviness, hypersocialness. In half of cases was traits of introversion. There wasn't cases of deficient intellect. A forming of depression was during 3-6 months. The states has complete structure: a mood was characterized changing of anxiety, fear, depression and apathy. A matter of fear was at first a school problems and rapidly generalized into new fields of child life: multiple psychosomatic disorders (frequent catarrhal illnesses, functional increasing of body temperature, headache, cordial and gastric pain, morning vomiting, etc), "intellectual crash", behavioral violations (the last especially in preadolescence). There was also single or several neurotic symptoms (tics, stutter, elective mutism, enuresis, etc) and obstinate school phobia right up to refusal of school. Didactogenic depressions last from 6 months to 3 years. The treatment includes social pedagogics, psychotherapy and antidepressant, sedative and nootropic drugs and results in complete recovery.

Conclusion: In former century was rightful rule: "The more deep child depression - the more worse the prognosis. Didactogenic depressions in children deny this rule.

P-227 Detecting depression in adolescents in primary care

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Aim: The aim of this study is to evaluate the relevance of a two question screening tool for the detection of depression in adolescents presenting in primary care.

Method: 83 adolescents between the ages 13 to 17 were recruited from various outpatient clinics of Brookdale University Hospital in New York. They were asked to answer a two question screening instrument (PHQ-2) with "yes" or "no". The questions consisted of "During the past month, have you been bothered by little interest or pleasure in doing things", and "During the past month, have you been bothered by feeling down, depressed, or hopeless?" Subsequently they were asked to complete the two depression questionnaires developed for adolescents; the Beck Depression Inventory (BDI) and the Children Depression Inventory (CDI). Bivariate correlations between the individual questions on the PHQ-2 and the two established measures of depression were conducted.

Results: Answering "yes" to either question on the PHQ-2 resulted in an overall classification accuracy of 67.1%. This analysis yielded a high true positive rate (85.0%) and low false negative rate (15.0%) but a high false positive rate (48.9%).

Conclusion: The results of the study show that the PHQ-2 can be used as a relatively effective screening instrument for adolescents. Even though using both questions results in a high false positive rate there are only 15% of depressed adolescents that are not being identified. Since the results of this screening tool must be followed up by further evaluation the false positive rate will be addressed.

P-228 Symptomatology of depression in Singaporean Malay children

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Aim: Depressive symptom presentations vary across cultures. A culturally-salient interpersonal dimension was found in Singaporean Chinese children's depressive symptomatology: Negative Social Self (NSS), in addition to three internationally-recognized dimensions: Negative Affect and Cognitive Dysfunction (NACD), Loss of Interest (LOI), and Psychosomatic Manifestation (PM). The interpersonal dimension, with an emphasis on relationships with authority figures, is rarely found in Western children's symptomatology of depression. The present study sought to further examine the applicability of this set of depressive symptomatology, particularly the interpersonal dimension, in Singaporean Malay children across age and gender.

Method: Participants were 286 Singaporean Malay children, aged 6-,9- and 12-years old (132 girls). The Asian Children Depression Scale was employed.

Results: Findings from confirmatory factor analyses revealed that children across the three age groups reported similar symptoms - feeling depressed means having the feeling that parents and teachers do not care for or like oneself anymore, and that oneself cannot make them happy (NSS), in addition to having bad feelings and cannot think well (NACD), losing interest in having fun, learning and people (LOI), and having bodily discomfort (PM). Both girls and boys reported similar symptoms.

Conclusion: Singaporean Malay children as young as age 6, both girls and boys, showed concerns over self-other (authority) relationships, which constitutes part of their depressive symptom presentations. These findings suggested that clinically, parents' and teachers' support is critical in helping depressed Malay children, where interventions should not just be targeted for the child but concomitant work with family and school is useful.

P-229 Electroconvulsive therapy in an adolescent pregnant patient

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Electroconvulsive therapy (ECT), rarely used in children and adolescents. Due to incomplete central nervous system maturation processes, ECT is expected to have more adverse effects on cognitive functions in children compared to adults (1). However, several studies reported that ECT is a safe and an effective treatment especially for catatonic or psychotic depression in adolescent patients. ECT is also a highly effective treatment method throughout the pregnancy and during the postpartum period with a low level of risk. According to APA practice guidelines, ECT is suggested to be the first line treatment choice in major depression and bipolar disorder during pregnancy (2). In this paper, a successful ECT treatment of a 16 years old pregnant (29 weeks) adolescent patient with psychotic

major depression is presented. The Hamilton Depression Scale was 32 before ECT and it was decreased to 11 after 10 sessions of ECT. The delivery was performed without any complication after ECT treatment.

P-230 Family-based psychoeducation for children and adolescents with mood disorders

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Introduction: Psychoeducation is often used for family members of adult patients with mood disorders. The belief is that the increase in family's knowledge of the patient's illness course and outcome will improve treatment compliance and may reduce relapse rate through identification of early symptoms and risks. While studies on family-based psychoeducation of adult patients with mood disorders have been reviewed, a similar review has not been conducted in patients who are children and adolescents.

Aim: We aim to study all psychoeducation programs for families of children and adolescents with mood disorders, and review their efficacy data and delivery formats.

Method: A systematic review was conducted on studies published between 1980 and 2006 on independently standing psychoeducation programs for families with children suffering from mood disorders.

Results: There are eight treatment and preventive psychoeducation models for parents of affectively ill children or children at risk for depression. Findings indicate that psychoeducation models typically adopt a workshop approach incorporating didactic teachings and discussion sessions, with or without specific skills training. All were found to be "probably efficacious" in the treatment or prevention of mood disorders in children and adolescents.

Conclusion: The true efficacy of each program as a treatment or an adjunct to the treatment of mood disorders in children and adolescents cannot be made. Further research into psychoeducation for families of children with mood disorders is warranted. Component analyses that examine different active components of psychoeducation could help determine the effect of group variables that bring about change in attitude and behavior toward disease.

P-231 Manic shift due to olanzapine treatment

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Aim: Although atypical antipsychotic treatment is increasing in child and adolescent cases, information about their adverse effects are limited. Hypomanic and manic shifts due to antipsychotic treatment has been more often reported.

Method: A 14 years old case with manic shift after olanzapine was defined.

Results: She was hospitalized to our in-patient unit with the diagnosis of acute psychotic attack. Olanzapine dose was increased rapidly to 20 mg on the third day of her stay and to 30 mg at seventh. On 17th day of olanzapine treatment psychotic signs were totally disappeared. However, her psychomotor activity, amount of speaking, self preoccupation, desire for shopping, aim directed activities and libido increased remarkably. She was euphoric and

sometimes irritable. She needed less sleep than usual. On 22nd day of olanzapine treatment, her symptoms were correlated with manic episode signs. As in the cross titration protocols, decreasing the olanzapine dose, quetiapine treatment was started. Her manic symptoms diminished in 2 days and completely disappeared on 5th day.

Conclusion: A review reported 53 cases with mania and hypomania signs due to atypical antipsychotics between 1994 and 2005.14 of these cases were taking olanzapine. However, these drugs which have become a new and more common choice of treatment in children and adolescents should be used with cautious.

P-232 Steroid-induced depression responsive to escitalopram treatment in a five-year-old girl with Hemophagocytic Syndrome (HPS)

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Introduction: Corticosteroids are widely prescribed for a variety of medical conditions including HPS. Psychiatric side effects during corticosteroid therapy have been reported frequently. Although the use of SSRIs in pediatric oncology patients is quite common, there is no literature on escitalopram's use in this group of patients.

Here we present a case with HPS who developed steroid-induced depression which was treated by low dose escitalopram successfully.

Case: AB was a five-year-old girl who was referred to our clinic because she had marked anhedonia, irritability, weakness and sleep disturbance for the last month. Her developmental history was unremarkable. She was given a diagnosis of HPS when she was two years old. Since then she has been continuously treated with dexamethasone and etoposide. In her mental examination she was uncommunicative and irritable. She was diagnosed as major depressive disorder and 4 mg/day escitalopram was prescribed. She tolerated the medication very well with no side effects reported. She had fully recovered by 4 weeks of treatment.

Discussion: Escitalopram may be a good choice in the treatment of steroid-induced depression due to its high selectivity, less side effects, less drug-drug interactions and efficacy with low doses in this group of patients.

P-233 Clarithromycin induced mania

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Introduction: Patients have an increased risk of developing mania while being treated with antimicrobials. The authors elected to name this syndrome antimaniomania. Cases reported by the FDA showed clarithromycin and ciprofloxacin to be the most frequently associated with the development of mania (1) This case is presented in order to describe the clarithromycin induced mania.

Case: 12 years old boy. He came to our clinic complaints with talking too much, difficulty in sleeping and going around. There is no psychiatric illness like bipolar disorder in the family. Radiologic and neurologic findings were normal.3 weeks ago he had lobar pneumonia. When

he was discharged from hospital his doctor prescribed clarithromycin. After taking clarithromycin he has difficulty in sleep and become talking too much and than psychiatric symptoms were occurred.

In psychiatric examination, motor activity was increased, speech was logoreic, affect was euphoric, he had grandiose delusions and hallucinations.

Conclusion: Cases reported in the literature showed clarithromycin and ciprofloxacin to be the most frequently associated with the development of mania (1). Our case had typical manic symptoms after using clarithromycin. Typical adult like manic states were widely regarded as extremely uncommon among prepubertal children and also in adolescence (2). We must keep in mind if a child or adolescence have typical mania might be drug induced mania.

P-234 The use of long-acting risperidone in non-adherent pediatric bipolar patients

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Aim: Pediatric bipolar disorder (PBD) treatment is a challenging task, since such patients may have pervasive behavioral impairment and high rates of parent-reported non-adherence to pharmacological therapy. Recent findings suggest vigilant monitoring of medication administration prior to assessing regimen effectiveness.

Method: Risperidone Long-Acting Injection (RLAI) was initiated for three early-adolescents aged between 12 and 14 years who had PBD with severe global functioning impairment and benefited from oral risperidone administration, but had therapeutic failure due to non-adherence. After familiar consent, they received RLAI 25mg injections every two weeks for 3 – 6 moths.

Results: RLAI was well tolerated and the treatment adherence and bipolar symptoms' control improved in all cases. The metabolic variables, including serum prolactin and weight measure, presented no significant change between baseline and end point.

Conclusion: These reports indicate that RLAI may improve adherence and symptoms control in PBD patients previously treated with oral risperidone. This regimen should be evaluated in further controlled clinical trials.

P-235 Reactive and self-regulative aspects of temperament as vulnerability factors for the development of depressive symptomatology in children

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Several authors have highlighted associations with temperament as promising avenues for understanding vulnerability to psychopathology in general and depression in particular (Nigg,2006). Empirical evidence suggests that high levels of negative affectivity put an individual at risk for the development of depression, especially when combined

with low levels of positive affectivity (Anthony et al.,2001). In spite of this evidence, the findings thusfar are limited in several respects. First, the contribution of temperament to vulnerability for depression should not be viewed as merely guided by affective-motivational reactivity. Current theories emphasize the influence of effortful processes that enable persons to modulate their emotional reactions and as such decrease the risk associated with temperamental reactivity (Lonigan et al.,2004). Second, most evidence thusfar comes from cross-sectional studies, making it impossible to determine the direction of relations between temperament and depression. In our study, we used a prospective longitudinal design and included reactive as well as self-regulative aspects of temperament to predict depressive symptoms. The sample consisted of 147 primary school children aged 8 to 12, who were tested twice, with an inter-testing interval of about one year.

P-236 Preliminary validation of the soma assessment: a parent interview to measure functional somatic symptoms in children

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Aim: The study had two aims:

- 1) To develop a new epidemiological instrument, the Soma Assessment (SA), to measure functional somatic symptoms (FFS) in 5 to 10 year-old-children.
- 2) To examine the acceptability and perform an initial validation of this new instrument.

Method: The SA is a respondent-based measure that allows a clinically rating which potentially increases the diagnostic validity. It was derived from a new section on health and somatoform disorders in the Development and Well-Being Assessment. We tested it on 218 parents to Danish children, aged 5-10 years, drawn from community and paediatric out-patient clinics. The clinical samples consisted of children with well defined physical diseases and children with disorders dominated by FSS. Other parent-reported measures of the child's physical symptoms were completed prior to administration of the interview. Blind to the SA findings, children from the clinical samples were also assigned diagnoses of FSS based on a review of their medical records.

Results: The discrimination between a non clinical and a clinical sample with a high prevalence of severe FSS was good. Within a non clinic sample, independent measures of physical complaints differed significantly between SA cases of severe FFS and non cases. In the clinical samples we found a substantial agreement between SA cases of severe FFS and a case note diagnosis of FFS.

Conclusion: The study showed that SA is readily accepted, relatively quick to complete and a preliminary assessment of its validity is promising. In population based studies it provides a comprehensive description of FFS in young children and may prove useful in clinical settings as well.

P-237 Think again. Is it psychological abdominal pain?

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The patient described is 11 years old female who was referred to paediatrics with a history of intermittent severe abdominal pain. After admission to the children's ward, a physical cause for her symptoms was not found. All investigations showed no abnormality. Her mother denied initially the existence of any psychological stress factors. A referral to CAMHS was suggested but both the patient and her mother rejected this offer to avoid stigmatisation. However, the patient was re-referred with the same complaint of recurrent abdominal pain. Full medical re-evaluation was carried out and showed no abnormality. At this point concerns were raised about the patient's somatic presentation and she was referred to CAMHS as having psychological abdominal pain. The patient's referral this time was agreed by her self, her mother and supported by mother's new partner. The patient was found to have anxiety and received individual behavioural support and counselling. Resolution of physical symptoms was reported by the patient and her mother. Also improvements in valued life activities and functional ability were seen, as evidenced by full time school attendance, normalised sleep pattern and socialization.

Paediatricians face a challenge to identify children who present with physical symptoms but have underlying psychological problems. Early identification of these children might eliminate a number of unnecessary investigations. It also illustrates the benefits of individual behavioural therapy offered by CAMHS Mental Health Workers to children with physical symptoms.

P-238 Somatic symptoms in British secondary school children. Validating the Children's Somatization Inventory (CSI)

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Introduction: Somatic complaints are regularly encountered in the paediatric population. Cultural differences have been found in the prevalence but not necessarily in the type of somatic complaints in children and adolescents from different countries.

In order to investigate the Somatization phenomenon in children and adolescents we need a standardised and widely validated instrument relevant to them. The Children's Somatization Inventory (CSI) is an instrument for assessing somatic symptoms in children and adolescents that has provided evidence for its reliability and validity in the USA, the Netherlands and in Ukrainian (1,2,3).

Aim: The study was designed to explore the psychometric properties of the CSI in Britain and to gather information of somatic symptoms using the CSI from a community sample of mostly white British children and adolescents aged 11-16 years old. Finally we compared the results with those found in other countries (1,2,3).

Method: The study was a cross sectional survey. Pupils (N=1200) from a British Secondary Mainstream School in London filled in different questionnaires: CSI, MFQ (Moods

and Feeling Questionnaire), and the SDQ (Strength and Difficulties Questionnaire). We also gathered information regarding demographic data.

Results and Conclusion: The CSI is a reliable and valid self-report questionnaire in the UK with a good internal consistency and strong correlations with internalizing symptoms and impairment. The reasons for any discrepancies in rates of somatic symptoms between countries will be discussed.

P-239 Agreement between parents' and adolescents' reports of behavior problems: a comparison between referred and enuretic adolescents

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Aim: Correlations between adolescent and parent reports of adolescent problems are usually low. In non-referred samples adolescents tends to report more problems than parents, while in clinical samples they usually report less. In this study, parental and self-report of behavioral problems were compared, using the Internalizing Problems (IP), Externalizing Problems (EP), and Total Problems (TP) scales of the CBCL and the YSR.

Method: Parents' and adolescents' reports in 60 (11-18-year-olds) referred from two Brazilian psychological clinics were compared with parents' and adolescents' reports in 39 (11-18 years-olds) enuretic adolescents.

Results: Parents reported significantly more problems than adolescents in both groups, achieving the deviant range (T score < 60) for IP, EP, and TP on the referred group, and IP and TP on the enuresis group. This result is expected in groups of referred adolescents, but not in groups of enuretic adolescents, that usually are compared with non-referred adolescents. The scores achieved in both groups were compared; yet, no significantly difference was found on parental report ($F(3,99) = 0,932, p = 0,083$) and on self-report ($F(3,99) = 0,953, p = 0,202$). However, the correlation between CBCL and YSR scores were higher for the enuretic group (IP=0,305; EP=0,572; TP=0,339) in comparison with the correlation achieved by the referred group (IP=0,271; EP=0,405; TP=0,193).

Conclusion: Although no significantly difference was found on the scores achieved by both groups on parental report and on self-evaluation, the enuretic group achieved a higher level of agreement. The findings do not confirm the hypothesis that enuretic adolescents are different from clinical samples; however care is to be taken with sample sizes to generalize.

P-240 A comparative study of clients (6-18 years old) enrolled either on one university enuresis project or one university psychological clinic, in Brazil

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Aim: The main objective of this study is to compare profiles of referred children to two different psychological university centers on the same university: one to Enuresis Project and the other to the psychological university center

Method: Child Behavior Checklist (CBCL6/18) was applied on bedwetters parents ($N=163$) of 95 children (6-10 y) and 68 adolescents (11-17y). They all suffered with their mono symptomatic nocturnal enuresis (lack of vesical control since birth) and had been treated on one Enuresis Project at Behavioral Therapy Laboratory at Psychology Institute of Universidade de São Paulo, Brazil. This Project has been succeeded with its behaviorally oriented focal treatment protocol which implies also a Brazilian urine alarm training. The same questionnaire (CBCL) was applied on a different group of parents ($N=79$) of 41 children and 38 adolescents referred to psychological treatment at one university clinic on the same institute and university.

Results: Intra group comparison test between referred adolescent x referred children and enuretic adolescent x enuretic children were done and no difference on CBCLs scales was found. Yet, intergroup (enuretic x referred) comparison test have shown significant differences on the majority of CBCL individual scales as well as on sum of scales. In general parent reports of infantile and adolescent enuretics are more positive on social competence scale, on school problems and social contacts than the parent reports of referred children and adolescents. The differences were significant also on Externalizing Scales and on Total Problems scale favoring the group of enuretics.

Conclusion: It is concluded that the type of treatment offered to enuretics attends to their needs since their main reason to come to enuresis center is their enuresis.

P-241 Stress related disorders and coping strategies among high school students

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The youth studying University faces a plenty number of psychological and social problems today. These problems are concerning with education, socialization, interpersonal relations, personality growth.

Besides regular psychological pressure of examination sessions twice within year, there are 3 main periods of stress vulnerability during education process: 1) the freshmen's adjustment, which means assimilation of the new mode of living, social status and requirements, 2) middle of the studying, which is accompanied by searching the meaning of the life, disappointment, self-determination, 3) graduation with its professional diffidence, alarm, uncertainty.

Stress factors influence first of all academic advancement, as well as mental state, psychological conditions and physical health of students. These result in the complex of

emotional, cognitive, behavioral disturbances and somatic symptoms.

There are some peculiarities of mental disorders among students as follows: great role of social factors, brief reactions, prevalence of anxiety and depressive disorders, frequency of somatic complaints.

A sample of more than 600 university students were assessed using Coping Strategies Instrument (CSI) by J. Amirkhan, anxiety scales and personality questionnaires during periodic health examination. Coping strategies correlated with personality and emotional factors. Long-term and severe stress reactions were associated with ineffective ones: Seeking Support and Avoidance as distinct from Problem Directing.

P-242 “Epidemic” anxiety among adolescents and children

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Introduction: “What is an adult?” in complementary words «what is a child?» alludes to the question “what is a father?” Paternal authority no longer guarantees becoming an adult. What makes an adult is nor his being neither his beings, but his relationship with sexual difference (‘jouissance’). Since capitalism’s command ‘Jouis!’ turns out to be an asphyxiating obligation, anxiety becomes adolescents’ ‘best friend’. Freud attributes to anxiety an exceptional status among the affects-agents of discontent and explicates that “appears anxiety where there is repression”. The first and second Freudian theory about anxiety clarifies, on the basis of its association with repression, whether anxiety is a symptom or a cause. Lacan elaborates that anxiety is the subconscious’s indicator eliminating doubt and transferring the relationship with the Other to a non-dialectical level.

Aim: The excessive increase of juvenile inhibition and passage-à-l’acte along with therapy’s orientation. Comparative presentation: psychiatric and psychoanalytic treatment of anxiety.

Method: We will take recourse to the Freudian and Lacanian bibliography, clinical cases and modern social phenomena (the otaku and hikikomori generation, Japan). Results: We will answer the introductory question « what has happened to paternal authority? » and reason out the media’s favorite cliché: «children have changed (for the worse) ». We shall prove why clinicians witness more and more juvenile inhibitions, passages-à-l’acte, and anxiety disorders, to finally reach the odd and subversive conclusion: we must save anxiety!

Conclusion: In terms of society’s command “jouis! = buy!” (happiness = well-being), children no longer inherit a family history as an identificational anchor, but the «right» to abundance and therefore to anxiety. By saving anxiety we safeguard the subconscious, thus the bridge towards history and social bond - a conclusion that calls for child and adolescent psychiatry to fulfill its social and cultural role.

P-243 Psychopathology of parents of children with obsessive–compulsive disorder

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Aim: To study the general psychopathology of parents of children with Obsessive – Compulsive Disorder (OCD) and additionally their state and trait anxiety.

Method: Mothers and fathers of children with OCD (N=30) were administered the SCL-90-R and the State and Trait Anxiety Inventor (STAI). They were compared to mothers and fathers of children (N=30) with learning disorders.

Results: General Psychopathology

A) Present state

A1) Mothers and fathers of children with OCD had on average higher levels on the general index of symptoms of the SCL-90-R compared to mothers and fathers of control children. Moreover, mothers and fathers of children with OCD report on average more symptoms than parents of control children.

A2) The dimensions of psychopathology on which fathers of index children differed significantly from fathers of control children were compulsiveness, sensitivity, depression, anxiety and paranoid ideas. The dimensions of psychopathology on which mothers of index children differed from mothers of control children were depression, anxiety, anger and sensitivity.

B) Past state

B1) Fathers of children with OCD have higher levels on the general index of symptoms and in the number of symptoms compared to fathers of controls. In contrast, mothers of index children did not differ from controls in any of these two indexes.

B2) Fathers of index children differed from fathers of controls in compulsiveness, sensitivity, depression, anxiety, paranoid ideas and psychoticism whereas mothers differed from controls only in depression and sensitivity.

State and Trait Anxiety index (STAI): Fathers differed from controls only in state anxiety, whereas index mothers did not differ from controls.

Conclusion: The findings of this study indicate that both parents of children with OCD suffer from considerable symptomatology of the depressive and anxiety type. In addition, fathers present compulsive and paranoid symptomatology and, in the past, psychotic symptomatology. Case management of the children with OCD should therefore include management of the parental disorder so as not to interfere with the treatment of the child.

P-244 Cross cultural adaptation, reliability and clinical results of the German version of the PinQ questionnaire for measuring quality-of-life in children with urinary incontinence

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Aim: The aim of this study was to translate and cross-culturally adapt the English version of the Pediatric Incontinence Questionnaire (PinQ) and to test the reliability and validity of the German version (PinQ-D).

Method: The PinQ (self-report and proxy version) was translated and cross-culturally adapted following international guidelines. Reliability and validity were tested in 52 children (35 male, 17 female, mean age: 9.4 [SD±2.4, range 6 - 17] years) with functional urinary incontinence and in their parents. For the concurrent criterion-related validity, the PinQ-D scales were compared with the DISABKIDS questionnaire.

Results: The six-step cross-cultural adaptation procedure revealed no major problems with the content or language. In content reliability testing, the PinQ-D had a Cronbach's alpha of 0.84 (self-report version) and 0.86 (proxy version), respectively. Re-test reliability (mean re-test interval: 6.6 [SD±5.7, range 1-18] days) was $r=0.86$ (self-report version) and $r=0.83$ (proxy version). The total PinQ-D score was correlated with the DISABKIDS scales with scores of $r=-0.52$ (self-report version) and $r=-0.63$ (proxy version). Mean PinQ-D scores were 22.7 (boys) and 17.5 (girls). There were no significant age or sex trends.

Conclusion: The PinQ-D is a valid and reliable outcome measure to assess health related quality-of-life in patients with urinary incontinence.

P-245 Difficulties of mothers with encopretic children

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Aim: The aim of this study was to specify descriptive features of mothers who have encopretic children, identify difficulties they face and examine their mental health status.

Method: Data was collected through personal interviews with seventy volunteer mothers who consecutively filled out a questionnaire and SCL-90 test. SPSS-13 packet program was used in data evaluation.

Results: The mean age of participating mothers was found to be 34.39 ± 5.7 . It was found that 72.9% of mothers were housewives and 61.4% of them had primary school education. The mean score of the psychological symptom level was found to be 1.21 ± 0.56 (0.00-1.50 is considered normal). When we consider subtests, the score of the subtest on interpersonal sensitivity symptom was the highest (1.37 ± 0.66) among the other scores. Also, scores for

subtests on somatization (1.33 ± 0.68), hostility (1.31 ± 0.79) and obsessive-compulsive (1.30 ± 0.68) symptoms were relatively higher than the rest of the subtest scores. It was found that mothers face difficulties with malodor (84.3%), stained underwear (71.4%), child's health (38.6%) and the mothers own health (35.7%).

Conclusion: Our findings suggest that having a child with encopresis often remains troublesome. The mean score of the psychological symptom level was found to be at the high end of the range considered as normal. Furthermore, relatively higher scores obtained from specific subtests suggest probable consequences of living with an encopretic child. These findings are applicable to help the mothers who have an encopretic child and the health care providers who directly interact with both children and their mothers.

P-246 Comorbid psychiatric disorders in children with encopresis

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Aim: Psychiatric comorbidity in children with encopresis has been assessed infrequently in the literature. The aim of this study is to present comorbid psychiatric disorders in children with encopresis and their clinical features.

Method: A retrospective study was conducted in children with encopresis referred to Child and Adolescent Psychiatry Department of Karadeniz Technical University Faculty of Medicine between 2005 and 2007.

Results: The mean age of 107 children with encopresis were 7.6 years. Most of the cases were boys (77.6%). The rate of primary encopresis to secondary was 1: 4. There was at least one comorbid diagnosis in 67 (69.2%) patients. Most frequently encountered comorbid diagnosis were enuresis (31.8%) and anxiety disorders (27.1%). Secondary encopresis was significantly more frequent in patients with comorbid disorders (85.1%). Behavioral treatment was given to 44.9% of cases, medical treatment was given to 18.7% and combined treatment was given to 36.4% of cases. Compliance with treatment and follow up was far better in the group that received combined treatment.

Conclusion: Encopresis is frequently accompanied with a psychiatric disorder. Children refractory to any single form of treatment may be offered a change in treatment modality, either as a single or a combination treatment of psychotherapy and drug treatment. Clinicians need to inquire about symptoms of other psychiatric disorders in patients with encopresis.

P-247 Childhood abuse and anger in women with psychiatric distress

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Aim: A history of childhood-especially sexual-abuse, is a risk factor for adult emotional distress including symptoms of depression, dissociation, and posttraumatic stress disorder (1). Developmentally adverse interpersonal traumas may put adults at risk for impairment in affective

self-regulation (2). These issues need more research in the cultural context. We aimed to investigate the relationship between anger, anger management, and childhood abuse in women with psychiatric distress.

Method: This study included 124 consecutive female outpatients who accepted to participate to the study and gave written informed consent. Patients were assessed with The Structured Clinical Interview for DSM-IV, Childhood Abuse Questionnaire, and State Trait Anger Scale (STAS). Sociodemographic features were recorded. Patients diagnosed with psychotic disorders were excluded from the study.

Results: Patients with a history of sexual abuse scored higher on anger-out subscale of STAS than patients without such a history ($p = 0.019$). Trait anger and anger-out scores were higher in patients with a history of neglect ($p = 0.022$, and $p = 0.006$ respectively). There was no correlation between anger scores, age when abused, and identity of perpetrator. In abused or neglected patients, none of the axis 1 diagnosis was correlated with STAS scores. Trait anger, anger-out, and anger-control scores were higher in patients who had one or more suicide attempts in the past ($p < 0.001$ for all).

Conclusion: Childhood sexual abuse, neglect, and suicide seem to be associated with abnormal expressions of anger. Anger did not differ due to axis 1 diagnosis in abused patients.

P-248 Perpetrators of sexual abuse: twelve child and adolescent perpetrators and their characteristics

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Aim: Sexual violence occurs throughout the world and it has a profound impact on physical or mental health. Despite childhood and adolescent sexual abuse (CSA) has been the focus of increasing concern, there is insufficient investigation into the characteristics of sexual perpetrators. The aim of this study was to present child sexual perpetrators seen at our department and to assess their demographic features.

Method: We conducted a retrospective review of demographic and clinical features of 12 cases of perpetrators of childhood sexual abuse evaluated at the Child and Adolescent Psychiatry Department of Karadeniz Technical University Faculty of Medicine between 2005 and 2007.

Results: Age range was from 10 to 16 years. Of the 12 cases, 11 were boys and one was girl. All of them were living in the "Eastern Blacksea Region" of Turkey. Except two, all of them were living with their parents. Nine of 12 cases were sent to our department by legal authorities for forensic assessment. Three cases had mental retardation. One case had history of sexual abuse and also had history of incest.

Conclusion: Perpetrators may experience negative consequences of their behaviour-including criminal sanctions, incarceration, personal rejection and social condemnation. Individual factors associated with sexual abuse offenders are family histories marked by physical, sexual abuse as well as frequent experiences of failure,

problems in social functioning and unsatisfactory peer relationships. In this paper characteristics of sexual perpetrators will be discussed in the light of literature.

P-249 Referral types of sexually abused children to psychiatry department and their sociodemographic features in the Eastern Blacksea Region of Turkey

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Aim: The aim of this study was to present child sexual abuse (CSA) cases seen at our department and to assess the referral features of their parents.

Method: The charts of all the patients seen at the Child-Adolescent Psychiatry Department of Karadeniz Technical University Faculty of Medicine between 2005 and 2007 were screened regarding the presence of CSA.

Results: The mean age of total 62 cases was 10.8 years. Most of the victims were girls (69.4%). Thirty cases (48.4%) were accompanied by their mothers to the department. Cases that were referred by the legal authorities for psychiatric assessment were 66.1%. The cases which didn't refer by legal ways and were giving a sexual abuse history in the first visit were 29.0% and 72.2% of them were brought by mothers. The patients applying to the clinic with a different complaint other than CSA in the first visit and revealing a CSA history in the following visits were 4.8%. The offenders were generally an extra-familial acquaintance (82.3%). Incest cases were 9.7%. All of the cases except one case were exposed to physical interaction.

Conclusion: Powerful restraints operate within the family to keep individuals silent about the abuse. CSA is diagnosed only if trauma is severe and it is estimated that only 15 percent of the cases seek help. If trauma is relatively less severe, parents tend to keep silence. Keeping on the silence to legal authorities, some of the mothers with sexually abused children were still seeking for cure by coming to child psychiatry in our study.

P-250 Posttraumatic stress disorder symptoms and level of anxiety of victims of domestic violence

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Aim: Women much more often than men experience physical violence from their partners and not infrequently are victims of systematic, long-term persecution. Traumatic events caused by home bullying can be a cause of PTSD and anxiety symptoms. The study examine whether certain psychiatric disorder as PTSD is associated with adverse life events, especially home bullying.

Method: 1. Diagnosis and a degree of intensification of PTSD were based on C. G. Watson's at al. PTSD-Interview 2. Presence and a degree of social phobia were estimated using self-report Liebowitz Social Anxiety Scale 3. To assess the level of anxiety the State Trait Anxiety

Inventory (STAI) self-evaluation questionnaire was used. The examined group consisted of 79 women at the age between 17 and 64 years, the average age 35,9 years; dwelling in the shelters for single mothers and domestic violence victims.

Results: 76% of women who are victims of interpersonal violence had significant, very significant or extreme increase of occurrence of PTSD symptoms. Social anxiety was reported among 54,1% of women who have experienced domestic violence. 33,8% was noted with a subtype of isolated social anxiety, whereas 20,3% had a generalized subtype of social phobia.

Conclusion: Victims of domestic violence are inherently at risk of PTSD and social anxiety.

P-251 Children's perception of trauma during floods in western part of Romania

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Aim: The team's goals were to find if there are PTSD signs in children living in psycho traumatic conditions during floods in Timis district. The intervention was focus on child's relations in his environment from the perspective of mental health. The aim was to enhance resilient processes at community level

Method: The research-action project benefit of experienced faculties members and students working in multidisciplinary teams with psychologists as school counselors and preschool teachers, teachers all as volunteers in "Save the Children" Organization. Interviews and observational methods (as audio and video taping) for local diagnosis helped in guiding actions as counseling in health issues

Results: Some of the results from the research-action project helped SAVE THE CHILDREN Romania to organise intervention in preventive approach in mental health in other regions affected by floods. A comprehensive guide for volunteers in NGO's acting in floods for children was written and translated in Hungarian to be understood for all minority ethnic population in place. PTSD symptoms were assessed better and recognised in new settings as well preventive actions have been taken in the best interest of the child

Conclusion: Some of the conclusions drive from the research-action project: 1. Early preschool educators, teachers and parents as well volunteers in NGO's acting in areas need a certain level awareness and knowledge to recognize PTSD symptoms in childhood in order to prevent it; 2. holistically approach focused on community raised the awareness in early diagnosis can be made in order to have efficient specialized intervention. It is necessary to work in partnership with local actors having responsibilities in prevention and intervention. 3. community's capacity to consider the child and the school as the most important value, enhance the processes of individual, family and community resilience; 4. cultural sensitivity and respect for traditions increase the compliance and decrease the intrusiveness of research-action processes. Volunteer

activity of professionals together with local stakeholders and leaders, students in Psychology, Social Work, Medicine, increase communication and understanding in interdisciplinary work.

P-252 Psychopathology of traumatized children at Kosovo

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Aim: We know little about the effects of war-experiences on children especially in Europe. 1997-1999 in Kosovo many children were part of martial acts. The question is how these experiences affect their mental health.

Method: 40 children, treated in centres for traumatized children at Kosovo, were investigated by a native speaker and tested by multiple instruments including IES, depression questionnaire and painting.

Results: All children in this sample had experienced loss of important persons. More than three-quarter suffered from symptoms of PTSD 4-6 years after trauma. 90% showed severe symptoms of anxiety, 87% somatic symptoms and 80% depressive mood. Boys were more disturbed than girls and older children more disturbed than younger. Boys suffered more from depression and anxiety whereas girls had more symptoms of PTSD and psychosomatic problems.

Conclusion: Results show the long-term effects of war-experience on mental health of children. Many children need psychological help years after traumatizing experience. No protective effects of gender or age were found. The importance of sufficient health care for these children is proved by this research.

P-253 The effects of cognitive-behavioral group therapy on victims of school violence as assessed by the clinician-administered PTSD scale for children and adolescents (CAPS-CA)

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Aim: The present study was carried out in order to assess the effects of Cognitive-Behavioral Group Therapy (CBGT) on victims of school violence, as assessed by the CAPS-CA. Method: The subjects were 14 children who had experienced school violence and were subsequently diagnosed with PTSD and partial PTSD using the Clinician-Administered PTSD scale for Children and Adolescents (CAPS-CA). Seven children agreed to participate in CBGT, and they received 10 sessions of therapy. After CBGT, both the CBGT and non-CBGT groups were assessed using the CAPS-CA and School Adaptation Test.

Results: The study results showed significant decreases in avoidance ($p=0.010$) and hyperarousal in the CBGT group ($p=0.009$) following the completion of CBGT. The analysis of school adaptation showed that there was a significant improvement in peer relationships after CBGT in the CBGT group ($p=0.045$).

Conclusion: CBGT is effective in improving PTSD symptoms in children who experience school violence and subsequently suffer from PTSD.

P-254 The sociodemographic characteristics and evaluation of children reported with sexual abuse in child psychiatry department of medical school of Erciyes University in 2007

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Aim: Childhood sexual abuse is an important and complex adverse life experience which leads to serious psychological and psychiatric outcomes. Although child sexual abuse has for a long time been recorded in literature of science in many parts of the world, the affinity and aware of child abuse have been increased in Turkey in recent years. The aim is determine the sociodemographic characteristics and psychiatric diagnosis of children reported with sexual abuse in child psychiatry department of medical school of Erciyes University, in Kayseri, between 01/01/2007- 12/31/2007.

Method: Records from Child Psychiatry Department is examined. We evaluated children, who had been applied for psychiatric assessment due to sexual abuse in 2007, according to their ages, sex, education, the type and frequency of abuse. Except one that is 4 years old all children assess with K-SADS for psychiatric diagnosis.

Results: Most of the children are female and their ages are 4-17. Most type of abuse is sexual exploitation involving physical interaction. Three type of sexual abuse was included incest. Most of the children have Post Traumatic Stress Disorders according to K-SADS.

Conclusion: We have to prevent or stop the sexual abuse of children because sexual abuse often remains secret and has both short-and long-term effects on children.

P-255 Emotional and behavioral problems of abused children in a sample from China

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Aim: To explore the emotional and behavioral problems of abused children in a sample from China.

Methods: Using Screen Questionnaire of Child Abuse SQCA, The Screen for Child Anxiety Related Emotional Disorders SCARED , Depression Self Rating Scale for Children DSRSC , Strength and Difficulties Questionnaire SDQ we investigated 329 elementary school students.

Results: Sixty seven students experienced abuse in the past year. The incidence of verbal abuse, economic control, isolation, neglect, slap on the face, beat and kick, knife or stick and sexual abuse were 86.6% ,53.7% ,29.9% ,32.8% ,16.4% ,10.4% ,4.5% ,0% respectively. Abused children group had significantly higher scores on the SCARED subscales of somatization/panic, general anxiety, and total scores than the control group (P<0.01). Abused children group had significantly higher scores on the DSRSC than the control group (P<0.01). Abused children group had significantly higher scores on the SDQ subscales of emotional symptoms, conduct problems, hyperactivity, total difficulties than the control group (P<0.05-P<0.01).

Conclusion: Abused children usually undergo several kinds of abuse. Abused children have more emotional and behavioral problems.

P-256 Population at risk for eating disorders in early adolescence: evolution 1997-2007

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Aim: Epidemiology of Eating Disorders (ED) in Spanish community early adolescents samples using standardized methods.

Method: A two-stage study of prevalence in a representative sample of 12 to 13 year old students in 1997 and another in 2007 in Zaragoza (Spain). Standard evaluation: screening with questionnaires (EAT at a cutoff score of 20) and semi-structured interviews (SCAN). We calculated the sociodemographic characteristics, ED prevalence with their 95% confidence intervals (CI) with Confidence Interval Analysis (C. I. A.) disk version 2.0.0 (Altman et al,2000). The study is financed by F. I. S. PI 05/2533 (Spain Health Department).

Results: In 1997 we studied 915 students ages 12 to 13,413 female and 502 male. The prevalence rates of at risk population (EAT-26 scores 20 or more) is 82/915, the 9.0% (CI 95% : 7.3% -11.0%). In 2007 we studied 691 students seventh-grade, ages 12 to 13,62/691, the 9.0% (CI 95% : 7.1% -11.3%) were classified at risk of ED (high scorers, EAT-26). The difference between these two proportions (1997-2007) is estimated as 0.0. The standard error (SE) of the difference is 0.014. The 95% confidence interval for the difference between the two population proportions is from -0.029 to 0.028. Difference was not significant.

Conclusion: The prevalence rates of at risk ED population in Spanish Preteen students is similar since the 1990s.

P-257 Suicide attempts in adolescents with bulimia nervosa

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This study represents the epidemiological research of suicide attempts in adolescents with diagnosed Bulimia nervosa (according to the ICD-10 classification) and compare clinical characteristics and personality features of those who had attempted suicide and those who had not. The study conducted in the Clinical Centre "Dragisa Misovic" in Belgrade, Department of Adolescent psychiatry and psychotherapy.

Method: The research covered adolescents from 14–24 years old who were hospitalized in our department in the period from 2002 to November 2007. A Total of 250 adolescents (150 with bulimia nervosa /purging type,65 with bulimia nervosa /non-purging type and 35 with anorexia nervosa binge/eating purging type) were assessed using a semi/structured interview, and psychological testing.

Results: Suicide attempts were frequent (25,6%) often serious and multiple. Adolescents who attempted suicide differed significantly from those who had not for higher severity of depressive symptoms and more impulsive disordered conducts.

Conclusion: Creating good psychotherapeutic relation with adolescent and interventions targeting depressive and impulsive features, associated with bulimia nervosa, are essential to reduce the risk of suicide attempts in adolescents with this disorder.

P-258 The symbolic meaning and application analysis of using rice to substitute for sand in the play therapy for a traumatic child

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Aim: To explore the symbolic meaning of rice in the play therapy for a traumatic child

Case report: The reported case was a 6 year-old girl, who witnessed the marriage violence of her parents. I had worked with her in a 24-session, psychodynamic play therapy. The therapeutic alliance was damaged by my meeting with her authoritative grandmother, the new care-giver. I provided her rice and a blue box (like a sand tray) as the new play material. She hid bad animals into rice and dug them out repeatedly in back of me initially. In the next session, she aligned good animals in front of me, and planted a fruitful tree in the corner of rice tray near me, indicating the repair of our relationship. She chose to go back to live with her father. In the following sessions, she obsessively counted rice, stored rice in the doll house (with taking all dolls out), repeatedly poured rice into different containers. I helped her to contain the therapeutic experience as the good inner object in the final sessions.

Discussion: Rice provide protection. The rice tray, as the sand tray in the sand play, provided a free, safe space for symbolic mental work and self-resilience (including the repair of therapeutic alliance). In our Chinese "eating-rice" culture, rice symbolized nurture. To store, to count, and to "measure" rice was to "measure" the not-good-enough care-giving--"Did I make a wrong choice?"

P-259 Temperamental reactivity and self-regulation in eating disorders

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Several authors have highlighted associations with temperamental reactivity as promising avenues for understanding psychopathology. In Gray's Reinforcement Sensitivity Theory (1987) this temperamental reactivity is conceptualized in terms of motivational systems of approach and avoidance. The behavioral activation system (BAS) is sensitive for signals of reward and is involved in approach behavior. The behavioral inhibition system (BIS) is sensitive for signals of punishment and is involved in avoidance behavior. Under- and overreactivity of one or both systems is often linked to proneness to psychopathology. Recent theories however emphasize the influence of self-regulative or effortful processes that enable persons to modulate their emotional reactions and as such decrease the risk associated with temperamental reactivity.

The present study investigated how temperamental reactivity (BIS and BAS) and self-regulation (attentional control) are associated with eating disorder behaviors. The sample consisted of 98 eating disordered outpatients. Bingeing and vomiting were related to a higher BAS reactivity. Consequently, BN patients were found to be more sensitive to reward (higher BAS) than AN patients. Dieting was related to a higher BIS reactivity. The severity of eating disorder symptoms was associated with elevated levels of BIS reactivity. The level of attentional control did not predict symptom severity.

P-260 Fluoxetine induced encopresis in a 9 year old child with autistic spectrum disorder

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Introduction: Despite the dramatic rise in the use of selective serotonin reuptake inhibitors (SSRIs) in children and adolescents with pervasive developmental disorders (PDD) in recent years (Aman MG et al 2005), majority of the studies on SSRIs in this population demonstrated lower tolerability comparing to children without PDD (Posey DJ 2006). Among the adverse reactions with SSRI use, gastrointestinal adverse effects (GE) are common and usually reported to be mild and self limited. Children with PDD are shown to experience higher rates of gastrointestinal symptoms including stool inconsistencies than general childhood population (Levy Se et al 2007) and, although not previously shown, they may be more vulnerable to severe GE of SSRIs. We present a case of a 9 year old girl with pervasive developmental disorder not otherwise specified (PDD-NOS) who developed encopresis on fluoxetine treatment which led to discontinuation of the agent.

Case Report: B. E., a 9 years old girl, was first admitted to our clinic with the parental complaints of lack of sociability, poor peer relations and unwillingness of sharing enjoyment and interests with her parents. She was reported to be sitting alone in the class breaks at school and not intending to play with her classmates. At home, she usually does not start a conversation with her mother or younger brother. Her developmental history revealed a moderate delay in her expressive language. She said her first word when she was 30 months and began to form sentences at the age of 42 months. She had her complete toilet training at the age of 4 and was not reported to have any toileting problems since then. Since her early childhood, she did not have too much interest in imaginative, pretend-play games and playing with toys. She sometimes enjoys rough playing, running and laughing with her brother. According to her mother, she never had repetitive movements, ritualistic behaviors or unusual interests.

A diagnosis of PDD-NOS in the 1st axis and borderline IQ in the 2nd axis was made according to DSM IV criteria (DSM IV 1994). Her score in the clinician rated CARS (Childhood Autism Rating Scale) was 33 (Scores between 30-38 refers to "mild to moderate autistic") which also supported the diagnosis (Schopler et al 1980). B. E. started to have special education sessions twice a week and continued her former school

At the 3 months in follow up, her mother reported that B. E. had a gradual decline in her academic performance over the last 2 months. She did not want to study with her mother as usual and she was even more passive at school. She repeatedly said " I am a fool; I can't get a good grade " to her mother. She spent most of her time in her room and rarely responded to her brother when he wanted to play with her. A diagnosis of major depression with anxiety symptoms was made and liquid fluoxetine in the dose of 5 mg/day was started. In order to prevent a false dosing, B. E. 's mother was carefully instructed how to administer the drug in the ordered dosage.

On the 6th day of the treatment, her mother came to our clinic and reported that B. E. was having daily and nocturnal encopresis episodes since the beginning of the treatment. It started on the very first day and seemed to persist through these 6 days. The episodes were first identified by the family after noticing the streaks in B. E. 's underwear. She did not have fever, stomach ache, diarrhea or constipation. With the suspect of an adverse effect, fluoxetine was stopped and B. E. was consulted to pediatrics clinic. Several medical tests were performed and resulted in the normal range without pathologic findings. B. E was not reported to have a medical condition to explain the encopresis episodes. Two days after the discontinuation of fluoxetine, B. E. 's mother reported that encopresis also ceased and B. E. did not have any encopresis episodes during the 30 days of follow up in which another SSRI was not initiated.

Discussion: Gastrointestinal symptoms and abnormalities in stool consistency are frequently reported by parents of children with PDD. Thus, for the children with PDD, gastrointestinal adverse effects (GE) of SSRIs may require special attention. In this case, the development of encopresis with fluoxetine may reflect the vulnerability of children with PDD especially to severe GE effects of SSRIs.

Number of studies found increased platelet (Anderson GM 2002) and whole blood serotonin levels in autistic individuals (Leboyer M 1999, Cook EH and Leventhal B1996). There may be a relation between the well known increased whole blood and/or platelet serotonin levels and serotonin levels in GI cells. Janusonis S (2005) suggested that one or more unidentified factors that interferes with brain development in autism may also participate in the regulation of 5-HT release from enterochromaffin cells and possibly result with hyperserotonemia. The formerly high or dysregulated levels of serotonin in a patient with PDD may be overincreased with the use of an SSRI through the blockage of reuptake. Thus, the directly or indirectly overincreased levels of serotonin in GI cells and its diffusion into GI tract may result with altered functioning in GIS and possibly encopresis.

Gastrointestinal symptoms must be carefully examined when using SSRIs in children with PDD. Whether the adverse effect of encopresis is unique for fluoxetine or for all SSRIs is not known as the mechanism of this reaction. Further research is needed the clarify the issue.

P-261 Eating behavior in young people and their parents: gender differences

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There are hereditary and environmental family factors among the main reasons of eating disorders (ED). Eating behavior in russian families have not been studied. We have used the Eating Attitude Test by D. M. Garner et al.,1982 (5-point scale for research purposes and 3-point scale for diagnostic). The examination includes about 600 families of Moscow population with children 13-24 years (the mean age of parents was 45-47, offspring - 18-19 years). Respondents pointed their weight, height, and educational level. Statistical analysis included Basic statistics, correlation and regression, ANOVA. The analysis of diagnostic scores demonstrates comparatively high percent of ED risk in female groups (9.9% mothers and 8.6% daughters exceeded the critical value above 20). The BMI of girls demonstrates the tendency toward slim figure (21% of girls have BMI<18.5). ANOVA demonstrates significant effects of gender in parents [$F=125.2, p=.000$] and offsprings [$F=92.9, p=.000$]: female have higher scores. The results of regression analysis of 5-point scores indicate that there are significant similarity between the parents and children EAT-26 scores. The coefficients of regression are dependent of gender of relatives. The daughter's regression to mothers is equal to 0,44 ($N=328, p<0.0000$), whereas the son's regression to mothers is equal to 0.18 ($N=152, p=0.02$). The son-father regression is equal to 0.39 ($N=116, p<0.0000$), whereas the daughter-father regression is only 0.14 ($N=191, p=0.06$). Correlation between spouses is also significant ($N=250, R=0.33, p<0.0000$). It shows probably the family eating attitudes and traditions and may be hereditary influences. The last assumption requests the twin method design.

P-262 The role of PTSD in the eating disorders

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Aim: Despite several hundred published reports on the link between various aspects of trauma, especially childhood sexual abuse, and the eating disorders, very little research has been done on post-traumatic stress disorder (PTSD) and eating disorders.

Method: The available evidence on the role of PTSD in the development of eating disorders, especially bulimic disorders, will be reviewed. Studies will be compared in terms of populations studied, sample sizes, assessment methods, and results obtained.

Results: The published results on the prevalence of PTSD in eating disorders is surprisingly sparse, yet available findings are varied and seemingly confusing and contradictory. The author offers plausible explanations based on varying methodologies to explain why there have been such discrepancies.

Conclusion: The best studies using representative samples and in-depth structured interviews indicate that PTSD developing as a result of childhood abuse may be common among patients with bulimia nervosa (BN). In addition, a lifetime history of PTSD should be considered as an important risk factor in the subsequent development of BN,

especially when complicated by psychiatric comorbidity. Treatment implications will be discussed.

P-263 Feeding problems, eating disorders and comorbidity in an infant psychiatric population

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Aim: To describe feeding and eating disturbances in an infant psychiatric population of 0-3 year old children.

Method: Records on children 0-3 years of age referred to a community based infant psychiatric department in a 10 year period (01.07 1997- 01.07.2007) were reviewed and data on child health, family background and ICD 10, DSM IV and DC 0-3/ DC 0-3R diagnoses were analysed regarding incidence, onset and associates of feeding and eating disorders.

Results: The incidence of referred children with feeding and eating disorders was increasing in the 10 year period 1997-2006.

Of 49 children diagnosed with an eating disorder according to ICD 10, DSM IV, DC 0-3, DC 0-3 R. Ratio: girls/ boys 4: 1. Comorbid child disorders diagnoses were found in 88% , most common were neuro-developmental disorders inclusive ADHD, emotional disorders and attachment disorders. (girls). Relationship disturbances were found in 84% and maternal mental problems in 78% . Significant failure to thrive was found in 70% .

The majority of children (80%) had onset of feeding and eating disturbances in the first three months of living

Conclusion: The early onset, in the first months of living and the close association to relationship disorders in the majority of cases indicate early risk mechanisms in feeding and emotional relations.

The overrepresentation of girls is remarkable.

P-264 Substance use among high school students in Mersin, Turkey

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Aim: Evaluation of cigarette, alcohol and drug usage among high school students in Mersin is aimed in this study.

Method: Study was designed as school based sectional survey. The survey consisting 64 questions was applied to 296 high school students. No names or other identification parameters were given.

Results: The mean age was 15.23 years and 176 (59.46%) of them were female. Twenty-four (8.10%) students confessed using cigarette while they reported 40 smokers among their classmates. Mean age of beginning to smoke was 13.5 years. The presence of smokers within their families were 16 (80.00%) among 20 smoker cases while this ratio was 60.87% for non-smoker cases. Seventy-two (24.32%) cases reported lifetime alcohol usage and mean age of beginning to drink was 11.9 years. Presence of alcohol users within family in 20 (27.77%) of 72 alcohol users while this ratio was 7.14% for non-users.4 (1.35%) case reported lifetime drug usage and they reported 8 drug users among classmates.

Conclusion: Percentage of alcohol users in our series is approximately same with another study which designed in Mersin. But our ratios are relatively low from other series

of different countries. This can be explained by tendency to conceal among high school students. We think that real prevalence must be higher. Smokers and drinkers within family were detected to be the primary risk factors of cigarette and alcohol usage in high school. Results confirm that strategies against substance usage behavior need to be directed not only to the child but also to the child's home and school environment.

P-265 Adolescent substance use: psychosocial risk and protective factors

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The study examined tobacco, alcohol and drug use along with socio-demographic characteristics and life style variables. The sample was self-reports of 1382 adolescents aged 11-17 years. The contribution of psychosocial factors was explored via the structural equation modeling; on the whole they accounted for 35% of variance in alcohol use and for 20% of variance in tobacco and drug use. The best predictor of adolescent substance use was their friends' substance use. Family and socio-demographic variables significantly contributed to the prediction, although to a lesser extent. The prevention should be aimed at identified risk factors and adolescents at risk.

P-266 Gender differences in comorbid psychopathology and family conflict in urban, ethnic minority youth with substance use disorders

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Substance use is extremely prevalent among youth in the US and EU. Gender differences have been reported in risk factors for substance use in predominantly Caucasian, community-based samples, with girls exhibiting more emotional and family problems and boys exhibiting more behavioral problems. However, risk factors may differ in inner-city, ethnic minority, drug clinic-referred youth. To evaluate gender differences in predictors of substance abuse in this population, 190 Hispanic American (60%) and African American (40%) adolescents (163 boys; mean age 15.6 years) presenting at a clinic setting for substance abuse treatment and their parent/guardian completed measures of marijuana use, depression, behavior problems, and family conflict. Results indicate clinic-referred girls and boys engage in similar levels of marijuana use ($t(188) = .54, p > .05$). Girls were significantly more likely to meet criteria for conduct disorder ($t(183) = -2.98, p < .05$) and depression ($t(187) = -1.99, p < .05$) than boys. Parents reported significantly more conflict with daughters than sons ($t(186) = -2.02, p < .05$). Results of regression analyses indicate family conflict was positively associated with concurrent marijuana use ($\beta = .198, p < .05$). There was a trend for conduct problems to be associated with marijuana use ($\beta = .125, p = .088$). Tests of moderation by gender were not significant. Urban, ethnic minority girls with substance use problems exhibit greater psychiatric comorbidity and less optimal family functioning than boys. Marijuana use may represent a maladaptive attempt to

cope with comorbid psychopathology and family stress. It is imperative that substance abuse treatment in the US and EU address psychiatric and family difficulties, particularly in girls.

P-267 The relationship of self-concept and smoking behavior in adolescents

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Aim: The main purpose of the study was to explore the effect of subscale analysis of self-concept as a rare investigated concept in the area of cigarette smoking of adolescents (ranging from 8th to 11th grades). We also aimed that to reveal the factors affecting smoking behavior and to identify a possible correlation between smoking behavior and self-concept.

Method: Multi-step, stratified, cluster sampling were used to determine study group. A stratified sample of 3352 adolescents was randomly selected and data was obtained a pair of structured questionnaires was designed to evaluate the presence of smoking and the level of self-esteem in adolescents. The Piers-Harris Self-Concept Scale (PHSC) was used to assess adolescents' self-concept. Subscale analysis has been made in the six basic area of self-concept and required statistical analysis has been made.

Results: We showed that 16.1% of adolescents are current smokers with a male predominance. The subscales except to physical appearance and attributes subscales were significantly lower in current smokers compared to non smokers. In addition, there are positive correlations between current smokers and anxiety ($r=.167, p<.01$), popularity ($r=.117, p<.01$) according to linear trend analysis.

Conclusion: These results suggest that strategies that influence smoking behavior need to be directed not only to the individual child but also to influences within the child's home and school environment. In conclusion, knowing basic determinates of self esteem in smoker adolescents is essential to improvement of coping strategies both of the country and worldwide.

P-268 Alcohol use and psychological status among school students

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Aim: To gain understanding of the alcohol use patterns and psychological status of adolescents, we investigated the prevalence and trends of drinking behavior by age and gender in South Korea.

Method: Subjects were 4,148 students aged 10 to 17 and the grades were 5 to 12th which included students of elementary ($n=1,134$), middle ($n=1,515$) and high school ($n=1,499$). Of all students, we selected two classes in each grade among the whole schools in Uijongbu city, South Korea. Students completed self-administered questionnaire focusing alcohol use, internet use, attention, delinquency and mood status, and demographic variables. Drinking behavior was defined as follows: life time use (have ever tried), one year use (past 1 year), current use (past one month), current heavy drinking (number of times experienced drunken state past

one month). We divided subjects into 4 groups; elementary, middle school, academic and vocational high school.

Results: 1) With increasing age, students showed higher rates of drinking behaviors. Lifetime use, one year use, current use and current heavy drinking patterns showed significant differences among student groups. Male students showed significantly higher rates in lifetime use and current heavy drinking than females. 2) Students with current alcohol use showed higher rates of parental divorce, single parent, low family income and current smoking. Risk taking behaviors were more frequent among students with current use or heavy drinkers. Drinking behaviors were related with delinquent behaviors in female students. 3) Students responded 'yes' in each alcohol use questionnaires showed significantly higher scores in depression, anxiety, attention, and internet use.

Conclusion: According to this study, alcohol use among school students are prevalent and significantly related with psycho-behavioral problems

P-269 Assessing the prevalence of alexithymia and the risk of alcohol addiction among students of medicine

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Alcoholic patients had more difficulties with communicating emotions (alexithymia). High prevalence of alexithymia in male patients with alcohol dependence was noted. Alexithymia appears to attenuate substance abuse treatment engagement. **Aim:** The aim of the study was to assess the prevalence of alexithymia and the risk of alcohol addiction among students of medicine. **Methods:** Both prevalence and intensity of alexithymia were assessed with 20- point Toronto Alexithymia Scale (TAS). Risk of alcohol was assessed with CAGE test. **Group:** The study group consisted of 215 medical students, 150 women and 65 men. **Results:** Positive result of CAGE test was noted among 17,2% of respondents. Higher risk of alcohol addiction was among men than women. Alexithymia was diagnosed in 16,7%, whereas its subclinic type among 39,5% of students. **Conclusions:** Intensification of alexithymia did not correlate with increase risk of alcohol addiction.

P-270 Are there temporal variations in youth suicides?

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Niederkrotenthaler,

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Reports on temporal variations in suicides in childhood and adolescence are rare. Moreover, there are controversial reports on the association between the lunar phase and suicide in adults, whereas there are no reports on this topic available for youths. We investigated youth suicides aged 19 and under occurring in Austria from 1970-2005 ($n=2594$) in terms of monthly distribution as well as with regard to possible relationship between suicide and lunar phase. No statistically significant monthly patterns were identified for

youth suicides in total as well as with regard to gender in our study. Furthermore, there was no association between the lunar phase and suicide in children and adolescents up to 19 years. The findings are discussed in the context of related reports in the literature.

P-271 The comparison predictors of deliberate self-harm (DSH) in selected populations of adolescent

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Aim: Comparison occurrence of intentional DSH among the pupils and in the population adolescent patients hospitalized because of the different psychological disorders.

Evaluation correlation of selected psychosocial factors and DSH in examined groups.

Method: Two populations of the adolescent were examined in 2006 and 2007 of the large region in Poland: 1445 pupils of randomly selected High School in Lodz, and group 326 adolescent patients hospitalized in the Department of Adolescent Psychiatry UM in Lodz.

The pupils were examined by means of specially developed questionnaire (relating DSH and chosen psychosocial factors), but hospitalized adolescent were estimated under the same variates during of psychiatric examination then the results were introduced to specially constructed base of data.

Results: DSH were admitted by 43% psychiatric patients and 16% pupils, of which over 2/3 were girls in both groups. Most of examined adolescent admitted having cut their skin with sharp objects and it was done under influence of impulse. Most of them abused alcohol and played truancy which may correspond with more prevalent pathologies in their families. It was proved that DSH in patients correlated with psychotic disorders, in the next order with adaptive disorders and with the behaviour and emotion disorders.

Conclusion: Adolescent psychiatric patients made three times more often DSH than pupils. Suicidal thoughts were confirmed equally often among pupils and among the patients. The obtained data will allow to develop adequate methods of treatment and/or preventive measures against autodestructive behaviours.

P-272 Young people attempting suicide – gender differences in behavior and personality traits

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This study used the database of the Swedish-Ukrainian research project on genetics of suicidal behavior (GISS). 155 young people (17-18 years, 68 males and 87 females) admitted to medical wards after suicide attempt were compared with 69 healthy volunteers of the same age (33 males and 36 females). All respondents have answered 240 questions of the NEO-PIR questionnaire based on "big 5" concept validated for Russian/Ukrainian population. Invalid individual results were eliminated after validity check. STATISTICA software was used for statistics. It

was found that girls had slightly higher attempts severity and previous suicide attempt among them were registered twice higher than among boys (24% vs 12%). 75-77% of respondents of both genders have reported about trigger event. Methods used by boys in 17 years group include overdose (61%), cutting (27%) and jumping (12%), while in 18 years group cutting accounts for 61%, then goes hanging (14%) and overdose (14%). In girls overdose is prevailing (81%) in both age groups. Personality measurement in boys revealed significant differences between suicide attempters and healthy volunteers (high neuroticism, low extraversion and openness, tendency to lower conscientiousness). In girls personality distinctions were actually the same, though more strongly marked and statistically more significant. Main differences between men and women were found in stress-vulnerability and depression (slightly higher in males) and activity (lower in males) while females had lower conscientiousness scores.

P-273 Coping with stress in children and adolescents with suicide attempt

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Aim: Coping with stress was examined in adolescent suicide attempters. Depression, anxiety, perceived social support and loneliness levels were also assessed.

Method: Fifty adolescents (age 12-22 years) admitted to the Departments of Child Psychiatry, Psychiatry and Emergency Care after suicide attempt were included. Coping with Stress Scale, Beck Depression Inventory, Children's Depression Inventory, STAI, Multidimensional Scale of Perceived Social Support, UCLA Loneliness Scale (UCLA-LS), and a semi-structured interview were administered.

Results: Use of coping mechanisms increased with age and level of education; boys used coping mechanisms more intensively; in girls depression, state anxiety, trait anxiety and perceived loneliness levels were higher; perceived social support was lower if a family member had a psychological or physical disorder; coping mechanisms were less used by those who had not informed others after their suicide attempt and those who mentioned that they really wanted to die, the latter also had higher depression levels; depression levels were higher in repeated suicide attempt (n: 23) and in adolescents who often have trouble with family, school and police; state anxiety was higher in those who had not taken action after their suicide attempt; depression and anxiety levels were higher in adolescents who had mentioned their suicide plans before the attempt, in preplanned suicide attempts and in adolescents with an additional psychiatric disorder (all p<0.05).

Conclusion: Coping mechanisms were not adequately used by adolescent suicide attempters. Preventive programs should include training on coping with stress. Not only depression but also anxiety need to be monitored closely in suicidal adolescents.

P-274 Suicidal idea and related factors in Japanese junior high school students

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Aim: A quite number of junior high school students seem to have suicidal ideas in Japan. In clinical samples, some risk factors are indicated, such as depression, low self-esteem, poor social support and difficult social adjustment. This study concerns about if the same risk factors are found in general sample.

Method: Four hundred seventy-seven students answered the original questionnaires after 45-minute lecture about suicide. The questionnaires contain the questions about suicidal ideas, support from family and social functions. The aim of the lecture was to give information about cognitive narrowing in stressful circumstances and support professionals.

Results: Seventy-five students (16.1%) have had suicidal ideas at least several times in life. Comparing to the non-suicidal students, significantly more students in suicidal group experienced absenteeism ($n=25$, $p<0.01$), watched internet sites of suicide or deliberate self-harm ($n=14$, $p<0.01$), and thought that they had insufficient support from family, friends and teachers. Two-thirds of suicidal students understood cognitive narrowing but significantly less students assessed that support professional would be helpful. ($n=34$, $p<0.01$)

Conclusion: Suicidal students might have a lot of difficulties in social life and get insufficient support. As they negatively assess support professionals, the role of school mental health would be important for early intervention.

P-275 Investigation of psychological problems in preschool children: a community-based research project

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Aim: The investigation of psychological, psychiatric and developmental problems of preschool children in a community sample in Eastern Attica, Greece.

Method: The study included 360 children (181 boys and 179 girls) derived from 20 nursery schools. Parents completed the Achenbach's questionnaire "Child Behavior Checklist" (CBCL - form for preschool children) and the "Parent's Questionnaire" which includes data about perinatal problems, developmental history, child's characteristics, family status, and other information relevant to child and the family. Nursery school teachers completed the Achenbach's questionnaire "Caregiver-Teacher Report Form" (C-TRF - form for preschool children).

Results: A significant number of children had problems in language development (17.2%) and adjustment problems in nursery school (20%).

Parents reported that 6.7% of their children manifest "somatic complains", 5.8% "anxiety/depression", 4.4% "aggressive behavior" and 3.3% "withdrawal", above cut-off

points. Nursery school teachers reported significantly lower percentages than parents in all items except "withdrawal", for which they reported significantly higher percentage (4.2%). Boys had significantly higher scores than girls in the items: "attention problems", "aggressive behavior" and "externalizing".

Conclusions: A significant number of preschool children manifest psychological problems. However, the majority of parents seek appropriate help in mental health services, only in later ages. The main reason is the common prejudice that the children will overcome such problems as they grow up. Appropriate psychoeducation for parents and nursery school teachers is important for the early intervention and prevention.

P-276 Prevalence of emotional and conduct problems in Uruguayan children

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Aim: The aim of this study is to obtain the prevalence of emotional and conduct problems in Uruguayan children from 6 to 11 years old.

Method: The 2001 version of the CBCL is used, translated and validated for Uruguay. Its application is done in 1374 children from 6 to 11 years old, national representative sample of schoolchildren (97%). The national representative sample is formed by 1374 children (48.7% boys y 51.3% girls), that come from a low (44%), average (42.9%) and high (12.8%) socio-economic context.

Results: The cut points used by the authors to define the pathology, risk and health zones (48,39) in the normative Uruguayan sample correspond to the percentiles 83 and 73, in contrast to the USA sample in which they correspond to 90,84.

Population Total Mean score: 34,11. Total Problems' Prevalence: 22,2% . Prevalence of Internalized problems by age group: 22,3% 6-8 years old and 30,4% 9-11 years old. Prevalence of Externalized problems by age group: 17,8% 6-8 years old and 20,2% 9-11 years old. Also, the prevalence of the DSM oriented syndromes are obtained, in general population.

When the variable "academic difficulties" is taken into account, the prevalence of Total Problems rises to 37,7% .

Conclusion: In Uruguay, a small country in the Southern Cone of America, there are no previous epidemiologic studies on Child Mental Health. The relation between mother's education, socioeconomic characteristics and emotional and behavioral problems' prevalence is shown, as well as the association of these variables with academic difficulties.

P-277 ADHD and disruptive behavior symptoms before and after adenotonsillectomy

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Aim: Attention Deficit Hyperactivity Disorder (ADHD) is an aetiologically heterogeneous disorder (1). Generally adenotonsillary pathologies increase snoring. Children with sleep disorders and snoring show ADHD symptoms

more than children without these symptoms (2). The object of this study to investigate the ADHD symptoms before and after adenotonsillectomy using a standardized assessment Children Disruptive Behavior Screening and Rating Scale (CDBSRS) reliant to DSM IV.

Method: Thirty children, aged between 4 to 14 years admitted to otolaryngology clinic for treatment of sleep-disordered breathing or recurrent tonsillitis who underwent adenotonsillectomy included the study by permission of their parents. Parents completed a child disruptive behavior checklist that consists of 4 sub-scales, inattention, hyperactivity, oppositional-defiant disorders, conduct disorders before and after three months of surgery.

Results: CDBSRS subscales's scores that included attention deficiency, hyperactivity, conduct and oppositional disorders significantly decreased according to paired T test after adenotonsillectomy.

Conclusion: In the literature, studies which are about the effect of adenotonsillectomy on ADHD symptoms show the improvement in the test scores such as this study (3). Children with inattention, hyperactivity, oppositional-defiant disorders, conduct disorders symptoms must assessed by clinicians about respiration problems.

P-278 Basic reasons for school refusal behaviour by school children and their parents

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School refusal behaviour is a pernicious problem that disrupts the lives of many children and families and can lead to damaging short- and long-term consequences. According to the functional model, school refusal behavior is generally maintained by one or more of the following conditions: 1. To avoid school-based stimuli, that provoke the general sense of negative affectivity (anxiety and depression); 2. To escape aversive school-based social and/or evaluative situations; 3. To pursue attention from significant others; 4. To pursue tangible reinforces outside of school. Toward understanding the functional profile of a particular child with school refusal behavior was examined ratings from child and parent versions of the School Refusal Assessment Scale (revised edition; SARS-R). The SARS-R is designed to measure the relative strength of the four functional conditions listed above and is typically given to the child (if appropriate) and to both parents. The study group consisted of 25 adolescents with school refusal behavior (17 boys, 8 girls). The mean age in the group was 15 (SD=1,4), ranging between 12 and 18. Substantial disagreement was occurred between children and parent in identifying the function of school refusal behaviors.

P-279 Comparison of universal and indicated prevention of externalising behaviour

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Aim: The present study compares the efficacy of the indicated Prevention Program for Externalizing Problem Behaviour (PEP) and the parent training of Triple P (Positive Parenting Program). PEP is a group training

for parents and kindergarten teachers of 3 to 6 year old children with externalizing behavioural problems. Triple P is a universal prevention program.

Method: The two interventions PEP and Triple P were evaluated in two separate randomized control group studies. For the PEP study 91 families took part in the program, 64 families served as a non-treated control group. In the second study 48 families were randomly assigned to the Triple P training and were compared to a non-treated control group of 45 parents. In both studies parents rated children's problem behaviour and their parenting practices before and after the training.

Results: Per protocol analyses showed significant improvements in parenting practice and a significant reduction in child behaviour problems for both, the universal and indicated prevention program. There were no significant differences found between PEP and Triple P.

P-280 Comorbidity differences between disruptive behaviour disorders, mood and anxiety disorders in children and adolescents

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Aim: To assess and describe the similarities and differences in comorbidity profiles associated with psychiatric disorders in children and adolescents and to provide effective treatment strategies for these patients.

Method: The large clinical sample consisted of children and adolescents (ages 2 - 18 years) with Attention Deficit Hyperactivity Disorder (n=2902), Oppositional Defiant Disorder (n= 1717), Generalized Anxiety Disorder (n=518), Conduct Disorder (n=245), Major Depression (n= 295) and Dysthymic Disorder (n=240). Each patient was assessed and diagnosed by experienced child and adolescent psychiatrists using structured clinical interviews. The Offord/Boyle and DuPaul ADHD Rating Scales were completed by patients, parents and teachers/schools to support DSM IV diagnoses made by the psychiatrists.

Results: Comorbidities were common across each group of disorders. Most patients suffered from one or more comorbid disorder ranging from 84.01% for GAD, 92.3% for CD. In the CD sample, 96.5% of males and 87.8% of females had ODD, while 94.1% of males and 82.2% of females with CD had ADHD. Some clustering of psychiatric disorders were observed. For example, ADHD, ODD, CD and Substance Abuse Disorders were closely clustered. GAD was more common in MD and DD than the Disruptive Behaviour Disorders. GAD was present in 28.33% of children with DD and 4.5% of children with ADHD. Mood and Anxiety Disorders increased with age. The frequency of Mood Disorder for ages 13-19 years was 54% in males and 72% in females (p<0.025).

Conclusion: Clinicians should carefully consider utilizing structured interviews and general psychopathology rating scales to reliably diagnose the comorbid disorders as treatment options will differ according to the comorbidity profile.

P-281 Impact of interparental violence on internalizing and externalizing disorders in adolescents

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Aim: Children exposed to interparental violence are at risk for negative developmental outcomes. Psychiatric models (parental psychopathology) and social models (social stressors) explain pathways between interparental violence and adverse outcomes in childhood. The aim of our study was to analyze the association between witnessing interparental violence and psychosocial maladjustment in adolescents after adjusting for familial and social factors. **Method:** Data: Social and Health Survey of Children and Adolescents in Quebec Province, 1999 (Institut de la Statistique du Québec, Canada). Subjects: 1186 adolescents 13 years of age and 1160 adolescents 16 years of age, and their parents. **Outcomes:** Psychosocial maladjustment i. e. internalizing disorders (suicide attempt or/and psychological distress), externalizing disorders (conduct disorders and/or oppositional attitudes), substance abuse or alcohol consumption. **Independent variables:** witnessing interparental violence (none/verbal/verbal and physical). **Covariates:** family variables (psychological distress, drug use, alcohol consumption), socioeconomic background, and social environment. **Statistics:** logistic regression analysis. **Results:** The adolescents exposed to interparental violence compared with those not exposed had a higher risk of internalizing disorders and externalizing disorders. Greater violence exposure was associated with higher rates of disorders. The risk of interparental violence, which was higher in minority ethnic groups, was associated with parental psychological distress and was higher in disadvantaged neighborhood. After adjusting for these variables and socioeconomic factors, witnessing interparental violence increases the risk of internalizing disorders 2- to 5-fold and the risk of externalizing disorders 1.5- to 4.6-fold in adolescents. **Conclusion:** Domestic violence screening is a part of anticipatory guidance during the medical child visit in order to prevent later psychosocial maladjustment in adolescents.

P-282 Trait reactivity and effortful control as predictors of antisocial behavior and substance use in adolescence

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The present study investigated profiles of temperamental reactivity (positive affectivity (PA), negative affectivity (NA)) and self-regulation (effortful control (EC)) associated with two common adjustment problems in adolescence: hazardous substance use and antisocial behavior. The sample consisted of 252 9th through 12th graders, recruited from Belgian schools. Aggressive antisocial behavior was found to be associated with two distinct PA/NA profiles (i. e., highPA/highNA and lowPA/lowNA), which is consistent with earlier work (Loney et al., 2006). However, in our study the relation between temperamental reactivity

and aggressive behavior was moderated by EC: the two extreme reactivity profiles were associated with elevated levels of aggressive antisocial behavior only in youth with low levels of EC. Alcohol use and problems related to the use of substances were also significantly associated with temperament: all three aspects of temperament (PA, NA and EC) independently contributed to their prediction.

P-283 The prevalence of the infection diseases in the substance user adolescents in an inpatient unit

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Aim: The aim of this study was to evaluate substance using adolescents and determine the seroprevalence of hepatitis A, B, C virus and HIV among them.

Method: Total 117 (all male) patients that were hospitalized between October 2003 and October 2005 at Ege University Child and Adolescent Addiction Center Inpatient Unit had been evaluated retrospectively using the data-base and the medical records of the study center. The patients' serologic markers of hepatitis A, B, C and HIV at the time of hospitalization and the substances which the subjects had used, the first use age, the duration of usage were determined. Also the patients' familial and academical properties, risk taking behaviors, DSM-IV diagnoses were evaluated.

Results: The mean age of the subjects was 16,3 (SD: 1,4) and the first substance use age was 13,7 (SD: 2,6). The substance which was used firstly, was found to be marihuana (39,3%) and the most frequent used substance was also marihuana (70,9%). Inhalants (58,1%), alcohol (41,1%), extasy (44,4%), benzodiazepines (33,3%), cocaine (1,7%), and the others (0,9%) followed marihuana. All the subjects were using cigarette. 1,7% of the subjects were found to be HBs Ag (+), 12% of the patients were anti HBs (+). Anti HCV IgG (+) subject ratio was 0,9% , no HIV (+) patient was detected. Anti HAV Ig M was found to be (+) in 0,9% of the subjects and total anti HAV (+) subject ratio was 48,7% .

Conclusion: The results of this study suggest that substance use is a risk factor for infectious diseases, which is concomitant with the literature. We also found that among adolescents marihuana is the most used substance.

P-284 Parenting and maternal characteristics and the offspring's later substance abuse and physical activity

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Aim: To study the influence of parenting on the alcohol consumption, smoking, drug experiments and physical activity of the offspring in adulthood. The affect of the current life situation on health behaviour was also studied.

Method: In Northern Finland in 1971-1972 3-5 days after delivery 491 mothers answered a questionnaire including questions about the mother's attitude to child rearing and her personality characteristics. In 2000 337

(145 men, 192 women) of the 28 to 29 years old offspring answered a postal questionnaire including questions about their experienced parenting, current social and economical status, psychological well-being, substance use and physical activity. Non-parametric tests, Pearson chi-square test, multiple linear regression and principal component analysis were used.

Results: The smokers had experienced their mothers and fathers to have been stricter than the non-smokers. The physically active women reported their mothers to have been more caring/motivating than the less active women. In current life situation depression measured by HSCL-25 came up as a factor exposing to alcohol drinking, smoking and drug experiments. Mother's child rearing intentions and mother's characteristics didn't associate with later substance abuse and physical activity of the offspring in this sample.

Conclusion: In addition to current life situation the offspring's way of experiencing their parents influences their health behaviour in adulthood.

P-285 Machiavellianism and related behavioral problems in Chinese boys with attention deficit hyperactivity disorder

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Aim: To examine the Machiavellian beliefs in boys with attention deficit hyperactivity disorder (ADHD) and related behavioral problems

Method: A sample of 70 Chinese boys aged 8-12 years with ADHD (17 cases have comorbid oppositional defiant disorder, ADHD+ODD) and normal controls were evaluated with Kiddie-Mach scales and Child Behavior Checklist (CBCL)

Results: There were significant differences between patients and controls. Boys with ADHD showed significantly higher Machiavellian beliefs than controls. However, boys with ADHD+ODD did not differ from boys with ADHD alone in Machiavellian beliefs. Withdrawal subscales, social subscales, attention subscales, internalizing behavior subscales and total problems of CBCL were positively correlated with Mach ($p < 0.05-0.01$); social relations, school performance and total competence were negatively correlated with Mach ($P < 0.05-0.01$).

Conclusion: boys with ADHD have more Machiavellian beliefs about others. No difference emerges between boys with ADHD+ODD and with ADHD alone in Machiavellian beliefs. There are moderate correlations between Machiavellianism and behavioral problems and social impairment, especially internalizing behavioral problems and interpersonal communication embarrassment.

P-286 Evaluation of Equasym XLTM across the day under routine conditions. A comprehensive assessment of physicians, parents, teachers, and children

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Attention Deficit/Hyperactivity Disorder (ADHD), one of the most common behavioural disorders of childhood affects different aspects of a child's life and impacts also family and school. Methylphenidate (MPH) is considered the drug of choice for the symptomatic treatment of ADHD; second-generation, once-daily, extended-release (ER) - MPH formulations are proofed in clinical studies to be as effective as multiple doses of immediate-release (IR) - MPH. To achieve a comprehensive evaluation of MPH application throughout the day you have to bring together the information of teachers, parents and the affected children. As a result of cooperation problems such a comprehensive information is often lacking in daily practice. Therefore an open study was designed to evaluate the efficacy and tolerability of Equasym XLTM (Methylphenidate) across the day implementing the assessment of all affected group-members under routine care conditions.

Based on diagnosis according ICD 10 and DSM IV criteria 851 schoolchildren with ADHD between 6 and 17 years were included by 169 ADHD specialists, indicated to receive the extended release methylphenidate Equasym XLTM. During an observation period of 3 months maximum physicians, parents, children, and teachers had to complete questionnaires on baseline, 1-3 weeks, and 6-12 weeks after the first application of the drug providing data on efficacy, tolerability and quality of life. Physicians rated efficacy by using Clinical Global Impression Scale (ADHD-CGI). Children were assessed by parents and teachers using a symptom checklist on ADHD according to ICD-10 / DSM-IV criteria (FBB-ADHS) and a rating scale on the daily symptom profile (-ADHS-TAP). Additionally parents and children, who were able to read, rated quality of life and satisfaction with therapy by using different versions of KINDL® 6-17 years and a newly designed satisfaction questionnaire (ZUMED). Results of this large study-group will be presented.

P-287 Causal attributions for school success and failure: differences between Attention Deficit Hyperactivity Disorder (ADHD) and non ADHD subjects

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Introduction: To date little research has been done in the development of causal attributions with respect to the use of strategies. Most of the work in the area focused on attributions to ability versus effort. Even in pioneering studies on simultaneous use of attributional retraining and strategy training, subjects were only instructed to attribute success to effort.

Getting students to attribute their success (resulting from using the learned strategy) to use of effective strategy may be more convincing in these cases. Of course such an approach would necessarily require extending our current knowledge on the development of attributions of strategy use.

Studies have shown that younger children sometimes do not distinguish different causes such as ability and effort until seven or eight years of age. It is critical to find out when strategy attributions would become prominent in students' motivational orientations.

Given the recent focus on the interface of motivation, cognition and learning, the relationship among causal attributions, self-perceptions of competence (another construct relating to expectations of success as a motivational component), metacognitive abilities and achievement needs to be examined.

Aim: This study was designed to examine the causal attributions with respect to ability, effort, luck and strategy use of students with and without ADHD.

Method: 40 subjects (12-18 years (mean = 16.5, SD = 3.2), 12 females, 28 males) were recruited in our outpatient clinic and returned an 8 item questionnaire and were therefore included in the study and compared to a age and sex matched control group of our outpatient clinic, also including 40 patients (10-19 years, (mean = 15.9, SD = 4.1), 15 females, 25 males). According to Hollingshead's criteria (1958), 7 belonged to social class I, 4 to Social class II, 3 to III, 3 to 2 to IV and 1 to V. They were classified as ADHD according to the Conner's questionnaire (Conners, 1973).

The causal attribution scale is a ten-item scale (Table 1) designed by the researcher to assess students' tendency of attributing their school success and failure experiences to the five likely reasons of effort, ability, strategy use, support and luck. Five items describe success incidents (such as doing well on a test) and the other five, failure incidents. For each item, four different reasons are listed and students are required to rate each on a five-point scale to indicate how true they consider that particular reason to be for them. The five ratings for the reasons (effort, ability, strategy use, support and luck) are summed within each item. For example, a high score on the Capacity-subscale indicates greater tendency of attributing school failure experiences to ability (Score > 7). A low score (< 4) indicates greater tendency of attributing school failure experiences to lack of ability.

Results: The means and standard deviations of these variables as well as the comparisons of levels and ADHD versus non-ADHD students are depicted in Table 2. All statistical analyses were conducted on SPSSx, Release 8.0. Results indicate that relative to the non-ADHD group, ADHD students were more likely to attribute successes to luck, but less likely to attribute successes to effort or use of effective strategies.

Conclusion: Relative to the non-ADHD group, ADHD students were more likely to attribute failures to lack of ability, bad luck or non-use of effective strategies. These findings suggest that relative to non-ADHD students, ADHD students were more likely to believe that school failures and successes were due to external or uncontrollable factors such as luck and ability; but were

less likely to believe that successes could be due to factors under their personal control, like effort and use of effective strategies.

P-288 The alpha-2C-adrenergic receptor gene and temperament and character in attention deficit hyperactivity disorder: family-based and case-control association studies in a Korean sample

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Aim: The aims of this study were to examine the association between the ADRA2C polymorphism and ADHD in Korean subjects, and to determine the relationship between the genotypes of this polymorphism and the candidate endophenotypes or clinical phenotypes of ADHD.

Method: In a case-control study, we assessed 186 ADHD probands and 150 normal controls. One hundred and nine trios were studied in a family-based association analysis.

Results: There were no significant differences in the allele frequencies of the ADRA2C polymorphism between the ADHD and control groups ($p > 0.05$). The overall allele-wise TDT analysis showed statistical significance ($\chi^2 = 19.07$, $p = 0.025$). We found a trend for preferential transmission of the 183-bp allele ($\chi^2 = 3.72$, $p = 0.054$), and a significantly lower-than-expected rate of transmission of the 187-bp allele ($\chi^2 = 6.26$, $p = 0.012$). With regard to the temperament profiles of the Junior Temperament and Character Inventory (JTCI), the ADHD subjects with the 183/183 genotype at the ADRA2C polymorphism scored significantly lower in the Novelty Seeking ($p = 0.020$) and Reward Dependence ($p = 0.039$) profiles than did those with the other genotypes. The ADHD subjects with the 187-bp allele scored significantly lower in the Self-Transcendence profile than did those without the 187-bp allele ($p = 0.049$ for the ST1 profile; $p = 0.016$ for the ST23 profile).

Conclusion: Our findings provide important evidence that the ADRA2C polymorphism is involved in the etiology of ADHD in Korean subjects. In addition, our results provide evidence that the temperament of Novelty Seeking or Reward Dependence and ADHD might share the molecular genetic characteristics related to the noradrenergic system.

P-289 An association study of the nicotinic receptor alpha 4 subunit gene (CHRNA4) in attention deficit-hyperactivity disorder

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Aim: Attention-deficit/hyperactivity disorder (ADHD) is a neurodevelopmental disorder characterized by inattention, hyperactivity, and impulsivity and common comorbid conditions complicate the lifelong course of this disease. There have been many studies showing that heritability is supposed to be about 75% and an important factor in the development of ADHD. Although evidence from neurobiological research with humans and animals has suggested that the dysregulation of the central nicotinic acetylcholine systems might be involved in the

pathophysiology of ADHD, only a few studies of candidate genes associated with these systems have been done so far compared to other genes of catecholamine system such as dopamine and norepinephrine. The aim of this study was to examine the association of 4 genes of the nicotinic acetylcholine receptor alpha 4 subunit gene (CHRNA4) (rs2273505, rs3787141, rs6090384, rs755203) with ADHD in a Korean sample through association analysis and the nicotinic acetylcholine receptor associated endophenotype of ADHD with structured psychometric scales and tests.

Method: In a case-control study, we assessed 189 DSM-IV ADHD probands and 150 normal controls. Psychiatric diagnoses were derived through structured diagnostic interviews. For case control association analysis, Transmission Disequilibrium Test (TDT), haplotype-based haplotype relative risk (HHRR) and haplotype transmission analysis were conducted. For the clinical evaluation of the ADHD subjects, the Child Behavior Checklist (CBCL), ADHD Rating Scale-IV (ARS), Children's Depression Inventory (CDI), State-Trait Anxiety Inventory for Children (STAIC), and Junior Temperament and Character Inventory (JTCI) were administered. A computerized continuous performance test (CPT) was used to measure the inattention, impulsivity, and sustained attention deficits of the ADHD children.

Results: 1) There were no significant differences in the genotype or allele frequencies of the rs2273505, rs3787141, rs6090384, rs755203 of CHRNA4 between the ADHD and control groups ($p>0.05$). The TDT analysis and the HHRR analysis showed no preferential transmission of the above four sites of the CHRNA4. In the analysis of the polymorphism of the rs6090384, all the cases of normal control, patients and their parents were homogeneous homogenous allele (GG), which was unique result compared to previous studies with samples of almost Caucasians.

2) Regarding the JTCI results, those ADHD subjects with the AA genotype at the rs755203 polymorphism scored significantly the lowest and AG genotype did the highest in the Persistence profile by parent report ($p=0.007$). Those subjects with the GG genotype at the same polymorphism scored significantly lower in the same profile than did those with the other (AA + AG) genotypes ($p=0.031$). Those ADHD subjects with the GG genotypes showed significantly lower score in the ST23: Spirituality of the Self-Transcendence profile by parent report than did those with the other (AA+AG) genotypes ($p=0.031$). Those subjects with the GG genotypes showed a tendency to have a lower score in the ST23: Spirituality of the Self-Transcendence profile by parent report than did those with the other (AA+AG) genotype ($p=0.075$). With respect to the rs3787141 polymorphism, those ADHD subjects with the CC+CT genotype scored significantly lower in the Cooperativeness profile ($p=0.027$) by child report than did those with the TT genotype. For the rs2273505 polymorphism, those ADHD subjects with GG genotype showed a tendency to have a lower score in the same profile by child report than did those with other genotype (AA+AG) ($p=0.086$).

3) In the ADHD probands, the homozygous subjects for the G allele (GG genotype) at the rs2273505 polymorphism had a significantly higher inattention score in the ARS than did those with the other (AA+AG) genotypes ($p=0.020$). The homozygous subjects for the T allele (TT genotype) at

the rs3787141 polymorphism showed a significantly higher mean inattention score in the ARS than did those with the other (CC+CT) genotypes ($p=0.020$).

4) With regard to the rs755203 (A/G) polymorphism, those ADHD subjects with the AG+GG genotypes showed a tendency to have a higher mean T-score in the Thought problems profile of the CBCL than did those with the AA genotype ($p=0.095$).

Conclusion: The results of this study didn't show clear evidence that the 4 sites of the CHRNA4 polymorphism (rs755203 in promotor, rs2273505, rs6090384, rs3787141 in intron 2) were associated with etiology of ADHD in Korean subjects. However, the polymorphism of the rs6090384 showed homogenous allele, GG genotype in all the cases, which is the unique result of this study compared to other studies with mixed ethnicity. The unique single racial composition of Korean population might be the reason for this results and the rs6090384 polymorphism could not be analyzed for association with the etiology of ADHD. In addition, our results provide evidence for the possible role of the rs755203, rs3787141 and rs2273505 polymorphisms in ADHD associated personality such as persistence, self transcendence and cooperativeness and the possible role of the rs3787141 and the rs2273505 polymorphisms in ADHD associated symptom expression such as inattention. For the further study, large sample in control and trio groups might be needed and the neuropsychological tests which reflect direct functional deficit in ADHD associated with the central cholinergic system might be needed.

P-290 Investigation of the gene encoding for Synaptic Vesicle Protein 2C in a German ADHD sample

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Aim: Attention-deficit/hyperactivity disorder (ADHD) is considered to be based on a complex genetic pathophysiology and only a few genes are identified as being likely involved in etiology. In the search for new candidate genes genome-wide techniques play an important role. In this study we report about the results of an array comparative genomic hybridization (aCGH) in a German ADHD sample, indicating the Synaptic Vesicle Protein 2C (SV2C) as a new candidate gene, involved in crucial processes of neurotransmission. In a subsequent family-based study we investigated association between SV2C and ADHD.

Method: We applied aCGH in a sample of 110 children affected by ADHD. Diagnosis was confirmed based on DSM-IV criteria. One of the resulting candidate genes was SV2C, which was duplicated in a truncated form in one proband and his family. Subsequently we performed

a family-based association study on the promoter region of SV2C, based on data provided by HapMap and Haploview. Statistical analysis was performed by applying PDT.

Results: By aCGH a duplication of a region in chromosome 5q13 was detected in one proband and his family. Within this duplication the truncated gene encoding for SV2C is located. However, the family-based association study could not confirm association between SV2C and ADHD.

Conclusion: In this study in a German sample affected by ADHD was investigated for chromosomal duplications and deletions. A detected duplication on chromosome 5q13 comprises a truncated form of SV2C, a gene involved in the release of neurotransmitters. In the subsequent association study we could not confirm impact on a general ADHD population. This gene may be responsible for a major gene effect in the originating family. To further clarify the role of this interesting candidate genes further studies comprising more polymorphisms will be conducted.

P-291 A case-control and family-based study of the dopamine D5 receptor gene and dopamine beta hydroxylase gene with attention deficit hyperactivity disorder in Korean children

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Aim: It has been suggested that Attention deficit hyperactivity disorder (ADHD) is associated with (CT/GT/GA) n dinucleotide repeat polymorphism of the dopamine D5 receptor (DRD5) gene and Taq I polymorphism of the dopamine beta hydroxylase (DBH) gene. In this study we examined whether those polymorphisms were associated with Korean ADHD children using a case-control and family-based association method.

Method: One hundred seventy five Korean children with ADHD and their biologic parents were analyzed using the transmission disequilibrium test (TDT). And the ADHD children were compared with 215 normal controls.

Results: We did not observe any evidence for preferential transmission of a modal allele (150bp allele) and a 148bp allele of dinucleotide polymorphism of DRD5 in both family-based and case-control study. However we observed preferential transmission of a 142bp allele and a 144bp allele and preferential non-transmission of a 148bp allele and a 152bp allele. And we found preferential transmission of shorter alleles (the dinucleotide repeat under or equal to 146bp) in ADHD. Shorter alleles were also significantly more frequent in cases than in controls. Preferential transmission of any allele of DBH gene was not found in family-based study. And there was no difference of

DBH genotype and allele frequencies between cases and controls.

Conclusion: The findings in this study were different from the results of previous studies which showed preferential transmission of DRD5 148bp allele in ADHD children. Further works may be needed to support these results.

P-292 Association study of the Serotonin 2A Receptor Gene and attention-deficit/hyperactivity disorder

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Aim: Attention-deficit/hyperactivity disorder (ADHD) is one of the most common childhood psychiatric disorders. The evidences from family, twin, adoption studies suggests that ADHD is a highly heritable disorder. Although many reports have shown the genetic association between ADHD and dopaminergic/noradrenergic system, the number of the reports about the genetic association between ADHD and serotonergic system was relatively low. The aim of this study was to investigate the association between Korean ADHD children and the T02C polymorphism of serotonin 2A receptor (5-HT2A).

Method: The study sample consisted of 189 Korean ADHD children diagnosed by Kiddie-Schedule for Affective Disorders and Schizophrenia-Present and Lifetime Version-Korean Version (K-SADS-PL), both parents of ADHD children, and 150 normal children. DNA were extracted from the blood of all samples, and genotyping was done. Based on the allele and genotype information, not only the case-control analysis between ADHD and normal children but also the family-based association test among ADHD children and their both parents were performed. Transmission disequilibrium test (TDT) was used for family-based association test. The results of the clinical rating scales and neuropsychological tests were compared according to the genotype of ADHD children.

Results: 1) By case-control analyses, after classifying each ADHD and normal children by the existence of C allele in T102C polymorphism, there were statistically significant differences in the genotype frequencies between ADHD[78.5% (genotype with C allele) vs.21.5% (genotype without C allele)] and normal children[68.0% (genotype with C allele) vs.32.0% (genotype without C allele)] ($\chi^2=4.73$, $p=.030$). The similar results were found in the comparison between ADHD combined type and normal children ($\chi^2=5.18$, $p=.023$), or between the ADHD without NOS type and normal children ($\chi^2=4.08$, $p=.044$).

2) In family-based association study, TDT failed to detect linkage disequilibrium (LD) between 5-HT2A gene polymorphism and ADHD in whole ADHD families. However, in the families of ADHD inattentive type (N=23), C allele of T102C was transmitted more preferentially in the ADHD probands even if the number of families was low ($\chi^2=4.57$, $p=.032$).

Conclusion: The significant association between ADHD and 5-HT2A T102C gene polymorphism was confirmed by case-control analysis, even if the family-based association study failed to detect significant results. Those results prove the genetic association between the 5-HT2A T102C gene polymorphism and Korean ADHD children. And

those suggest the possibility of the important interaction between the serotonergic and dopaminergic system in the pathophysiological or the pharmacological treatment mechanism of ADHD.

P-293 Brain-Derived Neurotrophic Factor (BDNF) gene polymorphism and its effect on serum BDNF levels in attention deficit hyperactivity disorder

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Aim: Brain-derived neurotrophic factor (BDNF) plays an important role in normal neuronal development. Several lines of evidence implicate the involvement of BDNF in Attention Deficit Hyperactivity Disorder (ADHD). Aim of this study was to investigate two common BDNF variants (Val66Met, C270T) and their effects on serum BDNF levels in children with ADHD.

Method: Using PCR-RFLI analysis we screened 73 children with ADHD, according to DSM-IV, criteria (mean age: 112,3± 26,6 months) and 69 healthy children (mean age: 108,6 3± 4,4 months) for the presence of BDNF C270T (C-1360T) and Val66Met (G196A) polymorphisms. In addition, serum BDNF levels were analysed using ELISA.

Results: We found that Met (A) allele frequency and Met/Met (AA) genotype of Val66met polymorphism was significantly higher in ADHD patients than healthy controls (respectively $p=0.002$, $OR=2.2$ ve $p=0.007$, $OR=3.7$). The only association between C270T polymorphism and ADHD was an increase in CT genotype in ADHD group compared to healthy controls ($p=0.04$, $OR=0.14$). The serum levels of BDNF in patients with ADHD exhibited no significant difference with healthy controls.

Conclusion: In conclusion with a relatively small number of patients we found a significant association of Val66Met polymorphism with ADHD. Further studies are needed to increase the number of patients and identify this polymorphism as a risk factor for ADHD.

P-294 Olfaction in children and adolescents with attention-deficit/hyperactivity disorder

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Aim: Deficits in olfactory function are common features in neurodegenerative and neuropsychiatric disorders. In Parkinson's disease dopaminergic dysregulation is susceptible to contribute to the observed deficits. Due to the etiological involvement of the dopaminergic system in the pathophysiology of attention-deficit/hyperactivity disorder (ADHD) we investigated a presumable alteration of olfactory function in ADHD.

Method: We investigated olfactory function by means of a validated test kit ("Sniffin Sticks") in regard to odor threshold, identification and discrimination. 20 children and adolescents with ADHD without stimulant medication and 20 patients with ADHD and methylphenidate medication

were compared to 20 healthy controls matched for IQ, age and gender.

Results: Patients with ADHD without medication showed a significantly better odor threshold compared to healthy controls, but no differences in discrimination or identification. The medicated group did not differ from healthy controls and showed trendwise a diminished odor threshold compared to the non-medicated ADHD-group.

Conclusion: We provide first evidence for selectively improved odor sensitivity in ADHD. In contrast to the absence of medication effects on olfactory deficits in schizophrenia or PD, stimulant medication seemed to normalize the odor threshold.

P-295 Evidence for specificity of ERP abnormalities in ADHD-C: A comparison with reading disorder without ADHD

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Aim: Executive function and working memory deficits are present both in ADHD and Reading Disorder. Here, specificity of electrophysiological abnormalities in ADHD-C children during inhibitory control tasks was tested by comparison with a RD group.

Method: High-density ERPs were recorded during the Stop Signal Task in 53 children and adolescents divided in three groups: An ADHD-C group (n=16), a group with Reading Disorder (n=14), and an healthy group.

Results: The ADHD-C group displayed smaller right frontal N200 relative to controls, while the RD group didn't. Both controls and RD groups showed a success-related right frontal N200 modulation, which was absent in the ADHD group. Finally, the ADHD group showed smaller frontocentral NoGo-P3 amplitudes in response to Failed Stops. In contrast, the RD group showed smaller temporoparietal N200s and a more widespread NoGo-P3 deficit, extending to both Success and Fail Inhibitions.

Conclusion: RD children appear to have intact response inhibition mechanisms. However, they appear to have a deficit in early orienting to task-relevant stimuli, and a generalized deficit in cognitive control and error monitoring mechanisms.

The study suggests that common deficits in executive control and response inhibition in RD and ADHD-C are the consequence of different underlying abnormalities.

P-296 Association between alpha-2a-adrenergic receptor gene and methylphenidate response in Korean children and adolescents with ADHD

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Aim: Methylphenidate (MPH), known to be effective for the attention deficit problems, blocks norepinephrine transporters and low oral doses of MPH have more effect on norepinephrine than on dopamine in subcortical areas. Alpha-2a-adrenergic receptor (ADRA2A) is a key component of the noradrenergic system. The aim of this

study was to evaluate the association between the ADRA2A polymorphism and the clinical improvement of symptoms with MPH treatment in Korean subjects with ADHD.

Method: This study included 114 ADHD children (mean age= 9.08±1.94 years) who were recruited from the child psychiatric clinic at university hospital in South Korea. The subjects who had an greater than or equal to 50% compared with the baseline ADHD rating scale (ARS) scores and who had 1 or 2 point of Clinical Global Impression–improvement (CGI-I) score after 8 weeks of treatment were considered as the ‘good response’ group. After performing genotyping for ADRA2A, we examined the correlation the ADRA2A polymorphism with MPH response and also compared the change of total ARS scores between genotypes at ADRA2A.

Results: We found that while 76.9% of the subjects with G/G genotype showed a good response, 46.0% and 41.7% of the subjects with C/G and C/C genotype showed a good response to MPH treatment according to ARS assessed by parent (Pearson χ^2 value=11.929, df=2, p=.003). We also found a significant difference of the change at total ARS scores between the subjects with and without G/G. (t=2.21, df=1, p=.029). In terms of treatment response according to the CGI-I, significant correlation was found between genotypes at ADRA2A (Pearson χ^2 value=7.250, df=2, p=.027).

Conclusion: Our findings provide evidence of an association between the ADRA2A genotype and response to MPH treatment assessed by both parents and clinician in ADHD subjects.

P-297 A study of specific functional areas of impulsivity in impulsive children with ADHD by functional MRI

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Aim: We use functional MRI to explore the specific functional areas in brain which is mainly associated with children’s impulsivity.

Method: 10 normal children, 7 not impulsive children and 9 impulsive children were freewill tested by functional MRI when they were playing GOSTOP impulsivity paradigm, then averaged these dates in three groups and compared activation regions.

Results: functional MRI showed that when playing GO task the main activated regions of the normal children were frontal pole (superior frontal gyrus, middle frontal gyrus, medial frontal gyrus), cingulate gyrus and corpus callosum; The not impulsive ADHD children were cerebellum (posterior lobe, anterior lobe bouton), cingulate gyrus; the impulsive ADHD children were medial globus pallidus, insula; When playing stop task the normal children were superior frontal gyrus, middle frontal gyrus, cingulate gyrus, putamen; The not impulsive ADHD children were middle frontal gyrus, corpus callosum; the impulsive ADHD children were uncus, cingulated gyrus. Activated regions of the impulsive ADHD children were less than the other two groups.

Conclusion: there were much neuromechanisms related with multiplicity impulsivity. Frontal pole maybe play significant role in these neuromechanisms. The impulsive ADHD children showed low brain activation compared with other two groups, especially the frontal pole.

P-298 Confirmatory factor analysis to construct validity of ADHD diagnostic scale-parent version

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Aim: To inspect construct validity of the ADHD diagnostic scale-parent version in Chinese sample.

Method: Set up theoretical model according to DSM-IV and ICD-10. With structural equation model (LISREL 8.51) Confirmatory Factor Analyze 1616 Chinese urban children’s measurements of the ADHD Diagnostic Scale-Parent Version.

Results: Both the two factor model ($\chi^2=683$, df=134, RMSEA=.072, NNFI=.89, CFI=.90) and the three factor model ($\chi^2=636$, df=132, RMSEA=.071, NNFI=.90, CFI=.92) can be accepted. The fitting of the three factor model is better than the two factor model. Bringing the 12th item (talks excessively) into the impulsive factor is more corresponded with statistical model ($\chi^2=605$, df=132, RMSEA=.068, NNFI=.90, CFI=.93) than taking it in the hyperactive factor.

Conclusion: The construct validity of ADHD Diagnostic Scale-Parent Version is sound in Chinese sample. To talk excessively may be a refection of ADHD impulsive factor in Chinese children.

P-299 Natural prognosis of EEG abnormalities and intellectual functions in children with ADHD and/or LD

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Aim: We aimed to study evolution of EEG abnormalities in children with ADHD and/or LD.

Method: In 30 (aged 7-14, mean: 8.2±1.9 years, 7% female) patients with ADHD and/ or LD and an abnormal EEG, serial EEG examinations (2 recordings in 17, 3 in 8 and 4 and more in 5 patients) were done in an interval of 3 to 42 months. Intellectual functioning was assessed in all patients within 2 weeks of EEG recordings.

Results: The initial EEG demonstrated epileptiform abnormalities in 26, focal slowing in 1 patient and both in 3 patients. The localization of abnormality was frontal in 10, centro-temporal in 9, occipital in 4, central in 2, temporal in 1, parietal in 1, and generalized in 3 patients. Epileptiform potentials were activated by sleep in 12 patients and by hyperventilation in 1 patient. Epileptiform activity was frequent in 13, moderate in 2 and rare in 14 patients. The characteristics of EEG abnormality persisted in consecutive recordings of 15 patients after 9 to 24 (mean: 15.4±4.7) months. Initial EEG abnormality (focal in 13 patients – 50% of frontal and occipital spikes- and generalized in 1 patient) normalized after 3 to 42 (mean 14.1±9.9) months. Generalized spike activity localized to frontal regions in 1 patient. Comparison of consecutive intellectual functioning parameters in patients with persisting epileptiform

potentials and patients with normalized EEG did not demonstrate a significant change.

Conclusion: The intellectual functions in patients with ADHD and/or LD seems not to be affected by the presence of EEG abnormalities.

P-300 Pregnancy, delivery complications and attention deficit hyperactivity disorder

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Aim: Attention deficit hyperactivity disorder is the most prevalent one among psychiatric disorders in children which is heterogeneous with unknown etiology. Aim of this study is to present pregnancy and delivery complications occurring in attention deficit hyperactivity disorder cases.

Method: 153 patients who were diagnosed attention deficit hyperactivity disorder according to the DSM-IV criteria following clinical interviews with child, adolescent and family at child and adolescent psychiatry policlinic by child and adolescent psychiatrist in State Hospital of Antalya, Turkey between May 2006 and January 2007 are included. The diagnosis is supported by screening and rating scale based on DSM-IV for attention deficit and disruptive behaviour disorders filled by parents and teachers. Complications about delivery, pregnancy and history about delivery are obtained from parents and registered to the semi-structured data form prepared by the child and adolescent psychiatrist.

Results: 74.5% of cases is delivered via vaginal route, 39 cases had Caesarean section. The most frequent delivery complication is asphyxia/hypoxia (15.6%). Abortus imminence (9.8%), preterm delivery (7.8%), preeclampsia (7.8%), drug use during pregnancy (4.5%), parturient bleeding (3.9%), Rh incompatibility (1.9%) are other complications.

Conclusion: Most of the cases had vaginal delivery and delivery, pregnancy complications are seen in a low rate. Absence of a controlled group is the limiting aspect of our study because whether pregnancy and delivery complications are risks factors for attention deficit hyperactivity disorder cannot be estimated. The most amazing finding is that asphyxia/hypoxia is the most frequent complication in accord with the literature. Further detailed investigations are needed.

P-301 Temperament and clinical expression of ADHD

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Aim: Temperament reflects the basic organization of different brain systems for the activation, maintenance and inhibition of behaviour in response to stimuli (Cloninger et al., 1993). The knowledge concerning the effect of temperament on clinical expression of ADHD is still limited. Temperamental trait constellations like high novelty seeking (NS), low harm avoidance (HA) and low reward dependence were described associated to externalizing disorders (Hee et al., 2006). In our study, we

tested the hypothesis that the temperament combination NS high and low HA+RD was associated to clinical expression of ADHD in preadolescents and adolescents.

Method: Thirty boys with DSM-IV-TR ADHD between the ages of 9 and 15 were included in the study. All subjects performed a clinical and psychopathological battery: K-SADS, CDI, MASC, CPRS, CTRS and CBCL. Junior Temperament and Character Inventory (JTICI) was used to evaluate temperamental traits.

Results: We found that high NS and low HA were associated with a more severe ADHD symptomatology than patients with different trait constellations. Moreover, externalizing scales of CBCL presented higher scores in patients with this constellation.

Conclusion: These findings indicate a significant association between temperament and psychopathology. Temperamental traits can help us to identify more severe form of ADHD and indicate different therapeutic strategy in these patients.

P-302 ADHD and Dissociation: clinical and neuropsychological traits in a sample of adopted children with ADHD

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Introduction and Aim: A premature deprivation has been described linked to inattention and overactivity in children (Kreppler et al., 2001) and adolescents with story of institutionalization (Stevens et al., 2007). These children had serious deficits in the regulation, planning and emotional control. Many symptoms of ADHD, including the inattentive and hyperactive symptoms, share considerable overlap with dissociative symptoms and clinical features of Posttraumatic Stress Disorder. Thus, it can be a complex task to determine which disorder best accounts for the symptom pattern, and accurate diagnosis is essential for effective treatment. Adopted children with ADHD and story of institutional deprivation showed frequently an atypical course of disorder and reduced response to treatment. The current study examined the clinical and neurocognitive traits in a sample of adopted and no-adopted children with ADHD.

Method: 36 boys with DSM-IV-TR diagnosis of ADHD were included in the study: 17 adopted with story of institutional deprivation and 19 no-adopted children. All subjects performed a clinical and neuropsychological battery: K-SADS, CBCL, C-GAS, CDI, MASC, CPT-II, Stroop test, Tower of London and n-Back. The Child Dissociative Scale (CDC) was used to evaluate and measure dissociative symptoms.

Results: Adopted boys evidenced more dissociative and depressive symptoms and a lower adaptive functioning compared to no-adopted children. In addition, these patients showed more serious neurocognitive impairment with specific deficit in working memory and inhibition control.

Conclusion: Adopted children showed more severe clinical picture respect to other ADHD boys. Neuropsychological impairment was comparable to deficits typical of children with dissociative disorders.

P-303 Substance use disorder comorbid with attention deficit hyperactivity disorder, is attention deficit hyperactivity disorder a risk factor?

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Aim: To assess the pattern of substance use disorder (SUD) in adolescents with and without history of attention – deficit / hyperactivity disorder (ADHD).

Method: in this case- control study, the participants were interviewed by a child psychiatrist and the measures included: kiddie schedule for Affective Disorder and Schizophrenia for school age children (K-SADIS), Opium Treatment Index (OTI) and Global Assessment Functioning (GAF).

Adolescents were consecutively recruited from referrals to Roozbeh Hospital or Correction Center for Juvenile Offenders (CCJO) who met the criteria of substance use disorder (based on DSM-IV-TR). They were divided to two groups: with history of ADHD (n=33) and without it (n=33).

Results: Adolescents with ADHD had an earlier age of starting cigarette smoking, substance use, abuse and dependency (p=0.0001), a shorter period between their first- time substance use and substance dependence or abuse (p=0.0001), more severe use of substance (for cannabise, heroine, cigarette and drugs p<0.05) and more functional impairment (p=0.0007). Drugs use (Specially benzodiazepines) was more prevalent in this group (p=0.008). Prevalence of oppositional defiant, conduct, bipolar, obsessive compulsive and tic disorders was higher in ADHD group but not statistically significant. Average number of Comorbid disorders higher in ADHD group (p=0.03). This was the same in patients with ADHD plus conduct disorder than the ADHD alone (p=0.0000).

Conclusion: Early diagnosis and treatment of ADHD could be associated with better prognosis of SUD in adolescents and economically will diminish the costs of SUD.

P-304 When EEG is indicated in developmental attention and learning disorders?

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EEG examinations are not routinely performed in child psychiatry clinics as a part of the assessment of developmental attention and learning disorders (DA-LD). Clinicians are used to order EEG examination in limited conditions. These traditional indications are the presence of seizures or family history of epilepsy, head trauma, fluctuating academic or behavioral manifestations.

We aimed to study reliability of various clinical parameters as a possible indication to do EEG examinations in children with DA-LD.

Method: One-hour EEG recording with a minimum 20 minute-sleep time EEG examinations were done in 193 children (50 girls, aged 6 to 16 years) diagnosed as

DA-LD according to DSM-IV criteria. The presence of febrile convulsions (FC), head trauma (without any focal neurological signs), fluctuating academic or social behavior, speech delay, reading, writing and math disorder and phonemic difficulties, low performance or verbal IQ and history of perinatal distress or family history of seizures have been assessed.

Results: EEG recordings were abnormal in 66 (34%) patients Univariate analysis showed that speech delay, writing disorder and phonemic difficulties were significant risk factors (p<0.05). According to multivariate analyses, only phonemic difficulties was selected as a predictive risk factor (OR=4.74;% 95 CI =2.153-10.420).

Conclusion: We recommend to perform EEG in DA-LD children with developmental language disorders, especially phonemic difficulties. The traditional indications to order EEG in children can be excluded.

P-305 An examination of the internal validity of the Wisconsin Card Sorting Test on 8- to 11- year-old Turkish children

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Aim: The present study aimed to explore the internal validity of the Wisconsin Card Sorting Test (WCST), a well-established neuropsychological measure of executive functioning, on a Turkish sample.

Method: The computerized version of the WCST was applied to a group of 449 children aged between 8 and 11 years, representing various socioeconomic brackets. Exploratory Factor Analysis (EFA) and Confirmatory Factor Analysis (CFA) were carried out.

Results: Consistent with the literature, EFA revealed a three factor solution of the WCST scores. CFA, using Lisrel 7.2, was performed to achieve a further investigation of the three factor solution provided by EFA.

Conclusion: Results showed that all WCST scores fitted to the model with three factors, confirming the internal validity of the instrument.

P-306 Performance on the Wisconsin Card Sorting Test: differences between children with and without attention deficit hyperactivity disorder

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Aim: Although executive functioning deficits of children with Attention Deficit Hyperactivity Disorder (ADHD) have been extensively studied, many questions still remain to be addressed. In this study, Wisconsin Card Sorting Test (WCST), as a measure of executive functions, was used to investigate the differences between a normative sample and children diagnosed with ADHD.

Method: The normative sample included 449 children, representing both genders and various socioeconomic levels. The clinical sample was 44 children, diagnosed with ADHD. Both groups were composed of 8- to 11-year-old children.

Results: MANOVA revealed a significant difference in the subscores of the WCST between the normative and clinical groups. The most striking differences were observed in 'perseverative errors' and 'categories completed' subscores. Conclusion: These results are discussed in terms of their implications to the specificity of executive functioning deficits in ADHD.

P-307 A standardization study for the Korean Stroop Color-Word Test children's version

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Aim: The Stroop Color-Word Test Children's Version is a measure of executive function that is widely used in neuropsychological evaluation. We examined the reliability and validity of the Korean Stroop Color-Word Test Children's Version (K-Stroop-C) and calculated the age norms in the Korean children.

Method: A total of 782 children with the age range of 5 to 14 years participated in this study as a normative group. 154 children diagnosed as Attention Deficit Hyperactivity Disorder (ADHD), Tic Disorder (TD), Learning Disorder (LD) and Asperger's Disorder (AD) participated as the clinical group to examine the differential validity of the K-Stroop-C.

Results: The test-retest reliability was the range of .66 to .76. Concurrent validity with Children's Color-Trail Test (CCTT) was at a satisfactory level. The clinical group was found to have significantly lower scores on 4 variables of the K-Stroop-C compared to the normative group. The Korean normative data showed developmental trend with age, that is, the performances on the K-Stroop-C increase with age. The Korean girls performed better than the Korean boys.

Conclusion: The K-Stroop-C was found to be a reliable and valid test to measure the frontal lobe function in the Korean children.

P-308 Neuropsychological and behavioral assessment of children with attention-deficit/hyperactivity

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Aim: Attention-deficit/hyperactivity disorder (ADHD) is the most commonly diagnosed psychiatric disorder among children. We hypothesized that children with attention-deficit/hyperactivity disorder (ADHD) would underperform on neuropsychological tests that are sensitive to executive function impairments. We further proposed that a linear discriminate analysis using behavioral and neuropsychological variables as dependent variables would pinpoint the capability of behavioral questionnaires and neuropsychological tests to predict the correct classification of ADHD and control children.

Methods: We designed a transversal study with 40 Five- to thirteen-year-old children with ADHD and 40 Full Scale IQ-matched controls using two behavioral scales and 7 neuropsychological tests.

Results: Using analysis of variance and covariance with age and school achievement and multifactor analysis of variance, we found that behavioral variables established robust, statistically significant differences between groups

($p < .001$). Children with ADHD scored worse than controls on 23 out of 40 neuropsychological variables. Children with ADHD, however, obtained better scores that were statistically significant on WISC-R Comprehension and Picture completion. A linear discriminate analysis with nine behavioral variables correctly classified 100% of the participants in both groups. Another linear discriminate analysis using 8 neuropsychological variables correctly classified 73% of the participants in both groups.

Conclusion: We propose a core battery of selected tests for assessing children with ADHD. The significance of cross-cultural analyses of different developmental disturbances is emphasized.

P-309 Prevalence and correlates of ADHD/ODD diagnosed with K-Disc-IV

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Aim: This study aims to evaluate the lifetime prevalence of attention-deficit/hyperactivity disorder (ADHD) and oppositional defiant disorder (ODD) along with their correlates in school based community sample using the Korean version of Diagnostic Interview Schedule for Children-Version IV (K-DISC-IV).

Method: The data was obtained from interviews with 2,672 parents of children and adolescents attending 19 elementary, middle, and high schools. DISC-IV was applied to 2,672 parents, by lay interviewers who had been trained and supervised by the senior investigator. The interview proceeds through a series of six modules, and questions were asked to establish the presence of symptoms, their severity and duration, and the extent to which they cause distress and/or impairment. The parents also completed a questionnaire for possible risk factors (developmental history, socioeconomic status, family history etc). Correlates for ADHD and ODD were analyzed using logistic regression.

Results: The prevalence rate of ADHD was 13.25% and that of ODD was 11.34%. Significantly higher mean age was associated with non-ADHD or non-ODD children compared to ADHD or ODD children. Older age was significantly associated with slightly decreased risk of ODD ($\beta = -0.09$, $p = .01$, $\exp b = 0.92$, $CI = 0.86-0.98$) but not with ADHD ($\beta = -0.06$, $p = .11$, $\exp b = 0.95$, $CI = 0.88-1.01$). In terms of gender by diagnosis interaction, male gender was significantly associated with ADHD diagnosis ($\chi^2 = 18.5$, $p < .001$) and a significant increase in Odds of ADHD was correlated with male gender ($\beta = 1.26$, $p < .001$, $\exp b = 3.52$, $CI = 2.00-6.19$). There was no association between gender and ODD diagnosis ($\chi^2 = 0.5$, $p = .83$). There was no association between the monthly income of the parent and ADHD or ODD. The correlates for ADHD with significant predictability were severe maternal depression during and after pregnancy ($\beta = 3.44$, $p = .006$), severe maternal stress ($\beta = 2.72$, $p = .000$), maternal alcohol use ($\beta = 3.06$, $p = .002$), frequent changes in primary care taker ($\beta = 3.95$, $p = .000$), marital discord of the parents ($\beta = 2.52$, $p = .025$), and separation or divorce of the parents ($\beta = 4.98$, $p = .000$). The correlates for ODD with significant predictability were severe maternal depression during and after pregnancy ($\beta = 4.46$, $p = .000$), severe maternal stress ($\beta = 2.54$, $p = .000$), maternal alcohol use

(($\beta=2.88$, $p=.004$), marital discord of the parents ($\beta=2.80$, $p=.008$), and separation or divorce of the parents ($\beta=2.34$, $p=.029$).

Conclusion: The results from this study suggest that male gender, maternal depression, maternal alcohol use, marital discord, separation or divorces of the parents showed correlation to ADHD/ODD in child and adolescents in Korean community.

P-310 A pilot study on applicability and efficacy of a cognitive rehabilitation computerised-program in attention-deficit-hyperactivity disorder

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Aim: While the relevance of using cognitive rehabilitation programs on attention and memory capacities of brain-injured children has been supported by evidence, their applicability and efficacy on non-acquired attention deficits remain to be demonstrated. This ongoing study aims at prospectively examining the efficacy of a cognitive rehabilitation computerized program on visual attention performances in an OPD clinical sample of Attention-Deficit-Hyperactivity-Disorder youths.

Method: sample included 20 ADHD youths medication naive (mean age: 10.45 +/- 3.15; 90% boys) consecutively referred for cognitive evaluation to a Child & Adolescent Psychiatry OPD. The treatment consist of 40 sessions using a computerised program focused on improving the youth inhibition capacities in several cognitive domains: visual attention, visuo-motor coordination, working memory. Pre- and Post-treatment attentional performances were independently assessed using a Continuous Performance Task (CPT) device.

Results: consistently with the literature the Reaction Time (RT) standard error was negatively correlated with age. Reaction Time (RT) variability appears to be one of the strongest predictors of treatment response.

Conclusion: Additional controlled study should be conducted to further investigate the clinical relevance of cognitive rehabilitation in ADHD.

P-311 Do objective evaluations in attention deficit hyperactivity disorder follow up clinics improve the case management?

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Aim: To compare the current mixed model of subjective and objective evaluations against the previous practice of predominantly subjective evaluations in ADHD Follow up clinics and grade the usefulness of recorded and communicated information for individual case management and follow up.

Method: 50 clinic letters from a single clinician delivered ADHD follow up clinics from 1998-2003 (group A) were compared with 50 letters from 2004-2007 (group B). (Only a single follow up clinic letter per individual was selected). Information with regards to monitoring of ADHD core

symptoms, concurrent disorders, evaluation of the impact on the family, monitoring of side effects and growth were analysed. a clinician not involved with the management of the above children and adolescents evaluated the information recorded and used the Likert Scales to indicate the usefulness of the information and clinical satisfaction for management and follow up. No attempt was made to retrieve additional information from the clinic notes.

Results: Total of 100 randomly selected clinic letters were selected. Mean age for Group A was 12.6 yrs. (range 7-16) and Group B 13yrs (range 6-16). There were 48 males and 2 females in each group. ADHD core symptoms were recorded in 58% in group a vs 87% group B. ADHD rating scales scores were included in 67% in group B vs 3% in group A. Concurrent disorders were recorded on 58% of group a vs 82% in group B. SDQ scores were included in the letters only from 2007 (20%). Impact on the family was recorded in 23% in group A vs.84% in group B. Growth measurements were included in the clinic letters in only 35% in group a vs 95% in group B. Side effect were recorded in 58% in group A vs 86% group B. (rating scale scores are only included from 2007). clinical satisfaction of the usefulness of information for management and follow up was rated as good in 23% and 77% satisfactory in group A vs. excellent in 82% , good in 10% and satisfactory in 8% in group B

Conclusion: Though predominantly subjective evaluations and recording of information is satisfactory for ADHD follow ups, by using a mixed model of objective and subjective evaluations and recording the information obtained not only improves the quality of information communicated but also significantly improve the management and follow up decision making process

P-312 Profile of comorbidities in ADHD patients assisted at AMBDA - attention deficit ambulatory of the Psychiatric Department of HC/ UFMG - Belo Horizonte – Brazil

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Aim: Identify the comorbidities and define its rates among ADHD patients assisted at AMBDA.

Method: The sample is composed of 65 patients that were assisted from 2005 to 2006, aged between 5 and 16 years old. The diagnoses of ADHD and comorbid conditions, according to DSM-IV criteria, were achieved through a semi-structured interview methodology - the K-SADS-E, complemented by clinical interviews. From the obtained diagnostic data, the incidence of each of the comorbidities associated with ADHD was calculated.

Results: Out of the 65 patients, 38 (58.46%) presented ADHD associated to other comorbidities; 19 (29.23%) presented only ADHD; 7 (10.76%) presented other psychiatric disturbs but did not present ADHD and only 1 (1.53%) did not present any disturb. The main ADHD comorbid conditions were: A) Oppositional defiant disorder (19.30%), B) Depressive disorders (21%) and C) Anxiety disorders (12.25%). According to Souza et al, the main ADHD comorbidities found in a sample of 343 youths

in Porto Alegre (capital of the southernmost state of the country) were: a) Oppositional Defiant Disorder (39.1%), b) Anxiety Disorders (24.2%), c) Conduct Disorder (13.7%), and d) Depressive disorders (11.4%). Our findings were coherent to the results of Souza et al in 3 of the most prevalent ADHD comorbidities.

Conclusion: Our work demonstrates the significant presence of comorbid conditions among the ADHD patients. These associated conditions may interfere with the therapeutics strategies.

P-313 Comorbidities of attention deficit hyperactivity disorder in adults – a large population-based sample of Swedish twins

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Introduction: Attention deficit hyperactivity disorder (ADHD) is known as a developmental disorder of childhood. Follow-up studies of children with ADHD suggest that a significant number of children continue to have the disorder in adulthood [1]. Childhood ADHD is known to have a high rate of comorbidities [2], but the adult form may differ in terms of symptoms and comorbidities[3].

Aim: Our aim was to study the prevalence of comorbidities and other influencing factors in adults with symptoms of ADHD.

Method: We used data from a population based sample of ca 45 000 twins born between 1959 and 1985 - the Swedish Twin Study of Adults: Genes and Environment (STAGE). Information about DSM-IV symptoms of ADHD and associated psychiatric (alcohol abuse, illicit drugs abuse, personality disorder, depression, anxiety disorder), somatic (asthma, allergy, eczema and epilepsy) and functional (socio-economic status) outcomes was collected via a web based questionnaire.

Results: Adult ADHD is associated with an increased risk for a broad range of outcomes in psychiatric, somatic and functional domains.

Conclusion: Adult ADHD is important and differs in some aspects from childhood ADHD. However, problems associated with ADHD are not limited to childhood and adolescence. Implications and suggestions for future research are also discussed.

P-314 Parent and teacher rated effects of a Methylphenidate Transdermal System (MTS) in children with attention-deficit/hyperactivity disorder (ADHD)

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Shire Development, Inc.

Aim: Evaluate the efficacy of a methylphenidate transdermal system (MTS), compared with placebo, using OROS methylphenidate as a reference therapy, and using parent and teacher ratings in a naturalistic community setting.

Method: This was a randomized, double-blind, parallel-group, placebo-controlled study with a 5-week dose-

optimization phase in children (6-12 years) diagnosed with attention-deficit/hyperactivity disorder (ADHD) by DSM-IV-TR criteria. Parent-rated efficacy measures included the Conners' Parent Rating Scale-Revised: Short Form (CPRS-R), administered at 11: 00AM and 3: 00PM on the last weekend day prior to study visits. CPRS-R subscales for ADHD index, oppositional, hyperactivity, and cognitive problems were used to assess efficacy and behavior. The Conners' Teacher Rating Scale-Revised: Short Form (CTRS-R) was administered at 10: 00AM and 2: 00PM on 2 days each study week.

Results: The change from baseline CPRS-R scores at 11: 00AM was statistically significant for MTS compared with placebo for the ADHD index ($p=0.0002$), oppositional ($p<0.02$), hyperactivity ($p<0.0001$), and cognitive problems ($p=0.0001$) subscales. At 3: 00PM change from baseline was statistically significant for MTS compared with placebo for the ADHD index ($p=0.0001$), hyperactivity ($p<0.0001$), and cognitive problems ($p<0.0001$) subscales, but not the oppositional subscale ($p=0.1040$). CTRS-R endpoint ratings were also statistically significant from baseline ($p<0.0001$) compared with placebo.

Conclusion: Treatment with MTS resulted in significant improvements in parent and teacher ratings of behavior compared with placebo in both the morning and afternoon. The efficacy and safety of MTS versus placebo was similar to OROS methylphenidate versus placebo. MTS may be an effective alternative to oral medications for the treatment of pediatric ADHD.

P-315 Cognitive profiles in children referred for attention deficit hyperactivity disorder assessment

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Aim: To identify a clinically meaningful WISC – IV profile of ADHD children in a sample of patients referred to a Specialty Unit for children and adolescents with ADHD.

Method: A sample of 41 patients consecutively referred to a Specialty Unit for ADHD from April 2006 to October 2006 were assessed by means of WISC – IV and the Revised Conners' Parent and Teacher Rating Scales (CPRS-R, CTRS-R). Clinical diagnosis was established according DSM-IV criteria. The association between WISC – IV subscales and Conners'Scales were analysed through Pearson's correlations. A K-means Cluster analysis was used to identify homogeneous groups based on similarities in behavioural symptoms and cognitive achievement.

Results: No significant correlations were found between WISC – IV and Conners'Scales, except for Coding with inattentive subscale of CTRS-R ($r=0,327$; $p<0,05$), and Arithmetic with the hyperactivity subscale of CTRS-R ($r=0,358$; $p<0,05$). A two-cluster solution was selected: a hyperactivity / conduct disorder group and an inattentive / learning disability group. The hyperactivity group included the patients with higher scores on CPRS-R and CTRS-R, and homogeneity between WISC –IV subscales. The inattentive / learning disability group included the patients with moderate-to-high scores on CPRS-R and CTRS-R, higher Perceptual Reasoning along with slightly

lower Verbal Comprehension, and attention / processing speed deficits (lower scores on Digit Span, Coding and Arithmetic).

Conclusion: The two-cluster solution is consistent with the clinical impression of two separate subtypes of ADHD based on behavioural symptoms and neuropsychological profile. More research is needed with larger sample sizes to replicate the results.

P-316 A Novel Methylphenidate Transdermal System (MTS) provides early, continuous, and long-lasting delivery of methylphenidate in pediatric patients with attention- deficit/hyperactivity disorder (ADHD)

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Shire Development, Inc.

Aim: Evaluate the safety, efficacy, and pharmacokinetic profile of methylphenidate transdermal system (MTS) in children with ADHD.

Method: Children (6-12 years) diagnosed with ADHD were enrolled in a randomized, double-blind, multicenter, laboratory classroom study comparing MTS with placebo. MTS patches contain methylphenidate solubilized in acrylic then mixed with a silicone-based pressure sensitive adhesive. After dose-optimization using patches with 27.5, 41.3, 55, and 82.5 mg of MPH, patients were randomized to MTS or placebo patches for 1-week followed by 1-week of crossover. Patches were applied each morning and worn for approximately 9 hours.

Results: MTS was significantly superior to placebo for all efficacy endpoints. Absorption of d- and l-MPH into the systemic circulation occurred within 2 hours after application. The mean percentage of d- and l-MPH delivered over the 9-hour dosing period was generally similar across all 4 patch sizes and ranged from 38% to 45% of the total MPH content within the patch. Median Tmax for d- and l-MPH ranged from 7.1 to 8.8 hours. AUC_{0-12h} and C_{max} for d-MPH and l-MPH increased in a generally dose proportional manner over the entire range of patch sizes, declining in a generally monophasic manner upon patch removal. Most adverse events were mild to moderate in intensity and skin adherence was rated as excellent.

Conclusion: Compared with immediate and long-acting oral formulations of MPH, MTS is associated with reduced blood concentration fluctuations, provides convenience with once-daily administration, and eliminates the challenge of swallowing large extended-release tablets, which can be problematic for many children.

P-317 ADHD: comorbidity with behavioral disorders and learning disability

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Aim: Studies on ADHD show great percentages of comorbidity (50-60%) with behavioural and learning disorders. However the type and the causes underlying learning disorders have not been yet clarified.

Aim of this study is to examine the links between ADHD, behavioural disorders and reading ability in pupils of the Athens greater area.

Method: Data were collected from 201 pupils (45,8% boys, 54,2% girls) attending second grade of public elementary schools of greater Athens district. The CBCL was administered to parents in order to evaluate symptoms of behavioural disorders, inattention and hyperactivity. Teachers have completed the CBCL, the Conners scale and a questionnaire concerning the literacy skills of each pupil. For the evaluation of reading ability, a test was designed appropriate for the knowledge of the second class.

Results: ADHD is correlated with low learning abilities. Attention deficit as described by the teachers is correlated with low reading skills. Hyperactivity and behaviour disorders are not statistically correlated with reading ability. In this study, teachers consistently rate the children as exhibiting more problems, in particular for the internal scale. There is a better agreement between teachers and parents for the external and total scale.

Conclusion: It seems that attention deficit is in a great part responsible for the low reading abilities of pupils of the second grade. This fact must be under consideration when therapeutic and/or educational planning is undertaken.

P-318 The features of emotion self-regulation in an inpatient sample of youth with attention deficit/hyperactivity disorder in Hungary: the importance of adaptive behavioral strategies

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Introduction: In an earlier study we have found that emotion self-regulation in childhood and adolescence had been associated with depression and different type of suicidal behaviors. Moreover, we provided differences in the adaptive and maladaptive, and behavioral, cognitive and social domains of emotion self-regulation in youngsters with externalizing and internalizing disorders, underlying the impact of this trait in different psychopathologies.

Aim: Further examinations of emotion self-regulation in youth with attention deficit/hyperactivity and internalizing disorders.

Method: Our subjects were recruited from the inpatient units of our hospital. 317 youngsters (188 boys), ages 10-17, completed a self-rated scale of emotion self-regulation, "Feelings and Me" Questionnaire. The adaptive - maladaptive and behavioral - cognitive - social domains of emotion self-regulation were examined, and the features of emotion self-regulation in attention deficit/hyperactivity disorder (88 subjects) were investigated in comparison with internalizing disorders.

Results: Youth with attention deficit/hyperactivity disorder utilized more adaptive behavioral strategies ($t=3.28$; $p<.001$), while youngsters with internalizing disorder could be characterized by more maladaptive behavioral ($t=2.75$; $p<.01$), maladaptive cognitive ($t=1.79$; $p<.05$) and maladaptive social ($t=2.37$; $p<.01$) strategies.

Conclusion: These results emphasize the importance of utilization of adaptive behavioral strategies in youth with attention deficit/hyperactivity disorder, that this trait may have influence on the absence of internalizing symptoms. Notably, youngsters with internalizing disorders had less favorable emotion self-regulation profiles.

P-319 Aggressive behaviour in ADHD patients

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Aim: Frequently, children and adolescents with ADHD come to the specialist having problems with their aggressive behaviour.

We present in this study the most common factors related to a certain type of aggressive behaviour: heteroaggressive (verbal, physical); autoaggressive

Method: We analyzed birth and delivery circumstances, family history of psychiatric disorders, family factors (broken homes, single parent and poor family functioning), social factors (education and unemployment of parents, financial resources of the family), school-performances and their relation with a certain type of aggressive behaviour and with symptoms severity in a clinical sample of 78 patients diagnosed with ADHD, 59 boys and 19 girls, with age range 6 to 14 years who were admitted to “Prof. Dr. Alexandru Obregia” Hospital – Child and Adolescent Psychiatry Department, Bucharest, Romania, between January 2006 – July 2007. These subjects met DSM-IV ICD-10 criteria for ADHD. Stony Brook Inventory (parent versions) - A, B, C clusters were used for patients evaluation. The data of these patients were compared to a school-based community sample of 78 children, 60 boys and 18 girls, with the same age range, without psychiatric impairment.

The data were statistically processed using A-NOVA Method.

Results: There were statistically significant correlations between male gender and verbal aggressive behaviour ($p < 0,001$); male gender and physical aggressive behaviour ($p < 0,005$) in the study group. These correlations were insignificant in the normal child and adolescent sample.

We found statistically significant correlations between verbal aggressive behaviour and high scores at Stony Brook Inventory cluster A ($p < 0,005$) and also between birth circumstances and verbal aggressive behaviour ($p < 0,005$) in our clinical sample.

The family history of psychiatric disorders was correlated with physical and verbal aggressive behaviour ($p < 0,005$) in the sample with ADHD children.

Statistically there were no significant associations between aggressive behaviour and any other researched factors.

Conclusion: Frequency of psychiatric disorders in family history and positive history for birth injury were significant higher in our clinical sample with ADHD patients compared to normal children sample.

P-320 ADHD – a study of prevalence in a Portuguese non-clinic sample

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ADHD is one of the most diagnosed and studied disorder of childhood. It represents almost half of the Child and Adolescent Psychiatry consultation requests at Centro Hospitalar do Porto.

Nowadays, pathophysiology has been largely studied, as well as its comorbidities and treatment options.

However, those data are mostly referred to American Populations, being difficult to extrapolate conclusions to European countries, in particular, southern European countries.

The authors studied a scholar population of 300 children, from 6 to 12 years old, coming from different schools in Oporto, Portugal.

The aim of this study is to evaluate prevalence of ADHD in a non-clinic sample, as well as the existence of comorbidities and the effects of this disorder in academic performance of those children. This paperwork also wants to discuss the need of an earlier diagnosis and intervention, as well as a multisystemic approach, in order to improve the future of those children

P-321 Prevalence of attention deficit hyperactivity disorder and subtypes among school age children in Trabzon

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İsmail Ak

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Aim: The aim of this study was to determine the prevalence of Attention Deficit Hyperactivity Disorder (ADHD) and other disruptive behavior disorders in a sample of primary school children in Trabzon, Turkey.

Method: Primary school children aged 6–12 years ($n = 1126$) were assessed for DSM-IV criteria of ADHD and other disruptive behavior disorders by using Turgay's Child and Adolescent Behavior Rating Scale. The scale was applied to teachers and parents. Diagnosis was made when the symptoms either completed by parents or teachers met DSM-IV criteria for ADHD and other disruptive behaviors.

Results: The prevalence of ADHD symptoms was 23.7% and the subtypes were predominantly inattentive 8.7% , predominantly hyperactive/impulsive 7.8% and combined 7.2% respectively. The male to female ratio was higher than 1 for all the subtypes of ADHD. Comorbidity of other disruptive behavior disorders was 13.9% with oppositional defiant disorder (ODD) and 4.3% with conduct disorder (CD). The highest comorbidity rate was determined in the combined subtype of ADHD.

Conclusion: Prevalence of ADHD largely differed between studies. High prevalences in our study would be related with the method of data collection. However scanning of this population indicates that it might be possible for clinicians to observe ADHD symptoms frequently. Symptoms of ADHD and other disruptive disorders should be evaluated carefully.

P-322 Efficacy, effectiveness and safety of a modified release methylphenidate preparation in children with attention deficit/hyperactivity disorder

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Meanwhile several modified release methylphenidate (MPH) preparations are available differing in the mixture of immediate and extended-release MPH and the physics of the delayed-release system. The presentation will

summarize the results of several studies assessing the efficacy and the duration of action of a new extended-release formulation of MPH with 50% immediate release MPH (Medikinet retard) as a once-daily treatment for children with Attention-Deficit/Hyperactivity Disorder (ADHD). The safety, efficacy and duration of action was assessed in a randomized, double-blind, crossover multicentre study with three treatment conditions: once-daily extended release MPH, twice-daily immediate release MPH and placebo given to 79 children (8-14 years old) with ADHD. Daily assessments in an analogue classroom setting included blind ratings of attention and deportment and a performance measure (math test). Both active treatment conditions displayed significant time course effects and were superior to placebo in improving all efficacy measures. Once a day extended release methylphenidate was not different from the same dose of twice daily immediate release methylphenidate. In another

In a placebo controlled, randomized-parallel, double-blind multicentre study with 85 children with ADHD the effects of the drug was investigated in their natural school and family environment A clear positive drug effect on ADHD symptoms could be found, as rated by teachers in the morning and by parents in the afternoon. Moreover effects on conduct problems were also found. In a third observational study the effects of the drug in daily practice could be shown. These data provide support for the benefit of this novel, once-daily methylphenidate preparation in the treatment of ADHD.

P-323 Genome-wide linkage analysis of attention-deficit/hyperactivity disorder in extended pedigrees using high- density SNP arrays

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Aim: Previous genome-wide linkage studies applied the affected sib-pair design, one investigated extended pedigrees of a genetic isolate. Here results of a genome-wide high-density linkage scan of attention-deficit/hyperactivity disorder (ADHD) using an array-based genotyping of ~50K single nucleotide polymorphism (SNPs) markers are presented.

Method: We investigated eight extended pedigrees of German origin that were non-related, not part of a genetic isolate and ascertained on the basis of clinical referral. Two parametric analyses maximizing LOD scores (MOD) and

a non-parametric analysis for both a broad and a narrow phenotype approach were conducted.

Results: Novel linkage loci across all families were detected at 2q35.5q13.1.6q22-23 and 14q12, within individual families at 18q11.2-12.3. Further linkage regions at 7q21.11.9q22 and 16q24.1 in all families, and at 1q25.1,1q25.3,9q31.1-33.1,9q33,12p13.33,15q11.2-13.3 and 16p12.3-12.2 in individual families, replicate previous findings.

Conclusion: We identified several novel candidate genes that are densely expressed in brain and have potential impact on disorder relevant synaptic transmission. This study provides further evidence for common gene effects throughout different populations despite the complex multifactorial etiology of ADHD.

P-324 Burn-out syndrome of mothers of children with attention deficit and hyperactivity disorder

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Aim: It is shown that parents have burnout syndrome due to the stress of child care. There is difficult to manage children with ADHD (Attention Deficit and Hypeactivity Disorder). The aim of this study is to compare the burnout levels of mothers of ADHD children with a control group.

Method: Maslach Burnout Inventory (MBI) in a sample of mothers is used in this study.54 mothers of ADHD children and 42 control mothers participated in the study. WISC-R (Wechsler Intelligence Scale for Children-Revised) was used for every children with ADHD and control groups. IQ<70 or significant medical or neurological conditions were exclusionary. Children with ADHD may have another psychiatric situations which are learning disability, enuresis nocturna or conduct disorder.

Results: Results show that mothers of ADHD children have a burnout syndrome. There is no statistical differences between subgroups of ADHD also between medication treatments.

Conclusion: In the treatment of ADHD children, psychological status of mothers should be investigated.

P-325 Relationships between neuropsychological measures of executive function and behavioral measures of ADHD symptoms and comorbid behavior

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Aim: The objective of this study was to examine the relationship between executive functions (EFs), as measured by neuropsychological tests, and symptoms of attention deficit hyperactivity disorder (ADHD) and comorbid behavior, as rated by parents and teachers. As intelligence and language ability are important covariates they were also assessed.

Method: The sample consisted of 43 children aged 7-11 years who were referred for neuropsychological assessment at a tertiary clinical facility. Most of the children had the diagnosis of ADHD combined or inattentive type. Different aspects of EFs were assessed.

Results: EFs were not significantly related to symptoms of ADHD, but only to comorbid symptoms of depression and autistic symptomatology. Language ability rather than EFs best predicted teacher ratings of inattention.

Conclusion: The results of the study do not support the EF theory of ADHD. The importance of screening for comorbid language disorders in children referred for ADHD is emphasized.

P-326 ADHD symptoms and subtypes: relationship between childhood and adolescent symptoms

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Aim: To study ADHD symptoms and DSM-IV subtypes in childhood and adolescence.

Method: 457 adolescents aged from 16 to 18 years from the Northern Finland 1986 Birth Cohort participated in an epidemiological survey for ADHD. After assessment with a diagnostic interview those with current or childhood ADHD were classified using DSM-IV criteria. Childhood diagnosis of ADHD was set according to retrospective recall. The characteristics and relationships in ADHD symptomatology in childhood and adolescence were studied in relation to behavioural problems and parental history of attentional problems.

Results: ADHD was reported more commonly in childhood than in adolescence, indicating remission in about one third of cases. Relationships occurred across Combined, Inattentive, and Hyperactive-Impulsive subtypes. Those with childhood and adolescent diagnosis had endorsed specific inattentive symptoms more commonly than those with only childhood diagnosis, had greater co-morbid major depression and/or oppositional defiant disorder, and had fathers with more reported attentional problems than those with only childhood diagnosis. In childhood, ADHD subtypes differed along symptom severity but by adolescence these differences were no longer significant.

Conclusion: The persistence of ADHD from childhood to adolescence is common. Specific inattentive symptoms, certain psychiatric co-morbidity, and family history of attention problems (fathers specifically) contribute to the risk of persistent ADHD. ADHD subtype differences reflect symptom severity differences in childhood that are negligible by adolescence.

P-327 Changes in parental depression and quality of life following methylphenidate osmotic release oral system treatment of children with ADHD

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Aim: The aim of the current study was to investigate how methylphenidate osmotic release oral system (OROS-MPH) treatment of children with attention-deficit hyperactivity disorder (ADHD) would affect self-reported depression and quality of life in their parents.

Method: Fifty-three ADHD, aged 6 to 16 years, participated in this study. Children's symptoms were assessed at baseline, week 4 and week 8 using the first 18 items in the Swanson, Nolan, and Pelham – Fourth Edition (SNAP-IV-18). In addition, parental depression and quality of life were evaluated using the Beck's Depression Inventory (BDI) and the World Health Organization Quality Of Life Assessment, Brief Version (WHOQOL-BREF).

Results: We found significant decrease in scores of SNAP-IV-18 from baseline to week 4 and from week 4 to week 8 in children with ADHD. In addition, parental BDI score was significantly decreased from week 4 to week 8. Finally, we found that the psychological domain of the WHOQOL-BREF showed a tendency to be affected by the treatment with OROS-MPH. The SNAP-IV-18 score in children was negatively correlated with the score of social relationship domain of the WHOQOL-BREF in parents.

Conclusion: The improvement in parental depression could be predicted by the amount of symptom improvement in children with ADHD. In conclusion, we suggest that the increased depression and the decreased quality of life in parents can be improved following treatment of their children with ADHD.

P-328 Organization and operation of a specialized ambulatory of attention deficit hyperactivity disorder in a community mental health service

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Attention Deficit Hyperactivity Disorder (ADHD) is the most widely studied syndrome in child and adolescent psychiatry. Since it refers to the 3-10% of the school population, and in the majority of the cases is accompanied and complicated by educational, behavioral and psychological problems, the need for early diagnosis, effective treatment and long-term follow-up has led to the organization of this specialized ADHD ambulatory. The purpose of this presentation is to demonstrate the aims and the organization of this ADHD ambulatory, focusing on the assessment and evaluation protocol as well as the treatment and psycho educational protocol. Moreover, other important activities of this specialized ADHD ambulatory are demonstrated: organization of preventive

programs, programs of updated scientific education of mental health professionals as well as teachers, creation of a data registry and effectuation of research, both regarding our population and participating in wider research programs. This presentation demonstrates the necessity of professionals' specialization in ADHD, in order to decrease misdiagnosis and increase effective treatment of children and adolescents with ADHD.

P-329 Maternal smoking during pregnancy and childhood attention deficit/hyper activity disorder: a preliminary study in Japan

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Aim: To examine the relationship between attention deficit/hyper activity disorder (ADHD) and maternal smoking during pregnancy.

Method: A total of 61 couples of children with ADHD and their mothers were investigated as ADHD group through October 2007, as well as a total of 205 couples of children with mild physical disorders and their mothers as control group in clinical setting of outpatients. Diagnosis of ADHD was made by the specialists for childhood psychiatry or pediatric neurology in accordance with DSM- diagnostic criteria. Information regarding lifestyles during pregnancy and ADHD symptoms of the children was obtained from the mothers using self-reported questionnaire followed by a semi-structured interview. The self-reported questionnaire includes socioeconomic status of the parents, maternal tendency of ADHD, as well as maternal lifestyles during pregnancy and ADHD symptoms of the children. Items regarding maternal lifestyles during pregnancy include habits of addictive substances, such as smoking or drinking.

Results: Maternal smoking during pregnancy was associated with a modestly increased risk of ADHD. This tendency remained after controlling for the other confounding factors.

Conclusion: Maternal smoking during pregnancy may be a risk factor of offspring's ADHD in Japanese population. The sampling of ADHD and controls is still continued, and the newest results will be shown in the presentation.

P-330 Successful treatment with bupropion for nicotine dependence in a hyperactive adolescent

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Introduction: Previous research indicates a potential bi-directional link between youth substance use and externalizing psychiatric comorbidities (e. g. hyperactivity,

impulsivity, inattention, aggression). It is reported that adults with ADHD have an increased risk of substance use disorders independent of psychiatric comorbidity. In a sample of male adolescents with ADHD, tobacco use and nicotine dependence is reported to be 30.8% and 7.1% , respectively. Here, we report a hyperactive adolescent with nicotine dependence who has benefited from bupropion treatment.

Case: A 13-year-old boy presented to our clinic with the complaint of excessive smoking. He had a history of attention-deficit/hyperactivity disorder (ADHD) diagnosed 6 years ago, according to DSM-IV-TR criteria and was on treatment with methylphenidate in changing doses (10 mg/d – 30 mg/d). He had been smoking for 3 years and his consumption had recently reached to approximately 40 cigarettes/day. Before admission, he had behavioral therapy for 2 months and used nicotine patches for approximately 3 months. He had no history of any other substance use. He was prescribed bupropion, initially 75 mg per day po and gradually increased to 150 mg per day po. He denied smoking after two months from the treatment.

Discussion: Bupropion is a non-tricyclic antidepressive that inhibits pre-synaptic dopaminergic and noradrenalin mechanisms. It is one of the first-line pharmacological therapies for nicotine dependence. However, in adolescents, its use for nicotine dependence is not well-defined. Our case report may be a basis for using bupropion in adolescents for nicotine dependence, but well-designed trials are needed for confirmation.

P-331 Cognitive functions in children with ADHD and epilepsy

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Aim: The aim of this study is to compare cognitive functions of children with ADHD and epilepsy with co-morbid ADHD. **Method:** Participants were 42 children and adolescent with ADHD. First group included 21 participants who had epilepsy and second group included 21 participants who haven't epilepsy. Both groups had ADHD diagnosis according to DSM-IV criterias. Participants who had IQ scores under 70 were excluded. Ages, genders and ADHD sub-type of groups were matched. Stroop TBAG form was used for evaluation of cognitive functions.

Results: Mean age was 11.8 years. In each group, there were 11 girls and 10 boys; 17 combined type and 4 inattention type of ADHD. While total error rate was 8.52 ± 4.6 in the first group, it was 4.85 ± 2.5 in the second group ($p=0.006$). There weren't significant difference between groups' total testing time.

Conclusion: The co-morbidity of ADHD and epilepsy is often. Sometimes, epilepsy causes inattention and behavioral problems. In these cases, when epilepsy is treated, inattention and behavioral problems may improve, too. On the other hand, ADHD and epilepsy are separate clinical conditions, generally. In such a case, treatments must be planned together. According to our findings, it seems, epilepsy might aggravate cognitive function deficits in the patients with ADHD.

P-332 Diminished lateralisation of motor-related potentials in attention-deficit/hyperactivity disorder

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Aim: Previous investigations of the motor system by means of event-related potentials (ERP) in attention-deficit/hyperactivity disorder (ADHD) revealed disturbed response preparation, altered monitoring function and deficient inhibition. We investigated ERP related to motor execution in children with attention-deficit/hyperactivity disorder (ADHD) and healthy controls.

Method: EEG recordings of a previously published sample (Seifert et al,2003) of 16 children with ADHD and 22 healthy performing a continuous performance task were evaluated in regard to lateralised motor potentials.

Results: We detected a significantly diminished lateralisation of motor related potentials in the ADHD group in the primary motor cortex (MI): a. the initial motor potential peak (iMP) coinciding with muscle activity; b. the motor postimperative negative variation (mPINV) reflecting post-processing of motor response. Stimulant medication did not show any effect on the finding.

Conclusion: Our findings suggest a qualitative deficit in execution of motor response in the primary motor cortex possibly reflecting disturbed intracortical inhibitory function.

P-333 Reliability and concurrent validity of the French Version of the adolescent Buss-Durkee hostility inventory in a clinical population

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Introduction: There is a dearth of valid instruments tapping aggressive behaviours in adolescents. The Buss-Durkee Hostility Inventory (BDHI), an instrument commonly used in adult clinical and research settings to evaluate aggressiveness, has been adapted for use with adolescents (Boone et al,1988). This 24-items self-report included three subscales: hostile attitude, verbal aggressiveness and physical aggressive behaviours. Following contacts with the developers, it appeared that no French version has been yet developed to be used with French youths.

Aim: Examine the reliability and concurrent validity of a French version of the Adolescent-BDHI in a clinical population.

Method: A French version of the Adolescent-BDHI was obtained through back-translation. Alternative formulations of items were pre-tested with France and Quebec Francophones in order to evaluate the items comprehension. The final 24-items French version was administered among 40 in-patient French M/F adolescents along with the Youth CBCL (Achenbach) and the Affective

Lability Scale (Harvey) the latter including an Anger sub-scale. Twenty-six of the participants were re-tested 2 weeks later.

Results: Test-retest yielded a fair ICC: .73. Internal consistencies were good. Concurrent validity data will be presented and discussed.

Conclusion: This seminal study on the newly developed French version of the A-BDHI provides some support to the reliability of this instrument in clinical population.

P-334 Long-term effectiveness and safety of lisdexamfetamine dimesylate in children aged 6 to 12 years with attention-deficit/hyperactivity disorder

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Aim: Evaluate the safety and effectiveness of long-term lisdexamfetamine dimesylate (LDX, Vyvanse[®]) in children aged 6 to 12 years with attention-deficit/hyperactivity disorder (ADHD).

Method: This long-term, open-label, single-arm extension study enrolled children aged 6 to 12 years with DSM-IV-TR[®] diagnosis of ADHD who may or may not have received prior LDX treatment. Subjects were titrated to 30,50, or 70 mg/d LDX over 4 weeks. Treatment continued for 11 more months, during which time dose adjustment was allowed. Primary and secondary effectiveness measures were the ADHD Rating Scale (ADHD-RS) and the Clinical Global Impression (CGI) scale, respectively. Standard safety assessments were also performed.

Results: At endpoint, the mean \pm SE change in ADHD-RS total score from baseline in the intent-to-treat (ITT) population (n=272) was -27.2 \pm 12.8 (P<.0001), a >60% reduction from baseline (43.3 \pm 7.7). Reductions were observed at each postbaseline visit throughout the 12 months. No differences were found between subjects who were or were not previously treated with LDX. At endpoint, investigators rated >80% of the ITT subjects as improved or very much improved on the CGI scale. Treatment was generally well tolerated. Most AEs (>95%) were mild to moderate in severity, occurring in the first 8 weeks of treatment. The most common AEs were decreased appetite (33%), insomnia (17%), weight decrease (18%), headache (18%), upper abdominal pain (11%), irritability (10%), and upper respiratory tract infection (11%).

Conclusion: Long-term treatment with LDX resulted in persistent improvements with good tolerability in children with ADHD symptoms.

P-335 Diagnosis of ADHD in children and adolescents with pervasive developmental disorders

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Aim: To identify the frequency, age and gender distribution of ADHD in children and adolescents with Pervasive Developmental Disorders (PDD).

Method: The clinical sample consisted of male (n=177) and female (n=39) children and adolescents with PDD. The diagnoses of ADHD and PDD were made by experienced child and adolescent psychiatrists using structured clinical interviews and the Offord and Boyle Ontario Child Health Study Rating Scales, the DuPaul ADHD Rating Scale (Parent and Teacher versions) and the Krugs Autism Screening Instrument.

Results: The subtypes of PDD amongst the clinical population were: Aspergers Disorder (n=8) (3.88%), Autistic Disorder (n=79) (38.5%), and PDD Not Otherwise Specified (n=119) (57.7%). The age distribution was as follows: ages 2-5 yrs (n=110) (53.9%), ages 6-12 years (n=80) (38.83%), and ages 13-15 years (n=12) (5.82%). The diagnostic criteria for ADHD was met for 147 patients or 71.35% of the total clinical sample. Of these patients, the ADHD subtypes were: ADHD, Combined Type (n=137) (93.19%) and ADHD, Predominantly Inattentive Type (n=8) (5.4%).

Conclusion: ADHD, Combined Type is very common in child and adolescent patients with PDD. It is important for clinicians to carefully screen patients with PDD for ADHD, so that appropriate treatment and medication plans can be selected based on the individual clinical profile. It is recommended that new clinical classification systems consider the presence of ADHD in PDD populations.

P-336 Efficacy and safety of OROS[®] methylphenidate in adults with ADHD – the long-acting methylphenidate in adult ADHD (LAMDA) trial

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Aim: Although attention deficit/hyperactivity disorder (ADHD) is considered a childhood condition, recent surveys have reported prevalence rates of 4% in individuals >18 years¹⁻³. This study evaluated the safety and efficacy of OROS[®] methylphenidate at three fixed doses in adults with ADHD.

Method: Adults aged 18–65 years (clinician-rated Conners' Adult ADHD Rating Scale [CAARS] score of ≥ 24 at screening) were randomized to methylphenidate 18,36,72 mg/day or placebo in this double-blind dose-response LAMDA trial. Primary efficacy endpoint was the change

in the sum of the CAARS inattention and hyperactivity/impulsivity subscores from treatment start to end of 5-week double-blind phase. Safety assessments included adverse events (AEs), vital signs, and laboratory parameters.

Results: 401 subjects were treated during the double-blind phase, with 394 eligible for the intent-to-treat analysis. All three doses of OROS[®] methylphenidate demonstrated statistically significant improvements in CAARS scores compared with placebo (Dunnett's test, $P < 0.05$). A dose-response effect was evident, with effect sizes of 0.38, 0.43 and 0.62 in the 18,36, and 72 mg/day dose groups, respectively. Pulse rate was slightly, but statistically significantly, elevated in all methylphenidate groups ($P < 0.05$). There was a small, but statistically significant, increase in diastolic and systolic blood pressure at Week 1 in the 72-mg group. Most frequently reported AEs by patients on active treatment included decreased appetite (25%), headache (22%), insomnia (13%), nausea (13%) and dry mouth (12%).

Conclusion: OROS[®] methylphenidate is safe and effective in adult ADHD. Improvements in inattention and hyperactivity/impulsivity symptoms are dose-dependent in a 18–72 mg/day dose range.

P-337 Open-label extension trial of the safety and tolerability of OROS[®] methylphenidate in adults with ADHD – the long-acting methylphenidate in adult ADHD (LAMDA) trial

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Aim: Studies following children with attention deficit/hyperactivity disorder (ADHD) into adolescence and early adulthood indicate that ADHD frequently persists and is associated with significant psychopathology¹⁻⁴. This study evaluated the safety and tolerability of OROS[®] methylphenidate in an open-label study in adults with ADHD.

Method: Adults (18–65 years) who participated in the placebo-controlled LAMDA trial and met inclusion criteria for the 7-week open-label extension phase were enrolled. Although the starting dose of OROS[®] methylphenidate was 36 mg/day, approximately one-quarter of subjects started on 18 mg/day. Dose was adjusted in increments of 18 mg (dose range, 18–90 mg/day). The Conners' Adult ADHD Rating Scale (CAARS) and other variables were assessed at the start of the open-label phase, at Weeks 1, 3, and 7 and at a 1-week post-study visit. Safety assessments included adverse events (AEs), vital signs, and laboratory parameters.

Results: 371 subjects entered the open-label phase. After 1 week of treatment with OROS[®] methylphenidate, total CAARS score improved significantly in patients who had previously received placebo (n=92; $P < 0.001$). All subsequent

assessments showed a significant improvement in CAARS score compared with open-label baseline ($n=363$; $P<0.001$), regardless of preceding treatment type (active or placebo) during the double-blind phase. Most frequently reported AEs were headache (17%), decreased appetite (13%) and insomnia (11%). 17 subjects discontinued treatment due to an AE. Body weight and body mass index were reduced relative to baseline ($P<0.05$).

Conclusion: In this open-label study, OROS® methylphenidate was generally safe and well-tolerated, and efficacy was maintained in adults with ADHD.

P-338 Validating CBCL for ADHD diagnosis in a multi-racial Asian population using data mining

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Aim: We aim to assess the accuracy of the Child Behavior Checklist (CBCL) scales for attention-deficit hyperactivity disorder (ADHD) in diagnosing ADHD among attendees seen at the Institute of Mental Health's Child Guidance Clinic.

Method: This is a retrospective study. In 2005, the clinic introduced a clinical pathway for ADHD and all new attendees at the clinic with ADHD were put on the clinical pathway. For the first phase of this study, 60 patients were randomly selected among all the patients who were put on the clinical pathway since its inception until June 2006. The diagnosis of ADHD is based on DSM-IV criteria. For the next phase, 60 subjects matched for age, gender and race who were diagnosed as 'normal variants' and who had completed the same questionnaires would be recruited among the clinic attendees as the control group. The ratings on the CBCL would be analysed and compared between the 2 groups.

Results: The data were analysed using data mining methodology. Based on the decisional tree, cut-off scores for Attentional Problem (AP) both screening and diagnosis of ADHD were recommended. Using SPSS analysis, the same cut-off scores were obtained; however, the data mining decisional tree provided a further cut-off for Total Problem score to further improve the specificity. In addition, the data mining decisional tree picked up a non-linear relationship with the AP score which SPSS did not pick up.

Conclusion: Apart from deriving the desired cut-off scores from the study to assist in the screening and diagnosis of ADHD in our clinic population, our study also showed that data mining tools are useful in data analysis.

P-339 Predictors of short-term response to methylphenidate in children and adolescents with attention-deficit/hyperactivity disorder treated in a naturalistic setting

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Children and adolescents with attention-deficit/hyperactivity disorder (ADHD) present distinct characteristics, making them a heterogeneous group of patients. Differences between patients with ADHD also exist regarding the response to methylphenidate. Several factors have been associated to outcomes, but restricted sample sizes in research environments have

limited the generalizability of results. We aimed to evaluate the association between demographic, clinical, and neuropsychological characteristics of children and adolescents with ADHD and further reduction of symptoms with methylphenidate. This study was conducted in the ADHD Program, Hospital de Clinicas de Porto Alegre, Brazil. Three hundred and ninety-nine patients 4 to 17 years diagnosed with ADHD to whom methylphenidate was prescribed were included in this study. Patients returned to clinical evaluation after 1 and 3 months of treatment. Parents evaluated the intensity of ADHD symptoms through the Swanson, Nolan, Pelham Scale, version IV (SNAP-IV). The mean dose of methylphenidate prescribed was 0.70 mg/kg/day. There was a significant reduction of overall symptoms, with an effect size of 1.0. Children and adolescents with mood disorders had a worse response to methylphenidate than patients without any mood disorder ($p=0.009$). This was also detected after 3 months of treatment ($p=0.003$). Preliminary results indicate that the presence of mood disorder is an unfavorable factor to the reduction of ADHD symptoms with methylphenidate treatment in this sample.

P-340 Depression, anxiety and obsessive-compulsive symptom change in children with attention deficit hyperactivity disorder during short term psychostimulant treatment

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Aim: The aim of current study is to define whether any change occurs in depression, anxiety and obsessive compulsive symptoms during psychostimulant treatment in children with hyperactivity disorder (ADHD).

Method: Thirty-three treatment naive children with ADHD, aged 8-13, were assessed based on self, parent and teacher reports at baseline and after one month of psychostimulant treatment regarding change in inattention, hyperactivity, impulsivity, depression, anxiety and obsessive-compulsive symptoms. Quality of life changes were noted as well. Paired samples t-tests were conducted. Children and parents also received information regarding the nature and symptoms of ADHD and its treatment.

Results: Symptoms of inattention, hyperactivity and impulsivity were reduced ($p<0.05$) following a one-month treatment of psychostimulant medication. There were significant decreases in depression scores ($p=0.001$) and state anxiety scores ($p=0.012$), while decrease in trait anxiety and obsessive-compulsive symptom scores were not significant ($p>0.05$). Moreover parents reported significant improvements in psychosocial ($p=0.006$) and total scores ($p=0.019$) of quality of life, despite no change in physical health scores ($p>0.05$). Children's ratings of quality of life measures showed no significant change after the treatment ($p>0.05$).

Conclusion: Symptoms of depression, anxiety and quality of life along with those of inattention, hyperactivity and impulsivity seemed to improve over a one-month period of psychostimulant treatment along with one session of psychoeducation.

P-341 Lack of association between the dopamine transporter gene 3'VNTR polymorphism and attention deficit hyperactivity disorder in Chinese Han children: case-control and family-based studies

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Aim: Attention deficit hyperactivity disorder (ADHD) is the most common childhood onset neurodevelopment disorder. The etiology is unclear, but is suspected to involve the dopamine system.

Method: In this study we used the haplotype-based haplotype relative risk (HHRR) analysis and the transmission disequilibrium test (TDT) to investigate the potential contribution of dopamine transporter (DAT1) gene variants to ADHD.

Results: DAT1 gene polymorphisms were assessed in 54 ADHD Chinese Han children and all 108 of their parents and 66 normal child controls. No differences were found in either genotype or allele distributions. The HHRR analysis of the DAT1 polymorphism suggests that the transmission of this polymorphism is not significantly associated with ADHD. And the TDT result showed that ADHD was not in linkage with the DAT1 gene.

Conclusion: These findings do not support the hypothesis that DAT1 gene variants contribute to the pathogenesis of ADHD in Chinese Han population.

P-342 Efficacy and tolerability of OROS-Methylphenidate in Korean children with ADHD according to comorbid psychiatric disorders

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Aim: More than 50% of ADHD patients have comorbid psychiatric disorders and this comorbidity can moderate the response to methylphenidate. The purpose of this study is to evaluate the efficacy and tolerability of OROS-methylphenidate (MPH) in children with ADHD according to common comorbid psychiatric disorders.

Method: This is an 8-week open-label trial of OROS-MPH monopharmacotherapy. One hundred and thirteen children with ADHD, 6-12 years of age, were enrolled. Primary effectiveness measure was Korean version of parent ADHD rating scale and secondary effectiveness measures were Conner's parent rating scale, CGI-S and CGI-I. We compared change-over-time of mean scores of the outcome measure according to comorbidity of disruptive behavior disorder, depressive disorder, anxiety disorder and tic disorder.

Results: There were no significant differences in effectiveness in OROS-MPH according to comorbid disruptive behavior disorder, depressive disorder, anxiety disorder and tic disorder. There were no differences in doses of OROS-MPH between groups at each evaluation

point. OROS-MPH was well tolerable and safe and comorbidity did not influence the drop out rate. However children with depressive disorder showed more drowsiness and anxiety at 8 week. Children with anxiety disorder had more nightmares at the 1st week and anxiety at 4th week. Children with tic disorder reported higher tics or nervous movements from 2nd week to 8th week.

Conclusion: OROS-MPH is efficacious for decreasing the core symptoms of ADHD and well tolerated regardless of comorbid psychiatric disorders.

P-343 DRD4 variants and electrophysiological response to Go/Nogo task in children with attention deficit/hyperactivity disorder and their healthy sibs

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Aim: Association between ADHD and variants of DRD4 has been reported repeatedly. However, electrophysiological and behavioural correlates of these variants remain understudied. This study investigated association between the electrophysiological and behavioural response elicited by an inhibition task and VNTR variants in exon III of DRD4 in ADHD children and their healthy sibs.

Method: We studied 20 discordant sib pairs (ADHD patient and his/her unaffected sib) between 8 and 13 years old. VNTR variants at exon III of DRD4 were identified according to standard protocols. EEG recordings were obtained from subjects while they performed a visual Go/Nogo Task with 10% Nogo probability. Behavioural and electrophysiological measures were analyzed regarding ADHD status and DRD4 genotype. In the latter case, subjects were classified as homozygous for the DRD4 4-repeat allele (4R-DRD4) or any other genotype. Statistical analysis was performed by parametrical methods.

Results: Subjects homozygous for 4R-DRD4 commit significantly less Omission errors and display lower variability in the reaction time (RTSD) compared with other genotypes subjects (omission errors: 8% v/s 23% p<0,002; RTSD 111ms v/s 138ms p<0,05). Additionally, 4R homozygosity was significantly associated with lower P2 and P3 amplitudes. These results are independent of age and ADHD status.

Conclusion: Our findings suggest that Omission errors and RTSD during Go/Nogo Task may be correlates for DRD4 variants at a behavioural level, while P2 and P3 amplitude are associated with DRD4 variants at electrophysiological level. Since there was a trend for association of these measures and ADHD status, they are attractive as potential endophenotypes for ADHD.

P-344 ADHD with comorbidity impact – treatment with once-daily OROS Methylphenidate

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Aim: Well-known, few studies have definite effectiveness and tolerability of stimulants used in children with attention-deficit/hyperactivity disorder (ADHD), for prolonged periods. Our follow-up study from august 2007. to march 2008. will present results of once-daily OROS Methylphenidate therapy.

Method: We are looking 26 children enrolled in study, 6-14 years old. All of them were team-diagnosed according DSM IV (psychiatrist, psychologist, neurologist, pediatrician). Children with ADHD symptoms are treating with OROS MPH (18-54mg, with adjustments based on clinical symptoms) up to 8 months. All ADHD symptoms measures, vital signs, weight, EEG and laboratory results also will be included throughout the study period.

Results: We will present effects of OROS MPH therapy in children who completed the study, looking for adverse events, clinically significant effects on vital signs, EEG and laboratory test parameters.

Conclusion: Also, we are expecting reduced symptoms ADHD with minimal effects on vital signs, laboratory test, values on growth, tics. This therapy will provide better child's school function, social relationship, organization problems.

P-345 Symptom profiles in girls with ADHD

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Aim: The aim of the study was to evaluate the variety and severity of symptoms, comorbidity and clinical response to the treatment in girls with ADHD

Method: The sample of the study included 58 girls with ADHD according to DSM-IV criteria. Wechsler Intelligence Scale for Children-Revised (WISC-R), Turgay-DSM-IV-Based Child and Adolescent Behaviour Disorders Screening and Rating Scale (T-DSM-IV-S), Clinical Global Impression Scale (CGI) are used for evaluation of the patients. Data are compared 56 boys with ADHD who matched with age and WISC-R total score.

Results: According to DSM-IV, inattentive subtype in girls and combined subtype in boys are found frequently. While WISC-R verbal scores of the girls are found lower, performance scores are evaluated higher compared to boys. Whereas there was a difference in all subscores and total scores except for inattention subscale between genders in T-DSM-IV-S parents forms, there was differences in all of the subscales and total scores in evaluation of the teachers. According to those scales, it is reported that boys have more severe symptoms based on parent and teacher evaluations. While most frequent comorbidity in girls were found to be learning disorder and anxiety disorder, it was oppositional defiance disorder, and elimination disorders in

boys. Treatment response was evaluated by CGI and it was found that response of the girls were worse than the boys. **Conclusion:** Differences are seen in girls with ADHD regarding subtype, severity of the symptoms and treatment response. More comprehensive and detailed studies are needed for effects of gender on ADHD.

P-346 Treatment with OROS®-MPH in children with ADHD is associated with improvement in social functioning throughout the active day

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Aim: ADHD has a substantial impact on scholastic achievements, peer and family relations, and subsequent development. As a result of this, it has been suggested that motor development and social maturity in children with ADHD is delayed. This observation explores effectiveness of OROS®-MPH on social functioning throughout the active day of children with ADHD.

Method: Eight week, prospective, observational study (42603-ATT-0001) documenting children age 6-14 years with ADHD (ICD-10 criteria) under pediatric care receiving flexibly dosed OROS MPH. Effectiveness and functionality were rated on a 5 point Likert-scale in the areas "school" recreation/hobby", "family", "friends/social contacts". Quality of life and CGI-C were noted. Adverse events, vital signs, changes in sleep and appetite were documented.

Results: 306 patients (mean age 10.2±2.3 years; 80% male) were documented and 14% discontinued prematurely. 25% of patients were treatment naive. Median dose of OROS®-MPH was 36mg/day at endpoint. All patients improved compared to baseline in the areas "school", hobby", "family", "social contacts" (p<0.001). QoL ameliorated in 74% of patients and 81% were at least "minimally improved" (CGI-C).

Physicians reported 319 AEs in 160 patients (52.3%). Most frequent adverse events (≥5% of all patients) were insomnia (10.8%), anorexia (7.8%), ineffectiveness of medication (7.8%) and headache (5.6%). Quality of sleep, appetite (baseline vs. endpoint), vital signs remained essentially unchanged. For over 80% of patients tolerability was rated as "good" or "very good".

Conclusion: In this open label, uncontrolled study, treatment with OROS®-MPH in children with ADHD was associated with improved clinical symptoms, social functioning, and quality of life at school and leisure time.

P-347 Medical treatments in cases of attention deficit and hyperactivity disorder

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Aim: Attention deficit hyperactivity disorder, is a disorder beginning in early childhood continuing in adulthood persisting even into following years. It is characterised by attention deficit, hyperactivity, impulsivity.

Method: 153 patients who were diagnosed as attention deficit hyperactivity disorder according to the DSM-IV criteria following clinical interviews with the child,

adolescent and family at child and adolescent psychiatry policlinic by child and adolescent psychiatrist in State Hospital of Antalya, Turkey between May 2006 and January 2007 are included. The diagnosis is supported by screening and rating scale based on DSM-IV for attention deficit and disruptive behaviour disorders filled by parents and teachers. The drug treatments used in cases with diagnosis of attention deficit hyperactivity disorder are determined and side effects and doses of methylphenidate and risperidone are registered one month later in a semi-structured data form.

Results: 126 cases (82.4%) were using methylphenidate, 45 cases (29.4%) were using risperidone, 25 cases (16.4%) were using selective serotonin reuptake inhibitors, 7 cases (4.6%) were using imipramine. In 55.5% of cases methylphenidate is used alone, while 26.9% of cases used in combination. The most frequent side effect due to methylphenidate use is decrease in appetite (34.9%).

Conclusion: Attention deficit hyperactivity disorder, often presents with comorbid disorder. Nonstimulant agents needed to be added to methylphenidate in comorbid cases. In our study, use of selective serotonin reuptake inhibitors only in comorbid cases support the literature. Further studies related with combined treatment regime in attention deficit hyperactivity disorder is needed.

P-348 Long term efficacy /tolerance Of OROS®- Methylphenidate in attention-deficit/hyperactivity disorder

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Aim: We assess efficacy, tolerance, and the increase in dose of Oros-methylphenidate, used for long periods.

Method: We review patients (6-18 years) with ADHD in treatment with Oros methylphenidate for more than one year seen in January 2007. We divide into three groups (12-17, 18-23, and >24 months). We obtain initial sociodemographic/clinical data, DSM-IV diagnosis, treatment and efficacy evaluated with Clinical Global Impression (CGI). On January, a health revision is carried out: weight, height, blood pressure, EKG and laboratory test. Treatments, doses, adverse events, a new CGI and an evaluation scale of parents' satisfaction are obtained.

Results: 47 patients are evaluated (mean age 11,43 years). In 95,7% , no consumption of drugs is found. 74,5% are ADHD mixed (8,5% hyperactivity; 17% attention-deficit). The severity (CGI) is: moderately (38,3%), markedly (40,4%) and severely ill (21,3%).

On January 2007, we found in CGI: severity decrease two points (80,8%), with moderately/much improved (80,85%) and a good efficacy (85,1%). Clinically significant effects are not found. An increase in mean daily dose is seen. All data are analyzed in the three groups.

Conclusions: Efficacy of stimulant therapy is maintained, although increases in stimulant dose may be necessary. We found no evidence of any clinically significant effects in any parameters.

P-349 Methylphenidate in the treatment of female adolescents with co-occurrence of ADHD and borderline personality disorder

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Aim: Recent studies reported significant overlap between attention deficit/hyperactivity disorder (ADHD) and borderline personality disorder (BPD). Methylphenidate (MPH) is the most efficient treatment for ADHD. We assessed the efficacy and tolerability of methylphenidate treatment in adolescent females who met the DSM-IV criteria for both disorders.

Method: We describe 14 cases of BPD - ADHD adolescents aged 14 to 19 years treated with MPH for 12 weeks targeting both ADHD and BPD symptoms as rated by ADHD-RS and CGI-S scales.

Results: Most participants improved in ADHD and BPD symptomatology as well as aggressive behavior. MPH was well tolerated.

Conclusion: MPH may be useful and well-tolerated in treating some shared symptoms of ADHD and BPD among female adolescents.

P-350 Medication treatment for attention deficit hyperactivity disorder in children with learning disabilities: A systematic review

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Introduction: Attention-deficit hyperactivity disorder (ADHD) is a heterogeneous constellation of complex neurodevelopmental problems, with prevalence ranging from 1.5% to 7% according to criteria used. Learning disability (LD) is defined as subaverage general intellectual functioning (IQ below 70) along with significant impairment or deficits of adaptive functioning. The presumption that ADHD symptoms are inherent to developmental disorders has promoted a diagnostic stance that has generally discouraged identification of the disorders as being comorbid, however there is increasing evidence that the diagnosis is valid in these populations. Rates of ADHD in different samples of children and adults with LD vary from 4- 42% depending on the severity of learning disability and the context in which each study was conducted.

Method: We will review studies examining the effectiveness of medication treatment for ADHD in people with learning disabilities. Electronic Searches will be used to identify all studies of medication for ADHD in people with LD. The primary outcome studied will be change in symptoms of attention deficit and hyperactivity.

Results and Conclusion: Unmet medical needs like ADHD, increase both the degree of impairment that is subjectively

experienced and the burden of symptoms that the LD services will be asked to address. Furthermore ADHD related difficulties can jeopardize the placement of the child or adult in educational or community settings respectively. Treatment of ADHD symptoms can enhance social and occupational adaptation, prevent aspects of co-morbidity and increase self-esteem and quality of life.

P-351 Attention-deficit/hyperactivity disorder (ADHD) subtypes on adherence and efficacy of OROS®-Methylphenidate among Poor adherents to immediate release methylphenidate in Taiwan

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Aim: To identify the determinants for the decision making in switching medication to OROS methylphenidate (MPH) among poor adherents to immediate release (IR) MPH; to identify the determinants for adherence to OROS MPH; and to compare the core symptoms of Attention-Deficit/Hyperactivity Disorder (ADHD) and treatment response in different ADHD subtypes.

Method: Two hundred and forty children, aged 6-16 years, were identified as poor adherents to IR MPH and were included in this study. Among them, 137 (57.1%) were switched to OROS MPH while the rest remained on IR MPH. The measures included Clinical Global Impression, the Swanson, Nolan, and Pelham, version IV scale, and some questions regarding parent-child interaction, classroom behaviors, academic performance and side effects.

Results: The determinants for switching medication to OROS MPH among poor adherents tend to be children who were treated at a national hospital and non-medical centers, had received higher dose of IR MPH, had multi-dose drug administration, and had more severe inattention symptom. Poor adherents who had longer duration of IR MPH treatment and were treated at private medical centers were less likely to switch medication. No predictive factor was found for the adherence to OROS MPH. Generally, the ADHD combined and hyperactive-impulsive types have more inattention, hyperactivity, and oppositional-defiant symptoms compared to the inattentive type. Although treatment efficacy was observed in three types of ADHD, treatment response was more evident in the ADHD combined type.

Conclusion: For children with ADHD who have poor adherence to IR MPH, switching medication to OROS MPH may improve their treatment adherence and thus obtain better efficacy. However, for those who are not

or can not be switched to OROS MPH, it is important to resolve their problems of poor adherence in order to achieve optimal treatment outcome. (ClinicalTrials.gov number, NCT00460720)

P-352 Assessment of P wave dispersion in children treated with methylphenidate

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Aim: Methylphenidate, which is a psychostimulant, is widely used in treating children and adolescents with attention deficit hyperactivity disorder (ADHD) and conduct disorder (CD). The aim of this study is to explore the supraventricular cardiac effects of methylphenidate. To assess supraventricular cardiac effects we used p wave dispersion (PWD), which is defined as the difference between maximum and minimum P wave durations.

Method: 24 patients who were diagnosed as ADHD or CD according to the DSM-IV criteria were included in this study. The ECG records were obtained while the patients were drug naive and two or three weeks after 5-54mg/day methylphenidate intake. The difference between the P maximum (Pmax) and P minimum (Pmin) wave duration was calculated from the 12-lead ECG and was defined as PWD. The data was analysed using SPSS for windows version 13.0.

Results: Of 24 patients, aged 4-13 years, 1 was female and 23 were male. The weight of the patients was between 19-66 kg. After treatment with methylphenidate for two to three weeks, ECGs of patients were compared with the baseline ECGs. The difference between baseline and after methylphenidate treatment among PWD, Pmax and Pmin was statistically significant ($p < 0.005$).

Conclusion: Our study shows that methylphenidate may influence atrial myocardial conduction in children with psychiatric disorders at least in doses between 5-54 mg/day. Further studies with larger sample size and higher doses of methylphenidate or comparing other psychostimulant drugs with methylphenidate would be more explanatory.

P-353 A randomized, double-blind, placebo-controlled study of the effects of mentat on ADHD symptoms in children

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Aim: To assess the effects of Mentat - a herbal multi-ingredient standardised formula - on ADHD symptoms

Method: The effects of Mentat were investigated on 60 children with ADHD, by using Vanderbilt ADHD Rating Scales for Parents and for Teachers.

A double-blind, placebo-control, randomized crossover design was used in which each child was assessed twice in each drug condition (placebo, 0.5 and 1 g / day)

Results will be presented.

P-354 A follow-up study of long-term adherence to methylphenidate in children and adolescents with ADHD

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Aim: Methylphenidate is a highly efficacious medication in the treatment of attention-deficit/hyperactivity disorder (ADHD) symptoms. Although ADHD is recognized as a chronic disorder, evidence indicate that no more than an average of 50% of patients remain on treatment with methylphenidate on long-term basis. This data has been obtained following samples initially allocated to medication trials, which may be related to a selection bias. Moreover, samples sizes were limited and data is restricted to developed countries. We conducted a longitudinal study to evaluate long-term adherence to methylphenidate treatment.

Method: Subjects who received the diagnosed of ADHD and to whom methylphenidate was prescribed in the ADHD Program, Hospital de Clinicas de Porto Alegre, Brazil, from 2001 to 2005, were eligible for this study. Two hundred and fifty seven patients were eligible and 220 were evaluated, corresponding to 85% of the sample.

Results: Patients had a mean age of 10.2 years (SD 3) at baseline and 14.5 (SD 3.2) at follow-up. At the follow-up, 43% of children and adolescents were receiving methylphenidate, in a mean dose of 0.54 mg/kg/day. Patients presented a significant reduction of inattentive and hyperactivity symptoms over time ($p < 0.001$). However, the current use of methylphenidate was not associated with a further reduction of symptoms ($p = 0.2$).

Conclusion: The identification of clinical and demographic characteristics associated to treatment drop-out has the potential to improve long-term adherence to methylphenidate.

P-355 Health outcomes of childhood attention-deficit/hyperactivity disorder

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Aim: Attention-deficit/hyperactivity disorder (ADHD) is the most commonly diagnosed psychiatric disorder among children. However, the social and economic costs of ADHD are not well understood. We sought to examine the impact of childhood ADHD on caregivers' work status and work productivity, and patients' health care use.

Methods: We conducted a telephone survey of 120 caregivers of – ADHD diagnosed children. Caregivers were identified from children who refer to children psychiatry clinic.

Results: The mean number of ADHD-diagnosed children per caregiver was 2.1 (range 1–4); 72% of children were in 6th grade or lower. The reported mean number of prior year –ADHD related visits to pediatricians, psychiatrists, psychologists, and counselors were 1.2, 2.7, 3.3, and 5.5 visits, respectively. In the 3 months prior to telephone survey, 32% of visits were for unscheduled emergencies—51% of caregivers reported some change in their work status as a

result of their child's ADHD. Of these, 11% changed type of job, 35% reduced hours worked per week, and 5% stopped working completely. During the 4 weeks prior to survey, caregivers reported having lost an average of 1.3 days from work and being 32% less productive, for an average of 1.7 days attributed to their child's ADHD—this is equivalent to 45 days reduced caregiver productivity per year.

Conclusion: Childhood ADHD adversely affects caregiver work status and work productivity. ADHD also results in frequent unscheduled emergency visits. Effective disease management of childhood ADHD may ultimately mitigate substantial costs borne by employers and health care systems.

P-356 Biogenetic temperament and character profiles and attention deficit hyperactivity disorder symptoms in Korean adolescents with problematic internet use

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Aim: The objective of this study was to evaluate the biogenetic temperament and character profiles, as measured by the JTCI, in Korean adolescents with problematic Internet use. In addition, we examined the association between the temperament/character structures and ADHD symptoms, and their relations to the symptoms of problematic Internet use in Korean adolescents.

Method: Six hundred and eighty-six high school students (389 boys and 297 girls) completed the Internet Addiction Test (IAT), Junior Temperament and Character Inventory (JTCI) and Conners/Wells Adolescent Self-Report Scale: Short Form (CASS: Short). We defined the 'problematic Internet use' group as $IAT \geq 50$ ($n = 125$) and the 'non-problematic Internet use' group as $IAT \leq 49$ ($n = 561$).

Results: The problematic Internet use group showed more problems in school performance, family relations, friendships, and sleep than the non-problematic Internet use group ($p < .001$). The problematic Internet use group scored significantly higher ($p < .001$) in the Reward Dependence, Self-Directedness, and Cooperativeness profiles of the JTCI compared with the non-problematic Internet use group. The Novelty Seeking, Harm Avoidance, and Self-Transcendence scores were significantly lower ($p < .001$) in the problematic Internet use group than in the non-problematic Internet use group. The between-group differences remained significant ($p < .05$) with regard to the Novelty Seeking, Self-Directedness, Cooperativeness and Self-Transcendence profiles after controlling for the ADHD symptoms as measured by the CASS: Short. Compared to the non-problematic Internet use group, the mean subscores of the conduct, cognitive and hyperactivity problems, and the mean total score of the CASS: Short were significantly higher ($p < .001$) in the problematic Internet use group.

Conclusion: The results of this study suggest the possibility that certain personality traits might make some adolescents more vulnerable to Internet overuse, and that temperament/character patterns should be considered in accounts of the etiology of problematic Internet use. In addition, this study also suggests that the presence of

ADHD symptoms might be associated with an increased risk for the development of problematic Internet use in Korean adolescents.

P-357 Blurred vision and pseudopapilloedema following the use of short acting methylphenidate (ritalin)

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We report on an 8 years old child who developed blurred vision and pseudopapilloedema following the use of short acting methylphenidate (Ritalin).

The child attended mainstream school and was diagnosed with ADHD following a comprehensive assessment in a hospital based ADHD clinic. He started on increasing dose of immediate release Methylphenidate (Ritalin) three times daily. Teachers and parents evaluated the effects of treatment on ADHD symptoms in school and home settings.

Our patient responded well to Ritalin. The efficacy measure was on his inattention/ hyperactivity and impulsivity. There was noticeable improvement on his schoolwork and behaviour was improved at home and school. Within 6 weeks of treatment he started complaining of blurred vision. An examination by the ophthalmic surgeon revealed pale discs and pseudopapilloedema. Our patient was examined by our regional paediatric neurologist who also confirmed that the patient didn't have any other neurological pathology contributing to his ophthalmic symptoms. An MRI Scan showed normal brain structure without increased intracranial pressure. We advised the patient to stop taking the Ritalin. He was managed conservatively by behaviour management techniques. He recovered well from the eye complication.

Blurred Vision and pseudopapilloedema are extremely rare in children following treatment with Ritalin. According to our knowledge and belief this complication has not been reported before. For this reason, we recommend that patients who start on stimulant medications should be asked and or screened for ophthalmic complications during follow up.

P-358 ADHD prevalence in Turkish juvenile delinquent sample

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According to prospective studies; hyperactivity, behavioral problems and substance use were found to be the predictors of delinquent behaviors in adolescence. Comparing to the non-delinquent youngsters, the probability of having psychiatric disorders is three times more for delinquent ones. However; psychiatric disorder ratios are changing according to the socio-demographical features and to the prevalence of the disorder in the general population of the countries where researches have been conducted. Considering these factors, the objective of the present study in Turkey, is to identify the prevalence of ADHD, its sub-types and other psychiatric disorders in youngsters,

juvenile offenders of which having the priority. The sample group of the study is consisted of 30 children and adolescents between the ages of 6-16 currently staying at the Agacli Protection, Care and Rehabilitation Center for the delinquent children and adolescents. In data collecting process, K-SADS-PL 1.0, Conner's Parental Assessment Scale and Child Behavior Check List (CBC-L) are being used. In addition to this, it is being evaluated if their psychiatric disorders comply with DSM-IV-TR or not, during the psychiatric interviews made with each and every child. The data collection is in progress.

P-359 Risperidone for the treatment of conduct disorder in preschool children with average intelligence

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Introduction: Conduct disorder (CD), which is a common psychiatric disorder of childhood and adolescence, is characterized by repetitive pattern of behaviors that violate the rights of others or major societal rules. Atypical antipsychotics are being used for the treatment of CD. Among them risperidone has been the most well studied agent.

Aim: The aim of this study was to examine the safety and efficacy of risperidone in the preschooler children with CD and normal intelligence.

Method: Total 16 subjects (13 males and 3 females) at preschool age with normal intelligence participated in the study, 8 of them completed the study. All the subjects met the DSM-IV diagnostic criteria for conduct disorder, severe type. The patients were treated with risperidone in an open label fashion for 8 weeks, starting a daily dosage of 0.125 mg/day or 0.25 mg/day depending on the subject's weight. The mean dose of risperidone at the end of 8 week was 0.78 mg/day (range 0.25-1.5 mg/day).

Results: On the basis of the global improvement item of the Clinical Global Impression Scale (CGI) all of the 8 subjects were classified as responders. Statistically significant improvements were observed in the attention, hyperactivity-impulsivity, oppositional defiant disorder and conduct disorder subscales of the Turgay DSM-IV Based Child and Adolescent Behavior Disorders Screening and Rating Scale- Parent and Teacher Forms after Risperidone treatment ($p < 0.05$). No serious adverse effects were observed.

Conclusion: The results of this study suggest that risperidone may be effective and well-tolerated atypical antipsychotic for the treatment of preschooler children with CD and average IQ.

P-360 Self blood-letting; an unusual form of self mutilation for adolescence

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Aim: To describe an adolescent case who is suffering from a rare form of self mutilation, self blood-letting and to discuss dynamics of this maladaptive behavior.

Case: The process of the hospitalization and the hospital records are examined to evaluate the clinical features of a 17 year old adolescent case, initially recognized with anemia symptoms.

According to the literature, this is the first adolescent case that has self blood-letting behavior. Similar to the adult cases, our patient presents borderline personality disorder traits, severe eating problem and unmanageable self destructive impulsivity. Health care profession background is also similar with the other published adult cases.

Discussion: Deliberate blood-letting is a rare but known feature of self-mutilative behavior. The association with eating disorders and personality disorders is noticeable. In adult psychiatry literature there are several case reports regarding similar clinical features which are described under the topics of Lasthenie de Ferjole Syndrome or factitious anemia.

In this poster, we aimed to report the first adolescent case and to discuss further complications in the admission and treatment of such cases.

P-361 Behavioral disorders in children

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Aim: The purpose of the study was to estimate the question what are the manifestations of the behavior of the deaf children at the early age? The behavior is in this investigation project defined through the developmental areas such as self concept and relationship with peers. Basic aim of this investigation focuses on the field of behavioral disorders of the deaf children at the early age.

Method: The setting of the study was the Clinical Center of the Serbia, ORL Institute University of Belgrade. The investigated sample includes the 30 children, both sexes, age 10-36 months, with bilateral hearing impairments. The sample was tested by the questioner for the behavior estimation, modified for the purpose of this project investigation.

Results: The results of rehabilitation procedures of the deaf children at the early age point up the improvement of the most of investigated behavior areas except the area of relationship between peers.

Conclusion: Key findings indicate that self concept and self identity of investigated sample are manifesting through the better development of all investigated behavior areas. On the base of the preliminary results we can conclude that early treatment doesn't influence to the behavior area such as relationship with peers between deaf children at this age and in this investigated sample.

P-362 Stealing behavior in adolescence

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Introduction: Stealing among adolescents is a behavior which can be expressed as a repetitive and persistent antisocial conduct problem, a symptom of severe underlying conditions such as hyperactivity disorder or as a single antisocial act.

Aim: The aim of the present presentation was to investigate the role of stealing behavior in the context of adolescents' emotional functioning and the relationship between stealing and dimensions of positive mental health as reflected through adolescents' quality of life.

Method: Psychosocial individual and family histories were taken and clinical interviews as well as assessment across various dimensions of positive mental health (e. g., psychological well-being, moods and emotions, school performance, peers relations, social support, etc) were performed in three cases of adolescents visiting a community-based unit for adolescents' mental health.

Results: The particular character and the meaning of stealing behavior on cognitive, emotional, and behavioral level varied in the three cases. Although several differences were observed across assessed domains, the role of unfavorable psychosocial environment was highlighted in all three cases.

Conclusion: The individual particularities should be thoroughly examined when mental health professionals encounter various needs and claims emerged from stealing behavior in adolescence.

P-363 Psychosocial support for the juvenile delinquent in Japan

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In Japan, it is noticeable that a decline in the population of juveniles helps a decrease in quantity of delinquent. Especially, it is the fact that the delinquent rate in 19-year-old (persons under 20 years of age are treated as juveniles) is less than only 10%. It should be emphasized that a study in delinquent careers shows 80% of the juvenile delinquents have never committed the second offense.

According to the study, it can be concluded that the Japanese rehabilitation program in psychosocial support for the juvenile delinquent has been succeeded in preventing against becoming adult criminals.

Based upon my experience and study as a probation officer, in my presentation, I would try to examine the essential issues in Japanese juvenile delinquency and necessity of psychosocial support for the Japanese juvenile delinquent. As a probation officer, I had studied in the issue of juvenile delinquency utilizing family therapeutic approaches, such as psychosocial family support, psycho education for parents, and empowerment technique.

I believe that it is because applying a perspective of psychosocial support for the juvenile delinquents is a key to understanding and solving this serious social problem in Japan.

P-364 The role of the microsocial factors in deviant behaviour of adolescents

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Aim: The aim of investigation is the role of the microsocial factors in genesis of a deviant behaviour of adolescents.

Method: During 2000-2006 years 450 adolescents were examined at the National Scientific Center of Social and Judicial Psychiatry of V. P. Serbsky by the complex clinical

psychopathological, pathopsychological and instrumental diagnostic methods. A middle age of the patients compiled 16,7.

Results: An investigation revealed that 61,2% of adolescents had committed leaden and extra leaden aggressive-violence actions against the personality (murder, the infliction of leaden physical injuries with lethal exit and sexual delicts). The 1/3 (35,3%) of adolescents committed the crimes in drunkenness station. Approximately 50% of them were declared irresponsible (they couldn't understand the character and social danger of their actions) because of derangement. The studying of microsocioal factors revealed following: more than 80% of adolescent offenders were formed in the problem families in the circumstances of an emotional deprivation, the parents of 65% of children suffered with alcohol abuse, 55% of children were incurred different forms of cruel treatment in the families.

Conclusion: The social orphanhood, deprivation, alcohol dependence of parents, the so-called heredofamilial pattern, presents oneself a psychosocial factor influence on the formation of early emotional and volitional disorders in children and adolescents, distorts their socialization, promote an appearance of narcotic problems with the following criminal behaviour.

P-365 Clinical and genetic aspects of emotional dysfunction in conduct disorder

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Disruptive behavior disorders (the so-called externalizing disorders) are some of the most prevalent problems of adolescence. Conduct disorder (CD) is a severe form which is itself heterogenous, though there is little consensus concerning subtyping. One approach to subtyping, analogous to adult conceptualizations of psychopathy, emphasizes factors predictive of behavioral disinhibition. In the present ongoing study we focused on emotional responses, and explored the value of traits reflecting emotional dysfunction in subtyping CD. A large sample of adolescent males referred to a professional training program following disruptive behavior problems were screened using various scales, and callous-unemotional traits (CUT) were evaluated. Significant differences between adolescents with and without CUT are observed irrespective of diagnosis: youths high on these traits show features usually associated with adult psychopathy (lack of behavioral inhibition), seem less distressed by their behavior problems, and tend to be more rejected by their peers. The most prevalent diagnoses (DSM-IV) is CD, with significant comorbidity. When the CD group is compared to the non-CD group, lower levels of empathy and higher levels of excitement following described transgressions are observed. The data also supports the use of CUT in subtyping CD. Thus CUT seem to reflect specific causal processes underlying behavioral disinhibition. Furthermore, reports indicate these causal processes may in part be genetically determined. Indeed, CD is under genetic influence, with possible risk genes on chromosomes 19 and 2. Data also show that individual symptoms of CD are differentially heritable. These results will be discussed with respect to the present findings.

P-366 Characteristics of personality of children and adolescents with conduct disorder

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Conduct disorder is the most frequently diagnosis among delinquents, so prevention of this disorder is one of the prior task in the effort to reduce the crime. However, difficulties on this plan arise even on the diagnostic level, because we have not criteria which enable us to make precisely differentiation among children and adolescent whose antisocial behavior is transient from those whose will be resistant and chronic even in adult. DSM-IV (APA,1994) proposes that we put diagnosis of conduct disorder only if dysfunctional inside individual lay in symptomatic behavior and we do not put it when it is simply reaction on actually social context. Unfortunately we have no direction that would explain the nature of "dysfunctions inside personality", and no method is mentioned we could employ to identify it.

The fact that we put diagnosis only when foundation of conduct disorder is deeply inside individual make psychological approach necessary in diagnostic and prognostic of conduct disorder.

Recently studies dealing with psychologically exploration of personality of juveniles with conduct disorder reported the existence of a certain dysfunctions in structure and dynamic of children and adolescents which are in accordance with descriptions of the construct that some psychologists have conceptualized as early psychopaths (Hare,1993), fledging psychopaths (Lynam,1966) etc.

P-367 Bullying and victimization in Turkish children: implications for intervention

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Aim: Aggressive acts that take place at school context, such as bullying, have an adverse impact on children's psychological well-being. However, previous studies provide limited information about bullying and victimization experiences of Turkish children. The main goal of this study was to examine the prevalence and types of bullying, and the relations between bullying, school characteristics, and demographic variables.

Method: A total of 2630 students (Mage = 12.11 years; SD = 1.42) from 19 schools participated in the study. Students completed a modified version of the Peer Victimization Scale (Mynard & Joseph,2000), demographic, school characteristics and teachers' attitudes surveys developed by the researchers.

Results: Findings indicated that verbal bullying (e. g., name calling) was the most common bullying type (29.6%), followed by physical minor (e. g., throwing things) (20.3%), relational (e. g., spreading rumors) (19.7%), physical severe (e. g., beating) (8.3%), and sexual (e. g., touch sexual body parts) (7.4%). The effect of grade showed a quadratic trend. Bullying peaked at 6th grade, whereas it dropped at 4th and 8th grades. Gender differences also

appeared; boys were exposed to severe physical, verbal and sexual bullying more than girls. Besides, girls were more exposed to relational bullying, only in secondary schools. Victimization was negatively related to students' GPA but was not associated significantly with their family's socioeconomic background.

Conclusion: This study shed light on bullying and victimization experiences in Turkish schools. Results and their implications will be discussed in the context of school and family systems in Turkey.

P-368 Small Hearts Project in Bahçelievler Children's Home

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Koc University Small Hearts Project has been giving support to the children in the Bahçelievler Children's Home (Bahçelievler Çocuk Esirgeme Kurumu) for three years. Volunteer university students attending this project visit regularly these children every Saturday morning.

McLean Hospital researchers have identified four types of brain abnormalities linked to child abuse and neglect, providing a comprehensive review about the ways in which neglect can damage the developing brain (Cerebrum, October 2000).

These volunteers get required training and supervision to be able to cope with the huge anxiety that emerge in such chaotic milieu. The aim of the project is to contribute to the emotional, social, language, motor and cognitive development of these children by providing stable attachment figure.

Preliminary results of pre and post Denver Developmental test indicate that children benefit positively from this support.

Aim: The aim of the study were:

- To understand the perceptions regarding their role in the institution
- To get insight about the problems they experienced
- To identify their expectations within their defined roles.

Method: A qualitative method was also used to run small focus groups.

The staff who take care of the children (0-3 years old), and volunteers who look after the children.

Results: The qualitative findings showed that both staff and volunteers have different problems and expectations that influence these infants deeply

P-369 Do the academic achievement and attendance of high school guarantee happiness?

Ali Eryılmaz

Ankara University

Aim: The aim of this study is to investigate the relationship among the adolescents' subjective well being, academic achievement and attendance of high school.

Method: The sample consists of 164 adolescents who are high school students. In the study, adolescents' subjective well being scale, Mathematic and Literature scores, school absenteeism days were used, and pearson correlation and anova method were conducted.

Results and Conclusion: As a result, there is significant correlations between school absenteeism and subjective well being ($r=-.178, p<.05$), and also there is no relation between subjective well being and academic achievement. The results were discussed.

P-370 Motivation and amotivation at school: "My teacher! You are here but am I here?"

Ali Eryılmaz

Ankara University

Aim: The aim of this study is to investigate adolescents' motivations during the lesson.

Method: The sample consists of 116 adolescents (71 female and 45 male) who are high school students. In the study, two open-ended questions about "what do the adolescents think when they didn't involve the lesson actively and what do they interested in" and "how many times of the lesson, do they interested in the subject" were asked. The questions were analysed with the content analysis method with regard to sentences.

Results and Discussion: As a result, when the adolescents didn't involve to the lesson actively; they have some wishes and behaviours at that moment (50.33%), they think about their future (27.15%) and they think about their past (22.52%). According to the results, generally they interested in the subject actively 25 minutes of the whole lesson. The results were discussed.

P-371 Psychological approach of the starvation of the gastric feeding tube on children

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The aim of this study is to determine the impact of starvation of gastric feeding on food behavior of preschool children.

The accent is put on the psychic aspects of this event on the child's developmental steps.

A multidimensional approach including caring staff and family is essential; the role of the psychologist is to help the adults to recognize child's needs and desires and so to permit him to express his feeling of hunger and pleasure to eat.

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